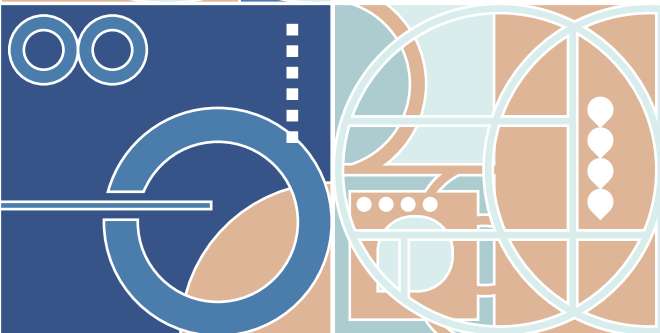


EM/RC72/2

The work of WHO in the Eastern Mediterranean Region

Annual report of the Regional Director

2024/2025



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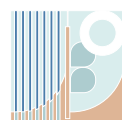
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Foreword

I am privileged to present this report, reflecting my first 18 months as Regional Director of the World Health Organization's Eastern Mediterranean Region.

This has been a period of profound uncertainty for global health, and for our Region. Conflict, disasters and displacement are driving human suffering on an enormous scale. Today, more than 115 million people across the Eastern Mediterranean Region require urgent humanitarian assistance. I will never forget those I met during my country visits: families uprooted by war, chronically ill patients unable to access treatment, and malnourished children struggling to survive.

And yet, alongside this suffering, I have also witnessed extraordinary resilience. Health workers risking their lives to save others; communities standing together in solidarity; governments taking bold action to protect their people. These moments remind me why we must continue to fight for the right to health for all.

The year 2024 was marked by an unprecedented assault on health care worldwide – more than 60% of attacks occurred here in our Region. Hospitals – once sanctuaries for the sick – have too often become targets. Too many children have gone without vaccines; too many women have given birth without safety or dignity; too many patients have endured surgery without anaesthetic. These realities demand compassion and collective action.

At the same time, there has been tangible progress. Wild poliovirus cases are declining, elimination targets for other diseases have been reached in several countries, and new policies are addressing tobacco, harmful trans fats and mental health. More than 320 000 children under 5 received lifesaving treatment for severe acute malnutrition. Health systems are being restructured to become more resilient, equitable and sustainable.

Central to this progress is the Regional Strategic Operational Plan, endorsed by Member States in October 2024. It focuses our efforts on three flagship initiatives: expanding equitable access to medical products, investing in the health workforce, and tackling substance use. These accelerators are already delivering results – including advances in pooled procurement, stronger regulatory systems, and redefining prevention and treatment for substance use disorders.

We have achieved all this despite unprecedented financial pressures. Cuts to global health funding required some hard choices: streamlining our structures, reprioritizing our work, and doing more with less. It has been difficult, but it has also made us leaner, more efficient, and better aligned with our Region's priorities, putting us on path to a more sustainable future.

The challenges ahead are immense, but so too is our determination. This report reflects both the gravity of our context and the hope inspired by the progress we have made together. With sustained commitment, solidarity, and a renewed belief in health as a human right, I am confident that we can build a future where the people of this Region live healthier, safer, and more dignified lives.

Dr Hanan Balkhy

WHO Regional Director
for the Eastern Mediterranean





This report covers WHO's work in the Eastern Mediterranean Region during the period from the beginning of 2024 to the middle of 2025. This was a time of transition for the Organization. In October 2024, the WHO Regional Committee for the Eastern Mediterranean endorsed a regional strategic operational plan to guide implementation of the Organization's global strategy, the Fourteenth General Programme of Work (GPW14). At the same time – and as discussed in Chapter 6 – WHO faced the most severe financial crisis in its history, necessitating a major process of restructuring and retrenchment, which is still ongoing.

The report thus straddles the period between two programmes of work. It is structured around the regional strategic operational plan, with its three flagship initiatives and six priorities, but also covers some significant work before the new plan took effect. It is not a comprehensive record of the Organization's activities, but rather highlights the main public health challenges and achievements in the Region during the reporting period. There are links and references to further resources in the text, while more information about WHO's work in 2024 is available in the global Programme Budget 2024–2025 midterm **results report**.

Where reasonably possible, information in the report is up to date as of 30 June 2025, but in some cases data refer to an earlier point in time and very occasionally more recent pertinent developments are cited.



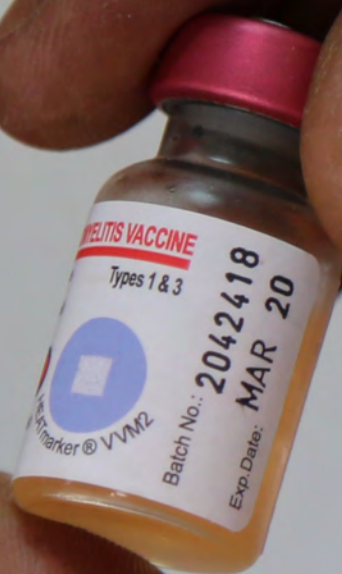


The Regional Director's flagship initiatives

At the heart of WHO's new strategic operational plan for the Region are three flagship initiatives on expanding equitable access to medical products, investing in a resilient and sustainable health workforce and accelerating public health action on substance use.

The flagships were initiated by WHO's Regional Director, Dr Hanan Balky, early in 2024, at the start of her term in office, and the choice of subject areas reflects her extensive high-level discussions with senior policy-makers in every country of the Region. While countries face different challenges depending on their resources and socioeconomic circumstances, action in each of the three areas is critical for improving health and well-being across the Region. The flagships aim to accelerate progress at country level by fostering regional solidarity, harnessing collective resources and leveraging WHO's leadership role in the health sector.





Expanding equitable access to medical products

Many vulnerable people in the Region struggle to get the essential medicines, vaccines and medical products they need. Barriers to access include, among other things, poor governance, frequent stockouts, high costs and humanitarian emergencies. WHO has been working with countries to address these problems for many years, but the flagship initiative aims to achieve a step-change through concerted, strategic regional and country-level action.

This includes work with countries and partners to enhance regulatory systems:

- During the reporting period, Afghanistan, Islamic Republic of Iran, Jordan, Morocco, Oman, Pakistan, Tunisia and United Arab Emirates all received technical support for self-benchmarking by their national regulatory authorities (NRAs).
- Tunisia was supported to design its new NRA, including through a study tour of the NRA of Switzerland, Swissmedic.
- Pre-benchmarking missions were conducted in Egypt, Jordan and Morocco (2024) and Tunisia (2025), and a benchmarking mission was conducted in Egypt. Egypt's NRA attained maturity level (ML) 3 for medicine regulation.
- WHO has been following up on implementation of institutional development plans in Egypt, Morocco, Pakistan and Tunisia. The NRAs of Morocco, Pakistan and Tunisia are expected to attain ML3 in the next biennium, 2026–2027.
- WHO is providing technical assistance for the Food and Drug Authority of Saudi Arabia to become a WHO-Listed Authority for medicines regulation with the aim of achieving listing by 2026.
- Djibouti, Egypt, Jordan, Morocco, Saudi Arabia, Somalia, Sudan and Tunisia participated in various training or capacity-building sessions, while nine countries of the Region joined a global meeting on implementing regulatory frameworks for cell and gene therapies in 2024.
- A regional meeting of national focal points for WHO's Global Surveillance and Monitoring System to strengthen management of substandard and falsified products management was held in December 2024, and the network is expected to be formalized by 2026.
- In February 2025, the North African Medicines Regulatory Harmonization (NA-MRH) initiative was launched, in collaboration with WHO's African regional team and **AUDA-NEPAD**. The NA-MRH brings together Algeria, Egypt, Libya, Mauritania, Morocco and Tunisia to strengthen regulatory convergence.

There have already been extensive efforts to boost local production:

- Lists have been compiled of existing and potential vaccine manufacturers in the Region, as well of institutions undertaking research and development into vaccines. Work is under way to map pharmaceutical companies.
- A regional meeting was convened in Riyadh, Saudi Arabia, in February 2025 to explore opportunities for research and development collaboration on mRNA product development targeting diseases of regional importance.



- An assessment of the local production ecosystem in Tunisia was conducted in 2024, which led to recommendations to address identified gaps. Training in Chemistry, Manufacturing, and Controls (CMC) and Good Manufacturing Practices (GMP) was provided to build workforce capacities in local vaccine manufacturing.
- GMP inspections of manufacturers have been initiated in Lebanon at the country's request.
- WHO has provided technical guidance on key aspects of vaccine policy and production, including: selection of vaccines based on public health needs and global standards; WHO vaccine prequalification processes to ensure safety and efficacy; and developing a national strategy to establish sustainable domestic vaccine production capacity.
- Egypt has issued a first draft of its domestic vaccine production strategy.

WHO is also working to enhance procurement and supply systems:

- Efforts are proceeding apace to develop a regional pooled procurement mechanism (PPM). In December 2024, the WHO Regional Office signed a memorandum of understanding with the Pan-American Health Organization (PAHO) for collaborative support to establish the mechanism, including technical assistance and potentially also extending PAHO's terms and conditions for a specific shortlist of products. In 2025, WHO's regional team conducted a landscape assessment of the capacities and changes required to establish the PPM, and now a roadmap for its operationalization is being developed. An initial group of priority products to be covered by the PPM is being drawn up using selection criteria designed to maximize access and align with regional priorities.
- Criteria have been developed for assessment of national supply chain systems, and meetings have been held with procurement institutions in Egypt and Morocco to review their systems.
- WHO has supported Jordan to modernize and expand its supply chain system. A new centralized warehouse for medicines and vaccines employs cutting-edge digital systems to reduce stockouts, improve delivery times and ensure adherence to WHO's Good Storage and Distribution Practices. Its opening in October 2024 was followed by the inauguration of four upgraded regional warehouses in Ma'an governorate in July 2025.
- However, lack of funding is limiting progress on several other planned elements of work to enhance procurement and supply across the Region, including modernizing warehouses and distribution networks, supporting the establishment of national centralized procurement systems and conducting training in procurement, supply and logistics management.



World Health
Organization



Investing in a resilient and sustainable health workforce

A skilled health workforce is the backbone of every effective health system, but many countries in the Region face severe challenges in producing, recruiting and retaining the health professionals they need, while some rely on international recruitment. The flagship initiative aims to help ensure that every country can secure the health workforce it needs for the long term.

An important area of focus is ensuring that all investment is well targeted and that the strategic governance and leadership of the health workforce is effective:

- Analysis of current investment in health workforce across the Region is under way. Work is also in hand to establish a regional commission to provide advocacy for and guidance on investment, and discussions have been opened with other possible participating agencies. The commission is expected to meet in late 2025.
- Afghanistan, Jordan, Pakistan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen have been working with WHO to develop health labour market analysis strategies and action plans.
- A regional capacity-building workshop on the governance and leadership of health professions educational institutions was held in Kuwait in December 2024, while workshops are planned in Pakistan, Syrian Arab Republic and United Arab Emirates in the fourth quarter of 2025.
- A capacity-building programme in health workforce governance and leadership has been developed.

The initiative also aims to foster high value-added interventions to build a health workforce that is fit for the future:

- A mapping exercise has been completed to provide baseline information on medical and nursing schools in most countries, and scoping reviews are now being undertaken to inform guidance on transforming health professions education in the Region.
- A review has been developed to understand the landscape of postgraduate health professions education, and an expert consultation was held on 3 September 2025, in collaboration with the Arab Board of Health Specialties.
- Support has been provided to strengthen the capacities of two national health professional councils so far: the Somalia Health Professional Council and the Pakistan Nursing and Midwifery Council.

Fostering collaboration is a key aim:

- A regional health workforce collaborative is being developed. The collaborative will bring together partners, stakeholders, institutions to share their experiences, expertise, capacities and resources.
- A regional consultation on the international mobility of health workforce has been organized for mid-September 2025, and dialogue is ongoing with the International Organization for Migration and the League of Arab States to facilitate diaspora engagement.



- Collaborations have been facilitated between the nursing faculties of University of Aden and Sultan Qaboos University, and between the ministries of health of Afghanistan and Pakistan; and the possible establishment of WHO collaborating centres on the regulation of health workforce and the protection and well-being of health workers is under way.

A monitoring framework and indicators have been agreed for overall monitoring and evaluation of the initiative, and a regional strategic dialogue to discuss progress so far and next steps is planned for late 2025.

Accelerating public health action on substance use

The proportion of people using drugs in the Region is higher than the global average, but only a small fraction of them – 1 person in every 13 – receives treatment. Research has shown that public health interventions are an effective way of preventing and reducing substance use and an extremely cost-effective option, given the wide-ranging harms such use causes to individuals, families, communities and economies. This flagship initiative therefore aims to support effective public health action by countries across the Region.

WHO has been working at the regional level to mobilize resources and coordinate key stakeholders:

- In February 2025, WHO brought together policy-makers, academics and representatives from United Nations agencies and civil society organizations for a **policy dialogue** on scaling up implementation of the initiative.
- A regional communication strategy has been developed along with a communication plan for the first year and related advocacy and information resources.
- A regional Mental Health and Substance Use Technical Advisory Group is being established. Formal invitations to join have been accepted by designated members.
- In June 2025, a meeting was held under the auspices of the Regional Health Alliance with colleagues from sister agencies, including the United Nations Office on Drugs and Crime (UNODC), the Office of the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (IOM), the United Nations Children's Fund (UNICEF) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), and a joint workplan was developed outlining common activities in line with the flagship implementation plan.
- July 2025 saw the launch of the Regional Coalition for Mental Health and Substance Use Prevention. The Coalition brings together civil society actors working on the frontlines of mental health and substance use, including many people directly affected by substance use, and provides a platform through which they can align strategies and maximize their collective impact.
- A proposal has been developed to seek US\$ 3 million of overall funding for the initiative, and specific proposals have also been developed to support projects in Afghanistan and Syrian Arab Republic.





