

Resolutions and decisions of regional interest adopted by the Seventy-eighth World Health Assembly and the Executive Board at its 156th and 157th sessions

Resolution/ decision no.	Title/ subject	Regional implications	Action/comments of interest to Member States
RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SEVENTY-EIGHTH WORLD HEALTH ASSEMBLY			
WHA78.1	WHO Pandemic Agreement	<ul style="list-style-type: none"> Lays the foundation for a globally binding framework to improve pandemic prevention, preparedness and response. Critical for the Region, where fragile health systems and transboundary health threats pose serious risks. 	<ul style="list-style-type: none"> Member States should: <ul style="list-style-type: none"> prepare for the adoption of the Annex by the Seventy-ninth World Health Assembly (May 2026); engage in the Intergovernmental Negotiating Body to elect a Bureau and define the workplan; align national strategies, laws and frameworks with the draft agreement and its Annex; ratify, approve, or accede to the agreement promptly to enable its entry into force (30 days after 60 ratifications); prepare for entry into force post-ratification; support preparations for the first Conference of the Parties (CoP), including governance, budget and reporting mechanisms. The Director-General will report to the Eightieth World Health Assembly (May 2027) on progress.
WHA78.2	Programme budget 2026–2027	<ul style="list-style-type: none"> WHA78's approval of the reduced base budget (US\$ 4.2 billion) comes with a reinforced focus on prioritization, efficiency and country impact. The allocation of the regional base budget (US\$ 533.7 million) reflects the results of the Region's prioritization exercise conducted with Member States in 2024 and revisited in 2025, leading to 72% of this budget being allocated to country level. This process ensured that regional allocations under WHO's Fourteenth General Programme of Work (GPW14) pillars are fully aligned with national and regional priorities, including the flagship initiatives. Budget increases dedicated to the Power and Perform pillars aim to sustain core predictable country presence supported capacity, while the Protect pillar saw a proportional reduction due to financing realities and WHO Health Emergencies Programme restructuring. The Region's allocation of 38% of the base budget to the Provide pillar reflects the strong integration of the three flagship initiatives in 	<ul style="list-style-type: none"> Existing salary gaps may have potential impact on country support, especially in non-emergency contexts. There is a strong case for continued advocacy by Member States to address the disparity in funding across major offices (e.g. Regional Office versus WHO headquarters). WHO will continue working to leverage Investment Round pledges, expand the donor base and ensure strategic use of resources. Transparency in the implementation of prioritization and realignment decisions will be key – and Member States should ask for updates on how those decisions are impacting country-level funding and delivery. Member States will have a key role in setting baselines and targets for GPW14 that reflect the regional strategic operational plan and flagship initiatives and ensure alignment of country cooperation strategies with the GPW14 priorities and results framework. WHO will continue providing technical support to mainstream the regional strategic operational plan and flagship initiative indicators into country-level results frameworks and performance monitoring.

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		<p>the programme and budget 2026–2027 prioritization.</p> <ul style="list-style-type: none"> • While the approved 20% increase in assessed contributions is a welcome step towards sustainable financing, the impact of the announced withdrawal of the United States of America from WHO negates this and significantly reduces the total assessed contributions envelope for 2026–2027, affecting the predictability and flexibility of funding across WHO. Continued advocacy for broadening the donor base remains essential. • The GPW14 shift to more indicator-based reporting strengthens the accountability and measurability of WHO's work, especially at country level. • The inclusion of a new GPW14 output indicator that tracks the equitable distribution of resources across major offices is a positive step towards addressing long-standing concerns regarding funding disparities and will provide a structured basis for monitoring progress and informing corrective actions. • The structure and indicators of the Strategic Operational Plan for the Eastern Mediterranean Region, 2025–2028 and flagship initiatives have already been mapped to the GPW14 outputs, which will ensure coherent planning, budgeting and monitoring in the coming biennium. 	
WHA78.3 EB156(31)	Strengthening the evidence-base for public health and social measures	<ul style="list-style-type: none"> • This resolution builds on the work to strengthen the evidence-base for public health and social measures already carried out in the Region. 	<ul style="list-style-type: none"> • The regional COVID-19 vaccine effectiveness study was initiated in September 2021 to collect reliable data, increase the statistical power of vaccine effectiveness estimates by pooling data across countries and build capacity among participating countries. WHO supported four national vaccine effectiveness studies in Egypt, Islamic Republic of Iran, Jordan and Pakistan. • In 2021 and 2022, with a view to enhancing technical capacities in the Region, 15 case studies were jointly developed with 13 countries/territories (Afghanistan, Islamic Republic of Iran, Jordan, Libya, Morocco, Oman, Pakistan, Palestine, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic and Yemen). The case studies described how countries used global/national evidence and data to inform policy-making processes in response to the challenges of COVID-19. The consolidated lessons learned were published in 2023.
WHA78.4 EB156.R3	Health conditions in the occupied Palestinian territory, including east Jerusalem	<ul style="list-style-type: none"> • Addresses deteriorating health conditions under occupation; particularly relevant given the ongoing crisis in the Gaza Strip. 	<ul style="list-style-type: none"> • Reinforces Member States' calls for unhindered access to essential health services, protection of health workers and support to the Palestinian health system. • Encourages increased solidarity and resource mobilization.

