

Report of the

**64th session of
the WHO Regional
Committee for the
Eastern Mediterranean**

Islamabad, Pakistan
9–12 October 2017



World Health
Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

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Contents

1.	Introduction	1
2.	Opening session and procedural matters	2
2.1	Opening of the Session	2
2.2	Formal opening of the Session by the Chair of the Sixty-third Session	2
2.3	Address by Dr Mahmoud Fikri, the Regional Director	2
2.4	Address by Dr Tedros Adhanom Ghebreyesus, WHO Director-General	2
2.5	Welcome by the Government of Pakistan	3
2.6	Election of officers	3
2.7	Adoption of the agenda.....	3
2.8	Decision on establishment of the Drafting Committee.....	3
3.	Reports and statements	4
3.1	The work of the World Health Organization in the Eastern Mediterranean Region—Annual Report of the Regional Director for 2016.....	4
3.2	Review of progress on: a) Poliomyelitis eradication programme in Pakistan and Afghanistan; b) humanitarian emergencies in the Eastern Mediterranean Region; and c) public health preparedness and response: meeting the obligations of the International Health Regulations	5
4.	Technical matters	7
4.1	Regional framework for action on cancer prevention and control.....	7
4.2	Climate change and health: a framework for action	7
4.3	Operationalization of the adolescent health component of the global strategy for women’s, children’s and adolescents’ health, 2016–2030	8
4.4	Antimicrobial resistance in the Eastern Mediterranean Region	9
5.	Programme and budget matters.....	11
	Towards WHO’s 13th General Programme of Work 2019–2023 “Keep the World Safe, Improve Health, Serve the Vulnerable”	11
6.	Other matters	12
6.1	Resolutions and decisions of regional interest adopted by the Seventieth World Health Assembly and the Executive Board at its 140th and 141st Sessions	12
	Review of the draft provisional agenda of the 142nd Session of the WHO Executive Board.....	12
6.2	Nomination of officers of the World Health Assembly and membership of the WHO Executive Board	12
6.3	Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction	13
6.4	Report of the first meeting of the Programme Subcommittee of the Regional Committee	13
6.5	Award of Dr A.T. Shousha Foundation Prize and Fellowship.....	13
6.6	Place and date of future sessions of the Regional Committee	13

7.	Closing session	14
7.1	Review of draft resolutions, decisions and report	14
7.2	Adoption of resolutions and report	14
7.3	Closing of the session.....	14
8.	Resolutions and Decisions	15
8.1	Resolutions.....	15
8.2	Decisions.....	21

Annexes

1.	Agenda	23
2.	List of representatives, alternates and advisers of Member States and observers.....	24
3.	Final list of documents, resolutions and decisions	36
4.	Framework of action on cancer prevention and control in the WHO Eastern Mediterranean Region	38
5.	Framework for action on climate change and health in the Eastern Mediterranean Region	41
6.	Revised statutes for the Foundation for the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region	44
7.	Technical meetings.....	47

1. Introduction

The Sixty-fourth Session of the Regional Committee for the Eastern Mediterranean was held in Islamabad, Pakistan, from 9 to 12 October 2017.

The following Members were represented at the Session:

Afghanistan	Pakistan
Bahrain	Palestine
Egypt	Qatar
Iran, Islamic Republic of	Saudi Arabia
Iraq	Somalia
Jordan	Syrian Arab Republic
Kuwait	Sudan
Lebanon	Tunisia
Libya	United Arab Emirates
Morocco	Yemen
Oman	

In addition, observers from Turkey, United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV/AIDS (UNAIDS), Food and Agriculture Organization of the United Nations (FAO), International Atomic Energy Agency (IAEA), World Meteorological Organization (WMO), GAVI, the Vaccine Alliance, The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and a number of intergovernmental, nongovernmental and national organizations attended the Session.

Technical meetings were held on the day preceding the session on subjects of current interest and concern. A summary of the outcomes is included as an annex to this report.

2. Opening session and procedural matters

2.1 Opening of the Session

Agenda item 1

The opening session of the Sixty-fourth Session of the Regional Committee for the Eastern Mediterranean was held in the Sheesh Mahal Hall, Serena Hotel, Islamabad, Pakistan, on 9 October 2017.

2.2 Formal opening of the Session by the Chair of the Sixty-third Session

The opening session of the Sixty-fourth Session of the Regional Committee for the Eastern Mediterranean was held on Monday 9 October 2017 in the Shamadan Hall, Serena Hotel, Islamabad, Pakistan. The session was opened by H.E. Dr Ferozuddin Feroz, Minister of Public Health, Afghanistan. Dr Feroz said that it had been a great honour to be the Vice-Chair of the Sixty-third session last year, which had also marked the nomination of the new Regional Director Dr Mahmoud Fikri. He reflected that in spite of challenges that the Region continued to face, significant achievements had been made in the five priority areas. He noted the perennial threat posed to regional health security by the high incidence of emerging and re-emerging infectious diseases but acknowledged that Member States recognized the importance of collective action to manage these public health events of international concern and he was confident that their joint determined efforts would produce results.

2.3 Address by Dr Mahmoud Fikri, the Regional Director

The Regional Director, Dr Mahmoud Fikri, referred in his opening address to the regional roadmap which translated his vision into a set of strategic actions to guide WHO's work with Member States for 2017–2021. He said that the priorities identified in the roadmap were aligned with the targets of the Sustainable Development Goals (SDGs) and that WHO would work closely with countries to achieve those targets. Indicators had been provided in the roadmap for progress to be properly monitored. He said that he aimed to increase the Secretariat's capacity to ensure that the Organization became increasingly effective in meeting the needs of Member States. Partnerships with United Nations agencies, partners and stakeholders would be expanded to coordinate humanitarian activities for those affected by emergencies, noting that in 2017 almost 76 million people were directly or indirectly affected by conflict, environmental threats and natural disasters in the Region. He referred to threats to health security, including acute watery diarrhoea and cholera, avian influenza (H5N1), Middle East respiratory syndrome coronavirus and poliomyelitis, which were increasingly placing vulnerable lives at risk. He commended Afghanistan and Pakistan for their tireless efforts to eradicate polio and congratulated Somalia on three years polio free. He said that the elimination of measles was the next goal. He concluded by saying that health must be placed at the centre of development. Investment in health yielded high returns. Political commitment must be secured to achieve the targets of the SDGs and that no one must be left behind.

2.4 Address by Dr Tedros Adhanom Ghebreyesus, WHO Director-General

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, referred to the challenges facing the Region with almost two thirds of countries directly or indirectly affected by emergencies. He praised the cholera response in Yemen, which was witnessing a declining caseload. He called for attacks on health workers and health facilities to end. He said that the goal of polio eradication was closer than ever before and praised Pakistan for its leadership in polio eradication efforts. He noted regional progress in the provision of treatment for viral hepatitis but to strengthen tobacco control efforts urged remaining countries to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products. He made reference to the special session of the Executive Board to be held in November and expressed hope that agreement would be reached on the draft Thirteenth General Programme of Work 2019–2023 for endorsement at the 2018 World Health Assembly. As the foundation for WHO's work, the SDGs represented priorities on which the world had agreed – health coverage, health security, health targets, and health leadership. WHO's core business would be to support countries progress towards

universal health coverage. WHO needed to strengthen global health security to respond to epidemics and become more responsive to emergencies. To drive progress towards the health-related targets of the SDGs, attention would be focused on: improving maternal, adolescent and child health; ending the epidemics of HIV, tuberculosis, malaria and hepatitis; preventing premature deaths from noncommunicable diseases, including mental health; and protecting health against the impacts of climate change and environmental problems. As a results-oriented organization, WHO needed to focus on outcomes and impact, and to ensure that progress could be measured. WHO would become more operational, engage in regular policy dialogue with all countries to identify gaps and solutions, and provide leadership by advocating for health at the highest political levels. He said that he looked forward to working with countries to make their shared vision a reality – keeping the world safe, improving health and serving the vulnerable.

2.5 Welcome by the Government of Pakistan

Mr Mamnoon Hussain, President of Pakistan, welcomed participants to the Sixty-fourth session of the Regional Committee. He expressed confidence that the decisions arising from the deliberations of the conference would result in improved access to health care and health outcomes for populations of the Region. He made reference to the Prime Minister's Health Insurance Programme which aimed to ensure that the most vulnerable in society would be able to access treatment free of charge from both public and private health institutions. He highlighted that with the efforts of the Government of Pakistan, assistive technology had been included in the agenda of WHO's upcoming 142nd Executive Board in order that a roadmap for collective actions by countries could be developed. He expressed confidence that in spite of regional conflict threatening polio eradication efforts, eradication of this deadly disease would shortly be achieved. He said that the spread of polio had demonstrated that diseases were not limited to geographical boundaries and international cooperation was necessary to address the challenges. He concluded by pointing out global inequities in access to health care and the negative impacts on people's health caused by malnutrition, food shortages and environmental pollution, especially in developing countries.

2.6 Election of officers

Agenda item 1(a), Decision 1

The Regional Committee elected the following officers:

Chair:	H.E. Mrs Saira Afzal Tarar (Pakistan)
Vice-Chair:	H.E. Dr Ahmed Al Saidi (Oman)
Vice-Chair:	H.E. Dr Jawad Awwad (Palestine)

2.7 Adoption of the agenda

Agenda item 1(b), Document EM/RC64/1-Rev.1, Decision 2

The Regional Committee adopted the agenda of its Sixty-fourth Session.

2.8 Decision on establishment of the Drafting Committee

Based on the suggestion of the Chair of the Regional Committee, the Committee decided that the following should constitute the Drafting Committee:

- Dr Wahid Majrooh (Afghanistan)
- Dr Mariam Al-Hajeri (Bahrain)
- Dr Mohsen Asadi-Lari (Islamic Republic of Iran)
- Dr Mohamed Jaber Hwoal (Iraq)
- Dr Badereddin Al Najjar (Libya)
- Dr Muhammad Safi Malik (Pakistan)
- Dr Jaouad Mahjour (World Health Organization)
- Dr A. Basel Al-Yousfi (World Health Organization)
- Dr Maha El-Adawy (World Health Organization)

- Dr Rana Hajjeh (World Health Organization)
- Dr Asmus Hammerich (World Health Organization)
- Ms Catherine Foster (World Health Organization)

3. Reports and statements

3.1 The work of the World Health Organization in the Eastern Mediterranean Region—Annual Report of the Regional Director for 2016

Agenda item 2(a), Document EM/RC64/2, Resolution EM/RC64/R.1

Progress reports on the regional strategy on health and the environment 2014–2019; regional plan of action for implementation of the roadmap for an enhanced global response to the adverse health effects of air pollution; implementation of the Eastern Mediterranean vaccine action plan 2016–2020; regional strategy for the improvement of civil registration and vital statistics systems 2014–2019; prevention and control of noncommunicable diseases; scaling up mental health care; report of the Regional Assessment Commission on the status of implementation of the International Health Regulations (2005); implementation of the regional malaria action plan 2016–2020.

Agenda item 2(c–h, j and k), Documents EM/RC64/INF.DOC.2–7, 9 and 10

The Regional Director presented his report to the Regional Committee on the work of WHO in the Eastern Mediterranean Region in 2016 and early 2017, focusing on important milestones achieved in response to the five strategic priorities endorsed by Member States in 2012. He began by outlining WHO support to health systems strengthening to achieve the overarching goal of universal health coverage. He highlighted maternal and child health, including adolescent health; environmental health; prevention and control of noncommunicable diseases, including cancer, and mental health; and communicable disease control, including polio, hepatitis, tuberculosis, neglected tropical diseases and measles, and antimicrobial resistance. He drew attention to the new WHO Health Emergencies Programme, which was expected to bolster WHO's ability to respond to emergencies and outbreaks.

