

**69th session of the WHO Regional Committee for the Eastern Mediterranean,  
10–13 October 2022  
Cairo, Egypt**

**EMRO/RC69/DJ/4  
13 October 2022**

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<b>Documents</b>	Official documentation of the session is available in Arabic, English and French on the Regional Committee <a href="#">website</a> . Participants are kindly requested to consult the documents online.
<b>Internet access</b>	The meeting will be conducted both in person and 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.
<b>Support</b>	You will find <a href="#">here</a> 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.
<b>Statements</b>	<p>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 69th 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.</p> <p>Please send written statements for posting to the WHO website to <a href="mailto:emrgogovbod@who.int">emrgogovbod@who.int</a>, indicating the name of the country delegation/entity in the subject line of the email.</p>
<b>WHO publications</b>	WHO publications are available on the Regional Committee <a href="#">website</a> .
<b>Security</b>	Please ensure that your RC69 ID badge is displayed at all times while inside the premises, if attending in person.
<b>Interventions</b>	To help in drafting the report of this session of the Regional Committee, delegations may provide the text of remarks on paper to a member of the WHO Secretariat or by email to <a href="mailto:emrgogovbod@who.int">emrgogovbod@who.int</a> . NGO statements may also be submitted for posting on the website.
<b>Membership and attendance</b>	The Regional Committee consists of one representative from each country or territory of WHO's Eastern Mediterranean Region. For the hybrid modality of the Regional Committee, Member delegations can attend in person or access the Zoom platform. 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.
<b>Languages</b>	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. Member State delegation members will be able to follow in the chosen language by selecting their preferred language when connecting to the Zoom platform. The meeting will also be webcast in multiple languages. The Agenda and other documentation for the session are available in Arabic, English and French on the Regional

Available online: [www.emro.who.int/about-who/regional-committee/](http://www.emro.who.int/about-who/regional-committee/)

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## **Virtual Regional Committee platform**

Committee website. Documents will not be dispatched by post. Participants are kindly requested to consult the documents online.

A [virtual platform](#) has been created that simulates the Regional Office. It includes an exhibition of success stories from the Member States of the Region, which can also be viewed in-person in the foyer of the Regional Office. A virtual marketplace provides an exhibition hall of booths showcasing advocacy and technical products from a selected range of regional WHO initiatives. Attendees can save documents and presentations to a virtual briefcase for later viewing. These will also be emailed to attendees later on. Attendees can chat or talk to the relevant technical team for any questions or inquiries about the displayed content.

## 1. Programme of work

**Thursday, 13 October 2022**

<b>Agenda item</b>	<b>Regular session</b>	
Session 1	World Health Assembly and Executive Board follow-up – programme and budget matters	
4(a)	Extending the Thirteenth General Programme of Work, 2019–2023, to 2025	<a href="#">EM/RC69/9</a>
4(b)	Member State consultations on Programme Budget 2024-2025	<a href="#">EM/RC69/10</a>
Session 2	World Health Assembly and Executive Board follow-up – governance and technical matters	
4(d)	Review of the draft provisional agenda of the 152nd session of the WHO Executive Board	<a href="#">EM/RC69/11-Annex 1</a>
4(f)	Transformation update	<a href="#">EM/RC69/13</a>
	World Health Assembly and Executive Board follow-up – technical matters	
4(c)	Resolutions and decisions of regional interest adopted by the Seventy-fifth World Health Assembly and the Executive Board at its 150th and 151st sessions	<a href="#">EM/RC69/11</a>
4(h)	Global strategy on infection prevention and control	<a href="#">EM/RC69/15</a>
4(i)	Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination	<a href="#">EM/RC69/16</a>
4(j)	Global Health for Peace Initiative	<a href="#">EM/RC69/17</a>
4(k)	Well-being and health promotion	<a href="#">EM/RC69/18</a>
	Statement from the Eastern Mediterranean Region Staff Association (EMRSA)	
Session 3	Nominations:	
8	Nomination of a Member State to the Joint Coordinating Board (JCB) of the Special Programme for Research and Training in Tropical Disease (TDR)	<a href="#">EM/RC69/24</a>
Session 4	Adoption of the report, resolutions and decisions	
Session 5	Closing session (Closing session will be followed by a press conference - reception area)	

## 2. Report of meetings

**Wednesday, 12 October 2022**

### **Accelerating the prevention, control and elimination of communicable diseases through integration: optimizing support from Gavi and the Global Fund**

In recent years, progress towards the relevant health-related SDGs had stagnated or been set back by the COVID-19 pandemic. By working with WHO, Gavi and the Global Fund, there was now an opportunity for countries in the Region to take advantage of new funding strategies, to develop strengthened and integrated people-centred approaches. A strategic six-part approach was set out that was the basis of a range of actions to be proposed in a draft Regional Committee resolution for consideration by delegates. Taken together, the technical paper and proposed actions constituted a call to action in this key area.