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			<ul style="list-style-type: none"> Member States should renew calls for the immediate and sustained lifting of the blockade, an immediate ceasefire to end hostilities, protection of health care and aid workers and access to those in need.
WHA78.5 EB156(19)	Promoting and prioritizing an integrated lung health approach	<ul style="list-style-type: none"> There were an estimated 936 000 new tuberculosis (TB) cases in the Region in 2023, with one person receiving a TB diagnosis every 34 seconds, and one person dying of TB every 6 minutes. This resolution will encourage a comprehensive approach that integrates prevention, early detection, treatment and management of tuberculosis, related occupational health disorders and other initiatives for improving overall lung health. 	<ul style="list-style-type: none"> The Region needs to focus on the following areas, among others: <ul style="list-style-type: none"> enhancing surveillance systems for monitoring lung diseases as well as the implementation of preventive measures, such as tobacco control strategies; fostering partnerships, increasing public awareness, and providing psychosocial and nutritional support to patients with TB, lung cancer and chronic lung disorders.
WHA78.6 EB156(20)	Reducing the burden of noncommunicable diseases through promotion of kidney health and strengthening prevention and control of kidney disease	<ul style="list-style-type: none"> Renal disease has emerged as a priority concern, especially in humanitarian settings across the Region. Therefore, kidney disease needs to be integrated into noncommunicable disease (NCD) management in emergency response, preparedness and recovery plans, incorporating an all-hazards approach. This is necessary to ensure continuity of care for people living on dialysis and with kidney transplants. This would require a mechanism to secure and distribute essential transplant and dialysis medications and supplies, including the kidney failure-adapted NCD emergency kit. In addition, building the capacity of health care providers in kidney disease management and appropriate interventions for people on dialysis and with kidney transplants during an emergency is required. 	<ul style="list-style-type: none"> Member States need to ensure the availability of a dialysis and transplantation emergency plan within the national emergency preparedness plan, taking an all-hazards approach. This has to be supported by contingency funding to cover the needs of people on dialysis and with kidney transplants, and those who may develop acute kidney injury during the emergency response.
WHA78.7 EB156(21)	Primary prevention and integrated care for sensory impairments, including vision impairment and hearing loss, across the life course	<ul style="list-style-type: none"> Hearing and vision impairments continue to be overlooked aspects of the NCD agenda, affecting billions globally. In the Region, 78 million people live with hearing loss, including over 2 million children requiring rehabilitation, and 86 million needing vision aids. These challenges are expected to intensify with the projected 15% increase in the ageing population by 2050. The impact of unaddressed vision impairment and hearing loss on health and well-being cannot be overrated, and can affect communication, child development, educational and employment opportunities and achievement, social integration and participation, and financial 	<ul style="list-style-type: none"> The Regional Office has been advocating for the integration of eye and ear care into health benefit packages and services, as well as into relevant initiatives in development and emergency contexts, such as adding the sensory functions module into planned STEP-wise surveys in the Region's Member States to inform further action. Based on this resolution, WHO will continue technically supporting Member States to integrate vision and hearing care into primary health care within an overall vision of universal health care, drawing on the provisions of the resolution.

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		<p>well-being. The link between sensory impairment and cognitive decline and dementia has also been established.</p> <ul style="list-style-type: none"> Addressing sensory impairments should thus be an integral component of health care services and systems. This should take into account early detection, prevention and rehabilitation, ensuring equitable access and reducing barriers, such as cost and workforce shortages, within an overall vision of universal health coverage. 	
WHA78.8 EB156(22)	World Cervical Cancer Elimination Day	<ul style="list-style-type: none"> Despite being largely preventable through HPV vaccination and treatable when detected early, cervical cancer continues to claim lives, particularly in low and middle-income countries within the Region. World Cervical Cancer Elimination Day serves as a powerful reminder of the urgent need to address health inequities, especially in access to preventive services such as vaccination, screening and treatment. It also underscores the importance of culturally-sensitive approaches tailored to the Region's diverse social and religious contexts. The regional cervical cancer elimination strategy is adapted to the regional context and sets out five strategic action areas: strengthening primary prevention by accelerating HPV vaccine introduction and improving coverage; improving cervical screening and pre-cancer treatment; reducing the burden of suffering caused by cervical cancer by improving the availability of early diagnosis, treatment, rehabilitation and palliative care services; and two cross-cutting strategic action areas focused on strengthening health systems and communications, 	<ul style="list-style-type: none"> Member States are encouraged to adopt and implement national strategies aligned with WHO's global targets to vaccinate 90% of girls by age 15, screen 70% of women by ages 35 and 45, and ensure 90% of women with cervical disease receive appropriate care. Good progress has been made since the launch of the regional strategy, especially in relation to HPV vaccination. The Day acts as a catalyst for political commitment, resource mobilization and public awareness, all of which are essential to achieving the 2030 elimination goals. By observing the Day, Member States can strengthen their health systems, engage communities and take concrete steps towards eliminating cervical cancer as a public health problem.
WHA 78.9	Fostering social connection for global health: the essential role of social connection in combating loneliness, social isolation and inequities in health	<ul style="list-style-type: none"> The Region is undergoing rapid sociodemographic, political and technological changes, such as the rise of social media and remote work in some countries, alongside conflicts and disasters that have led to a surge in internally displaced people, refugees and migrants in others. There is also a decline in extended family structures, increased mobility, changes in religious practice in many countries, and greater longevity. All these changes are impacting the physical and mental health of individuals and communities. 	<ul style="list-style-type: none"> Member States are urged to accelerate progress on implementing the recommendations of the report of the WHO Commission on Social Connection launched on 30 June 2025, and prioritize the topic in national development and humanitarian agendas.

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		<ul style="list-style-type: none"> Lack of social connection poses a serious risk to the mental and physical health of individuals and society at large. It can also adversely affect countries' development trajectory through its impact on health systems, education, employment and the economy. 	
WHA78.10 EB156(14)	Strengthening national capacities in evidence-based decision-making for the uptake and impact of norms and standards	<ul style="list-style-type: none"> WHO has pioneered this area of work since 2019 with some success. WHO will expand its efforts to enhance national capacities for evidence-based decision-making in the Region. 	<ul style="list-style-type: none"> The resolution is in line with the Regional Committee resolution EM/RC66/R.5 of 2019 to develop national institutional capacity for evidence-informed policy-making for health and the regional action plan of 2021. Work at national level includes the establishment of structures and processes within ministries of health for the strengthening of evidence-informed policy-making: <ul style="list-style-type: none"> In 2020, an evidence-to-policy unit was established at the Ministry of Health in Kuwait and used in the development of the national health strategy. In Morocco, a knowledge-management centre has been established. Since 2021, WHO has supported Egypt in establishing a national guideline programme, through capacity-building workshops and the development of a national roadmap. In July 2024, Egypt officially launched its national guideline programme. WHO has delivered country-specific support in the Region, through dedicated missions to Somalia (2022), Egypt (2022), Kuwait, Syrian Arab Republic and Tunisia (2024), focusing on building national institutional capacities on evidence-informed policy-making. Other WHO activities to support evidence-informed policy-making in the Region include: <ul style="list-style-type: none"> regional capacity-building training; the regional Network of Institutions for Evidence and Data to Policy (NEDtP), launched in 2021 with 34 member institutions from 22 countries, plus 15 supporting institutions worldwide; a series of policy brief workshops held in 2021–2022 on basic principles, advanced principles for researchers and advanced principles for policy-makers; web-based training packages launched in 2022 on 15 subject areas; a virtual workshop series in 2023 on GRADE methodology for supporting decision-making; a webinar series in 2025 on institutionalizing evidence-informed policy-making for delivery for impact; technical tools on the development of policy briefs, a glossary of definitions, a regional roadmap for national guideline programmes and a rapid advice tool for country action.
WHA78.11 EB156(15)	Rare diseases: a global health priority for equity and inclusion	<ul style="list-style-type: none"> This is an opportunity for engaging regional organizations such as the Gulf Cooperation Council (GCC), that have an interest in this area, paving the way for engagement with GCC countries. 	<ul style="list-style-type: none"> Egypt proposed this resolution, while several countries/territories in the Region are cosponsors, namely Iraq, Kuwait, Jordan, Palestine, Somalia and Qatar. Kuwait is already working on this agenda item, and rare diseases have been a priority