He then focused on recent strategic developments in WHO's work in the Region and the regional roadmap that translated his vision into a set of strategic actions to guide WHO's work with Member States for 2017–2021. For each priority area – emergencies and health security, prevention and control of communicable diseases, prevention and control of noncommunicable diseases, maternal, neonatal, child and adolescent health, and health system strengthening – it outlined practical targets, indicators and milestones to monitor progress, and took into consideration the global and regional environments in which WHO was working, including the global commitment to the 2030 Agenda for Sustainable Development and the WHO reform agenda. He said that the identified priorities were consistent with global priorities to ensure that WHO continued to deliver and provide support to countries as one strong WHO and he looked forward to working with countries to realize this vision.

Discussions

Representatives expressed support for the Regional Director's report and roadmap. They commended the progress made in the priority areas in 2016 and the accomplishments to date in 2017. They drew attention to the area of health security and highlighted a need for greater focus on the health effects of protracted emergencies, including conflicts, and more support to populations affected by such emergencies. Other areas for increased focus included hepatitis, tobacco control and noncommunicable diseases.

Representatives referred to national successes in the areas of hepatitis control, health insurance coverage, strategic health planning, immunization coverage, outbreak control, and prevention and control of noncommunicable diseases, including early detection of cancer.

Statements were made on behalf of the following observers (in order): International Federation of Medical Students' Associations; NCD Alliance; International Association of Patient Organizations.

The Director-General stressed the close coordination between WHO headquarters and the Regional Office. He praised the focus on visits to countries in need of support and noted that such visits were the best approach for connecting WHO action to the challenges faced at country level. He drew attention to an upcoming conference on noncommunicable diseases planned for 17–19 October in Montevideo, Uruguay. Ministers were urged to attend in order to clarify the way forward and lay the foundation for next year's third high-level meeting of the United Nations General Assembly on noncommunicable diseases. He noted that tobacco use was increasing in the Region and emphasized the need for countries to scale up implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) and related tobacco control measures, particularly taxation. In this respect he repeated his call for countries to ratify the Protocol for Illicit Trade in Tobacco Products. With regard to communicable diseases, aggressive efforts were needed by all partners in the final push for eradication. He stressed the need to focus on hepatitis in the Region and called for greater attention to prevention. He highlighted the importance of the Health-in-all-Policies initiative in supporting the development and implementation of strategic solutions to health challenges. He noted the deterioration of health systems in countries experiencing conflict and other emergencies, resulting in increased vulnerability. Extra vigilance was needed throughout the Region, along with scaling up health security.

The Regional Director thanked the representatives for their contributions and acknowledged the areas highlighted by representatives for additional focus. He called upon all countries to prepare progress reports in preparation for the third high-level meeting on noncommunicable diseases in 2018.

3.2 Review of progress on: a) Poliomyelitis eradication programme in Pakistan and Afghanistan; b) humanitarian emergencies in the Eastern Mediterranean Region; and c) public health preparedness and response: meeting the obligations of the International Health Regulations

Agenda item 2(b and i), Document EM/RC64/INF.DOC.1 and 8

The Manager, regional Polio Eradication Initiative, presented an update on polio eradication in Pakistan and Afghanistan and progress in the Region. He noted that poliovirus transmission had become increasingly restricted with children across the Region protected through the administration of 270 million doses of oral polio vaccine in polio supplementary immunization activities in 2017. Key indicators for surveillance had met certification standards in all but two countries, and 17 out of 22 countries had completed polio outbreak simulation exercises. Upwards of US\$ 451 million had been mobilized to support polio eradication in 2016–2017. Remaining challenges included ensuring that wild poliovirus transmission in Pakistan and Afghanistan was stopped in the coming low season, in addition to circulating vaccine-derived poliovirus type 2 (cVDPV2) transmission in the Syrian Arab Republic. He stressed the importance of sustaining basic immunization services to continue to protect populations in the Region and effective detection and response to any poliovirus appearing in polio-free areas, especially conflict areas. Measures were needed to redress the global decrease in resources to fund and support eradication activities. He requested that Member States mobilize regional resources to stop transmission and achieve certification in the Region, maintain basic immunization services, allocate adequate national resources for surveillance for polio and other priority diseases, prepare for certification and containment, and engage in transition planning.

The Emergency Operation Manager presented an update on humanitarian emergencies in the Eastern Mediterranean Region. She said that the Region was experiencing an unprecedented increase in the magnitude and scale of emergencies with more than 50% of global Grade 3 emergencies taking place in the Region in Iraq, Somalia, Syrian Arab Republic and Yemen. Other countries, such as Afghanistan, Libya, Pakistan, Palestine and Sudan, were experiencing a mix of chronic and acute emergencies. Refugees in the Region now totalled 15.7 million and 18 million people were internally displaced. Population movement was affecting host communities and neighbouring countries with the increase in demand for health, water and education which was overwhelming health systems, and in

some cases, reversing health gains. The situation was also impacting global and regional health security with a high incidence of emerging and re-emerging infectious diseases and active outbreaks in Pakistan (dengue fever), Somalia (cholera), Sudan (acute watery diarrhoea), and Yemen (cholera). In response, the WHO Health Emergencies Programme had mobilized US\$ 293 million, delivered 920 tons of health supplies and overseen 136 surge deployments. However, there remained a funding gap of US\$ 200 million (41%). WHO was continuing to build national capacity to confront the magnitude of these humanitarian emergencies with greater focus on linking humanitarian assistance with long-term health systems strengthening, ensuring flexible funding for tailored responses and increasing protection of health care and access for besieged populations.

The Director, regional Health Emergencies Programme, presented on public health preparedness and response: meeting the obligations of the International Health Regulations (IHR 2005). In 2015, the Sixty-second Session of the Regional Committee for the Eastern Mediterranean adopted resolution EM/RC62/R.3, which urged WHO to establish an independent Regional Assessment Commission to assess implementation of the IHR in the Region and advise Member States on issues relating to implementation of the national core capacities required under the Regulations. The Sixty-third session of the Regional Committee for the Eastern Mediterranean adopted resolution EM/RC63/R.1 that noted progress in relation to regional strategic priorities, and in particular, progress made by Member States in undertaking evaluations for implementation of the IHR. As of May 2017, 14 countries in the Region had conducted joint external evaluations (JEEs). WHO support had been extended to Member States to develop and cost national plans of action based on the priority actions identified from the JEEs, other national assessments, the outcomes of after-action reviews and exercises, if conducted, and by linking the development of plans with national planning and budget cycles to ensure sustainable follow-up and implementation of the national action plan. Member States were requested to continue to conduct JEEs, develop plans of actions for health security, cost plans, allocate domestic resources and mobilize external resources, and in consultation, finalize the 5-year Global strategic plan and submit to the 142nd Executive Board for endorsement by the Seventy-first World Health Assembly.

Discussions

Representatives responded to the updates on polio eradication progress in Pakistan and Afghanistan and the Region, humanitarian emergencies and country capacity in meeting the obligations of the IHR by first acknowledging the considerable progress made by the polio programmes in Pakistan and Afghanistan in restricting transmission of poliovirus in the last 12 months, particularly in the areas of acute flaccid paralysis and surveillance, the expansion of community-based vaccination in core reservoirs, detailed follow-up of missed children and the refinement of strategies for vaccinating high-risk mobile populations. They made reference to the wild poliovirus core reservoirs on both sides of the Afghanistan–Pakistan border that were still key in maintaining transmission in the two countries and a reminder of the challenges that remained. Population movement in the Region as a whole posed a threat to polio eradication efforts. The cVDPV2 outbreak in the Syrian Arab Republic served to further demonstrate the challenges of eradicating polio in security-compromised areas in which the challenges of vaccinating children were exacerbated by inaccessibility and the threats of violence against frontline health workers. The establishment of Emergency Operation Centres had been fundamental in coordinating the efforts of governments and partners, the support of whom was essential in achieving the goal of eradication. It was suggested that membership of the Islamic Advisory Group could be expanded to further foster improved strategic transitional planning. In terms of implementation of national core capacities required under the IHR, representatives highlighted the success of this year's hajj and the application of measures to prevent outbreaks during this year's season. They stressed the need to correlate the JEEs with other national assessments and link the development of plans with national planning to ensure sustainable follow up and implementation of national action plans. They also stressed a need for capacity-building in sectors outside of health and for a clearer delineation of roles and responsibilities to avoid duplication of efforts.

4. Technical matters

4.1 Regional framework for action on cancer prevention and control

Agenda item 3(a), Document EM/RC64/3, Resolution EM/RC64/R.2

The acting Director, Noncommunicable Diseases and Mental Health, noted that cancer as the second leading cause of death worldwide, represented nearly one in six deaths globally. Modelled estimates indicated that by 2030 the Region would have the highest increase in cancer burden among all six WHO regions and in spite of positive developments in some countries, cancer prevention and control remained at an early stage of development, with limited strategic direction. The proposed regional framework for action on cancer prevention and control had been developed to scale up guidance to Member States and support implementation of the regional Framework for Action to implement the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases and recent World Health Assembly resolution WHA70.12 on cancer prevention and control in the context of an integrated approach. The framework would assist in guiding decision-making on policy options and priority interventions for cancer prevention and control and enable Member States to determine which areas of cancer prevention and control need to be scaled up according to national contexts.

Discussions

Representatives welcomed the regional framework for action on cancer prevention and control and the consultative process that had led up to it. They indicated a number of areas in which progress was being made in the countries of the Region. They drew attention to the relevant resolutions of the World Health Assembly and the Istanbul Declaration. They emphasized the need for countries to focus more on prevention and on addressing the risk factors in the Region, including through school health programmes and medical education. They noted the links between cancer prevention and control and targets and indicators of the various SDGs. Integration with primary health care continued to be important, with early diagnosis and referral and affordable pricing important elements. They highlighted the difficulties in provision of cancer services faced by the least developed countries and those in emergency and conflict, including access to appropriate equipment and medicines.

Representatives called for further research, including on the implementation of vaccination programmes within the regional context, and for greater advocacy and awareness raising with regard to the need for palliative care programmes and the dispelling of related myths. They highlighted the importance of all Member States establishing cancer registries. They recommended the inclusion of childhood cancers within the scope of the framework, as well as the ‘best buys’ at the primary health care level, and of clear indicators of good governance in cancer prevention and control. They called for continued technical support from WHO, especially in the area of surveys and cancer registration, as well as for continued exchange of experience between countries.

The acting Director, Noncommunicable Diseases, expressed his appreciation for the commitment of Member States to the common agenda of prevention and control of cancer. He noted their firm support for the regional framework for action, and for extending collaboration at all levels.

4.2 Climate change and health: a framework for action

Agenda item 3(b), Document EM/RC64/4, Resolution EM/RC64/R.3

The Director, Regional Centre for Environmental Health Action, highlighted climate change as one of the biggest global health threats of the 21st century posing serious, yet preventable, effects on human health and exacerbating morbidity and mortality, especially among vulnerable populations. The proposed framework for action on climate change and health was intended to guide the health sector response to climate change in Member States and build the resilience of health systems by providing a systematic agenda for mainstreaming the public health response to climate change within the health sector and other health-determining sectors, such as food, water and sanitation,

municipalities, energy, transport and emergency management. He said that implementation of the framework required coordinated technical support from WHO at all levels. WHO could also offer support in facilitating partnerships and accessing financial resources and funding mechanisms in order to augment the health sector response to climate change.

