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

Introduction

1. The WHO Eastern Mediterranean Region is highly diverse and prone to emergencies from various hazards, including conflicts and humanitarian crises. Prior to COVID-19, several challenges hampered the performance of the Region's health systems, particularly those in fragile, conflict-affected and vulnerable settings. COVID-19 further compromised all health system components, impacting the three universal health coverage goals of service coverage, financial protection and quality. It also highlighted gaps in emergency management capacities that undermine global and national health security. Advancing universal health coverage and ensuring health security are increasingly recognized as complementary and interrelated health system goals. This requires investing in building resilient national health systems that are equitable and efficient.
2. In October 2022, the 69th session of the WHO Regional Committee for the Eastern Mediterranean adopted resolution EM/RC69/R.2 endorsing the regional agenda for building resilient health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region, based on seven regional priorities and related actions as detailed in technical paper EM/RC69/4.
3. The seven interrelated priorities are: 1) strengthen health emergency and disaster risk management in line with the plan of action for ending the COVID-19 pandemic and preventing and controlling future health emergencies; 2) optimize ministries of health and build institutions for public health, to advance the dual goals of universal health coverage and health security; 3) establish primary health care-oriented models of care; 4) enhance and scale up a fit-for-purpose, fit-to-practice health workforce; 5) promote equity and enhance financial protection; 6) improve access to medicines, vaccines and health products; and 7) foster an integrated approach in policy, planning and investments for long-term health system resilience.
4. This report provides a progress update on implementation by Member States and WHO during the first two years of the eight-year agenda, as well as challenges and the way forward.

Progress update

Strengthen health emergency and disaster risk management

5. All 22 countries/territories in the Region undertook the IHR (2005) States Parties Self-Assessment Annual Reporting; and 21 countries have conducted at least a first round of the Joint External Evaluation. One country, Iraq, conducted the Universal Health and Preparedness Review. These reviews were used as a seed to develop a National Action Plan for Health Security in 20 countries/territories in the Region.
6. Under the umbrella of One Health, a National Bridging Workshop was held in Bahrain, Lebanon, Somalia and Tunisia, a Multisectoral Coordination Mechanism workshop was carried out in Iraq, and a One Health consultation workshop conducted in Egypt. Identification and assessment of One Health threats of high concern was undertaken in Iraq, Jordan, Qatar, Somalia and the United Arab Emirates, and a review of existing surveillance structures was done in Jordan towards building a coordinated surveillance system for infectious diseases in both humans and animals, including for COVID-19. A One Health cross-border simulation exercise based on the scenario of a novel strain of anthrax was undertaken in Ethiopia, Kenya and Somalia.

7. In 2023, WHO facilitated all-hazard risk profiling workshops for the Syrian Arab Republic and United Arab Emirates, as well as training on using the Strategic Tool for Assessing Risks for Sudan and Yemen. Preparations for risk profiling are underway in Iraq, Jordan, Libya, Morocco and Tunisia, to be implemented during 2024.
8. The Emergency Medical Teams (EMT) programme has significantly bolstered the Region's capacity to effectively address disasters, disease outbreaks and conflicts. Mentorship programmes for EMT classification are being undertaken for Jordan, Pakistan, Saudi Arabia, Tunisia and the United Arab Emirates.
9. WHO is supporting the establishment and strengthening of public health emergency operations centres (PHEOCs), a cornerstone of emergency management, in all 22 countries and territories of the Region.
10. WHO provided support to Afghanistan, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Palestine and Yemen for the assessment of emergency care systems and the training of the health workforce on life-saving interventions during emergencies, which addressed processes within emergency units, especially the early recognition of emergency conditions and resuscitation across emergency, critical and operative care.
11. WHO trained multidisciplinary teams of evaluators in Afghanistan, Egypt, Iraq, Jordan, Oman, Pakistan, Syrian Arab Republic and Yemen on the use of the Hospital Safety Index tool to grade hospital safety levels and guide the development of hospital capacities to manage their response to emergencies and disasters, while continuing to provide health services to the affected population in the aftermath.
12. A comprehensive study was conducted by WHO to evaluate the public health capacities developed during the COVID-19 pandemic and the strategies in place to sustain these achievements. The study highlighted substantial advancements in various public health capacities.
13. Based on the lessons learned from the COVID-19 pandemic, WHO developed a conceptual framework for hospital resilience accompanied by practical operational guidance targeting hospital managers. The guidance has been piloted in Pakistan and Yemen, and this is being expanded to Egypt, the Islamic Republic of Iran, Morocco, Oman, the Syrian Arab Republic and Tunisia.
14. WHO supported emergency-affected countries in the assessment, planning and implementation of the health system recovery process. Support was provided for post-disaster needs assessment after the Pakistan floods and the earthquake in Afghanistan, and for rapid damage and needs assessment following the Syrian Arab Republic-Türkiye earthquakes and the floods in Libya.
15. WHO is working with Iraq and Libya on the transition from humanitarian to development assistance and supporting the Syrian Arab Republic to review its early recovery agenda and develop a health sector early recovery strategy through a whole-of-Syria approach. A recovery readiness assessment was piloted in Afghanistan, Djibouti, Iraq, Lebanon, Pakistan, Somalia, Sudan, Syrian Arab Republic and Yemen. In addition, WHO worked with the United Nations Development Programme on the development of a health disaster recovery framework, and with the African Union on the COVID-19 Recovery Framework for Africa. Based on a global expert consultation held in December 2023, WHO is revising its implementation guide for health systems recovery in emergencies.
16. To strengthen the capacities of countries with protracted emergencies for operationalization of the humanitarian-development-peace nexus (HDPN), WHO supported the Yemen Health Sector Coordination Group in the development of an HDPN strategy, and the Ministry of Public Health and Population in Aden and health authorities in Sanaa in the establishment of HDPN working groups. In addition, WHO supported Libya in the implementation of a transition strategy and HDPN initiatives through an area-based approach.
17. WHO conducted a Country Functional Review in Iraq to ensure the WHO country office is fit-for-purpose during the transition from humanitarian to development assistance, supported the development

