

Resolutions and decisions of regional interest adopted by the Seventy-fifth World Health Assembly and the Executive Board at its 150th and 151st sessions

Decision/ resolution no.	Title/ subject	Regional implications	Action/comments
RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SEVENTY-FIFTH WORLD HEALTH ASSEMBLY			
WHA75.1	Special arrangements for the settlement of arrears: Islamic Republic of Iran	<ul style="list-style-type: none"> A plan for the repayment of arrears was agreed for a 10-year period from 2022 to 2031. Voting rights were restored. 	<ul style="list-style-type: none"> Rescheduled assessments must be paid annually on time or voting rights will be automatically lost. Regular assessments must also be kept up to date to avoid the invocation of Article 7 on loss of voting rights if more than two full years remain unpaid.
WHA75.2	Special arrangements for the settlement of arrears: Sudan	<ul style="list-style-type: none"> A plan for the repayment of arrears was agreed for a 3-year period from 2023 to 2025. Voting rights were restored. 	<ul style="list-style-type: none"> Rescheduled assessments must be paid annually on time or voting rights will be automatically lost. Regular assessments must also be kept up to date to avoid the invocation of Article 7 on loss of voting rights if more than two full years remain unpaid.
WHA75.5	Revision of the Programme budget 2022–2023	<ul style="list-style-type: none"> Of the 30% (US\$ 140.2 million) increase in the Programme budget for the Region, 87% (US\$ 101.4 million) provides an increase under strategic priority 2 (Addressing health emergencies) to accommodate the emerging needs of countries, especially those experiencing emergency and humanitarian situations. A number of priority countries in the Region (of 30 priority countries globally) will receive additional budget under strategic priorities 1 and 3; identification of the countries will be based on criteria to be agreed corporately. The Region will be able to bolster its efforts to support countries specifically for health emergency preparedness, detection and rapid response, which are the key strategic deliverables under strategic priority 2. WHO's overall financing situation in the Region will require enhanced efforts to mobilize additional resources to finance and operationalize the additional strategic deliverables linked to the budget increase. 	<ul style="list-style-type: none"> The proposed budget increase for strategic priorities 1 and 3 will be at country and regional levels only and aims to expand and intensify integrated support for 30 countries across the six WHO regions that lag behind on universal health coverage, including several fragile, conflict-affected and vulnerable countries. Currently, corporate criteria on the identification of these countries is being discussed. The budget increase under strategic priority 2, which is 87% of the increase in the Region will focus on strengthening WHO capacities at the national level.
WHA75.6 EB150.R4	Extending the Thirteenth General Programme of Work, 2019–2023 to 2025	<ul style="list-style-type: none"> Extending the Thirteenth General Programme of Work, 2019–2023 (GPW 13) by two years to 2025 would allow WHO to intensify its efforts to support countries in the Region to recover from the impact of the pandemic and accelerate progress towards the achievements of the GPW 13's triple billion targets and the SDGs. This will set the direction for WHO's development of the regional Programme Budget 2024–2025 through a consultative process with Member States and partners, driven by country priorities yet guided by global and regional strategic directions, and robust evidence on the needs of countries and what strategies work in specific contexts, with a focus on delivering impact in countries through investing in country office capacities. WHO will need to focus on those areas with low coverage and slow progress in countries to accelerate impact. 	<ul style="list-style-type: none"> Member States will be actively engaged in the Programme Budget 2024–2025 country prioritization consultation process, which will be coordinated by WHO country offices to identify evidence-backed areas that need acceleration with WHO's support to bridge the gap in progress towards achieving GPW 13's triple billion targets and the SDGs. To accelerate progress, with WHO's support, Member States are encouraged to: <ul style="list-style-type: none"> – implement data- and evidence-driven delivery approaches, track acceleration and resource high-impact policy solutions; – promote integrated approaches to build stronger health systems and primary health care in countries; – identify and apply ready-to-scale innovations; – incentivize partnerships and multilateral collaboration; and – explore innovative financing for public health.

Decision/ resolution no.	Title/ subject	Regional implications	Action/comments
WHA75.7	Strengthening WHO preparedness for and response in cities and urban settings	<ul style="list-style-type: none"> National action plans for health security are overarching plans for health security. Member States are encouraged to review and update their plans to reflect the lessons learned from the COVID-19 response, taking into account the regional plan of action for ending the pandemic and preventing future health emergencies endorsed by the 68th session of the Regional Committee, and with an emphasis on urban settings. Member States should have health emergency preparedness and response plans for urban settings integrated into national health emergency preparedness and response plans. 	<ul style="list-style-type: none"> The resolution highlights the need to enhance preparedness and response to health emergencies in urban settings. It identifies the following elements for consideration: political commitment, adequate resources, multisectoral collaboration, and health emergency preparedness and response plans for urban settings. It highlights the importance of conducting simulation exercises to test the functionality of the plans and intra- and after-action reviews to review the response to health emergencies in urban settings.
