

Eastern Mediterranean Region

Regional Committee for the Eastern Mediterranean Seventy-first session Provisional agenda item 5(c)

EM/RC71/9 October 2024

Resolutions and decisions of regional interest adopted by the Seventyseventh World Health Assembly and the Executive Board at its 154th and 155th sessions

Resolution/ decision no.	Title/ subject	Regional implications	Action/comments of interest to Member States		
RESO	RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY				
WHA77.1	Fourteenth General Programme of Work, 2025–2028	 Upon the approval of the Fourteenth General Programme of Work (GPW 14), strategic planning and country prioritization for GPW 14 was initiated in all Member States to inform the development of programme budgets. Work was also initiated to guide the development of the regional strategic plan for the operationalization of GPW 14 in the Eastern Mediterranean Region. 	Member States are expected to support and actively participate in the WHO investment round in late 2024 to ensure sustainable financing for WHO towards achieving the strategic objectives and joint outcomes of GPW 14.		
WHA77.2	Social participation for universal health coverage, health and well-being	 Community engagement and empowerment are integral to the primary health care approach. Adopting a people-centred approach requires understanding community health needs and resources through triangulating evidence from community members, stakeholders and health care providers. The community health needs and assets assessment is a valuable tool that helps health authorities to systematically incorporate people's perspectives into policy and decision-making processes. WHO has developed a regional guide for conducting the assessment. 	WHO is supporting countries to implement resolution EM/RC68/R.4 and the regional roadmap on building resilient communities for better health and well-being. WHO has developed a regional framework for community engagement in health, with examples to guide countries in adapting it to local contexts and needs. WHO is supporting countries to develop governance capacities for promoting social participation for health and well-being. This involves engaging community leaders and local authorities in needs assessment, planning, and decision-making processes.		
WHA77.3	Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies	 Almost half of the countries in the Eastern Mediterranean Region are facing protracted emergencies, which increases the population's vulnerability to mental, neurological and substance use (MNS) disorders. The Region has a higher prevalence (14.7%) of mental health conditions compared with the global rate (13%). According to recent estimates, more than one in five people (22.1%) in conflict-affected settings has a mental health condition (anxiety, depression post-traumatic stress disorder, bipolar disorder and schizophrenia). The prevalence of illicit drug use is estimated at 6.7% in the Region, compared with 5.8% globally, and the number of people with substance use disorders is estimated to be 3.4 million. The human, financial and institutional resources available for an effective, multisectoral response to substance use have been degraded in countries with emergencies, translating into a large treatment gap (as high as 90% in some low- and middle-income countries). 	 The 71st session of the Regional Committee for the Eastern Mediterranean is invited to endorse a proposed regional action plan for mental health and psychosocial support (MHPSS) in emergencies (2024–2030). The regional action plan identifies a set of evidence-based actions supported by a set of indicators and targets to monitor implementation. The action plan was developed in consultation with Member States and stakeholders, and aims to protect and improve the mental health and psychosocial well-being of populations across all phases of emergencies. It will guide Member States to prepare for and respond more effectively to the mental health and psychosocial support needs of their populations, and contribute to building more resilient communities and health and social care systems. 		

