

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

**EMRO/RC71/DJ/4
17 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

Thursday, 17 October 2024

Agenda item	Regular sessions of RC71
Session 1	World Health Assembly and Executive Board follow-up – Governance and administrative matters
5(d)	<ul style="list-style-type: none">Review of the draft provisional agenda of the 156th session of the WHO Executive Board EM/RC71/9-Annex 1Discussion
5(f)	<ul style="list-style-type: none">Update on implementation of the WHO Transformation Agenda in the Eastern Mediterranean Region EM/RC71/INF Doc 12-Rev 1Discussion
5(g)	<ul style="list-style-type: none">Nomination and appointment of Regional Directors: review of the process of election of Regional Directors EM/RC71/INF Doc 13Discussion
Session 2	Coordination of work of the Health Assembly, Executive Board and the regional committees
5(c)	<ul style="list-style-type: none">Resolutions and decisions of regional interest adopted by the Seventy-seventh World Health Assembly and the Executive Board at its 154th and 155th sessions EM/RC71/9Discussion
Session 3	World Health Assembly and Executive Board – Programme and budget matters
5(b)	<ul style="list-style-type: none">Draft proposed programme budget 2026–2027 EM/RC71/8Discussion EM/RC71/8 summary
5(a)	<ul style="list-style-type: none">WHO Investment Case 2025–2028 and latest on the WHO Investment Round EM/RC71/7 EM/RC71/7-ADiscussionStatement from the WHO Eastern Mediterranean Region Staff Association (EMRSA)Statement by the Association of Retired and Former WHO Staff in the Eastern Mediterranean Region (EMR/RFS)
Session 4	Adoption of resolutions and decisions
Session 5	Closing session

2. Report of meetings

Wednesday, 16 October 2024

Reports of the nineteenth, twentieth and twenty-first meetings of the Programme Subcommittee of the Regional Committee of the Eastern Mediterranean Region

Ms Hilda Harb (Lebanon), Vice-Chair of the Programme Subcommittee of the Regional Committee, presented on behalf of the Chair, Dr Chekib Zedini (Tunisia), who was unable to attend. Ms Harb provided an overview of the recent work of the Subcommittee. The Regional Committee decided to adopt a proposed change to rule 3 of the rules of procedure of the WHO Regional Committee for the Eastern Mediterranean. The new composition of the Subcommittee in 2025 will be Egypt, Jordan Kuwait, Lebanon, Oman, Pakistan, Qatar and Tunisia. The twenty-second meeting of the Programme Subcommittee is scheduled for the first week of March 2025.

Membership of WHO bodies and committees

The Director of Programme Management/acting Chef de Cabinet provided an overview of the current and upcoming regional membership of a number of WHO bodies and committees, including the Executive Board, the World Health Assembly and the Standing Committee on Health Emergency Prevention, Preparedness and Response. There was agreement by the Regional Committee on the proposed nominations for regional representation on the various WHO governing bodies.

Application from the Russian Federation to attend the WHO Regional Committee for the Eastern Mediterranean in an observer capacity

The Director of Programme Management/acting Chef de Cabinet invited the Committee to consider a request received from the Russian Federation to attend regional governing bodies meetings in the capacity of an Observer. There was agreement by the Regional Committee that the Russian Federation should be allowed to attend future sessions of the Regional Committee in the capacity of an Observer, with no voting rights, starting in 2025.

Procedure for accreditation of regional non-State actors in official relations with WHO to attend meetings of the WHO Regional Committee for the Eastern Mediterranean

The Governing Bodies Officer presented on regional implementation of the Framework of Engagement with Non-State Actors, noting that a review of the non-State actors (NSAs) invited annually to the Regional Committee was conducted in December 2023. This review had found that of the 51 NSAs annually invited to the Regional Committee, 13 entities were non-accredited. These 13 entities were approached and of these, four applied and met due diligence criteria. These four are the Eastern Mediterranean Public Health Network, Hamdard Foundation Pakistan, Arab Hospitals Federation, and Arab Council for Childhood and Development. There was agreement by the Committee to grant accreditation to the four NSAs to attend the Regional Committee as Observers for three years commencing 17 October 2024.