- The network of WHO collaborating centres with relevant expertise in the Region is being strengthened: WHO collaborating centres on mental health and substance use are already operational in Islamic Republic of Iran and United Arab Emirates, while applications from potential collaborating centres in two other countries of the Region are in process.
- A concept note for a research prioritization exercise has been developed as the first stage in establishing a regional research agenda on substance use.

Several countries are enhancing policy and regulation:

- Following the February 2025 regional policy dialogue, WHO country offices are planning to conduct national policy dialogues to discuss and review national policies and regulations and strengthen evidence-based programming in Egypt, Bahrain, Lebanon, Kuwait, Morocco and Tunisia.
- WHO supported the Ministry of Public Health of Afghanistan to review and update the country's mental health and drug demand reduction strategies, building on the natural synergies between mental health, drug demand reduction and HIV/hepatitis C and sexually transmitted infections programmes.
- Support was also provided for Somalia to develop a new multisectoral strategic plan (2025–2030) to prevent and treat drug and substance use.
- WHO supported the development of a national plan on substance use management and child and adolescent mental health in Tunisia.

Efforts to strengthen health system capacities to tackle substance use are wide ranging:

- Together with partners, WHO is supporting substance use treatment units in Afghanistan, Egypt, Islamic Republic of Iran and Pakistan.
- The substance use component of the Regional Professional Diploma in Family Medicine is being enhanced; discussions are under way with the International Consortium of Universities for Drug Demand Reduction to strengthen addiction nursing capacity in the Region through education and training; and support has been provided for country-level projects in Afghanistan, Djibouti and Lebanon.
- Afghanistan, Djibouti and Morocco have begun projects to ensure the availability of essential medicines for management of substance use disorders.
- Afghanistan, Jordan, Libya, Pakistan, Palestine, Sudan, Syrian Arab Republic, United Arab Emirates and Yemen are all using WHO's Mental Health Gap Action Programme (mhGAP) suite of tools and guidance to improve the integration of a mental health and substance use component in primary health care (PHC) services. Egypt, Jordan, Morocco, Palestine, Saudi Arabia and Syrian Arab Republic are making progress towards integrating substance use interventions into their universal health coverage (UHC) priority benefit packages.

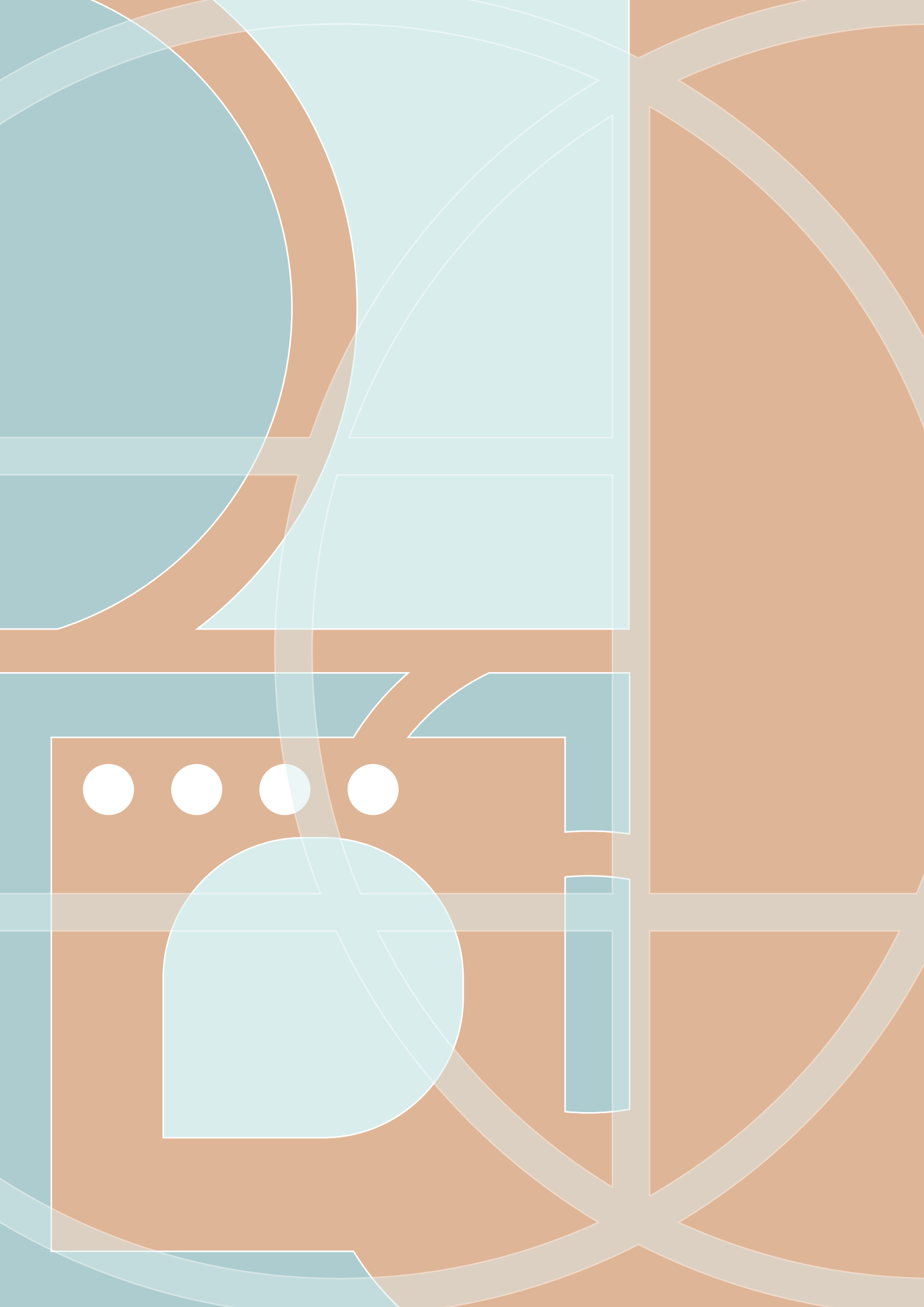


- Tunisia is working to mobilize resources to upgrade and expand its rehabilitation centres.

Work on substance use prevention includes implementation of **WHO's school mental health training package** and its linked online course in Bahrain, Egypt, Islamic Republic of Iran, Jordan, Pakistan, Syrian Arab Republic and United Arab Emirates. The package enables educators to better support their students' needs in relation to a range of mental health issues, including substance use.

As part of efforts to monitor and evaluate substance use and relevant support resources across the Region, an updated version of **WHO's substance use atlas** is being developed. The atlas questionnaire is being aligned with the SDG 3.5 global survey and the flagship core indicators, and the survey will be carried out in the second half of 2025.







Chapter 1.

Promoting health

WHO's first priority under the new regional strategic operational plan is to improve health and well-being in the Region by addressing major risk factors, tackling the underlying determinants of health, reducing health inequities and ensuring the engagement and inclusion of refugees, migrants and communities.

There was already significant advances in many of these areas during 2024, and the strategic operational plan aims to accelerate progress by concentrating resources on key interventions.



Reducing risk factors

Noncommunicable diseases (NCDs), such as cardiovascular diseases, diabetes, chronic respiratory disease and cancer, cause about two thirds of all deaths in the Region, so action to reduce the risk of NCDs is a high priority.

WHO supports implementation of repeated **STEPS** surveys in countries of the Region to update data on NCD risk factors and support programme planning. At time of writing, Egypt, Iraq, Kuwait and Oman are implementing repeat risk factor surveys at national level, while Jordan, Lebanon and Qatar are finalizing and releasing their survey results. Saudi Arabia has integrated STEPS standard questionnaires into the national health survey, and Syrian Arab Republic completed the Global School Health Survey to update data on the health of adolescents between the ages of 13 and 17.

Informed by STEPS data and other evidence, there was extensive work during 2024/2025 to address key NCD risk factors. This included encouraging progress on tobacco control:

- Oman introduced plain packaging for tobacco products, joining Saudi Arabia as a regional leader on this issue.
- Iraq and Tunisia also enhanced packaging regulations by requiring graphic health warnings to cover at least 50% of tobacco packs.
- WHO technical support included six regional meetings, 11 technical missions and targeted in-country activities.
- Iraq, Lebanon, Morocco and Syrian Arab Republic were supported to develop legally robust tobacco control legislation; Djibouti, Jordan and Qatar were supported to develop national strategies; and tobacco control investment cases were developed for Lebanon and Pakistan.

To help maintain this momentum and political commitment, in October 2024 the Regional Committee for the Eastern Mediterranean extended the mandate and expanded the membership of the High-level Ministerial Group on the Control of Tobacco and Emerging Tobacco and Nicotine Products.

Several countries took significant action to improve nutrition.

- Oman introduced a series of regulatory measures to promote healthier food choices, including tighter controls on food advertisements, a tax on sugar-sweetened beverages, voluntary front-of-package labelling and a partial ban on hydrogenated oils. At the Seventy-eighth World Health Assembly in May 2025, it received WHO's trans-fatty acid elimination certificate – the second country in the Region to be recognized after Saudi Arabia.
- Lebanon and Qatar passed best practice policies on trans-fat elimination.
- Twelve other countries have policies on trans-fat elimination in effect and are making progress.

Preventing and managing acute malnutrition also remains a key priority. Among other action, a training-of-trainers workshop is planned to support rollout of the new ***WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years***.





Violence and injuries cause more than 433 000 deaths annually in the Region. Almost a third of these deaths are due to road traffic crashes and another third are due to intentional injuries/violence.

Work to address violence and injuries during the reporting period included extensive efforts to tackle violence against women and children in the Region:

- A new strategic workplan on gender-based violence (2025–2030) was developed. The workplan includes a monitoring and evaluation and learning framework and is the first of its kind developed by WHO.
- WHO's regional team developed a training package on the health system response to violence against children, based on WHO's related normative guidance. Kuwait became the first country to roll out the package nationally, through a three-day training targeting primary- and tertiary-level health workers and school health professionals.
- Technical support was provided to nine countries facing emergencies in the Region to strengthen capacities of health providers to respond to the health-related needs of women and children survivors of violence and to equip health facilities with minimum standards for such response.
- Six countries and territories (Egypt, Morocco, Palestine, Oman, United Arab Emirates and Yemen) were supported to update health response protocols on violence against women and children.

Among other action, WHO is now following up on the first **Global Ministerial Conference on Ending Violence against Children**, which took place in November 2024. In collaboration with UNICEF, WHO's regional team organized a series of webinars and is working to support fulfilment of country pledges and the engagement of other countries from the Region in the call to action and pledges process.

FAMILY PROTECTION
& REHABILITATION CENTER



THE POWER
OF
CHANGE
IS IN
OUR
HAND

We can - We Shall - We will

STOP

Cor

As part of efforts to reduce road traffic injuries:

- WHO worked with Bahrain, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, Tunisia and United Arab Emirates to review and enhance legislation.
- In February 2025, Morocco hosted the fourth Global Ministerial Conference on Road Safety with participation from 16 countries of the Region.
- United Arab Emirates significantly improved data collection on road traffic fatalities, reinforcing an impressive record of action in this area in recent years: according to the ***Global status report on road safety 2023***, it was one of only 10 countries in the world to have achieved the global target of reducing the number of road deaths by at least 50% during the first Decade of Action for Road Safety, 2011–2020.
- New regional analysis of WHO's latest global report on road safety showed that 14 countries of the Region cut road traffic mortality rates between 2016 and 2021.
- Thirteen countries are implementing the regional tool for monitoring progress on road safety.

For more information, see:

Understanding deaths from violence and injury in the WHO Eastern Mediterranean Region. Using WHO's 2021 global health estimates for a targeted response. Cairo: WHO Regional Office for the Eastern Mediterranean; 2024
(<https://applications.emro.who.int/docs/9789292742201-eng.pdf?ua=1>).

Road safety in the Eastern Mediterranean Region. Facts from the global status report on road safety 2023. Cairo: WHO Regional Office for the Eastern Mediterranean; 2024
(<https://applications.emro.who.int/docs/9789292743543-eng.pdf>).







Promoting mental health

Mental health conditions affect an estimated 16.24% of the Region's population – the second highest prevalence rate of any WHO region – while the gap between demand and available services is as high as 90% in some countries.

According to the most recent available data, as of 2023:

- 32% of the Region's countries had updated their mental health policies and laws in line with international and regional human rights standards.
- 32% of countries had integrated mental health into PHC, up from 23% in 2020.
- Suicide rates in the Region had declined by 17% since 2019.

As part of targeted intervention strategies:

- Fourteen countries (Afghanistan, Egypt, Iraq, Jordan, Lebanon, Libya, Pakistan, Palestine, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen) are now scaling up community-based mental health and substance use treatment services using the Mental Health Gap Action Programme.
- An online media monitoring tool has been developed to support suicide prevention efforts, and online media monitoring training has been conducted for media professionals in Morocco, Pakistan, Palestine and Tunisia.
- Jordan was supported to develop an investment case for preventing and treating mental health conditions.
- United Arab Emirates was supported to develop a national dementia plan.
- A regional knowledge-sharing platform is being established to support countries in scaling up and implementing the Global Dementia Action Plan.