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		<ul style="list-style-type: none"> WHO partners, such as St Jude Children's Research Hospital, are already leading global efforts on paediatric rare diseases. This will be part of the new agreement between WHO and the Hospital, with expanded areas of work. 	for the country – World Duchenne Awareness Day was adopted by the United Nations based on Kuwait's advocacy in 2024.
WHA78.12	Strengthening health financing globally	<ul style="list-style-type: none"> The resolution provides an opportune platform for coordinating and enhancing the support of partners to the health financing systems in the Region's Member States, while highlighting the critical coordination role of WHO. The resolution is important for the Region given the low regional investment in health, particularly from public sources, and the limited allocation to the health sector in a large number of Member States. The latter has resulted in an increasing financial burden on individuals and households, limiting their access to care and exposing them to the risk of catastrophic health spending and impoverishment. The resolution draws on the recommendations of the final WHO Council on the Economics of Health for All, noting the interconnectedness of health and the economy. 	<ul style="list-style-type: none"> Member States should: <ul style="list-style-type: none"> intensify efforts to craft national health financing strategies that support achieving universal health coverage and health security; facilitate constructive discussions between health and finance authorities to ensure adequate allocation of public financing for health in government budgets; establish country-specific functioning financial protection arrangements to limit out-of-pocket expenditure, in particular amongst the poor and other vulnerable groups; enhance the value-for-money of health spending by identifying inefficiencies and addressing them using relevant health system strategies; build national capacities in health financing and health economics to support informed decision-making processes in the health sector.
WHA78.13	Strengthening medical imaging capacity	<ul style="list-style-type: none"> Member States are urged to improve access to medical imaging as an essential component of early detection and to facilitate accurate diagnosis and treatment. Medical imaging is critical for improving the detection and management of NCDs and infectious diseases, particularly emergency health threats, and improving maternal, trauma and emergency health care in the Region. Improved diagnostic accuracy will enhance patient outcomes and reduce costs. The resolution addresses gaps in equipment access, workforce training and regulatory oversight. Implementation will reinforce biomedical infrastructure and help expand imaging services in rural and underserved urban to reduce health disparities and improve access to services. 	<ul style="list-style-type: none"> Member States are urged to: <ul style="list-style-type: none"> include medical imaging in national health sector strategic plans; strengthen national regulatory agencies to ensure adequate regulatory oversight of medical imaging; use WHO technical specifications and the MeDevIS platform to support health technology assessments to guide cost-effective procurement and improve timely access to affordable and adequate medical imaging; ensure training of radiologists, biomedical engineers and imaging technicians through the WHO academy and other platforms; leverage telehealth and teleradiology to expand access, especially in underserved areas.
WHA78.14 EB156(23)	Accelerating the eradication of dracunculiasis	<ul style="list-style-type: none"> Sudan is the only country in the Region that remains to be certified free of dracunculiasis (Guinea worm disease). The last cases were reported in 2013 but the conflict in the country disrupted surveillance activities and impeded the mission of the international certification team that was planned in 2023. 	<ul style="list-style-type: none"> Pre-certification activities have restarted but there is a need for cross-border collaboration, surveillance and coordinated interventions. Sudan is at risk of infection recirculation due to cross-border movement with neighbouring African countries where transmission is ongoing.

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WHA78.15 EB156(24)	Skin diseases as a global public health priority	<ul style="list-style-type: none"> Of the 21 recognized neglected tropical diseases, more than half present with skin manifestations. The Region carries over 70% of the global cutaneous leishmaniasis burden. 	<ul style="list-style-type: none"> Member States are urged to take an integrated approach to reduce morbidity, prevent disability and avoid the negative psychosocial impact of skin-related neglected tropical diseases.
WHA78.16 EB156(27)	Accelerating action on the global health and care workforce by 2030	<ul style="list-style-type: none"> The resolution calls for accelerated action to address health workforce challenges. It reinforces regional resolution EM/RC70/R.4 of 2023, and the flagship initiative on investing in a resilient and sustainable health workforce, endorsed in 2024. 	<ul style="list-style-type: none"> Member States are urged to implement the flagship initiative in the Region, which aligns with implementation of resolution WHA78.16.
WHA78.17 EB156(29)	Incorporation of the World Prematurity Day into the WHO calendar, to strengthen approaches to prevent preterm births and treat and care for preterm infants	<ul style="list-style-type: none"> There is an urgent need for action in the Region, where prematurity is the leading cause of under-5 mortality. The resolution reinforces the need for countries to prioritize prevention of preterm births and improve outcomes for preterm infants, given that prematurity accounts for the highest proportion of child deaths in the Region, highlighting a critical gap in maternal and newborn care. Attention needs to be given to the needs of preterm infants in humanitarian and emergency settings. With a large proportion of births occurring in the fragile and conflict-affected countries in the Region, the resolution provides a global mandate to integrate preterm care into humanitarian response plans, ensuring continuity of essential newborn interventions even in low-resource and crisis-affected environments. Investment in care for small and sick newborns, particularly in the six high-burden countries, is to be accelerated under the Every Woman Every Newborn Everywhere (EWENE) initiative. The resolution supports scaling-up context-appropriate, life-saving interventions, including “kangaroo mother care”, neonatal resuscitation and quality inpatient care, in countries such as Afghanistan, Djibouti, Pakistan, Sudan, Somalia and Yemen, where newborn mortality remains unacceptably high and which are off-track towards the SDG targets. 	<ul style="list-style-type: none"> World Prematurity Day has been celebrated in past years by other partners. This resolution mandates WHO to support Member States in tracking and addressing preterm births. It is relevant to all countries in the Region, regardless of the burden level, as it is a leading cause of death and disability in all Member States.
WHA78.18 EB156(30)	Regulating the digital marketing of breast-milk substitutes	<ul style="list-style-type: none"> The marketing of breast-milk substitutes (BMS) and bottle-feeding and the inappropriate promotion of foods for infants and young children continue to significantly undermine progress in optimal infant and young child feeding in the Region. Digital technologies have created powerful new marketing tools for 	<ul style="list-style-type: none"> Member States are urged to sustain and accelerate actions, in accordance with national context and priorities, to: <ul style="list-style-type: none"> enhance their efforts to develop and strengthen robust regulatory measures to regulate the marketing of BMS and foods for infants and young children, including in digital environments; build and strengthen their monitoring systems and technologies to identify and

