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Progress report on building resilient health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region

Introduction

1. Universal health coverage and health security are recognized as mutually reinforcing goals. Their achievement requires sustained investment in resilient, equitable and efficient national health systems. Drawing on lessons learned from the COVID-19 pandemic and recurrent natural and human-made emergencies, at its 69th session in October 2022, the WHO Regional Committee for the Eastern Mediterranean adopted resolution EM/RC69/R.2 endorsing the regional agenda for building resilient and equitable health systems, including seven regional priorities and related goals, objectives and priority actions for supporting Member States.

2. The seven regional priorities are (i) strengthening health emergency and disaster risk management; (ii) optimizing ministries of health and building institutions for public health; (iii) establishing primary health care-oriented models of care; (iv) enhancing and scaling up a fit-for-purpose, fit-to-practice health workforce; (v) promoting equity and enhancing financial protection; (vi) improving access to medicines, vaccines and other health products; and (vii) fostering an integrated approach in policy, planning and investment for long-term health system resilience.

3. Resolution EM/RC69/R.2 also requested the Regional Director to report on progress in implementing the resolution to the 71st, 73rd and 75th sessions of the Regional Committee and present a final report to the 77th session in 2030. This report summarizes progress made during the second biennium (October 2024–September 2026) of the eight-year agenda and outlines key challenges and future directions.

Progress update

Strengthening health emergency and disaster risk management

4. All 22 countries and territories in the Region have consistently submitted their International Health Regulations (IHR) States Parties Self-Assessment Annual Report in recent years. Of these, 20 have developed national action plans for health security, informed by the IHR Monitoring and Evaluation Framework, including annual self-assessments, joint external evaluations (all countries completed one cycle and two completed a second cycle), 12 after-action or intra-action reviews and 15 simulation exercises completed in 2025 across 21 countries. All-hazards risk profiling workshops using the Strategic Tool for Assessing Risks (STAR) were supported in Djibouti, Iraq, Jordan, Libya, Pakistan, Qatar and Tunisia.

5. The Emergency Medical Team initiative has continued to advance in Jordan, Libya, Oman, Pakistan, Tunisia and the United Arab Emirates. In March 2025, the Saudi Disaster Medical Assistance Team was officially classified by WHO as the first Type 2 Emergency Medical Team in the Region. Strengthening of public health emergency operations centres continued across all countries of the Region, with intensified support provided in Iraq, Lebanon, Sudan, the Syrian Arab Republic and Yemen to improve emergency coordination, preparedness and response capacities.

6. Emergency care capacities were enhanced in Afghanistan, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Libya, Somalia, Sudan and Yemen through country-specific system assessments and contextualized workforce training. A regional consultation was held virtually in 2025 to inform the development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035, in line with World Health Assembly decision WHA77(8) (2024).

7. The WHO Regional Office for the Eastern Mediterranean and the Pan American Health Organization jointly published inter-regional guidance on "resilient hospitals" in 2024 to strengthen resilience to health emergencies and disasters in hospital facilities. The guidance offers an operational framework on integrating risk reduction, preparedness, response and recovery strategies into routine hospital functions, ensuring that health services not only remain functional during crises but also contribute to the broader goals of health systems, health security, disaster risk reduction and climate change adaptation and mitigation. The guidance is being implemented in Egypt, Iraq, Jordan, Oman, Pakistan, the Syrian Arab Republic, Tunisia and Yemen. A bi-regional Memorandum of Arrangement was signed between Regional Office for the Eastern Mediterranean and the Pan American Health Organization in February 2026 to advance collaboration, exchange information, share best practices, provide technical support, mobilize partnerships and build capacities in operationalizing the framework.

8. Significant progress was made on the health systems recovery agenda. At its 72nd session in 2025, the Regional Committee for the Eastern Mediterranean adopted resolution EM/RC72/R.3 on health systems recovery in fragile and conflict-affected situations, aimed at strengthening health systems during and after conflicts through both early and long-term recovery processes. Support was provided to Afghanistan, Libya, Sudan, the Syrian Arab Republic and Yemen in expanding early-recovery efforts, and to Iraq in implementing long-term recovery measures. WHO and partners also supported Palestine in preparing for recovery following the cessation of hostilities in the Gaza Strip.

