



Resolutions and decisions of regional interest adopted by the Seventy-sixth World Health Assembly and the Executive Board at its 152nd and 153rd sessions

This document reviews the resolutions and decisions adopted by the Seventy-sixth World Health Assembly and the 152nd and 153rd sessions of the Executive Board, with a focus on those considered to be of particular interest to the WHO Eastern Mediterranean Region and any regional implications they may have.

The various items are presented according to the strategic priorities of the Thirteenth General Programme of Work, 2019–2025.

The WHO Regional Committee for the Eastern Mediterranean, at its 70th session, is invited to consider the regional implications of these resolutions and decisions and make any suggestions for ensuring alignment between regional and global policies on these matters.

Pillar 1: One billion more people benefiting from universal health coverage

Resolution/ decision no.	Title/ subject	Regional implications	Action/comments of interest to Member States
WHA76.4 EB152(5)	Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage	<ul style="list-style-type: none"> The second high-level meeting on universal health coverage will be held on 21 September 2023 in the margins of the 78th session of the United Nations General Assembly. Since the first high-level meeting on universal health coverage in 2019, the COVID-19 pandemic has underlined the importance of universal health coverage in maintaining essential health services. The world has faltered in progress on the indicators for Sustainable Development Goal (SDG) target SDG 3.8 on achieving universal health coverage: SDG 3.8.1 on service coverage and SDG 3.8.2 on financial protection. In 2019, the Eastern Mediterranean Region had the second lowest service coverage of the six WHO regions, while the percentage of households facing financial hardship due to out-of-pocket payments had increased to 12.5% from 11.8% in 2015. The upcoming high-level meeting will emphasize the importance of building resilient health systems for universal health coverage and health security and call for more intensified efforts to be able to achieve the 2030 SDG targets for universal health coverage. 	<ul style="list-style-type: none"> Member States are urged develop national plans to implement Regional Committee resolution EM/RC69/R.2 on building resilient health systems to advance universal health coverage and ensure health security in the Region by: strengthening health emergency and disaster risk management; optimizing ministries of health and building institutions for public health; establishing primary health care-oriented models of care; enhancing and scaling up a fit-for-purpose, fit-to-practice health workforce; promoting equity and enhancing financial protection; improving access to medicines, vaccines and health products; and fostering an integrated approach in policy, planning and investments for long-term health system resilience. Special attention needs to be given to investing in essential public health functions as a foundation for health system recovery from COVID-19 and to building institutions to enhance access to an essential package of health services and ensure financial protection.
WHA76.5 EB152(6)	Strengthening diagnostics capacity	<ul style="list-style-type: none"> Diagnostics is a critical component of health care systems that enables timely and accurate identification of diseases, informs treatment decisions and supports disease surveillance and public health interventions. The availability of several diagnostics varies greatly between countries in the Region affecting access to health services. The Region needs to allocate sufficient financial and human resources to strengthening diagnostic capabilities, including through investing in infrastructure, technology, training and quality assurance programmes. 	<ul style="list-style-type: none"> Member States are urged to: <ul style="list-style-type: none"> develop national essential diagnostics lists; develop/strengthen national regulatory activities for diagnostics; develop policies for health technology management of diagnostics, including national maintenance systems.
WHA76.6 EB152(10)	Strengthening rehabilitation in health systems	<ul style="list-style-type: none"> Rehabilitation is a core aspect of effective health care that should be available to the whole population, not only to persons with disabilities or physical impairments. In the Region, rehabilitation seems to be a lower priority compared to other priorities in health. There are significant disparities in access to rehabilitation, with grave health equity implications. It is not integrated in national health planning, and related governance mechanisms and information systems are fragmented. 	<ul style="list-style-type: none"> Member States are urged to: <ul style="list-style-type: none"> develop and implement national strategic rehabilitation action plans using the WHO guide for action on rehabilitation in health systems, within an overall vision of universal and equitable health coverage and as part of emergency preparedness and response; coordinate and collaborate with all stakeholders to realize universal health coverage, including health promotion, prevention, treatment, rehabilitation and palliative care for all people, in both development and emergency contexts; use the regional assistive technology framework to plan for improving access to assistive technology; integrate rehabilitation in health information systems.
WHA76.14 EB152(17)	Extension of the WHO global action plan on promoting the health of refugees and migrants,	<ul style="list-style-type: none"> Universal health coverage is the overarching platform for achieving the health-related Sustainable Development Goals. In September 2018, during a ministerial meeting in Salalah, Oman, all the countries/territories of the Region confirmed their political commitment towards universal 	<ul style="list-style-type: none"> Building on existing good practices in the Region to operationalize the regional strategy, Member States are urged to: <ul style="list-style-type: none"> enhance institutional capacities for refugee and migrant health programmes in ministries of health;

