EM/RC71/D-Rev.2

Regional Committee version
October 2024

World Health Organization
Eastern Mediterranean Region

STRATEGIC OPERATIONAL PLAN

for the Eastern Mediterranean Region

2025 – 2028

Together for a healthier future
Action. Access. Equity.

EM/RC71/D-Rev.2

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Strategic operational plan for the Eastern Mediterranean Region, 2025–2028

World Health Organization
Eastern Mediterranean Region

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FOREWORD

In my first eight months as the World Health Organization (WHO) Regional Director for the Eastern Mediterranean, I have been honoured to visit nine countries and meet with ministers of health and other government officials, partners, health workers, patients and WHO staff. I have also met countless other people from communities across the Region. I have seen the enormous health challenges countries are facing and the extensive efforts being made to achieve better health through good practice and expertise. I have met men, women and children suffering because of conflict and displacement, the distress of food insecurity and the cycle of substance use. My visits have reinforced my commitment to the vision I outlined during my candidacy: for our people to be protected from preventable health risks and enjoy improved access to health services that will enable them to lead the healthiest lives possible.

That commitment forms the basis for this strategic operational plan, which will guide implementation of WHO's Fourteenth General Programme of Work in the Region. This plan is strategic because it describes what WHO aims to achieve in the coming four years in response to country priorities. It is also operational because it spells out how we will reach our regional targets by identifying high-level interventions while capitalizing on WHO's comparative advantage. The plan emphasizes the need for high-quality data analytics and evidence to inform policy and ensure the delivery of measurable results at country level. Implementation of the plan will require an increase in public financing for the health sector and support for the WHO investment round.

Health is a political choice. As the COVID-19 pandemic showed, health is a key economic sector and is critical to the resilience and stability of economies worldwide. Numerous regional and global studies show how investing in essential public health functions and proven interventions produces major returns in terms of improved health and economic and social development. Together, we can make a difference.

The three flagship initiatives I introduced earlier this year are an integral part of this plan. The flagships will accelerate progress and deliver sustainable impact at country level in three key areas: expanding equitable access to medical products, investing in a resilient health workforce and addressing substance use as a public health issue.

To improve support to countries, WHO needs to enhance its own workforce and become more agile. We are empowering WHO country offices to be catalytic leaders in health. We are implementing results-based management to ensure impact on country priorities. We are improving the alignment of resources and partnerships to the regional strategic priorities. And we are optimizing our business processes.

With these changes, and with full engagement from Member States and partners, we can secure a healthier future for the people of the Eastern Mediterranean Region.

Dr Hanan Balkhy
WHO Regional Director for the Eastern Mediterranean

ABBREVIATIONS

AMR	antimicrobial resistance
cVDPV2	vaccine-derived poliovirus
GPW 13	WHO's Thirteenth General Programme of Work
GPW 14	WHO's Fourteenth General Programme of Work
IHR	International Health Regulations (2005)
MNS	mental, neurological and substance use disorders
NCDs	noncommunicable diseases
PHC	primary health care
SDGs	Sustainable Development Goals
TB	tuberculosis
UHC	universal health coverage
WASH	water, sanitation and hygiene
WCO	WHO country office
WPV1	wild poliovirus

INTRODUCTION

WHO's Strategic operational plan for the Eastern Mediterranean Region, 2025–2028, adapts the Organization's Fourteenth General Programme of Work (GPW 14) to the evolving country priorities and needs in the Region *(1)*. It outlines the Region's contribution to global outputs and outcomes, and specifies how progress at regional level will be measured. It sets out what the WHO Secretariat and Member States will need to achieve to deliver on their commitments and, as such, provides the principal directions for programmatic and budgetary accountability for its duration.

This plan has been informed by an extensive review of the implementation of WHO's previous global and regional strategies – the Thirteenth General Programme of Work (GPW 13), Vision 2023 for the Eastern Mediterranean Region: health for all by all *(2)* and its accompanying regional strategy *(3)* – as well as WHO's latest report on progress towards the health-related Sustainable Development Goals (SDGs) in the Region *(4)*, and operational reviews and evaluations. The review was conducted between May and August 2024, and used a mixed methods approach including: a desk review; online surveys with all key stakeholder groups at the country and regional level, partners and WHO staff; and consultations with Member States. It identified achievements, lessons learned, gaps, challenges and facilitating factors to guide the way forward.

The review provided a basis for target setting and highlighted key opportunities to enhance WHO's support to Member States. Adapting to changing regional and country dynamics involves prioritizing high-impact programmatic areas while remaining grounded in country priorities and needs. A more agile and integrated business model is needed to improve coordination, integration and responsiveness to country needs; the Incident Management Support Team used for emergencies already provides a helpful example *(5)*. Balancing strategic focus with operational effectiveness in the emergency and humanitarian context is crucial. Strengthening capacities in, and empowering delivery by, WHO country offices, allocating resources strategically focusing on high-impact areas and ensuring robust backstopping from all levels are essential for WHO to deliver as one.

Development of the regional strategic operational plan also involved extensive consultation with Member States, guided by the outcomes of the review and the five pillars of GPW 14: promote, provide, protect, power and perform. A bottom-up approach to strategic planning with countries as the focus engaged all stakeholders, including other United Nations agencies, international health and development agencies, academia, donors and civil society organizations. This approach is based on priorities identified by Member States of the Region and aligns with the SDG principle of leaving no one behind, reflecting WHO's commitment to health equity, gender equality and the right to health, and to promoting healthy lives and well-being across the life course.

WHERE ARE WE NOW?

Regional context

Varying socioeconomic development

The WHO Eastern Mediterranean Region has an estimated population of 767 million, nearly 10% of the world's population *(6)*. Countries vary widely in their socioeconomic development and in the maturity of their health systems, with stark differences in mortality and morbidity between the highest and lowest wealth quintiles, and greater gender disparities than the global average *(6)*. Six countries face economic sanctions, which studies show have a direct or indirect effect on health *(7, 8)*. Currency devaluation in several countries is threatening food security *(9)*. Three low-income countries rank "high" on the risk of overall debt distress *(10)* and six countries are among the 10 lowest ranked globally on the World Bank's political stability and absence of violence index *(11)*.

Severely affected by climate change

The Region is particularly vulnerable to climate change: temperature and climatic hazards are changing nearly twice as fast as in the rest of the world *(12)*. Environmental risks, exacerbated by climate change, contribute to over 1 million premature deaths annually in the Region. Air pollution causes about 389 000 premature deaths annually *(6)*. Some parts of the Region have witnessed a 37% increase in heat-related deaths, and climate change is also increasing the risk of vector-borne diseases in all countries *(12)*.

Numerous emergencies, multiple hazards

The Region is facing some of the most acute, large-scale and complex emergencies in the world, with a convergence of crises such as natural disasters and disease outbreaks (see Box 1). Thirteen of the Region's 22 countries and territories are contending with the long-lasting direct or indirect impact of armed conflict. In addition to the direct effects of these crises, including trauma-related deaths and disability, gender-based violence and mental disorders, their indirect impact on health is enormous. For example, the global mortality risk for women of reproductive age in areas near high -intensity conflicts is estimated to be three times higher than that for women in peaceful settings *(13)*. Communicable diseases have also exacted heavy tolls in recent years. For example, the 2017 cholera outbreak in Yemen was the largest ever recorded with more than 1.2 million cases; 58% of those affected were children *(14)*.

Box 1. The Region's emergencies in numbers

In the Region, 107 million people require humanitarian assistance, which represents 35% of the global humanitarian burden and 14% of the regional population.