WHA75.8	Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination	<ul style="list-style-type: none"> There is growing interest in clinical research and clinical trials amongst Member States in the Region, especially since the COVID-19 pandemic, including for management (e.g. old versus new drugs) and prevention (e.g. traditional versus mRNA vaccines). National capacities in clinical research methods and ethics need to be enhanced to respond to this interest. Regional hubs for clinical research need to be mapped, identified and supported for future needs and funding. 	<ul style="list-style-type: none"> Several Member States in the Region have participated in global clinical trials and activities, such as COVID-19 solidarity trials. WHO supports four ongoing COVID-19 vaccine-effectiveness studies in four Member States of the Region. WHO supports the development and fostering of national ethics/bioethics committees in Member States, working closely with its sister United Nations agencies, especially UNESCO. WHO supported large-scale COVID-19 sero-surveillance surveys in 14 Member States of the Region. WHO held a workshop on clinical trials and medical research ethics and four regional capacity-building workshops on the conduct of large-scale vaccine-effectiveness studies. WHO is supporting the development of national primary registries for clinical trials under the umbrella of the WHO International Clinical Trials Registry Platform.
WHA75.9 EB150.R5	Scale of assessments 2022–2023	<ul style="list-style-type: none"> The new scale of assessments for 2022–2023 results in a decrease for most Member States of the Region, including Afghanistan, Egypt, Iran (Islamic Republic of), Iraq, Kuwait, Lebanon, Libya, Oman, Pakistan, Qatar, Syrian Arab Republic, Tunisia and Yemen, with increases for Bahrain, Jordan, Saudi Arabia and United Arab Emirates. Djibouti, Morocco, Somalia and Sudan are unchanged. 	<ul style="list-style-type: none"> Notices of Assessment are available on the WHO website at: https://www.who.int/about/funding/assessed-contributions. The revised scale will apply prospectively; therefore, it will not impact already issued assessments for 2022, but will be effective from 2023. Assessments are due on 1 January of the year to which they relate. Payments may be made in advance.
WHA75.10 EB150.R6	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"> The voting rights of five Member States of the Region were suspended at the time of the opening of the Seventy-fifth World Health Assembly (Afghanistan, Islamic Republic of Iran, Somalia, Sudan and Yemen). A payment plan to reschedule assessments was accepted by the Health Assembly for Islamic Republic of Iran and Sudan (see above) such that voting rights were restored. The Health Assembly approved a resolution suspending the voting rights of Lebanon and Libya as of the opening of the Seventy-sixth World Health Assembly due to arrears in payment of their regular assessments. 	<ul style="list-style-type: none"> Member States are encouraged to settle arrears of contributions as early as possible to avoid inclusion in the resolution and ultimately loss of voting rights. Statements of Account may be obtained from the WHO website at: https://www.who.int/about/funding/assessed-contributions. These statements provide a complete picture of each Member State's assessments, receipts and balance outstanding, and are updated periodically. No new statements are produced if there has been no activity on the account. Where Member States are encountering difficulties in settling arrears of regular contributions, they are encouraged to submit a proposal for special arrangements to reschedule payment well in advance of the Seventy-sixth World Health Assembly to permit consideration by the Programme, Budget and Administration Committee for recommendation to the Health Assembly. Member States with rescheduled assessments are reminded that these must be settled in full every year along with the

Decision/ resolution no.	Title/ subject	Regional implications	Action/comments
			<p>regular assessment to avoid the automatic loss of voting rights.</p> <ul style="list-style-type: none"> Member States slated to lose voting rights as of the opening of the Seventy-sixth World Health Assembly must fully settle their arrears from 2019 and have made at least a partial payment towards 2020 before the opening of the Health Assembly to avoid the loss of voting rights at that time.
WHA75.11	Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression	<ul style="list-style-type: none"> The resolution lays out the potential regional and global health impacts and other implications of the Russian Federation's military aggression against Ukraine: these include, inter alia, significant numbers of refugees fleeing Ukraine; the risks of radiological, biological and chemical events and hazards; and the exacerbation of an already significant global food security crisis. The enormous scale of the crisis in Ukraine and surrounding refugee-hosting countries will likely divert humanitarian funding away from other crises, including the nine humanitarian response plans in the Eastern Mediterranean Region. Political advocacy and funding for humanitarian response in the Region will become harder with the increasing humanitarian needs globally; numbers in need have increased by 80% over the past 2.5 years. 	<ul style="list-style-type: none"> The resolution was prompted by the Russian Federation's military aggression against Ukraine. The resolution: condemns the aggression; draws attention to the health implications for the Ukrainian people; and urges the Russian Federation to immediately cease attacks on health and abide by the Geneva Conventions. The resolution encourages Member States to contribute to the WHO emergency appeal and to support the United Nations-led response to address health and other urgent needs. The resolution calls on the Director-General to provide support to: facilitate an effective humanitarian response; ensure that the response adheres to best practices; support the refugee health response in surrounding countries; document attacks against health care; and report to the Seventy-sixth World Health Assembly.
WHA75.12 EB150(3)	Amendments to the International Health Regulations (2005)/ Strengthening the International Health Regulations (2005): a process for their revision through potential amendment	<ul style="list-style-type: none"> The amendments to Article 59 of the IHR (2005) aim to accelerate the process of revising the IHR (2005), including through implementation, compliance and amendments. This was noted during the discussions of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. Member States are urged to take all appropriate measures to consider potential amendments to the IHR (2005), with the understanding that this would not lead to reopening the entire instrument for renegotiation. 	<ul style="list-style-type: none"> Changes are made to Article 59 of the IHR (2005) to reduce the period of entry into force from 24 to 12 months and the period for rejection or reservations from 18 to 10 months. Updates are made to Articles 55, 61, 62, and 63 to reflect the amendments to Article 59. The United States of America submitted a proposal to amend other articles in January 2022. It was noted during the Seventy-fifth World Health Assembly that further time was needed for Member State discussions of the proposed amendments. Another proposal was made by the Russian Federation on behalf of the Eurasian Economic Union Member States. This was submitted on 22 April but was not discussed during the Seventy-fifth World Health Assembly as it did not comply with the 4-month period identified in Article 55.
