

**71st session of the WHO Regional Committee for the Eastern Mediterranean,
14–17 October 2024
Doha, Qatar**

**EMRO/RC71/DJ/2
15 October 2024**

Registration	All participants are kindly requested to register for the 71st session of the Regional Committee through the secure online registration service at: Seventy-First session of the WHO Regional Committee for the Eastern Mediterranean Health beyond borders: solidarity for access and equity in the Eastern Mediterranean Region (14-17 October 2024) no later than 15 August 2024. It is recommended to use the latest version of Google Chrome to access the registration page. The WHO Secretariat will confirm your registration via email. Registration is a prerequisite for attending the sessions in person.
Documents	Official documentation of the session is available in Arabic, English and French on the Regional Committee website from September 2024. Documents will not be dispatched by post. Participants are kindly requested to consult the documents online.
Credentials	Member States should communicate the names and designations of their representatives and all alternates and advisers to the WHO Regional Director no later than 15 August 2024. Credentials for such persons will be issued by the Head of State, Minister of Foreign Affairs, Minister of Health or any other appropriate authority (Rule 3 of the Rules of Procedure). To guarantee approval of the registration, participants are kindly requested to upload a copy of the signed letter of credentials to the registration system.
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 71st 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	A selection of recent WHO publications are available on the Regional Committee website .
Interventions	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 emrgorcrep@who.int .
Membership and attendance	The Regional Committee consists of one representative from each country or territory of WHO's Eastern Mediterranean Region. Member State delegates and advisers and representatives of other entities invited under Rule 2 of the Regional Committee's Rules and Procedures who are unable to attend in person 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 and other interventions made in any of these languages will be interpreted simultaneously into the other two languages. Delegates will be able to follow in the chosen language by selecting their preferred language. The meeting will also be webcast in the three languages.

1. Programme of work

Tuesday, 15 October 2024

Agenda item	Regular sessions of RC71	
Session 1 3(a)	<ul style="list-style-type: none">Annual Report of the Regional Director 2023 and Regional Director's vision (regional strategic operational plan and flagship initiatives)Discussion	EM/RC71/2
Session 2 3(e)	Update on emergencies in the Eastern Mediterranean Region <ul style="list-style-type: none">Emergencies in the Eastern Mediterranean RegionSpecial update on the health and humanitarian situation in PalestineLatest on the Intergovernmental Negotiating Body (INB)Discussion open following each item	EM/RC71/INF DOC 4-Rev 1
Session 3 3(b), 7	Special updates Polio eradication in the Eastern Mediterranean Region, including the reports of the tenth and eleventh meetings of the Regional Subcommittee for Polio Eradication and Outbreaks Discussion	EM/RC71/INF DOC 1-Rev 1 EM/RC71/13 EM/RC71/14
Session 4 6	Governance matters <ul style="list-style-type: none">Reports of the nineteenth, twentieth and twenty-first meetings of the Programme Subcommittee of the Regional Committee	EM/RC71/11 EM/RC71/12
5(e)	<ul style="list-style-type: none">Membership of WHO bodies and committees	EM/RC71/10
9	<ul style="list-style-type: none">Application from the Russian Federation to attend the WHO Regional Committee for the Eastern Mediterranean in an observer capacity	EM/RC71/16
8	<ul style="list-style-type: none">Procedure for accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for the Eastern Mediterranean	EM/RC71/15
11	<ul style="list-style-type: none">Place and date of future sessions of the Regional Committee	EM/RC71/INF DOC 16
Session 5	Side event: Launch of the regional framework for Immunization Agenda 2030	EI Wosail Ballroom
Session 6	Side event: Innovative approaches for preventing and controlling dengue and other mosquito-borne disease outbreaks	EI Wosail Ballroom

2. Report of meetings

Monday, 14 October 2024

Formal opening of the session

The opening ceremony of the 71st session of the Regional Committee for the Eastern Mediterranean was held in Al Majles Hall, Sheraton Grand Hotel, Doha, Qatar, on 14 October 2024.