Of the world's refugees, 58% are from this Region *(15)*.

Of the world's internally displaced persons, 40% live in the Region *(16)*.

Nine countries in the Region are classified as fragile or conflict-affected situations *(17)*.

Eight countries recorded more than 1000 civilian deaths due to conflict in 2023 *(18)*.

Seven countries each host over half a million refugees *(15, 19)*.

Five of the 10 deadliest natural disasters worldwide in 2022–2023 occurred in the Region *(20)*.

Health profile

Steady but uneven progress has been made towards health-related SDG targets at the regional and country levels *(4)*. Since 2010, maternal mortality has declined from 231 to 179 per 100 000 live births (Fig. 1), under-five mortality has decreased from 60 to 45 per 1000 live births (Fig. 2) and stunting has decreased from 33% to 25% *(21)*. However, vast differences exist between and within countries. Life expectancy varies by 30 years (men: 50–80.2, women: 52–82.6) and the maternal mortality ratio ranges between 8 and 621 per 100 000 live births *(22)*. The lowest infant mortality rates and highest access to skilled birth attendance are often observed among the wealthiest populations *(23)*.

While the Region overall is not on track to achieve SDG targets across many of the morbidity and mortality indicators, successes can be seen. In the past 10 years, three additional countries achieved the under-five mortality rate target (<25 per 1000 live births), five more countries achieved the neonatal mortality rate target (<12 per 1000 live births), 11 out of 22 countries with a tuberculosis (TB) incidence of < 20 per 100 000 are on track for TB elimination and eight countries have an International Health Regulations (IHR) capacity and health emergency preparedness index of at least 80 *(4)*.

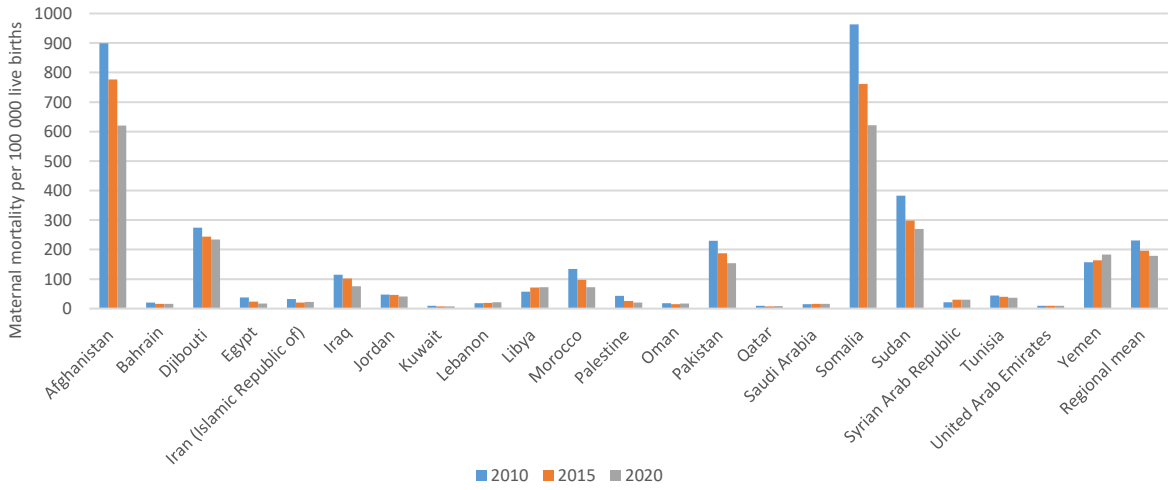

Fig. 1. Maternal mortality ratio in the countries of the Eastern Mediterranean Region, 2010–2020
Source: WHO, UNICEF, UNFPA, World Bank Group, 2023 (24).

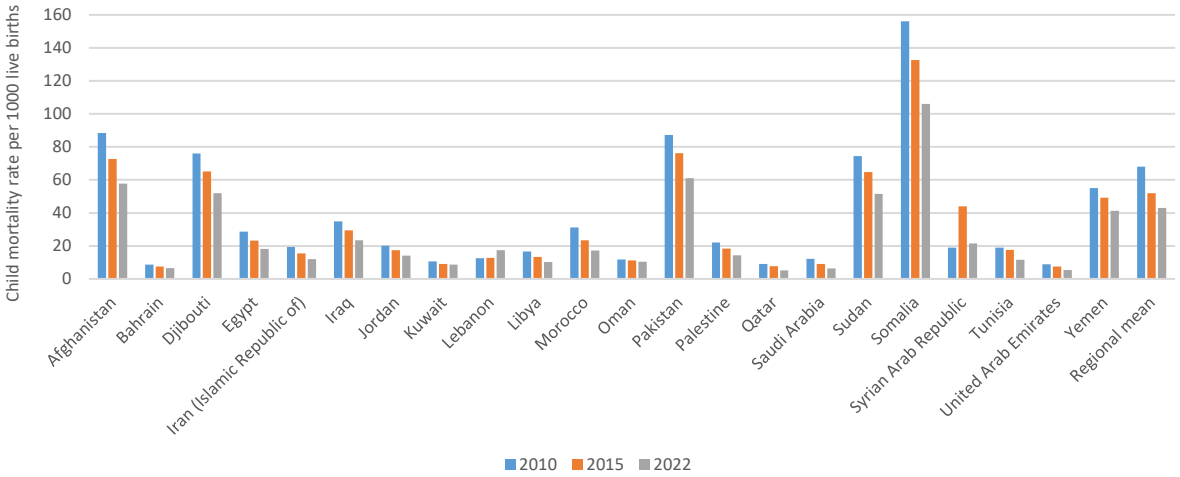

Fig. 2. Child mortality in the Eastern Mediterranean Region, 2010-2022
Source: UN Interagency Group for Child Mortality Estimates, 2024 *(25)*.

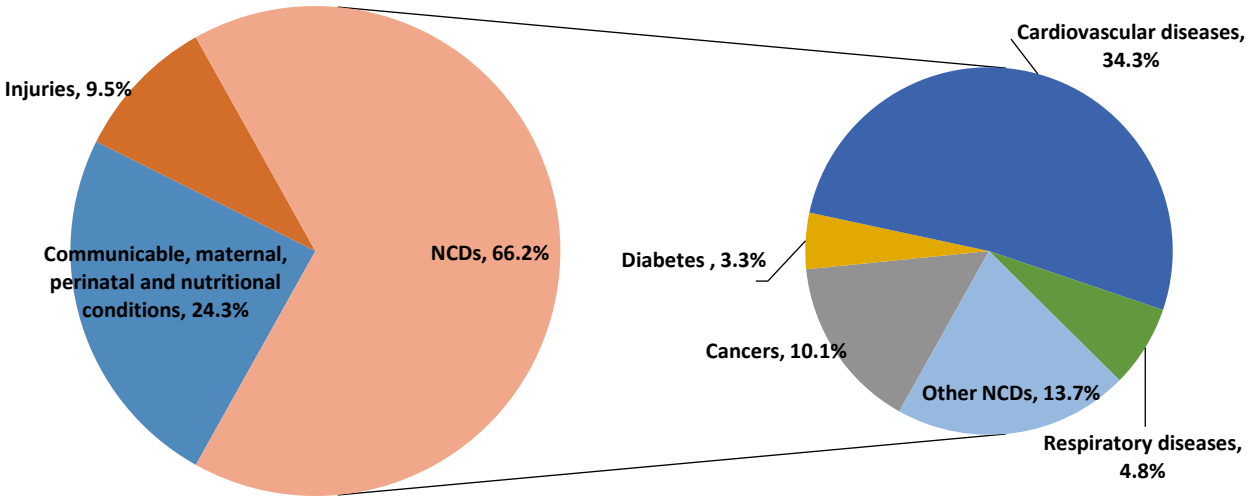

Fig. 3. Main causes of mortality in the Eastern Mediterranean Region

Source: WHO, 2024 *(21)*.