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	2019–2023 to 2030	<p>health coverage by signing the UHC2030 Global Compact.</p> <ul style="list-style-type: none"> Acknowledging that universal health coverage cannot be achieved unless the health of refugees and migrants is addressed, WHO developed a strategy to promote the health and well-being of refugees, migrants, internally displaced populations and other displaced groups in the Region that was endorsed by the 69th session of the Regional Committee in October 2022. 	<ul style="list-style-type: none"> include refugees and migrants in national health policies, strategies and plans; advocate for sustainable finance mechanisms to address the health needs of refugees and migrants; build sufficient and competent health workforce to provide quality essential health services to refugees and migrants; integrate migration health data into national health information systems; promote research and evidence-informed decision making; operationalize the humanitarian-development-peace nexus, where appropriate.
WHA76(9) EB152(11)	Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health	<ul style="list-style-type: none"> The Region faces a significant burden of NCDs, responsible for the majority (65%) of deaths, and the highest probabilities of premature mortality before the age of 70, thus significantly impacting the social and economic development of Member States. Cardiovascular disease and cancer are the two most common NCDs in the Region and their burden is projected to significantly increase (double for cancer) in 2040. The Region has also experienced the most concerning increase in diabetes prevalence worldwide. This trend for NCDs is due to the growing and ageing population, which is also significantly exposed to NCD-related risk factors, namely tobacco use, physical inactivity, unhealthy diets and air pollution. A few studies explore the cost of NCDs in the Region. Diabetes costs the regional economy about US\$ 60 billion per year, equivalent to 1.7% of the Region's GDP in 2019, and, in six Gulf countries, the cost of NCDs was equivalent to 2.7%–3.8% of their 2019 GDPs. It was also estimated that investing in preventative measures across these Gulf countries would save almost US\$ 50 billion and prevent around 320 000 deaths by 2034. The rising burden and high mortality (65%) due to NCDs in the Region highlights the need for greater efforts to meet the commitments made through the UN political declaration as well as decisions WHA76(9) and EB152(11). 	<ul style="list-style-type: none"> Member States are encouraged to: <ul style="list-style-type: none"> maintain their commitments made in the political declaration on NCDs, in alignment with the regional framework for action on NCDs (2019); build back better from COVID-19, including by strengthening health systems to ensure the continuity of essential NCD-related services in preparation for and response to future emergencies in this crisis-prone Region; integrate essential NCD services within emergency preparedness and response plans; implement measures that tackle population exposure to NCD risk factors while, at the same time, sustain generation of domestic revenues, like health taxes; strengthen NCD governance by developing and implementing multisectoral action plans/strategies for NCDs, and by establishing relevant multisectoral coordination mechanisms; continue engaging with non-government actors, including with civil society, academia and the private sector, to promote a whole-of-society response to NCDs. implement WHO-recommended technical packages, strategies and initiatives, in order to scale up prevention and control of cardiovascular diseases, cancer and diabetes; foster the use of technology to support NCD surveillance and service delivery, with a focus on monitoring service coverage of NCDs at primary health care level.
WHA76(10) EB152(9)	Substandard and falsified medical products	<ul style="list-style-type: none"> Substandard and falsified medical products pose a significant danger to public health in the Region, especially in low- and middle-income countries. Substandard and falsified medical products may be distributed through channels such as government and private hospitals, pharmacies and other legitimate or illegitimate distributors. Control over the supply chain of medicines in the Region is needed. Licensed distributors, pharmacists, health care providers and patients may be unable to detect or differentiate between falsified and genuine high-standard medical products. Field detection technologies should be made available in the countries. 	<ul style="list-style-type: none"> To combat substandard and falsified medical products, National Regulatory Authorities (NRAs) in most countries of the Region need to be strengthened and their capacity built. Technical training on prevention, detection and response of substandard and falsified medical products is needed. Legal measures to control advertisements and sales of substandard and falsified medical products should be developed in countries as a post-marketing regulatory function. WHO support in strengthening the global surveillance system for sharing information on substandard and falsified medical product incidents and establishing a better system for regional communication and