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WHA77.4 EB154(7)	Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs	 Several countries in the Region have already introduced cell and gene therapy, in addition to organ transplantation. Currently there are no clear/appropriate regulations in place in this regard, including to prevent organ trafficking. Ethical and regulatory requirements need to be implemented to ensure the quality, safety and efficacy of the organs, tissues and cells to be transplanted to recipients, while protecting the donors. The resolution will improve health outcomes, particularly if cell and gene therapy, and transplantation, are employed ethically and are well regulated, improving the quality of life of patients and reducing costs and disparities. 	Member States are invited to implement the resolution. There is a need to develop a regional strategic framework to facilitate the implementation of the resolution.
WHA77.5	Accelerating progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2	 Somalia spearheaded work on resolution WHA77.5, with the support of other countries from the Eastern Mediterranean Region. Globally, 59 countries will not achieve the Sustainable Development Goal (SDG) target for under-five mortality, while 64 countries will not achieve the target for neonatal mortality (≤ 12 deaths per 1000 live births). Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen are among the countries that will not achieve the SDG targets for maternal, neonatal and child mortality. In 2022, out of 789 000 deaths among children aged under-five in the Region, 665 000 deaths were in the above six countries (84%). The latest estimates from the United Nations Maternal Mortality Estimation Inter-Agency Group show that these six countries also have the highest preventable maternal mortality ratios in the Region. The countries face challenges including political instability, conflict, weak health systems and socioeconomic disparities, which contribute to higher mortality rates. In the Region, WHO has been working with the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and other partners to support high-burden countries to implement evidence-based interventions for maternal, newborn and child health through the Every Newborn Action Plan, the Ending Preventable Maternal Mortality strategies and the Child Survival Action initiative, along with regional frameworks, guidance and tools. 	 Following the adoption of resolution WHA77.5 and building on the ongoing inter-agency work, it is proposed that the WHO Regional Director for the Eastern Mediterranean leads a regional movement to accelerate progress towards the maternal, newborn and child health targets through: coordinating with regional directors of UNICEF and UNFPA to send joint letters to health ministers of target countries and approach potential donors and partners; reaching out to health ministers of target countries to ensure high-level commitment and obtain the needed support. Member States are encouraged to give the highest level of support to ongoing initiatives to reduce maternal, newborn and child mortality at country level.
WHA77.6	Antimicrobial resistance: accelerating national and global responses	 Antimicrobial resistance (AMR) is a global public health concern and a major threat to health and health systems. The Global Burden of Disease study has estimated that globally, in 2019, 1.27 million deaths were attributable to bacterial AMR, of which 10% were in the Eastern Mediterranean Region. Since the endorsement of the global action plan on AMR in 2015, many countries in the Region have progressed in terms of structures and processes. However, there are disparities between countries at different income levels. Moreover, active and protracted conflicts and other humanitarian concerns in a number of countries pose challenges to sustaining AMR responses. Regional strategic priorities areas are aligned with WHO strategic and operational priorities. A collaborative approach within the human health sector, and between the health and non-health sectors has been proposed to adapt the WHO people-centred approach to addressing AMR in human health to the regional agenda for building resilient health systems to advance universal health coverage and ensure health security. 	Member States are invited to: improve implementation of AMR national action plans through strengthening national multisectoral governance mechanisms, funding support, collaboration with relevant partners, and applying the four WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035; implement WHO's global strategy on infection prevention and control, WASH strategies and vaccination agenda; strengthen laboratory capacities; participate in the Global Antimicrobial Resistance and Use Surveillance System (GLASS), and use data for action; support access to services and promote equitable supply; and foster research and development for new vaccines, diagnostic tools, and antimicrobials; support antimicrobial stewardship efforts, applying the WHO AWaRe list; build the technical competency of the health workforce by integrating AMR modules in pre- and in-service education and training curricula; and