WHA75.13	Global strategy on infection prevention and control	<ul style="list-style-type: none"> The Region faces major challenges in infection prevention and control but WHO has been highly proactive in catalysing progress. 	<ul style="list-style-type: none"> WHO will need to organize a regional consultation on the draft global infection prevention and control strategy. A summary of the global strategy will be available in December 2022. The consultation could then be organized early in 2023.
WHA75.16	Agreement between the World Health Organization and the International Development Law Organization	<ul style="list-style-type: none"> The need for and applicability of the agreement is highly relevant to the regional context as the legislative frameworks required to effectively advance and ensure public health are not well developed/implemented in many countries of the Region. Countries in active or protracted conflict present a challenge but also possibly an opportunity to work on developing structures and mechanisms to promote the right to health. As health law, pandemic preparedness and universal health coverage are major areas of collaboration, the relevant departments of the WHO Regional Office will need to review the agreement and, in consultation with WHO headquarters' counterparts, define the next steps in operationalizing it at the regional and country levels. 	<ul style="list-style-type: none"> The rule of law is an important tool to promote the right to health of populations through legislation and regulations governing such matters. Many States do not have the legislative frameworks required to effectively advance and ensure the right to health. The International Development Law Organization (IDLO) is an international organization established in 1988 to promote the rule of law in order to advance peace and sustainable development. The objectives of the collaboration agreement between IDLO with WHO are to promote basic human rights, including the right to health, and to promote the rule of law for sustainable development.

Decision/ resolution no.	Title/ subject	Regional implications	Action/comments
		<ul style="list-style-type: none"> • Technical engagement and support should be respectful of sociocultural contexts in promoting human rights principles, values, and national and international commitments. • To ensure effective engagement, any interaction with national entities to promote the right to health and rule of law for sustainable development should be coordinated through WHO country offices and in consultation with the WHO Regional Office's roster of global and regional experts. 	<ul style="list-style-type: none"> • The collaboration will enable stronger support to Member States on matters including but not limited to health law, pandemic preparedness and universal health coverage. • The collaboration will be enabled through relevant regional and country mechanisms and platforms. • WHO country offices will work with IDLO counterparts for effective coordination with national entities at the country level.
WHA75.17	Human resources for health	<ul style="list-style-type: none"> • The resolution calls on Member States to implement the Working for Health 2022–2030 Action Plan, enhance protection and safeguarding for health workers and invest in the health workforce, all of which are relevant to the Region. • Six Member States from the Region are included in the WHO Health Workforce Support and Safeguards List of countries facing the most pressing health workforce challenges related to universal health coverage. • Addressing health workforce issues in the Region in a strategic way and increasing investment are critical. The increasing international mobility of health professionals is another concern in the Region. 	<ul style="list-style-type: none"> • WHO will provide Member States with technical support for: <ul style="list-style-type: none"> – health labour market analysis and strategic building; – capacity-building on health workforce governance; – capacity-building for health labour market analysis; – policy dialogues on health workforce; – policy dialogues on international health professionals' mobility; and – developing health workforce competencies to deliver essential public health functions.
WHA75.18	Outcome of the SIDS Summit for Health: For a Healthy and Resilient Future in Small Island Developing States	<ul style="list-style-type: none"> • Small island developing States (SIDS) are among the countries most vulnerable to climate shocks and disasters and to the devastating associated health, environmental, economic and social impacts. • In the Eastern Mediterranean Region, only Bahrain is an island State but is not a least developed country. Other (non-island) countries in the Region are also vulnerable to the health effects of climate change, including the increased average temperatures, an increased incidence and severity of extreme weather and heatwave events (such as floods, cyclones, storm surges and drought), sea-level rises, higher fresh-water temperatures and salinity, and decreased availability of water and food. • The resolution is relevant to achieving progress on the SDGs, GPW 13 and WHO universal health coverage, climate change and health, and disease control and prevention strategies and plans, including regional strategies and plans of action. 	<ul style="list-style-type: none"> • The SIDs Summit aimed to support progress on the health-related SDGs and to promote and support a healthy and green recovery from COVID-19, critical steps towards universal health coverage, more robust and climate-resilient and environmentally-sustainable health systems and better health outcomes, especially for the most vulnerable people in SIDS. • However, support needs to be extended to those similarly vulnerable settings and adversely affected Member States in the Region and beyond. • Member States should support the SIDS initiative, including WHO's manifesto for a healthy and green recovery from the COVID-19 pandemic and the recently launched Alliance on Transformative Action on Climate and Health (ATACH) for building climate resilient and sustainable health systems. • WHO is supportive of this timely initiative, and committed to providing technical support for its success.
