EM/RC72/15-E
February 2026

Report of the

72nd session of the WHO Regional Committee for the Eastern Mediterranean

WHO Regional Office, Cairo, Egypt
15–17 October 2025

World Health Organization
Eastern Mediterranean Region

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1. Introduction

The 72nd session of the Regional Committee for the Eastern Mediterranean was held in Cairo, Egypt, from 15 to 17 October 2025.

The following Members were represented at the session:

Bahrain	Oman
Djibouti	Pakistan
Egypt	Qatar
Iran, Islamic Republic of	Saudi Arabia
Iraq	Somalia
Jordan	Sudan
Kuwait	Syrian Arab Republic
Lebanon	Tunisia
Libya	United Arab Emirates
Morocco	Yemen

In addition, observers from the Russian Federation, the Directorate General for European Union and Foreign Affairs in Türkiye and others representing the United Nations Organizations, including the International Atomic Energy Agency (IAEA), International Organization for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR), United Nations Population Fund (UNFPA), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and World Food Programme (WFP), participated. Besides, observers representing intergovernmental, international and national organizations joined the sessions. These included the Arab Labor Organization (ALO), Arab Women Organization (AWO), Centre for Environment and Development for the Arab Region and Europe (CEDARE), Gulf Health Council (GHC), Organization of Islamic Cooperation (OIC), Saudi Food and Drug Authority (SFDA) and Saudi Fund for Development (SFD). Non-State actors in official relations with WHO were also represented; these included representatives from the Arab Hospitals Federation (AHF), Drugs for Neglected Diseases Initiative (DNDI), Eastern Mediterranean Public Health Network (EMPHNET), Gates Foundation, Global Self-Care Federation (GSCF), Hamdard Foundation Pakistan (HFP), International Epidemiological Association, International Federation of Medical Students' Association (IFMSA), International Hospital Federation (IHF), International Pharmaceutical Students' Federation (IPSF), Iodine Global Network (IGN), NCD Alliance/Eastern Mediterranean NCD Alliance, Rotary International, Union for International Cancer Control (UICC), United States Pharmacopeial Convention (USP), WHO Eastern Mediterranean Region Youth Council, World Federation of Hemophilia (WFH), World Federation of Neurosurgical Societies (WFNS), World Federation of Societies of Anaesthesiologists (WFSA), World Heart Federation (WHF), World Hepatitis Alliance (WHA), World Medical Association (WMA), and World Organization for Family Doctors (WONCA). Lastly, partners from the Falah Academy, Gavi, the Vaccine Alliance, Harvard Medical School, Global Health Strategies, Institute for Health Metrics and Evaluation (IHME), Novartis Foundation, Qatar Fund for Development and Qatar University were invited, in addition to keynote speakers, special guests and prize awardees.

2. Opening session and procedural matters

2.1 Opening of the session
Agenda item 1

The opening session of the 72nd session of the Regional Committee for the Eastern Mediterranean was held in the Kuwait Hall at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, on 15 October 2025.

2.2 Formal opening of the session by the Vice-Chair of the 71st session

The 72nd session of the Regional Committee was formally opened by His Excellency Dr Ahmed Robleh Abdilleh, Minister of Health of Djibouti and Vice-Chair of the 71st session of the Regional Committee.

2.3 Address by Dr Hanan Balkhy, the Regional Director

Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, welcomed Regional Committee participants. She said it was no longer business as usual at the WHO Regional Office. Over the past 18 months the Region had been a hive of activity. WHO had restructured and reprioritized its work, launched and started implementing a new regional strategic operational plan with three flagship initiatives, responded to 16 graded emergencies and 56 disease outbreaks, mobilized more than US$ 1.4 billion in voluntary contributions, reinvigorated the Regional Health Alliance, and forged 15 new partnerships. A regional finance working group had been established comprising health financing experts from Member States to pursue innovative, strategic and sustainable financing for health in the Region. WHO had also revisited how the Regional Committee itself operated, shaping a Member State-driven agenda for the Regional Committee session that reflected the real priorities of the Region. In the coming days, participants would review the Regional Director's annual report, along with the reports of the Programme Subcommittee of the Regional Committee and the Regional Subcommittee for Polio Eradication and Outbreaks, take stock of progress on polio eradication and transition, health emergencies and other matters, and examine technical papers on zero-dose children, health system recovery in fragile contexts, palliative care, and laboratory biosafety and biosecurity, as well as considering a new operational plan of action on climate change and health. On the governance side, the WHO Transformation Agenda and the provisional agenda of the 158th Executive Board session would be discussed.

The Regional Director thanked Member States for the confidence that they had placed in her and assured them that transparency, accountability and inclusive decision-making would remain cornerstones of her leadership. She thanked Member States for their leadership and dedication and wished them a thought-provoking and productive Regional Committee meeting.

2.4 Address by Dr Tedros Adhanom Ghebreyesus, WHO Director-General

Opening remarks from Dr Tedros Adhanom Ghebreyesus, WHO Director-General, were delivered on his behalf by Dr Razia Pendse, Chef de Cabinet. Dr Tedros began by expressing gratitude to the Government of Egypt for hosting the event and for their steadfast support for health in the Region. He welcomed the recent ceasefire in the Gaza Strip, following two years of conflict and suffering, and commended the efforts of the United States of America, Egypt and Qatar to facilitate peace. He highlighted WHO's extensive humanitarian support in Gaza, including providing medical supplies, emergency teams and fuel, conducting vaccination campaigns and evacuating patients. He emphasized his hope that the ceasefire would lead to lasting peace in the Region and called for continued efforts toward peace in Sudan – the world's largest humanitarian emergency – the Syrian Arab Republic, Yemen and other conflict-affected and fragile countries.

Dr Tedros praised the Regional Director's report, noting significant progress on the three flagship initiatives on improving access to medical products, strengthening the health workforce and accelerating progress to address substance use. He reviewed achievements across the six regional

strategic priorities: promoting health; expanding access to quality care; strengthening capacities for prevention, preparedness and response, including surveillance, detection and reporting of public health events; eradicating polio; improving evidence-based policy-making; and optimizing WHO's performance. Addressing WHO's internal restructuring, he acknowledged the painful downsizing process but expressed confidence that the Organization would emerge more focused and independent. He highlighted two major developments from the World Health Assembly: approval of increased assessed contributions and adoption of the WHO Pandemic Agreement. Both developments signalled strong Member State support for a robust WHO. In closing, he urged all Member States to: engage actively in negotiations on the pathogen access and benefit sharing annex to the Pandemic Agreement, and conclude it in time for next year's World Health Assembly in May; use every tool at their disposal to generate domestic financing for health, and improve efficiency to build a more self-reliant future, free from aid dependency; and take this opportunity to work together to build a stronger, more empowered and more independent WHO, that was better able to serve all countries. He reaffirmed the commitment to health as a universal right and thanked all participants for their dedication to improving health across the Region.

2.5 Address by Dr Hisham Aljadhey, Deputy Chairman of the Board of Directors and Chief Executive Officer, Saudi Food and Drug Authority

H.E. Dr Hisham Aljadhey, Deputy Chairman of the Board of Directors and Chief Executive Officer of the Saudi Food and Drug Authority, highlighted the critical role of resilient and well-prepared regulatory systems in safeguarding public health, especially during global crises like the COVID-19 pandemic. He emphasized the importance of international cooperation, particularly among Arab nations, to build integrated and crisis-ready health systems. The Saudi Food and Drug Authority was a scientific and consultative body aimed at enhancing collaboration and experience-sharing across the Region. He expressed gratitude to health ministers in the Region for their support and outlined Saudi Arabia's Vision 2030, which included transformative national programmes focused on improving health care access, shifting towards preventive care and integrating health considerations into broader policy-making. The Saudi Food and Drug Authority had launched initiatives to improve nutrition, eliminate harmful ingredients and support the availability of innovative treatments for complex diseases. Saudi Arabia's efforts to ensure medicine safety had been exerted through rigorous manufacturing, storage and tracking practices. Implementation of the tracking system allowed for real-time monitoring of medicines from production to patient, helping to prevent counterfeit drugs and predict shortages. Since its launch in 2019, over 20 billion tracking operations had been conducted. He commended WHO's leadership and initiatives, particularly in vaccine production and pharmaceutical affordability, and celebrated Saudi Arabia's achievement of WHO maturity level 4 in regulatory performance. The Saudi Food and Drug Authority's designation as a WHO collaborating centre in various fields reflected its commitment to global health standards. His Excellency reaffirmed the importance of adopting a One Health approach, emphasizing that protecting human health was a shared, borderless responsibility rooted in solidarity and the belief that health was the cornerstone of societal stability and prosperity.

2.6 Address by Senator Ayesha Raza Farooq, Prime Minister's Focal Person on Polio Eradication, and former member of the Senate of Pakistan

Senator Ayesha, Prime Minister's Focal Person for Polio Eradication and a former member of the Senate of Pakistan, shared Pakistan's polio eradication journey. Spanning over three decades, the journey stood as a testament to resilience and unwavering commitment to protecting future generations from the threat of paralytic poliovirus. Although Pakistan faced unique challenges due to its geopolitical context, including security-related inaccessibility, vaccine hesitancy and population movement, the country had reduced polio cases by 99.6% since the 1990s. Two of the three wild poliovirus strains had been eradicated and the remaining strain, wild poliovirus type 1, was now at its lowest level in history. Under the leadership of Prime Minister Mian Muhammad Shehbaz Sharif, Pakistan had intensified its efforts, conducting four major vaccination campaigns in 2025 and integrating polio vaccines into broader immunization efforts. The dedication of over 400 000 vaccinators and 100 000 security

personnel ensured outreach to 45 million children, while community engagement strategies were being deployed in high-risk areas like southern Khyber Pakhtunkhwa. Pakistan's polio surveillance network, the largest and most sensitive globally, supported regional eradication efforts and hosted international trainees. Frontline health workers – 60% of whom were women – played a vital role not only in polio campaigns but also in broader health system strengthening, including emergency response and routine immunization. However, the country faced a critical shortage of nurses and midwives, with a gap of over 700 000, underscoring the urgent need for investment in health workforce development. Pakistan remained committed to global health security and regional solidarity, with support from Egypt, Qatar, Saudi Arabia and the United Arab Emirates reinforcing its efforts. As the Prime Minister's Focal Person for Polio Eradication and Chair of the National Commission on Child Rights, Senator Ayesha affirmed her deep personal commitment to achieving a polio-free future. She was confident that, together, the Region could deliver the historic milestone of eradicating polio.

2.7 Election of officers

Agenda item 2(a), Decision 1

The Regional Committee elected the following officers:

Chair:	Dr Salih Al Hasnawi (Iraq)
Vice-Chair:	Dr Musab Nazzal Al-Ali (Syrian Arab Republic)
Vice-Chair:	Dr Haitham Mohamed Ibrahim Awadalla (Sudan)

2.8 Adoption of the agenda

Agenda item 2(b), Document EM/RC72/1-Rev.3, Decision 2

The Regional Committee adopted the agenda of its 72nd session.

2.9 Decision on establishment of the Drafting Committee

Agenda item 2(c), Decision 4

Based on rules of procedure of the Regional Committee, the Committee decided that the following should constitute the Drafting Committee:

- Dr Radi Hammad (Egypt)
- Eng. Huda Abd Elkarim Taha Ababneh (Jordan)
- Dr Al-Munther Al-Hasawi (Kuwait)
- Ms Hilda Harb (Lebanon)
- Dr Abdullah Hamood Al Harthy (Oman)
- Dr Ayesha Isani Qaiser Majeed (Pakistan)
- Dr Salih Ali Al-Marri (Qatar)
- Dr Sina Haj Amor (Tunisia)
- Dr Adham Ismail Abdel Moneim (World Health Organization)
- Dr Benedetta Allegranzi (World Health Organization)
- Dr Asmus Hammerich (World Health Organization)
- Dr Annette Heinzelmann (World Health Organization)
- Dr Awad Mataria (World Health Organization)
- Dr Arash Rashidian (World Health Organization)
- Dr Nasim Pourghazian (World Health Organization)
- Mr Tobias Boyd (World Health Organization) (Secretary)

3. Constitutional matters

3.1 The work of WHO in the Eastern Mediterranean Region: annual report of the Regional Director for 2024/2025

Agenda item 3(a), Document EM/RC72/2, Resolution EM/RC72/R.1

Progress reports on poliomyelitis eradication and polio transition; Health issues facing populations affected by disasters and emergencies, including the implementation of the International Health Regulations (2005); Strategic framework for blood safety and availability, 2016–2025; Strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region; Developing national institutional capacity for evidence-informed policy-making for health; Regional framework for action to strengthen the public health response to substance use; Regional strategy for integrated disease surveillance: overcoming data fragmentation in the Eastern Mediterranean Region; Building resilient communities for better health and well-being in the Eastern Mediterranean Region; Addressing diabetes as a public health challenge in the Eastern Mediterranean Region; Relocation of the Regional Office for the Eastern Mediterranean Region; Addressing noncommunicable diseases in emergencies: a regional framework for action; Strengthening public health readiness for mass gatherings in the Eastern Mediterranean Region; Climate change, health and environment: a regional framework for action; 2023–2029; Review of the status of resolutions adopted by the Regional Committee during the period 2000–2019, and recommendations for sunsetting and reporting requirements; Strategy to promote the health and well-being of refugees, migrants and other displaced populations in the Eastern Mediterranean Region; Strategic framework for the implementation of Immunization Agenda 2030 in the Eastern Mediterranean Region.

Agenda item 4 (a–p), Documents EM/RC72/INF.DOC.1–16

The Regional Director presented the annual report on WHO's work and achievements in the Region to the Regional Committee, noting that the reporting period had been changed from the calendar-year approach of previous years so that the present report covered from January 2024 to the middle of 2025. She acknowledged the Region's profound challenges – conflict, displacement and declining aid – while reaffirming its collective commitment to health equity and resilience. She highlighted the devastating impact of attacks on health care, with two thirds of global incidents occurring in the Region, and emphasized the urgent need to protect health systems and workers.