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			raise public awareness about the importance of the appropriate use of antimicrobial agents.
WHA77.7 EB154(10)	Strengthening laboratory biological risk management	 The strengthening of laboratory biological risk management is crucial to prevent accidental release, spread or misuse of potentially hazardous biological agents. There is a need to implement a biosafety programme in all laboratories using biological agents (diagnostic, quality control laboratories, and research and development laboratories). 	Member States are called on to implement the resolution and improve laboratory biosafety risk management through development of national strategies and national biosafety programmes. Member States are invited to apply the recommendations in a harmonized way to: laboratories for diagnosis and research; national control laboratories for biological medical products; and quality control laboratories of manufacturers producing biological products and using biological agents.
WHA77.8	Strengthening health emergency preparedness for disasters resulting from natural hazards	 The majority of countries in the Eastern Mediterranean Region are prone to natural hazards such as earthquakes, floods and droughts. The Region's vulnerability to climate change adds greater urgency to the need to strengthen preparedness for disasters resulting from natural hazards. Resolution WHA77.8 calls for enhancing national disaster risk management frameworks, developing early warning systems and integrating disaster preparedness into health systems. 	Member States should prioritize developing and updating all-hazard preparedness plans guided by all-hazard risk profiles (particularly for natural hazards, and especially in countries that are prone to them), including standard operating procedures, contingency plans and prepositioning of contingency stocks for priority hazards. Collaborative efforts with WHO, international organizations and other partners will be essential to build resilience against natural disasters.
WHA77.9 EB154(11)	Global Health and Peace Initiative	 The Eastern Mediterranean Region continues to contend with the protracted effects of acute and prolonged conflicts and emergencies, resulting in massive migration, weakening of health systems, disruption of essential services and worsening of health outcomes for millions of people. Eight countries and territories of the Region are in the World Bank's list of fragile and conflict-affected situations for 2024, with seven being characterized as high-intensity conflicts. In the Region, WHO is committed to the vision and goal of the Global Health Peace Initiative (GHPI) and to mainstreaming the Health for Peace approach to ensure emergency and reconstruction responses are equitable, participatory and sustainable. Developing the GHPI road map has been a highly engaging and consultative process. Consultations with Member States, United Nations agencies and non-State actors started in 2021 and continued until 2023. 	Member States are urged to provide inputs and revisions to the GHPI document. Following the finalization of the road map, country priorities will need to be set and implementation of the road map operationalized.
WHA77.10	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 of the World Health Organization	 The voting rights of five Member States were suspended at the time of the opening of the Seventy-seventh World Health Assembly (Afghanistan, Lebanon, Somalia, Sudan and Yemen). The World Health Assembly approved a resolution that will suspend the voting rights of Pakistan as of the opening of the Seventy-eighth World Health Assembly in 2025, due to arrears in payment of their regular assessed contributions. In May 2024, following the World Health Assembly, Pakistan remitted partial payment of arrears dating back to 2022 and is therefore no longer at risk of losing voting rights. However, to avoid being included in the resolution presented to the Seventy-eighth World Health Assembly on loss of voting rights in 2025, Pakistan is encouraged to settle its arrears fully for 2022 and at least partly for 2023. 	Member States are encouraged to settle arrears of contributions as early as possible to avoid the loss of voting rights. Statements of account that provide a complete picture of each Member State's assessed contributions, receipts and balance outstanding may be obtained from the WHO website at Assessed contributions (who.int). Statements are updated whenever there is 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 World Health Assembly to permit consideration by the Programme, Budget and Administration Committee for recommendation to the Health Assembly.