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		<p>promoting BMS, underscoring the urgent need to strengthen implementation of the International Code of Marketing of BMS to protect, promote and support breastfeeding.</p> <ul style="list-style-type: none">Per the WHO and International Baby Food Action Network (IBFAN) assessment of the implementation of the BMS Code, six of the Region's countries/territories are fully implementing all provisions of the international BMS Code, 11 have some provisions and five have no provisions in their national legal measures of countries in the Region.	<p>report on marketing of BMS and foods for infants and young children including, in digital environments;</p> <ul style="list-style-type: none">identify, empower, coordinate and strengthen all appropriate government agencies responsible for domestic implementation and monitoring of the International Code of Marketing of BMS;engage all appropriate government agencies responsible for regulating advertising, marketing content and communication technologies;safeguard against conflicts of interest in the development, implementation, monitoring and evaluation of regulatory measures to enact and implement the International Code of Marketing of BMS.																																												
WHA78.19	Scale of assessments for 2026–2027	<ul style="list-style-type: none">The Scale of Assessments was adopted by the United Nations General Assembly in December 2024 for 2025–2027. Accordingly, the assessed contributions of Member States to WHO will change in 2026 and 2027.	<ul style="list-style-type: none">Member States are reminded that assessed contributions are due on 1 January of each year of the biennium and are encouraged to pay in full and on time. <table><tr><th>Member State</th><th>Percentage</th></tr><tr><td>Afghanistan</td><td>0.0050</td></tr><tr><td>Bahrain</td><td>0.0500</td></tr><tr><td>Djibouti</td><td>0.0020</td></tr><tr><td>Egypt</td><td>0.1820</td></tr><tr><td>Iran (Islamic Republic of)</td><td>0.3860</td></tr><tr><td>Iraq</td><td>0.1310</td></tr><tr><td>Jordan</td><td>0.0210</td></tr><tr><td>Kuwait</td><td>0.2220</td></tr><tr><td>Lebanon</td><td>0.0220</td></tr><tr><td>Libya</td><td>0.0400</td></tr><tr><td>Morocco</td><td>0.0590</td></tr><tr><td>Oman</td><td>0.1150</td></tr><tr><td>Pakistan</td><td>0.1230</td></tr><tr><td>Qatar</td><td>0.2450</td></tr><tr><td>Saudi Arabia</td><td>1.2171</td></tr><tr><td>Somalia</td><td>0.0020</td></tr><tr><td>Sudan</td><td>0.0080</td></tr><tr><td>Syrian Arab Republic</td><td>0.0060</td></tr><tr><td>Tunisia</td><td>0.0180</td></tr><tr><td>United Arab Emirates</td><td>0.5740</td></tr><tr><td>Yemen</td><td>0.0030</td></tr></table>	Member State	Percentage	Afghanistan	0.0050	Bahrain	0.0500	Djibouti	0.0020	Egypt	0.1820	Iran (Islamic Republic of)	0.3860	Iraq	0.1310	Jordan	0.0210	Kuwait	0.2220	Lebanon	0.0220	Libya	0.0400	Morocco	0.0590	Oman	0.1150	Pakistan	0.1230	Qatar	0.2450	Saudi Arabia	1.2171	Somalia	0.0020	Sudan	0.0080	Syrian Arab Republic	0.0060	Tunisia	0.0180	United Arab Emirates	0.5740	Yemen	0.0030
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WHA78.20	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution	<ul style="list-style-type: none">None.	<ul style="list-style-type: none">Member States are encouraged to settle their arrears of contributions as early as possible to avoid inclusion in the draft resolution on the status of collection of assessed contributions that will be presented to the next Programme, Budget and Administration Committee and which may lead to subsequent loss of voting rights in the Health Assembly from 2026.																																												