Mr Alex de Jonquieres from Gavi, the Vaccine Alliance, welcomed the focus of the proposed approach on those most marginalized and the opportunity to switch from programme-centred to people-centred approaches. The focus placed on what WHO and countries themselves could do to take action was also welcomed as it was countries that ultimately decided when and how to use Gavi funding. There was now a need to build upon the gains made and Gavi was committed to taking this forward.

Dr Ibrahim Faria of the Global Fund to Fight AIDS, Tuberculosis and Malaria highlighted the history of significant investments in health made by the Global Fund. Despite the gains of recent decades, the world now needed to accelerate its efforts if it was to get back on track in meeting the relevant targets of the international health community. The Global Fund welcomed the initiative that had been outlined and was committed to supporting its implementation.

Interventions were made by representatives of the following Members of the Committee (in order): Somalia, Iraq, Palestine, Morocco, Islamic Republic of Iran, Bahrain, Pakistan, Tunisia, Yemen and Syrian Arab Republic.

The Director of UHC/Department of Communicable Diseases expressed his thanks to Gavi and the Global Fund for all their support in drafting the technical paper and its associated actions. Strong communicable disease programmes are vital in protecting and improving health, including through strengthened capacities for outbreak detection and response.

The Director of Programme Management expressed her thanks to all representatives for their supportive comments. As funding challenges increase, there is a growing need to optimize and maximize the effectiveness of all available resources. The actions proposed will go beyond issues of funding and will allow countries to take control of the ways in which funds are used for maximum effect in preventing, controlling and eliminating communicable diseases.

### **Promoting health and well-being in the Eastern Mediterranean Region: moving from theory to action to achieve the health-related Sustainable Development Goals**

The Director, Healthier Populations, presented a proposed approach to enhance health and well-being promotion in the Region. Health and well-being promotion was now increasingly recognized as critical for building resilient health systems and achieving the Sustainable Development Goals. There were already many notable health and well-being initiatives and achievements in countries of the Region, including in countries facing emergencies. WHO was now encouraging Member States to accelerate efforts through action across five priority areas: adopting a systems approach to health promotion; adopting a settings-based approach to health promotion and well-being; increasing health literacy to promote health and well-being; enhancing community engagement and inclusion; and developing institutional capacity for health promotion. WHO would develop a regional roadmap to guide Member States, and would also provide technical support to conduct interdisciplinary research, share evidence for policy-making and develop measurement frameworks to assess progress.

Interventions were made by representatives of the following Members of the Committee (in order): Saudi Arabia, Kuwait, United Arab Emirates, Palestine, Iraq, Sudan, Islamic Republic of Iran, Libya, Bahrain, Pakistan, Lebanon and Yemen.

The Director, Healthier Populations, welcomed the feedback from representatives, which included examples of successful initiatives in many countries. She underlined the importance of a multisectoral approach, fostering peace and addressing all determinants of health.

The Director, Programme Management, noted that the Region was becoming a global leader in health promotion and emphasized that promoting health and well-being was a cost-effective approach in the long term.

### **Advancing the implementation of One Health in the Eastern Mediterranean Region**

The Manager of Emergency Preparedness and International Health Regulations, gave a presentation on advancing implementation of the One Health approach in the Region. Implementation of the approach required the mobilization of multiple sectors, disciplines and communities to work together in addressing health threats, such as emerging and re-emerging zoonotic diseases, neglected tropical and vector-borne diseases, food safety, antimicrobial resistance and environmental issues. It is particularly significant for a Region profoundly impacted by emergencies resulting from a wide range of hazards. She said that the technical paper provided guidance in adopting the approach and accelerating its tailored implementation, informed by joint risk assessment and prioritization. It builds on the draft One Health Joint Plan of Action (2022–2026), developed by the recently formed Quadripartite of WHO, the Food and Agriculture

Organization of the United Nations, World Organisation for Animal Health and the United Nations Environment Programme, and focuses on zoonotic diseases, antimicrobial resistance and food safety as priority One Health threats in the Region. She invited the Regional Committee to endorse the regional framework and related resolution.