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			Member States with rescheduled assessed contributions are reminded that these must be settled in full every year along with the regular assessed contributions to avoid the automatic loss of voting rights.
WHA77.12 EB154(13)	Strengthening health and well-being through sport events	During the 69th session of the Regional Committee in 2022, Member States adopted resolution EM/RC69/R.4 on Promoting health and well-being in the Eastern Mediterranean Region: from theory to action to achieve the health-related Sustainable Development Goals, which built on recent global and regional initiatives emphasizing the importance of promoting health and well-being in meeting the SDG targets, including in emergency situations. WHO has developed a regional road map, aligned with resolution EM/RC69/R.4 and the 2024 global framework on achieving well-being, to help Member States to: adopt systems- and settings-based approaches to health promotion and well-being; increase health literacy to promote health and well-being; enhance community engagement and inclusion; develop institutional capacity for health promotion; build workforce and institutional capacity in promoting health and well-being; take a long-term view to evaluation, with a focus on future generations and vulnerable groups.	Member States are urged to adapt the regional road map to their national contexts. Member States are encouraged to benefit from regional experiences in promoting health and well-being through sport events (for example, Qatar's experience of the Creating Legacy for Sport and Health initiative before, during and after the 2022 World Cup) and to advocate for the significant role of sport in promoting health and well-being, including the importance of sport events as a channel for reaching large numbers of people, their influence at all levels of society and their potential to impact human behaviour, well-being and physical and mental health. Member States are urged to support the implementation of effective, evidence-based health promotion measures in sport events at regional and national levels and in subnational community-based, organized sport settings. This includes utilizing behavioural science to improve the impact of sport events on population health through reducing noncommunicable disease risk factors and enhancing mental and social health, and well-being.
WHA77.13	Economics of health for all	 The interface between health and the economy has never been as recognized as it is today: better health contributes to economic development and better economies result in improved health and well-being. This is especially the case given the current challenging macroeconomic outlook in many countries. The COVID-19 pandemic was a wake-up call, demonstrating this association, and underlining the urgent need for action. Accordingly, WHO established the Council on the Economics of Health for All (2021–2023) to guide work in this area. The Council provided a new way of thinking on how health and well-being are valued, produced and distributed across the economy, with the objective of building societies that are healthy, inclusive, equitable and sustainable. 	National health and development policies and strategies should acknowledge that health is a fundamental human right and health spending is not a cost but an investment in human capital and the economy. Investments in health at regional and national levels will be enhanced by leveraging a health-in-all-policies approach. WHO will support Member States to translate and implement the 13 high-level recommendations made by the Council at regional and national levels.
WHA77.14	Climate change and health	A regional framework for action on climate change and health 2023–2029 was endorsed by the Regional Committee in 2023. The framework guides countries of the Region in building climateresilient and environmentally sustainable health systems and health facilities. Resolution WHA77.14 requests the Director-General to develop a global plan of action on climate change and health. The final draft is expected in May 2025.	WHO headquarters has launched a country consultation process for the drafting of the global plan of action on climate change and health. Member States of the Region are urged to participate and reflect their needs through the consultation process. The first meeting was held on 11 July 2024, but there will be other opportunities to contribute. Invitations are usually sent by WHO headquarters through the Genevabased permanent missions.
WHA77.16 WHA77(18) EB154.R7	Health conditions in the occupied Palestinian territory, including east Jerusalem	A report on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, is presented annually and is always associated with a decision.	Member States should continue to support efforts to improve health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, through diplomatic channels and humanitarian assistance.

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		 This year's report highlighted the humanitarian and public health impact of the escalation in hostilities since 7 October 2023. The resolution and decision address the ongoing challenges faced by populations in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, including access to health care, the impact of conflict on health and the need for international support. The resolution calls for immediate, sustained and unimpeded access to people in need; and calls on all parties to fulfil their obligations under international law to protect civilians and medical personnel, and comply with their obligations, particularly under the Geneva Conventions of 1949. The resolution also requests the Director-General, inter alia, to: assess, monitor and report on the public health implications of the humanitarian crisis in the occupied Palestinian territory; secure funding for the immediate health needs as well as the rehabilitation and rebuilding of the health system; strengthen and continue providing the necessary assistance to meet the health needs of the Palestinian people. The resolution reinforces the need for continued advocacy and assistance to address the health needs of the populations in the context of prolonged occupation and conflict. 	Member States should continue to advocate and call for an immediate and sustained ceasefire, as well as a just and lasting political solution to the crisis.
WHA77.17	Strengthening preparedness for and response to public health emergencies through targeted amendments to the International Health Regulations (2005)	The amendments to the International Health Regulations (IHR) (2005) have significant implications for the Region, particularly for improving public health emergency preparedness and response capacities. The Region's recent experiences with outbreaks, including COVID-19, underscore the need for stronger implementation of the IHR (2005). Member States will need to align their national regulations with the new amendments to the IHR (2005) to enhance global health security.	Member States should review and update national legislation and frameworks to align with the amendments to the IHR (2005). Countries should strengthen crossborder collaboration and data sharing for early detection and response to public health threats.