The Region is going through an epidemiological transition. NCDs, such as cardiovascular diseases, diabetes, chronic respiratory disease and cancer, cause about two thirds of all deaths (Fig. 3) *(21)*. The probability of dying between ages 30 and 70 from NCDs is notably high (25%) compared with other WHO regions such as the Americas (14%) *(26)*. The burden of NCDs is exacerbated in emergency settings, where disruption to health care services can lead to a two- to threefold increase in complications such as heart attacks and strokes *(26)*. Behavioural risks for NCDs including tobacco use, unhealthy diet and physical inactivity are key challenges. For example, only two countries are expected to meet the tobacco prevalence global reduction target of 30% by 2030 *(27)*. Countries face a double burden of malnutrition: overnutrition and undernutrition coexist. Adult obesity nearly doubled from 14.6% in 2000 to 28.6% in 2022; at the same time, a quarter of all children under five years of age were stunted and a fifth were overweight in 2022 *(21)*.

Mental, neurological, and substance use (MNS) conditions are a growing challenge. The age-standardized prevalence rate of mental disorders (16.2%) exceeds the global rate (14.1%), particularly in countries experiencing humanitarian emergencies (Fig. 4) *(28)*. The overall age-standardized suicide rate for the Region is estimated to be 6.4 per 100 000 population *(29)*. Prevalence of illicit drug use is estimated at 6.7% compared with 5.8% globally *(30)*, with opioids being the most commonly used drug in the Region *(31)*.

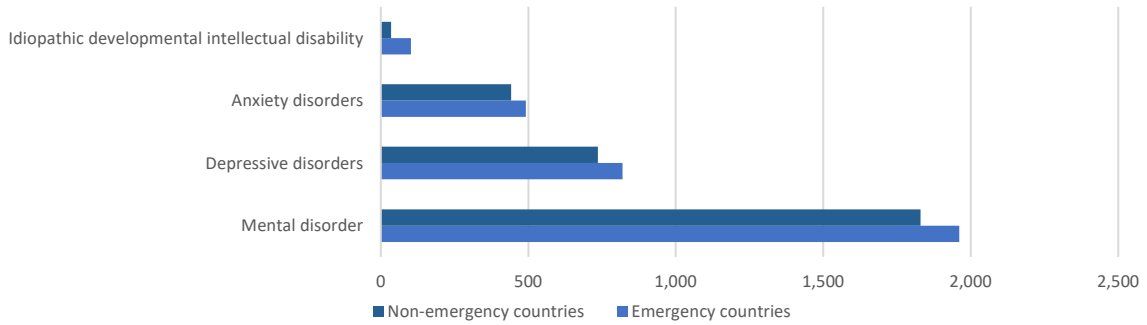

Fig. 4. Age-standardized prevalence of selected mental and neurological conditions in the Eastern Mediterranean Region

Source: IHME, 2022 *(27)*.

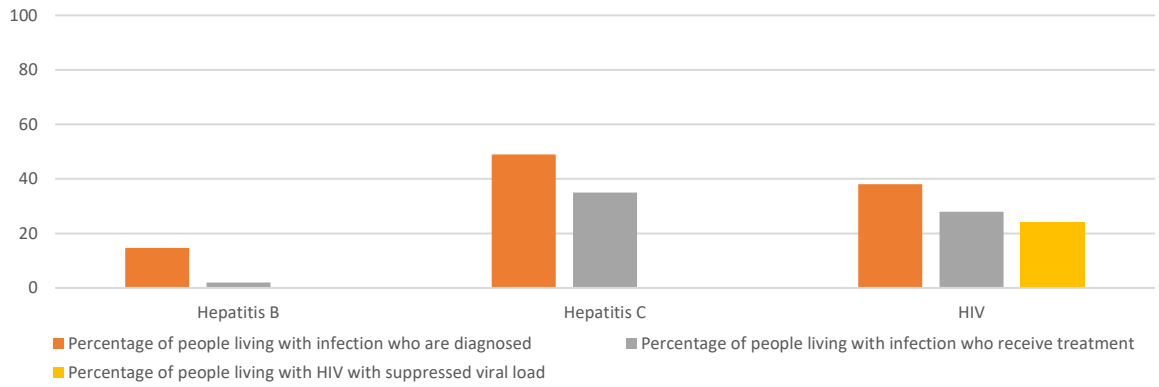

Fig. 5. Cascade of care for hepatitis B, hepatitis C and HIV

Source: WHO *(32, 33)*.

The Region continues to face challenges in reducing the burden of communicable diseases. It is the only WHO region with significant increases in new HIV infections among key populations *(32)*. It also bears the largest burden of hepatitis C infections globally. Just 48% of an estimated 12 million people with hepatitis C and 14% of 15 million people with hepatitis B were diagnosed in 2022 and of these, 35% and 2% were treated, respectively (Fig. 5) *(33)*. TB continues to be a major health concern, with slow declines in incidence compromising the Region's progress with the End TB Strategy *(34)*. Malaria infections have increased from 9 per 1000 in 2015 to 15 per 1000 in 2022, alongside other vector-borne diseases such as dengue *(35)*. Neglected tropical diseases (NTDs) continue to predominantly affect the most vulnerable communities, and persistent challenges risk decelerating progress towards the 2030 Roadmap Goals. In 2023, 2.8 million children remained completely unvaccinated against any illness (zero dose) *(36)*.

The Region reports the highest and fastest increasing levels of antibiotic consumption globally. An estimated 125 000 people died as a direct result of antimicrobial resistance (AMR) in 2019 *(37)*. The lack of a dedicated laboratory directorate or unit in most countries compromises oversight of public and clinical laboratory services, which are crucial for disease surveillance and response.

The Region is the only WHO region endemic for wild poliovirus transmission, which is limited to two countries, Afghanistan and Pakistan. As of July, 18 cases had been reported during 2024 from these two countries. On 16 August 2024, paralytic polio in a 10-month-old infant was reported in Palestine, the first case in 25 years, due to a breakdown of the health care system resulting from the ongoing conflict. Active outbreaks of vaccine-derived poliovirus were ongoing in six countries (Djibouti, Egypt, Palestine, Somalia, Sudan and Yemen).

Injuries comprise 9.5% of the disease burden in the Region (Fig. 3) *(21)*, and account for 9.0% of all deaths. Road traffic injuries are responsible for almost 30% of these fatalities; violence contributes to another 35%; and both are leading causes of death among younger age groups *(21)*. About one in three women in the Region face violence at least once in their lives *(38)*.

Although there has been a marked improvement in female, adolescent and child health over the past 20 years, more than a quarter of all countries in the Region are at risk of not achieving the maternal and child health SDG targets, with six countries having some of the highest rates globally. Adolescents comprise a fifth of the Region's population; injuries are among the top causes of mortality for this group, while leading causes of years lived with disability include mental illnesses, substance abuse and nutritional deficiencies (particularly iron deficiency), with variations in prevalence between boys and girls.

