

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

**EMRO/RC68/DJ/3
14 October 2021**

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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

Thursday, 14 October 2021

Agenda item	Regular session	
4(b)	Governance matters	
	Resolutions and decisions of regional interest adopted by the Seventy-fourth World Health Assembly and the Executive Board at its 148th and 149 th sessions	EM/RC68/10
	Review of the draft provisional agenda of the 150th session of the WHO Executive Board	EM/RC68/10-Annex 1
	Transformation update	EM/RC68/12
4(a)	Programme and budget matters	
	Revision of Proposed Programme Budget 2022–2023	EM/RC68/8
	Sustainable financing	EM/RC68/9

2. Report of meetings Wednesday, 13 October 2021

Agenda item	Opening session
3(b)	<p data-bbox="443 400 1382 461">A regional strategy for integrated disease surveillance – overcoming data fragmentation in the Eastern Mediterranean Region</p> <p data-bbox="443 479 1457 1025">The Programme Area Manager, Health Emergency Information and Risk Assessment, presented a new regional strategy for integrated disease surveillance (IDS). The COVID-19 pandemic has underlined the urgent need for effective public health surveillance to detect potential health threats, monitor disease mortality and morbidity, and guide prevention and control measures. Although most countries of the Region have systems in place for disease-specific surveillance, they are generally not coordinated, leading to redundancies and gaps and making them less effective in early detection of threats. IDS will improve both the efficiency of health information systems and their effectiveness in use of data to guide decision-making. Effective integrated surveillance requires: governance and multisectoral coordination; technical guidance; progressive convergence of data systems to generate a single master digital platform for collection, management and dissemination of data; sufficient financial, infrastructure and human resources; consolidation of data collection tools; timely analysis and the use of information in decision-making; a national public health laboratory policy for reliable laboratory diagnosis with real-time electronic sharing of results; and a monitoring and evaluation framework that includes key performance indicators. WHO is proposing that Member States of the Region commit to implementing IDS systems by the end of 2025.</p> <p data-bbox="443 1043 1457 1285">Representatives welcomed the IDS strategy and described successful examples of establishing national IDS systems, including in response to the COVID-19 pandemic. The establishment of unified digital platforms in some countries had allowed comprehensive, integrated, rapid and flexible reporting of data, but there could be challenges in integrating fragmented vertical systems and achieving the required coverage and timely reporting of data. The need for adequate and sustainable financing and the importance of governance were highlighted. Countries requested WHO's support for their transition to IDS.</p> <p data-bbox="443 1303 1457 1420">The Programme Area Manager, Health Emergency Information and Risk Assessment, thanked Member States for their support for the IDS strategy and said that WHO had the expertise needed to support them in its implementation in countries. He pointed out that Member States can also learn from and support each other in this process.</p> <p data-bbox="443 1438 1457 1563">The Director of Programme Management pointed out that IDS should be part of a comprehensive health information system, which could also include information on NCDs and their risk factors. IDS is a critical part of health emergency preparedness and response as well as other public health priorities.</p>
3(c)	<p data-bbox="443 1581 1241 1610">Building resilient communities for better health and well-being</p> <p data-bbox="443 1628 1457 1991">The Director, Department of Healthier Populations, gave a presentation on building resilient communities for better health and well-being in the Region. The importance of community engagement was recognized in global and regional plans, while the COVID-19 pandemic had highlighted the critical role of civil society and communities in an effective health emergency response. Community health workers had also played a vital role in the COVID-19 response in countries of the Region. Community engagement involved working collaboratively with communities from design to implementation of interventions, through active participation and two-way communication. Community actors were trusted, credible and accountable to the community, which could result in a higher uptake of health interventions and health emergency prevention measures. A landscape analysis of community engagement was conducted in the Region in 2021, and drivers, enablers and barriers had been</p>

identified. A regional roadmap was proposed, which included strategic directions and actions for building community resilience.