The burden of mental health conditions is massively exacerbated by humanitarian emergencies in the Region, and mental health and psychosocial support (MHPSS) in emergencies is therefore an important area of focus. For example:

- Supported by WHO, international and local nongovernmental organizations, Somalia worked to build the capacity of nonspecialized health care workers to provide mental health services within the general health care system. By the end of 2024, four trainings sessions had been conducted across the country, reaching a total of 136 nurses, midwives, doctors, psychiatric nurses and community health workers.
- In January 2025, Libya formally endorsed its first ever national mental health strategy. Developed with support from WHO, the new strategy envisions a comprehensive, integrated system that guarantees accessible, high-quality mental health services across the country.
- Afghanistan, Lebanon, Palestine, Somalia, Sudan, Syrian Arab Republic and Yemen are also all working to enhance MHPSS response capacities in emergencies.



Empowering populations and engaging communities

A major area of focus in community engagement efforts was the development of settings-based approaches for multisectoral health promotion:

- The regional Healthy Cities Network grew from 112 registered cities at the end of 2023 to 128 in mid-2025 (see Fig. 1).
- In August 2025, Jeddah and Madinah in Saudi Arabia became two of the largest cities in the Region to receive WHO designation as Healthy Cities.
- Three of Bahrain's four governorates were designated as Healthy Governorates and four new cities received Healthy City designation.
- Al Buraimi became the fifth city in Oman to receive WHO Healthy City designation, meaning that nearly 8% of Oman's population now live in Healthy Cities.
- Maragheh became the Islamic Republic of Iran's second Healthy City.
- Sharjah in United Arab Emirates, which became the Region's first Healthy City in 2015, hosted two WHO meetings to share experiences with neighbouring countries. Sharjah is now pioneering implementation of the Healthy Cities and Age-friendly Cities and Communities programmes in the Region.



Fig. 1

Total number of registered Healthy Cities in each country/territory of the Region, December 2023 and mid-2025



Work to empower key population subgroups included significant efforts to improve the engagement of persons with disabilities:

- WHO's Regional Director established a working group to oversee implementation of the **United Nations Disability Inclusion Strategy** and the **WHO Policy on Disability**, to ensure such inclusion across the Organization's work in the Region.
- An analysis of disability inclusion in health systems in the Region, with data from 15 countries representing 80% of the Region's population, has been completed and will be published towards the end of 2025. Country-specific factsheets are being developed to inform planning and action.

The Eastern Mediterranean became the first WHO region to implement the global **framework for meaningful engagement of people living with NCDs, and mental health and neurological conditions**, with a focus on cancer:

- Country dialogues were conducted in five countries – Egypt, Jordan, Morocco, Qatar and Syrian Arab Republic – involving people with lived experience and stakeholders from within and beyond the health sector, to address cancer through an integrated approach.
- A mapping exercise identified 35 community organizations in nine countries and established a network of 50 people with lived experience. Only 40% of organizations were aware of mechanisms to connect with policy-makers in their countries.
- WHO started collaborating with Baheya Hospital and Foundation in Egypt to develop communication materials to raise the voices of people with lived experience from the Region.

Advancing the health of refugees and migrants remained a priority. For example:

- A monitoring framework was developed to evaluate countries' progress in implementing the **regional strategy to promote refugee and migrant health**.
- Under the auspices of the Migration Multi-Partner Trust Fund, WHO, IOM and the United Nations Office for Disaster Risk Reduction launched a pioneering initiative to strengthen synergies between climate change adaptation and disaster risk reduction in Iraq, Jordan and Lebanon.
- WHO's regional team collaborated with the WHO Regional Office for Europe and IOM to enhance the collection of migration data variables through national health information systems.





For more information, see:

Building resilient communities for better health and well-being in the Eastern Mediterranean Region: progress report to the 72nd session of the WHO Regional Committee for the Eastern Mediterranean. Cairo: WHO Regional Office for the Eastern Mediterranean; 2025 (EM/RC72/INF.DOC.8).

Strategy to promote the health and well-being of refugees, migrants, internally displaced populations and other displaced groups in the Eastern Mediterranean Region: progress report to the 72nd session of the WHO Regional Committee for the Eastern Mediterranean (EM/RC72/INF.DOC.15).





Addressing health risks and impacts of climate change

Environmental health challenges account for 23% of the total disease burden in the Region, including substantial deaths from air pollution and unsafe food and water. WHO supported countries to address these challenges. For example:

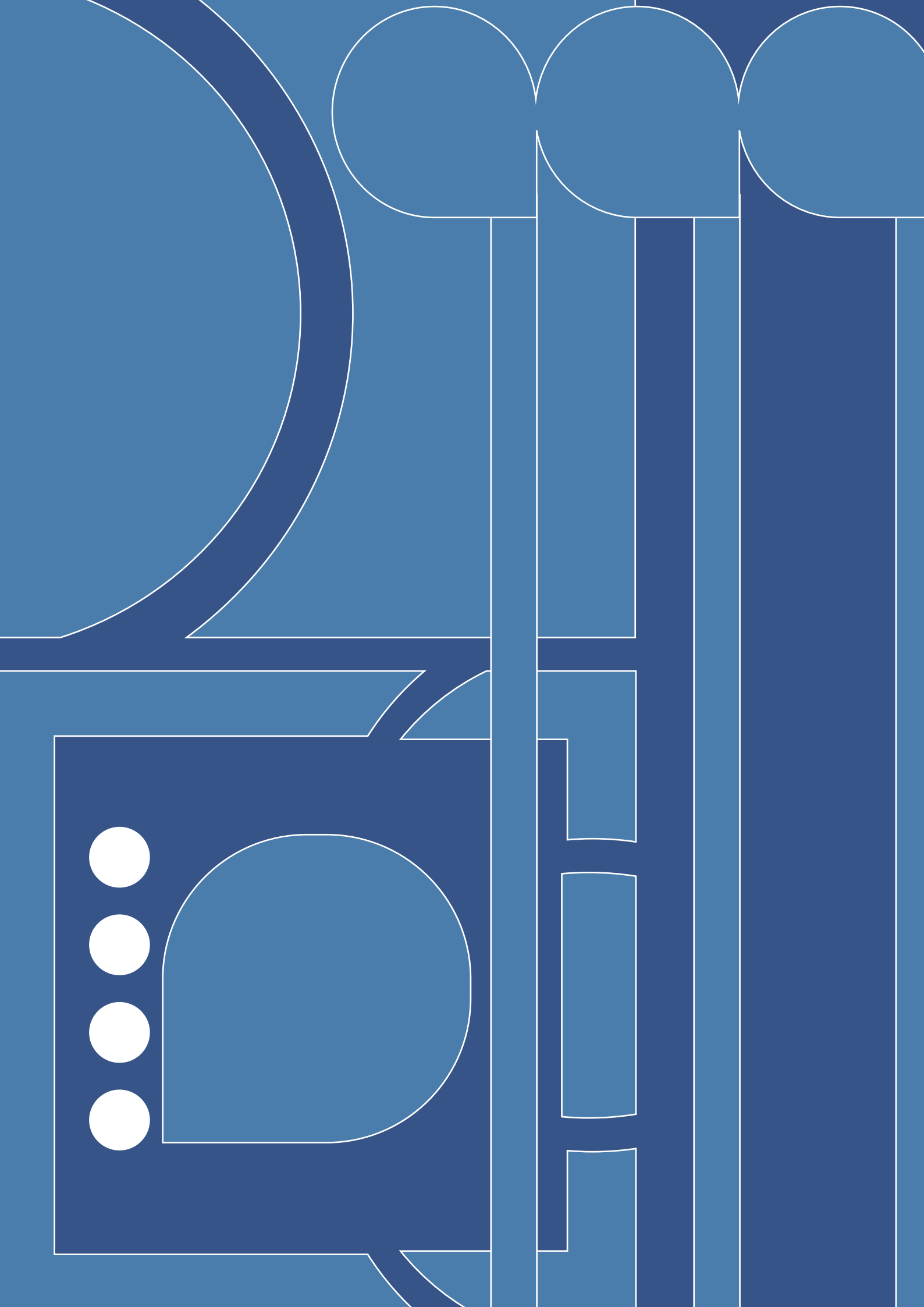
- More than 300 focal points have now been trained in using WHO's risk-based management tools to improve water, sanitation and hygiene (WASH).
- Sixteen countries have pledged to strengthen their climate resilience. Seven are already developing national health adaptation plans, and over 120 cities have begun reporting air quality data.
- Nearly all of the Region's countries and territories (21 out of 22) are now part of the International Food Safety Authority Network, helping to ensure global communication about food safety incidents and their effective management.
- Recognizing the need for climate-resilient health care, eight hospitals across the Region have piloted the Sustainability Accelerator Tool, fostering low-carbon, sustainable systems.

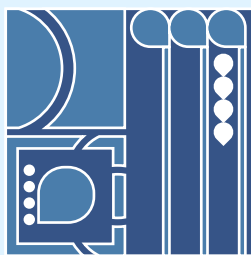
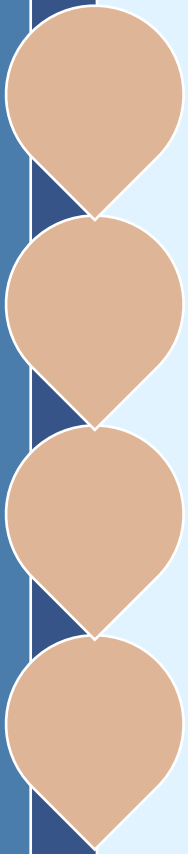
For more information, see:

Climate change, health and environment: a regional framework for action, 2023–2029: progress report to the 72nd session of the WHO Regional Committee for the Eastern Mediterranean. Cairo: WHO Regional Office for the Eastern Mediterranean; 2025 (EM/RC72/INF.DOC.13).

Summary report on the first INFOSAN regional meeting in the WHO Eastern Mediterranean and FAO Near East and North Africa regions: strengthening intraregional collaborative efforts for advanced preparedness and efficient management of food safety incidents. Cairo: WHO Regional Office for the Eastern Mediterranean; 2024 (WHO-EM/CEH/176/E, <https://applications.emro.who.int/docs/WHOEMCEH176E-eng.pdf?ua=1>).







Chapter 2.

Making good quality health care more accessible

Advancing UHC is at the core of Sustainable Development Goal (SDG) 3 and WHO's mission. This entails supporting Member States to build stronger, more resilient health systems, working to prevent, control and eliminate diseases, and promoting evidence-based interventions.

Building more resilient and equitable health systems

Throughout the reporting period, WHO continued working with countries to make health systems more inclusive and resilient by defining core health service packages and making sure that the entire population can access them without incurring financial hardship. For example:

- WHO supported the development, implementation and costing of UHC packages in Egypt, Iraq, Jordan and United Arab Emirates, while Afghanistan was supported to review, update and cost its basic package of health services.
- The development and implementation of models of care based on PHC was supported in Djibouti, Pakistan, Syrian Arab Republic and Yemen.
- Iraq, Kuwait, Morocco, Somalia and Yemen developed and implemented national policies and strategies to enhance integration and delivery of quality care as part of their PHC-oriented models of care.

While WHO advocates a PHC approach as the foundation of UHC, integrating hospitals into the health system is also pivotal. During 2024/2025:

- Pakistan and Tunisia developed national hospital sector strategies.
- WHO piloted a tool for community health needs and asset assessment and trained more than 120 hospital managers in the Region.
- Strategic collaboration strengthened emergency, critical and operative care capacities in nine countries.
- **New operational guidance** was developed by WHO's team in the Eastern Mediterranean Region and PAHO on strengthening hospital resilience in emergency and crisis situations.
- Eight hospitals in the Region piloted the new **Sustainability Accelerator Tool** developed by the International Hospital Federation's Geneva Sustainability Centre to promote climate-resilient health care.
- Additionally, WHO facilitated regional and global collaboration to improve emergency and operative care, including hosting the first meeting of the Regional Trauma Care and Global Acute Care Action Network.

To strengthen rehabilitation and assistive technology provision within an overall health system approach, WHO provided technical support to Egypt, Lebanon, Morocco, Oman, Pakistan, Qatar and Somalia. A three-level WHO technical team continues to provide focused support for related activities in the Gaza Strip, Palestine, and other emergency settings.





د کرونا واکسين کمپاين

کرونا واکسين او تلویډي ډوز ډې ټول
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له ۱۸ کلونو څخه پورته وي بايد واخلي

کمپاين واکسين کرونا

واکسين کرونا و ډوز تلویډي آډا ډ
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COVID 19



World Health Organization

Afghanistan



TONQUE DEPRESSOR

Stethoscope

Clipboard

Pen

Glasses

Stethoscope



Health system recovery is an important area of work given the huge scale of emergencies in the Region. WHO works with countries and partners to enhance health system resilience at every stage of the emergency cycle using the humanitarian–development–peace nexus approach. A revised and expanded second edition of **the Region's pioneering guide** to implementing the nexus approach was developed and published, and countries worked to operationalize the nexus. For example:

- Iraq's transition is guided by its national development plan, and efforts in the health sector also draw on insights from early recovery efforts and the **Universal Health and Preparedness Review**. Progress in digitalizing the health system exemplifies a build-back-better approach.
- Somalia has aligned the objectives of its humanitarian response plan with its health sector strategic plan and is now coordinating financial support from humanitarian and development donors.
- WHO is working with the Ministry of Health and partners to establish a Health System Recovery Country Alliance in Syrian Arab Republic.



Strengthening access to quality health services

In line with the regional strategic operational plan, WHO provided extensive support to countries in integrated health service delivery.