Address by the Chair of the 70th session

The 71st session of the Regional Committee was formally opened by H.E. Dr Ali Haji Abubakar, Minister of Health and Human Services of Somalia and Chair of the 70th session of the Regional Committee. Dr Abubakar emphasized that the journey towards a healthier, more resilient Region was a personal commitment for each health minister. He praised the Walk the Talk event held the previous evening as an inspiring reminder of the importance of physical exercise. He noted that the Regional Committee session was an opportunity not just to discuss pressing challenges, but also to celebrate successes. However,

crises in the Region pose a severe threat to health and health systems. It was critical to continue investing in health infrastructure and ensuring access to health services for all.

His Excellency noted that Somalia had represented the Region at the Seventy-Seventh World Health Assembly in discussions that resulted in the adoption of resolution WHA77.5 on Accelerating progress towards reducing maternal, newborn and child mortality to achieve Sustainable Development Goal targets 3.1 and 3.2. This was critical to the Region; six countries were not on track to meet relevant targets and several others were struggling. He called on WHO to maintain support in this area. His Excellency welcomed the Regional Director's three new flagship initiatives, which he believed could have a transformative impact, and called on all Member States to work together to improve health and well-being.

Address by Dr Hanan Balkhy

Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, welcomed participants for the first time as Regional Director. She remembered those unable to travel safely from their countries and recognized their courage, professionalism and dedication. She welcomed the opportunity the session would provide to discuss the Region's emergencies and major health challenges, and mentioned the update on health emergencies, including a special briefing on Palestine, and an update on polio eradication. She recognized the need to talk about the crises and challenges in the Region and the great potential for driving positive change that the session represents.

The Regional Director mentioned that the Regional Committee meeting would present both big picture plans and focused technical papers to accelerate progress in key areas. The plans include a new strategic operational plan for WHO in the Region and three flagship initiatives, while the technical papers propose a new operational framework for addressing physical trauma in humanitarian settings and a new regional action plan to enhance mental health and psychosocial support in emergencies, and examine how the Region's response to antimicrobial resistance, one of the biggest threats to health and development, can be galvanized and how the Region's health information systems can be improved. In closing, Dr Balkhy recalled the role of Member States in setting WHO's strategic direction. She called on all present to renew their shared commitment to improving the health and well-being of everyone in the Region, and expressed her hope of talking to – and listening to – as many participants as possible.

Address by Dr Tedros Adhanom Ghebreyesus

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, opened his address by thanking Qatar for hosting this year's Regional Committee meeting at a difficult time for the Region owing to the conflicts in Lebanon, the occupied Palestinian territory, Sudan and Yemen. He described recent visits to Sudan, where he joined the Regional Director in visiting a nutrition stabilization centre and IDP camp, and to Chad, which is currently hosting 680 000 refugees from Sudan. The Director-General described WHO's activities in the occupied Palestinian territory, including the delivery of supplies, the deployment of emergency medical teams, and a polio vaccination campaign. He said the eruption of conflict in Lebanon posed a risk to the health of millions, through evacuations and attacks on health care, and health care should be actively protected throughout the Region, in line with International Humanitarian Law. He welcomed the technical papers to be presented this week, particularly on addressing the increasing burden of trauma in humanitarian settings, and the regional action plan for mental health and psychosocial support in emergencies. However, the best medicine is peace, he said.

The Director-General highlighted various threats in the Region, such as earthquakes, floods, drought and outbreaks. While progress towards strengthening health emergency preparedness, prevention and response is being made, crucial issues remain unresolved, and he urged Member States to work together. He admired the range of achievements of the countries of the Region in disease elimination, vaccine introduction, regulation, electronic medical records, tobacco control and nutrition. He welcomed the topics on the Regional Committee's agenda, including antimicrobial resistance and the digitalization of health information systems, highlighting the Regional Director's strategic operational plan addressing pressing health concerns in the Region. The plan is aligned with WHO's recently-adopted 14th General Programme of Work, supported by the first WHO Investment Round, which will mobilize sustainable and predictable resources for this work. The Director-General concluded by urging all Member States to engage actively in negotiations for the Pandemic Agreement, and to complete it by the end of 2024, and to implement the 14th General Programme of Work and the regional strategic operational plan. Finally, he urged all Member States and partners to participate in the WHO Investment Round.