Discussions

Representatives welcomed the proposed framework for action on climate change and health, and the promotion of United Nations Sustainable Development Goal 13 on combating climate change. Representatives highlighted the unique environmental diversity found across the Region and the resulting sensitivity to climate change in Member States. The potential impact on public health was noted, including pandemics as a result of population migration and vector-borne diseases; water scarcity and potability; agricultural degradation and malnutrition; air quality and respiratory diseases; and rising temperatures and environmental health. Representatives noted that several Member States had already signed up to the Paris Agreement on Climate Change in 2016 and initiated their own climate change mitigation impact measures at the national level. Representatives indicated that many international protocols on climate change place priority on measures to reduce carbon dioxide levels through clean energy initiatives and legislative applications. However, the correlation between climate change and public health deterioration needed greater awareness and clarity. Therefore, input from WHO and other stakeholders was particularly sought to develop comprehensive mitigation and adaptation strategies to combat climate change degradation. Representatives identified the need for: appropriate academic instruction at the secondary and tertiary level on climate change and public health; coordinated and consistent sources of environmental data; intercountry collaboration on climate change mitigation measures; and development of partnerships with government and nongovernmental stakeholders for surveillance and detection of those areas particularly vulnerable to climate change.

Statements were made by the following observers (in order): World Heart Federation, International Federation of Medical Students' Associations.

The Regional Director thanked the participants for their comprehensive interventions, and noted the request by representatives for guidance from WHO on implementing the proposed framework. To this end, he expressed his intention to hold a meeting in early 2018 on climate change and health at the WHO Regional Office in Cairo, Egypt, and asked Member States to nominate representatives to attend.

The Director, Centre for Environmental Health Action, thanked the participants for their interventions. In response to the request for greater consistency and integrity of data, he highlighted that WHO coordinates various streams of environmental data collection that are shared. In response to the request for support for framework implementation, he noted that a training manual on climate change adaptation was currently being produced in conjunction with the United Nations Economic and Social Commission for Western Asia.

4.3 Operationalization of the adolescent health component of the global strategy for women's, children's and adolescents' health, 2016–2030

Agenda item 3(c), Document EM/RC64/5, Resolution EM/RC64/R.4

The Director, Health Protection and Promotion, noted that adolescent health and development demanded special attention in national development policies, programmes and plans as it was an integral part of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and central to the success of the SDGs. She said that many adolescent diseases and injuries were preventable or treatable but often neglected. Member States were urged to translate the commitments made in the Global Strategy into action by implementing national multisectoral strategic plans for adolescent health through use of the Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation, which aimed to assist national policy-makers

and programme managers in planning, implementing, monitoring and evaluating adolescent health programmes.

Discussions

Representatives agreed on the importance of addressing adolescent health, which had been a largely neglected area of public health. WHO's Eastern Mediterranean Region had the second highest adolescent mortality rate among all WHO regions but improving adolescent health was key to achieving the targets of the SDGs. Adolescents were dying from preventable causes and these deaths could be prevented if this age group had access to better health services, health education and social and psychological support. Representatives cited some of the main causes negatively impacting adolescent health as tobacco use, drug abuse, physical inactivity, unhealthy diets and interpersonal violence and noted that many of these behaviours that began in adolescence impacted health later in life. School health programmes could provide a useful platform for improving adolescent health. Without access to health education, this age group was at increased risk for noncommunicable diseases in the future. Adolescents in conflict-affected countries of the Region were being negatively impacted by their experiences of conflict and those who suffered from mental health disorders, substance abuse or poor nutrition were often unable to access critical prevention and care services either because those services were unavailable to them or because they were not aware of them. Representatives recommended action across sectors and cited legal interventions, such as the mandating of seat-belts, as important in reducing adolescent mortality. Representatives agreed that the AA-HA! implementation guidance provided a range of comprehensive measures for countries to improve adolescent health and respond more effectively to adolescents' needs. They cited the need for the generation of more accurate data and called for the strengthening of electronic civil registration systems to record more accurately the causes of adolescent deaths.

Statements were made by the following observers (in order): Rotary International, UNAIDS, World Heart Federation, International Federation of Medical Students Association and the Iodine Global Network.

The Director, Health Protection and Promotion, said that the health of adolescents had for too long been neglected but with recognition of their health as central to achievement of the SDGs greater attention was now being placed on the health of this group. She said that conflict increased adolescent health challenges and fertility among adolescent refugees was exposing them to higher mortality. She expressed appreciation and support for all of the interventions made by representatives.

The Regional Director drew attention to Arabic terminology in the use of the word 'adolescent' and suggested an alternative be sought to avoid its connotation with behaviour rather than age group. He expressed appreciation of the Health-in-all-Policies initiative. He described the global school-based student health survey, designed to help countries measure and assess the behavioural risk factors and protective factors in 10 key areas among young people aged 13 to 17 years, as an important policy-making tool and suggested that the potential for its implementation in countries be explored.

4.4 Antimicrobial resistance in the Eastern Mediterranean Region

Agenda item 3(d), Document EM/RC64/6, Resolution EM/RC64/R.5

The Director, Communicable Disease Control, presented the technical paper on antimicrobial resistance which described the current status of the response to antimicrobial resistance in the WHO Eastern Mediterranean Region and outlined the high-impact interventions needed for a comprehensive response at the national level. Antimicrobial resistance threatened the advances of modern medicine, with the main factors contributing to its growth listed as: misuse and overuse of antimicrobial medicines; lack of awareness of the magnitude of antimicrobial resistance; absence of robust antimicrobial resistance surveillance systems; and inadequate infection prevention and control programmes. She said that WHO had led the development of the *Global Action Plan on Antimicrobial Resistance*, endorsed by the Sixty-eighth World Health Assembly in May 2015, which served as a blueprint for a response to the threat. It urged Member States to develop and implement

national action plans for antimicrobial resistance based on their local context. In 2016, all heads of state had also endorsed the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance but in spite of these commitments, significant work was still needed at the country level to respond to the threats posed by antimicrobial resistance.

Discussions

All representatives acknowledged that antimicrobial resistance was posing an increasingly serious threat to global public health and that addressing this issue required action across all government sectors, and society, including health workers, to raise awareness of the issue in targeted information campaigns. Antimicrobial resistance threatened not only regional but global progress towards the SDGs and represented a financial burden to the Region as a result of increasing health care costs and lengthier stays in hospital. In the Eastern Mediterranean Region antibiotics were being over-prescribed and consequently overused and misused in people and animals. Lack of regulation in the private sector was exacerbating the problem. Coordinated action was required to minimize the emergence and spread of antimicrobial resistance and representatives suggested the establishment of a regional network for laboratory surveillance of antimicrobial resistance. Countries lacked adequate surveillance data. They requested the technical support of WHO in developing guidelines and national plans of action, conducting capacity-building of human resources and in mobilizing resources. They also requested support in strengthening existing surveillance systems and developing integrated systems. Representatives expressed their support for a regional resolution to strengthen regional commitment to address the issue and promote best practices under a 'One Health' approach.

Statements were made by the following observers (in order): International Alliance of Patient Associations and International Federation of Medical Students.

The Special Representative of the Director-General on Antimicrobial Resistance said that the Regional Committee for the Eastern Mediterranean was the only WHO regional committee that was addressing the issue of antimicrobial resistance. He said that the threat of antimicrobial resistance was no longer just an issue of the life of patients but whether we could continue with the medicines and health systems used today. He highlighted the high level of political commitment as evidenced by the inclusion of antimicrobial resistance as an agenda item at the G7 and G20 meetings and said it was now time to utilize this political commitment and turn it into action. He said countries were moving from the planning stage to the implementation of national plans to address antimicrobial resistance.

The Director, Communicable Diseases, said that new resistant strains were emerging, especially in conflict-affected countries, and spreading globally, threatening the ability to treat common infectious diseases. The Eastern Mediterranean was particularly vulnerable due to prescribing practices and weak surveillance. Increased support to laboratories was critical. WHO was providing support through the Global Antimicrobial Resistance Surveillance System (GLASS) and the development of national reference laboratories for improved surveillance. She said that WHO was keen to work with countries to support incorporation of antimicrobial resistance awareness in national curricula of medical schools and universities. National committees were needed to oversee implementation of national action plans for antimicrobial resistance. A meeting would be organized in 2018 to share country experiences.

The Regional Director said that he had requested the development of a working paper on antimicrobial resistance to identify regional strengths and weaknesses to address the issue. He noted the need for electronic surveillance systems to be strengthened to monitor resistance and made reference to increasing levels of multidrug-resistant tuberculosis in the Region. Member States and WHO had a responsibility to operationalize the Global Action Plan on Antimicrobial Resistance.

5. Programme and budget matters

Towards WHO's 13th General Programme of Work 2019–2023 “Keep the World Safe, Improve Health, Serve the Vulnerable”

Draft concept note

The Deputy Executive Director, WHO Emergencies Programme, outlined the proposed process leading up to the adoption of the draft Thirteenth General Programme of Work which would then provide WHO's strategic vision for 2019–2023. The draft concept note shared with Member States proposed a general programme of work that would be shaped by the SDGs, the Director-General's vision and a strategic review of ongoing global and regional commitments. He highlighted the proposed new “mission” for WHO (Keep the world safe, improve health, serve the vulnerable), as well as the key shifts proposed in WHO's approach and a set of evolving strategic priorities. He invited Member States to comment on the proposed accelerated timeline and process for development of a final draft in time for the 71st World Health Assembly in May 2018. He also invited them to comment on the content of the draft concept note, including the key strategic priorities and major shifts in approach.

Representatives noted the need to ensure complementarity between the regional roadmap and the draft Thirteenth General Programme of Work. They supported the focus placed in the draft concept note on evidence, outcomes and impact, and an operational approach. They highlighted the importance of a quality management approach, of performance measurement using a matrix, with appropriate indicators at global, regional and country level and clearly defined responsibilities for WHO, countries and other stakeholders and partners, and of progress monitoring. Recognizing that the SDGs would not be achieved with an approach of ‘business as usual’, they emphasized the need to strengthen the capacity of countries and of WHO's regional and country offices, particularly with regard to multisectoral action and the need to shift from a “global health governance” approach to a “governance for global health” approach. Representatives emphasized the need to include strategic positioning of WHO in relation to the SDGs and other United Nations partners, and to include Health-in-all-Policies as a key principle to achievement of the SDGs and implementation of universal health coverage. Representatives appreciated the clear vision and priorities outlined for the draft General Programme of Work and supported the accelerated process and timeline for its development.

The Regional Director emphasized that the regional roadmap was based on the Region's priorities, while the General Programme of Work would be a strategic approach for WHO as a whole.

The Director-General said that performance measurement and progress monitoring were being included in the development of the General Programme of Work. He elaborated on the shifts that were envisaged. He considered that speed and a shared vision were of the essence in getting a new General Programme of Work in place and transforming WHO's approach. Measurement of outcomes would have the dual benefit of motivating people, since they would be able to see their own contributions, and would ensure that goals were actually reached. Making WHO more operational would not be at the expense of its normative functions, which would, on the contrary, need to be strengthened in order to support the policy dialogue envisaged with countries. Countries in need of operational support were already being identified. The fact that countries were being placed at the centre of WHO's work meant that capacities, of countries and country offices, would need to be strengthened. He emphasized the need for WHO and Member States to work together to achieve the global health agenda. This would require a different model of resource mobilization than that currently followed. He also emphasized the need for a new approach to climate change with a focus on mitigation and not only adaptation, since some countries were already disproportionately affected. Referring to universal health coverage as a strategic priority, he emphasized the need to return to the basics of disease prevention by investing in primary health care.

6. Other matters

6.1 Resolutions and decisions of regional interest adopted by the Seventieth World Health Assembly and the Executive Board at its 140th and 141st Sessions

Review of the draft provisional agenda of the 142nd Session of the WHO Executive Board

Agenda item 4(a,b), Documents EM/RC64/7, EM/RC64/7-Annex 1

The Director, Programme Management, drew attention to the resolutions adopted by the Seventieth World Health Assembly and the 140th and 141st sessions of the Executive Board. He urged Member States to review the actions to be undertaken by the Regional Office and to report their own responses. He then presented the draft provisional agenda of the 142nd session of the WHO Executive Board and requested comments thereon.

