

**68th session of the WHO Regional Committee for the Eastern Mediterranean,
11–14 October 2021
Cairo, Egypt**

**EMRO/RC68/DJ/2
13 October 2021**

Contents

1.	Programme of work	2
2.	Report of meetings	3

Registration	Registration is a prerequisite for accessing the Zoom platform during the Regional Committee sessions, which will be restricted to registered and approved participants.
Documents	Official documentation of the session is available in Arabic, English and French on the Regional Committee website . Participants are kindly requested to consult the documents online.
Internet access	The meeting will be conducted virtually using the Zoom video conferencing platform, facilitated from WHO's Regional Office in Cairo, Egypt. Details for accessing the virtual platform will be provided following completion of the registration process.
Support	You will find here useful tips on how to connect to and navigate the virtual Regional Committee platform, as well as useful contact information for IT and administrative support for the Regional Committee.
Statements	Written statements of no more than 600 words may be submitted for posting on the WHO regional website under the related agenda item. Written statements should be sent in advance of the opening of the 68th session of the Regional Committee. They may be submitted in lieu of a live intervention or to complement a live intervention from a Member State. Please send written statements for posting to the WHO website to emrgogovbod@who.int , indicating the name of the country delegation/entity in the subject line of the email.
WHO publications	WHO publications are available on the Regional Committee website .
Membership and attendance	The Regional Committee consists of one representative from each country or territory of WHO's Eastern Mediterranean Region. For the virtual modality of RC68, access to the Zoom platform will be granted to representatives and their alternates. Advisers and representatives of other entities invited under Rule 2 of the Regional Committee's Rules and Procedures will be able to follow the sessions and deliberations through webcast.
Languages	The working languages of the Regional Committee are Arabic, English and French. Statements made in any of these languages will be interpreted simultaneously into the other two languages. Delegates will be able to follow the chosen language by selecting the preferred language when connecting to the Zoom platform. The meeting will also be webcast in multiple languages.

1. Programme of work

Wednesday, 13 October 2021

Agenda item	Regular session	
3(b)	A regional strategy for integrated disease surveillance – overcoming data fragmentation in the Eastern Mediterranean Region	EM/RC68/5
3(c)	Building resilient communities for better health and well-being Shaping the future of health systems in the Eastern Mediterranean Region: advancing the dual goals of universal health coverage and health security	EM/RC68/6
3(d)	Addressing diabetes as a public health challenge in the Eastern Mediterranean Region Build back fairer: achieving health equity in the Eastern Mediterranean Region (the report of the Commission on Social Determinants of Health in the Eastern Mediterranean Region) Measuring and verifying excess mortality during a pandemic	EM/RC68/7

2. Report of meetings Tuesday, 12 October 2021

Agenda item	Opening session
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1(a)	Election of Officers:
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Chair: H.E. Dr Ali Muhammad Miftah Al-Zinati, Minister of Health of Libya

Vice Chair: H.E. Dr Ahmed Robleh Abdilleh, Minister of Health of Djibouti

Vice Chair: H.E. Dr Hala Zayed, Minister of Health and Population of Egypt

1(b)	Adoption of the Agenda
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The Regional Committee adopted the provisional agenda and provisional daily timetable.

1(c)	Decision on: Establishment of the Drafting Committee
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Based on rules of procedure of the Regional Committee, the Committee decided that the following should constitute the Drafting Committee:

Dr Ahmed El-Sobky (Egypt); Dr Rana Muhammad Safdar (Pakistan); Dr Shaker Abdulaziz Alomary (Saudi Arabia); Dr Mohamed Abdi Jama (Somalia); Dr Amel Alfatih (Sudan); Dr Fâÿçal Ben Salah (Tunisia); Dr Hussain Alrand (United Arab Emirates); Dr Mohammed Mustafa Rajamanar (Yemen)

Secretariat: Dr Rana Hajjeh, Dr Christoph Hamelmann, Dr Rick Brennan, Dr Maha El-Adawy, Dr Asmus Hammerich, Dr Yvan Hutin, Mr Tobias Boyd.