Despite adversity, the Region had made notable progress. Polio eradication efforts were advancing, with wild poliovirus declining in Afghanistan and Pakistan, and vaccine-derived outbreaks had been contained in Egypt and the Gaza Strip. Sudan had introduced the malaria vaccine, and Bahrain, Egypt, the Islamic Republic of Iran and Oman had achieved measles and rubella elimination. Jordan had been verified for leprosy elimination, and Pakistan had launched a national hepatitis C programme. Mental health services had been expanded across 14 countries, and tobacco control measures had been strengthened. Climate and health integration had progressed, with seven countries incorporating health into climate planning and over 150 cities monitoring air quality.

The Regional Director provided an update on the three regional flagship initiatives – on access to medical products, health workforce development and action on substance use. Regulatory systems were being strengthened, with Saudi Arabia and Egypt reaching high maturity levels; supply chains were being modernized through digitized warehousing; and regional collaboration on manufacturing and procurement was growing. The Region faced a projected shortage of 2.1 million health workers by 2030, making strategic investments in primary care, education and workforce governance vital. Bilateral collaboration and regional dialogues were fostering shared expertise, and the Commission on Investing in Health Workforce was set to guide future investments and policy. Substance use affected 6.7% of the population, but was being addressed through national strategies, civil society engagement

and expanded treatment services. Health emergencies remained a critical focus, with WHO supporting outbreak response, medical evacuations and essential services in the Gaza Strip, Sudan and other crisis-affected areas. Seven countries had secured US$ 128 million from the Pandemic Fund to bolster preparedness and response.

However, funding cuts had severely impacted operations in critical health areas, leading to clinic closures and disrupted maternal and child health services. In response, WHO had restructured its regional operations to become leaner and more efficient, while mobilizing US$1.4 billion in 2024 and launching a regional health financing taskforce to support domestic resource mobilization. However, 40% of the 2026–2027 budget still needed to be secured, making regional solidarity and smart investments more crucial than ever. The Regional Director called for increased domestic investment, regional solidarity and sustainable financing models to ensure that health systems were resilient and self-reliant going forward. Successful collaborations had demonstrated the power of regional cooperation. Ultimately, the health of the Region was a shared responsibility, and the current crisis must be transformed into an opportunity to build a future defined by peace, hope, compassion and health.

Discussion

Representatives welcomed the Regional Director's report, commended WHO's efforts despite the difficult context and reiterated their strong support for the regional strategic operational plan and the flagship initiatives. The impacts of humanitarian crises, conflict, population displacement, sanctions and funding cuts were acknowledged, and the impressive dedication of the health workforce recognized. Representatives highlighted the importance of building resilient health systems and enhancing emergency preparedness, and provided examples of progress in areas such as universal health coverage, pharmaceutical regulation and production, medicine supply chains, disease elimination, digital health and emergency preparedness, among others. They called for enhanced regional solidarity and cooperation to face the Region's challenges.

Representatives noted with regret that the delegation from Palestine had been unable to attend the session, and stood up to show their solidarity with their absent colleagues.

Statements were made on behalf of the following observers: IAEA, Türkiye, UICC, WFH, WHF.

In closing, the Regional Director pledged continued support to strengthen self-reliance and progress across Member States, urging collective action to build a healthier, more equitable future for the Region.

3.2 Update on emergencies in the Eastern Mediterranean Region

Agenda item 4(b), Document EM/RC72/INF.DOC.2

The Director (a.i.) for Emergencies presented an update on emergencies in the Eastern Mediterranean Region. She noted that the Region was home to the highest concentration of humanitarian emergencies globally, with over 115 million people requiring humanitarian assistance. She stated that WHO was responding to 15 graded emergencies in the Region, including eight at the highest level (Grade 3), and that the Region hosted nearly half of the world's internally displaced persons and more than half of all refugees worldwide. Catastrophic humanitarian crises the Gaza Strip and Sudan, along with protracted emergencies in Afghanistan, Somalia, the Syrian Arab Republic and Yemen, had pushed health systems to the edge, with some facing multiple crises. Recent reductions in international humanitarian support threatened to reverse hard-won gains in health security and outbreak surveillance and control; the Global Humanitarian Response Plan faced an 80% funding gap – a record low in support at a time of record-high needs. The humanitarian system was undergoing a reset, involving hard choices and difficult trade-offs.

Despite the immense challenges, the Director (a.i.) for Emergencies reported that WHO and its partners had made significant progress across the Region. In the past year, case fatality rates in eight of nine cholera outbreaks had been maintained within international standards, at under 1%, while cure rates for

children with severe acute malnutrition admitted to over 600 WHO-supported stabilization centres had exceeded 80%. The Gaza Strip faced catastrophic conditions, with tens of thousands dead or injured and a decimated health system. In response, WHO had coordinated thousands of medical evacuations and continued to supply the majority of medical aid. Sudan was experiencing the largest displacement crisis globally, with half its population requiring humanitarian health assistance and multiple disease outbreaks across its states. WHO's response included support for health care facilities, nutrition stabilization centres and vaccination campaigns, though funding remained critically insufficient. More than 17 million people had been reached with oral cholera vaccines between August 2024 and August 2025. In Afghanistan, following the August 2025 earthquake, WHO had deployed rapid-response teams within 24 hours, delivered over 52 metric tons of medical supplies, and provided 13 000 consultations within days. In conclusion, the Region faced shrinking humanitarian access, the erosion of international humanitarian law and underfunded emergency appeals. WHO's own capacity was strained, with staff reductions and facility closures impacting service delivery.

Discussion

Representatives welcomed the update and thanked WHO for its support, noting the pivotal role it played in delivering medical supplies, supporting early warning systems and maintaining the continuity of essential health services. They acknowledged that it was an unprecedented time in the Region, with conflicts, mass displacement, outbreaks, climate change, and multiple and protracted emergencies, and called for greater investment in preparedness, health system resilience, cross-border collaboration and information-sharing, noting that health emergencies not only caused immediate setbacks but also threatened long-term development gains. The strain on health systems and difficulties in maintaining service coverage and access were noted, including the concerning numbers of zero-dose children in the Region. The critical need for sustained and predictable financing for preparedness and response was highlighted, with WHO's Contingency Fund for Emergencies recognized as enabling immediate action when crises strike. Representatives shared many examples of progress in areas such as strengthening IHR core capacities, disease surveillance, laboratory capacities, cross-border collaboration, immunization campaigns, local vaccine production, One Health, technological innovation, and emergency preparedness and response. The dedication and perseverance of health workers and communities was commended. Representatives called for greater coordination and regional solidarity, noting that health security was a collective responsibility and a foundation for both peace and development.

Statements were made on behalf of the following observers: EMPHNET, IFMSA, UNWRA, WFNS.

The Director (a.i.) for Emergencies welcomed the feedback from Representatives and said she would take all comments into account. She said WHO remained committed to working with Member States to strengthen emergency preparedness, enhance operational readiness, build response capacities and invest in resilient health systems. She called on Member States to allocate funding to protect emergency management functions, champion the protection of health care and uphold international humanitarian law.

The WHO Regional Director thanked speakers for their contributions, noting that WHO and its Member States in the Region were responding to both protracted emergencies as well as crises, and facing challenges such as lack of access to areas and sanctions. Despite this, she highlighted that innovation was happening, including tools for rapid assessments and more effective responses, and that leadership was being provided by the Region. She looked forward to greater collaboration and partnerships over the coming year.

3.3 Update on polio eradication in the Eastern Mediterranean Region, including the report of the thirteenth meeting of the Regional Subcommittee for Polio Eradication and Outbreaks

Agenda items 3(c), Documents EM/RC72/5

The Director, Polio Eradication, presented an update on the status of polio eradication in the Eastern Mediterranean Region. He noted that the Region hosts the last two endemic countries for wild poliovirus

type 1, Afghanistan and Pakistan. Additionally, the Region had seen outbreaks of vaccine-derived poliovirus type 2 outbreaks in Djibouti, the Gaza Strip, Somalia, Sudan and Yemen. While the goal was to stop transmission in 2026, this remained logistically and politically complex due to conflict, displacement and access challenges. Despite these challenges, notable progress had been made: Djibouti and Sudan had successfully controlled recent outbreaks, and surveillance data from the Gaza Strip had remained negative since March 2025. However, areas such as south Khyber Pakhtunkhwa in Pakistan and southern Afghanistan continued to see transmission due to insecurity and lack of access. He emphasized the challenges of declining international funding at a time when conflicts and humanitarian crises in several countries were becoming increasingly complex. He stressed the need for full political support, called for stronger accountability and endorsed the Independent Monitoring Board's recommendation to shift oversight to the WHO Regional Subcommittee for Polio Eradication and Outbreaks, noting that the Subcommittee's role was pivotal in mobilizing political commitment, securing domestic and international financial resources and facilitating access, including in Somalia and northern Yemen, where outbreaks had persisted for years due to restricted vaccination efforts. He commended Member States for their collaboration and emphasized the importance of ensuring that every child is reached and transmission stopped once and for all.

Addressing the Regional Committee, H.E. Mansoor bin Ebrahim bin Saad Al Mahmoud, Minister of Public Health of Qatar and co-Chair of the Regional Subcommittee for Polio Eradication and Outbreaks, stressed the urgency of taking the opportunity of the upcoming low-transmission season for wild poliovirus.

Dr Hussain Abdul Rahman Al Rand, Assistant Undersecretary for Public Health and Deputy Minister of Health and Prevention, United Arab Emirates, on behalf of H.E. Ahmed bin Ali Al Sayegh, Minister of Health and Prevention of the United Arab Emirates and co-Chair of the Regional Subcommittee for Polio Eradication and Outbreaks, noted the complex public health context facing the Region and commended the strategic consolidation of polio and EPI programmes to accelerate polio eradication and strengthen routine immunization for the long term.

Dr Abdullah bin Rashoud Al-Gwizani, Chief Executive Officer of the Public Health Authority, Ministry of Health of Saudi Arabia, on behalf of H.E. Fahad Abdulrahman Al-Jalajel, Minister of Health of Saudi Arabia, highlighted the Polio Legacy Challenge initiative in Afghanistan, which was contributing to strengthening routine immunization services and enhancing the quality of polio vaccination campaigns, and called for the strengthening of multilateral partnerships for a safe world.

Speaking on behalf of GPEI partners, Dr Chris Elias, Chair of the Polio Oversight Board, emphasized that success in the next 12 months was critical to sustaining donor confidence and noted that the coming six months presented an epidemiological opportunity to interrupt transmission during the upcoming low season. However, he warned of declining global funding and the need for political will. He acknowledged the increasingly complex operating context but underscored that polio eradication remained within reach. Dr Elias commended health workers for their dedication in challenging environments and thanked donors – including Qatar, Saudi Arabia and the United Arab Emirates – for their continued leadership and partnership, urging everyone to stay the course.

Discussion

Representatives reaffirmed their commitment to achieving a polio-free Region, and described the steps taken to maintain robust surveillance systems, enhance national preparedness, deliver inclusive vaccination campaigns, including for refugees and migrants, and strengthen outbreak response and cross-border coordination. They called for sustaining international funding and mobilizing domestic funding to ensure that eradication efforts are not impacted by global funding cuts.

Statements were made on behalf of the following observer: WONCA.

The Director, Polio Eradication, welcomed the strong statements of commitment by Member States and thanked the co-Chairs of the Regional Subcommittee for Polio Eradication and Outbreaks and the donor

countries, including Qatar, Saudi Arabia and the United Arab Emirates. He noted the complex contexts in counties, including access issues, and called for cross-border coordination, enhancing preparedness and response capacities, adopting an integrated response, and reaching everybody, everywhere.

The WHO Regional Director closed the session by reaffirming that polio eradication was a top priority. She called for intensified diplomatic efforts, especially in the Region's most challenging areas, and announced that WHO was re-establishing the Islamic Advisory Group to support such efforts. She was working closely with Afghanistan and Pakistan and had visited both countries multiple times. The Regional Director thanked Representatives for their commitment and support for polio eradication, in particular Qatar, Saudi Arabia and the United Arab Emirates, and other international donors, for their financial support, and frontline health workers for their impressive commitment. Despite the considerable challenges, the know-how existed and she stressed the urgency of collective action to prevent further suffering and secure a polio-free future for all children.

3.4 Update on the impact of economic sanctions on health and health services in the Eastern Mediterranean Region

The Director, Universal Health Coverage/Health Systems, presented an update on the impact of economic sanctions on health and health services in the Eastern Mediterranean Region. It was noted that this had been added to the Regional Committee agenda as a regular item at Member States' request, having been discussed in closed side meetings in the margins of the 70th and 71st Regional Committee sessions. The Director explained that the number of countries affected by some form of sanctions globally had increased markedly in recent years, and no fewer than 10 countries of the Region were directly affected. There were concerns that sanctions could have multiple and very significant harmful impacts on population health and health systems; for example, one recent study had estimated that sanctions could be responsible for up to 500 000 deaths per year in all affected countries globally. However, detailed evidence on such impacts is scarce and there is a need for more research, especially given the potential scale of the impact. Recognizing this problem, at a closed session in the margins of the 71st session of the Regional Committee in October 2024, Member States had requested the WHO Secretariat to develop a standardized mechanism or tool to facilitate systematic gathering of rich comparable data across the Region, and WHO's regional team had accordingly developed a new tool called Sanctions Assessment and Monitoring Support (SHAMS). The new tool drew on previous work by other United Nations agencies as well as in-depth interviews with experts from across the Region and beyond. It included modules to capture data on the context of sanctions, health outcomes, health system functions, impacts beyond the health sector (for example on food security or population movements), and possible mitigation measures. The tool could be used for a variety of purposes and target audiences; for example, national governments could use it to guide their policy response to sanctions while academics would be interested in analysing comparative data from multiple countries and those data would also inform international advocacy and diplomacy. The depth and frequency of reporting might vary depending on the intended purpose, but the WHO Secretariat was also hoping to produce short country profiles for presentation to the Regional Committee in due course. Four briefing documents about the SHAMS tool had been made available via the Regional Committee website, and the Secretariat would look to establish a committee from among Member States to administer the tool and promote information sharing in this critical area.