Place and date of future sessions of the Regional Committee

The Regional Committee decided to hold its 72nd session in Cairo, Egypt, from 13 to 16 October 2025.

Addressing the increasing burden of trauma in humanitarian settings in the Eastern Mediterranean Region

The Regional Emergency Director presented WHO's new operational framework for addressing trauma care in humanitarian settings in the Eastern Mediterranean Region. WHO's Eastern Mediterranean Region is subject to some of the most acute, large-scale and complex emergencies in the world, and a proportion of the morbidity and mortality from trauma is considered avoidable. The effective management of trauma requires a functioning trauma care pathway embedded within a comprehensive system of emergency, critical and operative care services. However, in many humanitarian settings, already-fragile health systems had been severely weakened and damaged, restricting the capacity of health workers to provide essential health services, including trauma care. WHO's Regional Trauma Initiative, established in 2020, had already helped to address gaps in trauma care in humanitarian settings. The proposed operational framework aimed to support Member States adopt a systems approach to trauma, develop community-based approaches and primary care capacities for initial management of trauma, integrate trauma care into emergency, critical and operative care, strengthen information management and develop rapid response capacities, including emergency medical teams.

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

The Regional Emergency Director thanked representatives for their support for the framework and said that WHO would create a network and community of practice. He acknowledged the crucial role played by data, the importance of preparing for all types of emergencies, how trauma work could offer an entry point to developing other improvements to health care systems and the need for standardized training and protocols. He commended countries of the Region for their great work in advancing trauma and emergency care.

The Regional Director said that few organizations had a mandate for trauma work in protracted crisis and conflict zones, and a specialized and adapted approach was needed in this area. The Regional Trauma Initiative had already shown its value in complementing regional efforts and the response to overwhelming trauma had been improved. Other WHO regions were learning from the experiences of the Eastern Mediterranean Region, and she urged Member States to endorse the resolution on addressing trauma in challenging conflict-affected and resource-poor settings.

Promoting collaborative action to accelerate the response to antimicrobial resistance in the Eastern Mediterranean Region

The Acting Director UHC/Communicable Diseases introduced a plan for collaborative action within the human health sector, and between the health and non-health sectors, to accelerate the response to antimicrobial resistance (AMR) in the Region, taking into account its heterogeneity. AMR was a global public health concern and a major threat to health and health systems. The Global Burden of Disease study had estimated that globally, in 2019, 1.27 million deaths were attributable to bacterial AMR, of which 10% were in the Region. Addressing AMR was also critical to achieving several Sustainable Development Goals. The proposed plan adapted the WHO people-centred approach to addressing AMR in human health to the regional agenda for building resilient health systems to advance universal health coverage and ensure health security. The presentation focused on four cross-cutting themes: a multisectoral, One Health approach to addressing AMR; incorporating AMR actions in health emergency preparedness and responses; a primary health care approach at all levels of the health system; and collaborative AMR work with established programmes to strengthen systems to prevent and manage infections through the appropriate use of antibiotics. Key recommendations for Member States and WHO were presented in five strategic priority areas: 1) governance; 2) prevention of infection; 3) access to essential health services; 4) health emergencies and resilience; and 5) strategic information through surveillance and research.

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

The acting Director of UHC/Communicable Diseases thanked Representatives for their overwhelming support for the technical paper and said that their support would lead to a reduction of mortality and morbidity in the Region. He was encouraged by the significant progress that had been made by countries in key areas outlined in the paper. He expressed his appreciation of the guidance provided by the Regional Committee in terms of how WHO could provide technical support in the application of commitments that had been made, the requirement for a differentiated response, the necessity of having stocks of essential supplies available and the requirement to invest in a research network.

The Director of Programme Management said that a significant milestone had been achieved with the adoption of the Political Declaration on AMR that set an ambitious but necessary goal to reduce the estimated 4.9 million annual deaths associated with AMR by 10% by 2030 and additionally the Declaration had called for financing of US\$ 100 million in catalytic funding aiming to ensure that at least 60% of countries had fully funded actions plans by 2030. On behalf of the Regional Director, he urged Member States to endorse the resolution on AMR and adapt recommendations to national contexts.