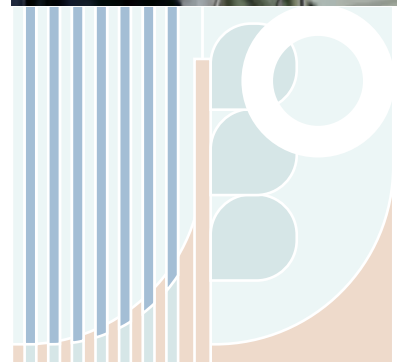
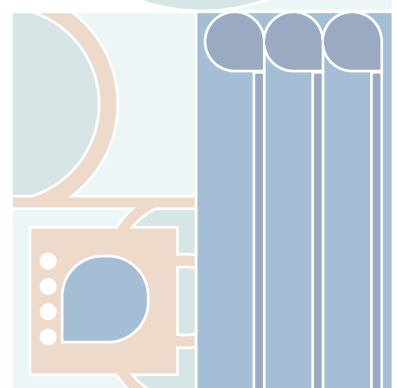
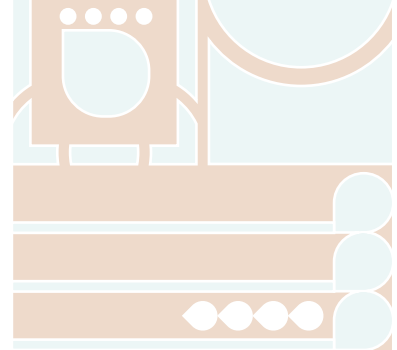
In addition to the work on addressing NCD risk factors outlined in Chapter 1 of this report, enhancing NCD surveillance and monitoring systems was an important area of focus:

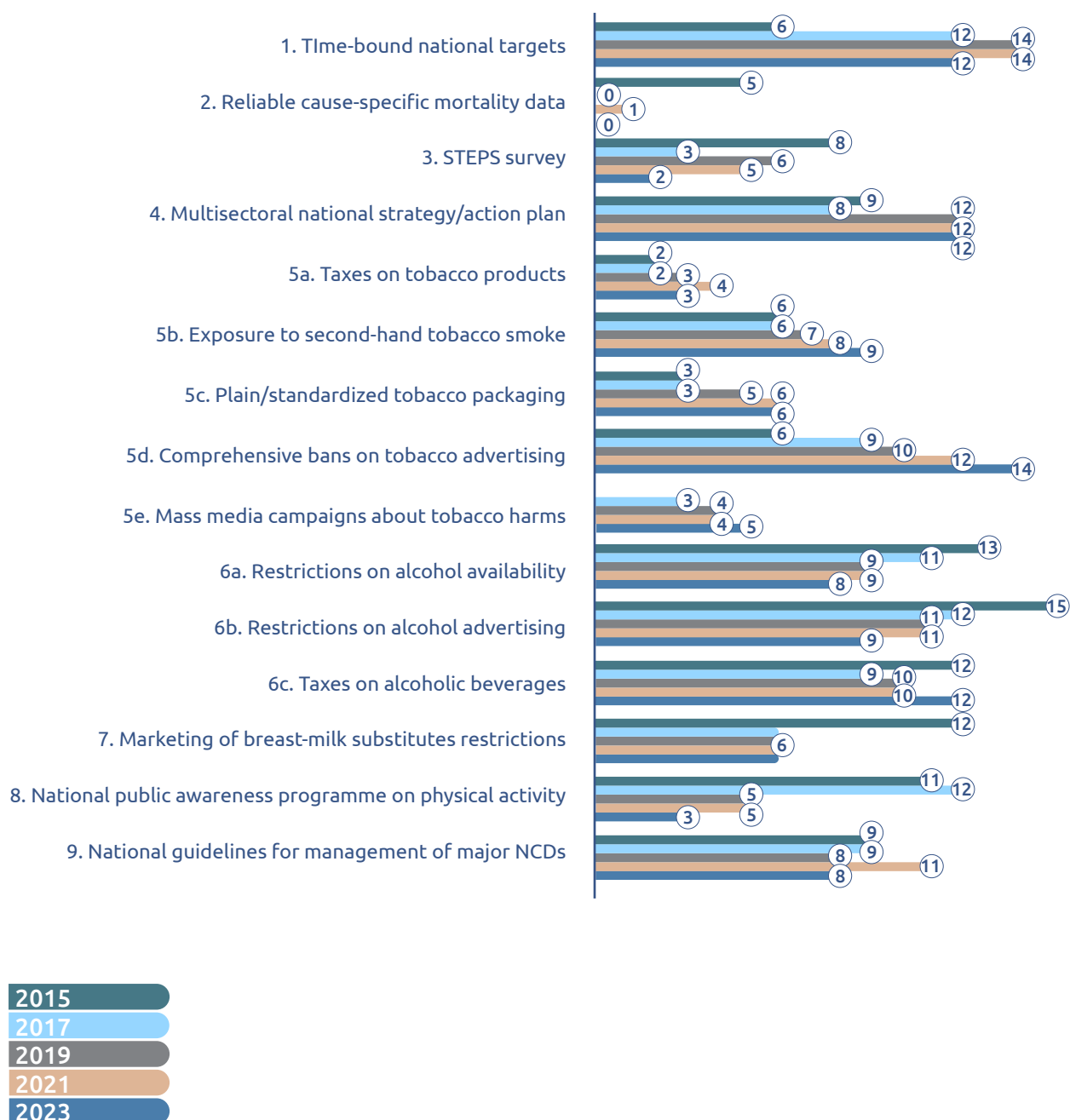
- A joint action plan with the International Agency for Research on Cancer (IARC) was launched for 2025, focusing on strengthening population-based cancer registries in Afghanistan, Egypt, Lebanon and Libya. The plan was the latest initiative in an ongoing collaboration. WHO has provided technical support to 20 countries and more than 100 professionals have joined workshops on basic and advanced cancer registration topics in the past decade.
- WHO supported the development of facility-based NCD monitoring systems and frameworks in Djibouti, Egypt, Jordan, Pakistan and United Arab Emirates.
- Egypt and Pakistan received technical and financial support to pilot the integration of NCD surveillance at primary care level using digital health tools.
- Jordan, Lebanon, Morocco, Oman, Palestine, Sudan, Tunisia, United Arab Emirates and Yemen all received technical support and capacity-building to implement evidence-based national guidelines, protocols and standards for the monitoring of the four major NCDs at primary care authorities.

More generally, WHO monitors health system capacities for NCD prevention and control through its regular global **country capacity surveys**. As Fig. 2 shows, there has been progress across the Region over the past decade, albeit with significant variation and remaining challenges. A regional report analysing the latest survey data in detail is set for publication in late 2025.

Action on communicable diseases during the reporting period ranged from enhancing governance, planning and advocacy through to improving testing and treatment. For example:

- Saudi Arabia developed a national strategy addressing HIV, hepatitis and sexually transmitted infections for 2024–2030. An integrated service delivery approach has enabled the country to achieve the global 95-95-95 targets, through diagnosis of 96% of people living with HIV and the linkage of 94% of those individuals to treatment services, as well as high coverage for hepatitis C treatment, and over 75% of people with hepatitis C receiving treatment.





Note: For a full definition of each indicator, please see the annex to: *Noncommunicable diseases progress monitor 2025*. Geneva: World Health Organization; 2025 (<https://iris.who.int/bitstream/handle/10665/381602/9789240105775-eng.pdf?sequence=1>).

Fig. 2

Number of countries and territories of the Eastern Mediterranean Region achieving selected NCD progress monitoring indicators, 2015–2023

- WHO provided technical support to strengthen national policy frameworks in 10 countries by updating tuberculosis (TB) infection guidelines.
- WHO launched a strategic framework for the elimination of visceral leishmaniasis in eastern Africa (2023–2030), targeting nine countries, including Djibouti, Somalia and Sudan, emphasizing cross-border collaboration.
- The regional Technical Support Group coordinated the Middle East Response Grant, mobilizing US\$ 54 million to strengthen health care services for TB, HIV and malaria in seven countries.
- WHO supported the distribution of 30 million treatments for neglected tropical diseases, including for mass drug administration, while Yemen introduced liposomal amphotericin B for visceral leishmaniasis, providing critical treatment for children and pregnant women.

Sustained commitment to health system strengthening was reflected in milestone achievements in disease elimination and control:

- Inspired by **Egypt's success in 2023**, Pakistan launched a national hepatitis C elimination programme with mobilization of domestic finances. The country aims to test and treat 50% of the eligible population by 2027, and the remaining 50% by 2030.
- Eleven countries maintained a TB incidence of less than 20 per 100 000 population in 2023, putting them on track for TB elimination. Overall regional TB treatment coverage improved from 49% in 2020 to 68% in 2023, and treatment success rates exceeded 90% in several countries.
- Egypt was certified as malaria-free in 2024, joining Morocco and United Arab Emirates, while Saudi Arabia, Oman and Qatar have initiated the process towards certification.
- Jordan became the first country in the world to receive WHO verification for leprosy elimination, driven by strong political commitment and an inclusive strategy focusing on universal access to diagnostic and treatment services and stigma reduction.
- Pakistan became the sixth country in the Region to be certified for eliminating trachoma as a public health problem.
- Egypt became the first country in the Region to achieve WHO validation for hepatitis B control.

WHO worked with countries, partners and donors to further strengthen immunization as the bedrock of PHC:

- Over 6.6 million children in Afghanistan and Pakistan were vaccinated through intensive campaigns targeting measles and other vaccine-preventable diseases, while Iraq, Libya and Sudan reached more than 14.4 million children through national immunization campaigns.
- Fifteen countries achieved an improvement in at least one vaccine's antigen coverage in the 2024 estimates compared with estimates for 2023.
- Bahrain, Egypt, Islamic Republic of Iran and Oman maintained their measles and rubella elimination status throughout 2023, sustaining high immunization coverage.



- Sudan became the first country in the Region to introduce the malaria vaccine at the subnational level, reducing transmission in high-risk areas.
- WHO provided technical assistance to support the introduction of: pneumococcal conjugate vaccine in Islamic Republic of Iran, Jordan and Somalia; rotavirus vaccine in Islamic Republic of Iran, Somalia and Syrian Arab Republic; human papillomavirus vaccine in Pakistan and Tunisia; and rabies vaccine in Syrian Arab Republic and Yemen.
- It also supported a switch from penta- to hexavalent vaccines in Pakistan and Syrian Arab Republic; rollout of hepatitis B birth dose, a switch from MenA to multivalent meningitis vaccine, as well as scale-up of R21 malaria vaccine in Sudan; and vaccine optimization in Egypt and Pakistan.
- Djibouti, Jordan and Yemen completed their national immunization strategic plans.
- In October 2024, WHO launched a regional framework to guide implementation of the Immunization Agenda 2030 in the Eastern Mediterranean Region, laying the foundation for coordinated immunization efforts.

A technical paper recommending further strategic action to reach zero-dose children in the Region and adopting a regional rubella elimination goal will be presented to the 72nd session of the Regional Committee in October 2025.



For more information, see:

Zero-dose children: addressing inequity in routine immunization coverage in the Eastern Mediterranean Region: technical paper prepared for the 72nd session of the WHO Regional Committee for the Eastern Mediterranean. Cairo: WHO Regional Office for the Eastern Mediterranean; 2025 (EM/RC72/6).

Countries stepped up work on combating antimicrobial resistance (AMR), harnessing momentum around the second United Nations General Assembly High-Level Meeting on AMR in September 2024:

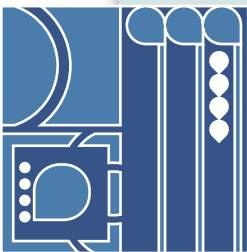
- Qatar became the third country in the Region to publish an updated national action plan on AMR, joining Jordan and Saudi Arabia.
- Saudi Arabia further cemented its regional leadership role by hosting the Global High-level Ministerial Conference on AMR, at which the **Jeddah Commitments** were adopted. It also hosts the WHO Collaborating Centre on Infection Prevention and Control and is set to host a new AMR One Health Learning Hub and regional AMR Access and Logistics Hub.







- In November 2024, Libya signed a memorandum of understanding establishing a One Health governance and coordination mechanism and defining clear protocols for joint surveillance, risk assessment, outbreak investigation and field response to health emergencies, particularly those involving zoonotic and foodborne pathogens.
- In December 2024, Egypt formally endorsed a new One Health Operational Plan, 2024–2027, aimed at integrating human, animal and environmental health to address complex public health challenges such as zoonotic disease control, AMR management and food and water safety.
- WHO published a major Region-wide report on AMR. While the report revealed some encouraging progress, the Eastern Mediterranean consumes more antibiotics than any other WHO region.



For more information, see:

Prevention and control of antimicrobial resistance in the Eastern Mediterranean Region: a progress report, 2024. Cairo: WHO Regional Office for the Eastern Mediterranean; 2024 (<https://applications.emro.who.int/docs/9789292743666-eng.pdf>).

Improving health service coverage across the life course

While recent decades have seen impressive advances in maternal and child health across the Region overall, huge disparities remain within and among countries. Efforts to improve health service coverage across the life course during 2024/2025 therefore included a strong focus on the six countries with the highest burden of maternal, neonatal and under-5 mortality: Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen (see Fig. 3).

Programme managers in all six high-burden countries strengthened their ability to use and analyse health facility data on maternal, neonatal, child and adolescent health at a subregional training course, and there was also significant work at country level.

For example, in Afghanistan:

- The reproductive, maternal, newborn, child and adolescent health strategy was updated, and training packages to enhance the competencies of frontline health care providers revised.
- Essential medical kits and equipment were supplied to selected health facilities.
- Maternal and perinatal death surveillance and response was institutionalized.