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WHA78.21	Special arrangements for settlement of arrears: Lebanon	<ul style="list-style-type: none"> Lebanon's request to reschedule its total arrears of US\$ 1 508 160 over 10 years (2025–2034) has been accepted. The voting right of Lebanon is reinstated on the condition of timely payment of its rescheduled arrears and annual dues. 	<ul style="list-style-type: none"> Lebanon is strongly encouraged to ensure all its financial obligations are met promptly to avoid any future suspension of its voting rights.
WHA78.24 EB156(37)	Comprehensive implementation plan on maternal, infant and young child nutrition 2012–2025: extension	<ul style="list-style-type: none"> The Region faces a double burden of malnutrition, with undernutrition coexisting with increasing rates of overweight and obesity. While acknowledging the progress made towards achieving global nutrition targets, further progress is needed. There was a decline in stunting prevalence from 33% in 2010 to 25% in 2022 among children under-5 and 14 countries are on track to reach the target for wasting. Only four countries reported a decrease of at least 2% in the prevalence of overweight children under-5. 	<ul style="list-style-type: none"> Member States are urged to sustain and accelerate action to implement the comprehensive implementation plan on maternal, infant and young child nutrition, as appropriate and in accordance with national context and priorities, through: <ul style="list-style-type: none"> adopting or extending nutrition policies that address all forms of malnutrition through multisectoral coordination; increasing domestic funding for nutrition-specific and nutrition-sensitive programmes; fully integrating essential nutrition actions in routine preventive and curative health care services, while advancing towards universal health coverage; building the capacity of health workers to deliver essential nutrition actions through improved pre-service and in-service training; strengthening community health workforce programmes to extend the reach of health systems and nutrition service delivery; taking steps to transform and/or promote food systems that advance universal access to affordable, safe and healthy foods; taking steps to promote healthier diets, including by regulating the marketing of breast-milk substitutes and foods for infants and young children; strengthening monitoring and evaluation systems to provide regular information on nutrition policy implementation, programme delivery and outcomes.
WHA78.26	Raising the flags of non-member observer States at the World Health Organization	<ul style="list-style-type: none"> This resolution carries symbolic and diplomatic significance for the Region, home to Palestine. Affirming the right of non-Member observer States to have their flags raised at WHO premises reinforces the visibility and recognition of Palestine's participation in global health governance. For the Region, this move may strengthen regional solidarity and support for inclusive representation in international forums. It also sets a precedent for how observer entities are treated within WHO structures, potentially influencing future discussions on participation, equity and regional balance in decision-making processes. 	<ul style="list-style-type: none"> Member States may view this resolution as a reaffirmation of WHO's commitment to inclusivity and alignment with broader United Nations practices. It underscores the importance of symbolic gestures in international diplomacy and their role in fostering a sense of belonging and legitimacy for non-Member observer States.
WHA78.27 EB156(32)	Galvanizing global support for a lead-free future	<ul style="list-style-type: none"> Chemical exposure, particularly to lead, represents a pressing and underrecognized public health threat in the Region, where an estimated 23% of all deaths are linked to 	<ul style="list-style-type: none"> The WHO Director-General will develop a global action plan on lead mitigation to be presented to the World Health Assembly in 2027. Member States of the Eastern Mediterranean Region are urged to actively

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		<p>modifiable environmental risk factors such as chemicals, waste and pollution. Lead alone is responsible for more than 167 000 preventable deaths in the Region, with disproportionate impacts on vulnerable groups – especially children – who suffer lifelong consequences from even low-level exposure, including cognitive impairment, lower educational attainment and increased risk of cardiovascular disease. Despite the known risks, many countries in the Region, particularly those with limited resources or facing humanitarian emergencies, struggle to implement effective monitoring, surveillance and mitigation strategies. The resolution provides a timely and strategic framework to accelerate action in the Region. It supports Member States in strengthening health system capacities to detect and manage lead exposure, improving access to diagnostics and poison control centres, and promoting multisectoral cooperation to eliminate lead in products such as paint, pipes, toys and spices. The resolution aligns closely with the transition from the Strategic Approach to International Chemicals Management (SAICM) to the 2023 Global Framework on Chemicals, calling for the WHO Chemicals Road Map to be updated accordingly. This is especially relevant to the Region's countries, as only seven have so far formally applied the previous roadmap, indicating a significant opportunity to scale up action. The resolution and roadmap together can catalyse the integration of chemical safety into broader national agendas (including climate change, emergency preparedness, and universal health coverage), ensuring that health remains central to chemical management strategies. Regional implementation, however, will depend on sustained technical support, the mobilization of financial resources, and active country-level engagement to close critical capacity gaps and protect populations from avoidable chemical-related harm.</p>	<p>contribute to the development of this plan by engaging in consultations, sharing national data, experiences and priorities, and highlighting regional challenges, such as limited surveillance and diagnostic capacity, to ensure the action plan is practical, equitable and reflective of the Region's needs, particularly in protecting children and vulnerable populations from lead exposure.</p>
WHA78.28	Effects of nuclear war on public health	<ul style="list-style-type: none"> • Reaffirms the catastrophic health and humanitarian consequences of nuclear conflict, especially for already fragile health systems. Especially relevant in the context of the recent escalation of violence in the Region, in which nuclear facilities in the Islamic Republic of Iran were directly targeted. 	<ul style="list-style-type: none"> • Member States should consider integrating nuclear preparedness and response measures into national emergency response plans and advocate for nuclear disarmament and the protection of civilian infrastructure in relevant international forums.

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DECISIONS OF REGIONAL INTEREST ADOPTED BY THE SEVENTY-EIGHTH WORLD HEALTH ASSEMBLY			
WHA78(9)	Notifying the International Health Regulations (2005) to Palestine	<ul style="list-style-type: none"> Recognizes the need to apply International Health Regulations (IHR) notification principles in the context of Palestine. 	<ul style="list-style-type: none"> Encourages coordination with WHO to operationalize IHR notification mechanisms for Palestine, strengthening cross-border disease detection and response capacities. Palestine is urged to take any necessary further action required under the IHR (2005) as a result of any notification.
WHA78(11) EB156(18)	A dedicated report on mental health for WHO's governing bodies	<ul style="list-style-type: none"> In 2025, in preparation for the United Nations General Assembly High-Level Meeting on the prevention and control of NCDs and the promotion of mental health and well-being, scheduled for 25 September, WHO is publishing an updated data chapter of the World mental health report as a stand-alone document using the latest data from GBD21 and GHE21 and also publishing the Mental health atlas 2024. The age-standardized prevalence rate of mental disorders in the Eastern Mediterranean Region (15.5%) is the second highest among WHO regions, almost totally accounted for by prevailing emergencies. Despite the enormous burden, financial and human resources available in the Region to tackle the issue are insufficient, inequitably distributed and inefficiently creating a large treatment gap that reaches 90% in some low- and middle-income countries. Mental health is not a peripheral issue but central to improving health and well-being globally and to achieving universal health coverage and other SDGs. 	<ul style="list-style-type: none"> The Regional Office is preparing reports on resources and capacities available for both mental health and substance use in the Region, which will contribute to the global report, and requests Member States support for this process which would provide added impetus for the implementation of the regional framework on mental health, the regional action plan for mental health and psychosocial support in emergencies 2024–2030 and the flagship initiative on strengthening public health action on substance use, which all place mental health and substance use at the heart of global health, peace and development.
WHA78(12) EB156(25)	Substandard and falsified medical products	<ul style="list-style-type: none"> Substandard and falsified medical products increase morbidity and mortality, reduce treatment efficacy, and delay proper disease management. They undermine public confidence in health systems, health care workers and medicines. Challenges, such as conflict, weak regulatory systems and fragile supply chains, make the Region particularly susceptible. Recent incidents such as diethylene glycol (DEG)-contaminated paediatric syrups and unsafe methotrexate batches underscore the urgent need for systemic safeguards. 	<ul style="list-style-type: none"> Member States are urged to: <ul style="list-style-type: none"> strengthen national regulatory systems by investing in regulatory authorities to enhance oversight of medical products throughout their lifecycle and build capacity for market control and vigilance as critical elements of post-market surveillance, quality control and enforcement actions; enhance surveillance and reporting of substandard and falsified medical products incidents through WHO's global surveillance and monitoring system; improve collaboration and coordination between regulators, customs authorities, law enforcement agencies and health ministries; establish national and regional networks for information sharing and rapid alert mechanisms to help combat the circulation of substandard and falsified medical products; promote political commitment and advocate for sustainable financing to combat substandard and falsified medical products;