2	Regional Director's Annual Report
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The Regional Director presented his report to the Regional Committee on the work of WHO in the Eastern Mediterranean Region in 2020. The COVID-19 pandemic has put health at the top of the global policy agenda and strengthened solidarity, encouraged innovation and shown that progress is possible even under the most difficult circumstances. Many achievements have been accomplished at national and regional levels, but numerous challenges remain. Equitable distribution and production of vaccines must be accelerated. Poliovirus is still endemic in the Region. Conflict, climate change, communicable diseases, antimicrobial resistance and noncommunicable diseases (NCDs) are all urgent issues and need to be tackled with same high-level leadership, commitment and innovation as the pandemic. The Region is not on track to meet its ambitious health goals.

WHO is working hard with Member States and partners to use the momentum of the pandemic response to achieve lasting gains in health security and advance progress towards universal health coverage, strengthen health systems and develop resilient communities. The technical agenda of the 68th session of the Regional Committee proposes a range of measures and actions to take work forward, while the report of the Commission on Social Determinants of Health in the Eastern Mediterranean Region will help countries to address health inequities, ensuring no one was left behind. Conflict remains a major problem in the Region and it is crucial to make health a bridge for peace. Meanwhile, WHO Transformation has been enhanced through investment in communications, resource mobilization, partnerships, and research and development. The Regional Director noted that sustainable financing is a prerequisite for WHO to tackle global and regional health challenges and support Member States. He thanked staff, Member States and partners, and called for solidarity beyond borders to achieve the shared vision of health for all by all.

Representatives commended the report of the Regional Director and said it captured the health situation and priorities of the Region well. Ongoing conflict and the COVID-19 pandemic had had devastating consequences for public health systems and economies in all countries but also presented opportunities to prioritize national health strategies and

health systems and make progress toward universal health coverage. Health systems in all countries needed strengthening presenting opportunities also for greater cooperation and dialogue. They acknowledged the importance of improving the conditions and opportunities for professional development of health care workers to ensure a sustainable health workforce to promote resilient health systems. Representatives commended the framework for action to scale up mental health care in the Region and said that countries needed greater WHO technical support in integrating mental health into primary health care and strengthening referral pathways. Representatives also expressed appreciation of the agenda items selected for this year's meeting, and support for strengthening regional tobacco control efforts, local vaccine production and emergency preparedness response efforts. They looked forward to the results of the taskforce's review of the Midterm Push Forward Plan.

The Regional Director thanked representatives for their remarks and expressed appreciation of Member States' trust in WHO and in their support to national health programmes to achieve regional and global public health goals. He talked about the resilience of people and said that while the Region was beset by challenges there was room for great optimism. Support was needed to strengthen health systems, especially in light of ongoing conflict, the COVID-19 pandemic and natural disasters. He thanked countries for their support in proposing the establishing of a high-level ministerial group on tobacco control and said that tough action was needed against the tobacco industry whose unethical tactics were harming the health of many. He said that WHO was fully committed to implementing the recommendations of the Midterm Push Forward Plan to accelerate implementation of Vision 2023. The Regional Director said that he had learnt a great deal during his visit to Lebanon which had inspired him to re-evaluate the opportunities that could be exploited. He wished to further strengthen vaccine production in the Region and said that countries such as Egypt, Islamic Republic of Iran, Pakistan and Tunisia had a good record in the local production of vaccines.

Special update on emergencies in the Region

The Eastern Mediterranean has the heaviest burden of emergencies among WHO regions. WHO has adopted a comprehensive emergency risk management approach, and progress has been made across all phases, but much remains to be done. Work is ongoing to strengthen preparedness, early detection and timely response. Data collection, analysis and sharing have improved through use of new tools, while the incident management system and the logistics hub in Dubai are game-changers in emergency response, but conflict and instability present enormous demands. Emergency management at all levels must be further professionalized.