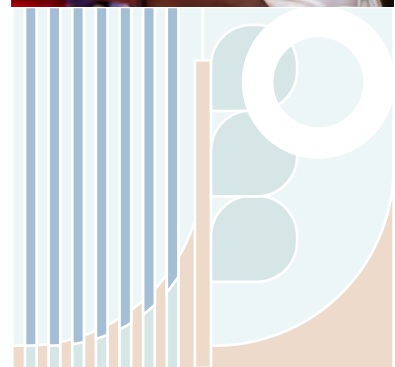
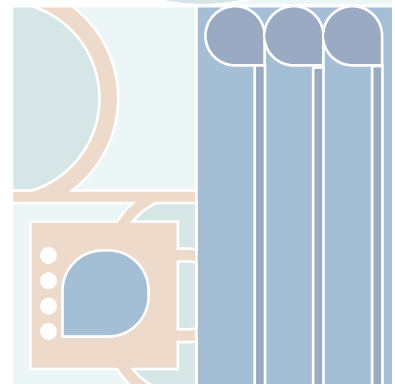
- Obstetrics and gynaecology specialists were recruited and maternity wards renovated in the three district hospitals of Bamyan province.

In Pakistan:

- An integrated model for women's health was introduced, featuring a comprehensive approach to the prevention and early detection of women's cancers – a foundational step in rollout to all high-burden countries.
- WHO supported training of over 1700 health care providers and provided more than 150 health facilities with essential equipment and medicines, reaching over 729 000 women of childbearing age and children under 5.
- The care of 16 900 newborns was managed through WHO neonatal intensive care units and kangaroo mother care centres across 15 hospitals in the country.

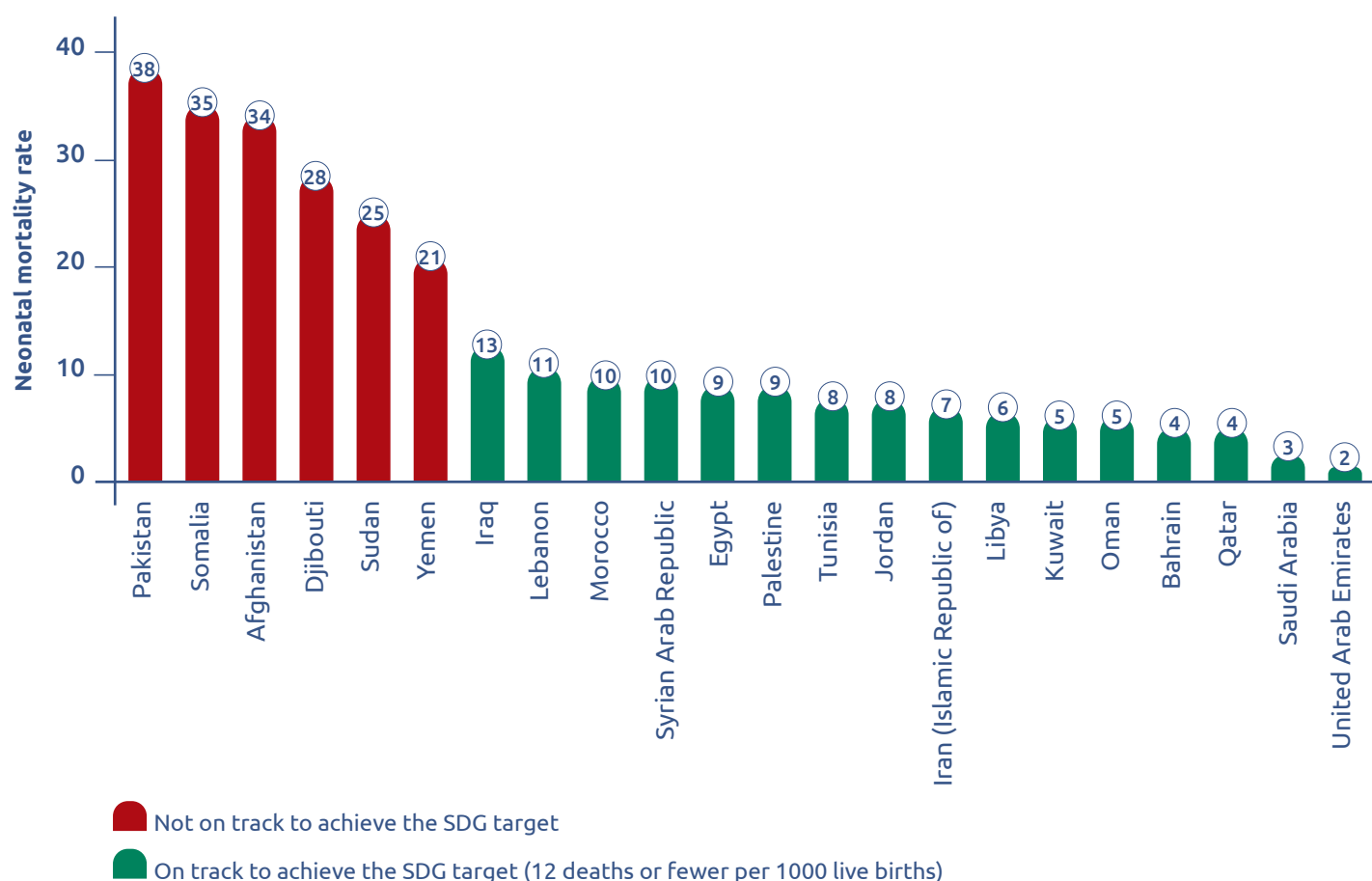
In addition:

- WHO continued to lead regional efforts on **Every Woman, Every Newborn, Everywhere** and **Child Survival Action** with key partners, including investing in maternal/perinatal mortality surveillance in fragile settings.
- Nine countries in the Region introduced facility-based paediatric death audits.
- Afghanistan, Djibouti, Egypt, Pakistan, Somalia, Sudan and Yemen were supported to implement updated WHO guidelines on sexual and reproductive health.
- Afghanistan, Pakistan, Somalia and Yemen were supported to implement maternal, neonatal and child health acceleration plans, while discussions are ongoing with Djibouti and Sudan.
- Support was provided to scale up the integrated management of childhood illness in Djibouti and Pakistan, kangaroo mother care in Somalia, early essential newborn care in Sudan and the community-based package in Yemen.
- WHO worked with UNICEF and the United Nations Population Fund to develop a regional plan to support the six high-burden countries to develop and implement acceleration plans.





- Nearly 90 professionals from 10 emergency-affected countries enhanced their capacity to deliver child and adolescent health services through blended training.
- Iraq launched a national initiative to enhance newborn care around birth using WHO guidelines.
- A high-level meeting was held in July 2025 under the auspices of the Regional Health Alliance to accelerate joint action on maternal, newborn and child health and polio eradication. The meeting brought together more than 100 participants from United Nations agencies and partners, with discussions focusing particularly on the challenges facing the six high-burden countries.

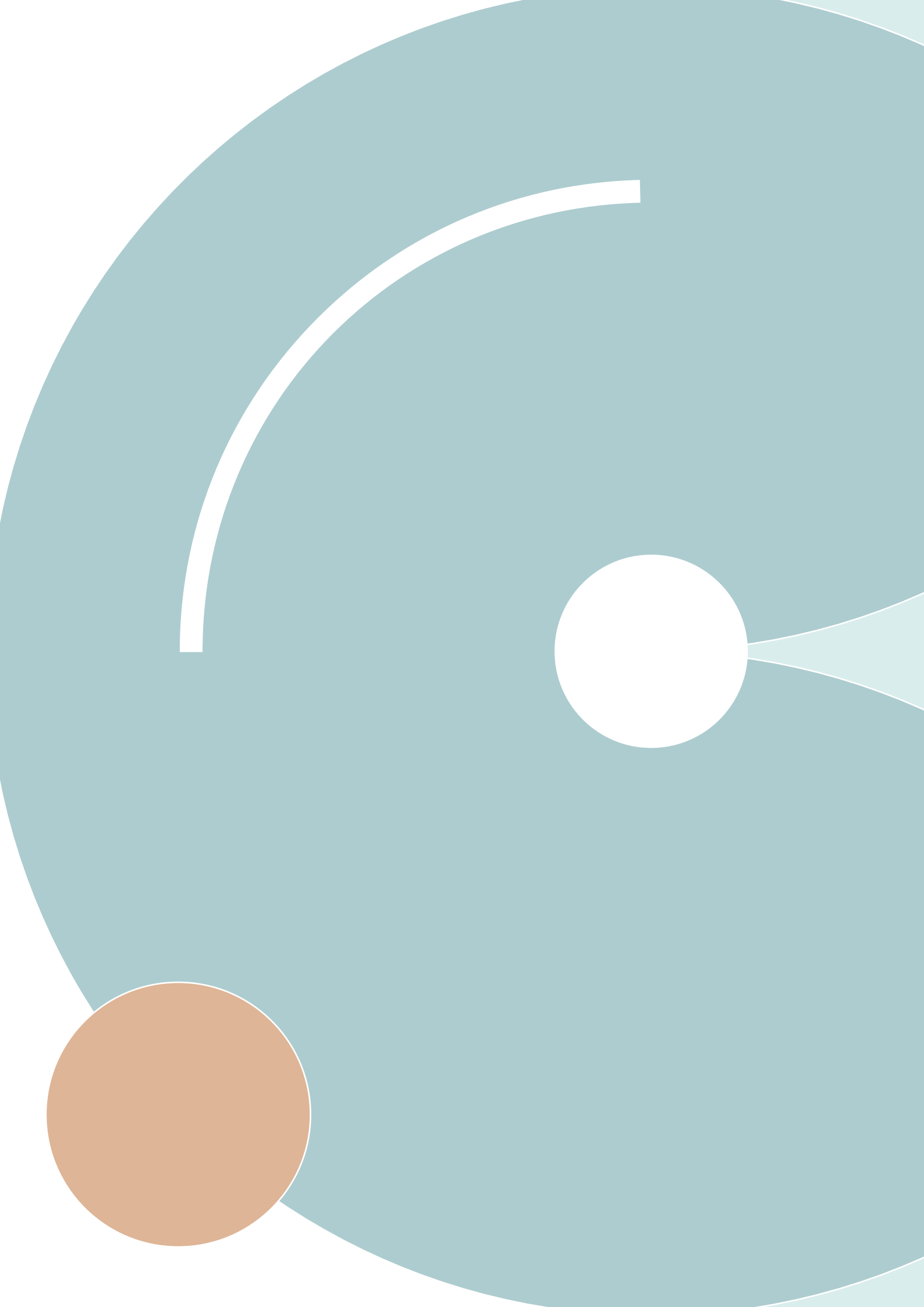


Source: United Nations Inter-agency Group for Child Mortality Estimation (IGME). Levels and trends in child mortality: report 2024. New York: UNICEF, 2025 (<https://childmortality.org/resources?reportType=report>).

Fig. 3

Neonatal mortality rate per 1000 live births in countries of the Eastern Mediterranean Region, 2023







Chapter 3.

Tackling emergencies

The Eastern Mediterranean Region continues to be severely impacted by emergencies on a huge scale.

As of 30 June 2025 there were:

- **16 graded emergencies across the Region – one third of WHO's entire global graded emergency burden**
- **6 Grade 3 emergencies – the most acute crisis level, including the conflicts in Palestine and Sudan, the global cholera and mpox outbreaks and the escalation of hostilities in Lebanon and Syrian Arab Republic**
- **50 active disease outbreaks**
- **an estimated 115 million people – 15% of the Region's population – in urgent need of assistance.**

The Region is home to 9% of the world's population but bears 37% of its humanitarian burden.

It is the source of 57% of all refugees globally and hosts 40% of all internally displaced persons.

WHO's Surveillance System for Attacks on Health Care (SSA) recorded 1039 attacks on hospitals, health workers, ambulances, and patients in the Region in 2024 – close to two thirds of all such attacks globally (1646) – with 326 documented attacks in the Region in the first six months of 2025, killing more than 1000 people.

Throughout 2024/2025, WHO worked to strengthen both its own and Member States' long-term emergency management capacities while addressing immediate humanitarian needs. The Organization continued to adopt an all-hazards approach, building core capacities that are adaptable across a wide range of scenarios – including natural, biological, technological, chemical, radiological, or human-induced hazards, including armed conflict.

This chapter highlights just a few of the major challenges and achievements during the past 18 months, with a special focus on the world's most challenging humanitarian crises in Sudan and the Gaza Strip. For a more comprehensive review of WHO's work in emergencies in 2024/2025, see:

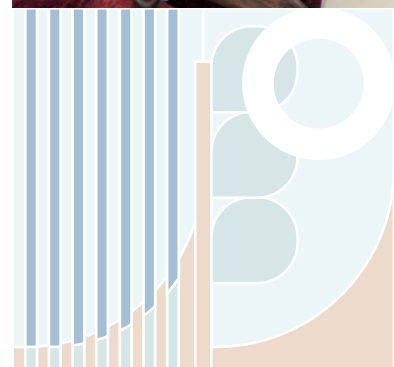
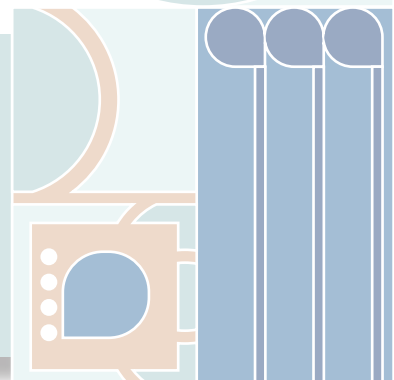
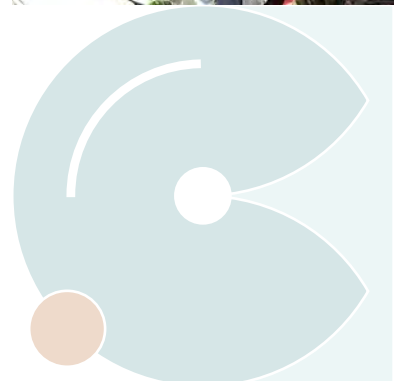


Health issues facing populations affected by disasters and emergencies, including the International Health Regulations (2005): progress report to the 72nd session of the WHO Regional Committee for the Eastern Mediterranean. Cairo: WHO Regional Office for the Eastern Mediterranean; 2025 (EM/RC72/INF.DOC.2).