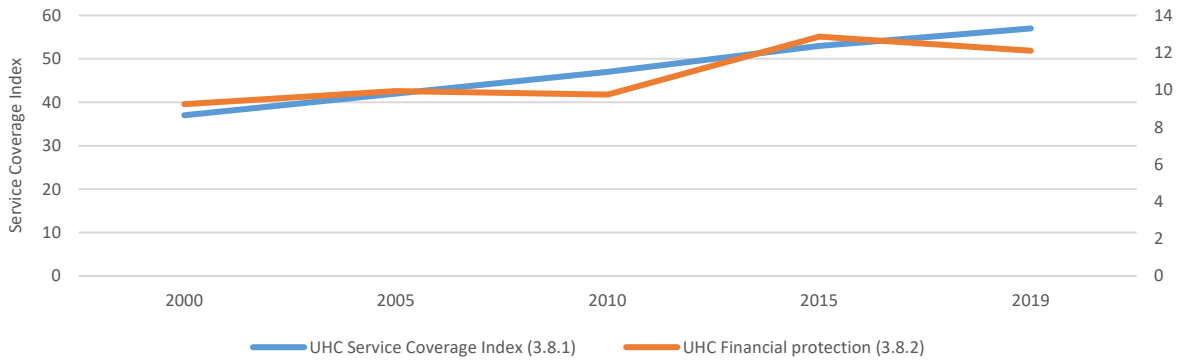

Fig. 6. Universal health coverage (UHC) in the Eastern Mediterranean Region, 2000–2019
Source: WHO, 2023 *(21)*.

Health system response

Health service coverage in the Region is expanding more slowly than in other WHO regions, with the UHC Service Coverage Index increasing only 19 points since 2000 (Fig. 6). This means that around 507 million people – 64% of the regional population – lack access to the health services they need. During the same period, financial protection increased overall; however, 12.1% of the population are still spending more than 10% of their resources on out-of-pocket (OOP) payments *(39)*. Significant economic disparities, political instability and economic sanctions are reflected in differences in health system design, performance, equity in access and quality of care. While the COVID-19 pandemic stimulated investment in health, the Region remains a low investor in health care financing overall, and the average share of health expenditure in total government expenditure (9.1%) hides wide disparities among countries (2.3% to 22.9%) *(6)*.

The Region faces a profound health workforce shortage. On current trends, the deficit of doctors, nurses and midwives will reach 2.1 million by 2030 *(40)*. Wide variations in workforce availability among countries are compounded by geographical and skill-mix imbalances and inadequate production capacity and regulatory frameworks (Fig. 7).

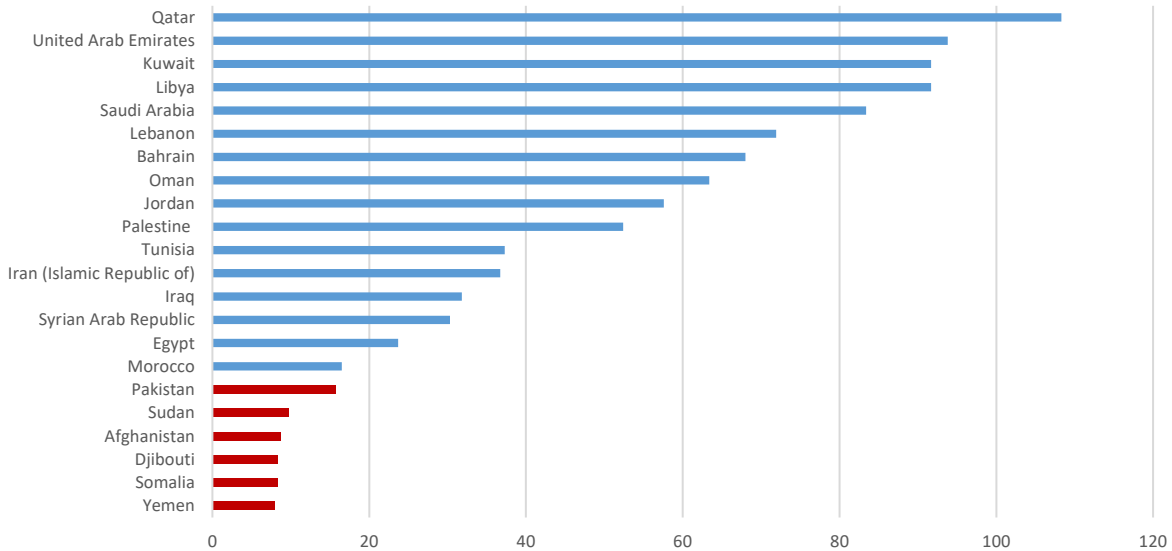

Fig. 7. Density of physicians, nurses and midwives per 10 000 population in the countries of the Eastern Mediterranean Region
Sources: WHO, 2024 (41) Ministry of Health, Somalia, 2024 (42) Ministry of Health, Djibouti, 2022 (43).

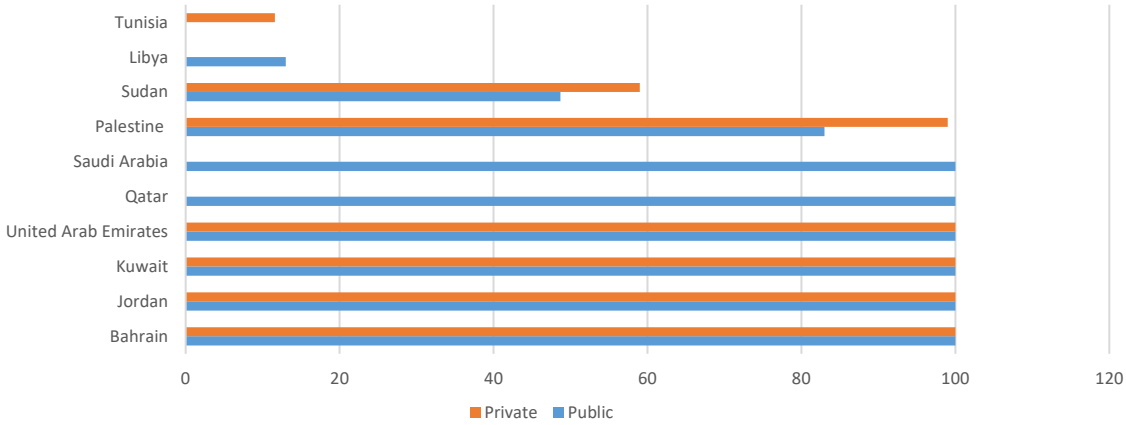

Fig. 8. Availability of essential medicines (%) in public and private health facilities in selected countries, 2019–2021

Source: WHO, 2022 (44).

While essential medicines are available in both public and private health facilities in high-income countries, evidence points to serious challenges in other countries in the Region (Fig. 8). Limited production of vaccines and biologicals, unregulated products of questionable quality, significant variations in affordability and frequent stockouts all hamper access to medical products *(6)*. Many countries have taken steps to improve access, but issues remain including high dependence on importation, inefficient procurement and supply management systems, and limited national capacities for monitoring needs or conducting health technology assessments of products.

Coverage of essential health services is below 70% in many countries of the Region *(6)*. Protracted and recurrent emergencies, changing demography, inadequate access to essential medical products and insufficient health workforce are major challenges to implementing primary health care (PHC) in countries of the Region.

Information is often inadequate to support decision-making and effective resource allocation; for example, data are inadequate or completely lacking to monitor country progress on a fifth of all health-related SDG indicators. Furthermore, a lack of disaggregated data impedes efforts to promote health equity *(4)*. Health-related research output is improving in some countries of the Region, but translating knowledge into evidence-based policy is hampered by limited interaction between researchers and policy-makers.