Optimizing ministries of health and building institutions for public health

9. Technical assistance was provided by WHO to Iraq, Jordan, Sudan and Yemen to shape the role of Ministry of Health in the health system, looking into Ministry's functions and associated structure to enhance accountability in fulfilling the dual goals of universal health coverage and health security.

10. Support provided by WHO to national public health institutes continued across the Region. Of its 22 countries and territories, 11 (50%) have now established national public health institutes. Lebanon and Yemen accelerated the development of national public health institutes in 2025, with WHO providing support for surveillance, emergency coordination, workforce development and evidence-based decision-making.

11. WHO supported fragile and conflict-affected states in developing national health policies and strategies, including Afghanistan, Sudan, the Syrian Arab Republic and Yemen.

12. WHO continued supporting countries in strengthening their essential public health functions, based on the revised framework developed by the WHO Regional Office in collaboration with the UK Health Security Agency. Supported by the China International Development Cooperation Agency, WHO initiated a pilot project in Iraq, Morrocco and Pakistan on strengthening health system resilience and essential public health functions and services through the integration of traditional medicine, leveraging experiences to inform global and country-level policy and practices.

Establishing primary health care-oriented models of care

13. Implementation of primary health care-oriented models of care was advanced in Oman, Pakistan, Palestine and Yemen, while policy dialogue on such models was initiated in Djibouti, Iraq, Libya, Sudan and the Syrian Arab Republic.

14. A total of 17 countries from the Eastern Mediterranean Region responded to the WHO global survey on strengthening health systems through a primary health care approach, the highest participation rate among all WHO regions. The draft country profiles were shared with participating ministries of health for validation and to inform primary health care-driven universal health coverage policy dialogue and planning in selected countries.

15. A training-of-trainers programme to strengthen primary health care leadership and management was piloted in Iraq and Jordan in Arabic, with plans for regional rollout and translation into other languages. Egypt and Iraq adapted the training package and developed a contextualized edition that respective ministries of health are currently institutionalizing. A community health needs and assets assessment tool was piloted in the Islamic Republic of Iran and Pakistan to support people-centred planning and community engagement.

Enhancing and scaling up a fit-for-purpose, fit-to-practice health workforce

16. At its 71st session in 2024, the Regional Committee approved the flagship initiative on investing in a resilient health workforce through resolution EM/RC71/R.1. A Commission on investing in the health workforce was established to advance analytical work on the health workforce initiative.

17. Regional collaboration on advancing the health workforce agenda across the Region was strengthened with academic and technical institutions, United Nations agencies and development partners, including the Arab Board of Health Specializations, International Organization for Migration, League of Arab States, Regional Health Alliance, United Nations Children's Fund, United Nations Population Fund, and others. In addition, collaboration among countries and institutions was facilitated, such as between Aden University (Yemen) and Sultan Qaboos University (Oman).

18. WHO supported Iraq, Pakistan, the Syrian Arab Republic and Yemen in assessing workforce requirements for primary health care-oriented models of care and on nursing and nursing education, and the United Arab Emirates and Yemen on health workforce strategic planning. WHO also supported nursing policy dialogue in Iraq and labour market analyses in Djibouti, Iraq, Jordan, the Syrian Arab Republic, Tunisia and Yemen.

Promoting equity and enhancing financial protection

19. At its 71st session in 2024, the Regional Committee endorsed WHO's strategic operational plan for the Eastern Mediterranean Region 2025–2028 through resolution EM/RC71/R.1. The regional plan prioritizes increased health investment and expanded financial protection through affordable benefit packages and publicly funded arrangements. Continuous advocacy has encouraged Member States to prioritize financial protection. Universal Health Coverage Day 2024 and 2025 focused on this theme.

20. Two regional high-level technical workshops, held in Rabat, Morocco and Manama, Bahrain, in March 2024 and April 2025, in partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the World Bank, brought together ministries of health, finance and social development to share experiences and build capacities to promote equitable, efficient and sustainable health financing systems. In 2025, a health financing forum was organized by the Ministry of Health of Jordan in Amman,

Jordan, in cooperation with the French Development Agency (Agence française de développement), the Global Fund, WHO and the World Bank, to explore innovative financing models for primary health care.