of the Afghanistan Health Sector Transition Strategy and its implementation, along with technical support to operationalize the basic human needs-humanitarian assistance nexus, and reviewed HDPN implementation in the health sector of Somalia. Under the Issue-based Coalition on HDPN for the Arab States, WHO is contributing to the HDPN community of practice and analysis of implementation of the HDPN approach in Arab countries.

Optimize ministries of health and build institutions for public health

18. Support was provided by WHO to Jordan and Sudan to review the role of the ministry of health in the health sector and explore context-specific governance arrangements.

19. National public health institutes (NPHIs) are crucial to the effectiveness of public health systems, including the delivery of essential public health functions and generating evidence for national health policies, strategies and plans. To maximize their use, the mapping of NPHIs in the Region was undertaken by WHO, using the International Association of National Public Health Institutes' framework for the creation and development of NPHIs.

20. WHO and the UK Health Security Agency collaborated to revise the essential public health functions in light of the lessons learnt during the COVID-19 pandemic. By focusing on essential public health functions, countries can work towards ensuring that health security is an integral goal for the health system, along with universal health coverage, thus strengthening and building more resilient and equitable health systems.

Establish primary health care-oriented models of care

21. Support for establishing primary health care-oriented models of care was piloted in Pakistan, Palestine and Sudan, although the crises in Sudan and Palestine prevented the completion of the pilot projects there. However, the initiative in Pakistan was successfully implemented in Islamabad and Charsadda and will be extended to two additional districts (Kotli in Azad Kashmir and Larkana in Sindh). The hospital's transformative role, as outlined in the framework for action for the hospital sector in the Eastern Mediterranean Region, is a key aspect of the proposed models of care. The three countries/territories have also developed national hospital sector strategies.

22. WHO provided technical support for developing and implementing universal health coverage priority benefit packages in Iraq, Jordan, Palestine, the Syrian Arab Republic, the United Arab Emirates and Yemen. Guidance on developing priority benefit packages for universal health coverage was developed to support countries, and a training workshop held for five countries on the development of universal health coverage priority benefit packages.

23. To address the shortage of family practitioners in the Region, WHO launched a regional professional diploma in family medicine. A one-year diploma programme was initially designed, which enrolled 800 general practitioners in Pakistan and 110 in Egypt. Later in 2022, a two-year version of the diploma was introduced through the Arab Board of Health Specializations that enrolled 160 students from nine countries, and registration for the second cohort of both programmes is currently open, indicating sustained interest in the programme.

24. Egypt, Pakistan and the Syrian Arab Republic were provided with technical support to develop and implement private sector engagement strategies in health. With WHO support, 17 countries assessed their private health sector's role in service provision.