Representatives expressed appreciation for the balanced agenda of the Executive Board and the strong support of the regional Secretariat during Health Assembly. More active support was requested for regional side events, along with more technical involvement of Member States in formulating regional positions. With regard to the resolution on promoting the health of refugees and migrants, the need to support the right of return of Syrian refugees to their home country was highlighted. Representatives drew attention to several key issues in the Region including vaccine procurement, climate change and health security for consideration by the global Governing Bodies.

Statements were made by the following observers (in order): Alzheimer's Disease International and the International Alliance of Patients' Organizations.

The Director, Programme Management, thanked the representatives for their engagement and acknowledged the areas highlighted by representatives for additional focus. He noted that only Member States could propose items for the agenda of the Executive Board.

6.2 Nomination of officers of the World Health Assembly and membership of the WHO Executive Board

The Director, Programme Management, outlined the processes adopted by the Regional Committee at its Sixty-third session (EM/RC63/R.6) for the nomination of Executive Board members and elected officials of the World Health Assembly. He presented regional suggestions for the elective posts for the 71st World Health Assembly and for new members of the Executive Board.

The Regional Director highlighted the role of the Executive Board in the decision-making process of the governing bodies of WHO and its advisory role with regard to the World Health Assembly. It was therefore important that members of the Executive Board nominated by Member States were well informed of the responsibility they would be undertaking in representing the Region, including regular attendance and familiarity with the Rules of Procedure, and had appropriate experience to be able to undertake the functions expected of them. He reminded the Committee that non-Members could also attend and participate without vote and that this was in itself a very good experience. The Regional Director proposed that regional members of the Executive Board meet with the WHO regional secretariat one day before meetings for a full briefing.

Representatives of Member States reiterated the responsibility of Board Members, both as representatives of the Region and in supporting the work of the World Health Assembly. They highlighted the need for good preparation, and experience sharing between previous and new members and for regional coordination to bring items of interest to the Region on to the agenda of the Board.

6.3 Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction

Agenda item 5 (a), Document EM/RC64/8, Decision 5

The Regional Committee nominated the Islamic Republic of Iran to serve on the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction for a three-year period from 1 January 2018 to 31 December 2020.

6.4 Report of the first meeting of the Programme Subcommittee of the Regional Committee

Agenda item 6, Document EM/RC64/9

The Vice-Chair (Bahrain) of the Programme Subcommittee of the Regional Committee presented the first report of the Subcommittee, which had met on 5–6 April 2017. She reminded the Committee that the Programme Subcommittee had been established by the Sixty-third Session of the Regional Committee for the Eastern Mediterranean (EM/RC63/R.6). Eight Member States were eligible to serve as members of the Programme Subcommittee for a duration of two years. The current members were: Afghanistan, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Kuwait and Libya.

At its first meeting, the Subcommittee had discussed the Regional Director's roadmap for WHO's work in the Region during the coming five years and the way forward in finalizing the roadmap over the coming six months, emphasizing the importance of ensuring that national priorities were taken into consideration. It had also discussed the draft agenda for the Sixty-fourth Session of the Regional Committee and agreed on topics under each of the broad areas.

She then presented the second report of the Subcommittee, which had met on 9 October 2017. It had reviewed the implementation by the Secretariat of the resolutions and decisions adopted by the Regional Committee at its Sixty-third session and noted with satisfaction the progress on implementation of the decisions and resolutions by the Secretariat.

6.5 Award of Dr A.T. Shousha Foundation Prize and Fellowship

Agenda item 7(a), Document EM/RC64/INF.DOC.11

The Dr A.T. Shousha Foundation Prize for 2017 was awarded to Dr Yasmin Ahmed Jaffer (Oman) for her significant contribution to public health in the geographical area in which Dr Shousha served the World Health Organization.

6.6 Place and date of future sessions of the Regional Committee

Agenda item 8, Document EM/RC64/INF.DOC.14, Decision 3

The Regional Committee decided to hold its Sixty-fifth Session in Khartoum, Sudan, from 15 to 18 October 2018 and the Sixty-sixth, Sixty-seventh and Sixty-eighth sessions in the Islamic Republic of Iran, United Arab Emirates and the Regional Office in Cairo, respectively.

7. Closing session

7.1 Review of draft resolutions, decisions and report

In the closing session, the Regional Committee reviewed the draft resolutions, decisions and report of the session.

7.2 Adoption of resolutions and report

The Regional Committee adopted the resolutions and report of the Sixty-fourth session.

7.3 Closing of the session

Agenda item 10

The Regional Committee decided to send a telegram of appreciation and thanks to His Excellency Mr Mamnoon Hussein, President of Pakistan, for his presence at the opening of the Sixty-fourth Session of the Regional Committee and for the great care and hospitality extended to all participants.

8. Resolutions and Decisions

8.1 Resolutions

EM/RC64/R.1 Annual report of the Regional Director for 2016

The Regional Committee,

Having reviewed the Annual report of the Regional Director on the work of WHO in the Eastern Mediterranean Region for 2016 and the progress reports requested by the Regional Committee¹;

Recalling previous resolutions on the actions required in relation to the regional strategic priorities endorsed by the Regional Committee in 2012;

Acknowledging the need to address the major challenges in health workforce development in the Region in order to reach the targets of the 2030 Agenda for Sustainable Development;

Recognizing the critical role of the private health sector in advancing universal health coverage;

Recognizing also the importance of research evidence in health policy-making and in translating such evidence into reliable and sustainable ethical practice towards improving community health outcomes;

Further recognizing the targets of 30% relative reduction in current tobacco use in persons aged 15+ years by 2025 and of strengthening the implementation of the WHO Framework Convention on Tobacco Control, and concerned at the tobacco prevalence trend projections for the Region for 2025;

Noting the ongoing challenge of tuberculosis in the Region and the development of a regional strategic work plan for tuberculosis for the period 2016–2020 that aligns with the targets of the global tuberculosis strategy;

Having considered the consultation document on the development of a draft five-year global strategic plan to improve public health preparedness and response²;

Acknowledging also the sustained effort of Member States to complete joint external evaluations for implementation of the International Health Regulations (2005) within an ambitious time-frame;

Concerned at the health issues facing populations affected by disasters and emergencies;

Having considered also the draft concept note Towards WHO's Thirteenth General Programme of Work 2019–2023 "Keep the World Safe, Improve Health, Serve the Vulnerable";

1. **THANKS** the Regional Director for his report which reflects the breadth of work undertaken by WHO in the past year, as well as for his efforts to improve WHO's performance in the Region;
2. **ADOPTS** the annual report of the Regional Director for 2016;
3. **ENDORSES** the framework for action on health workforce development in the Eastern Mediterranean Region to accelerate progress in addressing health workforce challenges towards the 2030 Agenda;
4. **ENDORSES** the regional End TB action plan 2016–2020;
5. **SUPPORTS** the initiative for an accelerated process leading to finalization of a draft Thirteenth General Programme of Work in time for discussion by the Seventy-first World Health Assembly in May 2018;

¹ EM/RC64/2, EM/RC64/INF.DOC.1-10

² Document no. WHE/CPI/IHR

6. **URGES** Members States to:

- 6.1 Take necessary action towards conducting public health research that is directed towards the requirements of health services and that addresses people's health needs; and build national capacity to use evidence from health research in national policy-making for health;
- 6.2 Become Parties to the WHO Framework Convention on Tobacco Control Protocol to Eliminate Illicit Trade in Tobacco Products as soon as possible;
- 6.3 Develop or update national plans of action in line with the regional End TB action plan 2016–2020 in order to control and eliminate tuberculosis from the Region;
- 6.4 Continue to implement the WHO framework for the monitoring and evaluation of the International Health Regulations (2005) and develop national plans of action for health security, taking into consideration the outcomes of the monitoring and evaluation;
- 6.5 Support the development of the five-year global strategic plan to improve public health preparedness and response and its proposed guiding principles;

7. **REQUESTS** the **Regional Director** to:

- 7.1 Support Member States in implementation of the regional framework for action on health workforce development, including facilitating intercountry exchange and collaboration, and monitoring and evaluation of the progress;
- 7.2 Develop a regional framework for action on advancing the role of the private health sector in the move towards universal health coverage, to be presented for endorsement to the Regional Committee at its sixty-fifth session;
- 7.3 Establish regional mechanisms to support the bridging of gaps between relevant research institutions and policy-makers and the translation of research evidence into health policy statements, and support the establishment of national mechanisms;
- 7.4 Engage with Member States and various parties to develop a regional strategy and action plan for tobacco control reflecting the commitments of the WHO Framework Convention on Tobacco Control, to be presented for endorsement by the Regional Committee at its sixty-fifth session;
- 7.5 Include a regular item on the agenda of the Regional Committee on the health issues facing populations affected by disasters and emergencies;
- 7.6 Continue to support Member States in their efforts to implement the framework for the monitoring and evaluation of International Health Regulations (2005) and to finalize their five-year national strategic plans to improve public health preparedness and response.

EM/RC64/R.2 Regional framework for action on cancer prevention and control

The Regional Committee,

Having reviewed the technical paper on a regional framework for action on cancer prevention and control³;

Recalling the 2011 United Nations Resolution 66/2 on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases,

³ EM/RC63/Tech.Disc.1 Rev.1

resolution WHA66.10 endorsing a global action plan for the prevention and control of noncommunicable diseases 2013–2020, resolution EM/RC56/R.4 on the strategy for cancer prevention and control in the Eastern Mediterranean Region and resolution EM/RC59/R.2 on the commitments of Member States to implement the Political Declaration based on a regional framework for action addressing noncommunicable diseases, including cancer;

Mindful of the Sustainable Development Goals within the 2030 Agenda for Sustainable Development, specifically Goal 3 with its target 3.4 to reduce, by 2030, premature mortality from noncommunicable diseases by one third which will only be achieved if significant progress is made in the prevention and control of cancer;

1. **ENDORSES** the regional framework for action on cancer prevention and control (annexed to this resolution);
2. **URGES** Member States to:
 - 2.1 Integrate and scale up national cancer prevention policies and programmes, linking with measures to reduce cancer risk factors;
 - 2.2 Prioritize early detection strategies for the most common cancers, in line with WHO guidance;
 - 2.3 Develop and strengthen monitoring and evaluation systems for cancer control, in line with the regional framework for action on cancer prevention and control;
 - 2.4 Ensure sustainable financing mechanisms for cancer prevention and control;
3. **REQUESTS** the Regional Director to:
 - 3.1 Provide technical support to Member States to implement the regional framework for action on cancer prevention and control;
 - 3.2 Support Member States in the development and implementation of cancer research plans relevant to country needs;
 - 3.3 Report to the Regional Committee on the progress of Member States in implementing the regional framework for action on cancer prevention and control at its sixty-sixth session.

EM/RC64/R.3 Climate change and health: a framework for action

The Regional Committee,

Having reviewed the technical paper on climate change and health: a framework for action;⁴

Recalling resolutions WHA61.19 and EM/RC55/R.8 on climate change and health and EM/RC60/R.5 on the regional strategy on health and the environment (2014–2019);

Recalling also the outcomes of the second Global Conference on Health and Climate which set key actions for the implementation of the Paris agreement to reduce health risks linked to climate change, and the Marrakech Ministerial Declaration on Health, Environment and Climate Change (2016);

Concerned that, in some countries of the Region, health systems are still not resilient to climate change;

⁴ EM/RC63/4

Recognizing the leadership role of ministries of health in governance, regulation and surveillance of health, as well as in triggering necessary actions and interventions by other related sectors to protect health from climate change and environmental risks;

1. **ENDORSES** the framework for action on climate change and health in the Eastern Mediterranean Region (2017–2021) (annexed to this resolution);
2. **REQUESTS** the Director-General to include the adoption of the Marrakech Ministerial Declaration on Health, Environment and Climate Change as an agenda item for the 143rd session of the Executive Board;
3. **CALLS ON** Member States to:
 - 3.1 Designate and empower a national health and climate change focal point to facilitate and coordinate the development of the public health response to climate change;
 - 3.2 Increase climate resilience of health systems, including through integration of surveillance, early warning systems and management of the impact of climate change on health outcomes;
 - 3.3 Ensure support for health and climate action through engaging the health community, relevant sectors and other stakeholders in mitigation and adaptation of climate change;
4. **REQUESTS** the Regional Director to:
 - 4.1. Provide technical support to Member States to develop national frameworks for action on climate-resilient health systems and to implement country-specific national public health response to climate change;
 - 4.2. Build partnerships with United Nations organizations and other relevant stakeholders to facilitate the implementation of the framework for action on climate change and health in the Eastern Mediterranean Region (2017–2021);
 - 4.3 Convene a regional consultation on health and the environment, with focus on climate change and air pollution, as well as implementation of the regional framework with participation from national health and environment authorities;
 - 4.4 Report to the Regional Committee on the progress achieved in the implementation of the regional framework for action on climate change and health at its sixty-sixth and sixty-eighth sessions.