Address by Dr Hanan Mohamed Al-Kuwari

Welcoming participants on behalf of Qatar, H.E. Dr Hanan Al-Kurawi, Minister of Public Health of Qatar, noted the relevance of the theme, "Health Beyond Borders". Crises demonstrated that promoting health and well-being within national boundaries was insufficient; international efforts were essential. WHO played a crucial role, and Her Excellency stressed the importance of increasing Member States' assessed contributions to the Organization's programme budget, to ensure full implementation of GPW 14. Investing in WHO to enhance global health and global stability was key to Qatar's national Vision 2030, led by His Highness Sheikh Tamim bin Hamad bin Khalifa Al Thani. Qatar had developed a close partnership with WHO and had been among the first Member States to increase voluntary contributions in response to the COVID-19 pandemic. It had also created the Sport for Health partnership with WHO and the International Federation of Football Associations, and been instrumental in the adoption of World Health Assembly resolution WHA77.12 on Strengthening health and well-being through sport events and in the Sport for Health report. Qatar was also engaged in the Healthy Cities programme, and all its municipalities had Healthy City status. It would host the Seventh World Innovation Summit for Health (WISH) in November 2024, and the Sixth Global Mental Health Summit in 2025. Her Excellency noted that much work remained to advance health and well-being in the Region. The volume and scale of emergencies posed severe challenges, and she called for an end to conflicts and attacks on health care. WHO's proposed new regional strategic operational plan and flagship initiatives were essential and should be supported. Her Excellency called for solidarity to achieve health for all.

Address by Dr Izzeldin Abuelaish

The doctor, author and humanitarian Izzeldin Abuelaish, Professor of Global Health at the University of Toronto, addressed the Regional Committee on the importance of hope. As a Palestinian who grew up in Jabalia refugee camp in the Gaza Strip and lost his daughters and niece when his home was shelled by an Israeli tank, the current situation in Palestine caused him pain, frustration and despair; but he refused to yield to tragedy and defeat, and chose hope. War, poverty, fear, violence and hatred, all threats to the future of humanity, had been magnified by the modern tendency to weaponize, normalize and politicize all aspects of life. But equally, humans had created and could solve these problems. The capacity of humanity to adapt meant there was still hope. Indeed, as a doctor he believed where there is life, there is hope; health professionals were pillars of hope and human dignity.

Tackling the grave challenges facing humanity required new solutions, thinking and working across borders. Effective multilateral action on health was an integral part of these. Health and peace were dynamic and intertwined – neither could fully exist without the other. People needed to see beyond their screens to the horrific, murderous reality of war, and to humanize rather than politicize it. Fear, hatred, violence and war are endemic diseases, to be addressed with a public health approach. Wrongdoing should be acknowledged and accountability ensured to avoid repetition. Humanitarian law and responding to emergencies were ethical imperatives, and the value of human freedom was paramount. Professor Abuelaish emphasized that in society, women were the strongest creators and the most resilient. There could be no peace without women and without respect for human rights. He believed in humanity's power to achieve positive change. While no one could do everything to tackle current challenges, everyone could do something, and promoting health and peace was an ethical duty for every human being. He called on all participants to have hope – and above all, to take action.

Agenda item Ministerial plenary sessions

The Regional Committee elected the following officers:

Chair: H.E. Dr Hanan Mohamed Al-Kuwari, Minister of Public Health of Qatar

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

Vice-Chair: H.E. Dr Mohammad Reza Zafarghandi, Minister of Health and Medical Education of Islamic Republic of Iran

In accordance with the terms of reference of the Programme Subcommittee of the Regional Committee, the Programme Subcommittee takes on the functions of the Drafting Committee in reviewing the Committee's draft resolutions and decisions.

The composition of the Drafting Committee includes the following representation of the Programme Subcommittee Members. The Subcommittee members who could not be physically present will join the drafting committee via zoom on 16 October.

Dr Samya Ali Bahram (Bahrain), Dr Nicknam Mohammad Houssein (Islamic Republic of Iran), Dr Riyadh Abdul Amer Al-Hilfi (Iraq), Dr Raid Anwar Al Shboul (Jordan), Dr Al-Munther Al-Hasawi (Kuwait), Ms Hilda Harb (Lebanon) (Vice Chair), Mr Abdelouahab Belmadani (Morocco), Dr Chekib Zedini (Tunisia) (Chair).