Interventions were made by representatives of the following Members of the Committee (in order): Iraq, Kuwait, Lebanon, Egypt, Morocco, Saudi Arabia, United Arab Emirates, Islamic Republic of Iran, Sudan, Palestine, Bahrain and Pakistan.

The Manager of Emergency Preparedness and International Health Regulations said that multisectoral collaboration to implement the One Health approach at country level was still a challenge for many countries in a Region facing diverse health threats. Plans were mostly implemented through vertical programmes, which hindered progress towards targets. The framework intended to guide countries in establishing institutional arrangements, strengthening multidisciplinary capacities and implementing interventions to prevent, prepare for, detect and respond to health threats and challenges. She advised countries to implement joint strategies and plans in order to mobilize sufficient domestic and external resources in order to strengthen and sustain One Health at country level.

The Director of Programme Management reiterated the importance of fostering multisectoral collaboration to implement the framework and said support would be provided by the Quadripartite but that demonstrating high-level political commitment and national ownership, establishing clear governance and leadership and applying a systematic approach was essential.

### **Regional strategy for fostering digital health in the Eastern Mediterranean Region (2023–2027)**

The Director, Science, Information and Dissemination, presented an overview of digital health technology in the Region and development of a regional strategy to expand its availability and use. The opportunities and challenges of digital health had been sharply highlighted during the COVID-19 pandemic as people's access to health care became limited. He said that following on from publication of WHO's Global strategy on digital health 2020–2025, a tailored strategic direction was now needed to fully realize the potential of digital health in the Region. He outlined a proposed regional strategy for digital health based upon the four strategic objectives of: strengthening digital health governance, norms and standards at regional, national and subnational levels; advancing the development, implementation and evaluation of national digital health strategies; enabling people-centred digital health systems and networks; and promoting regional and national stakeholder collaboration in advancing digital health, knowledge translation and innovation. Member States were encouraged to engage with national stakeholders, develop digital health architecture and investment plans, undertake national capacity-building for digital health, and invest in standards-based interoperable digital health systems. WHO would provide policy and technical support, mobilize resources, provide support in addressing privacy and security concerns and facilitate progress reporting. Collaboration with partners would be the key to success. Digital health was expanding in all countries and if adopted prudently it could potentially bring about huge health gains. He invited delegates to endorse the regional strategy and commit to implementing national strategies for digital health.

Interventions were made by representatives of the following Members of the Committee (in order): Bahrain, Sudan, Iraq, Palestine, Saudi Arabia, Libya, Lebanon, Yemen, Islamic Republic of Iran and Syrian Arab Republic.

The Director, Science, Information and Dissemination, welcomed the interventions made and said that they would be addressed. He noted that the issues of efficiency, affordability, accessibility, quality and equity, including regarding digital literacy and infrastructure, were all important and were addressed in the technical paper. He acknowledged the importance of establishing norms and standards, such as for data security. Country-to-country learning from what had worked well as well as what had not worked well, and from both high- and low-income countries, within and outside the Region, was also important. Another key area was training, such as for recording cause-of-death information and on ethical standards in digital health. He said that WHO was looking forward to working with Member States to advance digital health in the Region.

The Director, Programme Management, noting the impact of the COVID-19 pandemic and the proliferation of digital health applications, said that strategies were needed to establish clear and context-appropriate approaches. WHO would support the implementation of regional and national strategies and provide normative, technical and ethical guidance. She observed that there was a need to evaluate if and how digital was leading to better health outcomes, and that WHO had a role to play in building the evidence base and sharing good practices.

**Other meetings**

A panel discussion was held on supporting Member States in accelerating implementation of the health-related SDGs through joint action of UN country teams. The panel included a moderated discussion with experts from the Eastern Mediterranean Region.

A second panel discussion was held on leveraging partnerships for collective and transformative actions to achieve Health for All by All. The panel included a moderated discussion with experts from the Region.

A closed meeting was held on the Foundation for the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region.

Meeting of the Drafting Committee