EM/RC64/R.4 Operationalization of the adolescent health component of the Global Strategy for Women’s, Children’s and Adolescents’ Health 2016–2030

The Regional Committee,

Having reviewed the technical paper on operationalization of the adolescent health component of the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030)⁵ for the Eastern Mediterranean Region;

Recalling resolutions WHA69.2 on committing to implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health and EM/RC62/R.1 Annual report of the Regional Director for 2014;

⁵ EM/RC63/5 Rev.1

Aware that the adolescents account for around a fifth of the population of the Region, that many adolescent diseases and injuries are preventable or treatable and that investments in adolescent health reduce present and future health costs and enhance social capital;

Recognizing the importance of operationalization of the adolescent health component of the Global Strategy for Women's Children's and Adolescents' Health (2016–2030) in the Eastern Mediterranean Region;

1. **URGES** Members States to:

1.1. Develop and/or update national adolescent health action plans using the Accelerated Action for Health of Adolescents implementation guidance taking into consideration the national context;

1.2. Develop an integrated comprehensive approach in planning, monitoring and evaluating adolescent health interventions;

1.3. Build on existing delivery platforms, such as school health programmes, to deliver comprehensive child and adolescent health and development services;

2. **REQUESTS** the Regional Director to provide technical support to Member States in the development and implementation of national adolescent health policies, strategies and plans, applying the Accelerated Action for Health of Adolescents implementation guidance.

EM/RC64/R.5 Antimicrobial resistance in the Eastern Mediterranean Region

The Regional Committee,

Recalling United Nations General Assembly resolution 71/3 on the Political Declaration of the High-level Meeting of the General Assembly on Antimicrobial Resistance and resolutions WHA60.16 on progress in the rational use of medicines, WHA67.25 on antimicrobial resistance, WHA68.7 on the global action plan on antimicrobial resistance, and EM/RC57/R.6 on infection prevention and control in health care;

Recognizing the burden of antimicrobial resistance in the Region and its health and economic consequences which threaten effective treatment of infectious diseases;

Concerned about the negative impact of antimicrobial resistance on achievements made in control of various infectious diseases to date and on successful achievement of the Sustainable Development Goals;

Alarmed at the lack of regulation and irrational use of antibiotics in the health care sector and in the animal industry in some countries of the Region;

Emphasizing that combating antimicrobial resistance requires strong political commitment and efficient multisectoral coordination;

1. **URGES** Members States to:

1.1. Develop and endorse national action plans for antimicrobial resistance in alignment with the global action plan on antimicrobial resistance, and allocate adequate resources for their implementation;

1.2. Establish a multisectoral high-level coordinating mechanism representing all relevant sectors to oversee the development and implementation of national plans of action on antimicrobial resistance;

1.3. Develop and enforce policies and regulations to prevent purchase of antimicrobials without prescription;

- 1.4. Establish antimicrobial resistance surveillance at the national level, and join the Global Antimicrobial Resistance Surveillance System (GLASS);
 - 1.5. Establish national infection prevention and control programmes in order to ensure adequate infection prevention and control measures in all health care facilities in line with resolution EM/RC57/R.6;
 - 1.6. Establish antimicrobial stewardship programmes that monitor and promote the rational and responsible use of antimicrobials in the human and animal sectors;
2. **REQUESTS** the Regional Director to:
- 2.1. Provide technical support to Member States in the development and implementation of national action plans in line with the global action plan on antimicrobial resistance and in close collaboration with Food and Agriculture Organization of the United Nations and Organization for Animal Health;
 - 2.2. Provide technical support for Member States to establish and implement their national infection prevention and control programmes, with special attention to countries facing complex emergencies;
 - 2.3. Provide technical support for Member States to develop and strengthen national reference laboratories for antimicrobial resistance surveillance in the human and animal sectors and facilitate enrolment of Member States in GLASS;
 - 2.4. Support Member States in the development of monitoring systems for the use of antimicrobials in the human and animal sectors;
 - 2.5. Report to the Regional Committee on the progress of Member States in implementation of the global action plan on antimicrobial resistance at its sixty-sixth session.

8.2 Decisions

DECISION NO 1 ELECTION OF OFFICERS

Chair: Mrs Saira Afzal Tarar (Pakistan)

Vice-Chair: Dr Ahmed Al Saidi (Oman)

Vice-Chair: Dr Jawad Awwad (Palestine)

Based on rules of procedure of the Regional Committee, the Committee decided that the following should constitute the Drafting Committee:

Dr Wahid Majrooh (Afghanistan), Dr Mariam Al-Hajeri (Bahrain), Dr Mohamed Jaber Hwoal (Iraq), Dr Mohsen Asadi-Lari (Islamic Republic of Iran), Dr Badereddin Al Najjar (Libya), Dr Muhammad Safi Malik (Pakistan)

Secretariat: Dr Jaouad Mahjour, Dr A. Basel Al-Yousfi, Dr Maha ElAdawy, Dr Rana Hajjeh, Dr Asmus Hammerich and Ms Catherine Foster

DECISION NO. 2 ADOPTION OF THE AGENDA

The Regional Committee adopted the agenda of its Sixty-fourth Session.

DECISION NO. 3 PLACE AND DATE OF FUTURE SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee decided to hold its Sixty-fifth Session in Khartoum, Sudan, from 15 to 18 October 2018 and the Sixty-sixth, Sixty-seventh and Sixty-eighth sessions in the Islamic Republic of Iran, United Arab Emirates and the Regional Office in Cairo, respectively.

DECISION NO. 4 VERIFICATION OF CREDENTIALS

In accordance with the rules of procedure of the WHO Regional Committee for the Eastern Mediterranean, the officers of the Regional Committee met on 9 October 2017 and examined the credentials of representatives attending this session of the Regional Committee. The Regional Committee, based on the report of the Chair of the Regional Committee, recognized the validity of the credentials of the delegations of all members.

DECISION NO. 5 NOMINATION OF A MEMBER STATE TO THE POLICY AND COORDINATION COMMITTEE OF THE SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN PRODUCTION

The Regional Committee nominated the Islamic Republic of Iran to serve on the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction for a three-year period from 1 January 2018 to 31 December 2020.

DECISION NO. 6 AWARD OF THE DOWN SYNDROME RESEARCH PRIZE

The Regional Committee decided to award the Down Syndrome Research Prize to Dr Salma Mohammed Al-Harasi (Oman), based on the recommendation of the Foundation Committee for the Down Syndrome Research Prize. The Prize will be presented to the laureate during the sixty-fifth session of the Regional Committee, in 2018.

DECISION NO. 7 AWARD OF THE STATE OF KUWAIT PRIZE FOR THE CONTROL OF CANCER, CARDIOVASCULAR DISEASES AND DIABETES IN THE EASTERN MEDITERRANEAN REGION

The Regional Committee decided to award the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region to Dr Mohamed Ebrahim Khamseh (Islamic Republic of Iran), based on the recommendation of the Foundation Committee for the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean. The Prize will be presented to the laureate during the sixty-fifth session of the Regional Committee, in 2018.

DECISION NO. 8 STATUTES OF THE FOUNDATION COMMITTEE FOR THE STATE OF KUWAIT PRIZED FOR THE CONTROL OF CANCER, CARDIOVASCULAR DISEASES AND DIABETES IN THE EASTERN MEDITERRANEAN REGION

The Regional Committee, based on the on the recommendation of the Foundation Committee for the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region, decided to amend the Statutes for the Foundation to expand the scope of the Foundation Objective, to revise the membership of the Foundation Committee and to ensure consistency between the Statutes, the eligibility criteria of the candidates, the guidelines and the scoring sheets (annexed to this decision).

Annex 1**Agenda**

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|-----|--|--------------------|
| 1. | Opening of the Session | |
| | (a) Election of Officers | |
| | (b) Adoption of the Agenda | EM/RC64/1-Rev.1 |
| 2. | (a) Annual Report of the Regional Director 2016 | EM/RC64/2 |
| | Progress reports on: | |
| | (b) Eradication of poliomyelitis | EM/RC64/INF.DOC.1 |
| | (c) Regional strategy on health and the environment 2014–2019 | EM/RC64/INF.DOC.2 |
| | (d) Regional plan of action for implementation of the roadmap for an enhanced global response to the adverse health effects of air pollution | EM/RC64/INF.DOC.3 |
| | (e) Implementation of the Eastern Mediterranean vaccine action plan 2016–2020 | EM/RC64/INF.DOC.4 |
| | (f) Regional strategy for the improvement of civil registration and vital statistics systems 2014–2019 | EM/RC64/INF.DOC.5 |
| | (g) Prevention and control of noncommunicable diseases | EM/RC64/INF.DOC.6 |
| | (h) Scaling up mental health care | EM/RC64/INF.DOC.7 |
| | (i) Implementation of the International Health Regulations (2005) | EM/RC64/INF.DOC.8 |
| | (j) Report of the Regional Assessment Commission on the status of implementation of the International Health Regulations (2005) | EM/RC64/INF.DOC.9 |
| | (k) Implementation of the regional malaria action plan 2016–2020 | EM/RC64/INF.DOC.10 |
| 3. | Technical papers | |
| | (a) Regional framework for action on cancer prevention and control | EM/RC64/3 |
| | (b) Climate change and health: a framework for action | EM/RC64/4 |
| | (c) Operationalization of the adolescent health component of the global strategy for women’s, children’s and adolescents’ health, 2016–2030 | EM/RC64/5 |
| | (d) Antimicrobial resistance in the Eastern Mediterranean Region | EM/RC64/6 |
| 4. | World Health Assembly and Executive Board | |
| | (a) Resolutions and decisions of regional interest adopted by the Seventieth World Health Assembly and the Executive Board at its 140th and 141st Sessions | EM/RC64/7 |
| | (b) Review of the draft provisional agenda of the 142nd Session of the WHO Executive Board | EM/RC64/7-Annex 1 |
| | (c) Towards WHO’s Thirteenth General Programme of Work 2019–2023 “Keep the World Safe, Improve Health, Serve the Vulnerable” | Draft concept note |
| 5. | Nominations | |
| | (a) Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development, and Research Training in Human Reproduction | EM/RC64/8 |
| 6. | Report of the first meeting of the Programme Subcommittee of the Regional Committee | EM/RC64/9 |
| 7. | Awards | |
| | (a) Award of the Dr A.T. Shousha Foundation Prize and Fellowship | EM/RC64/INF.DOC.11 |
| | (b) Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region | EM/RC64/INF.DOC.12 |
| | (c) Award of the Down Syndrome Research Prize | EM/RC64/INF.DOC.13 |
| 8. | Place and date of future sessions of the Regional Committee | EM/RC64/INF.DOC.14 |
| 9. | Other business | |
| 10. | Closing session | |

Annex 2

List of representatives, alternates and advisers of Member States and observers

MEMBER STATES

AFGHANISTAN

Representative

H.E. Dr Ferozuddin Feroz
Minister of Public Health
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Annex 3**Final list of documents, resolutions and decisions**