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			<ul style="list-style-type: none"> – raise awareness and educate health care workers and the public on how to identify and report suspicious products; – actively participate in WHO-led initiatives and collaborate in regional training, workshops and joint market surveillance exercises.
WHA78(13) EB156(26)	Interim report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel	<ul style="list-style-type: none"> • As the international mobility of the health workforce is increasing in the Region, the relevance and effectiveness of the Code is important. The resolution encourages regional consultation on the recommendations of the Expert Advisory Group. 	<ul style="list-style-type: none"> • A regional consultation on the recommendations was held on 15–16 September 2025.
WHA78(14) EB156(28)	WHO traditional medicine strategy: 2025–2034	<ul style="list-style-type: none"> • Over 90% of Member States in the Region report significant population use of traditional medicine, especially herbal remedies and ancient healing practices. • Compared to other WHO regions, the Eastern Mediterranean Region has fewer established national policies and programmes on traditional medicine and many countries lack formal regulation of practitioners, services and products, posing challenges for quality, safety and integration into health systems. • The global strategy is expected to stimulate national policy formulation, promote better regulation and facilitate the integration of traditional medicine into health systems, aligning with universal health coverage goals. 	<ul style="list-style-type: none"> • Member States are urged to: <ul style="list-style-type: none"> – adapt the WHO traditional medicine strategy 2025–2034 to national contexts and use the guiding principles and implementation roadmap to design national strategies and action plans; – establish or update national policies and legal frameworks to regulate traditional and complementary medicine; – enhance regulation and develop regulatory systems for traditional medicine practitioners, services and products; – support research into the safety, efficacy and potential integration of traditional medicine; – train regulators, health professionals and traditional practitioners to ensure safe and standardized practices; – promote regional collaboration and exchange of knowledge, tools and best practices; – educate the public on safe and appropriate use of traditional medicine; – contribute to regional networks that support the implementation of traditional medicine strategies.
WHA78(15)	Antimicrobial resistance	<ul style="list-style-type: none"> • WHO will update the global action plan (GAP) on antimicrobial resistance and submit it to the 79th Health Assembly. • Countries are in the phase of updating national action plans, but these updates follow the existing 2016 GAP. 	<ul style="list-style-type: none"> • Countries are invited to take an active role in providing inputs to the new GAP. • Countries updating national action plans during this transition phase need to consider the proposed new elements in the new GAP.
WHA78(16)	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	<ul style="list-style-type: none"> • Addresses persistent health access issues and broader humanitarian concerns in Palestine. 	<ul style="list-style-type: none"> • Member States should advocate for the protection of civilians and health services, and support WHO's work in Palestine and the occupied Syrian Golan.
WHA78(17)	Results report 2024 (Programme budget 2024–2025: performance assessment) and Financial report and audited financial statements for the year ended 31 December 2024	<ul style="list-style-type: none"> • The Report confirms that despite ongoing emergencies and resource challenges, the Region has delivered several high-impact results, including disease elimination (e.g. malaria in Egypt), attainment of maturity level 3 for regulation of medicines and vaccines in Egypt and emergency responses (e.g. the Gaza Strip polio vaccination campaign). 	<ul style="list-style-type: none"> • WHO will continue using the regional strategic operational plan and flagship initiatives as accountability tools for translating global results reporting into Region-specific performance reviews. • Member States are encouraged to review their national contributions to these results through this lens, particularly in annual planning and joint workplans with WHO. • Member States are expected to actively engage in finalizing baselines and targets for GPW14, the regional strategic operational plan and flagship initiatives indicators.