The COVID-19 pandemic brought improvements to existing public health systems that need to be sustained. Most notably, the number of laboratories with PCR capacities rocketed from fewer than 30 to over 2500. However, average scores for the IHR States Parties Self-Assessment Annual Reporting have remained essentially unchanged in the Region since 2018 *(6)*. Developing and maintaining systems that can rapidly detect and assess potential threats to public health remains critical.

WHAT ARE OUR REGIONAL PRIORITIES AND HOW WILL WE ADDRESS THEM?

The regional agenda focuses on six priorities: the global "5P" priorities established by GPW 14 plus the additional regional priority of eradicating polio. This section of the plan outlines key areas of focus and high-level interventions for each priority area. Implementation of the plan will require effective collaboration between WHO's technical teams, Member States and partners, and will be closely geared to each country's unique context. The strategic planning process involved a consultative bottom-up approach that included country prioritization of the GPW 14 outcomes into high, medium and low. Figure 9 summarizes the results of this country prioritization exercise, while Figure 10 highlights core elements of the regional strategic operational plan.

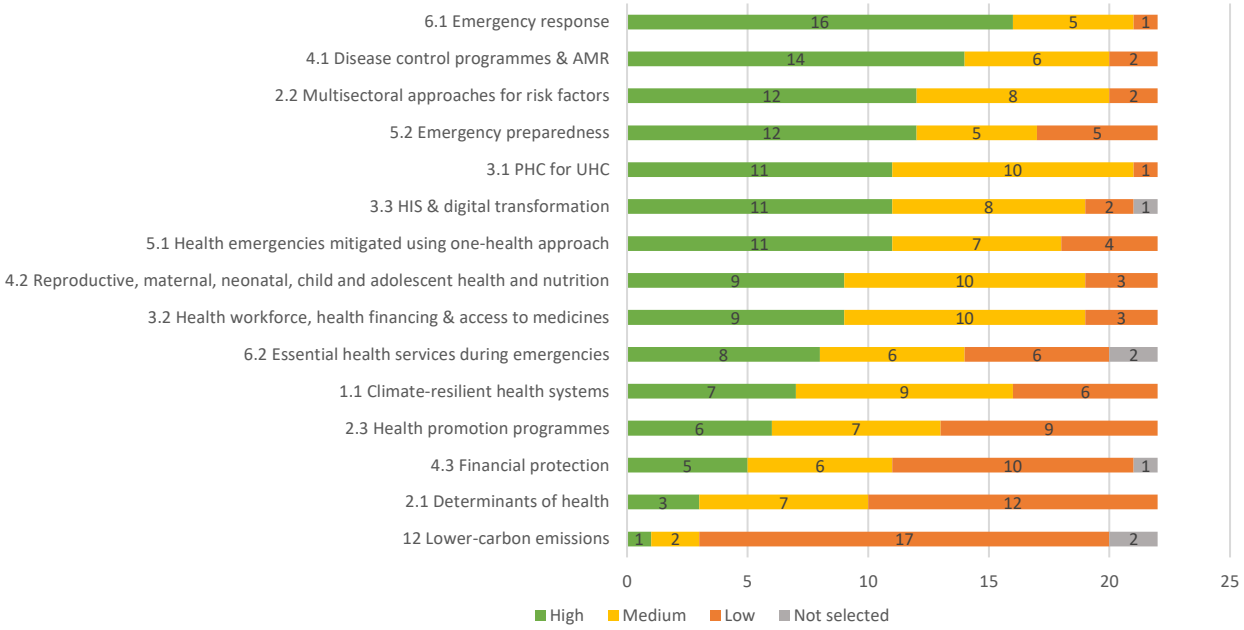

Fig. 9. Summary country prioritization for the GPW 14 in the Region (*N* = 22)

Health is a key economic sector and critical to resilience and stability in economies globally *(45)*. Regional and global studies demonstrate that investing in NCD prevention, control of communicable diseases and other public health interventions offers major returns for health and the economy *(46–48)*. Implementation of the high-level interventions identified in this plan along with the three flagship initiatives should therefore not only make a significant difference across all the health-related SDGs, but also significantly benefit countries' economies.

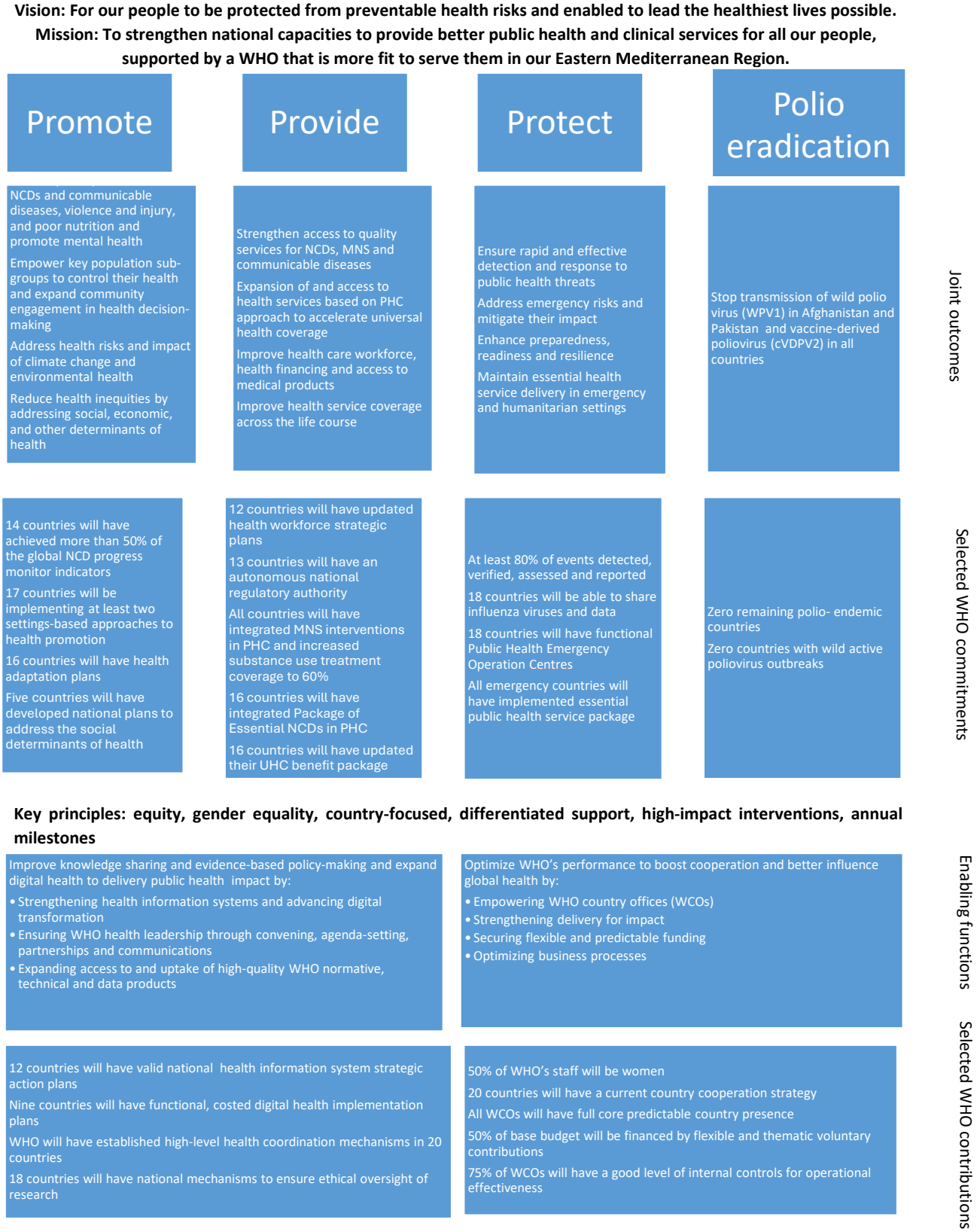

Fig. 10. Highlights of the Regional strategic operational plan, 2025–2028

Regional Priority 1: Promote health and prevent disease and associated risk factors