Discussion

Representatives welcomed the presentation of the SHAMS tool. It was noted that the impact of sanctions was a sensitive topic. However, it should be possible to discuss their impact objectively and scientifically, including potentially unintended impacts on population health, without discussing the policies underlying the sanctions themselves. Data-gathering and research was essential to enable such objective discussion, and the Secretariat were commended for the careful way in which they had taken work on this issue forward. Representatives gave many examples of potential negative impacts of sanctions and emphasized the need to uphold the fundamental right to health of all people.

Statements were made on behalf of the following observers: EMPHNET.

The Director, Universal Health Coverage/Health Systems, thanked participants for their input. The distinction that had been drawn between the political nature and intended purpose of sanctions and their possible unintended impacts was critical, and WHO was only concerned with assessing impacts. There was an increasing tendency to impose “smart” sanctions which were intended to be carefully targeted, and research into impacts might possibly help to inform such efforts. The resilience of health services in countries subject to sanctions was another under-researched aspect of the topic that might conceivably offer valuable lessons. Analysing impacts of sanctions was also important, since evidence to date suggested that negative impacts might disproportionately affect women and children. Moving forward with data collection and analysis was an opportunity for countries of the Region to learn from each other.

4. Technical matters

4.1 Zero-dose children: addressing inequity in routine immunization coverage in the Eastern Mediterranean Region

Agenda item 5(a), Document EM/RC72/6, Resolution EM/RC72/R.2

The Unit Head, Immunization, Vaccine-Preventable Diseases and Polio Transition, noted that the Region continued to face major immunization challenges, particularly with the rising number of zero-dose children – those who have not received any routine vaccines – and the ongoing transmission of vaccine-preventable diseases such as poliomyelitis, measles and rubella. He explained that zero-dose children were primarily found in conflict-affected and marginalized communities, where they were especially vulnerable to disease. The COVID-19 pandemic had worsened this situation, leading to a decline in routine immunization coverage and resulting in an estimated 12.6 million zero-dose children between 2019 and 2023. He pointed out that rubella remained endemic in several countries, and three countries had yet to introduce the rubella-containing vaccine into their national immunization schedules. Although all countries in the Region offered key vaccines such as DTP3 and MCV2, coverage had declined in recent years, falling below the thresholds needed for disease elimination. While rubella vaccine coverage had improved, largely due to its introduction in Pakistan, overall regional coverage remained below target. The consequences of low immunization coverage were severe, leading to outbreaks, increased mortality and morbidity, and long-term strain on health systems and families. Despite the availability of safe and effective vaccines, measles and rubella persist in the Region, highlighting the need for urgent and coordinated action. He proposed a dual strategy: reducing the number of zero-dose children by 50% by 2030 in line with the Immunization Agenda 2030, and adopting a regional elimination goal for rubella and congenital rubella syndrome by leveraging existing measles elimination infrastructure. Key actions included strengthening routine immunization systems, adopting a regional rubella elimination goal, increasing domestic and partner financing, and mobilizing multisectoral engagement to ensure sustainable progress. These efforts were essential to close equity gaps, improve outbreak preparedness and achieve a Region free of measles and rubella.

Discussion

Representatives welcomed the presentation and reaffirmed their commitment to addressing immunization inequities. Despite challenges such as conflict, displacement and misinformation, countries had demonstrated resilience and progress. Innovative approaches, such as emergency vaccine hubs, digital tracking, integrated outreach and community engagement, were highlighted. Countries had implemented emergency vaccine hubs, solar-powered cold chain units and digital microplanning tools, conducted catch-up campaigns and integrated zero-dose strategies into primary health care. Significant reductions in zero-dose children had been achieved through outreach and early registration initiatives. Representatives emphasized the importance of surveillance, community engagement and cross-border coordination.

Statements were made on behalf of the following observers: EMPHNET, Gavi, the Vaccine Alliance, Gulf Health Council, IFMSA, IOM, Russian Federation.

The Unit Head, Immunization, Vaccine-Preventable Diseases and Polio Transition, called on Member States to take action to reduce the number of zero-dose children by 50% by 2030, strengthen primary health care systems and ensure that no child was left behind. The proposed draft resolution provided a roadmap to achieving equitable immunization coverage and protecting every child in the Region from preventable diseases.

The resolution was adopted with no amendments.

4.2 Health systems recovery in fragile and conflict-affected situations in the Eastern Mediterranean Region

Agenda item 5(b), Document EM/RC72/7, Resolution EM/RC72/R.3

The Regional Adviser for the Health Systems in Emergencies Lab noted that the Eastern Mediterranean Region was under severe strain, facing 16 graded emergencies, including six of the highest severity, with over 110 million people in need of humanitarian assistance. These overlapping and prolonged crises, driven by armed conflict, natural disasters, disease outbreaks, climate change and economic collapse, had overwhelmed institutions, disrupted essential health services and reversed progress towards key health-related Sustainable Development Goals, particularly universal health coverage and health security. Fragile and conflict-affected countries were especially vulnerable, often experiencing compounded shocks that further weakened already fragile health systems. He explained that recovery was not a post-crisis phase but a critical process that must begin during humanitarian response efforts. It involved restoring services, rebuilding core functions and strengthening public health capacities, involving a "build back better" approach that addressed systemic weaknesses, promoted equity and reduced future vulnerabilities. WHO supported integrated strategies that bridged humanitarian, development and peace efforts, guided by national and local leadership and tailored to local contexts. The Regional Adviser introduced an adaptable operational framework for recovery that provided practical guidance for Member States and partners, and also presented a draft resolution calling for sustained commitment to recovery as a foundation for building resilient health systems.

Discussion

Representatives highlighted key pillars for successful recovery, including policy reform, disaster risk reduction, strengthening the health workforce, improving access to medical products, and engaging both public and private sectors. A regional coordination platform was proposed to facilitate knowledge sharing, harmonize financial resources and support sustainable transitions. Country examples demonstrated practical progress, such as maintaining maternal health surveillance during conflict, aligning humanitarian and national health strategies, transitioning emergency programmes to national ownership, and expanding digital health and insurance coverage.

Statements were made on behalf of the following observers: AWO, Eastern Mediterranean NCD Alliance, GSCF, IFMSA, IOM, NCD Alliance, Russian Federation, UICC, UNRWA, WHO Eastern Mediterranean Region Youth Council, WONCA.

The Regional Adviser welcomed these contributions, reiterating that recovery is not merely about rebuilding infrastructure but about restoring the health and well-being of all people. He called on Member States to endorse the resolution, mobilize resources, strengthen health ministries, engage communities and institutionalize recovery readiness.

The resolution was adopted with some amendments from Member States.

4.3 Palliative care in the Eastern Mediterranean Region: from challenges to solutions

Agenda item 5(c), Document EM/RC72/8, Resolution EM/RC72/R.4

The Regional Adviser for Noncommunicable Disease Prevention noted that palliative care was a critical global health need, with 56 million people requiring it annually, including over 25 million in their final year of life. This care addressed physical, emotional, psychosocial and spiritual suffering, yet access remained limited, especially in the Eastern Mediterranean Region, in which only 1% of the 2.4 million people in need received it. The demand was driven by the dual burden of rising noncommunicable diseases, such as cancer, stroke and dementia, alongside escalating humanitarian crises that restricted access to essential services. In many countries in the Region, palliative care was confined to one or two units, primarily within oncology settings, and paediatric palliative care was even more neglected. Some countries lacked access to all essential opioids, underscoring the urgent need to integrate palliative care across all disease groups. This integration was vital not only for improving quality of life and preserving

dignity but also for managing symptoms like pain, nausea and delirium. Palliative care was recognized as a human right under the right to health and contributed to achieving universal health coverage (UHC) by reducing unnecessary and costly interventions. Evidence showed that investing in palliative care yielded significant economic benefits, including over 30% savings in health expenditure for patients with serious illnesses. Data from other regions supported estimated savings of US$ 1700 to US$ 4900 per hospital admission. Thus, palliative care was both ethically and economically sound. Since the 2014 WHO resolution mandating palliative care as part of UHC, several initiatives had been launched documenting progress while highlighting persistent gaps. A regional framework for action had been developed based on consultations with Member States, and key feedback had emphasized the need for governance mechanisms, dedicated funding and policy integration. Member States had also stressed the importance of community-based palliative care and continuous access to essential medications. WHO was committed to supporting national policies, building capacity and generating evidence to develop cost-effective care models suited to the Region.

Member States were called upon to prioritize palliative care in their UHC benefit packages and development agendas, integrate it into primary and hospital care, mandate basic and advanced education for health care professionals and reform procurement regulations to ensure medicine availability. With proven effectiveness and substantial returns, palliative care must be made accessible to the 2.4 million people in the Region who currently suffered without it.

Discussion

Representatives expressed strong support for the integration of palliative care into national health systems as a fundamental human right and essential component of UHC. They highlighted the urgent need to address the growing burden of noncommunicable diseases, humanitarian crises and the limited access to palliative care services across the Region. Countries emphasized the importance of embedding palliative care into national health policies, primary health care and emergency settings, and some reported progress in integrating palliative care into UHC benefit packages and national cancer strategies. Representatives stressed the need for structured education and training programmes for health care professionals, the inclusion of palliative care in medical and nursing curricula, and the provision of specialized training. Ensuring equitable access to essential pain relief medications, particularly opioids, was cited as a recurring concern. Some countries called for legislative reforms and regulatory alignment with WHO guidance to improve the availability of pain medications while preventing their misuse. A number of countries advocated for expanding palliative care beyond hospitals to home and community settings, especially for children and rural populations. Several countries cited their use of telemedicine, AI and digital tools to enhance service delivery, reduce hospital admissions and support remote care. Countries were developing national data systems to monitor progress and improve accountability.

Representatives acknowledged persistent challenges, such as limited resources, workforce shortages, cultural barriers and centralization of services, and the need for improved advocacy and practical implementation programmes. There was broad support for the proposed draft resolution and framework for action. Member States called for enhanced regional collaboration, technical support and the establishment of networks for knowledge exchange and capacity-building. They reaffirmed their commitment to advancing palliative care as a public health priority, upholding human dignity and ensuring that no patient suffered without compassionate care. The discussions underscored the importance of sustained political will, investment and regional solidarity to achieve equitable access to palliative care across the Region.

Statements were made on behalf of the following observers: EMPHNET, Hamdard Foundation Pakistan, IFMSA, NCD Alliance, Russian Federation, UICC, WHO Eastern Mediterranean Region Youth Council.

The Regional Adviser expressed her appreciation to Member States for their support of the resolution. She said that the framework emphasized year-round care and multidisciplinary training and was not limited to cancer patients but applied to all chronic illnesses, including communicable and

noncommunicable diseases. Palliative care was not only for end-of-life situations but should be provided throughout the disease journey. Implementation strategies must be tailored to each country's context, especially in humanitarian settings where needs were greater. A regional expert network had been established to guide implementation, supported by WHO resources and Member State input. Indicators had been developed to track progress and ensure accountability. Initiatives had been developed with documented models to build upon. The Regional Adviser concluded by reaffirming WHO's commitment to advancing palliative care as a vital solution, not a challenge.

The resolution was adopted with some amendments from Member States.

4.4 Cairo Call to Action on Breast Cancer: advancing equity and innovation

Professor Dr Khaled Abdel Ghaffar, Egypt's Deputy Prime Minister for Human Development and Minister of Health and Population, presented the Cairo Call to Action on Breast Cancer, emphasizing equity, innovation and solidarity. The Call to Action aimed to ensure that no woman died from a preventable or treatable disease. Breast cancer remained the most prevalent cancer among women and the leading cause of cancer-related deaths in the Eastern Mediterranean Region, with over 130 000 cases and 52 000 deaths annually. These statistics represented personal tragedies that affected families and communities deeply. The Cairo Call to Action was more than a policy document – it was a regional commitment to shared responsibility and solidarity and offered a unified framework to accelerate progress in prevention, early diagnosis, treatment and survival, aligning with the WHO Global Breast Cancer Initiative and the Sustainable Development Goals. Egypt's own experience, particularly through the Presidential Initiative for Women's Health, launched in 2019 under President Sisi's leadership, showcased the potential for transformation. Over 23 million women had been screened, resulting in 62 million visits, and the rate of late-stage diagnosis had dropped significantly due to widespread awareness campaigns and improved screening infrastructure. The Cairo Call to Action urged decisive, collective action to ensure that survival was not determined by geography or income. It advocated for strengthening primary health care, building resilient referral systems, expanding access to diagnostics and treatment and integrating psychological support. The Call to Action concluded with a powerful appeal to unite efforts, transform words into measurable outcomes and ensure that every woman had access to early detection, timely treatment and compassionate care. The initiative was not only a public health priority but also a reflection of shared humanity and leadership.

Discussion

Representatives expressed a wish for the initiative to be linked with the mandatory screening of breast cancer for women over 40 and cited sustainable public sector screening models that could be expanded over the Region.

Professor Abdel Ghaffar emphasized the urgent need for increased funding and research into breast cancer. He cited a national survey of 23 million women conducted in Egypt which revealed that breast cancer was being diagnosed about 10 years earlier in Egyptian women compared to women in other WHO regions, with many cases occurring in women under 40. The reasons for this were unclear and required further investigation. Initially, 70% of cases were being diagnosed at stage four, leading to high mortality and costly treatment. After five years of surveillance and early diagnosis efforts, stage four cases had dropped to under 30%. Early detection through clinical exams and mammograms had significantly improved treatment outcomes. The Minister called for regional collaboration to lead a research roadmap, share data and uncover the underlying causes of early breast cancer onset in the Region. He said that Egypt was prepared to share its experience and contribute to this initiative.

The WHO Regional Director expressed her personal resonance with the Cairo Call to Action and commended the initiative. She noted a recommendation from Member States to make breast cancer screening widely available. She emphasized the importance of developing a regional roadmap to advance women's health, particularly breast cancer prevention, highlighted the need to include displaced populations and those in conflict-affected areas in the initiative, and expressed commitment

to collaboratively shaping a comprehensive regional strategy. The Regional Director thanked Member States for their endorsement of the Call to Action.