WHA75.19	Well-being and health promotion	<ul style="list-style-type: none"> • The Director-General is requested to develop, within the mandate of WHO, a framework on achieving well-being, building on the 2030 Agenda for Sustainable Development with the 17 Sustainable Development Goals and identify the role that health promotion plays within this, in consultation with Member States, for consideration by the Seventy-sixth World Health Assembly in 2023, through the Executive Board at its 152nd session. • As part of this framework, WHO will develop an implementation and monitoring plan that includes identifying and supporting the translation into practice of innovative approaches for well-being using health promotion tools, new technologies and approaches to contribute to the WHO general programme of work. • WHO will provide support to Member States to strengthen their governance, financing, human resources, evidence generation, data disaggregation and research structures for well-being and health promotion. 	<ul style="list-style-type: none"> • Member States are urged to: <ul style="list-style-type: none"> – strengthen health promotion and disease prevention through high-impact public policies across sectors; – strengthen the health system and empower the health workforce, including by base and continuous training, in the provision of health promotion, disease prevention and health communication at all levels of health services; – develop enabling environments conducive to health by addressing determinants of health across sectors and reducing risk factors; – accelerate efforts to ensure healthy lives and promote well-being and universal health coverage by 2030 for all throughout the life course; – consider taking steps to include basic health knowledge in curricula to ensure that everybody has an appropriate level of health literacy and implement effective, high-impact, quality-assured, people-

Decision/ resolution no.	Title/ subject	Regional implications	Action/comments
			<p>centred, gender-, disability- and health literacy-responsive, equity-oriented and evidence-based interventions, mindful of cultural contexts to meet the health needs of all throughout the life course;</p> <ul style="list-style-type: none"> – support the establishment, as appropriate, of mechanisms for generating, gathering and sharing evidence for developing high-impact policies to promote and protect people’s physical, mental and social well-being and comprehensively address structural, social, economic, environmental and other determinants of health by working across all sectors through a whole-of-government, whole-of-society and Health in All Policies approach – establish governmental, regional, subregional and local structures responsible for population-level health promotion, with sustainable financing and continuous reporting; and • promote health and well-being through coordinated and multisectoral action throughout the life course and by providing conditions for people to access and enjoy clean and safe water, healthy food from sustainable food systems, clean air, tobacco-free environments and social participation, free from all forms of discrimination and inequalities and where all people are able and empowered to take responsibility for their own health and well-being.
WHA75.20 EB150.R3	The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections	<ul style="list-style-type: none"> • The resolution was only “noted” and not endorsed, as a number of Members States, including most Member States of the Region, opposed the language on comprehensive sexual education and gender. This weakens the mandate in the Region and creates the need for a political consensus on actions needed and language. 	<ul style="list-style-type: none"> • The draft of a regional action plan will be ready by September 2022. WHO needs to organize a consultation with its Member States to secure endorsement of a regional plan, including a consensus on language.
DECISIONS OF REGIONAL INTEREST ADOPTED BY THE SEVENTY-FIFTH WORLD HEALTH ASSEMBLY			
WHA75(9)	Strengthening WHO preparedness for and response to health emergencies	<ul style="list-style-type: none"> • The decision aims to facilitate Member States’ discussion and accelerate the process of identifying targeted amendments of the International Health Regulations (IHR) (2005). • It establishes a platform for coordination between IHR-related amendments and the development of a new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. • Member States are encouraged to provide feedback on the proposed amendments during the Member States’ meetings organized by the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. 	<ul style="list-style-type: none"> • The Working Group on Strengthening WHO Preparedness and Response to Health Emergencies will continue, with a revised mandate and name (the “Working Group on Amendments to the IHR (2005)” (WGIHR)), to work exclusively on consideration of the proposed amendments to the IHR. • Proposed amendments to be submitted by 30 September 2022. • The WHO Director-General will establish an IHR review committee no later than 1 October 2022 to look into all proposed amendments. • The IHR review committee to submit a report to the WGIHR by 15 January 2023. • The WGIHR will coordinate its work with the INB. • The WGIHR to submit a proposed package of targeted amendments, taking into account the report of the IHR Review Committee, for consideration by the Seventy-seventh World Health Assembly. • Director-General to submit a report on progress to the Seventy-sixth World Health Assembly.

Decision/ resolution no.	Title/ subject	Regional implications	Action/comments
WHA75(10)	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	<ul style="list-style-type: none"> The decision makes 11 requests of the Director-General, taking note of the report submitted by the Director-General to the Seventy-fifth World Health Assembly. The requests are generally consistent with those made in previous decisions and include (among others) to: report, based on field monitoring and assessment, on progress on the implementation of the recommendations contained in the report on the health conditions in the occupied Palestinian territory, including East Jerusalem, and in the occupied Syrian Golan; support the Palestinian health sector through a health systems strengthening approach; ensure sustainable procurement of WHO prequalified medicines and medical products; ensure equitable access to COVID-19 vaccines; ensure respect for and protection of wounded individuals and the Palestinian health system; assess the extent and nature of psychiatric morbidity among the population; and continue strengthening partnership with other United Nations agencies and partners to enhance humanitarian health response capacities. 	<ul style="list-style-type: none"> The decision makes a specific request "to report, based on field assessments conducted by WHO, on the health conditions of the Syrian population in the occupied Syrian Golan, including prisoners and detainees, and ensure their adequate access to mental, physical and environment health, and to report on ways and means to provide them with health-related technical assistance".