21. Across Egypt, Jordan and Pakistan, universal health coverage initiatives have strengthened equity through primary health care models, publicly funded benefits and accessible insurance schemes. Egypt's universal health insurance reform has improved service accessibility by more than 80% and beneficiary satisfaction by more than 56%, demonstrating positive impact towards equity. Jordan's universal health coverage and health financing reform plan proposes comprehensive restructuring of the health financing system, positioning the public civil health insurance programme as the primary vehicle for equitable coverage. Pakistan has advanced equity through a publicly-financed health insurance scheme for the poor (the Sehat Sahulat programme/card), primary health care-oriented universal health coverage packages and the expansion of family practice.

22. WHO convened a ministerial roundtable on the margins of the Seventy-eight World Health Assembly in May 2025 on "Reimagining WHO in the Eastern Mediterranean Region: stewardship, strategy and sustainability at a time of financial transition". In line with the outcomes of the roundtable and as part of the agreed follow-up actions, the Eastern Mediterranean Region Health Financing Taskforce was established to provide strategic leadership and coordinate action to support Member States in ensuring that their health systems remain financially resilient and capable of improving financial protection despite severe macroeconomic pressures, shrinking fiscal space and significant reductions in external health financing.

23. The WHO Regional Office conducted a ministerial round table on the side of Seventy-ninth World Health Assembly in May 2026 on "Reimagining health financing: a ministerial dialogue on sustainable and anticipatory health system", with participation by the ministers of health of Ghana, Indonesia, Pakistan and Sudan, and a World Bank representative. Additionally, a high-level World Health Assembly side event co-organized by Burkina Faso, Jordan, Türkiye and the Organisation of Islamic Cooperation on innovative and solidarity-based financing mechanisms explored opportunities to leverage instruments such as Waqf (endowments) and other solidarity financing approaches to complement public financing and support health system resilience

24. In addition, WHO developed a regional technical paper and draft resolution on advancing health financing for stronger financial protection for consideration by the WHO Regional Committee for the Eastern Mediterranean at its 73rd session in October 2026.

Improving access to medicines, vaccines and health products

25. At its 71st session in 2024, the Regional Committee approved the flagship initiative on expanding equitable access to medical products through resolution EM/RC71/R.1. In line with the flagship initiative, WHO intensified support to strengthen regulatory systems, expand local production and improve supply chain resilience.

26. Morocco, Tunisia and the United Arab Emirates established autonomous national regulatory agencies for regulating medical products. Afghanistan, the Islamic Republic of Iran, Jordan, Morocco, Oman, Pakistan, Tunisia and the United Arab Emirates completed self-benchmarking of their national regulatory authorities. In December 2024, Egypt's national regulatory authority, the Egyptian Drug Authority, achieved WHO Maturity Level 3 for medicines regulation, making Egypt the first country in Africa to be formally recognized at this level for both medicines and vaccine regulation.

27. The North African Medicines Regulatory Harmonization initiative was launched in February 2025 with the support of the African Union Development Agency New Partnership for Africa's Development (AUDA-NEPAD) and WHO.

28. In 2024, a regional strategy to strengthen local vaccine production was endorsed by the Regional Committee through resolution EM/RC71/R.2. Local production capacity was expanded, with Egypt and Pakistan drafting vaccine production strategies. Good manufacturing practice inspections were conducted in Lebanon for all local pharmaceutical companies, and related inspection reports were shared with the companies. Regional collaboration on research and development of messenger RNA technologies was initiated in Riyadh, Saudi Arabia, alongside mapping of vaccine and pharmaceutical manufacturers to guide future investment.

29. A partnership is being established with the Pan American Health Organization to implement a regional pooled procurement mechanism for medical products.

