

Choosing health amid crisis: Reflections from the 72nd Regional Committee for the Eastern Mediterranean

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Keywords: Regional Committee, healthcare, health emergency, funding cuts, Eastern Mediterranean

Citation: Balkhy HH. Choosing health amid crisis: Reflections from the 72nd Regional Committee for the Eastern Mediterranean. East Mediterr Health J. 2025;31(9&10):532–534. <https://doi.org/10.26719/2025.31.10.532>.

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The 72nd Session of the WHO Regional Committee for the Eastern Mediterranean (RC72), which convened in Cairo this month, took place at an extraordinary inflection point for global health (1). Our Region faces unprecedented challenges: 16 concurrent emergencies, more than 115 million people requiring humanitarian assistance, and two-thirds of all global attacks on health care occurring within our borders. Yet amid this turbulence, Member States demonstrated that even in the most difficult circumstances, we can – and must – choose health.

Anchoring progress in strategy

The meeting of WHO's highest decision-making body in Eastern Mediterranean Region (EMR) took stock of progress under the Regional Strategic Operational Plan, which was endorsed just one year ago. As outlined in my annual report for 2024/2025, this framework with its 3 flagship initiatives – access to medicines, health workforce investment, and substance use – is already delivering measurable results (2,3).

Wild poliovirus cases in Afghanistan and Pakistan continue to decrease, and vaccine-derived outbreaks have been contained, including in Gaza. Egypt controlled hepatitis B, was certified malaria-free, and – together with Bahrain, Iran and Oman – eliminated measles and rubella. Jordan became the first country worldwide verified for leprosy elimination, while Pakistan was certified free of trachoma. Sixteen countries have now achieved elimination targets for at least 2 neglected tropical diseases.

Progress on noncommunicable diseases has been equally significant. Saudi Arabia and Oman were certified for eliminating harmful trans fats, while 14 countries adopted noncommunicable disease (NCD) best practice policies. Tobacco control was strengthened in several countries with plain packaging regulations, graphic health warnings, advertising promotion and sponsorship bans, and tax increases.

Countries strengthened health system resilience through Universal Health Coverage benefit packages and expanded primary care models, while ensuring that refugees, migrants and displaced people have access to essential services. National digital health strategies have also advanced across the Region.

The 3 flagship initiatives are transforming health systems. On access to medicines, Saudi Arabia's regulatory authority reached maturity level 4 and is preparing to become the Region's first WHO-listed authority by 2026. Egypt's regulatory authority reached WHO maturity level 3 – with Morocco, Pakistan and Tunisia closely behind. Supply systems are improving through a new regional pooled procurement mechanism, while inter-regional collaboration strengthens regulatory convergence.

The health workforce flagship is addressing the projected shortage of 2.1 million health workers by 2030, supporting countries to develop strategies that strengthen primary care and transform medical education.

On substance use – affecting 6.7% of people aged 15–64 years in our Region – WHO is working with partners to strengthen prevention, expand treatment and integrate care into primary health services.

Five critical resolutions

The Regional Committee adopted 5 resolutions that will shape health priorities in the coming years.

Resolution EM/RC72/R.2 commits Member States to halving the number of children who have never received a single vaccine by 2030, while also committing to eliminate rubella and congenital rubella syndrome (4).

Resolution EM/RC72/R.3 positions health system recovery as the foundation of resilience – ensuring that humanitarian response goes hand in hand with early investment in rebuilding services. This is critical in places like Gaza, Sudan, Yemen and Afghanistan (5).

Resolution EM/RC72/R.4 calls for palliative care to become a core component of national health systems. Currently, only 1% of the 2.4 million people who need such care annually in our Region actually receive it (6).

Resolution EM/RC72/R.5 strengthens laboratory safety – closing gaps in governance, protecting health workers, and enhancing the role of laboratories in surveillance and preparedness (7).

Resolution EM/RC72/R.6 endorses the Operational Action Plan for Climate Change and Health in the Eastern Mediterranean (2026–2030) (8).

Member States also unanimously endorsed the Cairo Call to Action on Breast Cancer – the leading cancer among women in the Region (9).

The imperative of solidarity

These achievements were accomplished despite unprecedented financial pressures. Cuts to global health funding have forced difficult choices, particularly in fragile and conflict-affected countries.

For example, more than 450 clinics have closed in countries like Afghanistan, Sudan, and Syria; nutrition support has been slashed for displaced populations in several countries; and maternal and child health services have been disrupted across the Region (10).

WHO's base programme budget for 2026–2027 was reduced by 14% compared to the previous biennium, with regional offices experiencing an average 14% decrease. This necessitated an organization-wide reprioritisation of work, resulting in a structure that is leaner, but more coherent and better positioned to deliver.

We have also been working to increase voluntary contributions and tap into new funding sources. A new Regional Health Financing Taskforce will help Member

States mobilise domestic and diaspora resources, as well as strengthen budgeting and management. In 2024, WHO successfully mobilised US\$ 1.4 billion for EMR and forged 15 new partnerships.

Still, our current funding model is unsustainable. The approved 2026–2027 budget offers a clear outlook, but 40% – US\$ 215 million – still needs to be mobilised. Without predictable financing, our Region risks losing hard-won gains in emergency preparedness, disease control and primary health care (11).

A shared commitment

Healthcare in the EMR is a shared responsibility. Regional solidarity is not optional – it is our only way forward. Every country must strengthen domestic financing, ensure efficiency and invest in people-centred systems. We must also support one another through pooled procurement, shared expertise and innovative solutions.

RC72 demonstrated that even in the darkest times, when we choose health, we choose hope. With sustained commitment and solidarity, we can build a future where every person in the EMR lives a healthier, safer and more dignified life.

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