25. A growing number of countries have shown commitment to better quality and safer health care. WHO's regional Patient Safety Friendly Hospital Framework has been adopted by 410 hospitals thus far from the governmental, nongovernmental and private sectors in Afghanistan, the Islamic Republic of Iran, Jordan, Oman, Pakistan, Saudi Arabia, Somalia, Sudan, Tunisia, the United Arab Emirates and Yemen.

26. Afghanistan and Somalia completed a system-wide national quality and safety improvement programme guided by the WHO action framework for quality of care in fragile, conflict-affected and vulnerable settings. The work was supported by an implementation plan for selected hospitals and primary care facilities based on the Patient Safety Friendly Hospital Framework.

Enhance and scale up a fit-for-purpose, fit-to-practice health workforce

27. WHO undertook a detailed analysis of the regional health workforce situation and held a regional consultation in June 2023, with the participation of representatives from ministries of health, higher education, labour, finance and planning, as well as educational institutions, partners and other stakeholders. There was unanimous agreement on a call for action to enhance and scale up the health workforce in the Eastern Mediterranean Region, which was endorsed by Member States at the 70th session of the WHO Regional Committee for the Eastern Mediterranean in resolution EM/RC70/R.4.

28. WHO provided support for health workforce strategic planning, including situation and health labour market analyses, in Afghanistan, Bahrain, the Islamic Republic of Iran, Jordan, Palestine, the Syrian Arab Republic, Sudan and Yemen.

29. Special attention has been paid to strengthening the role of the health workforce in providing essential public health functions. A regional competency framework was developed and a review of community health worker programmes in the Region undertaken to guide policies and strategies. Furthermore, a nursing and midwifery strategy for the Arab Region was developed and launched in collaboration with the Arab League and United Nations Population Fund (UNFPA) and adopted by the Council of the Arab League.

30. A second cohort of regional fellows was recruited to build the public health capacities of young professionals in the Region through placements at the WHO Regional Office or a WHO country office. Regional dialogues on the international mobility of the health workforce were held in March 2023 in Egypt, Cairo, in collaboration with the International Organization for Migration (IOM).

Promote equity and enhance financial protection

31. Jordan, Kuwait, Pakistan and Somalia were supported by WHO to review their health financing systems towards the goal of financial protection.

32. WHO collaborated with the Arab League to develop an Arab strategy for health-friendly budgeting.

Improve access to medicines, vaccines and health products

33. WHO has been assisting countries to enhance their national regulatory authorities (NRAs) to ensure the safety, quality and efficacy of medicines, vaccines and other medical products. Egypt, Jordan, Morocco, Pakistan, Saudi Arabia and Tunisia were supported to develop NRA institutional plans and adopt benchmarking roadmaps. The Saudi Food and Drug Authority achieved maturity level 4 in medicines and vaccines regulation, the highest level in WHO's classification for regulatory authorities.

34. Sixteen countries have become full members of the WHO Programme for International Drug Monitoring. Djibouti and Somalia became associate members of the Programme in 2023 and 2024, respectively.

35. The 11th annual meeting on the Collaborative Registration Procedure was held by WHO in Doha, Qatar, in December 2023, and was attended by several regional NRAs who expressed an interest in the initiative.

36. WHO evaluated the performance of the Supreme Board of Drugs and Medical Appliances in Yemen in regulating vaccines and medicines to ensure their safety and quality and provided technical support for the revising of their national strategic plan (2022–2026).

37. WHO organized the Eastern Mediterranean Drug Regulatory Authorities Conference in November 2023, attended by senior representatives from regional NRAs, to enhance cooperation between regulatory authorities, exchange experiences and promote initiatives on regulatory harmonization.

38. A regional strategy to strengthen local vaccinee production has been developed by WHO. Egypt, Pakistan and Tunisia were chosen as spokes (technology recipients) for mRNA technology transfer to strengthen vaccine manufacturing in the Region. Additionally, WHO assisted the United Arab Emirates in assessing the country’s “ecosystem” for sustainable vaccine production.

39. WHO supported the development and implementation of policies, good practices and capacity-building efforts to enhance the governance, efficiency and quality of procurement and supply chain management systems across the Region. As a result, Jordan and the Syrian Arab Republic conducted comprehensive assessments of their national medical supply systems to improve the quality and effectiveness of their procurement and supply chain management practices.

40. WHO supported countries to update their national essential medicines lists to be aligned with the WHO Model List of Essential Medicines and reflect emerging health priorities and updates in evidence, and for its application in procurement and the development of hospital and primary care formularies. Djibouti, the Islamic Republic of Iran, Jordan, Sudan and the Syrian Arab Republic have updated their national essential medicines lists in the last two years.