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WHA77(8) EB154(6)	Development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035	 Over the past five years, WHO has provided technical support to more than 12 countries in the Region to strengthen their emergency care systems, including for identification of prioritized areas through national emergency care system assessments, utilizing WHO tools and guidelines. The ongoing programme for strengthening hospital resilience will continue, with an emphasis on incorporating critical and operative care components. This is particularly crucial for countries facing emergency situations. Lessons learned from the COVID-19 pandemic are being leveraged to enhance critical care and health system resilience. WHO supports capacity-building to reinforce emergency care systems and provision, using WHO toolkits, guides and platforms, as part of ensuring that health systems in the Region are well-equipped to meet the demands of both everyday health care needs and emergency situations. 	There is a need to develop a regional strategic framework to facilitate implementation of this resolution. The Regional Office is developing a regional roadmap to assist countries in developing and implementing policies that align with the global strategy and action plan for integrated emergency, critical and operative care as part of broader efforts to strengthen health system resilience. This will involve advising on best practices, providing technical support and ensuring that policies are adapted to the specific needs and contexts of countries. This initiative is being developed through cross-departmental collaboration and close coordination with WHO headquarters, with plans to initiate it in the coming months.		
WHA77(9) EB154(8)	Global action plan and monitoring framework on infection prevention and control	 The Region is participating in discussions on strategic approaches and resources to support the implementation of the WHO global action plan and monitoring framework on infection prevention and control. Regional and national infection prevention and control workplans will be updated accordingly. 	Member States are encouraged to adopt the global action plan and monitoring framework on infection prevention and control.		
WHA77(10) EB154(9)	Universal Health and Preparedness Review	 The Universal Health and Preparedness Review (UHPR) offers a voluntary, peer-reviewed process to assess and strengthen national health systems and preparedness capacities. The Eastern Mediterranean was among the first WHO regions to pilot the UHPR, in Iraq. The decision supports the integration of lessons learned from the COVID-19 pandemic to enhance health security and the progressive roll-out of the UHPR to other countries. The review process can help to identify gaps and areas for improvement, promoting regional collaboration and capacity-building. 	Member States are encouraged to participate in the UHPR process to identify and address vulnerabilities in their health systems. Participation can lead to targeted technical support and capacity-building efforts, contributing to stronger health systems and health security across the Region. WHO is following up on implementation of the recommendations made by the UHPR pilot in Iraq. Iraq is participating in the UHPR global peer review process. The UHPR may be piloted in additional countries in the Region.		
WHA77(11)	Results Report 2023 (Programme budget 2022– 2023: performance assessment) and Financial report and audited financial statements for the year ended 31 December 2023		As part of the Programme budget 2022–2023 performance assessment, WHO piloted a joint assessment between ministries of health and WHO country offices in seven Member States from the Region. Feedback from the pilot will inform the wider application of the joint assessment in countries for the Programme budget 2024–2025, in line with the recommendations of the evaluation of the Thirteenth General Programme of Work (GPW 13).		
WHA77(12)	Report of the External Auditor	The World Health Assembly accepted the report of the External Auditor which expressed an unqualified opinion on WHO's financial statements for 2023.	Member States are requested to note the decision of the World Health Assembly. In addition to the annual financial/compliance audit, three performance audits will be conducted in 2024 on: 1) inventory and warehouse management and warehouse management systems (WHO Iraq has been using the new warehouse management system since November 2023 and Pakistan is going live in 2024); 2) universal health coverage; and 3) the Regional Office and country offices in the Eastern Mediterranean Region.		