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		<ul style="list-style-type: none"> Many of the high-impact results highlighted in the results report are directly aligned with the Region's three flagship initiatives and reflect progress in operationalizing the regional strategic operational plan. The Report reflects the growing use of evaluation and data to inform planning – a shift the Region should continue to build on. 	<ul style="list-style-type: none"> WHO country offices need to integrate indicator-based planning and reporting, replacing narrative-heavy formats. WHO will continue promoting joint and independent assessments to reinforce credibility and learning. Results reporting for 2024 provides a baseline for monitoring the transition to GPW14 and Member States should use it to identify performance gaps and best practices.
WHA78(18)	Partial and temporary suspension of Financial Regulation VIII, 8.2	<ul style="list-style-type: none"> The temporary suspension of Financial Regulation 8.2 under decision WHA78(18) allows WHO to use up to US\$ 410 million from the Programme Support Costs fund balance to cover costs beyond indirect cost recovery – specifically separation payments and salaries, and to address the 2025 salary gap for positions to be sustained in the next biennium. This measure is effective until the end of Q2 2026. Regional Offices are expected to work efficiently and finalize their plans for the use of these funds as soon as possible, ensuring alignment with the Organization's financial sustainability strategy. 	<ul style="list-style-type: none"> To ensure transparency and accountability, the Secretariat has been requested to provide regular updates from on the utilization of the allocated US\$ 410 million, including in the context of the ongoing organizational restructuring. These updates should help monitor the impact of this measure on programme delivery, staffing and overall organizational sustainability during the suspension period.
WHA78(21) EB156(34)	Global strategic directions for nursing and midwifery 2021–2025: extension	<ul style="list-style-type: none"> The extension of the global strategic directions for nursing and midwifery 2021–2025 until 2030 is welcomed. The Region faces significant shortages and other challenges in nursing. Strengthening nursing and midwifery is a regional priority, with special attention being paid to these professions in the flagship initiative on investing in a resilient and sustainable health workforce. 	<ul style="list-style-type: none"> Technical cooperation to strengthen nursing and midwifery in countries in implementing the strategy is ongoing in collaboration with the League of Arab States and the United Nations Population Fund (UNFPA). WHO seeks to create a community of practice to strengthen nursing and midwifery leadership in the Region.
WHA78(22) EB156(35)	Global strategy on digital health 2020–2025: extension	<ul style="list-style-type: none"> The extension of the global strategy is in line with the Region's priorities and needs. 	<ul style="list-style-type: none"> The decision is in line with the Regional Committee resolutions EM/RC69/8 and EM/RC71/R.6 on a regional strategy and enhancement and digitalization of national health information systems, respectively. Areas of need include: <ul style="list-style-type: none"> strengthening digital health governance, regulations, including cybersecurity and data protection measures for digital health applications; promoting and implementing digital health literacy initiatives; evaluating the impact of digital health interventions and building an investment case; ensuring equitable access to digital health services to address health disparities; implementing digital public infrastructure blueprints to support and link with the broader health ecosystem; building partnerships and knowledge sharing initiatives.
WHA78(23) EB156(36)	Global action plan on the public health response to	<ul style="list-style-type: none"> While some progress has been made in achieving global targets, for example, participation in the 	<ul style="list-style-type: none"> Member States are requested to accelerate progress across the plan's seven action areas

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	dementia 2017–2025: extension	Global Dementia Observatory by countries of the Region increased from 38% in 2020 to 57% in 2024, only one third of Member States in the Region have a national dementia plan, 22% are running dementia risk reduction campaigns, 31% have a dementia-friendly initiative, 27% can report on the dementia diagnostic rate and the relative dementia research output remains very low. It is hence clear that the global targets for the global action plan on the public health response to dementia 2017–2025 will not be met and for this reason the action plan is extended to 2031.	to address this crucial public health issue that can impact their developmental trajectories.
WHA78(26) EB156(33)	Updated road map for an enhanced global response to the adverse health effects of air pollution	<ul style="list-style-type: none"> Both indoor and outdoor air pollution levels are high in many countries of the Region. For example, the WHO global urban ambient air pollution database (2019 update) shows that for the period 2008–2019, levels of air pollution with particulate matter and nitrogen dioxides in the Region were the highest among WHO regions. In June 2023, WHO updated the regional plan of action on air quality and health (2024–2027) through a consultative process with Member States. The updated global roadmap offers a strategic and adaptable framework well-suited to the Region, particularly in addressing its unique challenge of natural dust pollution. By emphasizing the importance of building robust air quality monitoring systems and integrating health surveillance data, the roadmap helps mitigate the chronic data gaps faced by many of the Region's countries. Its flexible 50% reduction goal (measured against a 2015 baseline) acknowledges the vast differences in countries' starting points and capabilities, allowing nations to tailor actions based on their specific pollution sources, such as desert dust or urban emissions. This context-sensitive approach ensures that countries with limited infrastructure or high natural pollutant loads are not unfairly burdened, while still promoting ambitious, health-focused progress towards cleaner air. 	<ul style="list-style-type: none"> Member States are called on to actively support and accelerate the implementation of the updated WHO roadmap to address the health impacts of air pollution. Given the Region's heightened exposure to natural dust and widespread gaps in air quality data, Member States are urged to invest in the establishment and expansion of official air monitoring networks and integrate health impact indicators into national surveillance systems. Support is also needed to strengthen institutional capacity by incorporating air pollution and health risk education into medical and public health training curricula. Furthermore, Member States are encouraged to designate focal points within their ministries of health to lead cross-sectoral coordination and advocate for clean air policies, ensuring that national strategies reflect the Region's specific environmental challenges and diverse baseline conditions. Collective regional action, grounded in this roadmap, will be critical to achieving meaningful reductions in air pollution and protecting population health.
WHA78(27) EB156(40)	Global action plan on climate change and health	<ul style="list-style-type: none"> The Eastern Mediterranean Region is particularly vulnerable to climate change, with specific climate hazards such as sand and dust storms and extreme heat. 	<ul style="list-style-type: none"> The Regional Office is presenting a technical paper and draft resolution for the Regional Committee to guide the development of an enhanced regional operational framework on climate change and health in the Region. This new framework will build upon and align with