WHA75(11) EB150(4)	Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases	<ul style="list-style-type: none"> The updated regional framework for action on NCDs (2019) provides direction to Member States for operationalizing the UN political declaration on NCDs. The four parameters of the framework provide guidance that aligns with the new implementation roadmap 2023–2030 for the global action plan for the prevention and control of NCDs 2013–2030, as well as other recommendations of the Seventy-fifth World Health Assembly addressing strengthening diabetes responses, accelerating progress towards elimination of cervical cancer, obesity management and strengthening NCD services within emergency contexts. WHO will provide the required technical support to Member States to enable progress on these commitments. 	<ul style="list-style-type: none"> Monitoring of progress within Member States continues through country capacity surveys, STEPWISE surveys and impact reviews, among other various modalities. Activation of multisectoral committees is needed to enable joint accountability and action to address NCD prevention. Regional Committee resolution RC68/R5 on addressing diabetes as a public health challenge in the Eastern Mediterranean Region (2021) reinforces regional efforts on diabetes and close monitoring of implementation is underway. A regional cervical cancer strategy has been drafted in close consultation with Member States and stakeholders and will be presented as a pre-conference paper at the Sixty-ninth session of the Regional Committee. The WHO Regional Office will host a global/regional meeting on NCDs in emergencies (13–15 Dec 2022) to promote the integration of NCD essential services within emergency preparedness and response plans. Member States need to assess and reinforce their efforts ahead of the 152nd session of the WHO Executive Board (January 2023), where progress on implementing the UN political declaration on NCDs will constitute a major agenda item.
WHA75(13)	Human resources: annual report	<ul style="list-style-type: none"> No implications for the Region. The Health Assembly decided to defer a decision on the proposed application of a housing allowance for the Director-General as presented in the Annex to document A75/31 to the Seventy-sixth World Health Assembly in 2023. 	<ul style="list-style-type: none"> For information and future reference. No further action required.
WHA75(14)	WHO programmatic and financial reports for 2020–2021, including audited financial statements for 2021	<ul style="list-style-type: none"> These reports reflect WHO's accountability for results, in the context of the unprecedented level of contributions received and programme implementation delivered in 2020–2021. Despite the COVID-19 pandemic response, WHO was able to deliver on its commitments in the Region, making every effort to implement the approved programme budget. There is strengthened accountability for WHO in the Region, contributing to the overall accountability of WHO. Moving forward, WHO will have to focus its efforts in the Region towards recovering progress towards the SDGs and for pandemic preparedness. WHO will have to translate the five priorities into action and results and to strengthen support to countries according to their current status regarding the triple billion targets and the SDGs. 	<ul style="list-style-type: none"> The Programme Budget 2020–2021 broke all records for programme budget funding and implementation, with the highest level of contributions received and the highest levels of programme implementation delivered. The scale of operations in the Region in 2020–2021 was among the largest, contributing to the overall unprecedented levels of financing and implementation, especially in the emergency operations and appeals segment. The focus of the budget and funding was on country-level priority outcomes. High-priority outcomes were allocated 87% of the total budget and 86% of resources.

Decision/ resolution no.	Title/ subject	Regional implications	Action/comments
		<ul style="list-style-type: none"> Regional efforts to advocate for sustainable financing are an essential foundation for delivering results. 	<ul style="list-style-type: none"> However, disaggregation reveals that although total funding available in the Region was 106% of the approved Programme Budget, some outcomes were underfunded, such as outcomes 1.2, 1.3, 3.3 and 4.1. This underscores the importance of having sustainable financing to reduce the chronic lack of funding in certain areas of work.
WHA75(15)	Appointment of representatives to the WHO Staff Pension Committee	<ul style="list-style-type: none"> No implications for the Region. Five members (from the delegations of Germany, Mongolia, Rwanda, Sudan and USA) were appointed. 	<ul style="list-style-type: none"> For information and future reference. No further action required.
WHA75(16)	Report of the External Auditor	<ul style="list-style-type: none"> No implications of regional scope. 	<ul style="list-style-type: none"> The Health Assembly accepted the report of the External Auditor, which expressed an unqualified audit opinion on WHO's financial statements for 2021. Slow progress was noted in organizational transformation and the auditors issued several recommendations in this regard.
WHA75(17)	Availability, safety and quality of blood products	<ul style="list-style-type: none"> Many countries in the Region face challenges related to the availability, safety and quality of blood products, including: gaps in policies, governance and financing for the national blood system; insufficient collection and availability of blood for transfusion; deficiencies in control measures to assure quality and safety; suboptimal clinical practices; and the absence of effective haemovigilance systems. 	<ul style="list-style-type: none"> WHO will provide support to Member States to strengthen national blood systems to improve the availability, safety and quality of blood products and to foster coordination and collaboration with the relevant stakeholders and partners.
WHA75(18)	Human organ and tissue transplantation	<ul style="list-style-type: none"> Transplantation of human organs, tissues and cells has increased in most countries in the Region and legal provisions are in place in many countries. Regulation of human organ and tissue transplantation is weak or absent in the Region. Ethical and regulatory requirements need to be implemented to ensure the quality, safety and efficacy of transplantation for recipients while protecting donors. There is a need to develop regulations and guidelines to prevent organ trafficking in the Region. 	<ul style="list-style-type: none"> Member States, with WHO support, need to implement or strengthen regulation of the transplantation of human organs, tissues and cells to ensure quality, safety and efficacy. Procurement management for transplantation needs to be strengthened, including ethical requirements and legal provisions, donor management, organ procurement and quality assessment.