The Cairo Call to Action on Breast Cancer: Advancing Equity and Innovation was formally endorsed by the Regional Committee.

4.5 Strengthening national laboratory biosafety and biosecurity policies and frameworks in the Eastern Mediterranean Region

Agenda item 5(d), Document EM/RC72/9, Resolution EM/RC72/R.5

The Director for Communicable Disease Prevention and Control presented a draft resolution focused on strengthening national laboratory biosafety and biosecurity policies in the Eastern Mediterranean Region. She clarified the distinction between biosafety, which prevented accidental exposure to biological materials in laboratories, and biosecurity, which safeguarded against the misuse of genetic materials and bioterrorism. As diagnostic and research capabilities had advanced rapidly, biosafety and biosecurity practices had evolved to address the risks associated with high-consequence pathogens and emerging biotechnologies. These practices were also key indicators of a country's capacity to implement the International Health Regulations (2005). However, a 2018 analysis of joint external evaluation data from 14 countries in the Eastern Mediterranean Region revealed significant deficiencies in this area, highlighting weak governance and regulatory frameworks. Despite global and regional commitments and the lessons of the COVID-19 pandemic, laboratory biosafety and biosecurity systems in the Region remained fragmented and underdeveloped, lacking coordination and comprehensive oversight. In the face of evolving infectious disease threats and technological advances, there was an urgent need for robust governance systems and regulatory frameworks that supported standardized, risk-based practices under the One Health approach. Accordingly, WHO was proposing a strategic approach to strengthening biosafety and biosecurity governance by addressing gaps in national regulations, workforce capacity and applied research. The Director emphasized the importance of designating national regulatory authorities with clear mandates and resources, investing in workforce training to build resilience and supporting applied research to develop practical, cost-effective solutions, particularly in low- and middle-income countries. These efforts were critical for building resilient health systems capable of preventing, detecting and responding to biological threats, thereby enhancing global health preparedness.

Discussion

In their discussions, Representatives demonstrated a shared regional commitment to strengthening laboratory biosafety and biosecurity in response to growing biological threats and lessons learned from the COVID-19 pandemic. Across the Region, countries had made significant strides in upgrading laboratory infrastructure, establishing national strategies and enhancing technical capacity through training and education. Many had developed or updated legal and regulatory frameworks, created national committees and implemented oversight mechanisms to manage biological risks effectively. Efforts also included the integration of biosafety principles into public health systems, academic curricula and national legislation. Some countries had advanced capabilities, such as next-generation sequencing and BSL-3 laboratories, while others were focusing on foundational improvements like safe waste disposal, pathogen containment and risk management protocols. There was a strong emphasis on adopting the One Health approach, promoting intersectoral collaboration and aligning with international standards and guidelines. Despite progress, challenges remained, particularly in sustainable financing, incident reporting and uniform implementation of biosafety measures. Representatives underscored the importance of regional and international cooperation, the provision of WHO technical support and the establishment of centres of excellence to build resilient health systems capable of responding to biological threats. The collective goal was to ensure safe laboratory environments, protect public health and contribute to global health security.

Statements were made on behalf of the following: ALO, EMPHNET, IFMSA, WHO Eastern Mediterranean Region Youth Council.

The Director expressed her appreciation of the substantial progress made by countries in laboratory biosafety and biosecurity since 2023. Progress included recent initiatives, legal reforms, infrastructure expansion and an increased number of certified biosafety laboratories. Efforts to build capacity among the health workforce were also praised. The Director acknowledged the strong commitment shown by countries in adopting resolutions and advancing progress in this important area, which intersected with occupational health, the International Health Regulations and broader health security goals under the One Health framework. While improvements in public health laboratory systems during the pandemic were noted, the Director also highlighted that biosafety and biosecurity measures did not advance at the same pace. This had led to gaps that affected the safety of laboratory personnel and support staff. One specific issue raised was the lack of effective waste management policies, which had directly impacted biosafety. The Director emphasized the need for increased awareness, advocacy and political commitment, framing biosafety as part of a broader culture of occupational and public health. It was recognized as a collective national responsibility. She emphasized that WHO was committed to moving forward with the suggestions that countries had made, including developing a regional roadmap, harmonizing indicators and improving monitoring systems. Coordination across the Region would be strengthened, with countries that were more advanced being encouraged to support those that were less developed in this area. She thanked Islamic Republic of Iran for its commitment to establishing a WHO collaborating centre on biosafety and biosecurity. The Director concluded by reaffirming WHO's intention to work collaboratively with Member States on this technical agenda.

The resolution was adopted with no amendments from Member States.

4.6 Operational action plan for climate change and health in the Eastern Mediterranean Region (2026–2030)

Agenda item 5(e), Document EM/RC72/10, Resolution EM/RC72/R.6

The Health Emergency Officer for the regional WHO Health Emergencies Programme presented the proposed WHO operational action plan for climate change and health in the Eastern Mediterranean Region (2026–2030). He explained that the action plan built on the existing regional framework for action on climate change endorsed by Member States in Regional Committee resolution EM/RC70/R.5. It addressed Member State calls for enhanced consultation processes and full recognition of the principles and provisions of the United Nations Framework Convention on Climate Change and the Paris Agreement, including the principles of equity and Common but Differentiated Responsibilities, and contained components specifically designed for the Region's unique environmental exposures. Since 2023, notable progress had included designation of climate change and health focal points, commitments from Member States to build climate-resilient and environmentally-sustainable health systems and the advancement of Health National Adaptation Plans. The action plan included establishment of: a regional health security observatory, with an initial climate and environmental health module, designed to support national and regional evidence-based interventions, and building upon existing surveillance systems; a regional implementation support facility to ensure sustainable financing for technical coordination and capacity-building, independent of external donors; practical climate interventions with demonstrated health co-benefits that Member States could implement immediately; and regional collaboration mechanisms. Member States were invited to endorse the regional operational action plan, thereby ensuring collective ownership, sustained momentum and measurable regional impact.

Discussion

Representatives expressed support for WHO's operational action plan on climate change and health. They highlighted the urgent need for resilient health systems in the face of escalating climate-related threats, including extreme weather events, vector-borne diseases, water scarcity and fragile infrastructure. National adaptation plans and frameworks were being developed to address climate-sensitive diseases and health infrastructure vulnerabilities, and climate-related health priorities were being integrated into national development and adaptation plans. Investment in solar energy for health facilities was being initiated in some countries in a transition to green institutions and low-emission health systems and to

ensure continuity of care amid energy instability. Solar energy was no longer optional and solar-powered cold chains in countries with unstable electricity supply and prohibitive fuel prices were essential to safeguard vaccines, insulin and lifesaving medicines. Representatives raised concerns over sustainable financing, which remained a critical gap, and noted that the establishment of a regional financing mechanism without predictable resources would lead to fragmented and reactive efforts. They stressed the need for innovative and equitable financing mechanisms, including access to the Green Climate Fund, and emphasized that climate policies should not disproportionately burden the most vulnerable groups or countries. They highlighted that energy security and economic prosperity were the main prerequisites to achieve development and sustainability goals. Representatives emphasized the need to invest in the health workforce and for the development of specialized training and mentorship programmes in climate and health, empowering frontline health workers to prevent, detect and respond to climate-sensitive diseases.

Consensus emerged on the importance of regional integration, knowledge exchange and joint action, and the establishment of regional platforms and observatories to coordinate action on climate and health. Representatives cited the need for WHO technical support in enhancing national capabilities to evaluate the consequences of climate change on health systems and enhance adaptability and resilience through specialized training courses and scientific methodologies to adapt international standards to the Region. A concern was raised about how climate change could be integrated into existing surveillance infrastructure, such as the One Health platform, rather than creating new systems that might require additional resources.

Member States adopted a resolution endorsing the operational action plan and called for its alignment with national contexts and priorities, underscoring the importance of whole-of-government and whole-of-society approaches, sustainable financing and continuing WHO support to build climate-resilient, equitable and sustainable health systems across the Region.

Statements were made on behalf of the following observers: Eastern Mediterranean NCD Alliance, WHF.

The Health Emergency Officer thanked Member States for their support of the regional operational plan for climate change and health. He noted that there were difficulties in establishing clear linkages between climate change and health due to limited data and research. The regional context was complex and climate change impacts were layered with ongoing emergencies that required a realistic and flexible approach. Climate change indicators could be integrated into existing surveillance systems. The plan incorporated the principle of voluntary participation and acknowledged countries' different national circumstances, ensuring that all Member States could participate meaningfully while recognizing varying economic circumstances. The plan was not final; it proposed an 18-month consultation process with Member States, expanding beyond the scope of the ministry of health to include other key relevant entities, such as the ministry of environment, and national disaster risk reduction and climate authorities. The action plan operated independently of global climate change and health initiatives, but complemented them, ensuring that Member States maintained full sovereignty over their climate change and health priorities and implementation approaches. The concept of Common But Differentiated Responsibilities required regional adaptation. The Region lacked scientific evidence, so the plan aimed to provide a foundation for informed decision-making. The ultimate goal was to foster a collective regional stance that reflected the diversity and realities of the Region.

5. Other matters

5.1 Resolutions and decisions of regional interest adopted by the Seventy-eighth World Health Assembly and the Executive Board at its 156th and 157th sessions

Agenda item 6(e), Document EM/RC72/14

The Director of Programme Management presented an overview of resolutions and decisions of particular interest to the Region that had been adopted by WHO's global governing bodies during 2025, including the Seventy-eighth World Health Assembly and the Executive Board at its 156th and 157th sessions. He began by explaining that the aim was to ensure that global governance decisions reflected the real-world priorities of the Regional Committee. There should be a single policy spine, with global

policies effectively translated into budgets, workplans and measurable results at country level, and a feedback loop so that regional realities informed global norms. In adopting a new strategic operational plan at its 71st session, the Regional Committee had ensured that regional strategy was aligned with WHO's Fourteenth General Programme of Work (GPW 14). The Director of Programme Management then highlighted some major outcomes of recent global governance meetings including adoption of the global Pandemic Agreement, agreement for a 20% increase in assessed contributions, Member State-led governance reform to improve WHO's transparency, efficiency and accountability, and the adoption of resolution WHA77.15 on aligning the participation of Palestine in WHO with its participation in the United Nations. The Director presented other recent resolutions and decisions, analysing them through the framework of the "6 P" priorities in the regional strategic operational plan, and identified some strategic priorities going forward and next steps. He explained that WHO would seek to facilitate effective implementation of each resolution by supporting Member States through each stage of a delivery chain and monitoring progress against a limited number of indicators. The overall aim was "discipline in delivery" with fewer priorities, clearer owners and faster feedback.

5.2 Review of the draft provisional agenda of the 158th session of the WHO Executive Board

Agenda item 6(a), Document EM/RC72/11

The Director of Programme Management reviewed the draft provisional agenda for the 158th session of the WHO Executive Board, to be held from 2 to 7 February 2026. There were 28 agenda items under the five GPW 14 pillars. It was noted that no fewer than 10 items had been proposed by Member States of the Eastern Mediterranean Region, testifying to their strong engagement in global governing bodies and to the excellent work of the Regional Coordinator for WHO Member States in the Region.

5.3 Membership of WHO bodies and committees

Agenda item 6(b), Document EM/RC72/12

The Governing Bodies Officer presented an outline of the structure and rotation of Member States within various WHO governing bodies and committees, emphasizing reforms and anticipated appointments. From 2017 onwards governance reform had aimed to improve transparency and fairness in Member State participation. She explained the processes involved and the proposed candidates for nomination, noting that the procedure had been modified by agreement of the Programme Subcommittee.[1] Countries were now grouped alphabetically into three categories to ensure balanced representation. The anticipated appointments for the 2026 World Health Assembly elective posts were: Kuwait (Vice President, World Health Assembly); Libya (Vice Chair of Committee B); Lebanon and Morocco (General Committee members); and Saudi Arabia (Committee of Credentials). For membership of the Executive Board, a rotation system had been in place since 2002. Qatar was an outgoing member and Kuwait an incoming member for the 2025–2026 term.

The Executive Board had decided to extend the mandate of the Standing Committee on Health Emergency Prevention, Preparedness and Response until the closure of the Seventy-ninth World Health Assembly in 2026 (EB156(39)). The term of the current members of the Committee from the Eastern Mediterranean Region, Egypt and Saudi Arabia, had been extended until the end of the current mandate of the Standing Committee.

With regards to membership of the regional Programme Subcommittee for the Regional Committee, Jordan, Kuwait, Lebanon and Tunisia were outgoing members with their terms ending on 31 December 2025 and Libya, Saudi Arabia, Somalia and Sudan were incoming members with their terms starting in 2026. Appreciation was expressed for the work of the Programme Subcommittee and its contribution to governance matters.

[1] See further the report of the 22nd meeting of the Programme Subcommittee, document EM/RC72/3, paras. 17 and 20.

There was agreement by the Regional Committee on the proposed nominations for regional representation on the various WHO governing bodies.

5.4 Update on financing and implementation of the Programme Budget, including the implementation of the WHO Transformation Agenda

Agenda item 6(c), Document EM/RC72/INF.DOC.17

The Director of Programme Management outlined the transformative journey that had been undertaken by the Regional Office in response to significant financial and operational challenges that began in 2023. WHO had embraced reform through the creation of the Action for Results Group, which aimed to enhance programme impact and strengthen country-level presence. This was complemented by the regional vision of country focus transformation, which prioritized implementation of the Regional Director's flagship initiatives and aimed to reshape planning and delivery of results.

The transformation had unfolded in three phases. Phase one began with the endorsement of the regional strategic operational plan and flagship initiatives during the 71st session of the Regional Committee in October 2024. Optimism about budget increases had led to an initial estimate of a regional budget of US$ 743 million, prompting functional reviews and cost optimization exercises. This phase emphasized aligning national priorities with global goals, strengthening country focus, enhancing partnerships, promoting closer interregional cooperation and improving accountability mechanisms. Phase two was marked by the withdrawal of the United States of America's funding from WHO, leading to successive budget cuts – from US$ 743 million to US$ 534 million. These cuts had had a profound impact on health capacities in low- and middle-income countries, with significant declines in emergency preparedness, public health surveillance, humanitarian aid, health workforce, medicine supplies and service provision. Behind these numbers, lives were disrupted and health gains reversed – declining immunization rates in Afghanistan, risks to malnourished children in Sudan and facility closures in Yemen.