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		<ul style="list-style-type: none"> During the last few years, climate and health action has been increasing in the Region. Countries have been actively engaged in global initiatives and WHO-led initiatives such as the COP26 health programme and Alliance for Transformative Action on Climate and Health, which are supporting efforts to build climate-resilient and environmentally-sustainable health systems. In the Region, 15 countries/territories have committed to enhancing their health system adaptive capacity and/or environmental sustainability, and many have started foundational steps with climate change and health vulnerability and adaptation assessments and health national adaptation plans. While the adopted global plan of action was developed to expand this work and draw more support for it, a number of issues have been raised by Member States including insufficient consultation on the plan, with few regional comments and concerns being taken into consideration. 	<p>existing resolution EM/RC70/R.5 on climate change, health and environment: a regional framework for action, 2023–2029, while also incorporating priorities from the recently adopted global plan of action. To ensure the framework effectively addresses country-specific needs and concerns, WHO calls on Member States to actively participate in the development process. Member States' engagement is essential to shape a practical, country-driven framework that reflects regional priorities and supports national efforts on climate and health. In parallel, WHO urges Member States to continue advancing their ongoing work on climate change and health at the national level, maintaining momentum and building on progress achieved to date.</p>
DECISIONS OF REGIONAL INTEREST ADOPTED BY THE EXECUTIVE BOARD IN ITS AT ITS 156TH AND 157TH SESSIONS			
EB156(1)	Member State-led governance reform	<ul style="list-style-type: none"> The call for a sustainable model to represent Member States' interests, presents a strategic opportunity for countries in the Region to advocate for stronger regional voices in global governance discussions, potentially enhancing their influence in shaping WHO priorities and resource allocation. Countries currently serving on the Executive Board are particularly well-positioned to lead and coordinate these efforts, showcasing regional leadership and advancing health priorities such as emergency preparedness, health systems strengthening and NCD control. Additionally, the Director-General's commitment to supporting informal discussions with technical advice and logistic assistance offers a valuable avenue for the Region's Member States to build governance capacity and engage more actively in reform processes. To maximize impact, the Region's countries should also assess the relevance of the Agile Member States Task Group recommendations to regional needs and advocate for their implementation in alignment with regional health system goals. 	<ul style="list-style-type: none"> The Region's Member States are encouraged to actively engage in shaping the future of WHO governance by leveraging the current reform momentum to ensure that their national and regional health priorities are adequately represented. This includes taking leadership roles in coordinating discussions, contributing to the development of a sustainable model for Member State representation and ensuring that reform outcomes reflect the diversity of health system needs across regions. Member States should also prioritize transparency and inclusivity in these processes, advocate for the implementation of Agile Task Group recommendations that align with their strategic goals and utilize the technical and logistic support offered by the Secretariat to strengthen their capacity for meaningful participation. By doing so, Member States can help build a more responsive, equitable and effective WHO governance framework that better serves global and regional health objectives.

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EB156(3)	Terms of reference to strengthen the effectiveness of the functioning of the Officers of the Executive Board	<ul style="list-style-type: none"> The revised terms of reference for the Officers of the WHO Executive Board have important implications for the Eastern Mediterranean Region, particularly in enhancing regional representation and coordination. By encouraging officers to maintain close contact with Member States from their respective regions and consult on agenda-setting, the Region's countries gain a strategic opportunity to ensure their health priorities – such as emergency preparedness, health systems resilience and NCD control – are reflected in global governance discussions. The emphasis on technical expertise, ethical standards and leadership also incentivizes the Region's Member States to invest in capacity-building and nominate qualified individuals for officer roles, thereby strengthening their influence within WHO decision-making processes and fostering more inclusive and effective global health governance. 	<ul style="list-style-type: none"> Member States may wish to consider how the clarified roles and responsibilities of the Officers can enhance transparency, accountability and efficiency in WHO governance. The structured approach to agenda management, including criteria for evaluating new proposals and handling late documentation, offers Member States a clearer pathway for influencing the Board's work. Additionally, the emphasis on ethical standards and conflict-of-interest safeguards reinforces the importance of integrity in leadership roles. Member States are encouraged to engage early in the nomination process for officer positions, ensuring that candidates reflect both technical expertise and regional diversity. The inclusion of regional coordination as a shared function of the Officers also presents an opportunity for Member States to strengthen intraregional dialogue and ensure that regional health priorities are effectively communicated and addressed at the global level.
EB156(38)	International Health Regulations (2005): proposed procedure for the correction of errors in the text of the instrument	<ul style="list-style-type: none"> Clarifies the process for correcting textual errors in the IHR, which are foundational for health emergency preparedness and response. 	<ul style="list-style-type: none"> Member States are encouraged to review IHR-related documentation to ensure alignment with the corrected versions and apply revised procedures during national implementation and reporting.
EB156(39)	Standing Committee on Health Emergency Prevention, Preparedness and Response	<ul style="list-style-type: none"> Reinforces global governance mechanisms on health emergency preparedness, in which Member States in the Region are expected to engage. 	<ul style="list-style-type: none"> Member States should engage with the Standing Committee and align their emergency preparedness and response efforts with evolving global standards.
EB157(2)	WHO evaluation policy (2025)	<ul style="list-style-type: none"> The updated policy strengthens WHO's evaluation function as a critical element of accountability, learning and evidence-based decision-making. It aligns with the Region's push for more results-based management and transparency in programme delivery. The policy introduces improved evaluation coverage norms and clearer quality assurance mechanisms. This supports a more consistent approach across regions and encourages the Region's country offices and programmes to integrate evaluation earlier in planning cycles. For the first time, specific budget lines for evaluation are to be maintained through both assessed contributions and voluntary contributions. This formalizes the need for adequate resourcing, a long-standing gap that has limited country-level evaluations in the Region. 	<ul style="list-style-type: none"> Member State participation in evaluation design, recommendation follow-up and setting of learning priorities should be promoted, especially in complex or protracted emergencies. Evaluations should be embedded in WHO's regional strategic operational plan and flagship initiatives, with built-in learning loops to adapt delivery. Member States should urge the Secretariat to secure the newly introduced evaluation funding lines for country and regional offices, especially given current financial constraints. WHO will support its country offices in building staff capacity and planning systems for the routine use of evaluation findings in programme design and resource mobilization. WHO will leverage the improved evaluation function to contribute to independent assessments of progress under GPW14, aligning with the Region's call for stronger joint accountability mechanisms. Member States may request periodic updates on how global evaluation priorities are set, to ensure fair representation of country-driven and Region-specific themes.

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		<ul style="list-style-type: none"> • The updated policy enhances the systematic tracking and use of evaluation recommendations. This should encourage stronger follow-up in the Region's programmes and facilitate institutional learning at both country and regional levels. • The policy reaffirms the independence of the evaluation function, which is essential for credibility. There is strong support from Member States of the Region to avoid mergers with other oversight streams that could dilute evaluation independence within WHO. 	
EB157(9)	Process for nomination and appointment of Regional Directors	<ul style="list-style-type: none"> • The Regional Committees are invited to review the current practices and procedures for the nomination of Regional Directors and consider incorporation of measures. 	<ul style="list-style-type: none"> • The Regional Committee may consider further review of current practices and procedures for the nomination of the Regional Director and provide its views and recommendations with regards to the measures indicated in the annex to document EB157/8, as appropriate to its distinct situation and context, to further align and enhance the transparency, integrity and accountability of the election process of Regional Directors.