WHA75(19)	Traditional medicine	<ul style="list-style-type: none"> Herbal products lack sufficient regulation and published requirements in many countries of the Region. Unregulated herbal products are highly available and direct-to-consumer advertising takes place in retail outlets, through satellite television channels and by other means. Most countries of the Region lack a national policy on traditional and complementary medicine. 	<ul style="list-style-type: none"> There is a need for greater attention to research, education and training in traditional and complementary medicine (T&CM) by governments and academic institutions. There is a need for formal education for T&CM practitioners. There is a need to strengthen the capacity of medicine quality control laboratories for testing herbal products. WHO will provide technical support to strengthen national regulatory authorities in different areas, including quality and safety of herbal products and support them to participate in the International Regulatory Cooperation for Herbal Medicines (IRCH) network. WHO will provide policy direction to Member States on how to integrate T&CM services within national and/or subnational health care system(s), as well as technical guidance to ensure the safety, quality and effectiveness of these services. WHO will promote international cooperation and collaboration in the area of T&CM in order to share evidence-based information.
WHA75(20)	Public health dimension of the world drug problem	<ul style="list-style-type: none"> The regional framework for action to strengthen the public health response to substance use, adopted by the Sixty-sixth session of the WHO Regional Committee for the Eastern Mediterranean, is organized across the five domains of governance, health sector response, promotion and prevention, monitoring and surveillance, and international cooperation. 	<ul style="list-style-type: none"> WHO's regional substance use atlas 2021 maps current capacities and resources available for governance, health sector response, promotion and prevention, monitoring and surveillance, and international cooperation to address substance use and its disorders. It will serve as the baseline for regular reporting to the Regional Committee.

Decision/ resolution no.	Title/ subject	Regional implications	Action/comments
		<ul style="list-style-type: none"> WHO continues to support Member States in implementing the framework and “best buy” interventions, and to scale up prevention and treatment services and increase their coverage through promoting regional and international cooperation. 	<ul style="list-style-type: none"> Human resources and health facilities for the prevention of substance use and treatment of substance use disorders, using the available tools and guidance on international standards, are limited in the Region and dedicated resources are needed. Access needs to be improved to controlled medicines for medical and scientific purposes, including for pain management and palliative care, while setting up mechanisms to prevent their diversion, misuse and abuse in line with international drug control conventions. Opioid agonist maintenance treatment for opioid use disorders, measures for overdose prevention and harm reduction services need scaling up in the Region.
WHA75(21) EB150(7)	Maternal, infant and young child nutrition	<ul style="list-style-type: none"> The Director-General is requested to develop guidance for Member States on regulatory measures aimed at restricting the digital marketing of breast-milk substitutes, so as to ensure that existing and new regulations designed to implement the International Code of Marketing Breast-milk substitutes and subsequent relevant Health Assembly resolutions adequately address digital marketing practices. The WHO Strategy on nutrition for the Eastern Mediterranean Region 2020–2030, calls for full implementation of the International Code as a priority action. Most countries in the Region have taken some steps to regulate the marketing of breast-milk substitutes, including putting some of the provisions of the International Code into law. However, full implementation is still needed and there is great scope to improve enforcement of the law and an increase in sanctions and penalties for violation. 	<ul style="list-style-type: none"> On 15 June 2022, the regional directors of the United Nations Children’s Fund (UNICEF), the Food and Agriculture Organization of the United Nations (FAO), the World Food Programme (WFP) and the World Health Organization (WHO) jointly convened a virtual high-level meeting to accelerate action on maternal and child undernutrition in the Middle East and North Africa, Eastern Mediterranean and Arab Regions, with a particular focus on Afghanistan, Djibouti, Lebanon, Pakistan, Somalia, Sudan, Syrian Arab Republic and Yemen. Participants recognized the urgent need to accelerate action and participating Member States and United Nations agencies endorsed a call to action to address maternal and child undernutrition in the Middle East and North Africa, Eastern Mediterranean, and Arab Regions, which notes that legislative measures are needed to regulate the marketing of breast-milk substitutes and calls for actions at the policy level to protect and promote optimal breastfeeding and age-appropriate and adequate complementary feeding, and for policies to incentivize changes in the food supply and regulatory instruments to promote a healthy diet. There was strong support for continued close cooperation going forward, and the next steps will be to operationalize the commitments and secure the necessary resources.
WHA75(22) EB150(8)	WHO global strategy for food safety	<ul style="list-style-type: none"> Countries in the Region, especially with the onset of climate change, are facing a significant burden of foodborne diseases and outbreak investigation due to weak food regulations, preventive enforcement and inspection, a lack of multisectoral coordination and unsound practices in food production and local delivery. This is reflected in the high level of cross-border rejection for food commodities exported from the Region to the European Union and the USA; a special focus is needed on domestic control of food safety “from farm to fork”. 	<ul style="list-style-type: none"> Member States are called on to implement the WHO global strategy for food safety, emphasizing the leadership of ministries of health and WHO, in partnership with FAO, and in coordination with national and international stakeholders. WHO will support countries to develop/enhance their food safety systems comprehensively (from farm-to-fork), carry out national assessments (utilizing the FAO/WHO assessment tool), monitor food commodities, promote the Codex Alimentarius, and include foodborne diseases risk assessment and burden estimates in disease surveillance and outbreak preparedness, investigation and response programmes, in close coordination with IHR (2005) implementation.