Representatives welcomed the roadmap, emphasizing the need for political commitment and a clear governance framework to institutionalize community engagement. Other prerequisites for effective engagement included the establishment of a dedicated structure at national level and involvement of all sectors and stakeholders. Partnership with civil society organizations, inclusion of community engagement in national strategies and plans, adopting a One Health approach and ensuring inclusivity were highlighted. Member States shared experiences of effective community engagement in NCD prevention, delivery of primary health care, the importance of digital inclusion and more, noting the involvement of youth, women and religious leaders, and the need to include vulnerable groups. During the pandemic, countries mobilized community workers and volunteers to distribute equipment and supplies, raise awareness and undertake contact tracing. Active Healthy Cities and Healthy Villages networks had also proved instrumental in the COVID-19 response. WHO was requested to facilitate the documenting and sharing of experiences, strengthen global and regional coordination and promote a tailored approach to community engagement.

The Director, Healthier Populations Department, thanked representatives for highlighting the necessity of greater political commitment and governance for community engagement. She noted that some countries already had dedicated departments in the health ministry or had integrated community engagement in their national strategies. Documenting and sharing important learning experiences would show how to operationalize and institutionalize engagement with communities to enhance health service delivery.

The Director of Programme Management noted that during the pandemic WHO had recognized the need to include communities as an integral part of health emergency preparedness and response. The aim was to operationalize and institutionalize community engagement in a systematic way using a multisectoral approach.

The Regional Director noted that individuals, families and communities had to be empowered to play a more active role in their own health and that communities represented an untapped resource. Building on regional experience and using WHO tools, strategies and guidance, the Region was ready to take concrete steps to engage and empower communities.

3(d) **Addressing diabetes as a public health challenge in the Eastern Mediterranean Region**

The Director of UHC/Noncommunicable Diseases and Mental Health noted that diabetes was a complex clinical and global public health challenge, which affected 55 million adults in the Region aged 20–79 years. It was a leading cause of cardiovascular disease, blindness, kidney failure and lower-limb amputation, causing premature death and disability, increasing health care costs and hampering development. Action to develop comprehensive and integrated responses to reduce, halt and reverse diabetes, obesity and other related NCD risk factors had been uneven across the Region. Disruption to health services during the COVID-19 pandemic had further underlined the need to restore, maintain and strengthen diabetes care as part of the range of essential health services included within the scope of national COVID-19 strategic preparedness and response plans, particularly in countries with ongoing humanitarian crises. Building on the momentum created by the centenary of the discovery of insulin, the launch of the WHO Global Diabetes Compact and the adoption at the Seventy-fourth World Health Assembly of a resolution on diabetes in 2021, countries were urged to take a series of actions to prevent diabetes and improve its clinical management. A draft regional framework for action was proposed, including a set of prioritized interventions and indicators that all governments should consider when scaling up national responses for diabetes prevention and control.

Representatives discussed a range of multisectoral responses to address the alarming increase in the prevalence of diabetes. Based on the nine WHO global NCD targets,

some countries had set time bound targets for NCDs, including targets to halt the rise of diabetes and/or obesity. Policies/strategies and plans were needed to address unhealthy diets and/or physical inactivity, along with broader NCD risk prevention policies that addressed tobacco consumption. Civil society needed to be engaged in national programmes and people living with diabetes could influence the design of people-centred health services to enhance self-care and treatment adherence and outcomes. Early detection and proper management of diabetes was needed to complement population-level preventive interventions. Monitoring and evaluation of the diabetes burden should be part of the NCD surveillance system that monitors NCD outcomes, exposure to risk factors, social determinants and national responses. Digital health technology and mobile clinics had become important tools in preventing and managing diabetes, especially in light of the COVID-19 pandemic. It was noted that prevalence of diabetes was higher in urban areas. Representatives expressed strong support for the proposed draft framework of action.

The Director of UHC/Noncommunicable Diseases and Mental Health expressed his appreciation of Member States' support for the proposed framework for action and said that elements of various national policies, initiatives and programmes, including indicators, had all been included in the draft framework. He stressed the importance of including NCDs as an integral part of pandemic preparedness and response plans.

The Director of Programme Management, stressed that greater urgency was needed in addressing the silent pandemic of diabetes as complications of diabetes were the major contributor to increased mortality and morbidity in patients with diseases like COVID-19 and Middle East respiratory syndrome. Prevention of risk factors was critical and quality indicators for the care and management of patients with diabetes should be integrated at primary health care level to promote better patient outcomes.

The Regional Director said that reducing the prevalence of diabetes was an important target for the SDGs, GPW 13 and Vision 2023, and noted the huge direct and indirect costs not only for health systems but for patients and their families, making reference also to the bidirectional relationship between mental disorders and diabetes.