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		<ul style="list-style-type: none"> The Member State Mechanism on Substandard and Falsified Medical Products was established to identify major needs and challenges and make policy recommendations, and develop tools in prevention, detection methodologies and control of substandard and falsified medical products in order to strengthen national and regional capacities. The Mechanism is a global intergovernmental process, and has been less effective in promoting cooperation and collaboration on the surveillance and monitoring of substandard and falsified medical products at regional and national levels. To ensure that the Mechanism is carried out in conformity with the terms of reference, an independent evaluation of the system is required. 	<p>dissemination of information between Member States is required.</p> <ul style="list-style-type: none"> There is a need to establish better communication and dissemination of information systems between the Mechanism and Member States. Member States are encouraged to actively participate in the work of the Mechanism. There is a need to secure sufficient additional resources for the Mechanism to be able to achieve its objectives.
WHA76(11) EB152(7)	Global strategy on infection prevention and control	<ul style="list-style-type: none"> A regional consultation will be organized to outline the regional plan on 19 September 2023, following the global consultation on 11 September. 	<ul style="list-style-type: none"> Member States are encouraged to engage in the global and regional consultations.
WHA76(20) EB152(18)	Extension of the WHO traditional medicine strategy: 2014–2023 to 2025	<ul style="list-style-type: none"> Unregulated herbal products are highly available in the Region and direct-to-consumer advertising takes place in retail outlets. In many countries, registration of herbal products lacks sufficient regulatory measures and published requirements. The WHO traditional medicine strategy 2014–2023 supported countries to build the knowledge base for national policies and strengthen the quality assurance, safety, proper use and effectiveness of traditional and complementary medicine through regulation. The traditional medicine strategy 2014–2023, which will be extended to 2025, should be updated in light of country progress and current new challenges in the area of traditional medicine. 	<ul style="list-style-type: none"> WHO will support Member States to strengthen national regulatory authorities for ensuring the quality and safety of herbal products and support them to participate in international regulatory cooperation for herbal medicines. Greater attention should be paid to research, education and training in traditional medicine. WHO will develop further policy direction to Member States on how to integrate traditional and complementary medicine services within their national health care system(s), as well as technical guidance to ensure the safety, quality and effectiveness of traditional and complementary medicine services. WHO will promote international and regional collaboration in the field of traditional medicine to share evidence-based information.
EB152(8)	Global road map on defeating meningitis by 2030	<ul style="list-style-type: none"> WHO is preparing a regional situation analysis and plan. 	<ul style="list-style-type: none"> The draft plan will be submitted for regional consultation before the end of 2023.