WHA75(23) EB150(9)	Reducing public health risks associated with the sale of live	<ul style="list-style-type: none"> The COVID-19 pandemic stems from the introduction of the novel coronavirus, SARS-CoV-2, into human populations. Although the specific mechanism of SARS-CoV-2 emergence has not been definitively identified, interactions may have occurred that allowed for cross- and perhaps multiple-species pathogen transmission. 	<ul style="list-style-type: none"> Significant problems can arise when traditional food markets allow the sale and slaughter of live animals, especially wild animals which cannot be properly assessed for potential risks, in areas open to the

Decision/ resolution no.	Title/ subject	Regional implications	Action/comments
	wild animals of mammalian species in traditional food markets – infection prevention and control	<ul style="list-style-type: none"> In recognition of the repeated emergence of zoonotic diseases and the linkages of some of them along the value chain of the wildlife trade, the Quadripartite (WHO, FAO, OIE and UNEP) in April 2021 developed interim guidance on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets. The interim guidance includes recommendations for national authorities to adopt. These include: enact regulations to suspend live wild animal sales in traditional food markets; improve standards of hygiene and sanitation in traditional food markets to reduce the risk of transmission of zoonotic diseases and person-to-person transmission of disease; develop food regulations to control the farming and sale of wild animals that are intended to be placed on the market for human consumption; conduct training of food and veterinary inspectors in the compliance and enforcement of new regulations; strengthen surveillance systems for zoonotic pathogens; and develop food safety information campaigns for market traders, stakeholders and consumers. The Decision is directed to the Secretariate to update the interim guidance and develop a plan of action to facilitate its implementation at country level. 	<p>public. Most emerging infectious diseases, such as Lassa fever, Marburg virus disease, Nipah viral infection and other viral diseases, have wildlife origins.</p> <ul style="list-style-type: none"> Zoonotic disease risks vary among different animal species and different farming and marketing systems. Therefore, a risk assessment is required to determine appropriate risk management strategies. Captured wild mammals are likely to carry agents of zoonotic infections that may go undetected and affect humans who are exposed to them. Using the One Health approach should facilitate the implementation of the recommendations and related plan of action.
WHA75(24) EB150(5)	Global Health for Peace Initiative	<ul style="list-style-type: none"> The Health for Peace approach to programming can apply to all fragile, conflict-affected and vulnerable settings, as well as to other similar contexts, including post-conflict settings where social cohesion, resilience and trust need to be sustained and conflict prevented. The Health for Peace approach is relevant to emergency responses as well as to health system strengthening programmes and supports the promotion of cross-cutting principles such as equity, inclusiveness, participation and localization. Health for Peace interventions can work across different levels or “tracks” depending on the objectives pursued and the type of actors involved at the community and political levels. 	<ul style="list-style-type: none"> Member States will be consulted on implementation of the proposed ways forward and the development of a roadmap for the Global Health for Peace Initiative. The suggested priorities for the way forward are: <ul style="list-style-type: none"> updating WHO’s global strategy in respect of the Health for Peace approach, in a consultative manner and in line with the outcome of the discussions at the 150th session of the Executive Board; generating additional evidence on the impact of Health for Peace projects via the development of strong monitoring, evaluation and learning frameworks for such projects; developing awareness and capacities to implement the Health for Peace approach through the delivery of training and technical support across the three levels of WHO; and engaging with Member States on the Global Health for Peace Initiative through high-level advocacy work, in order to facilitate the mainstreaming of the Health for Peace approach by WHO and Member States into public health policies or programmes.
WHA75(25) EB150(10)	Standardization of medical devices nomenclature	<ul style="list-style-type: none"> Several naming systems for medical devices exist in the Region and are used by different groups of professionals depending on the needs of that particular group, such as for maintenance, procurement, accounting, stock keeping, regulatory affairs, adverse medical device events reporting or customs operations. This multiplicity of systems makes communication difficult between individuals and organizations and hampers the management and regulation of medical devices and therefore access to them. Standardization of medical devices nomenclature will create a common international language for recording and reporting medical devices across the whole health system at all levels of health care for a range of uses. Standardization of medical devices nomenclature will be useful to: facilitate functional inventories; allow monitoring and evaluation of the use of medical devices; provide elements for unique device identification; track usage of implantable medical devices; follow donated and/or refurbished equipment; facilitate market authorization and streamline trade; compare prices and technical characteristics; and assign customs coding and manage the taxation of products. 	<ul style="list-style-type: none"> Standardization of medical devices nomenclature is needed for the benefits packages for universal health coverage and would support common referencing in electronic health records and other health information systems. Member States are encouraged to support the development of an international classification, coding and nomenclature system that would support patient safety and allow comparisons and measurement of the availability of medical devices and assessment of access to devices in the community using health facility assessments tools.

Decision/ resolution no.	Title/ subject	Regional implications	Action/comments
RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE EXECUTIVE BOARD IN ITS 150TH SESSION			
EB150.R7	Confirmation of amendments to the Staff Rules: remuneration of staff in the professional and higher categories	<ul style="list-style-type: none"> The United Nations General Assembly at its Seventy-sixth session approved that the revised base/floor salary scale and the updated pay protection points for the professional and higher categories should be increased by 0.92% through the standard consolidation method of increasing the base salary and commensurately decreasing post adjustment multiplier points, resulting in no change in net take-home pay, with effect from 1 January 2022. The Executive Board in its 150th session confirmed the amendments to the Staff Rules made by the Director-General with effect from 1 January 2022 concerning the remuneration of staff in the professional and higher categories. 	<ul style="list-style-type: none"> For information and future reference. No further action required.