To secure continuity a sustainability plan for the 2026–2027 biennium was developed. A total regional allocation of US$ 534 million was approved, with 70% directed to country offices and 15% of flexible funds earmarked for emergency programmes – the highest among WHO regions – highlighting a strong commitment to emergency preparedness. The Regional Office maintained a balanced approach to budget reductions, keeping a near 50/50 split between staff and activity spending to preserve operational flexibility and staff continuity. Human resource funding was largely secured through flexible funds and voluntary contributions totalling US$ 318 million, covering 60% of the required resources. Despite these efforts, a funding gap of US$ 215 million remained. Based on a detailed analysis which reviewed trends among top donors (who make up 90% of the base budget), a 5% decline in contributions had been identified. Projections suggested a 27–50% drop in funding for base and emergency programmes in the upcoming biennium. As a result, the team estimated that realistically, only US$ 110 million of the gap could be filled, leaving a shortfall of US$ 105 million. This funding deficit was expected to directly impact health outcomes across several programme areas.

In phase three, starting June 2025, WHO had initiated a restructuring of the Regional Office and country offices to adapt to the financial constraints. This involved merging departments, reducing the number of teams and senior managers and aligning the Regional Office's organigram more closely with WHO headquarters' new structure. Staff positions had been reduced from 2253 to 1432, primarily by abolishing vacant posts. Efforts had been undertaken to redistribute expertise to country offices and maintain essential services, but the ability to deliver would inevitably be affected. He concluded with a call for continued financial and technical support, emphasizing that the transformation was not about doing more with less, but about doing better through smarter investments and stronger partnerships. The Organization was entering the 2026–2027 biennium better integrated and more transparent and accountable, but without bridging the funding gap health outcomes across the Region would suffer.

Countries expressed their support for WHO's Transformation Agenda and the alignment of the regional strategic operational plan with GPW 14. They emphasized the importance of translating regional priorities into tangible country-level impacts and noted that success depended on adequate and

predictable financing, equitable resource distribution, especially in fragile and conflict-affected contexts, and stronger regional solidarity. They called for capacity strengthening, decentralization of decision-making and improved coordination between the Regional Office and country offices. They also advocated for sustainable investment in primary health care, resilient health workforces and supply chain systems to achieve universal health coverage and advance the Sustainable Development Goals. They commended the resilience and support shown by WHO and its teams during challenging times and noted its commitment to an efficient use of resources and leveraging modern technologies to enhance health care delivery, with a strong focus on primary health care and polio eradication. Pakistan acknowledged its unique challenge as one of the last countries still battling polio, alongside Afghanistan, and expressed confidence in achieving eradication soon. Representatives commended WHO's continued support, especially in light of the withdrawal of United States funding from the Organization and pledged ongoing support for WHO reforms and future challenges. They discussed broader regional concerns, noting the increasing needs in many countries and the importance of prioritizing resource mobilization, including bilateral cooperation. A number of countries were highlighted as needing tailored funding arrangements due to their unique challenges, and Representatives suggested developing country-specific strategies for emergency and pandemic funding and reviewing the performance of health facilities with the support of the Regional Office.

The WHO Regional Director thanked Representatives for their insightful comments and noted that WHO had formed a finance task force to explore innovative financing strategies. Engagement was under way with high-income countries in the Region and the WHO Foundation. Countries had committed to supporting new fundraising and collaborative platforms and WHO was placing greater emphasis on improving its visibility and communicating its value and impact. She called for adoption of a business-oriented approach to promote WHO's work more effectively to potential donors. WHO was working to strengthen civil society involvement, especially in countries facing conflict and insecurity, and encouraging countries to include youth representatives in delegations to foster future leadership. She noted that emergency programmes had been most affected by funding challenges. Despite this, country-level fundraising was performing relatively well. She stressed the importance of grant performance and reporting to secure future funding; workshops had been planned with regional donors (e.g. KSrelief, Kuwait Fund, Qatar Fund for Development) to improve grant processes. WHO was working to rebuild trust with donors through improved implementation and reporting, and efforts included enhancing country-level operational capacity to meet donor expectations.

5.5 Engagement with non-State actors: applications submitted by entities for accreditation to attend meetings of the WHO Regional Committee for the Eastern Mediterranean

Agenda item 6(d), Document EM/RC72/13, Decision 5

The Governing Bodies Officer outlined the accreditation process for non-State actors to attend meetings of the Regional Committee. Accreditation is a privilege granted to entities not in official relations with WHO but that meet specific criteria. Eligible organizations include regional nongovernmental organizations, international business associations and philanthropic foundations. The process of accreditation began in 2020, following the establishment of the Framework of Engagement with Non-State Actors (FENSA) in 2016. It was formalized in 2022. In 2024, four entities were accredited. In 2025, three new entities had applied: the Palestinian Association of Medical Radiation Technologists; the Gulf Federation for Cancer Control; and the Eastern Mediterranean NCD Alliance. The accreditation procedure starts with applications being reviewed by the WHO Secretariat and then transmitted to the Programme Subcommittee through a process of due diligence to ensure that criteria are met. Final approval was made by the Regional Committee. Member States were encouraged to promote applications for accreditation among suitable national and regional entities. The Regional Committee was invited to approve the new applications. If approved, accreditation would begin on 18 October 2025, following the conclusion of the current session.

The Regional Committee approved accreditation of the Palestinian Association of Medical Radiation Technologists, Gulf Federation for Cancer Control and Eastern Mediterranean NCD Alliance as non-State actors for three years, starting on 18 October 2025.

5.6 Reports of the twenty-second, twenty-third and twenty-fourth meetings of the Programme Subcommittee of the Regional Committee

Agenda item 3(b), Documents EM/RC72/3 and EM/RC72/4

Dr Salih Ali Al-Marri, Chair of the Programme Subcommittee of the Regional Committee, reported on the activities and outcomes of the Subcommittee, focusing on its 22nd, 23rd and 24th meetings, held in 2025, in preparation for the 72nd session of the Regional Committee. The Programme Subcommittee was chaired during this period by Dr Al-Marri, with Dr Abdullah Hamood Al Harthy as Vice Chair and Dr Radi Hammad as Rapporteur. The Subcommittee had played a key role in work to review and revise the format of, and arrangements for, Regional Committee sessions, with a view to making them more strategic and impactful. Resulting changes included a Member State-drawn agenda for the session, earlier planning deadlines, extensive consultation on technical papers and draft resolutions, and a week of virtual events leading up to the 72nd session that included webinars and social media engagement.[1] Dr Al-Marri noted that the 25th meeting of the Subcommittee was scheduled for late February 2026 to begin preparations for the 73rd session of the Regional Committee.

5.7 Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region

Agenda item 7(a), Document EM/RC72/INF.DOC.18, Decision 9

During the Regional Committee session, the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region for the year 2024 was awarded to Dr Majid Ghayour-Mobarhan (Islamic Republic of Iran) in the area of cardiovascular diseases and Dr Noor Badr Al-Busaidi (Oman) in the area of diabetes, based on the recommendation of the Foundation Committee.

The Regional Committee decided to award the State of Kuwait Prize for 2025 to Dr Amir Ali Hamidieh (Islamic Republic of Iran) in the area of cancer, Professor Sir Magdi Yacoub (Egypt) in the area of cardiovascular diseases and Dr Fatheya Al Awadi (United Arab Emirates) in the area of diabetes. The Prize will be presented to the laureates during the 73rd session of the Regional Committee in 2026.

5.8 Award of the Down Syndrome Research Prize

Agenda item 7(b), Document EM/RC72/INF.DOC.19, Decision 10

The Down Syndrome Research Prize is awarded every other year. A call for nominations was sent out in 2025 and the Down Syndrome Research Prize Foundation Committee reviewed all nominations during the 72nd session of the Regional Committee. Based on the recommendation of the Foundation Committee, the Regional Committee decided to award the Down Syndrome Research Prize to Dr Noha Naser Mohamed Al-Suwayji Al-Zaabi (United Arab Emirates). The Prize will be presented to the laureate during the 73rd session of the Regional Committee in 2026.

5.9 Place and date of future sessions of the Regional Committee

Agenda item 8 Document EM/RC72/INF.DOC.20, Decision 6

The Regional Committee decided to hold its 73rd session in Cairo, Egypt, from 13 to 15 October 2026.

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[1] Topics covered through the virtual events included: integrating antimicrobial stewardship and infection prevention and control programmes in primary health care facilities; building resilient communities for better health and well-being in the Region; leveraging the fourth United Nations High-level Meeting on NCDs; and an introduction to the regional framework for implementing the global roadmap on defeating meningitis by 2030. Recordings are available via the Regional Committee session website at: https://www.emro.who.int/about-who/rc72/live-streaming.html.

6. Closing session

6.1 Review of draft resolutions, decisions and report

In the closing session, it was noted that the remaining draft resolution and decisions, and the draft report of the 72nd session, would be circulated to Member States after the session for review and adoption via a written silence procedure. These items were accordingly so adopted.

6.2 Closing of the session

Agenda item 10

Closing the session, the Chair thanked the Representatives, members of the Programme Subcommittee of the Regional Committee, WHO Secretariat and all other participants for their efforts in ensuring its success. The Regional Director thanked the Chair and Vice-Chairs, the Programme Subcommittee, Representatives, partners and her colleagues from the Secretariat. She looked forward to making further progress at upcoming global and regional governing bodies meetings in 2026.

7. Resolutions and Decisions

7.1 Resolutions

EM/RC72/R.1 Annual report of the Regional Director for 2024–2025

The Regional Committee,

Having reviewed the annual report of the Regional Director on the work of WHO in the Eastern Mediterranean Region for 2024/2025[1] and the progress reports requested by the Regional Committee;[2]

Welcoming the progress so far in rolling out the new strategic operational plan for the Region and its constituent flagship initiatives, and the many examples of successful health programmes in countries of the Region; but also

Noting with concern the many serious gaps and challenges that remain;

Further noting the severe financial constraints facing public health stakeholders generally and WHO in particular, and the comprehensive reprioritization and restructuring that the Organization is implementing in consequence;

Acutely cognizant of the enormous scale and scope of health emergencies in the Region, due to conflict, severe weather events and other causes;

Applauding successes in containing case fatality rates during recent cholera outbreaks, but also recognizing that cholera remains a deadly threat in the Region, especially in fragile and conflict-affected situations;

Welcoming analysis showing significant reductions in the incidence of meningitis and the related mortality rate in the Region since the year 2000, but noting that capacity gaps remain in relation to meningitis prevention and response;

Mindful of the critical importance of effective disease surveillance to support informed health-related decisions, and noting the recommendation of WHO's regional working group on integrated disease surveillance in document EM/RC72/INF.DOC.7 to extend the timeframe for reporting on the relevant regional strategy;

1. **THANKS** the Regional Director for her report on the work of WHO in the Region;

2. **ADOPTS** the annual report of the Regional Director for 2024/2025;

3. **URGES** Member States to strengthen domestic financing for health, ensure efficiency and invest in people-centred systems, and to consider increasing their voluntary support to WHO where possible;

4. **SUPPORTS** the finalization and implementation of the cholera preparedness and response strategy for the Eastern Mediterranean Region, 2025–2028, and requests the Regional Director to provide regular reports on its implementation as appropriate through annual reporting to the Regional Committee on WHO's work in health emergencies;

5. **SUPPORTS** the framework for implementing the Defeating meningitis by 2030 global road map in the Eastern Mediterranean Region, and requests the Regional Director to provide regular reports on its implementation as appropriate through annual reporting to the Regional Committee on WHO's work in the Region;

6. **EXTENDS THE IMPLEMENTATION PERIOD** for the regional strategy on integrated disease surveillance and requests the Regional Director to report on implementation of the strategy to the Regional Committee at its 74th session in October 2027.

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[1] EM/RC72/2.

[2] EM/RC72/INF.DOC.1–16.

EM/RC72/R.2 Zero-dose children: addressing inequity in routine immunization coverage in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the technical paper on zero-dose children: addressing inequity in routine immunization coverage in the Eastern Mediterranean Region;[1]

Recognizing that zero-dose children remain disproportionately concentrated in marginalized, conflict-affected and underserved settings, and are at heightened risk of vaccine-preventable diseases, including measles, rubella, poliomyelitis and diphtheria;

Noting that reaching zero-dose children is a key priority under the Immunization Agenda 2030 (IA2030), and that strengthening routine immunization systems is essential to achieving universal health coverage;

Recalling resolution EM/RC44/R.6 on regional measles elimination, and recognizing that rubella elimination is both technically and programmatically feasible through integrated strategies using existing measles infrastructure;

Recognizing further that 18 countries in the Region have introduced rubella-containing vaccine, yet rubella and congenital rubella syndrome (CRS) remain endemic in several countries;

Acknowledging the opportunity provided by the 2024 recommendation of the Strategic Advisory Group of Experts on Immunization (SAGE) to accelerate rubella elimination, including in countries that have not yet achieved high coverage of measles-containing vaccine;

1. **URGES Member States to:**

   1.1 Adopt, implement and sustainably finance national policies and strategies to identify, reach and vaccinate zero-dose children, with a focus on the most marginalized populations, through strengthened primary health care systems, community engagement, culturally appropriate approaches including addressing gender equality, and the use of innovation and technology to ensure continued connection to health services beyond immunization;

   1.2 Enhance surveillance to ensure timely and effective outbreak investigation and response for measles and rubella in endemic countries and in countries verified as having eliminated these diseases in the event of reintroduction;

   1.3 Reaffirm national commitments to measles elimination, for example arising from resolution EM/RC44/R.6, adopt a regional goal for rubella and CRS elimination, and implement rubella and CRS elimination strategies to:

      1.3.1 Achieve and sustain rubella elimination in low-incidence countries by 2030;

      1.3.2 Stop rubella outbreaks in high-incidence countries by 2030; and

      1.3.3 Achieve rubella elimination in high-incidence countries by 2035;

   1.4 Report annually on progress in reducing the number of zero-dose children to the Regional Immunization Technical Advisory Group (RITAG), and on progress towards measles and rubella elimination to the Regional Verification Commission for Measles and Rubella (RVC-MR);

[1] EM/RC72/6.