Pillar 2: One billion more people better protected from health emergencies

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WHA76.2 EB152(3)	Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies	<ul style="list-style-type: none"> • Calls for timely additional efforts to strengthen the planning and provision of emergency, critical and operative care (ECO) services as part of universal health coverage, to meet population health needs, improve health system resilience and ensure public health security by: <ul style="list-style-type: none"> – improving WHO country office capacities; – building health system resilience; – fostering collaboration among partners; – developing integrated national and regional action plans; – supporting Member States to develop monitoring mechanisms; – supporting integration of health facility planning with ECO services; – supporting evidence through strengthening research; – supporting innovative and sustainable financing; – reporting on progress of resolution implementation. 	<ul style="list-style-type: none"> • Member States should: <ul style="list-style-type: none"> – conduct ECO system assessments and develop national action plans to scale up system capacities; – create national policies for sustainable funding and include ECO services within national packages of services; – integrate delivery of ECO care within health emergency preparedness and response plans and national action planning for health security, including linkages with other relevant actors for disaster and outbreak preparedness and response, with special focus on fragile settings and conflict-affected areas; – promote innovative ways for community engagement, specifically in pre-hospital care delivery; – provide dedicated pre- and in-service skill-based training for frontline health care providers; – implement mechanisms for standardized and disaggregated data collection and evidence generation.
WHA76.3 EB152(4)	Increasing access to medical oxygen	<ul style="list-style-type: none"> • Many countries globally, including in the Region, lacked robust medical oxygen systems prior to the COVID-19 pandemic and this situation was exacerbated by increased needs, particularly in remote and rural health facilities, resulting in many deaths. • The resolution calls on Member States to assess gaps in access to medical oxygen, include medical oxygen on the national list of essential medicines, develop plans to scale up access, and address regulation, among other things. • WHO is working with Member States in the Region to implement key actions in the resolution such as mapping access to oxygen and increasing access to medical oxygen, including through the introduction of the Live Oxygen Platform – a real-time data platform to capture country oxygen production and shortages in order to address gaps and for optimal oxygen planning in countries. • A regional enterprise strategy to promote sustainable, decentralized and contextualized production, supply and monitoring of oxygen, together with human resource support, including training and placements by WHO, partners and governments, has contributed to improved availability of oxygen in the Region. • WHO is also working with governments and partners to explore options to sustain the new oxygen generating capacities. 	<ul style="list-style-type: none"> • WHO is working on accelerating oxygen scale-up in Member States and on better policy decision-making and timely resource allocation at national and subnational levels • Currently, 15 countries of the Region are participating in the Live Oxygen Platform. • Currently, 16 national biomedical engineers are being supported to work in 10 resource-limited countries in the Region. • Member States should undertake a national medical oxygen needs assessment. • Member States should develop national plans to increase access to quality-assured and affordable medical oxygen systems. • Member States should develop national technical guidance, operational tools and quality standards for the production and use of medical oxygen.
WHA76(12)	Global Health and Peace Initiative	<ul style="list-style-type: none"> • The Global Health and Peace Initiative (GHPI) is a WHO initiative to enhance links between health (and health programming) and peace. It builds on past WHO health programming in conflict settings, such as the “health as a bridge for peace” projects of the 1980s and 1990s, and WHO’s work on equitable access to health care, strengthening health systems and expanding universal health coverage. • The GHPI strengthens the role of WHO and the health sector as contributors to peace outcomes such as social cohesion, dialogue and resilience to the impact of armed conflict or violence, while empowering communities, within the framework of WHO’s mandate. The 	<ul style="list-style-type: none"> • The roadmap is both a strategic and an operational document that provides a global framework for the GHPI. It defines concepts, establishes principles, sets strategic objectives and maps operational priorities. • WHO will provide support to Member States to adapt/implement the roadmap to institutionalize and operationalize the GHPI.