41. WHO held a consultation in November 2023 to discuss the feasibility of launching a regional pooled procurement initiative, including models of pooled procurement, the benefits, challenges and requirements, and the types of medicines and vaccines that could be included.

Foster an integrated approach in policy, planning and investments for long-term health system resilience.

42. Several inter-departmental cross-cutting missions were undertaken to Jordan, Pakistan, Somalia and Sudan, to shape the agenda of health system rebuilding in an integrated manner.

Challenges

43. The multiple complex emergencies in the Region have presented a number of challenges, including competing demands for attention and resources, reduced funding and fragmented geographies and governance structures.

44. Other challenges in the Region include:

- the lack of clear, sustainable plans and cost assessments for sustaining the gains made during the response to the COVID-19 pandemic;
- a shortage of health workers and their vulnerability, for example, the lack of an appropriate skill mix and poor infection prevention and control measures;
- the divide between humanitarian and development actors in protracted emergency countries, leading to disjointed, incoherent action on the health system and inefficiency in the management of resources;
- limited capacity for high-end care in secondary and tertiary hospitals and a hospital sector that is underprepared to respond to various types of emergencies, particularly infectious disease outbreaks;
- inadequate clinical and logistics systems and supply chains, unable to be scaled up in an emergency;
- insufficient regional and local production capabilities for vaccines, as well as the limited quality, high prices and shortages of medical products and personal protective equipment;

- weak and rigid public financial management systems, and fragmented health information and surveillance systems;
- the lack of robust health emergency infrastructure and skilled health emergency managers, which poses significant obstacles in mounting timely and comprehensive responses to health emergencies;
- overwhelmed WHO country offices;
- insufficient human and financial resources, lack of sustained funding and inadequate coordination between NRAs and ministries of health; and
- limited national capacities in relation to quality and safety, in addition to competing priorities and the verticality of programmes.

45. The shortage of financial, human, technological and technical resources, and the various graded emergencies in half of the countries in the Region, may affect the pace of implementation of the proposed interventions in countries with limited resources and/or graded emergencies.

The way forward

46. To build resilient health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region, Member States and WHO should:

- establish/strengthen a high-level multisectoral mechanism to oversee health system resilience building, with clear roles and responsibilities for its stakeholders;
- strengthen emergency management capacities using an all-hazards approach as an integral part of national and subnational health systems, and ensure health emergency and disaster risk management is integrated into the primary health care-oriented model of care initiative;
- capitalize on the COVID-19 pandemic to build national capacities for health systems resilience, and align/integrate the National Action Plan for Health Security with/into the national health policy, strategy and plan, and mobilize the necessary domestic resources;
- strengthen operational readiness for effective emergency response, addressing critical gaps such as ensuring adequate stockpiles, hazard-specific standard operating procedures and trained personnel;
- leverage post-emergency recovery as an opportunity for the rebuilding of affected health systems, adopting a build-back-better approach, while applying lessons learned to enhance health system resilience in countries;
- establish a regional platform for the coordination and implementation of health systems recovery in emergencies, adopting a structured approach and standard process for integrated support by WHO to affected countries;
- employ an HDPN approach in fragile, conflict-affected and vulnerable settings, to maximize the effectiveness and efficiency of humanitarian and development assistance for resilience building;
- apply the call for action to enhance and scale up the health workforce in the Eastern Mediterranean Region to guide interventions and actions to invest in and empower the regional health workforce;
- expand the primary health care-oriented model of care in countries based on the lessons learned in the pilot phase, and ensure health emergency and disaster risk management is an integral part of it;
- secure continued and predictable funding through domestic and international sources to support building health system resilience;
- continue the development of a guide outlining the essential requirements for primary health care facilities;
- develop/review and implement the universal health coverage priority benefits package and monitor the implementation of the endorsed package in countries;
- implement the WHO operational guide for strengthening hospital resilience and the WHO regional framework for action on effective engagement with the private health sector to expand service coverage for universal health coverage;

- leverage the role of new technologies and telemedicine in the delivery of health services, in line with the regional strategy for fostering digital health in the Eastern Mediterranean Region (2023–2027);
- continue action to improve access to medicines, vaccines and other health products at the national level to ensure their availability, and to promote the scale-up of the production of safe, effective, quality and affordable medical products;
- establish a regional pooled procurement/joint purchasing mechanism for specific medicines and vaccines; and
- build regional institutional capacities in quality and safety to ensure the better national contextualization and sustainability of improvement programmes.