Areas of focus

- Strengthening national health systems to better address health risks, inequities and impacts due to climate change, pollution and unsafe water and sanitation.
- Enhancing national capacities to address social, economic and environmental determinants of health and reduce health inequities.
- Enhancing health promotion and disease prevention strategies, and strengthening mechanisms for collaboration with other sectors.
- Expanding national capacities to reduce priority health risk factors.
- Ensuring refugees, migrants and key affected communities are included in national health policies, strategies and plans.
- Institutionalizing needs assessments, landscape analysis, data analytics and other tools to guide priority-setting for addressing health risks and determinants.
- Empowering the community and vulnerable populations to be more engaged in health decision-making.

High-level interventions

Reduce risk factors for NCDs and communicable diseases, violence and injury, and poor nutrition, and promote mental health

WHO will work with countries to expand multisectoral approaches by adapting and implementing global and regional frameworks and standards for addressing key risk factors. Efforts will also involve supporting the development of business cases for engaging with fiscal and regulatory bodies to increase health investment, and collaborating with regional organizations, parliamentarians, the media and others to support the development of legislation to address risk factors and determinants. Countries will be supported to undertake needs assessment, landscape analysis, health system capacity assessments and priority-setting based on global and regional guidance. WHO will support strengthening of health and social care systems for promoting mental health and preventing MNS conditions, including in emergency and humanitarian contexts.

Empower key population sub-groups to control their health and expand community engagement in health decision-making

WHO will support countries in developing and implementing settings-based approaches for multisectoral health promotion in cities, villages, education institutions, workplaces, markets and communities. Existing partnership platforms such as the Regional Health Alliance and Regional Youth Council will be expanded. This will be complemented by efforts to ensure meaningful engagement by key population sub-groups such as persons with disabilities, refugees, migrants and internally displaced persons, people living with HIV, vulnerable communities of people more at risk for HIV, people with lived experience of MNS conditions, adolescents and people living with cancer. Fostering collaboration and community empowerment will also involve supporting behavioural insight approaches, promoting self-care and creating digital platforms.

Address health risks and impacts of climate change

WHO will work with countries to establish a cross-sectoral mechanism for implementation of the regional framework for action on climate change and health *(11)*. Through global agreements, WHO will assist countries in collecting data on the potential risks of exposure to chemical, biological and radionuclear agents and strengthen country capacities to prepare and respond to such events.

Reduce health inequities by addressing social, economic, environmental and other determinants of health

WHO will support countries in adopting whole-of-government and whole-of-society approaches to address determinants of health in both stable and emergency or fragile settings. Among other things, this will involve advocating for peace as a critical determinant of health and implementing the Global Health for Peace Initiative *(49)*. WHO will also support: developing and implementing multisectoral national and subnational plans of action on air quality management for health; strengthening implementation of integrated drinking-water and sanitation management systems using a multisectoral approach; and adapting the regional social determinants of health toolkit to develop national plans to address the social determinants of health.

WHO commitments

Implementing these high-level interventions should lead to numerous achievements in promoting health in the Region by 2028; Fig. 11 highlights just some of these.

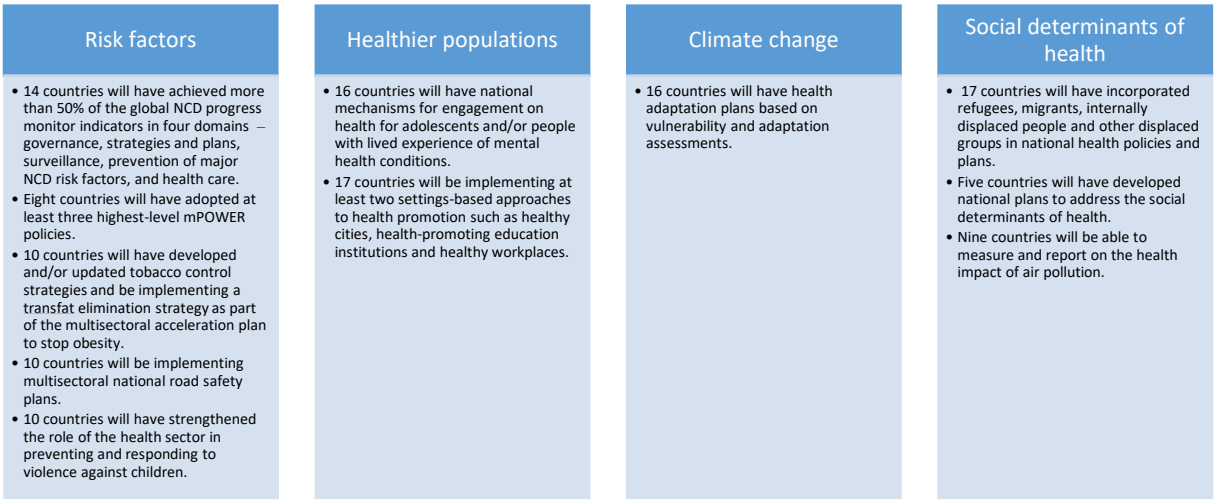

Fig. 11. WHO commitments to promote health and prevent disease and associated risk factors in the Eastern Mediterranean Region

Regional Priority 2: Make good quality health care more accessible to all, especially the hard-to-reach and most vulnerable populations

Areas of focus

- Building health system resilience by strengthening health emergency and disaster risk management.
- Optimizing ministries of health and building institutions for public health.
- Advocating for and establishing PHC-oriented models of care.
- Enhancing and scaling up a fit-for-purpose, fit-to-practice health workforce.
- Promoting equity and enhancing financial protection.
- Improving access to quality medicines, vaccines, diagnostics, technologies and medical products.
- Fostering integration in policy, planning and investment for long-term health system development.
- Strengthening health system response to NCDs and improving service delivery, including integrating NCD and mental health services into UHC benefit packages.
- Eliminating or eradicating priority diseases, including TB, malaria and selected NTDs, preventing reintroduction of malaria to malaria-free countries and preventing and controlling HIV, viral hepatitis, STIs and leishmaniasis.
- Improving access to comprehensive care in stable and emergency settings following a life cycle approach and addressing inequity and gender inequalities.
- Ensuring refugees, migrants and key affected communities are included in national health policies, strategies and plans.
- Promoting the health system's role in addressing violence against women and girls.
- Ensuring disability inclusion at all health system levels.
- Integrating rehabilitation and assistive technology services across the health system.

High-level interventions

Strengthen access to quality services for NCDs, MNS and communicable diseases

WHO will support countries in integrated health service delivery based on the NCDs, MNS and the communicable disease burden. This will include ensuring disability inclusion across all programmatic areas. It will also involve making the best use of digital solutions and rapidly evolving technologies to augment the capacity and efficiency of the health sector, especially in emergency contexts. WHO will provide technical support to update evidence-based multisectoral strategies tailoring interventions to prevent, control, eliminate or eradicate TB, malaria, HIV, viral hepatitis, STIs and NTDs, and validate disease elimination and eradication certification. To address AMR, WHO will promote collaborative action guided by the One Health approach and provide technical support to update and implement costed multisectoral plans.