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		<p>ultimate objective is to better protect the health of populations in fragile, conflict-affected and vulnerable settings, as well as wider settings globally.</p> <ul style="list-style-type: none"> The Seventy-fifth World Health Assembly requested the Director-General to develop a roadmap on the GHPI in consultation with Member States and Observers and in full collaboration with UN Agencies and non-State actors in official relations with WHO, and to submit the roadmap for consideration by the Seventy-sixth World Health Assembly. Countries of the Region will benefit from the roadmap as most suffer from instability and emergency situations. 	
WHA76(13)	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	<ul style="list-style-type: none"> The 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. The requests in the decision to the Director-General were consistent, as is usual, with previous years, with two additions: to ensure unhindered and safe passage for Palestinian ambulances and respect for and protection of medical personnel, in compliance with international humanitarian law, and to facilitate the access of Palestinian patients and medical staff to the Palestinian health institutions in occupied east Jerusalem and abroad; and to identify the impact of barriers to health access in the occupied Palestinian territory, including east Jerusalem, as a result of movement restrictions and territorial fragmentation, as well as progress made in the implementation of the recommendations contained in the WHO reports on the occupied Palestinian territory, including east Jerusalem. 	<ul style="list-style-type: none"> The decision was subject to a vote, as it has been consistently over recent years. Voting results have been quite stable over the past 4 years. Of the 124 Member States present and issuing a vote in 2023, 76 (62.3%) voted yes; 13 (10.5%) voted no; and 35 (28.2%) abstained.
EB152(2)	Standing Committee on Health Emergency Prevention, Preparedness and Response	<ul style="list-style-type: none"> The Committee will help the Region to avoid duplicating the work carried out by other relevant bodies. It will help to establish links with other bodies to ensure a fully operational One Health approach to prevention, preparedness and response. It will help countries in the Region to review experiences with emergencies, humanitarian crises, conflicts, displacements and natural disasters, and their preparedness and response priorities and activities. It will review the lessons learned from the COVID-19 pandemic and pandemic preparedness for the future. It will support countries to review and enhance all-hazards prevention, preparedness and response capacities. 	<ul style="list-style-type: none"> Member States are urged to: <ul style="list-style-type: none"> update/revise preparedness and response plans to incorporate lessons learned from the COVID-19 pandemic; integrate preparedness efforts with health systems strengthening; develop/implement the One Health approach; use IHR Monitoring and Evaluation Framework tools for regular monitoring and assessing of national capacities; develop and implement a national action plan for health security; share relevant information pursuant to the International Health Regulations (2005).
EB152(22)	Proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits	<ul style="list-style-type: none"> The report to the Executive Board proposes how the annual contribution of US\$ 28 million given to WHO by manufacturers of influenza vaccines, diagnostics and pharmaceuticals under the Pandemic Influenza Preparedness (PIP) Framework should be allocated. Since the adoption of the PIP Framework in 2011, the Board has adopted three decisions establishing a proportional division of Partnership Contribution funds of 70% for pandemic preparedness measures and 30% for response activities. The 2023 decision reaffirmed this proportional division. The Director-General shall continue to be able to temporarily modify the allocation of Partnership Contribution resources as required to respond to pandemic influenza emergencies. 	<ul style="list-style-type: none"> The proportional division of funds will be reviewed again in 2030.

Pillar 3: One billion more people enjoying better health and well-being

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WHA76.7 EB152(23)	Behavioural sciences for better health	<ul style="list-style-type: none"> Behavioural sciences address human action and its psychological, social and environmental drivers, determinants and influencing factors. The insights gained from behavioural sciences can be used in promoting health and well-being and in community engagement. They can be used to inform the development of public health policies, programmes and interventions, ranging from legislation and fiscal measures to communications and social marketing, as well as to support other public health efforts. In the Region, individuals, communities and populations are exposed to multiple behavioural influences from all types of public and private sector communications, and behavioural science can facilitate an understanding of how these can be tackled and for improved public health decision-making. 	<ul style="list-style-type: none"> WHO will support Member States in the use of behavioural sciences to better promote health, keep the world safe and serve the vulnerable. WHO will support the development of an evidence base to inform the use of behavioural science in interventions.
WHA76.16	The health of Indigenous Peoples	<ul style="list-style-type: none"> Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health, as declared by the United Nations Declaration on the Rights of Indigenous Peoples adopted by the United Nations General Assembly through resolution A/RES/61/295. Other relevant commitments include resolutions WHA62.14 (2009) on reducing health inequities through action on the social determinants of health, WHA65.8 (2012) that endorsed the Rio Political Declaration on Social Determinants of Health and WHA74.16 (2021) on the Social Determinants of Health. 	<ul style="list-style-type: none"> Member States, taking into account their national contexts and priorities, and the limitations set out in the United Nations Declaration on the Rights of Indigenous Peoples Article 46.2, and in consultation with Indigenous Peoples, with their free, prior and informed consent, are urged to, inter alia: <ul style="list-style-type: none"> develop knowledge about the health situation for Indigenous Peoples through ethical data collection about the health situation for Indigenous Peoples in national contexts; develop, fund and implement national health plans, strategies or other measures for Indigenous Peoples, as applicable, to reduce gender inequality as well as social, cultural and geographic barriers to their equitable access to quality health services, including during public health emergencies, and taking a life course approach with a particular emphasis on the reproductive, maternal and adolescent health; incorporate an intercultural and intersectoral approach in the development of public policies on the health of Indigenous Peoples that also accounts for equitable opportunities for partaking in participatory platforms, overcoming gender inequality as well as barriers related to geographical remoteness, disability, age, language, information availability and accessibility, digital connectivity and other factors; encourage the attraction, training, recruitment and retention of Indigenous Peoples as health workers.
WHA76.17	The impact of chemicals, waste and pollution on human health	<ul style="list-style-type: none"> The production and use of chemicals in the Region is increasing rapidly. Although this will bring positive developments, it comes with the risk of exposure to toxic chemicals. It is therefore urgent to strengthen the sound management of chemicals in all countries of the Region. The resolution proposes many interventions to achieve this. 	<ul style="list-style-type: none"> Member States are urged to continue participation in the negotiations on the new international instrument for the Strategic Approach and sound management of chemicals and waste beyond 2020 to be considered at the 5th International Conference on Chemicals Management (ICCM5) which will be held in Germany in September 2023. Member States should strengthen implementation of the WHO global strategy on health, environment and climate change and the WHO road map to enhance health sector engagement of the in the Strategic Approach to