2. **REQUESTS the Regional Director to:**

2.1 Continue to provide technical support to Member States in strengthening the technical and managerial capacities of their national immunization programmes;

2.2 Support Member States in the development and implementation of strategies to reduce the number of zero-dose children by enhancing the delivery and reach of primary health care services;

2.3 Assist Member States in developing strategies and documenting evidence for certification, verification and validation of eradication, elimination and control of targeted vaccine-preventable diseases;

2.4 Intensify advocacy and resource mobilization efforts and strengthen partnerships with global and regional agencies to support national immunization programmes and safeguard regional immunization achievements;

2.5 Report annually to the Regional Committee on progress in reducing the number of zero-dose children and in achieving the eradication and elimination of vaccine-preventable diseases, as part of the annual progress report on implementation of IA2030 in the Eastern Mediterranean Region.

EM/RC72/R.3 Health systems recovery in fragile and conflict-affected situations in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the technical paper on health systems recovery in fragile and conflict-affected situations (FCS) in the Eastern Mediterranean Region;[1]

Recalling Regional Committee resolution EM/RC69/R.2 on building resilient health systems to advance universal health coverage (UHC) and ensure health security in the Region;

Recognizing that the Eastern Mediterranean Region is one of the world's most fragile and crisis-prone regions, facing armed conflict, natural disasters, public health emergencies and economic collapse, with nine of the 22 countries and territories classified by the World Bank as FCS as of 2025;

Aware of the direct and indirect impacts of protracted crises on health systems, including economic disruption, weakened governance, destruction of infrastructure, killing and displacement of health workforce and disrupted supply chains and health services;

Noting with concern that the Region is at heightened risk of failing to achieve or regressing on key health-related Sustainable Development Goals (SDGs), including those related to UHC and health security;

Recognizing that while humanitarian response is vital in emergencies, it is limited in duration and scope, while by contrast health systems recovery provides a pathway to long-term resilience;

Acknowledging that health systems recovery also supports broader peacebuilding, social cohesion and development goals, particularly in fragile and conflict-affected contexts;

Also recognizing that recovery in such settings is often nonlinear, frequently disrupted by renewed violence or instability, and characterized by simultaneous humanitarian response and recovery across different geographical areas within the same country;

Emphasizing that for recovery to be effective, it must be inclusive, context-specific, well-coordinated and supported by strong political will and adequate technical and operational capacity across humanitarian, development and peace efforts, based on a nexus approach;

Also emphasizing the need for solidarity among countries and partners;

[1] EM/RC72/7.

1. **ENDORSES** the regional agenda for health systems recovery outlined in the technical paper, including the regional priorities, goals, objectives, priority areas and implementation steps for supporting Member States in advancing health systems recovery;

2. **URGES Member States to:**

   2.1 Institutionalize recovery readiness through an all-hazard approach in their national health policies, strategies and plans, while promoting a "build back better" approach that aligns with health-related SDGs;

   2.2 Ensure the provision of financial support for health systems recovery and resilience-building efforts in FCS countries across the Region, in accordance with their national context;

   2.3 Employ the humanitarian–development–peace nexus approach in assistance to countries experiencing protracted conflicts, bridging humanitarian response with recovery and development processes;

   2.4 Formulate and implement national strategies for health systems recovery in FCS, accompanied by clear roadmaps, targets and timelines;

   2.5 Strengthen the capacity of ministries of health and relevant stakeholders to lead and implement health systems recovery efforts effectively;

   2.6 Strengthen the participation and capacities of affected communities and local actors in the recovery process, ensuring that health systems are more contextually appropriate and sustainable;

3. **REQUESTS the Regional Director to:**

   3.1 Provide technical support to Member States in the development and implementation of country-specific health systems recovery strategies and plans;

   3.2 Develop and operationalize a regional coordination platform for health systems recovery to harmonize WHO's support to Member States, promoting knowledge exchange, standardized guides, tools and processes;

   3.3 Facilitate the implementation of the humanitarian–development–peace nexus to ensure alignment and synergy across all actors and interventions during transition periods;

   3.4 Facilitate resource mobilization and technical partnerships to support countries in operationalizing health systems recovery plans and building institutional resilience;

   3.5 Report to the Regional Committee at its 74th, 76th and 78th sessions on progress in health systems recovery across the Region, ensuring alignment with regional strategies and global commitments to UHC, health security and the SDGs.

EM/RC72/R.4 Palliative care in the Eastern Mediterranean Region: from challenges to solutions

The Regional Committee,

Having reviewed the technical paper on Palliative care in the Eastern Mediterranean Region;[1]

Recalling Regional Committee resolution EM/RC64/R.2 on the regional framework for action on cancer prevention and control which included palliative care as a key domain;

Recalling resolution WHA67.19, whereby the Sixty-seventh World Health Assembly recognized that enormous suffering for millions of patients and their families could be alleviated through access to palliative care services, especially at the primary health care level;

Welcoming the inclusion of palliative care in the definition of universal health coverage and recognizing that access to palliative care is a basic human right;

Acknowledging the benefits of palliative care across disease groups, at all stages of illness and for all age groups in reducing the suffering of patients and families and improving cost efficiency for the health care system;

Noting with appreciation the efforts of nongovernmental organizations and civil society to highlight the importance of palliative care;

Recognizing that the availability and appropriate use of internationally controlled medicines for medical and scientific purposes remains insufficient in most countries of the Region, and highlighting the need to ensure that efforts to prevent the diversion of narcotic drugs and psychotropic substances do not result in inappropriate regulatory barriers to medical access to such medicines;

Acknowledging with appreciation the inclusion of medicines for pain and symptom control in palliative care settings in the 23rd WHO Model List of Essential Medicines and the 9th WHO Model List of Essential Medicines for Children, and commending the efforts of WHO collaborating centres on pain and palliative care to improve access to palliative care;

Recognizing the need for adequate funding mechanisms for palliative care programmes, including for medicines and medical products, especially in developing countries;

Recognizing that palliative care utilizes an interdisciplinary approach, including physicians, nurses, social workers, mental health specialists and community health workers, to address the needs of patients with serious illness in diverse settings;

Also recognizing the importance of strong networks between professional palliative care providers, volunteers and affected families, providers of care for acute illness and the elderly, and the wider community;

Acknowledging that WHO has established and adopted clear indicators to assess the progress of palliative care development, as reflected in the technical paper and the associated regional framework for action;

1. **ENDORSES t**he framework for action on palliative care in the Eastern Mediterranean Region.

2. **URGES Member States to:**

   2.1 Include palliative care services in national health benefit packages and universal health coverage policies, with dedicated funding, in line with global and regional commitments;

   2.2 Embed palliative care into primary health care and hospital-based care, and leverage telemedicine to ensure early access and continuity of care including home care, particularly in rural and crisis-affected areas;

[1] EM/RC72/8.

2.3 Expand palliative care education in undergraduate, postgraduate and continuing health care training, with appropriate recognition of the specialty to ensure a structured, tiered approach to competency development;

2.4 Reform national opioid regulations, including for oral morphine, to remove unnecessary barriers, while maintaining safeguards against misuse, in line with WHO guidelines;

2.5 Strengthen supply chain systems, promote regional production and pooled procurement strategies, and conduct targeted prescriber training to enhance safe and effective pain management;

2.6 Define and adopt standardized indicators to monitor service integration and outcomes, and develop national reporting systems for medicine availability, workforce deployment and equity in provision of services;

3. **REQUESTS the Regional Director to:**

3.1 Support Member States to develop national policies and plans that address palliative care and to ensure the availability of palliative care services for a wide spectrum of diseases and conditions that cause serious health-related suffering;

3.2 Provide support for regional and country-level capacity-building efforts, ensuring alignment in quality and scope, and tailoring technical support according to operational needs and feasibility;

3.3 Enhance regional and country level capacity-building in palliative care through establishing regional training hubs and mentorship programmes to build specialist capacity and support the integration of palliative care into primary and hospital-based services;

3.4 Ensure that WHO in its convening role brings together all key stakeholders in the development and implementation of palliative care services, including civil society organizations, patients and community members;

3.5 Promote regional procurement strategies, including the establishment of a regional platform for oral opioid procurement for countries that need it;

3.6 Encourage and support implementation research on palliative care to generate evidence on the cost–effectiveness of models and on standards of care that are relevant to the cultural and health contexts of the Region, while monitoring progress in palliative care service availability and quality;

3.7 Report to the Regional Committee at its 74th, 76th and 78th sessions on progress in implementing this resolution based on the indicators of the framework for action on palliative care.

EM/RC72/R.5 Strengthening national laboratory biosafety and biosecurity policies and frameworks in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the technical paper on strengthening national laboratory biosafety and biosecurity policies and frameworks in the Eastern Mediterranean Region;[1]

Recalling resolution WHA77.7 of the Seventy-seventh World Health Assembly on strengthening laboratory biological risk management;

[1] EM/RC72/9.

Also recalling Regional Committee resolution EM/RC63/R.4 on a strategic framework for strengthening health laboratory services 2016–2020, and resolutions EM/RC67/R.1 and EM/RC71/R.2, which extended the timeframe of the framework;

Further recalling Regional Committee resolutions EM/RC68/R.2 on accelerating health emergency preparedness and response: a plan of action and EM/RC69/R.2 on building resilient health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region;

Recognizing that laboratory biosafety and biosecurity are critical components of national and global health security, with the potential to significantly impact outbreak preparedness, response capacities and cross-border health risks;

Expressing concern over the continued insufficient prioritization of laboratory biosafety and biosecurity governance and the absence of comprehensive regulatory mechanisms in many countries of the Region;

Acknowledging the urgent need to address emerging and re-emerging infectious disease threats;

Recognizing the importance of comprehensive, multisectoral national policies and frameworks, aligned with the International Health Regulations (2005) and international standards, and covering the human, animal and environmental health sectors under a One Health approach;

Affirming that workforce capacity-building is not only a strategic priority but a necessary enabler of resilient health systems, in line with Regional Committee resolution EM/RC69/R.2;

Concerned that the limited availability of regional data and evidence on laboratory biosafety and biosecurity practices hinders the development of informed, context-specific mitigation strategies;

Noting the recommendations made by Member States and other stakeholders through platforms such as the 2023 technical working group consultation on strengthening health laboratory services in the Region;

1. **URGES Member States to:**

    1.1 Designate national regulatory authorities to lead the development, implementation and enforcement of laboratory biosafety and biosecurity frameworks, with appropriate mandates, resources and mechanisms for oversight, monitoring and evaluation;

    1.2 Allocate sustainable and predictable financing for the development and/or implementation of laboratory biosafety and biosecurity systems through national budgets and strategic donor engagement;

    1.3 Strengthen workforce capacity and resilience by investing in national training programmes and establishing a skilled, adaptable workforce equipped to manage evolving laboratory biosafety and biosecurity risks;

    1.4 Encourage and support applied research efforts, according to the local context, to develop practical and cost-effective laboratory biosafety and biosecurity solutions, particularly in the resource-constrained countries of the Region;

2. **REQUESTS the Regional Director to:**

    2.1 Provide technical assistance and capacity-building support to Member States for the development and implementation of national laboratory biosafety and biosecurity policies and regulatory frameworks;

    2.2 Engage national authorities and international partners to support Member States in aligning their laboratory biosafety and biosecurity systems with global guidance, while remaining sensitive to country-specific contexts and capacities;

2.3 Work with academic institutions and global partners to advance a regional research agenda that addresses unresolved laboratory biosafety and biosecurity challenges, with particular attention to the needs of resource-constrained settings;

2.4 Identify and support the designation of regional WHO collaborating centres for laboratory biosafety and biosecurity to serve as hubs for knowledge sharing, training, technical expertise and cross-border coordination;

2.5 Report biennially to the Regional Committee on progress made in strengthening laboratory biosafety and biosecurity systems across the Region, with a final report to the 77th session of the Committee in 2030, to assess the sustainability and continued relevance of efforts.

EM/RC72/R.6 Operational action plan for climate change and health in the Eastern Mediterranean Region (2026–2030)

The Regional Committee,

Having reviewed the technical paper on Operational action plan for climate change and health in the Eastern Mediterranean Region (2026–2030);[1]

Recalling World Health Assembly resolutions WHA61.19 (2008) and WHA77.14 (2024) on climate change and health, and decision WHA78(27) (2025) on the global action plan on climate change and health (2025–2028), as well as Regional Committee resolution EM/RC70/R.5 (2023) on climate change, health and environment: a regional framework for action (2023–2029);

Recognizing that the Eastern Mediterranean Region faces growing climate-related health challenges, including extreme heat, droughts, water scarcity, dust storms, rising sea levels and climate-induced displacement that disproportionately affect vulnerable populations;

Acknowledging the substantial progress achieved since 2023;

Emphasizing Region-specific challenges, economic diversity and the principle of Common but Differentiated Responsibilities;

Reaffirming that all actions under this plan shall remain voluntary and non-binding, fully respecting national sovereignty, priorities and financial capacities of Member States;

1. **URGES Member States to:**

1.1 Advance finalizing the operational action plan on climate change and health in the Eastern Mediterranean Region (2026–2030);

1.2 Engage voluntarily with the mechanism to strengthen capacity, enhance coordination and promote technical cooperation for climate change and health initiatives, in accordance with Member States' priorities and circumstances, where applicable to Member States;

1.3 Utilize, on a voluntary basis, the regional health security observatory to strengthen surveillance, early warning systems, research and evidence-based decision-making;

1.4 Participate in regional collaboration mechanisms, including South–South knowledge exchange and peer-to-peer technical assistance, to accelerate learning and voluntary joint action;

[1] EM/RC72/10.