Ensuring rapid and effective detection of and response to public health threats

Early detection and assessment of acute public health events and emergencies was an important area of focus. For example:

- Between 1 July 2024 and 30 April 2025, 2500 signals were captured, 160 of which warranted verification; 24 of these were new public health events that WHO monitored, while 15 led to rapid risk assessments and public health situation analyses.







- A joint project by WHO and the United States Centers for Disease Control saw the notification rate for acute public health events by International Health Regulations (IHR) national focal points increase from 28% in 2022 to 43% in 2024.
- Multistakeholder national governance bodies for surveillance have now been established in 14 countries, and 12 countries have developed national roadmaps for integrated disease surveillance.
- A public health intelligence initiative was piloted in 2024 in Djibouti, Egypt, Jordan and Lebanon, to support countries in establishing and strengthening event-based surveillance systems.
- Two additional countries and three new entities received training to integrate the Epidemic Intelligence from Open Sources (EIOS) platform into their routine surveillance activities.

WHO, Member States and partners also worked to ensure a rapid, comprehensive and effective response to threats. A case in point is cholera, which poses a major public health challenge in the Region, especially in fragile and conflict-affected settings:

- In 2024, nine countries in the Region reported 597 026 cases and 2403 deaths due to cholera (including acute watery diarrhoea cases reported from Afghanistan) – almost 74% of the global cholera burden.
- WHO worked closely with ministries of health and partners to implement a comprehensive response strategy, including enhanced surveillance, improved testing, WASH interventions, case management, maintaining supply lines for life-saving essential medicines and supplies, community engagement and oral cholera vaccine campaigns.
- These efforts helped contain outbreaks in Lebanon and Syrian Arab Republic and reduce disease transmission in five other countries.
- In eight out of nine outbreaks in 2024, case fatality rates remained below 1%, in line with international standards.

There were also standout results in reducing case fatality rates for Crimean-Congo haemorrhagic fever (CCHF):

- CCHF outbreaks pose a significant threat due to their high case fatality rate, potential to cause hospital-based transmission and limited options for prevention and treatment.
- CCHF is endemic in several countries in the Region, with outbreaks reported in Afghanistan and Iraq in 2024.
- WHO-supported response efforts, including early diagnosis, treatment protocols and enhanced surveillance, helped reduce CCHF-related fatalities. In Iraq, case fatality rates fell from 18% in 2023 to around 5% in 2024.



Enhancing preparedness, readiness and resilience

Supporting countries to enhance their preparedness and resilience involved a wide-ranging programme of activities to assess risks, develop all-hazard plans and strengthen core capacities. To note just a few examples:

- Risk profiling workshops were held for five countries, Syrian Arab Republic developed an all-hazards preparedness and response plan based on its updated risk profile and Qatar and Yemen have started updating their risk profiles.
- The Saudi Disaster Medical Assistance Team was classified as a Type 2 emergency medical team – the 53rd emergency medical team to be classified globally and the first in the Region.
- A quadripartite regional multisectoral coordination platform was operationalized, and a regional Quadripartite One Health plan for 2025–2027 endorsed.
- With WHO support, several countries secured funding from the World Bank-led Pandemic Fund to strengthen their ability to prevent, prepare for, and respond to pandemics. In the first two funding rounds, seven countries and territories – Egypt, Jordan, Lebanon, Pakistan, Palestine, Tunisia and Yemen – received a total of US\$ 128.2 million through single-country proposals. Eight more countries have submitted proposals for the third round, and WHO also supported the submission of two multi-country proposals that include countries of the Region.

Maintaining essential health service delivery in emergency and humanitarian settings

In line with the regional strategic operational plan, WHO worked to keep essential health services running in emergency settings in the Region during 2024/2025, prioritizing life-saving interventions. An important example is the management of severe acute malnutrition, which is a deadly threat to young children in several countries of the Region:

- WHO supported more than 230 stabilization centres for children suffering from severe acute malnutrition with medical complications in Afghanistan, Pakistan, Palestine, Somalia, Sudan, Syrian Arab Republic and Yemen.
- More than 326 000 children under-5 years of age received life-saving treatment between January 2024 and June 2025.
- WHO-supported interventions have consistently achieved cure rates exceeding 80% (range: 80–98%, mean: 92%) – surpassing the international standard of 75%.

WHO was also pivotal in ensuring the delivery of essential medical supplies:

- In 2024, WHO's Dubai logistics hub shipped supplies worth US\$ 34 million to crisis zones across the Region and to other countries globally. The hub delivered 592 emergency orders to 75 countries across all six WHO regions.





- Complementing these efforts, the Operations Support and Logistics team at the regional level facilitated the delivery of 32.9 million medical supplies from Egypt to the Gaza Strip and provided logistical support to 25 health partners in transporting their medical supplies. This contribution accounted for 60% of all medical supplies delivered to the Gaza Strip in 2024.
- Within Sudan and cross-border from Chad to Darfur, WHO strengthened national capacities for the proper storage of medical commodities. In support of 10 operational health partners, WHO's Operations Support and Logistics team supported the distribution of life-saving medicines and supplies to hard-to-reach areas through cross-border operations from Chad (US\$ 6.1 million) and within Sudan and crossline operations from Port Sudan (US\$ 28.9 million).

Responding to emergencies in Sudan and Palestine

The ongoing conflict and the resultant acute emergency in Sudan is the world's biggest humanitarian crisis:

- Over 20 million people are in need of assistance.
- More than 14 million are forcibly displaced – 10 million internally and 4 million to neighbouring countries – making this also the world's biggest displacement crisis.
- Over 41 000 deaths due to the conflict had been reported as of June 2025.
- The breakdown of public services, sanitation systems and the scarcity of clean water have created an environment conducive to the spread of infectious diseases, including outbreaks of cholera, measles, dengue, diphtheria, pertussis and malaria, among others. The latest cholera outbreak started in July 2024 and has spread to 17 states, with over 83 000 suspected cases and over 2100 associated deaths (case fatality rate: 2.6%).
- Less than 30% of health facilities are functional in states with active conflict. WHO has verified more than 174 incidents of attacks on health care since the conflict began, leading to 1171 deaths and 362 injuries.
- As of June 2025, half the population – an estimated 24.6 million people – were experiencing high levels of acute food insecurity. Delivery of humanitarian aid has been severely hampered by widespread violence, looting of aid supplies and access restrictions imposed by conflicting parties.

Under the leadership of the federal and state ministries of health, WHO is coordinating the health response:

- As of June 2025, WHO was supporting 138 operational nutrition stabilization centres with severe acute malnutrition kits and technical support, including operational costs for 47 centres.



- Over 11.6 million oral cholera vaccine doses were administered in affected states between August 2024 and June 2025. WHO also established 12 cholera treatment units and 44 oral rehydration points, and dispatched cholera supplies and kits to support treatment centres/units run by partners.
- WHO is improving water, sanitation and hygiene through water quality monitoring and testing.
- WHO introduced a health care expenses coverage programme in Egyptian Healthcare Authority hospitals in Aswan and canal zone governorates, facilitating health care for 1196 Sudanese people.

The scale and complexity of the ongoing conflict in occupied Palestinian territory have resulted in widespread devastation and a surge in humanitarian needs:

- Between October 2023 and June 2025, the Ministry of Health in Palestine reported over 55 000 deaths and over 127 000 injuries.
- The health system is on the brink of collapse, with more than 1500 incidents of attacks on health care and health infrastructure.
- As of June 2025, only half of the hospitals in the Gaza Strip (17 of the 36) were partially functional, and only 61 of 160 PHC facilities were functional.
- Water and sanitation infrastructure has been severely damaged, leading to a critical water shortage and increased risk for outbreak-prone diseases.
- Between 12 000 and 14 000 critically ill patients – including 2500 children – require immediate evacuation.
- Transmission of acute respiratory infections and acute watery diarrhoea has skyrocketed, malnutrition is rising and the risk of famine looms.

The first phase of the WHO 2025 operational response plan included a 60-day ceasefire to meet the most immediate humanitarian needs and begin early recovery efforts. Following the breakdown of the ceasefire in March 2025, attacks on health care intensified and entry of medical supplies and fuel to keep health facilities in the Gaza Strip operational was suspended.

Despite unparalleled operational and security challenges WHO has been working with partners to maintain and restore critical health services, deliver essential supplies and protect lives:

- More than 11.9 million litres of fuel and 3000 metric tons of WHO-procured medical supplies to health facilities and partners were delivered between the beginning of 2024 and May 2025, supporting over 6.3 million treatments and surgeries.
- More than 5300 critically ill patients were evacuated for life-saving care abroad.
- WHO supported the establishment and operation of six malnutrition treatment centres in the Gaza Strip.



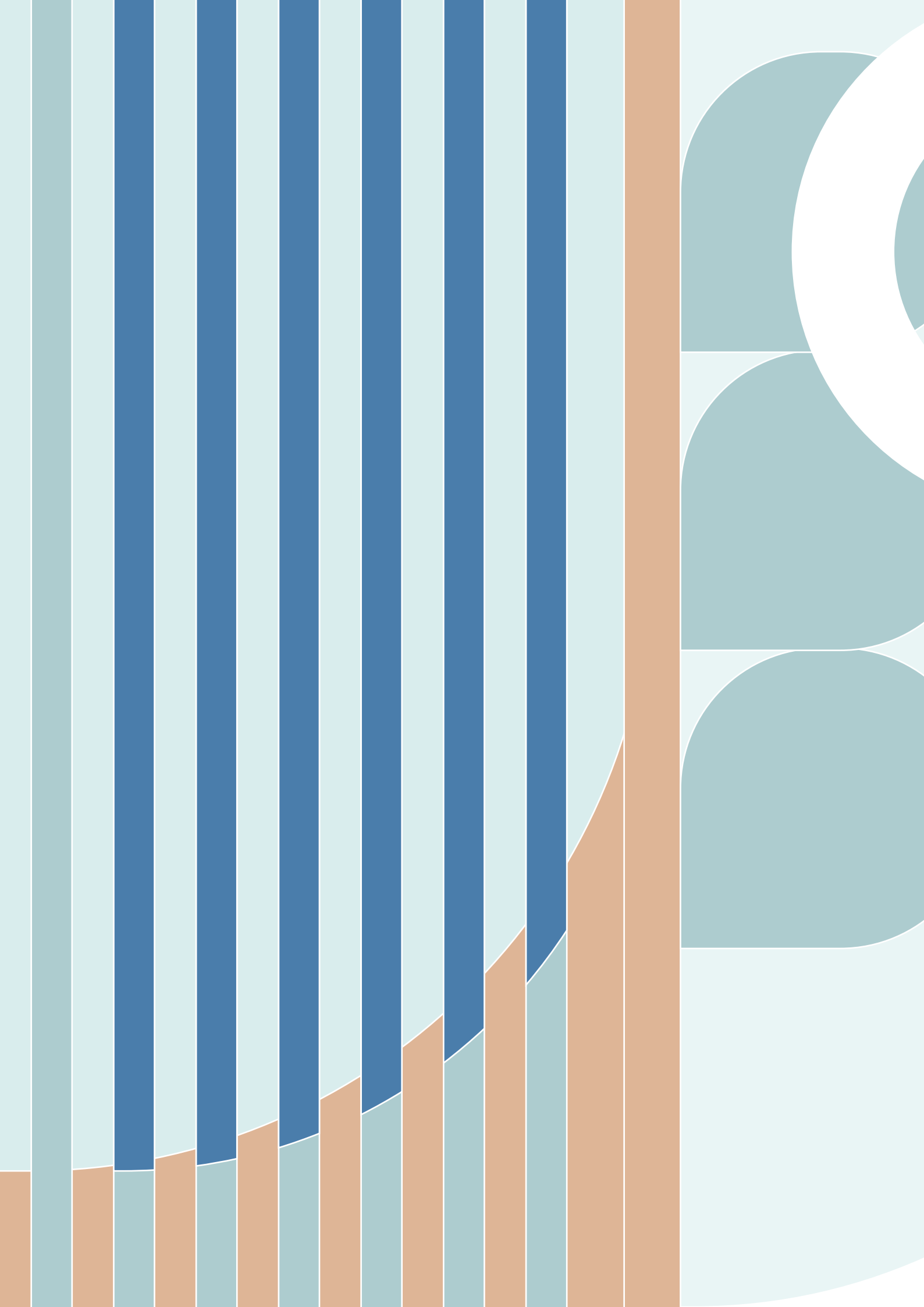
- More than 49 emergency medical teams were deployed, providing over 2.7 million consultations.
- Vaccination campaigns reached 556 774 children under the age of 10 with type 2 novel oral polio (nOPV2) vaccine.

However:

- Due to the blockade of humanitarian aid, the last shipments reached the Gaza Strip at the end of February 2025 resulting in severe shortages of essential medicines.
- WHO conducted only 178 out of 379 initiated missions to deliver medical supplies and transport critical patients and health care personnel – the other missions were denied, cancelled or impeded.
- Since hostilities resumed, the denial rate for deployment of emergency medical teams to the Gaza Strip has neared 50%.









Chapter 4.

Achieving and sustaining polio eradication

Eradicating polio is a long-standing global public health goal which requires a particularly strong focus on the Eastern Mediterranean Region.