1. Regional Committee documents

EM/RC64/1-Rev.1	Agenda
EM/RC64/2	Annual Report of the Regional Director 2016
EM/RC64/3	Regional framework for action on cancer prevention and control
EM/RC64/4	Climate change and health: a framework for action
EM/RC64/5	Operationalization of the adolescent health component of the global strategy for women's, children's and adolescents' health, 2016–2030
EM/RC64/6	Antimicrobial resistance in the Eastern Mediterranean Region
EM/RC64/7	Resolutions and decisions of regional interest adopted by the Seventieth World Health Assembly and the Executive Board at its 140th and 141st Sessions
EM/RC64/7-Annex 1	Review of the draft provisional agenda of the 142nd Session of the WHO Executive Board
Draft Concept Note	Towards WHO's Thirteenth General Programme of Work 2019–2023 "Keep the World Safe, Improve Health, Serve the Vulnerable"
EM/RC64/8	Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development, and Research Training in Human Reproduction
EM/RC64/9	Report of the first meeting of the Programme Subcommittee of the Regional Committee
EM/RC64/INF.DOC.1	Eradication of poliomyelitis
EM/RC64/INF.DOC.2	Regional strategy on health and the environment 2014–2019
EM/RC64/INF.DOC.3	Regional plan of action for implementation of the roadmap for an enhanced global response to the adverse health effects of air pollution
EM/RC64/INF.DOC.4	Implementation of the Eastern Mediterranean vaccine action plan 2016–2020
EM/RC64/INF.DOC.5	Regional strategy for the improvement of civil registration and vital statistics systems 2014–2019
EM/RC64/INF.DOC.6	Prevention and control of noncommunicable diseases
EM/RC64/INF.DOC.7	Scaling up mental health care
EM/RC64/INF.DOC.8	Implementation of the International Health Regulations (2005)
EM/RC64/INF.DOC.9	Report of the Regional Assessment Commission on the status of implementation of the International Health Regulations (2005)
EM/RC64/INF.DOC.10	Implementation of the regional malaria action plan 2016–2020
EM/RC64/INF.DOC.11	Award of the Dr A.T. Shousha Foundation Prize and Fellowship
EM/RC64/INF.DOC.12	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
EM/RC64/INF.DOC.13	Award of the Down Syndrome Research Prize
EM/RC64/INF.DOC.14	Place and date of future sessions of the Regional Committee

2. Resolutions
 - EM/RC64/R.1 Annual report of the Regional Director for 2016
 - EM/RC64/R.2 Regional framework for action on cancer prevention and control
 - EM/RC64/R.3 Climate change and health: a framework for action
 - EM/RC64/R.4 Operationalization of the adolescent health component of the Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030
 - EM/RC64/R.5 Antimicrobial resistance in the Eastern Mediterranean Region
3. Decisions
 - Decision 1 Election of officers
 - Decision 2 Adoption of the agenda
 - Decision 3 Place and date of future sessions of the Regional Committee
 - Decision 4 Verification of credentials
 - Decision 5 Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development and Research training in Human Reproduction
 - Decision 6 Award of the Down Syndrome Research Prize
 - Decision 7 Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
 - Decision 8 Statutes of the Foundation Committee for the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region

Annex 4

**Framework of action on cancer prevention and control in the WHO Eastern
Mediterranean Region**

Annex to resolution EM/RC64/R.2

Annex Framework of action on cancer prevention and control in the WHO Eastern Mediterranean Region

September 2017

Draft for discussion

	Strategic interventions	Indicators
In the area of governance	<ul style="list-style-type: none"> • Develop a multisectoral strategy and action plan for cancer prevention and control, as part of national noncommunicable disease response • Establish a national multisectoral committee for cancer prevention and control • Ensure sufficient national budget availability for cancer • Define an essential cancer care package¹ and identify financing mechanisms to reduce out-of-pocket expenditure • Appoint a national cancer control programme manager 	<ul style="list-style-type: none"> • An operational, funded national multisectoral strategy/action plan encompassing all areas of cancer prevention and control
In the area of prevention	<ul style="list-style-type: none"> • Healthy lifestyle interventions in the areas of tobacco control, physical activity, healthy diet and alcohol, in line with the regional framework for action on noncommunicable diseases • Ensure vaccination against hepatitis B in infancy • Ensure human papillomavirus (HPV) vaccination in preadolescents in countries with high risk of cervical cancer • Eliminate or reduce exposure to occupational and environmental carcinogens, such as asbestos 	<ul style="list-style-type: none"> • Five demand-reduction measures of the WHO FTFC² • Four measures to reduce unhealthy diet³ • At least one national public awareness campaign on diet/physical activity within the past 5 years • Vaccination coverage against hepatitis B virus monitored by the number of third doses of Hep-B vaccine (HepB3) administered to infants⁴ • HPV vaccination coverage
In the area of early detection	<ul style="list-style-type: none"> • Develop, implement and update evidence-based, nationally approved guidelines/protocols/standards for the early detection of priority cancers, with a focus on early diagnosis • Promote community-awareness about the early symptoms of priority cancers⁵ • Promote health professional education on early signs and symptoms of common cancers, for prompt referral of symptomatic patients to diagnostic and treatment services • Ensure availability, affordability and accessibility of diagnostic tests for suspected cases • Periodically assess effectiveness of early diagnosis and screening programmes 	<ul style="list-style-type: none"> • Availability of evidence-based, nationally approved guidelines for early detection of priority cancers⁵ • Proportion of cancer patients diagnosed in early stages • Reduction in cancer mortality rates for which early detection programmes have been introduced • Proportion of cancer patients who receive timely diagnosis within one month of symptomatic presentation at primary health care services • Proportion of women between the ages of 30–49 years screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies⁴
In the area of management	<ul style="list-style-type: none"> • Develop, implement and update evidence-based, nationally approved guidelines/protocols/standards for management of priority cancers • Assess the human resource requirements and develop plans to scale up to meet local needs • Ensure availability, affordability and accessibility of an essential cancer care package¹ • Strengthen coordination of referral system with targets to reduce delays to diagnosis and treatment 	<ul style="list-style-type: none"> • Availability of evidence-based guidelines/protocols/standards for management of priority cancers • Proportion of patients who complete a course of prescribed treatment • Availability of national human resources strategies and plans
In the area of palliative care	<ul style="list-style-type: none"> • Ensure inclusion of palliative care within national cancer control plans • Develop, implement and update evidence-based, nationally approved guidelines/protocols/standards for palliative care • Introduce palliative care into the curricula of healthcare professionals • Develop affordable, multidisciplinary integrated palliative care services, including pain relief, psychosocial and spiritual support, in both hospital and community settings • Ensure availability and accessibility of opioids, analgesics and other essential palliative care medicines, addressing legal and regulatory barriers 	<ul style="list-style-type: none"> • Availability of national guidelines/protocols/standards for palliative care • Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer⁴ • Availability of training programmes for health care professionals

	Strategic interventions	Indicators
In the area of surveillance and research	<ul style="list-style-type: none"> • Establish and strengthen hospital- and population-based cancer registries that cover a population not less than one million • Develop a system to monitor quality of care and the performance of national cancer control programmes • Develop and implement a cancer research plan relevant to country needs 	<ul style="list-style-type: none"> • Cancer incidence, by type of cancer, per 100 000 population⁴ • Availability of progress/gap analysis on implementation of national cancer control plan • Number of peer reviewed publications related to cancer

1. Cancer care package includes diagnostic procedures, medicines and technologies, surgery and radiotherapy, and survivorship care
2. Tobacco demand reduction measures, WHO NCD Progress monitor 2017: Increased excise taxes and prices; smoke-free policies; large graphic health warnings/plain packaging; bans on advertising, promotion and sponsorship; mass media campaigns
3. Unhealthy diet reduction measures, WHO NCD Progress monitor 2017: salt/sodium policies; saturated fatty acids and trans-fats policies; marketing to children restrictions; marketing of breast-milk substitutes restrictions
4. These are from the WHO 25 indicators of the Global Monitoring Framework on NCDs <http://www.who.int/nmh/ncd-tools/indicators-definition/en/>
5. Priority cancers for early detection can be selected based how amenable they are to early detection, and on their incidence (and projected future incidence) within the country

Annex 5

**Framework for action on climate change and health in the Eastern Mediterranean
Region**

Annex to resolution EM/RC64/R.3

Annex

Framework for action on climate change and health in the Eastern Mediterranean Region

Strategic response target	Action by countries	WHO support
Governance, policy and engagement for health protection from climate change		
<p><i>Governance</i></p> <p>A focal point on health and climate change is assigned responsibility for facilitating and coordinating the development of the public health response to climate change</p>	<p>Establish a specific responsibility and accountability legal mechanism within the ministry of health for protecting health from climate change within and outside the health sector</p> <p>Designate a national health and climate focal point with clearly defined terms of reference and budgetary allocation to coordinate the health sector response to climate change</p> <p>Institute a coordination modality for the health and climate focal point entity to steer the development and implementation of the public health response to climate change.</p>	<p>Provide training and institutional capacity-building to designated health and climate focal point entities</p> <p>Share relative modalities, experiences and lessons learned from other Member States with designated health and climate focal point entities</p>
<p><i>Policy</i></p> <p>A national policy and action plan on health and climate change are developed and integrated with the national public health strategy and policy.</p>	<p>Develop a national policy, strategy and action plan on health and climate change</p> <p>Integrate the health and climate change policy and action plan into the national public health strategy and policy.</p>	<p>Share guidelines, strategies, experiences and lessons learned from other Member States on developing a national policy and action plan on health and climate change</p>
<p><i>Engagement</i></p> <p>The national health and climate change policy and action plan are well-integrated into the national climate change policy and action plans for climate adaptation and mitigation</p> <p>The designated national health and climate focal point is a member of the national delegation to the Conference of the Parties to the UNFCCC</p> <p>Health impact assessments of climate adaptation and mitigation measures are conducted within three health-determining sectors</p>	<p>Integrate the national health and climate change policy and action plan into the national climate change policy and action plans on climate change adaptation and mitigation</p> <p>Adequately represent the ministry of health in the main climate change processes at all levels (e.g. UNFCCC meetings, Conference of the Parties negotiations and national communications)</p> <p>Conclude agreements between the ministry of health and other ministries (of health-determining sectors), delineating specific roles and responsibilities in assessing the health impacts and benefits of climate change adaptation and mitigation policies</p>	<p>Share guidelines, strategies, experiences and lessons learned from other Member States on developing a national cross-sectoral collaboration mechanism on health and climate change</p>
Climate resilient health systems – robust surveillance, early warning and response		
<p><i>Surveillance and health information systems:</i></p> <p>Assessment of health vulnerability to climate change is completed and updated biennially with emerging evidence</p> <p>The health information system encompasses the health and climate change vulnerability and response data</p> <p>Early warning system on climate health risks is established</p>	<p>Undertake assessment of health vulnerability to climate change and evaluate the existing response and adaptation options within the health sector (i.e. vulnerability and adaptation assessments)</p> <p>Enhance disease surveillance, link with environmental monitoring and develop climate-based early warning systems</p> <p>Expand the geographic, population and seasonal coverage of health surveillance and control programmes for climate-sensitive diseases</p>	<p>Provide training and institutional capacity-building on climate risks, monitoring and surveillance, early warning, and vulnerability and adaptation assessments</p> <p>Share relevant health information system modalities development from other Member States</p>
<p><i>Response and health programmes:</i></p> <p>The strategic plans and operating procedures of national health programmes are revised to respond to climate risks</p>	<p>Update the strategic plans of national health programmes on climate-sensitive diseases, taking into account the outcome of the health vulnerability assessment</p> <p>Revise standard operating procedures within the public health system to respond to climate risks by providing health programme interventions</p>	<p>Share awareness-raising materials, norms and standards, and interventions regarding health and climate issues</p>
<p><i>Response and health workforce:</i></p> <p>70% of the ministry of health workforce in climate-sensitive health programmes are trained on health impacts and response to climate change</p> <p>Contingency plans are developed to respond to climate shock events</p>	<p>Develop human resources capacity via educational curricula and professional training of health personnel to ensure sufficient number of health workers are equipped to deal with the health risks posed by climate change</p> <p>Strengthen organizational preparedness capacity, with contingency planning for deployment and response (at national, provincial and local levels) in the case of acute climate shocks and crises, such as extreme weather events (e.g. flooding, drought, heat waves, etc.) and consequent outbreaks</p>	<p>Provide guidance on developing and delivering educational curricula and professional training of health personnel on health and climate change</p> <p>Share experiences, norms and standards, and planning regarding health and climate responses</p> <p>Provide training modules and capacity-building for health system preparedness and response to climate change</p>