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			<p>International Chemicals Management towards the 2020 goal and beyond, taking a health-in-all policies approach.</p> <ul style="list-style-type: none"> Member States are urged to support WHO in scaling up work on plastics and health to enable better information on the potential human health impacts associated with plastic, including plastic pollution.
WHA76.18 EB152(12)	Accelerating action on global drowning prevention	<ul style="list-style-type: none"> Drowning is one of the 10 leading causes of death among those aged 5–14 years of age of both sexes in the Region, and is one of the five leading causes of death among adolescent males. Nevertheless, data remain scarce on the actual burden and efforts undertaken by Member States to address it. It is hoped that the upcoming global status report on drowning prevention will provide a better understanding of the situation at the national level to inform country-level action towards drowning prevention. 	<ul style="list-style-type: none"> Member States are encouraged to take part in the data collection for the first global status report on drowning prevention.
WHA76.19 EB152(13)	Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification	<ul style="list-style-type: none"> Improving access to, and consumption of, healthy, diversified diets is the best way to ensure adequate micronutrient intakes, but where this is not being achieved there is a role for supplementation and food fortification. In relation to action on vitamin and mineral nutrition, supplementation and food fortification have been implemented widely across the Region. A regional assessment of wheat flour fortification in 2018 found that 17 countries had some coverage of wheat flour fortified with iron and folic acid and that this was mandatory in 11 countries. Despite this progress, a regional report on wheat flour fortification identified that further action was needed to expand coverage of wheat flour fortification and to ensure that it was effective, including strengthening the monitoring and evaluation and assessing the impacts of the ongoing fortifications. 	<ul style="list-style-type: none"> Although 21 countries are implementing vitamin and mineral supplementation for pregnant women (most commonly iron or iron and folic acid), eight countries report provision of supplements to women of reproductive age (folic acid, iron) and 16 report supplementation in children (vitamin A, iron, micronutrient powder, zinc, iodine), neural tube defects are still a public health problem. Currently, 12 countries report fortification of wheat flour, six report fortification of oil, and one reports fortification of sugar. Iron and folic acid are the fortificants most commonly added to wheat flour, although the quality and quality control of the programme is uncertain. Monitoring and evaluation are very weak in most countries.
WHA76(22)	Achieving well-being: a global framework for integrating well-being into public health utilizing a health promotion approach	<ul style="list-style-type: none"> Following the endorsement by the 75th World Health Assembly of a resolution on well-being and health promotion submitted by United Arab Emirates, a global framework has been developed for integrating well-being into public health utilizing a health promotion approach. The framework comprehensively addresses social, economic, environmental and other determinants of health through a multisectoral approach. It aims to capitalize on the SDGs and emphasizes community empowerment, inclusivity, equity, and meaningful engagement and participation. The framework needs to be adapted to the diverse and challenging national contexts of the Region. 	<ul style="list-style-type: none"> The global framework will help guide Member States in scaling up action to enable communities to take control over and improve their health and well-being and to comprehensively address 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, while acknowledging the role of both public and private sector investment.
WHA76(23)	Social determinants of health	<ul style="list-style-type: none"> The Commission on the Social Determinants of Health in the Eastern Mediterranean, established in 2019, provided valuable knowledge on the structural determinants of health in the Region, with actionable recommendations The Commission's report was the first to include conflict and its consequences as a key determinant of health and investigated the impact of COVID-19 on health inequities. To translate the report's recommendations into action in countries, a practical toolkit has been developed containing the needed actions and proposed roles for the relevant stakeholders. 	<ul style="list-style-type: none"> WHO will support the launch of the new World Report on Social Determinants of Health Equity in Member States. WHO will support Member States to adopt the operational framework for monitoring social determinants of health equity to measure, assess and address health inequities and their impact on health outcomes.