Fostering an integrated approach in policy, planning and investment for long-term health system resilience

30. A comprehensive health system approach has been used to advise Member States in recovering, reforming and transforming their health systems to ensure the dual goals of health security and universal health coverage, based on comprehensive national visions and overarching roadmaps. Working with the World Bank and the Government of Japan, three countries, including Egypt, Morocco and the Syrian Arab Republic, developed universal health coverage compacts to guide national efforts and external support according to a common agenda. The experiences of the three pilot countries were discussed in a meeting that took place in Tokyo, Japan, in December 2025.

31. Regional One Health collaboration has been reinforced through Quadripartite engagement, including annual executive meetings and joint initiatives with the United States Centers for Disease Control and Prevention, the Eastern Mediterranean Public Health Network, the Food and Agriculture Organization of the United Nations, the United Nations Environment Programme and the World Organisation for Animal Health. Multisectoral One Health coordination mechanisms have been advanced in Egypt, Iraq, Jordan, Libya, Pakistan, the United Arab Emirates and Yemen, with strengthened national platforms and operational plans. Knowledge exchange and capacity-building were supported through a One Health community of practice, surveys, bulletins and training programmes, while project proposals mobilized resources for antimicrobial resistance and pandemic preparedness.

32. To support integrated policy, planning and financing in fragile and conflict-affected settings, the WHO Regional Office for the Eastern Mediterranean published the second edition of *Bridging the divide: a guide to implementing the humanitarian-development-peace nexus for health* in 2025. Afghanistan, Lebanon, Libya, Somalia, Sudan and Yemen received tailored support to operationalize the humanitarian–development–peace nexus approach and strengthen health systems resilience.

Challenges

33. Fragility, conflict and political instability across the Eastern Mediterranean Region continue to weaken health systems, undermining infrastructure and disrupting essential service delivery.

34. Health governance and coordination remain fragmented, with misalignment between national and subnational levels limiting effective planning and response.

35. Investment in essential public health functions, including emergency preparedness, continues to be insufficient, leaving health systems vulnerable to shocks.

36. The Region faces persistent workforce shortages and skills gaps, exacerbated by migration, burnout and conflict-related displacement of trained health professionals.

37. Health information and digital systems remain weak due to technical and organizational barriers, including poor interoperability, limited staff training and concerns regarding data quality and security. These deficiencies impede real-time decision-making during emergencies.

38. Supply chains are highly vulnerable, as many countries depend heavily on imported medicines and medical supplies. Conflicts, border closures and global disruptions, including those experienced during the COVID-19 pandemic, further expose the fragility of these systems.

39. Despite repeated emergencies, mechanisms for institutional learning and the consistent application of lessons remain underdeveloped.

The way forward

40. To build resilient and equitable health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region, Member States and WHO are urged to:

- invest in essential public health functions, including emergency preparedness and response, supported by sustainable financing mechanisms and contingency funds as core prerequisites for resilience;
- expand access to essential health services and strengthen financial protection for vulnerable populations as core prerequisites for universal health coverage;
- establish or strengthen high-level multisectoral mechanisms to oversee health system recovery, reform and transformation, drawing on One Health governance models;
- integrate national action plans for health security into broader health system strengthening policies, strategies and plans, and mobilize the necessary domestic resources;
- strengthen operational readiness for effective emergency response, addressing critical operational gaps;
- institutionalize learning processes, informed by intra-action and after-action reviews conducted during and after emergencies;
- leverage health system recovery efforts to reinforce long-term resilience by applying lessons learned through a “build back better” approach;
- enhance coordination between humanitarian and development partners in fragile and conflict-affected settings by employing a nexus approach to resilience-building;
- expand primary health care-oriented models of care and reinforce primary care to reduce unnecessary hospital burden during emergencies;
- operationalize the Eastern Mediterranean Region Health Financing Taskforce to provide strategic leadership and coordinated action on advancing health financing for stronger financial protection;
- accelerate implementation of the regional flagship initiative on building a resilient and sustainable health workforce, including capacity development, retention strategies, and support for mental health and well-being of health workers;
- implement the regional flagship initiative on expanding equitable access to medical products, reinforcing supply chain sustainability and security during emergencies;
- implement the WHO operational guide for strengthening hospital resilience and the WHO regional framework for effective engagement with the private health sector; and
- strengthen health information management systems and invest in digital health, aligned with the regional strategy for fostering digital health transformation.