Strategic response target	Action by countries	WHO support
<p><i>Response and health infrastructure and technologies:</i></p> <p>National assessment on the climate resilience of health infrastructures is generated</p> <p>National standards and building codes for health infrastructure and technologies are revised in view of climate vulnerability</p> <p>50% of health care facilities are equipped with climate-proofed infrastructure and supporting services</p>	<p>Assess systematically the vulnerability of health facilities and infrastructure in light of climate risk forecasts</p> <p>Revise specifications to include climate risk projections in the siting and construction, functioning and operation, energy and water supplies, and sanitation services of health care facilities</p> <p>Retrofit health facilities' infrastructure to increase operational efficiency, reduce environmental footprint and sustain health services to withstand and overcome extreme weather events (e.g. utilize renewable energy, water recycling, etc.)</p>	<p>Share specifications, norms and standards for climate-resilient health care facilities.</p> <p>Provide guidance on greening the health sector</p> <p>Facilitate networking with global initiatives (e.g. Health Care Without Harm)</p>
Enhanced management of environmental health interventions		
<p><i>Regulatory and surveillance roles of the ministry of health in the management of environmental health:</i></p> <p>Health evidence database is generated to support development of national regulations on the management of environmental health services (e.g. water supply, sanitation, food safety, etc.)</p> <p>Public health protection and promotion are well-streamlined within national regulations and policies on environmental health services and determinants</p> <p>Surveillance role of the ministry of health is strengthened in the integrated management of environmental health services and determinants</p>	<p>Collect and analyse information on environmental hazards and health outcomes</p> <p>Connect and integrate the monitoring and evaluation programmes of environmental risks with the health surveillance systems</p> <p>Improved national regulations and policies on key environmental health services and determinants (e.g. drinking water, air quality, food system, housing, transport, energy, waste management, health facilities) are promulgated to ensure health protection and promotion while addressing climate change</p> <p>Maintain independent surveillance by the ministry of health to evaluate effectiveness, compliance and health impacts of the environmental health services managed by other sectors (such as drinking water, sanitation, food safety, management of chemicals, etc.)</p>	<p>Share international/regional experiences, norms and standards on integrating climatic, meteorological and environmental monitoring and evaluation programmes with health surveillance systems</p>
Mobilizing support for the public health response to climate change		
<p><i>Mobilization</i></p> <p>Financial and human resources are secured to protect health from climate change</p> <p>Financial and human resources are available to the health sector to carry out health impact and co-benefit analyses of climate action options in health-determining sectors</p>	<p>Mobilize financial and human resources to support the health response to climate change in the core functions of public health</p> <p>Mobilize financial resources to support the health sector in assessing the co-benefits of climate action in other health-determining sectors and to identify climate actions that bring greatest benefits to health</p>	<p>Share international/regional networking and experiences on mobilizing national resources to protect health from climate change in the health and other sectors</p> <p>Provide consultation to decision-makers and training and capacity-building development programmes to relevant professional staff</p>
<p>International funding mechanisms (e.g. Green Climate Fund) are accessed to conduct health-based adaptation measures and mitigation projects</p>	<p>Facilitate access to international funding opportunities and mechanisms (e.g. Green Climate Fund) for dissemination towards health-based adaptation measures and mitigation projects, including nationally determined contributions</p>	<p>Share international/regional networking and proposals for mobilizing funds from international monetary mechanisms</p>

Annex 6

Revised statutes for the Foundation for the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region

Annex to Decision 8

Annex

Revised statutes for the Foundation for the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region

Current	Proposed
<p><u>Article Four: Foundation Objective</u></p> <p>The Foundation is established for the purpose of awarding a prize in one or more of the following areas: cancer control, cardiovascular disease control and diabetes control, income permitting, to one or more persons, who have made an outstanding contribution in the field of research related to cancer control, cardiovascular disease control or diabetes control. The Foundation Committee shall determine the criteria to be applied when assessing the work carried out by the candidates.</p>	<p><u>Article Four: Foundation Objective</u></p> <p>The Foundation is established for the purpose of awarding a prize in one or more of the following areas: cancer control, cardiovascular disease control and diabetes control, income permitting, to one or more persons, who have made an outstanding contribution in the field of research related to cancer control, cardiovascular disease control or diabetes control.</p> <p>The Foundation is established for the purpose of awarding a prize for making an outstanding contribution in prevention, control and research in one or more of the following disease groups: cancer, cardiovascular disease and diabetes.</p> <p>The Foundation Committee shall determine the criteria to be applied when assessing the work carried out by the candidates</p>
<p><u>Article 5: The Prize</u></p> <p>1. The State of Kuwait Prize for the Control of Cancer, Cardiovascular Disease, and Diabetes in the Eastern Mediterranean Region, shall consist of:</p> <p>One bronze medal in one or more of the fields of control of cancer, cardiovascular diseases and diabetes, and a sum of money, "which shall be awarded, annually, funds permitting, from the income accrued on the capital, after deducting the total cost of minting the medal, and any other expenses.</p> <p>2. The Foundation Committee shall determine, in its first session, the initial value of the Prize, taking into consideration, the capital of the Foundation and the expected income accruing annually. This amount may be adjusted from time to time by the Committee based on changes in the capital of the Foundation, variation in investment returns and other relevant factors.</p>	<p><u>Article 5: The Prize</u></p> <p>1. The State of Kuwait Prize for the Control of Cancer, Cardiovascular Disease, and Diabetes in the Eastern Mediterranean Region, shall consist of:</p> <p>One bronze medal in one or more of the fields of control of cancer, cardiovascular diseases and diabetes,</p> <p>One bronze medal for making an outstanding contribution in prevention, control and research in one or more of the following disease groups: cancer, cardiovascular disease and diabetes and a sum of, "which shall be awarded, annually, funds permitting, from the income accrued on the capital, after deducting the total cost of minting the medal, and any other expenses".</p> <p>2. The Foundation Committee shall determine, in its first session, the initial value of the Prize, taking into consideration, the capital of the Foundation and the expected income accruing annually. This amount may be adjusted from time to time by the Committee based on changes in the capital of the Foundation, variation in investment returns and other relevant factors.</p>
<p><u>Article 6: The Foundation Committee</u></p> <p>A Committee entitled the "Foundation Committee for The State of Kuwait Prize for the control of Cancer, Cardiovascular Diseases, and Diabetes in the Eastern Mediterranean Region", shall be composed of the following members: the Chairman and Vice-Chairmen of the Regional Committee for the Eastern Mediterranean, the Chairman of the Technical Discussions of the regional Committee, and a representative of the Founder. The Regional Director for the Eastern Mediterranean Region or his representative will serve as the Secretary of the Committee.</p>	<p><u>Article 6: The Foundation Committee</u></p> <p>A Committee entitled the "Foundation Committee for The State of Kuwait Prize for the control of Cancer, Cardiovascular Diseases, and Diabetes in the Eastern Mediterranean Region", shall be composed of the following members: the Chairman and Vice-Chairmen of the Regional Committee for the Eastern Mediterranean, the Chairman of the Technical Discussions of the regional Committee, and a representative of the Founder. The Regional Director for the Eastern Mediterranean Region or his representative will serve as the Secretary of the Committee.</p>
	<p><u>Article 7: Eligibility</u></p> <p>1. The Prize will be awarded to one or more persons for making an outstanding contribution in prevention, control and research in one or more of the following disease groups: cancer, cardiovascular disease and diabetes.</p> <p>2. Current and former members of the WHO Secretariat shall not be eligible to receive the Prize nor should the candidature of a deceased person be submitted to the Foundation Committee, unless death occurs after the nomination has been made.</p> <p>3. A candidate who has been previously awarded, and has been re-nominated after several years, will only be eligible if a new contribution has been made.</p>
<p><u>Article 7: Nomination and Selection of Candidates</u></p> <p>1. Any national education administration, research center, educational institution, or nongovernmental organization in a Member State of the World Health Organization within the Eastern Mediterranean Region may suggest candidates for the Prize to its national health administration. Such suggestions shall be accompanied by a written statement of the reasons for the candidature. The national health administration shall have discretion in deciding whether to propose the names suggested for the Prize.</p>	<p><u>Article 8: Nomination and Selection of Candidates</u></p> <p>1. Any national health administration, national education administration, research center, educational institution, or nongovernmental organization in a Member State of the World Health Organization within the Eastern Mediterranean Region may suggest encourage candidates for the Prize.</p> <p>2. Applications will be screened by WHO Secretariat and the proposed nominations will be sent to the national health administration for endorsement. Such suggestions shall be accompanied by a written statement of the reasons for the candidature. The national health administration shall have discretion</p>

<p>2. Current and former members of the WHO Secretariat shall not be eligible to receive the Prize.</p> <p>3. The Committee shall decide in a private meeting, by a majority of the members present, on the recommendation to be made to the Regional Committee, whose decisions shall be final.</p> <p>4. The presence of at least three members of the Foundation Committee, including the Chairman of the Regional Committee for the Eastern Mediterranean or a Vice-Chairman acting for the Chairman at that Regional Committee, shall be required for the taking of decisions.</p> <p>5. The Prize shall be presented during the following session of the Regional committee for the Eastern Mediterranean by its Chairman to the recipient, or representative thereof, in case of absence.</p>	<p>in deciding whether to propose the names suggested for the Prize.</p> <p>Current and former members of the WHO Secretariat shall not be eligible to receive the Prize.</p> <p>3. The Foundation Committee shall decide in a private meeting, by a majority of the members present, on the recommendation to be made to the Regional Committee, whose decisions shall be final.</p> <p>4. The presence of at least three members of the Foundation Committee, including the Chairman of the Regional Committee for the Eastern Mediterranean or a Vice-Chairman acting for the Chairman at that Regional Committee, shall be required for the taking of decisions.</p> <p>5. The Prize shall be presented during the following session of the Regional committee for the Eastern Mediterranean by its Chairman to the recipient, or representative thereof, in case of absence.</p>
<p><u>Article 8: The Administrator</u></p> <p>1. The Foundation shall be administered by its Administrator, namely the Regional Director for the Eastern Mediterranean, who shall act as Secretary to the Foundation Committee.</p> <p>2. The Administrator shall be responsible:</p> <p>a) For the execution of the decisions taken by the Foundation Committee within the limits of its powers as defined in these Statutes; and</p> <p>b) For abiding by the above articles, and administering the Foundation in accordance with the provisions of these Statutes.</p>	<p><u>Article 9: The Secretariat</u></p> <p>1. The Foundation shall be administered by its Secretariat, namely the Regional Director for the Eastern Mediterranean, who shall act as Secretary to the Foundation Committee.</p> <p>2. The Secretariat shall be responsible:</p> <p>a) For the execution of the decisions taken by the Foundation Committee within the limits of its powers as defined in these Statutes; and</p> <p>b) For abiding by the above articles, and administering the Foundation in accordance with the provisions of these Statutes.</p>
<p><u>Article 9: Administrative Costs</u></p> <p>A charge of 13% (or as otherwise established by the governing bodies of the World Health Organization) for programme support costs shall be assessed on the amounts awarded by the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes.</p>	<p><u>Article 10: Administrative Costs</u></p> <p>A charge of 13% (or as otherwise established by the governing bodies of the World Health Organization) for programme support costs shall be assessed on the amounts awarded by the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes.</p>
<p><u>Article 10: Revision of the Statutes</u></p> <p>On the proposal of one of its members, the Foundation Committee may propose a revision of the present Statutes. Any such proposal, if endorsed by a majority of the Committee, shall be submitted to the Regional Committee for approval.</p>	<p><u>Article 11: Revision of the Statutes</u></p> <p>On the proposal of one of its members, the Foundation Committee may propose a revision of the present Statutes. Any such proposal, if endorsed by a majority of the Committee, shall be submitted to the Regional Committee for approval.</p>

Annex 7

Technical meetings

Islamabad, Pakistan, 9 October 2017

Sixty-fourth session of the Regional Committee for the Eastern Mediterranean

Introduction

Technical meetings were held on the day preceding the Sixty-fourth Session of the Regional Committee, 9 October 2017. The overall aim was to discuss topics of current interest and concern, to update participants on the situation and progress in addressing those issues, and to discuss, where relevant, any strategic actions required.