Pillar 4: More effective and efficient WHO providing better support to countries

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WHA76.1	Programme budget 2024–2025	<ul style="list-style-type: none"> The approved programme budget 2024–2025 for the Eastern Mediterranean Region amounts to US\$ 1299.8 million, including US\$ 618.4 million for base programmes, US\$ 342.8 million for polio eradication and US\$ 334 million for emergency operations; 72% of the base programme budget is allocated to country offices. The approved programme budget 2024–2025 includes an increase of US\$ 191.4 million or 20% in total AC paid by Member States compared to the programme budget 2022–2023. 	<ul style="list-style-type: none"> The approved programme budget 2024–2025 is built on the results of the country priorities (outputs and outcomes) jointly identified by Member States and the Secretariat. Corporate resource mobilization efforts will focus on funding up to 80% of the budgets of high-priority outputs through a combination of voluntary contributions and flexible funds, which will strengthen technical capacity at country level. Building on the country prioritization exercise and lessons learned from implementing the programme budget 2022–2023, Member States are expected to continue to engage with the Secretariat, especially with WHO country offices, in more results-based operational planning for the programme budget 2024–2025, to implement the agreed priorities and ensure the acceleration of progress to achieve the planned results of GPW 13. Member States are expected to participate with the Secretariat in regular review of country priorities and to jointly monitor the progress towards achieving the planned results. More details about country priorities and budget details are available on the programme budget 2024–2025 digital platform.
WHA76.8 EB152.R3	Scale of assessments for 2024–2025	<ul style="list-style-type: none"> The World Health Assembly adopted the scale of assessments proposed for 2024–2025. 	<ul style="list-style-type: none"> Notices of Assessment are available on the WHO website at: https://www.who.int/about/funding/assessed-contributions. Assessments are due on 1 January of the year to which they relate. Payments may be made in advance.
WHA76.9 EB152.R4	Amendments to the Financial Regulations and Financial Rules	<ul style="list-style-type: none"> The World Health Assembly approves/adopts the amendments to the Financial Regulations and Financial Rules. 	<ul style="list-style-type: none"> To be noted.
WHA76.10	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	<ul style="list-style-type: none"> Member States with overdue arrears are urged to pay dues to reinstate their voting rights before the deadline for the next World Health Assembly. 	<ul style="list-style-type: none"> Member States in arrears in the payment of their contribution to an extent that has justified the invoking of Article 7 of the Constitution are strongly recommended to reduce their arrears to the required level that would see their voting rights restored.
WHA76(14)	Results report 2022 (Programme budget 2022–2023: performance assessment) and Financial report and audited financial statements for the year ended 31	<ul style="list-style-type: none"> According to the WHO Results Report 2022, the persisting challenges affecting delivery of results in countries are primarily the limited availability and use of data for informed decision-making, inadequate multisectoral collaboration, shortages in health workforce and sustaining capacities, the growing need for emergency preparedness and response, and the need for more sustainable financing. Overall, the Eastern Mediterranean Region has a good level of financing, exceeding the total approved programme budget (160%, 	<ul style="list-style-type: none"> Consider wider and more focused application of results-based management, budgeting and reporting in WHO collaborative programmes. Address challenges affecting optimum delivery of country results by ensuring actions meant for Member States, and joint actions for Member States and the Secretariat, are undertaken to achieve programme budget 2022–2023 results by the end of the biennium. Given that flexible funding, the majority of which comes from AC, is the key source of funds to address funding gaps across the