- **Afghanistan and Pakistan are the last two countries in the world with endemic transmission of wild poliovirus type 1 (WPV1).**
- **Djibouti, Palestine, Somalia and Yemen are experiencing ongoing transmission of circulating vaccine-derived poliovirus type 2 (cVDPV2).**

Strategic shifts to defeat polio in Afghanistan and Pakistan

During 2024/2025, WHO convened the independent Technical Advisory Group to review progress and provide strategic guidance to Afghanistan and Pakistan. WHO helped catalyze critical programmatic shifts, including:

- Supporting the Government of Pakistan's rollout of a new "2-4-6 strategy" focused on strengthening accountability, campaign operations and trust-building with communities.
- Working with authorities in Afghanistan to optimize site-to-site vaccination, improving access and uptake in high-risk areas.

To reach mobile and underserved populations, WHO enhanced cross-border coordination – critical in a shared epidemiological block with high levels of population movement. Collaboration with the Expanded Programme on Immunization (EPI) in those countries was facilitated to better reach and vaccinate children, particularly in insecure and conflict-affected areas. Long-term surge staff were deployed to assess implementation and enhance quality in the most at-risk locations.

Continued high-level engagement by WHO's Director-General and Regional Director has helped sustain strong political commitment in both countries.

Rapid response to polio outbreaks

Outbreaks of cVDPV2 in the Region persisted, particularly in conflict-affected areas, largely due to population movement and lack of access to vulnerable populations.

In 2024, the first paralytic polio case in 25 years was reported from the Gaza Strip. WHO coordinated closely with the Palestinian Ministry of Health and partners to mount a rapid outbreak response, conducting three rounds of vaccination. The first two campaigns, conducted in 2024, each vaccinated approximately 560 000 children under 10. A third round, carried out during a temporary ceasefire in February 2025, enabled significantly improved access and reached over 603 000 children.

WHO also supported the restoration of acute flaccid paralysis (AFP) surveillance and launched environmental surveillance in four governorates. Sample testing was facilitated through the National Polio Laboratory in Jordan. As of mid-2025, no further detections of cVDPV2 have been reported. Environmental surveillance continues under extremely challenging conditions, and emergency immunization campaigns remain on standby, pending security access.

At the regional level, WHO conducted a risk assessment and supported neighbouring countries – Jordan, Lebanon and Syrian Arab Republic – in strengthening poliovirus surveillance and outbreak preparedness.

Amid an escalating humanitarian crisis, children's health remains at severe risk from malnutrition, disrupted services and preventable diseases like polio.







Sustaining high-level political commitment to end polio

WHO continued to drive high-level regional advocacy through the Ministerial Regional Subcommittee on Polio Eradication and Outbreaks, convened three times annually. In 2024, the Regional Director led two high-level missions to Afghanistan with Global Polio Eradication Initiative leadership, reinforcing political engagement and national ownership of eradication goals.

Through cross-partner coordination, WHO ensured aligned messaging, crisis communication, and strategic visibility across traditional and social media platforms. These efforts have helped maintain polio's place on national and regional agendas, particularly in the endemic and outbreak-affected countries.

At time of writing, in June/July 2025, the Polio Oversight Board was about to conduct a joint mission to Afghanistan and Pakistan, with WHO supporting high-level advocacy meetings with national leaders to further accelerate progress.

For more information, see:

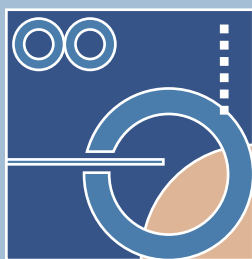
Poliomyelitis eradication and polio transition: progress report to the 72nd session of the WHO Regional Committee for the Eastern Mediterranean. Cairo: WHO Regional Office for the Eastern Mediterranean; 2025 (EM/RC72/INF.DOC.1).

Regional Subcommittee for Polio Eradication and Outbreaks [website]. Cairo: WHO Regional Office for the Eastern Mediterranean; 2025 (<https://www.emro.who.int/entity/polio/regional-subcommittee-for-polio-eradication-and-outbreaks.html>).









Chapter 5. Improving evidence-based policy-making and expanding digital health

WHO's Fourteenth General Programme of Work (GPW14) emphasizes the need to harness the power of information and digital technology for health. That global priority was already an important focus in the Eastern Mediterranean Region, and 2024/2025 saw significant progress.

Strengthening health information systems and advancing digital transformation

WHO worked with Member States to review and enhance health information systems as a prerequisite for informed policy-making, planning and service management. For example:

- Bahrain, Kuwait and Saudi Arabia received technical support to conduct population-based surveys to update SDG health indicators disaggregated by nationals and non-nationals.
- WHO facilitated Somalia's transition from the Early Warning Alert and Response Network to the District Health Information Software version 2 (DHIS2).
- Strong collaboration between WHO and the Ministry of Health enabled the deployment of DHIS2 in 1877 health facilities in Iraq, enhancing data collection and utilization for immunization services.
- Tunisia was supported to develop transition plans for the International Classification of Diseases, 10th and 11th revisions (ICD-10 and ICD-11); Libya and Yemen implemented an electronic platform for medical certification and cause of death data integrated with ICD-11; and Bahrain, Lebanon, Pakistan and Syrian Arab Republic undertook health workforce capacity-building in the use of ICD-10 and ICD-11 to improve registration of morbidity and mortality data.

At the Seventy-seventh World Health Assembly in May 2024, Saudi Arabia received the global Excellence Award for progress in enhancing the quality of its mortality data registry. With WHO support, Saudi Arabia adopted the Organization's 2016 medical certification and cause of death (MCCoD) system and developed a nationally unified electronic platform to replace a fragmented manual system. The new system has achieved over 80% coverage and data from it are included in WHO's **global mortality database**.

Activities are now in hand to implement the **new regional strategy** on enhancing and digitalizing health information systems, which was endorsed by the Regional Committee at its 71st session in October 2024.

Implementation of the **regional digital health strategy** is also under way:

- Egypt, Jordan, Kuwait, Somalia and Tunisia are being supported to develop national digital health strategies and/or roadmaps.
- A detailed action plan has been developed to guide implementation of the regional strategy, and is set for release in early 2026.



The image shows a close-up of a person's arm in a blue sleeve resting on a laboratory form. The form is titled 'Sample Receipt' and contains several sections for recording sample information. The 'Sample Details' section includes 'Sample ID' (0218-33) and 'Date of Collection' (29 Nov 18). The 'Processing' section notes '30 min clotting time has passed (within blood collection and start of centrifugation)'. The 'Equipment Used' section lists 'Centrifuge', 'Cabinet', 'Pipettes', '4°C storage (overnight)', and '20°C storage'. The 'Date of Receipt' field is also visible.

Sample Details		Date of Receipt
Sample ID	0218-33	
Date of Collection	29 Nov 18	

Processing	
30 min clotting time has passed (within blood collection and start of centrifugation)	
Start time (start of centrifugation)	
Sample stored in fridge overnight (yes/no)	
Completion time (20°C storage)	

Equipment Used	
Centrifuge	
Cabinet	
Pipettes	
4°C storage (overnight)	
20°C storage	

Enhancing evidence-informed policy-making and expanding uptake of WHO products

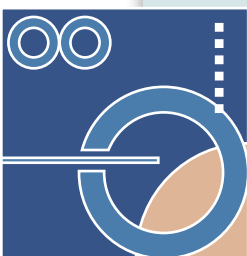
Work to build country capacities to generate and use high-quality evidence in health policy-making continued across the Region. Expanding the uptake of WHO guidelines and other normative products was a key area of focus:

- WHO supported Egypt to establish a national guideline development and adaptation programme. This involved comprehensive stakeholder mapping and training, followed by the development of a comprehensive roadmap outlining key steps in the national guideline adaptation process and stakeholders' roles.
- WHO also supported the development of a clinical guideline on neck pain for the Ministry of Public Health of Qatar.

Drawing on these experiences, WHO's regional team produced a roadmap to guide countries in establishing a national guideline adaptation programme.

There was also progress in implementing other parts of the **regional framework** on evidence-informed policy-making for health. For example:

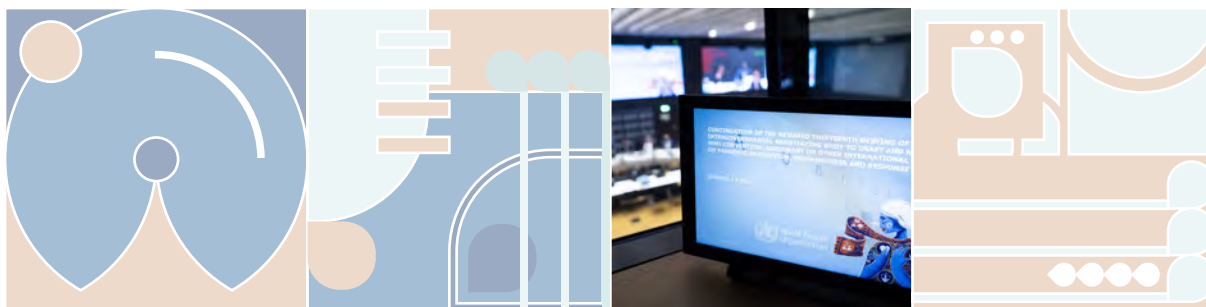
- Kuwait used the rapid advice tool developed by WHO's regional team to integrate evidence-informed policy-making processes into its national health strategy. The tool enabled systematic analysis of policy-making structures, processes and existing capacities, and generated a tailored set of priority actions that were incorporated into the new strategy, launched in 2024.
- Syrian Arab Republic is now using the tool to strengthen its national health structures and policy processes.
- WHO worked with Pakistan to build its capacity in clinical trials. A national consultation held in collaboration with the Drug Regulatory Authority of Pakistan in June 2024 promoted in-country clinical trial initiatives. This was followed by a national Clinical Trials Summit in February 2025, which featured a WHO-led session on best practices.
- A **series of webinars** developed through the regional Network for Evidence and Data to Policy (NEDtP) is under way.
- WHO is conducting a study of the clinical trials landscape across the Region, to identify regulatory and ethical challenges for action going forward.



For more information, see:

Developing national institutional capacity for evidence-informed policy-making for health: progress report to the 72nd session of the WHO Regional Committee for the Eastern Mediterranean. Cairo: WHO Regional Office for the Eastern Mediterranean; 2025 (EM/RC72/INF.DOC.5).





Ensuring WHO health leadership through convening, agenda-setting, partnerships and communications

Efforts to develop digital technologies and networks were complemented by ongoing work to leverage WHO's leadership role through strategic partnerships:

- The **Regional Health Alliance** expanded to include 18 member agencies with the accession of UNODC in 2024. A new Joint Action Plan launched in 2025 aims to foster collaboration among United Nations agencies and strengthen coordination on priority health initiatives, including the WHO Regional Director's flagship initiatives. As noted earlier in this report, in 2024/2025 high-level meetings on substance use, maternal, newborn and child health and polio eradication were held under the auspices of the Alliance.
- WHO also worked to strengthen partnerships with key regional constituencies. For example, the Organization's regional team was part of the core group supporting preparation for the World Innovation Summit for Health (WISH) in Qatar, and represented WHO in United Nations General Cooperation Meetings with the Organisation of Islamic Cooperation and the League of Arab States.
- Three meetings of the Eastern Mediterranean Region Youth Council were convened during the reporting period, providing a platform for young leaders to contribute to public health solutions.
- Eight new partnerships were established by WHO's regional team, and 14 others were initiated. Establishing and maintaining partnerships involves robust due diligence, and 13 partnerships went through advanced clearance under the Organization's Framework for Engagement with Non-State Actors.
- In the second phase of a long-term capacity-building programme, 40 staff – 24 from the Regional Office and 16 from country offices – were trained in essential skills to establish, manage and sustain effective collaborations.
- WHO is now developing a regional strategy and plan of engagement with non-State actors and stakeholders to expand activities despite resource constraints and other challenges.



عيادة



Meanwhile, WHO's regional communications team stepped up action to raise the Organization's visibility and keep health high on the policy agenda. This included extensive work to ensure timely, accurate and effective communication during emergencies:

- WHO's team produced more than 250 press releases, 54 media talking points and 252 emergency-related posts for the Regional Director.
- Nine emergency regional press briefings were held; 11 high-level mission statements were issued following the Regional Director's visits to crisis countries; and 12 comment pieces were published by the Regional Director in global and regional media on topics including the conflict in the Gaza Strip, AMR, mental health and gender-based violence.
- WHO's activities in the Region were mentioned more than 8000 times in global media, with the Regional Director quoted more than 7900 times.

There were also notable achievements in enhancing the Organization's digital presence and country-level communications:

- WHO's regional website attracted over 3.3 million users and 6 million page views in 2024 – a 29% and 24.6% increase over 2023 – and an additional 1.4 million users and 2.5 million views in the first half of 2025.
- Traffic from social media tripled, with TikTok emerging as a major driver.
- Two regional media training workshops were held to build capacities among the workforce across the Region, and the regional team supported country offices in showcasing major health achievements.







Chapter 6. Optimizing WHO's performance

WHO faced an exceptionally testing global situation in 2024/2025:

- Withdrawal of some Member State contributions to the Organization was exacerbated by major reductions in multilateral and bilateral official development assistance.
- As of June 2025, the Organization faced a shortfall between available funds and salary commitments for the remainder of the year of US\$ 316.7 million globally. In the Eastern Mediterranean Region, the operational salary gap was US\$ 31.9 million.
- Despite agreed increases in assessed contributions, WHO's Programme Budget for the 2026–2027 biennium has been reduced to US\$ 4.2 billion from the original proposed budget of US\$ 5.3 billion – a 21% cut.
- The Eastern Mediterranean Region's share of that budget is US\$ 533.7 million – also 21% less than the original proposed budget.