1.5 Contribute voluntarily to regional collaboration and knowledge-sharing efforts, including through participation in mechanisms for South–South cooperation and peer-to-peer support;

1.6 Strengthen national leadership and coordination by designating climate change and health focal points, with representation from relevant ministries and sectors, to ensure cross-governmental action aligned with national priorities;

2. **REQUESTS the Regional Director to:**

2.1 Support Member States in finalizing the regional operational action plan on climate change and health in alignment with national priorities and development objectives;

2.2 Facilitate voluntary peer-to-peer learning, South–South collaboration and capacity-building initiatives to support progress towards achieving the objectives of the plan;

2.3 Monitor and document voluntary progress under the regional operational action plan and report updates to future sessions of the Regional Committee, beginning with the 74th session of the Regional Committee for the Eastern Mediterranean in 2027.

7.2 Decisions

DECISION NO 1 ELECTION OF OFFICERS

The Regional Committee decided to elect the following as the Officers of its 72nd session:

Chair: H.E. Dr Salih Al Hasnawi (Iraq)

Vice-Chair: H.E. Dr Musab Nazzal Al-Ali (Syrian Arab Republic)

Vice-Chair: H.E. Dr Haitham Mohamed Ibrahim Awadalla (Sudan)

DECISION NO. 2 ADOPTION OF THE AGENDA

The Regional Committee adopted the agenda of its 72nd session.

DECISION NO. 3 CLOSED MEETINGS

In accordance with rule 6 of its rules of procedure, the Regional Committee agreed that sessions identified as closed sessions in the timetable would be limited to members of the Committee and the necessary minimum Secretariat presence, with no observers, in an exception to its normal practice of-open meetings.

DECISION NO 4 APPOINTMENT OF THE DRAFTING COMMITTEE

Based on rules of procedure of the Regional Committee, the Committee decided that the following should constitute the Drafting Committee:

Dr Radi Hammad (Egypt), Eng. Huda Abd El karim Taha Ababneh (Jordan), Dr Al-Munther Al-Hasawi (Kuwait), Ms Hilda Harb (Lebanon), Dr Ayesha Isani Majeed (Pakistan), Dr Abdullah Hamood Al Harthy (Oman), Dr Salih Ali Almarri (Qatar), Dr Sina Haj Amor (Tunisia).

Secretariat: Dr Adham Ismail Abdel Moneim, Dr Benedetta Allegranzi, Dr Asmus Hammerich, Dr Annette Heinzelmann, Dr Awad Mataria, Dr Arash Rashidian, Dr Nasim Pourghazian, Mr Tobias Boyd (Secretary).

DECISION NO. 5 ACCREDITATION OF NON-STATE ACTORS NOT IN OFFICIAL RELATIONS WITH WHO TO ATTEND REGIONAL COMMITTEE SESSIONS

Noting that they had fulfilled the established eligibility criteria and other requirements set out in the Framework of Engagement with non-State Actors, the Regional Committee decided that the Gulf Federation for Cancer Control, the Eastern Mediterranean NCD Alliance and the Palestinian Association of Medical Radiation Technologists should be accredited to attend sessions of the Committee in the capacity of Observers, with no voting rights, for three years commencing 18 October 2025.

DECISION NO. 6 PLACE AND DATE OF FUTURE SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee decided to hold its 73rd session at the WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt, from 13 to 15 October 2026.

DECISION NO. 7 CAIRO CALL TO ACTION ON BREAST CANCER

The Regional Committee decided to endorse the Cairo Call to Action on Breast Cancer: Advancing Equity and Innovation (annex 4).

DECISION NO. 8 VERIFICATION OF CREDENTIALS

In accordance with the Rules of Procedure of the WHO Regional Committee for the Eastern Mediterranean, the Chair of the 72nd session of the Regional Committee reported to the Regional Committee that the credentials submitted by the 20 Members attending the 72nd session of the Regional Committee were reviewed. The credentials of all 20 were found in compliance with the Committee's Rules of Procedure. The report of the Chair of the 72nd session on the verification of credentials was accepted by the Regional Committee.

DECISION NO. 9 AWARD OF THE STATE OF KUWAIT PRIZE FOR THE CONTROL OF CANCER, CARDIOVASCULAR DISEASES AND DIABETES IN THE EASTERN MEDITERRANEAN REGION

The Regional Committee decided, based on the recommendation of the Foundation Committee for the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean, to award the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region to Dr Amir Ali Hamidieh (Islamic Republic of Iran) in the area of cancer, Professor Sir Magdi Yacoub (Egypt) in the area of cardiovascular diseases and Dr Fatheya Al Awadi (United Arab Emirates) in the area of diabetes. The Prize will be presented to the laureates during the 73rd session of the Regional Committee in 2026.

DECISION NO. 10 AWARD OF THE DOWN SYNDROME RESEARCH PRIZE

The Regional Committee decided, based on the recommendation of the Down Syndrome Research Prize Foundation, to award the Down Syndrome Research Prize to Dr Noha Naser Mohamed Al-Suwayji Al-Zaabi (United Arab Emirates). The Prize will be presented to the laureate the 73rd session of the Regional Committee in 2026.

Annex 1

Agenda

1.	Opening of the session	
2.	Procedural matters	
	(a) Election of Officers (Rule 10, Rules of Procedure)	
	(b) Adoption of the Agenda (Rules 7 and 8, Rules of Procedure)	EM/RC72/1-Rev.3
	(c) Appointment of the Drafting Committee (Rule 15, Rules of Procedure)	
3.	Constitutional matters	
	(a) Annual Report of the Regional Director 2024–2025	EM/RC72/2
	(b) Reports of the twenty-second and twenty-third meetings of the Programme Subcommittee of the Regional Committee	EM/RC72/3 EM/RC72/4
	(c) Report of the thirteenth meeting of the Regional Subcommittee for Polio Eradication and Outbreaks	EM/RC72/5
4.	Progress reports on technical matters	
	(a) Poliomyelitis eradication and polio transition	EM/RC72/INF.DOC.1
	(b) Health issues facing populations affected by disasters and emergencies, including implementation of the International Health Regulations (2005)	EM/RC72/INF.DOC.2
	(c) Implementation of the regional strategic framework for blood safety and availability, 2016–2025	EM/RC72/INF.DOC.3
	(d) Strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region	EM/RC72/INF.DOC.4
	(e) Developing national institutional capacity for evidence-informed policy-making for health	EM/RC72/INF.DOC.5
	(f) Regional framework for action to strengthen the public health response to substance use	EM/RC72/INF.DOC.6
	(g) Regional strategy for integrated disease surveillance: overcoming data fragmentation in the Eastern Mediterranean Region	EM/RC72/INF.DOC.7
	(h) Building resilient communities for better health and well-being in the Eastern Mediterranean Region	EM/RC72/INF.DOC.8
	(i) Addressing diabetes as a public health challenge in the Eastern Mediterranean Region	EM/RC72/INF.DOC.9
	(j) Relocation of the Regional Office for the Eastern Mediterranean	EM/RC72/INF.DOC.10
	(k) Addressing noncommunicable diseases in emergencies: a regional framework for action	EM/RC72/INF.DOC.11
	(l) Strengthening public health readiness for mass gatherings in the Eastern Mediterranean Region	EM/RC72/INF.DOC.12
	(m) Climate change, health and environment: a regional framework for action, 2023–2029	EM/RC72/INF.DOC.13
	(n) Review of the status of resolutions adopted by the Regional Committee during the period 2000–2019, and recommendations for sunsetting and reporting requirements	EM/RC72/INF.DOC.14

	(o) Strategy to promote the health and well-being of refugees, migrants, internally displaced populations and other displaced groups in the Eastern Mediterranean Region	EM/RC72/INF.DOC.15
	(p) Strategic framework for the implementation of Immunization Agenda 2030 in the Eastern Mediterranean Region	EM/RC72/INF.DOC.16
5.	Technical papers	
	(a) Zero-dose children: addressing inequity in routine immunization coverage in the Eastern Mediterranean Region	EM/RC72/6
	(b) Health systems recovery in fragile and conflict-affected situations in the Eastern Mediterranean Region	EM/RC72/7
	(c) Palliative care in the Eastern Mediterranean Region: from challenges to solutions	EM/RC72/8
	(d) Strengthening national laboratory biosafety and biosecurity policies and frameworks in the Eastern Mediterranean Region	EM/RC72/9
	(e) Operational action plan for climate change and health in the Eastern Mediterranean Region (2026–2030)	EM/RC72/10
6.	World Health Assembly and Executive Board	
	Governance matters	
	(a) Review of the draft provisional agenda of the 158th session of the WHO Executive Board	EM/RC72/11
	(b) Membership of WHO bodies and committees	EM/RC72/12
	(c) Update on implementation of the WHO Transformation Agenda in the Eastern Mediterranean Region	EM/RC72/INF.DOC.17
	(d) Engagement with non-State actors: applications submitted by entities for accreditation to attend meetings of the WHO Regional Committee for the Eastern Mediterranean	EM/RC72/13
	Technical matters	
	(e) Resolutions and decisions of regional interest adopted by the Seventy-eighth World Health Assembly and the Executive Board at its 156th and 157th sessions	EM/RC72/14
7.	Awards	
	(a) Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region	EM/RC72/INF.DOC.18
	(b) Award of the Down Syndrome Research Prize	EM/RC72/INF.DOC.19
8.	Place and date of future sessions of the Regional Committee	EM/RC72/INF.DOC.20
9.	Other business	
10.	Closing session	

Annex 2

List of representatives, alternates and advisers of Member States and observers

MEMBER STATES

BAHRAIN

Representative	H.E. Dr Jalila bint Al Sayyed Jawad Hassan Minister of Health Ministry of Health **Manama**
Alternate	Dr Adel Salman Al-Sayyad Public Health Advisor Ministry of Health **Manama**
Advisers	H.E. Ambassador Fawzia bint Abdullah Zainal Ambassador of the Kingdom of Bahrain to Egypt Permanent Representative to the League of Arab States **Cairo**
	Mr Abdulrahman Hassan Yusuf Hashem Minister Plenipotentiary Embassy of the Kingdom of Bahrain **Cairo**
	Mr Mustafa Abdul Aziz Mohammed AlKhaja Administrative Attaché Embassy of the Kingdom of Bahrain **Cairo**
	Mr Majed Isa Mubarak AlNoaimi First Secretary Embassy of the Kingdom of Bahrain to Egypt **Cairo**
	Mr Abdullah Abdulrahman AlRayes Third Secretary, Embassy of the Kingdom of Bahrain to Egypt **Cairo**
	Mrs Ameera Isaa Nooh Head of International Relations Section Ministry of Health **Manama**
	Dr Adel Salman Al-Sayyad Public Health Adviser Ministry of Health **Manama**
	Dr Ghada Abdul Latif Al-Zayani Head of the Monitoring and Control Group Public Health Department Ministry of Health **Manama**

DJIBOUTI

Representative	H.E. Dr Ahmed Robleh Abdilleh Minister of Health Ministry of Health **Djibouti**
Alternate	Mr Abdoulkader Mohamed Garad Senior Technical Adviser Ministry of Health **Djibouti**
	Dr Ismail Abdi Djama Doctorate in Mental Health Ministry of Health **Djibouti**

EGYPT

Representative	H.E. Professor Dr Khaled Abdel Ghaffar Deputy Prime Minister for Human Development Affairs Minster of Health and Population Ministry of Health and Population **Cairo**
Alternate	Dr Mohamed Hassany Assistant Minister of Health for Projects and Public Health Initiatives Ministry of Health and Population **Cairo**
Advisers	Mr Mohamed Sobhy Mohamed Assistant Minister for Public Relations and Protocol Department Ministry of Health and Population **Cairo**
	Professor Amr Kandeel Deputy Minister of Health and Population for Preventive Medicine, Public Health and Primary Care Ministry of Health and Population **Cairo**
	Mr Michael Mounir Henry Azar Protocol and Public Health Coordinator Ministry of Health and Population **Cairo**
	Dr Radi Hammad First Undersecretary for Preventive Medicine and Public Health Ministry of Health and Population **Cairo**
	Dr Suzan El Zanaty General Director of the International Relations and Agreements Department Ministry of Health and Population **Cairo**

Dr Shereen Elghazaly
IHR National Focal Point
Ministry of Health and Population
Cairo

Dr Ayten Ahmed Mahmoud Maklad
Foreign Health Relations Officer
International Relations and Agreements Department
Ministry of Health and Population
Cairo

Professor Dr Hesham Ahmed Gaballah Elghazaly
Chairperson, Scientific Committee of the
Presidential Initiative for Women's Health
Ministry of Health and Population
Cairo

Dr Hatem Mohamed Amin Abdel Rehem
Executive Director, Presidential
Initiative for Women's Health
Ministry of Health and Population
Cairo

Dr Elamira Heba El Sayed Rashwan
Responsible for the Coordination and External Support Unit
Assistant Minister of Health for Projects and Public Health Initiatives
Ministry of Health and Population
Cairo

Ms Marwa Nour Al-Din
Director, Technical Office
Assistant Minister of Health for Projects and Public Health Initiatives
Ministry of Health and Population
Cairo

Mr Ayman Ragab Moustafa
Medical Unit
Ministry of Health and Population
Cairo

Ms Eman Ahmed
Medical Office Member
Ministry of Health and Population
Cairo

IRAN, ISLAMIC REPUBLIC OF

Representative

H.E. Professor Mohammadreza Zafarghandi
Minister of Health and Medical Education
Ministry of Health and Medical Education
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Alternate