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WHA77(14)	Update on the Infrastructure Fund	The World Health Assembly approved the use of the real estate component of the Infrastructure Fund for the reconstruction of the WHO country office in Kabul. The estimated cost is US\$ 3.7 million.	Member States are requested to note the decision of the World Health Assembly.
WHA77(15) EB155(12)	Process of handling and investigating potential allegations against WHO Directors- General	 The leads for Member State-led governance reform are requested to continue to chair consultations on this matter, including by involving regional groups, to finalize draft procedures for consideration by the Executive Board at its 156th session in January 2025. The consultations should remain open-ended, and inclusivity and transparency be maintained. 	Member States are urged to participate actively in all consultations and, as appropriate, to hold discussions among themselves, including through or on the margins of the 71st session of the Regional Committee.
WHA77(16)	Updates and future reporting: strengthening integrated, people-centred health services	 Several Member States in the Region have embarked on reforming and transforming their service delivery arrangements using an integrated, people-centred health services approach. WHO is supporting these efforts through assessments, capacity-building, guidance development and evidence generation, besides technical cooperation to facilitate operational planning and implementation. The Primary Health Care Monitoring and Improvement (PHCMI) initiative supports countries to assess performance and identify priorities for reorienting health systems towards a primary health care approach. A primary health care-oriented model of care has been piloted in Pakistan, Palestine and Sudan. WHO has developed a regional benefits package and guidance document to assist countries in creating accessible priority benefits packages. WHO launched a regional professional diploma in family medicine to address the regional shortage of family practitioners. The COVID-19 pandemic underscored the importance of strengthening primary health care in emergencies. Online WHO capacity-building programmes reached over 60 000 health professionals during the pandemic. WHO has supported 17 countries in the Region to assess the private sector's role in health service provision, with additional studies to evaluate its performance during the pandemic. 	The new regional flagship initiatives on investing in a resilient health workforce and expanding equitable access to medical products are in line with strengthening integrated peoplecentred health services. WHO will continue to support Member States in improving/transforming their hospital sectors using the WHO regional framework for action, in line with an integrated people-centred approach.
WHA77(20)	Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response	 This decision establishes the mandate for negotiations on a new international instrument focused on pandemic prevention, preparedness and response, with significant implications for countries. The Region, heavily impacted by COVID-19, would benefit from a comprehensive framework to address future pandemics. Active participation in these negotiations is crucial to ensure the Region's interests are reflected in the final instrument. 	Member States should engage actively in the negotiations, ensuring that the unique challenges and needs of the Region are adequately represented. This includes advocating for equitable access to vaccines, medicines and health technologies, and addressing the social determinants of health that impact pandemic preparedness and response.
RESOLUT	TIONS OF REGIONAL	INTEREST ADOPTED BY THE EXECUTIVE BOARD II	N ITS 154TH AND 155TH SESSIONS
EB154.R8	Confirmation of amendments to the Staff Rules: standards of conduct for staff members, promotion, Global Board of Appeal and staff in posts subject to local recruitment	Amendment to Staff Rule 110.5, Standards of conduct for staff members: the list of "outside activities" has been clarified and has a larger scope than before (issuing statements, speaking engagements, taking part in films, theatre, television or other live productions, and publishing articles). The change is made so as to align with the United Nations system and to provide greater clarity.	Member States are kindly requested to note the decision of the Executive Board.

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		Amendment to Staff Rule 560, Promotion: promotion as a result of reclassification of a post is no longer possible. The amendment to Staff Rule 560 means that promotion is possible either through reassignment to a different post through competition or assignment of a personal grade. Staff Rule 560 has been changed so as to introduce the possibility for promotion subject to conditions to be determined by the WHO Director-General.	Member States are kindly requested to note the decision of the Executive Board.
		Staff Rule 1230, Global Board of Appeal: final decisions on appeals to the Global Board of Appeal may be issued beyond 60 calendar days. This would occur in more complex cases to allow the Director-General more flexibility regarding the deadline for the issuance of a final decision.	Member States are kindly requested to note the decision of the Executive Board.
		Amendment to Staff Rule 1310, Staff in posts subject to local recruitment: No implications. A transitional measure concerning staff receiving a non-resident allowance on and prior to 31 August 1983 has been removed as it became redundant.	Member States are kindly requested to note the decision of the Executive Board.
EB154.R9	Parental leave	Amendment to Staff Regulation 6.2, Social security: No new implications. A change in wording ("maternity leave" to "parental leave") was effected so as to align the Staff Regulation with the previously amended Staff Rule 760 (February 2023) and to ensure more inclusive language.	Member States are kindly requested to note the decision of the Executive Board.
DECIS	IONS OF REGIONAL	INTEREST ADOPTED BY THE EXECUTIVE BOARD IN	ITS 154TH AND 155TH SESSIONS
EB154(1)	Sustainable financing: WHO investment round	 Saudi Arabia (plus five Member States from other regions) will be supporting Brazil as a co-host of the WHO investment round event to take place during the G20 Summit in November 2024. The WHO investment round will be discussed during the 71st session of the Regional Committee (agenda item 5(a)). The Regional Office will hold a special event in support of the WHO investment round. Member States will have pledging opportunities through the planned regional events and at the global virtual pledging session. 	Member States may want to step forward as additional co-hosts of the WHO investment round event at the G20 Summit, and/or collaborate to leverage existing global and regional events to create momentum and outreach for the investment round. Member States may engage with partners to garner support for the investment round from philanthropic and private sector entities. Member States may consider making eligible contributions, which can be announced at the dedicated event during the 71st session of the Regional Committee and/or as part of the global pledging schedule/virtual event.
EB154(2) EB155(1)	Evaluation workplan for 2024–2025	The evaluation workplan for 2024–2025 approved by the Executive Board at its 154th session includes evaluation of WHO's contribution in eight countries of the Region, namely Jordan, Lebanon, Oman, Pakistan, Somalia, Sudan, Syrian Arab Republic and Yemen.	 The Executive Board acknowledged the leading role of the Eastern Mediterranean Region in conducting evaluations of WHO's contribution in countries within the new framework. In 2023, three countries were evaluated, namely Djibouti, Iraq and Tunisia. At its 155th session, the Executive Board decided to initiate a revision of the WHO evaluation policy. This will be done in consultation with Member States. Countries of the Region are expected to participate in the review and provide inputs to improve the existing policy.
EB154(4)	Cost recovery mechanisms for voluntary contributions	The report to the Executive Board provided an update on the Secretariat's cost recovery efforts since the PricewaterhouseCoopers (PwC) study of the subject in 2012. Although good progress has been made, it has been less than anticipated, with fewer enabling services' costs financed by indirect cost recovery and more financed by assessed contributions at the expense of strategically important programmes.	Member States are requested to support all measures that ensure voluntary contributions bear the appropriate share of the costs of enabling services supporting those contributions.