Regional action plan for mental health and psychosocial support in emergencies, 2024–2030

The Regional Advisor for Mental Health and Substance Use presented a proposed regional action plan for mental health and psychosocial support in emergencies, 2024–2030. He noted that more than 1 in 5 people exposed to adversity were likely to have mental health conditions, while 1 in 11 people had mental disorders severe enough to impair their ability to function in crisis environments. Mental health should therefore be at the centre of every emergency preparedness and response plan. However, although many countries and territories of the Region had experienced wars, civil strife, natural disasters and economic turmoil, and many mental health conditions were more prevalent in the Region, the numbers of the mental health workforce were lower than global rates, particularly in countries experiencing an emergency, who were also less likely to have achieved the integration of mental health in primary health care. Despite this, there had been progress and the proposed plan built on this and on international frameworks and guidelines. The vision of the proposed plan was that the mental health and psychosocial well-being of populations affected by emergencies were promoted, protected and provided for. The plan included a framework of strategic interventions across the different phases of emergency preparedness, response and recovery. The Regional Advisor for Mental Health and Substance Use issued a call to action to Member States to endorse the regional action plan and implement its suggested actions, and concluded by asking Representatives to consider the proposition that there is no development and peace without mental health.

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

The Regional Advisor for Mental Health and Substance Use thanked Representatives for their support for the regional action plan and noted the progress made in recent years in the Region, which had helped mitigate some of the impact of current crises. There remained a need to build on these gains and to fully

integrate mental health and psychosocial support within health systems to overcome shortages in the mental health workforce. He noted that the WHO mental health kit could support this effort.

The WHO Regional Director for the Eastern Mediterranean said that mental health was a priority and that the regional action plan had been developed in close consultation with Member States and built on the models of good practice in the Region. She invited Member States to endorse it.

Enhancement and digitalization of health information systems in the countries of the Eastern Mediterranean Region: a regional strategy, 2024–2028

The Director for Science, Information and Dissemination introduced a strategy for the enhancement and digitalization of health information systems in countries of the Region. Countries should generate valid, timely, relevant, disaggregated, high-quality and reliable data to inform policies and programmes, and to monitor progress on the health-related Sustainable Development Goals and measure the impact of WHO's General Programme of Work. National health information systems were the foundation of health data, improving health outcomes for people globally through well informed policies, planning and management of health services. A robust health information system provided data to understand population health needs, monitor actions and use of resources, and guide health decision-making.

However, in many countries of the Region, health information systems did not perform efficiently and health data were often incomplete, fragmented or of inadequate quality. The Director described the status of foundational and functional investments for digital health transformation in the Region. The presentation proposed a multilayered approach, with strategic goals and specific objectives and country-level actions for all stakeholders, and attention given to the use of interoperability and data standards as the main challenges to enhancing health information systems in the Region. Indicators were included to measure progress. WHO would provide guidance on making the best use of the available resources to promote digitalization, achieve interoperability, eliminate duplication, avoid gaps and make efficiency gains. It would offer support in policy development, implementation, resource mobilization and collaboration, and report on progress to the Regional Committee. The Regional Committee was invited to endorse the proposed regional strategy.

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

The Director for Science, Information and Dissemination said that WHO would continue investing in enhancing and digitalizing health information systems and particularly in interoperability and standards. He recommended application of the SCORE for Health Data Technical Package. He acknowledged that AI was of great interest and expected that this area would be more widely explored in the next session of the Regional Committee, and that WHO was already working in this field.

The Director of Programme Management/acting Chef de Cabinet described health information systems as the backbone of any health system, guiding critical decision-making based on population health needs. He recognized that while resources had been allocated to this area of work in the past in the Region, that outcomes had varied substantially, not always leading to expected improvements as a result of parallel systems, limited human resources and infrastructure, and gaps in data standards. He agreed that the vast potential role of AI needed to be fully harnessed but that actions taken had to be sustainable, noting the substantial costs of digitalization. On behalf of the Regional Director, he urged Member States to endorse the regional strategy.

Other meetings

A closed meeting was held on the impact of economic sanctions on health and health services in the Eastern Mediterranean Region: What are the consequences?

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.