Secretariat: Dr Adham Ismail Abdel Moneim, Dr Richard John Brennan, Dr Asmus Hammerich, Dr Awad Mataria, Dr Arash Rashidian, Dr Nevin Wilson. Dr Nasim Pourghazian, Mr Tobias Boyd.

The Regional Committee adopted the provisional agenda and provisional daily timetable.

Regional Director's flagship initiatives

Overview of the Regional Director's flagship initiative

The Director of Programme Management introduced the presentation of the Regional Director's flagship initiatives, saying they build on lessons learned from the COVID-19 pandemic regarding supply chains, global health interdependencies, health workforce, and mental health. The initiatives will act as accelerators for the regional strategic operation plan.

Regional flagship initiative 1: Expanding equitable access to medical products

The Regional Adviser for Access to Medicines and Health Technologies began the presentation of flagship initiative 1 by describing how limited capacity to produce medicines and vaccines, suboptimal quality assurance of medical products, significant variations in affordability and inefficient procurement and supply management all threaten effective health care in the Eastern Mediterranean Region. Equitable access to safe, effective, quality and affordable essential medicines and vaccines is critical and spending on such products represents a high proportion of the Region's health expenditure, ranging from 10–20% in developed countries to 20–60% in developing countries. This affects not only public spending but also individuals in the Region, one in eight of whom face financial hardship owing to their personal health spending. The need to import medicines and vaccines is a factor in this high level of expenditure.

Not only does this dependency on foreign producers increase the risk of supply problems, it also means that much of the Region's spending on essential medical products benefits economies outside it. While some of the Region's countries have invested in locally manufacturing essential medical products, most remain heavily reliant on imports to fulfil their population's need for medical products. Supplies, particularly of new vaccines, also vary among countries by income group, and emergencies in the Region impact infrastructure and thereby further complicate access to medicines. Other challenges to access include weak regulatory mechanisms and the circulation of substandard medical products.

The flagship initiative proposed aims to enhance access to essential medical products through bolstering procurement and supply chain systems, promoting local production and strengthening regulation. A new regional pooled procurement mechanism that is comprehensive and strategic will strengthen accessibility and reduce costs, while ensuring equitable distribution to vulnerable populations, including refugees and internally displaced persons. Furthermore, a programme of sustained technical support at country level will help build domestic capacities for production, good manufacturing practices, storage, distribution and regulation. As such, the initiative's proposed targets for 2029 support the regional strategic operational plan and should bolster progress towards the health-related Sustainable Development Goals and universal health coverage, while boosting the Region's economic growth.

Interventions were made by representatives of the following Members of the Committee (in order): Iraq, Saudi Arabia, Lebanon, Oman, Somalia, Libya, Islamic Republic of Iran, Pakistan, Palestine, Kuwait, Yemen, Tunisia, Sudan.

The Regional Director promised a laser focus on the bottlenecks impeding local production and stopping medications getting to where they are needed. She recognized a shared passion among Member States for building their national regulatory authorities and a strong alliance with WHO colleagues at headquarters. She stated that it would be important to expand digitalized high-capacity warehouses to be able to support regional neighbours and emphasized that infrastructure was needed not only for emergencies but permanently.

The Assistant Director-General for Access to Medicines and Health Products reminded the session that ensuring access to quality medical products is crucial to expanding universal health coverage. It is essential to strengthen the regulatory system and reduce duplicated procedures and barriers beyond borders. She called for political commitment from all Member States, saying WHO would provide technical support for sustainable local production and workforce training. Finally, she welcomed the World Local Production Forum scheduled to take place in the United Arab Emirates in 2025.