Representatives reaffirmed that ensuring robust emergency preparedness and response was a top priority in the Region due to the scale of health and humanitarian emergencies as well as the impact of the pandemic. Recent country-level initiatives were shared, and ongoing challenges noted. Technical guidance was needed in several areas, including strengthening surveillance and electronic systems, vaccine technology transfer and tools for implementing national plans and strategies. Member States discussed how COVID-19 had exposed weaknesses in emergency preparedness and response and highlighted the need for better detection and planning to prevent future pandemics and health emergencies. There was a need to review the International Health Regulations (2005) and their implementation.

The Regional Emergency Director acknowledged the effective work being done in countries and the good examples of multisectoral collaboration, comprehensive all-hazards management, expansion of emergency operations centres and use of risk assessments in the Region. WHO would support countries in technology transfer for the local production of vaccines. Health system resilience was a priority, and WHO recognized the need to accelerate integration of health emergency preparedness into broader health systems strengthening. He welcomed the peer review process and hoped that Member States of the Region would all support the initiative. He thanked WHO's regional and international partners for their vital cooperation.

The Regional Director thanked participants for their inputs. He emphasized the importance of moving beyond the health sector, through open dialogue and multisectoral discussions, to prevent and respond to emergencies.

3(a)

Accelerating health emergency preparedness and response – a plan of action

A presentation was made by the Regional Emergency Director, WHO Health Emergencies Programme, on the above plan of action. COVID-19 has shown the need to revise approaches to health emergency preparedness and reconceptualize health systems resilience. Independent reviews of the global response to the pandemic, the 2020 report of the Global Preparedness Monitoring Board and other global documents provide useful guidance. Despite complex emergency situations and wide income disparities in the Region, countries made good efforts in the pandemic response. However, the prevention and control of future pandemics and other health emergencies requires a range of commitments from all sectors of society. Political leadership, sustained investment in preparedness and key health system functions, and acceleration of national and regional production of vaccines are all crucial. Data must be shared with WHO in a timely manner, compliance with the International Health Regulations (2005) assured, multisectoral collaboration expanded, and communities fully engaged. The proposed new plan of action is designed to accelerate efforts to end the COVID-19 pandemic and enhance health security preparedness.

Representatives welcomed the technical paper. The COVID-19 pandemic had revealed many weaknesses in emergency preparedness and response in the Region, but the regional response had also demonstrated many successes. There was a need to enhance health emergency preparedness and response through political commitment, multisectoral collaboration, mobilizing resources, enacting legislation, building health workforce capacity, and integrating emergency preparedness and response with general health system strengthening. Challenges in obtaining vaccine supplies and the need for international support were also highlighted.

The Regional Emergency Director noted that many points raised illustrated elements of the action plan, including the need for high-level ownership, multisectoral cooperation, using existing health infrastructure, such as that for polio, and moving towards integrated disease surveillance.

The Director of Programme Management reported that there had been several recent meetings with major partners and manufacturers and six Member States in the Region currently had the capacity to produce the vaccines. There was an initiative underway to develop a hub for technology transfer in the Region, similar to the global hub that existed in South Africa.

The WHO Assistant Director-General, Emergency Preparedness and International Health Regulations, said progress was needed in four key areas: governance, sustainable financing, systems and tools, and equity and access.

The Regional Director said key pillars for enhancing preparedness included: a whole-of-government and whole-of-society approach; health system strengthening; strong engagement and empowerment of communities; and building health workforce capacity. Innovation, solidarity and dynamism were needed to face future pandemics and other emergencies in the Region.