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		 Actions proposed by the Secretariat to improve progress include: 1) increasing the rate of collection of programme support costs (PSC) by sunsetting past exceptions, reducing exceptions and aligning PSC for United Nations agencies at 8%; 2) extending the position occupancy charge to nonstaff personnel and the capital management plan charge to include depreciation; and 3) reviewing and aligning various support cost categories with appropriate funding sources. The decision urges Member States and donors to minimize demands for reduced rates of indirect cost recovery and ensure that direct costs, including those relating to enabling services, are fully funded by voluntary contributions. The Eastern Mediterranean Region is impacted since it has generally lower rates of indirect cost recovery in emergencies and frequent requests for exceptions, and lacks consistency in the allocation of directly attributable support costs to voluntary contributions. 	
EB154(5)	Matters emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance	The report to the Executive Board provided an update on the Secretariat's implementation plan for reform to enhance performance and strengthen budgetary, programmatic, financing and governance processes and accountability. It emphasized that the Secretariat has worked in a consultative fashion with Member States to ensure that reform efforts are prioritized and streamlined across the various transformation initiatives underway, in which some 270 actions are proposed. A dashboard has been created on the Member States Portal to facilitate the monitoring of progress. The decision invites Member States represented on the Executive Board to lead an informal discussion open to all Member States on Member State-led reform, following the successful conclusion of the mandate of the Agile Member States Task Group.	Member States are requested to volunteer their time and inputs to the informal group that will steer Member State-led reforms of WHO into the future.
EB154(14)	Process for the nomination and appointment of Regional Directors	More specific criteria and/or post descriptions will be developed for the post of Regional Director. The Regional Committee will be invited to provide guidance on the following considerations: whether live candidates' forums that are broadcast publicly should be adopted as a standard step in the nomination process, and whether interviews of candidates that take place at the regional committees should be broadcast publicly; whether it would benefit the nomination process to amend the codes of conduct and, if so, what aspects should be considered for amendment; whether the Regional Committee should establish an evaluation group; and whether the Regional Committee (or evaluation group) should be authorized to reopen the period for submitting proposed candidacies and, if so, on what grounds.	The process for the nomination and appointment of Regional Directors is included in the agenda of the 71st session of the Regional Committee, and Member States' deliberations and comments will be reported to the 156th session of the Executive Board in January 2025.