In response to this funding crisis, WHO introduced a series of measures across the three levels of the Organization:

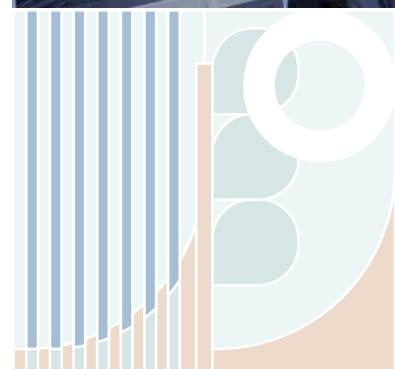
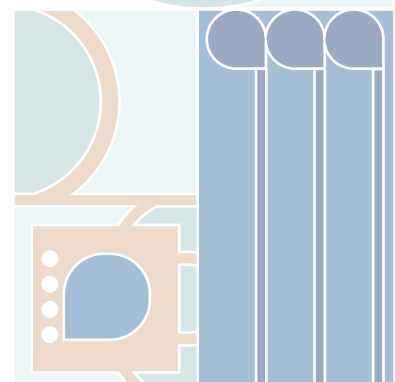
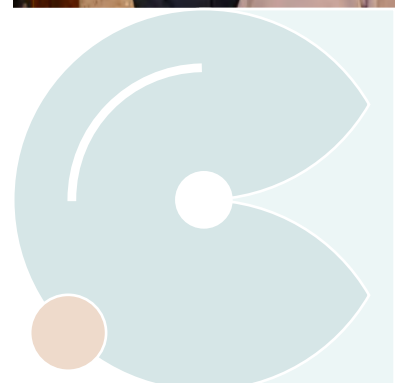
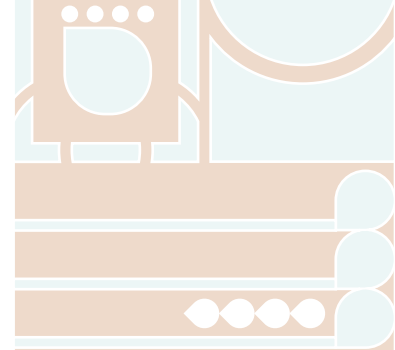
- Global reductions in non-staff expenditure are projected to save around US\$ 190 million by the end of 2025, while at time of writing the workforce has already been cut by more than 400 through natural attrition, non-renewal of contracts performing non-prioritized functions, and voluntary early retirement.
- The Eastern Mediterranean Region was ahead of the curve in introducing cost-reduction measures, having embraced a strategic shift to increased use of digital platforms and reduced travel since 2024.
- The regional headcount has been reduced organically by 19.

These and other measures have plugged the critical resource gap for 2025, but further rationalization is needed to ensure that WHO can fulfil its core mission going forwards. Comprehensive restructuring is under way at all three levels of the Organization and resources are being reviewed against priorities. Some activities are being sunset, others are being scaled down, and it is envisaged that around 270 posts in the Region will be abolished by early 2026.

Empowering WHO country offices

Achieving positive impact on health in each Member State is WHO's overriding goal. Ensuring an effective presence at country level has therefore been a critical focus throughout the reporting period:

- Planning for the implementation of GPW14 and the new regional strategic operational plan involved a comprehensive country prioritization process. WHO worked with ministries of health, other relevant sectors, United Nations agencies and partners to define priority outcomes and outputs for each country.
- Prioritization choices were informed by WHO's comparative advantage, existing country cooperation strategies (CCSs) and national health strategies, to ensure alignment between country needs and WHO's global mandate.
- Ministers of health for all 22 countries and territories in the Region have now endorsed their respective priorities. These priorities will inform resource allocation and guide WHO's work with each country at every level of the Organization.







World Health
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- As of August 2025, 11 countries have a valid CCS outlining how national authorities, WHO's technical teams and key partners will work together to meet priority health challenges (Fig. 4). Saudi Arabia, Syrian Arab Republic and Yemen signed new CCSs in 2024; Lebanon and Qatar signed theirs in the first half of 2025; and several other CCSs are in the pipeline for renewal.
- The regional Action for Results Task Force continued working to accelerate WHO's organizational transformation. Among other results during 2024/2025, the Task Force identified 156 priority positions that must be filled and financed sustainably to ensure that the Organization has a core predictable presence in each country, while new delegation of authority is now being rolled out to empower WHO representatives to manage these resources more effectively.
- Functional reviews of the WHO country offices in Lebanon and Yemen were undertaken to adjust structures to funding constraints and improve alignment between humanitarian and development efforts.
- Safeguarding WHO's resources at country level will remain a key principle in the ongoing restructuring.

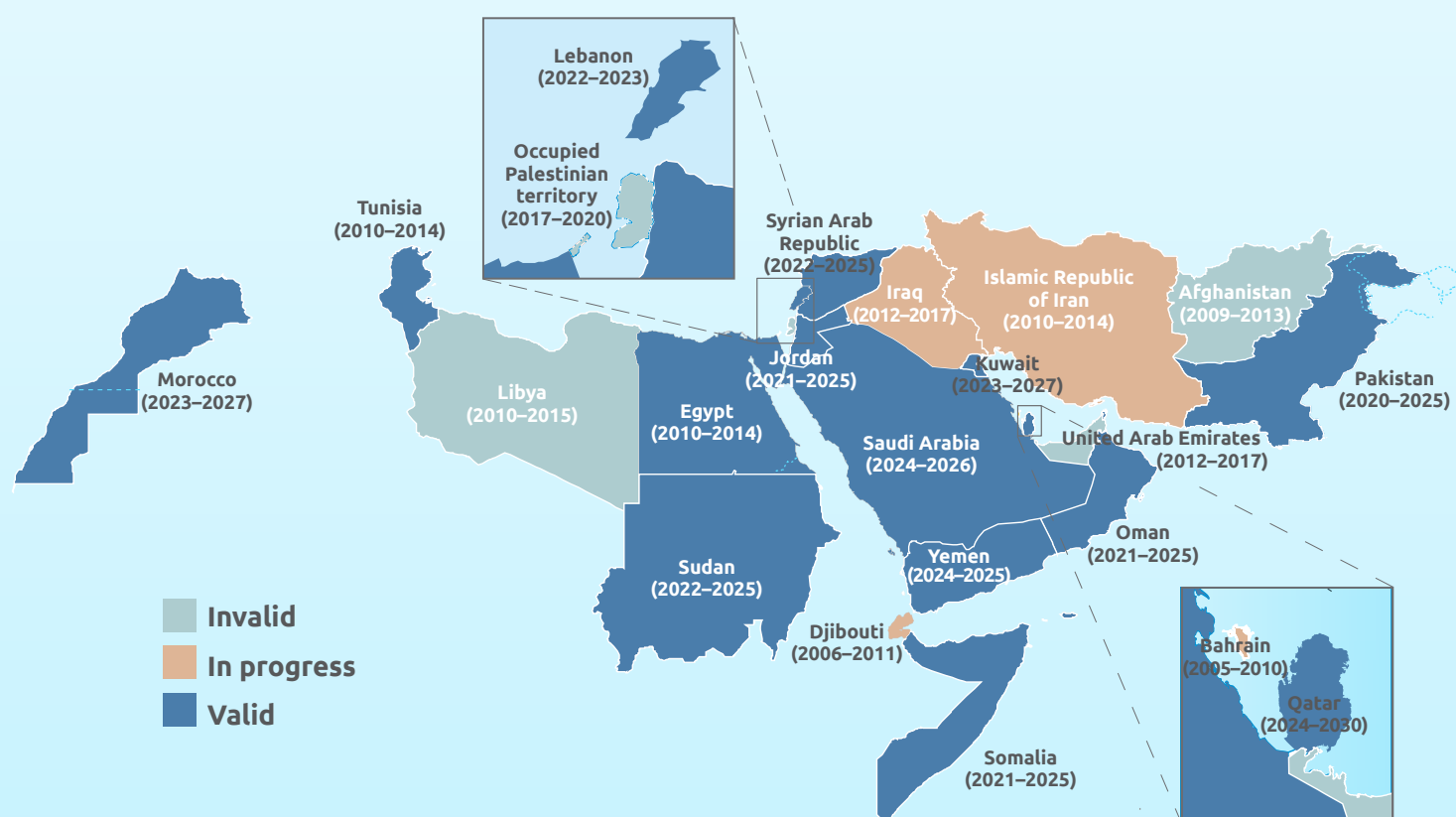


Fig. 4.

Status of CCS development in countries of the Eastern Mediterranean Region, 2024

WHO also redoubled efforts to deepen engagement with policy-makers and other stakeholders across the Region:

- The Regional Director conducted 21 country visits to 16 of the 22 countries and territories, to meet with governments, partners, patients and their families, health workers, community groups and WHO personnel.
- The WHO Secretariat improved coordination with Permanent Missions to the United Nations in Geneva to enhance support for Member States and facilitate their engagement in WHO's global governing bodies and other high-level intergovernmental forums.
- New approaches are also being introduced to enhance WHO's regional governing bodies. The upcoming 72nd session of the Regional Committee will feature a revised format with a condensed agenda focusing on Member States' highest priority issues, while an expanded programme of "pre-RC" virtual events will afford opportunities to discuss other important topics. Draft documents are being developed and circulated earlier than in previous years, to allow more time for consultation before the Regional Committee session.

Ensuring an effective workforce and a respectful workplace

The WHO workforce remains the Organization's most important resource. A range of information and support resources have been made available to support the workforce during the ongoing restructuring:

- A dedicated intranet site provides access to information, including regular bulletins, videos, frequently asked questions, and more.
- Global and regional town halls, as well as departmental meetings, enable dialogue between staff and managers. In addition, staff can raise concerns via the regional staff association or directly with management, who practise an "open door" policy.
- Training courses have been introduced to help staff manage stress, support their colleagues and families, and explore career opportunities.
- Professional counselling is available.

Meanwhile, efforts continued to ensure that all staff and stakeholders are treated with respect, with a particular focus on preventing and responding to sexual exploitation, abuse and harassment (PRSEAH):

- Sexual misconduct risk assessments were conducted in 16 countries, and tailored workplans on prevention of, and response to, sexual misconduct were developed.
- Collaboration was undertaken with civil society organizations in Yemen and Syrian Arab Republic to advance survivor-centred services and community-based safeguarding.
- More than 100 WHO staff across the Region have now been trained in relevant WHO policies and survivor-centred approaches.







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Strengthening delivery for impact

An independent evaluation published in 2023 identified critical gaps in results-based management across the three levels of WHO, particularly in country office operations. Addressing this is an ongoing focus for WHO's regional team:

- So far, more than 330 staff from across nine WHO country offices, the Regional Office and national ministries have participated in workshops equipping them to design, implement and evaluate programmes with a sharper focus on measurable results.
- Country offices were able to use results-based management and theory of change approaches in identifying country priorities and defining WHO's contributions to national health outcomes under the GPW14.
- Results-based management is now an integral part of WHO's strategic planning processes, enhancing efficiency, accountability, reporting, proposal quality and resource mobilization.

WHO is also working to reinforce accountability, transparency, and results-driven programming through promoting the strategic use of both decentralized and corporate evaluations:

- During the reporting period, evaluations of WHO's contribution in Djibouti, Iraq and Tunisia were successfully completed and published, providing critical insights to inform policy and programming.
- Building on this momentum, new evaluations were launched in Jordan, Somalia and Syrian Arab Republic.

To enhance regional capacity and further institutionalize evaluation, WHO staff in the Regional Office and country offices are being supported to take online training offered by the **United Nations Evaluation Group**.

Securing flexible and predictable funding

Regional resource mobilization efforts during 2024/2025 have faced severe challenges, including reductions in official development assistance and multiple competing emergencies, which place strain on pooled mechanisms like the Central Emergency Response Fund (CERF), and sanctions and political instability in several countries, resulting in restricted funding flows. Many local health budgets have been further weakened by economic fragility, currency devaluation and recurrent disease outbreaks.

WHO has been striving to meet the challenges:

- In 2024 alone, more than 200 funding opportunities were processed and coordinated humanitarian health appeals were launched, securing over US\$ 1.4 billion in contributions from public and private sources.



- WHO has strengthened its leadership in donor coordination by facilitating country-level engagement with development partners. The Organization's regional team provided technical support to WHO country offices in Islamic Republic of Iran, Kuwait, Pakistan, Qatar and Somalia, to ensure alignment with national health priorities.
- WHO has also led strategic dialogues with partners and stakeholders to discuss regional health priorities, the Regional Director's flagship initiatives, and the potential for sustainable and innovative financing. These discussions have informed the development of a strategic document focused on sustainable financing approaches, including Islamic financing and blended finance models, to support health systems.

Optimizing business processes

WHO continued investing strategically in new technology and workforce development to improve its business operations:

- All the Organization's regional and country office applications were migrated to cloud-based services during 2024. This transformation reduced operational costs by nearly 50% – equivalent to a saving of approximately US\$ 2 million for the 2026–2027 biennium.
- The US\$ 470 000 cost of the migration was covered through efficiency savings by the regional Information Technology team, which also absorbed a US\$ 220 000 increase in license costs.
- Rollout of the new Business Management System continued, replacing fragmented legacy systems with an intelligent, user-friendly platform. Phases 1 and 2 and part of Phase 3 are now complete, and 218 staff across the Region have been trained so far.
- The BMS's constituent system for programme management is already being used for high-level planning for 2026–2027, enabling streamlined reporting and reduced redundancy.



For more information, see:

Implementation of the WHO Transformation Agenda in the Eastern Mediterranean Region: progress report to the 72nd session of the WHO Regional Committee for the Eastern Mediterranean. Cairo: WHO Regional Office for the Eastern Mediterranean; 2025 (EM/RC72/INF.DOC.17).