Working Group on Strengthening WHO Preparedness and Response to Health Emergencies; way forward (resolution WHA74.7)

Dr Ala Alwan, Vice-Chair of the Bureau of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, presented a brief outline of the Group's activities. Its remit is to consider the findings and recommendations of the Independent Panel for Pandemic Preparedness and Response, the IHR Review Committee and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, in preparation for a special session of the World Health Assembly (29 November–1 December 2021) to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response. The Eastern Mediterranean Region has the highest global burden of crises and

addressing the gaps in the IHR is a priority for all its Member States. He urged Member States in the Region to provide their input through “deep dive” sessions, three of which had already been held and a fourth was scheduled to occur before the special session in November.

4(b) **Membership of WHO bodies and committees**

Chef de Cabinet outlined the processes adopted by the Regional Committee at its 63rd session (EM/RC63/R.6) for the nomination of Executive Board members elected officials of the World Health Assembly and the Programme Subcommittee of the Regional Committee.

6 **Tenth, eleventh and twelfth reports of the Programme Subcommittee of the Regional Committee**

The Chair (Somalia) of the Programme Subcommittee of the Regional Committee presented the tenth, eleventh and twelfth reports of the Programme Subcommittee. He outlined the key role of the Subcommittee in shaping the agenda of and modalities for the 68th session of the Regional Committee, and also noted several other important issues that had been presented to the Subcommittee at its eleventh and twelfth meetings.

7 **Polio Eradication in the Eastern Mediterranean Region including the first and second reports of the Regional Subcommittee for Polio Eradication and Outbreaks**

The Director of Polio Eradication presented an update on the status of polio eradication in the Region. There has been an unprecedented decline in wild poliovirus type 1 (WPV1) transmission in 2021, and a decline in detection of circulating vaccine-derived polioviruses (cVDPVs) in both Afghanistan and Pakistan, but there is a risk of resurgence of polio. The Director of Polio Eradication welcomed the news that authorities in Afghanistan will support nationwide house-to-house vaccination campaigns. Several countries controlled outbreaks of cVDPVs in 2021, while others are undertaking vaccination campaigns in response to outbreaks. Countries have made excellent progress in preparing for use of the novel type 2 oral polio vaccine (nOPV2), but there supply was interrupted when the sole manufacturer shifted to production of COVID-19 vaccines. Countries are advised to respond rapidly to cVDPV events and to use the available monovalent or trivalent vaccine to control outbreaks.

In 2020, the Regional Subcommittee for Polio Eradication and Outbreaks was established to support implementation of resolution EM/RC67/R.4 on polio eradication, adopted by the Regional Committee in October 2020. Polio transition is being overseen by the Regional Steering Committee on Polio Transition, chaired by the Regional Director, in six priority countries, with the focus on immunization, surveillance, emergency response capacities and sustaining essential polio functions.

Dr Hala Zayed, Minister of Health and Population, Egypt, and Co-chair of the Regional Subcommittee on Polio Eradication and Outbreaks, presented the Report of the Regional Subcommittee. Ten Member States had participated in the meeting, including endemic and priority countries. There was broad consensus from all members to concentrate on four key areas: raising the visibility of polio eradication as a regional public health emergency; advocacy to drive high-level political and financial support; forging collective public health action across the Region; and fostering support for polio transition.

Representatives gave an update on polio eradication efforts in their countries, noting that vaccination campaigns had continued even in conflict-affected settings. While collaboration with WHO, partners and neighbouring countries had been instrumental in efforts to eradicate cVDPV outbreaks, human and financial resource challenges, increased movement of refugees and migrants, and weak surveillance capacities meant that some countries remained at risk. WHO guidance and technical support in planning nOPV2 roll-out in endemic and threatened countries was requested.

The Director of Polio Eradication appreciated the unwavering support received from United Nations agencies, international partners and donors for achieving polio eradication

in the Region, as well as the support of members of the Regional Subcommittee and Polio Oversight Board.

The Regional Director commended the efforts of Member States and highlighted that ownership of polio eradication by governments and communities, with the support of United Nations organizations and partners, was crucial for success.

9

Place and date of future sessions of the Regional Committee

The Regional Committee decided to hold its 69th session at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, from 10 to 13 October 2022.