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Annex 3

Final list of documents, resolutions and decisions

1. Regional Committee documents

EM/RC72/1-Rev.3	Agenda
EM/RC72/2	Annual Report of the Regional Director 2024/2025
EM/RC72/3	Reports of the twenty-second and twenty-third meetings of the
EM/RC72/4	Programme Subcommittee of the Regional Committee
EM/RC72/5	Report of the thirteenth meeting of the Regional Subcommittee for Polio Eradication and Outbreaks
EM/RC72/6	Zero-dose children: addressing inequity in routine immunization coverage in the Eastern Mediterranean Region
EM/RC72/7	Health systems recovery in fragile and conflict-affected situations in the Eastern Mediterranean Region
EM/RC72/8	Palliative care in the Eastern Mediterranean Region: from challenges to solutions
EM/RC72/9	Strengthening national laboratory biosafety and biosecurity policies and frameworks in the Eastern Mediterranean Region
EM/RC72/10	Operational action plan for climate change and health in the Eastern Mediterranean Region (2026–2030)
EM/RC72/11	Review of the draft provisional agenda of the 158th session of the WHO Executive Board
EM/RC72/12	Membership of WHO bodies and committees
EM/RC72/13	Engagement with non-State actors: applications submitted by entities for accreditation to attend meetings of the WHO Regional Committee for the Eastern Mediterranean
EM/RC72/14	Resolutions and decisions of regional interest adopted by the Seventy-eighth World Health Assembly and the Executive Board at its 156th and 157th sessions
EM/RC72/INF.DOC.1	Poliomyelitis eradication and polio transition
EM/RC72/INF.DOC.2	Health issues facing populations affected by disasters and emergencies, including implementation of the International Health Regulations (2005)
EM/RC72/INF.DOC.3	Implementation of the regional strategic framework for blood safety and availability, 2016–2025
EM/RC72/INF.DOC.4	Strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region
EM/RC72/INF.DOC.5	Developing national institutional capacity for evidence-informed policy-making for health
EM/RC72/INF.DOC.6	Regional framework for action to strengthen the public health response to substance use
EM/RC72//INF.DOC.7	Regional strategy for integrated disease surveillance: overcoming data fragmentation in the Eastern Mediterranean Region
EM/RC72//INF.DOC.8	Building resilient communities for better health and well-being in the Eastern Mediterranean Region

EM/RC72/INF.DOC.9	Addressing diabetes as a public health challenge in the Eastern Mediterranean Region
EM/RC72/INF.DOC.10	Relocation of the Regional Office for the Eastern Mediterranean
EM/RC72/INF.DOC.11	Addressing noncommunicable diseases in emergencies: a regional framework for action
EM/RC72/INF.DOC.12	Strengthening public health readiness for mass gatherings in the Eastern Mediterranean Region
EM/RC72/INF.DOC.13	Climate change, health and environment: a regional framework for action, 2023–2029
EM/RC72/INF.DOC.14	Review of the status of resolutions adopted by the Regional Committee during the period 2000–2019, and recommendations for sunsetting and reporting requirements
EM/RC72/INF.DOC.15	Strategy to promote the health and well-being of refugees, migrants, internally displaced populations and other displaced groups in the Eastern Mediterranean Region
EM/RC72/INF.DOC.16	Strategic framework for the implementation of Immunization Agenda 2030 in the Eastern Mediterranean Region
EM/RC72/INF.DOC.17	Update on implementation of the WHO Transformation Agenda in the Eastern Mediterranean Region
EM/RC72/INF.DOC.18	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
EM/RC72/INF.DOC.19	Award of the Down Syndrome Research Prize
EM/RC72/INF.DOC.20	Place and date of future sessions of the Regional Committee

2. Resolutions

EM/RC72/R.1	Annual Report of the Regional Director 2024/2025
EM/RC72/R.2	Zero-dose children: addressing gaps in routine immunization coverage in the Eastern Mediterranean Region
EM/RC72/R.3	Health systems recovery in fragile and conflict-affected situations in the Eastern Mediterranean Region
EM/RC72/R.4	Palliative care in the Eastern Mediterranean Region: from challenges to solutions
EM/RC72/R.5	Strengthening national laboratory biosafety and biosecurity policies and frameworks in the Eastern Mediterranean Region
EM/RC72/R.6	Operational action plan for climate change and health in the Eastern Mediterranean Region (2026–2030)

3. Decisions

Decision 1	Election of officers
Decision 2	Adoption of the agenda
Decision 3	Closed meetings
Decision 4	Appointment of the Drafting Committee
Decision 5	Accreditation of non-State actors not in official relations with WHO to attend Regional Committee sessions
Decision 6	Place and date of future sessions of the Regional Committee
Decision 7	Cairo Call to Action on Breast Cancer

Decision 8	Verification of credentials
Decision 9	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
Decision 10	Award of the Down Syndrome Research Prize

Annex 4

Cairo Call to Action on Breast Cancer: Advancing Equity and Innovation

Breast cancer is the most commonly diagnosed cancer among women worldwide and in the Eastern Mediterranean Region. An estimated 2.3 million women were diagnosed globally in 2022, resulting in 670 000 deaths. However, the global burden is marked by stark inequities across development levels. In countries with a very high human development index (HDI), 1 woman in every 12 will develop breast cancer in her lifetime, and 1 in 71 will die from it. In contrast, in low-HDI countries, only 1 woman in 27 is diagnosed, yet 1 in 48 dies, reflecting critical gaps in early detection, timely diagnosis and treatment access.[1]

Health inequity expands through an intergenerational burden. In 2020, there were 1.04 million new maternally orphaned children as a result of 4.4 million cancer deaths of women worldwide. One quarter of these were due to breast cancer.[2]

In the Region, there are more than 130 000 new breast cancer cases and 52 000 deaths annually.[3] The burden of the disease is exacerbated by multiple risk factors, including entrenched poverty and economic hardship, inadequate health care infrastructure and workforce, low levels of societal awareness and screening uptake, as well as cultural and traditional barriers that often relegate women to secondary status within the household and society. These factors contribute to delays in diagnosis and treatment, leading to poorer outcomes and reduced survival for a disease that is otherwise highly treatable when detected early.

The incidence-to-mortality ratio of breast cancer in the Eastern Mediterranean Region highlights significant health inequities. For instance, in 2022 Jordan reported 60 cases of breast cancer per 100 000 women, with a mortality rate of 19.3 per 100 000. In contrast, Somalia had a lower incidence rate – 38.6 cases per 100 000 women – but a higher mortality rate of 25.7 per 100 000. Egypt, with one of the highest incidence rates in the region at 55.4 per 100 000 women, reported a mortality rate of 19.8 per 100 000.[3]

The 2024 WHO report *Women's cancer in the WHO Eastern Mediterranean Region: Situation analysis and investment case* estimates that by 2050, if strategic interventions are not scaled up and current morbidity and mortality rates remain unchanged, economic losses associated with breast cancer in the Region will reach US$ 408 billion. Conversely, investing in early diagnosis and comprehensive treatment for breast cancer is projected to yield a return of US$ 6.4 to 7.8 for every US$ 1 invested.[4]

Since its launch in 2019, the Egyptian Presidential Initiative on Women's Health has achieved significant progress in the early detection, timely diagnosis and delivery of integrated care for breast cancer,[5] in alignment with the WHO Global Breast Cancer Initiative.[1]

The Initiative's core model focuses on raising breast health awareness at the community level and providing annual clinical breast examinations for at-risk groups, followed by a fast-tracked referral

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[1] The global breast cancer initiative [website]. Geneva: World Health Organization (https://www.who.int/initiatives/global-breast-cancer-initiative).

[2] IARC Evidence Summary Brief No. 5: Maternal orphans due to cancer: The intergenerational impact of cancer deaths in women [PDF]. Lyon, France: International Agency for Research on Cancer; 2024 (https://www.iarc.who.int/wp-content/uploads/2024/03/IARC_Evidence_Summary_Brief_5.pdf).

[3] Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, et al. Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer; 2024 (https://gco.iarc.who.int/today).

[4] Women's cancer in the WHO Eastern Mediterranean Region. Situation analysis and investment case report. Cairo: WHO Regional Office for the Eastern Mediterranean; 2024. License: CC BY-NCSA 3.0 IGO.

[5] Deputy Prime Minister and Minister of Health extends his thanks to His Excellency President Abdel Fattah El-Sisi for his concern for women's issues and his support for their health and social well-being. Cairo: Egyptian Cabinet; 2024 (www.cabinet.gov.eg/News/Details/77704).

pathway for diagnostic follow-up and treatment.[1] This approach represents an opportunity for reaching out to high-risk population subgroups in low- and middle-income countries, driven by strong political commitment, with potential for replication in other settings.

On 23 January 2025, the Egyptian Presidential Initiative on Women's Health hosted a high-level dialogue on advancing equity and innovation in breast cancer care alongside the 17th Breast, Gynaecological and Immuno-Oncology International Cancer Conference in Cairo. Building on the deliberations, a set of key commitments is articulated in the Cairo Call to Action.

The Cairo Call to Action is aligned with the Fourth United Nations Political Declaration on the Prevention of Noncommunicable Diseases and Mental Health, which reaffirms the high-level political commitment to accelerating action in the next phase of the global noncommunicable disease response, including breast cancer. It serves as a practical and unifying framework to galvanize partnerships and scale up proven, effective, evidence-based and innovative interventions, ensuring that no woman is left behind.

This Call to Action represents a tangible step towards advancing regional solidarity and sustained collective action for women's health and well-being throughout the Region and beyond.

Building on this shared vision and political momentum, the Cairo Call to Action calls upon all WHO Member States of the Eastern Mediterranean Region and global partners to renew and accelerate their commitment to breast cancer control.

National governments should:

1. Promote a comprehensive approach to improving public awareness of breast health, breast cancer risk factors, screening and the consequences of late diagnosis, including through health promotion and early detection by:

    - developing targeted breast awareness outreach campaigns to reach all women, especially those at high risk and in vulnerable situations, using evidence-based, internationally recognized and culturally-sensitive messaging;
    - in partnership with national media outlets, promoting awareness of the importance of maintaining a healthy body weight and breastfeeding, and avoiding alcohol and tobacco/nicotine products, and supporting the creation of enabling environments that make these choices accessible and sustainable;
    - enhancing training for the health workforce, particularly those in primary health care settings, to communicate information effectively and empathetically about breast health awareness and breast cancer and its associated risk factors;
    - engaging local and religious leaders to address cultural misconceptions and reduce stigma around breast cancer;
    - leveraging survivor testimonials and culturally sensitive storytelling to combat breast cancer stigma and discrimination, inspire early care-seeking behaviours and make information accessible, relatable and impactful for diverse audiences.

[1] Azim HA, Kassem L, Shohdy KS, Safwat Y, Khallaf E, Naguib S et al. Clinical breast examination for early diagnosis of breast cancer: An Egyptian nationwide study. Ann Oncol. 2023. 34(suppl_2):S925–S953. doi:10.1016/S0923-7534(23)01945-2.

2. Invest in strengthening the health system and establishing effective referral pathways, particularly in low-resource settings, to ensure early detection, timely diagnosis and comprehensive breast cancer management by:

    - strengthening primary health care centres as the first point of contact for early breast cancer detection by training the health workforce to enhance their capacity for early diagnosis and timely referral to treatment;
    - developing robust referral systems that overcome geographical and socioeconomic barriers, ensuring a seamless continuum of care across all levels of the health system;
    - mobilizing and allocating resources to equip health care facilities with essential diagnostic and treatment capabilities, including mammography, imaging and pathology services;
    - establishing or strengthening national cancer registries to support evidence-based planning, equitable resource allocation, and robust monitoring of cancer burden, outcomes, disparities and equity in breast cancer care;
    - strengthening and expediting the integration of breast cancer data into national health information systems, cancer registries and digital health platforms.

3. Enhance access to multidisciplinary teams and psychosocial support along the breast cancer care continuum, ensuring holistic and patient-centred care, including palliative care and the integration of survivors into the community.

4. Promote research and development, along with flexible regulatory pathways, to accelerate access to innovative diagnostics and therapies for both early-stage and metastatic breast cancer.

5. Collaborate with community-based organizations to expand access to affordable care for marginalized populations and close gaps in service delivery.

6. Implement patient-centred policies that reduce barriers to support services and streamline care pathways, ensuring patients can access the services they need in a timely and equitable manner.

7. Expand/introduce the provision of patient navigators to guide individuals through the health care system, helping them understand available services, their entitlements and how to efficiently access the care they need.

Civil society and partner organizations should:

1. Leverage culturally-sensitive health education to combat breast cancer-related stigma, misinformation and discrimination, encourage early care-seeking behaviour and ensure that information is accessible, relatable and impactful for diverse audiences.

2. Identify, document and disseminate innovative approaches that address the specific needs of those in vulnerable situations, ensuring that lessons learned are shared and accessible to all relevant stakeholders.

3. Establish a regional platform to exchange experiences, share the latest data and outcomes and foster collaborative research and resource mobilization.

4. Advocate for the establishment of regional funding mechanisms to support breast cancer initiatives targeting underserved populations, ensuring that resources are allocated where they are most needed.

The World Health Organization and other United Nations organizations should:

1. Support Member States in the WHO Eastern Mediterranean Region in designing, implementing and reviewing breast cancer policies and programmes to create an enabling environment for the delivery of high-quality, timely and equitable breast cancer care.

2. Establish a robust monitoring and evaluation framework and provide regular progress updates to Member States on the achievement of the WHO Global Breast Cancer Initiative 60–60–80 targets, highlighting areas for learning, adaptation and improvement at Regional Committee meetings.

3. Supplement the monitoring and evaluation framework with adaptable implementation toolkits to support Member States in operationalizing context-specific national approaches to breast cancer care.

4. Establish mechanisms to strengthen the supply chain for breast cancer medicines and health technologies, including conducting landscape analyses and maintaining an updated pipeline to track innovations in alignment with ethics, equity and human rights.

5. Strengthen collaboration with global research institutions and regional and national regulatory bodies to shape the global breast cancer research agenda and address persistent inequities and disparities.

6. Establish a regional expert network and a South–South collaboration platform on breast cancer to support alignment with and cross-learning between national cancer control plans.

7. Establish a coordination mechanism to develop a regional roadmap for implementing the Cairo Call to Action.

We, the partners of this Cairo Call to Action, affirm our unwavering commitment to advancing a new era of regional solidarity and global cooperation in breast cancer care. We pledge to intensify South–South collaboration, institutionalize the exchange of proven and promising practices, and drive a shared innovation agenda that is rooted in equity, sustainability and the lived realities of women across our Region and beyond. This is our collective moment to lead, to act and to ensure that no woman is left behind.