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	December 2022	<p>including projection), which is explained by the two event-driven budget segments: emergency operations and appeals (323%); and polio eradication (179%).</p> <ul style="list-style-type: none"> • However, for the base segment, which represents the core work of the Organization, the Region's level of financing is only at 65%, representing a funding gap of US\$ 212.9 million that needs to be mobilized to fully deliver on the expected results for the Region. • Additionally, at a lower more disaggregated level, pockets of poverty remain. For the Region, outcomes 1.2 (health financing), 2.1 (countries prepared for health emergencies), 2.2 (epidemics and pandemics prevented), 3.3 (healthy environments to promote health and sustainable societies) and 4.1 (strengthened country capacity in data and innovation) are among the least funded areas, while noting that strategic priority 2 received the highest budget space increase during the budget revision. 	<p>base programmes, Member States, especially those in arrears, should ensure timely payment of their respective contributions.</p> <ul style="list-style-type: none"> • More details are available on the WHO Results Report 2022 website.
WHA76(18) EB152(15)	Report of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance	<ul style="list-style-type: none"> • The recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance were adopted. • Based on the analysis of the challenges in governance for transparency, accountability, compliance and efficiency, the recommendations for long-term improvements focused on the impact, feasibility, timeline and resource implications of the potential topics for action, the objective/problem to be addressed, and the priority for delivery. • Additionally, the recommendations included a distinction between the potential areas for inclusion in the Secretariat's implementation plan on reform and the areas that would require action from Member States, including through decisions of the governing bodies. 	<ul style="list-style-type: none"> • Member States are expected to tackle the different areas of the recommendations during internal discussions within the Ministry of Health, to have informed decisions and active participation during Member State consultations, given that decisions and action by Member States in the implementation of the recommendations are essential. • With the approval of the 20% increase of the AC, Member States should accordingly ensure that the due contribution is provided in a timely manner.
WHA76(19)	Sustainable financing: feasibility of a replenishment mechanism, including options for consideration	<ul style="list-style-type: none"> • The replenishment mechanism (investment rounds) and the sustainable financing dialogue are linked and require input and proactive support by Member States to ensure alignment with country and regional needs as the process moves forward. • The investment round approach is new and incorporates both Member State and non-State actor contributions. It is important that this delivers complementary flexible and predictable funding, in addition to the increase in assessed contributions (AC). • The drafting of the Fourteenth General Programme of Work (GPW 14) will need to reflect the delivery "compact" and obligations against investments, so Member States should be aware and familiarize themselves with information as it becomes available. • Member States will be required to increase their share of the flexible funding provided to WHO. They need to ensure that sufficient funding is available for sustainable financing. Currently, five of 21 Member States are in arrears. 	<ul style="list-style-type: none"> • Sustainable financing is to be discussed during the 70th session of the Regional Committee for the Eastern Mediterranean. Member States should participate in briefing sessions on the replenishment mechanism/investment rounds to be presented at the 154th session of the Executive Board in January 2024. Member States from the Region should advocate at the upcoming Seventy-seventh World Health Assembly in 2024 for a higher percentage of flexible resources for the Region, recognizing the unique challenges and operational programming needs in many countries. • Member States should develop a solid understanding of the investment round mechanism and upcoming investment round process for 2024. They should be aware of the timelines and participate proactively in the dialogue and decision-making on the Secretariat's proposals. • Member States should be aware of the process and their involvement in the preparation of GPW 14, so that alignment with country and regional needs is ensured. • Member States should initiate timely discussion on sustainable financing/enhanced contributions with relevant counterparts within their governments/parliaments to advocate for an increase in flexible contributions. • Member States should commit to providing their increased share of AC.

Resolution/ decision no.	Title/ subject	Regional implications	Action/comments of interest for Member States
EB152(29)	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. The call for interest was again disseminated to regional non-State actors in 2023. 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 in 2024