EB150.R9	Confirmation of amendments to the Staff Rules: education grant	<ul style="list-style-type: none"> The United Nations General Assembly at its Seventy-sixth session decided to adjust the education grant sliding reimbursement scale upward by 14.0% for implementation from the school year in progress on 1 January 2022. The Executive Board in its 150th session confirmed the amendment to the Staff Rules made by the Director-General with effect from the school year in progress on 1 January 2022. 	<ul style="list-style-type: none"> For information and future reference. No further action required.
DECISIONS OF REGIONAL INTEREST ADOPTED BY THE EXECUTIVE BOARD IN ITS 150TH SESSION			
EB150(6) EB151(2)	Standing Committee on Pandemic and Emergency Preparedness and Response	<ul style="list-style-type: none"> The Region, through its representation in the Standing Committee, will provide guidance to the Executive Board on matters regarding health emergency prevention, preparedness and response, and immediate capacities of the WHO Health Emergencies Programme, when a public health emergency of international concern is determined. It will also make recommendations to the Executive Board regarding the strengthening and oversight of the WHO Health Emergencies Programme. 	<ul style="list-style-type: none"> Members of the Executive Board to nominate candidates to represent the Region on the Standing Committee. The nominations will be discussed and the final selection of two members will be made by the WHO Regional Committee for the Eastern Mediterranean. The Director-General will transmit the final nominations of two members to the members of the Executive Board to formally appoint the members through a silence procedure.
EB150(12)	WHO reform: involvement of non-State actors in WHO's governing bodies	<ul style="list-style-type: none"> The involvement of non-State actors in WHO's governance processes can only be improved through a package of measures and an overall strengthening of WHO's engagement with non-State actors in line with GPW 13 and in accordance with the Framework of Engagement with Non-State Actors. 	<ul style="list-style-type: none"> Following the adoption of resolution EM/RC67/R.5 by the Sixty-seventh Regional Committee for the Eastern Mediterranean in 2020, a procedure was established to grant accreditation to international and regional non-State actors not in official relations with WHO to participate in meetings of the Regional Committee. Four applications were received in 2021. None were accepted due to lack of conformity with the set criteria. The call for interest was again disseminated to interested regional non-State actors in 2022. The received applications will be reviewed according to the agreed upon mechanism and will further be presented to the Programme Subcommittee and the Regional Committee for review.
EB150(13)	Engagement with non-State actors	<ul style="list-style-type: none"> Entities in official relations with WHO are international in membership and/or scope. Official relations and collaboration plans with such entities are administered by the Due Diligence and Non-State Actors unit at WHO headquarters. At the regional level, there are no specific implications regarding admitting the following entities: Global Healthcare Information Network C.I.C., International Generic and Biosimilar Medicines Association, The Rockefeller Foundation and Women in Global Health, Inc. Similarly, there are no implications regarding discontinuation of official relations with the International Food Policy Research Institute and Medicines for Europe. 	<ul style="list-style-type: none"> The plans for collaboration with The Albert B. Sabin Vaccine Institute, Inc. and the International Association of Cancer Registries have yet to be agreed and will be deferred for review during the 152nd session of the Executive Board in January 2023.

Decision/ resolution no.	Title/ subject	Regional implications	Action/comments
EB150(16)	Independent Expert Oversight Advisory Committee: terms of reference	<ul style="list-style-type: none"> The Executive Board decided to confirm its agreement to the terms of reference of the Independent Expert Oversight Advisory Committee, as amended by the Programme, Budget and Administration Committee and contained in the Annex to the latter Committee's report to the Executive Board. 	<ul style="list-style-type: none"> For information and future reference. No further action required.
EB150(23)	Preventing sexual exploitation, abuse and harassment	<ul style="list-style-type: none"> The Executive Board decided to temporarily suspend Financial Rule XII, 112.1, in part, in order to enable a provision that during the suspension, the Head, Investigations shall be responsible for all investigations of sexual exploitation and abuse and abusive conduct as defined in the WHO Policy on Preventing and Addressing Abusive Conduct. In this capacity the Head, Investigations shall report directly to the Director-General and have the same type of access and same authority currently granted under Financial Rule XII to Director, Internal Oversight Services in this area, and the provisions under this Rule shall apply mutatis mutandis to the Head, Investigations. All other investigations that are not investigations of sexual exploitation and abuse or abusive conduct as defined in the WHO Policy on Preventing and Addressing Abusive Conduct as referred to above remain under the overall responsibility of Director, Internal Oversight Services. 	<ul style="list-style-type: none"> For information and future reference. No further action required.
DECISIONS OF REGIONAL INTEREST ADOPTED BY THE EXECUTIVE BOARD IN ITS 151ST SESSION			
EB151(1)	Establishment of an agile Member States task group	<ul style="list-style-type: none"> The regional Secretariat will ensure that the recommendations of the agile Member States task group in relation to budgetary, programmatic and financing governance will be implemented and monitored in an appropriate and timely fashion. 	<ul style="list-style-type: none"> As one of the recommendations of the Working Group on Sustainable Financing, an agile Member States task group on strengthening WHO budgetary, programmatic and financing governance has been established to analyse challenges in governance. Membership of the task group is open to all Member States. The task group will report to the Seventy-sixth World Health Assembly, through the Executive Board at its 152nd session and the thirty-seventh meeting of the Programme, Budget and Administration Committee of the Executive Board in January 2023, to recommend long-term improvements. The first meeting of the task group was held on 12 and 13 July 2022, where its methods of work and focus/scope were discussed and finalized.