Expand access to health services based on a PHC approach to accelerate UHC

WHO will support countries in developing context-specific UHC priority benefit packages, essential health service packages and effective PHC-based service delivery models, including in emergency contexts. WHO will convene policy dialogues to promote coordination and improve synergy between different actors in the health sector and enhance health security, including mapping resources and capacities to identify gaps in meeting population health needs and national priorities as the basis for joint planning and shared accountability. Support to strengthen governance, regulation, financing and provision of essential health services will all help advance progress towards UHC. WHO will also work to operationalize the humanitarian–development–peace nexus approach.

Improve health service coverage across the life course

WHO will support scaling up the implementation of evidence-based, high-impact maternal, newborn, child and adolescent health care interventions, focusing on the six countries with the highest burden of maternal, neonatal and under-five mortality and on reducing inequalities that may arise during crises. WHO will also support the adoption of sexual and reproductive health across the continuum of care. Interagency and interregional collaboration will be strengthened. WHO will work with partners to support countries in expanding and sustaining immunization investments; introducing new and underutilized vaccines; using innovative and integrated approaches to ensure the protection of every child and other target groups; and strengthening immunization delivery systems to enhance health system preparedness.

Improve health care workforce, health financing and access to medical products

As part of the regional flagship initiatives, WHO will support countries to scale up the production and employment of health care workers. The health emergency workforce will be strengthened, including internationally classified rapid emergency response teams prepared for deployment. WHO will convene policy dialogues to advocate for increased public finances in health and for the efficient use of available resources, and will provide technical assistance and tools for the development and implementation of equitable health financing policies. To increase access to quality, safe and effective medical products, WHO will support countries in strengthening national regulatory authorities, promote technology transfer, revamp supply chains and support the development of regional pooled procurement mechanisms.

WHO commitments

Some of the key achievements expected by 2028 from implementing these high-level interventions are highlighted in Fig. 12.

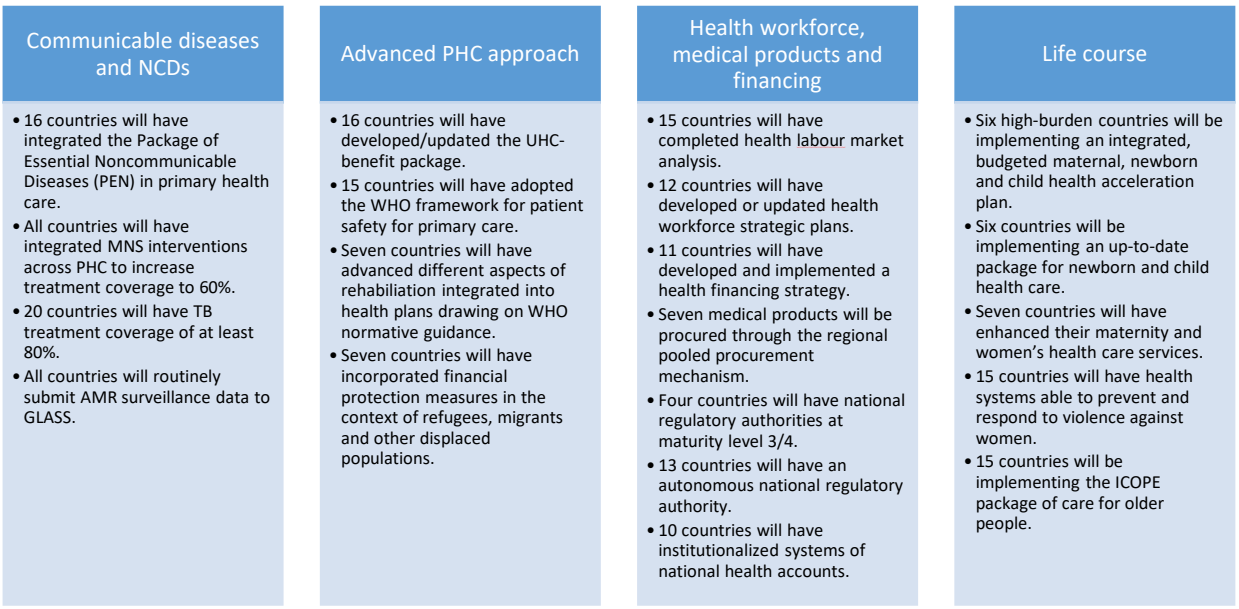

Fig. 12. WHO commitments to make good quality health care more accessible to all, especially the hard-to-reach and most vulnerable populations in the Eastern Mediterranean Region

Regional Priority 3. Expand country capacities to tackle the health demands of the climate crisis, epidemics and pandemics, conflicts, natural disasters and other emergencies

Areas of focus

- Strengthening IHR core capacities.
- Investing in systems to rapidly detect and assess potential threats to public health and in pandemic prevention and preparedness using a One Health approach.
- Enhancing emergency management capacities and operational readiness.
- Improving consistency of response in acute emergencies.
- Improving the coverage and quality of basic essential health service delivery in protracted crises and response to trauma in humanitarian settings.
- Ensuring well-planned recovery guided by the humanitarian–development–peace nexus.
- Building on and sustaining gains developed during the COVID-19 pandemic and leveraging these gains in addressing other epidemic- and pandemic-prone infectious diseases.

High-level interventions

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

WHO will provide evidence-based surveillance and laboratory tools and support their implementation to strengthen detection, verification and assessment of risks for emerging and re-emerging diseases and subsequent information sharing. Early warning systems for public health and health security threats will be strengthened. Laboratory capacities will be improved with biosafety practices and genomic diagnostics. An integrated One Health surveillance system will be piloted for priority diseases. Public health emergency operation centres will coordinate responses and national rapid response capacities will be augmented with multidisciplinary teams and emergency supplies. Gaps in health response will be identified and addressed, ensuring adherence to global best practices and standards within a national regulatory framework for biosafety and biosecurity.

Address emergency risks and mitigate their impact

WHO will collaborate to identify gaps and build local risk communication and community engagement capacities. Community feedback mechanisms will support interventions tailored to community needs, while social listening and infodemic management will counter misinformation. Investment in social and behavioural studies will inform improved communication strategies. Hazard-specific strategies will be updated based on dynamic threat assessments.

Enhance preparedness, readiness and resilience

WHO will support countries to enhance health emergency preparedness and resilience through targeted, evidence-based, context-specific strategies. This includes developing and updating all-hazards health risk profiles using the Strategic Tool for Assessing Risks and creating multihazard contingency plans and standard operating procedures. Countries will also be supported to implement the IHR Monitoring and Evaluation framework and develop or update their National Action Plans for Health Security. Supply chain management capacities will be improved, and warehouse capacities and emergency care systems strengthened.

Maintain essential health service delivery in emergency and humanitarian settings

WHO will support maintaining essential health services in all emergency countries and improving delivery during protracted crises. Life-saving interventions will be prioritized to reduce morbidity and

mortality, focusing on vulnerable and marginalized groups. WHO will lead the health sector response through a well-resourced health cluster, and health cluster systems will be strengthened. Supply chain capacities for essential medical supplies will be improved, including last-mile distribution, and WHO will support countries in establishing electronic logistics monitoring systems. WHO will ensure that the health sector in all emergency countries has a clear approach to operationalizing the humanitarian–development–peace nexus.