Regional flagship initiative 2: Investing in a resilient health workforce

This flagship initiative aims to address health workforce gaps through a comprehensive, long-term approach, including expanding education and employment, addressing skills gaps, leveraging technology for training, promoting multidisciplinary teams, ensuring safe working conditions and managing international migration ethically. The initiative proposes strategic Region-wide action complemented by high value-added interventions and support tailored to each country context. A skilled health workforce is the backbone of every effective health system and prerequisite for achieving universal health coverage and the health-related SDGs. While health workforce challenges are global, they are particularly acute in the Eastern Mediterranean Region, in which active and prolonged crises further complicate health workforce challenges.

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

The Regional Director said that she was motivated by the positive response to this initiative and through the efforts she had witnessed “on the ground” was aware of countries’ commitment to their health workforce. She cited the goal of ensuring the safety and security of the health workforce a major priority and said that attacks against health care and migration were of significant concern, but other challenges persisted. She thanked those who had taken part in the consultations on this initiative and invited national entities to be party to future consultations.

The Assistant Director-General for Health Emergency Intelligence and Surveillance Systems said that WHO’s work with countries was dependent on the health workforce. He and made reference to WHO institutional bodies and initiatives that had been established to help address collective challenges. He emphasized that health care workers should never come under attack and that there could be no health without peace.

Regional flagship initiative 3: Accelerating public health action on substance use

The Regional Advisor for Mental Health and Substance Use, presented the regional flagship initiative on accelerating public health action on substance use. He said that substance use represented a major public health challenge, impacting the security and development of societies. While action to tackle drug use had often focused on attempts to restrict supply, including through punitive law enforcement, such measures had been demonstrated to be costly and largely unsuccessful in the long term. He observed that despite some progress in recent years, there was still a substantial treatment gap in the Region, with only one in 11 individuals with drug use disorders receiving treatment, and disparities in the availability and coverage of essential medications. The initiative’s objectives included preventing drug use initiation, increasing the availability of and access to services, and reducing the associated morbidity and mortality. It would focus on delivering a set of evidence-based interventions to address the public health impacts of substance use, through a coordinated and collaborative approach tailored to each country’s context.

Interventions were made by representatives of the following Members of the Committee (in order): Qatar, Palestine, Saudi Arabia, Islamic Republic of Iran, Tunisia, Bahrain, Kuwait.

The WHO Regional Director noted that Member States had raised drug use as a priority issue and noted the links between this flagship initiative and the other two, such as in capacity-building of the health workforce and access to essential medications for treatment of substance use disorders. She said there was a need for a collaborative approach that included experts from the Region, noting the existence of WHO Collaborating Centres on substance use in several countries. She concluded that while it was a difficult issue to address, it was important to do so to create a better future for the children of the Region.

Dr Yukiko Nakatani, WHO Assistant Director-General for Access to Medicines and Health Products, expressed the support of WHO headquarters for the initiative and said that the Region had been prioritized for work in this area. She called for a balanced, equitable and safe approach to reducing the harms of non-medical substance use, while ensuring access for those needing treatment for substance use disorders. She said a collaborative approach was required and emphasized the need for the training of health workers in the issue.

Strategic operational plan for the Eastern Mediterranean Region, 2025–2028

Dr Mohamed Jama, Senior Adviser to the Regional Director, presented the proposed regional strategic operational plan to operationalize GPW 14 in the Region. Dr Jama explained that the plan was based on three principles: WHO should focus on achieving positive impact in countries; investment in health should be substantially increased; and progress in delivery of the plan should be monitored and measured.

The plan was designed to fit the complex context of the Region. While there had been notable achievements in recent years, progress was uneven and many countries still faced severe challenges. However, evolving technologies and expanding scientific knowledge offered opportunities that should be exploited. The plan was based on six regional priorities (Promote, Provide, Protect, Polio, Power and Perform), but implementation would be tailored to each country's policy priorities, as captured in an extensive recent consultation. There was a strong emphasis on partnership and collaboration, and the three flagship initiatives were an integral part of the plan.

Outlining the financial resources required to implement the plan, Dr Jama noted that it included interventions that offered a proven return on investment. Furthermore, successful implementation would mean that an additional 60.4 million people enjoyed access to quality health services without incurring financial hardship and would save the lives of approximately 215 000 additional mothers and children in high-burden countries.

Interventions were made by representatives of the following Members of the Committee (in order): Saudi Arabia, Qatar, Lebanon.