Private sector engagement in the Eastern Mediterranean Region for advancing universal health coverage

The objective of the session was to raise awareness of the importance of engaging with the private health sector and recognizing its potential contribution in moving towards universal health coverage. The session aimed to address three key priority areas: 1) strengthening regulatory capacity in ministries of health; 2) identifying significant gaps in information about the private health sector; and 3) understanding considerations in partnering with the private health sector.

Conclusions

Engaging with the private health sector provides a unique opportunity for increased partnership to accelerate progress towards universal health coverage in the Eastern Mediterranean Region, an opportunity which has yet to be adequately explored by public sector policy-makers in most countries of the Region. In recognition of the importance of the role of this sector in advancing universal health coverage there is a need to develop an evidence-based strategy to harness its potential contribution to this goal. Without engagement of the private sector under a mutually agreed national policy framework and development of effective partnerships, achievement of universal health coverage will not be possible in most countries. Amid renewed focus on universal health coverage in the context of 2030 Agenda for Sustainable Development and concerns about patient safety and financial protection, there is a need to build the capacity of ministries of health to design, manage, monitor and evaluate public–private partnerships.

Proposed actions

Member States

- Build capacity to engage effectively with the private sector in order to deliver an essential package of health services.

WHO

- Conduct in-depth assessments of the private health sector in countries to formulate an evidence-based regional strategy for the development of public–private partnerships.
- Prepare a regional framework for action on advancing the role of the private health sector to move towards universal health coverage, based on data consolidated from the in-depth assessments, to be presented for endorsement by the Sixty-fifth Session of the Regional Committee.
- Disseminate information through various platforms on the successful experiences of country engagement with the private health sector, develop factsheets and share recently developed assessment tools.

Developing national capacity for research and ethics to improve decision-making for health

The objective of the session was to: highlight the importance of creating a culture of using research evidence to support health policy-makers; discuss modern concepts in translating evidence into practice within health care systems; build consensus on recommended actions to further develop national capacity on research methods/ethics and utilize research evidence in public health practice.

Conclusions

The importance of using research evidence to support health policy-making and translate evidence into reliable, sustainable, widespread ethical practice in improving health outcomes is indisputable. Gaps that currently exist between research and policy-making for health in the Region need to be addressed, noting that it is possible, given available capabilities and resources, to redress this situation. Member States require support to enhance their capacity for knowledge translation. The inclusion of research and development in WHO's 2018–2019 Programme Budget should emphasize the need for development of resources to support capacity-building activities (research methods, ethics, knowledge translation). Joint multisectoral, multi-country, inter-regional research is important for the generation of evidence, linked to regional/national health priorities. The importance of fostering the role of national ethics/bioethics committees and developing related guidelines cannot be understated in support of research ethics. Research and development should be institutionalized within health care delivery institutions, especially research methodologies to support decision-making e.g. meta-analyses, otherwise known as systematic reviews.

Proposed actions

Member States

- Develop health and population think-tanks within the ministries of health (as a model of institutionalization of evidence to policy) to ensure that the production of evidence is linked to national health priorities.

WHO

- Share successful models for use in different countries. Such approaches should reflect the realities of making decisions in the difficult environment of policy setting, in which research evidence is not the only concern.
- Develop mechanisms for real-time synthesis of research evidence into accessible policy briefs to support health-policy making and communicate them accordingly.
- Support countries in conducting different types of field research, especially implementation, health systems, and recently, “upscaling” research, especially embedded research and implementation research supported by national or international sources.

Good Governance for Medicines programme in the Region: implementation status and results

The objective of the session was to help raise the awareness and understanding of Member States on the impact of corruption and lack of transparency and accountability and the need to institutionalize good governance in pharmaceutical systems. The session aimed to increase the political commitment of Member States to move forward with implementation of the Good Governance for Medicines programme, identify steps needed for the establishment of national initiatives which can be integrated into public transparency and accountability frameworks, and agree on actions needed to overcome regional and country-specific implementation challenges.

Conclusions

Poor governance leaves health systems vulnerable to inefficiencies and corrupt practices. The pharmaceutical system with its numerous linkages and actors is particularly vulnerable in the absence of good sector governance. Member States emphasized the importance of the role of the Good Governance for Medicines programme. Access to quality-assured and affordable medicines is an

essential component of universal health coverage. Good governance for medicines has a critical role in efforts to achieve the SDGs. Strengthening key elements of governance in the pharmaceutical system helps to achieve better access to quality, affordable essential medicines and improved population health. A good governance approach promotes the development and implementation of policies and procedures that establish transparent, accountable pharmaceutical institutions, processes, and decision-making; establish inclusive and meaningful citizen participation; and help ensure a system that is underpinned by the rule of law and free from conflict of interest.

Proposed actions

Member States

- Implement the Good Governance for Medicines programme in order to improve medicine procurement practices, revise pharmaceutical laws and regulations and increase public availability of information and transparency.
- Use the good governance for medicines approach as a model for strengthening national health systems through improved management.
- Enhance accountability and transparency of pharmaceutical institutions, ensuring that pharmaceutical decision-making is participatory and free from conflict of interest.

Development of a noncommunicable disease emergency health kit for the Region: rationale and approach

The purpose of the session was to provide information on the development of a new WHO emergency kit for the management of noncommunicable diseases in emergency settings, including its purpose, rationale, contents and structure.

Conclusions

The kit is a standardized package containing 22 essential oral medicines, basic diagnostic equipment, renewables for the management of most common noncommunicable diseases, in emergency settings, covering a population of 10 000 people for three months. In light of the current burden of noncommunicable diseases in the Region and the number of countries affected by humanitarian emergencies, it was acknowledged that the Eastern Mediterranean Region should take the lead in introducing a noncommunicable disease-specific emergency kit. The kit has been developed to serve the most vulnerable in countries affected by conflict. Kit implementation should however consider being expanded to both acute and more protracted settings. Its potential could also be explored for use in stable low-income settings or hard-to-reach areas where access to the regular supply of noncommunicable disease medicines is difficult. It is important that the kit's contents is tailored for use in various epidemiological and emergency country contexts, taking into account countries' national medicine lists, human resources' capacity and management guidelines. The kit needs to be integrated into national emergency preparedness plans as part of health systems resilience and several countries have started to do so.

Use of the kit should be integrated into wider national efforts to better integrate management of noncommunicable diseases into primary health care systems and address the various issues impeding the management of noncommunicable diseases, with a special focus on linking the content of the kit to an essential health service package for primary health care. There is a recognized need to enhance the capacity of the health workforce to manage noncommunicable diseases both in stable and emergency settings. Quantification of items included in the kit should be reviewed after its initial deployment in emergency-affected countries. A system to monitor and evaluate implementation of the kit needs to be established, linked to indicators for noncommunicable diseases. There is a need to review country capacity for deployment of the kit from storage capacity to actual delivery at the point of care.

Proposed actions

Member States and WHO

- Advocate for better integration of noncommunicable diseases in humanitarian responses.
- Conduct field pilot deployment of the new kit in selected countries affected by emergencies.

- Promote use of the kit among charity organizations and health professionals association supporting or carrying out emergency responses.

Full implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC): Save lives

The objectives of the session were to: highlight the magnitude of the problem of tobacco use in WHO's Eastern Mediterranean Region and in comparison with other WHO regions; propose actions to address the problem of tobacco use; and highlight recommended elements for success in tobacco control.

Conclusions

There is a recognised need to focus on the challenges facing the Region to achieve the noncommunicable disease and SDG target of a 30% reduction in tobacco use by 2030. The presentation highlighted current trends in tobacco use and prevalence rates among adults and youths compared with other WHO regions. It focused on the key interventions needed in the area of new tobacco products, waterpipe use and legislation. The WHO FCTC message focused on the comprehensiveness of the treaty and the gap in signing and ratification of the Protocol on the Elimination of Illicit Trade in Tobacco Products. The message also highlighted recent developments in the area of the WHO FCTC and promised continued regional and national support. During discussions, representatives focused on the challenges of emergency situations, new tobacco products, illicit trade, and access to and prevalence of tobacco consumption among young people. Member States also indicated the need for a regional initiative and plan of action to be adopted. The Director-General concluded the session with a call for all countries to sign and ratify the Protocol for quick entry into force.

Proposed actions

Member States

- Advocate with national leadership to sign and ratify the Protocol for Elimination of Illicit Trade in Tobacco Products.
- Accelerate activities in tobacco control and seek agreement with other sectors on implementation of the strongest measures for tobacco control.

Integrated surveillance for communicable diseases

The objectives of the session were to update Member States on the current status of communicable disease surveillance in countries of the Region, including the challenges faced by countries and progress made; advocate for the importance of integrated disease surveillance in the era of the SDGs and for global health security through upgrading and modernizing surveillance systems for communicable diseases and utilizing available electronic platforms, such as DHIS2; and identify priority actions for implementation of integrated communicable disease surveillance systems.

Conclusions

The presentation highlighted the importance of adopting an integrated approach for communicable diseases surveillance in order to more rapidly generate data of improved quality. The availability of more accurate data will generate greater support for efforts to more effectively prevent and control communicable diseases, promoting evidence-based decision-making to facilitate a more rapid response to outbreaks and better monitoring and evaluation of various programmes. The presentation reviewed the current status of surveillance for communicable diseases, focusing on the challenges for Member States to establish integrated systems for surveillance and identify needs. There was strong endorsement for the establishment of an integrated approach and WHO was requested to provide strategic guidance on the implementation of integrated surveillance systems. Discussions highlighted the importance of building capacity for integrated surveillance at multiple levels, including strengthening the health laboratory capacity, supporting the development of human resources, including more epidemiology training, and developing electronic surveillance platforms. The discussion also emphasized the importance of integrated surveillance overall to implement the IHR,

and early warning disease surveillance, especially in countries affected by emergencies and conflict situations, in which WHO has provided significant technical support to train staff and develop integrated systems. Awareness of the importance of surveillance was also discussed, in order to improve quality and timeliness of reporting, and the need to provide regular feedback on surveillance to all levels. Selected countries also shared their progress on integrating communicable disease surveillance and electronic disease surveillance and asked for more information to be shared among all Member States to learn about best practices, and current platforms, including DHIS2. Overall, Member States supported the need to have strategic guidance on integrated surveillance in the Region, including developing a framework with clear objectives and goals and standard operating procedures for implementation.

Proposed actions*Member States*

- Establish integrated communicable disease surveillance systems.
- Upgrade and modernize all surveillance systems for communicable diseases at all levels utilizing available electronic platforms, such as DHIS2.

WHO

- Advocate for and provide guidance on the establishment of integrated communicable disease surveillance systems, especially in countries that have recently undergone IHR joint external evaluation, as this can be an important part of the post-evaluation plan.