WHO commitments

Some of the key achievements expected by 2028 from implementing these high-level interventions are highlighted in Fig. 13.

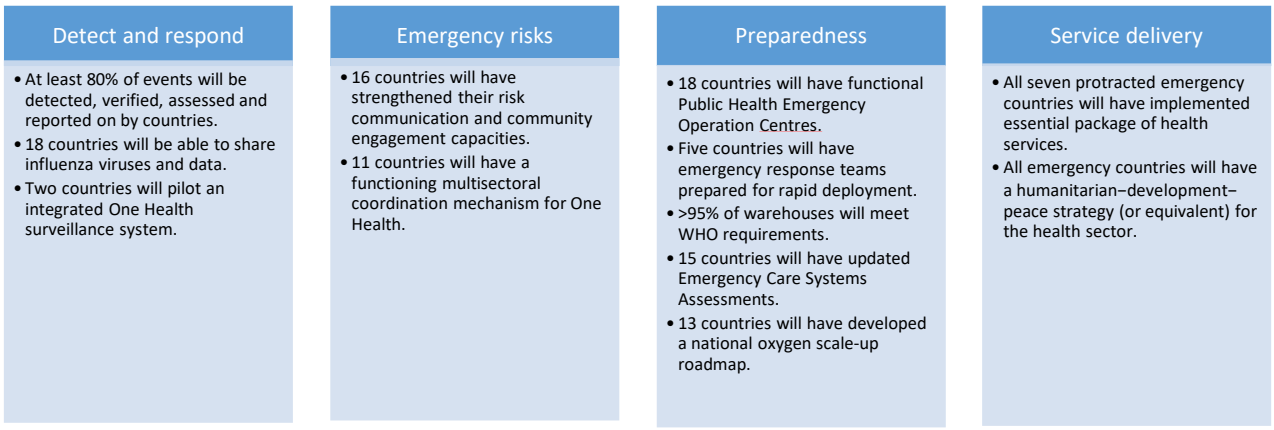

Fig. 13. WHO commitments to expand country capacities to tackle health demands of the climate crisis, epidemics and pandemics, conflicts, natural disasters and other emergencies in the Eastern Mediterranean Region

Regional Priority 4. Achieve and sustain polio eradication

Areas of focus

- Achieving the certification of eradication of wild poliovirus (WPV1) by the end of 2027 and of vaccine-derived poliovirus (cVDPV2) by the end of 2029, including stopping the transmission of WPV1 in Afghanistan and Pakistan by the end of 2025 and stopping all active cVDPV2 outbreaks in the Region by the end of 2026.
- Maintaining population immunity to prevent outbreaks of polio.
- Ensuring high-quality poliovirus surveillance in the Region for timely detection of and response to any new importation or emergence of poliovirus.
- Ensuring preparedness across the Region for timely and effective poliovirus outbreak response.
- Ensuring the containment of poliovirus and infectious materials following certification of polio eradication.

High-level interventions

Stop the transmission of wild poliovirus (WPV1) in Afghanistan and Pakistan and cVDPV2 in all countries of the Region

WHO will: provide strategic guidance and technical assistance in updating National Emergency Action Plans for polio eradication; oversee operational planning, implementation and quality monitoring of mass vaccination campaigns; and facilitate the identification and mapping of migrant, cross-border and high-risk mobile populations. WHO will support regular risk assessments and epidemiological analysis to guide programme actions. It will also support and coordinate the implementation of acute flaccid paralysis and environmental surveillance for poliovirus and facilitate operational and security management planning for health workers and staff. Advocacy efforts, including leveraging the Regional Subcommittee for Polio Eradication and Outbreaks and the Global Polio Eradication Initiative (GPEI), will sustain commitments to polio eradication by national governments, donors and other stakeholders and maintain donor and partner confidence.

Polio remains a Public Health Emergency of International Concern under the IHR (2005). Every outbreak will be managed as a graded emergency. WHO will optimize outbreak response in countries with existing graded emergencies through close coordination with its Emergencies Programme. It will provide technical and operational support for the development and implementation of emergency outbreak response plans and coordinate support from GPEI partners for outbreak response through Regional Incident Management Support Teams. It will optimize outbreak response and provide technical surge support, operational funds, vaccines and logistics support. WHO will also support innovative approaches and coordinate advocacy for gaining access to children for polio vaccination and galvanizing national commitment to end outbreaks.

To increase the number of countries maintaining > 90% polio vaccine immunization coverage, WHO will support tracking of undervaccinated children, organizing innovative immunization approaches and supplementary immunization activities by integrating vaccination with the delivery of emergency and humanitarian services. This will be achieved by enhancing the integration of polio eradication and essential immunization programme assets, functions and resources and by strengthening coordination with Gavi and other immunization partners and donors to strengthen weak immunization programmes in the Region. WHO will also enhance poliovirus surveillance including by expanding the environmental surveillance network across the Region, strengthening the capacity of the regional poliovirus laboratory network and rolling out the new technology for rapid direct detection of polioviruses.

Following the interruption of poliovirus transmission, WHO will facilitate the process of certification of polio eradication by coordinating with all the national certification committees and Member States on the annual documentation of certification and the final national documentation for certification from the two endemic countries, and with the Regional Certification Commission on the certification process. WHO will work with countries to ensure the containment of polioviruses in laboratories and other facilities.

WHO commitments

Some of the key achievements expected by 2028 from implementing these high-level interventions are highlighted in Fig. 14.

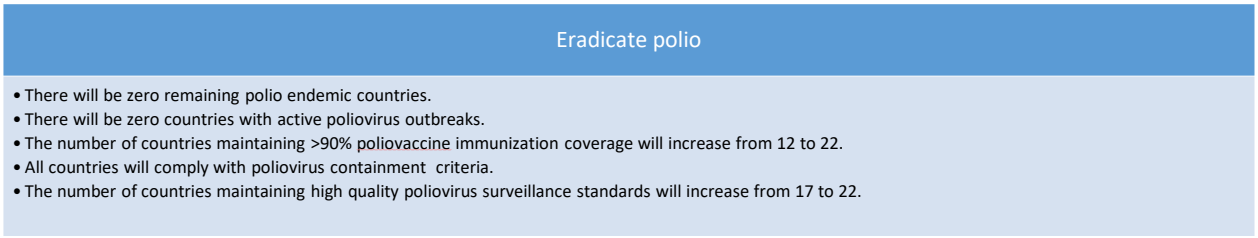

Fig. 14. WHO commitments to achieve and sustain polio eradication in the Eastern Mediterranean Region

Regional Priority 5. Improve knowledge sharing and evidence-based policy-making and expand digital health to enhance public health

Areas of focus

- Investing in national capacities and data-driven approaches to facilitate informed decision-making and effective resource allocation in both emergency and non-emergency contexts.
- Improving the implementation of health information systems able to generate reliable disaggregated data on mortality and morbidity, risk factors and determinants among different population groups as well as health system response.
- Improving the availability and completeness of birth and death registration.
- Expanding integrated disease surveillance and response.
- Promoting a comprehensive approach to addressing health inequalities at the regional, national and subnational levels.
- Strengthening policy frameworks to support the safe, secure and responsible use of digital technologies for health.
- Strengthening regional health research capacity including regulatory capacity for health and clinical research.
- Maintaining high-level health leadership at country level.
- Increasing WHO's visibility.
- Ensuring leadership of the health agenda and advancing strategic partnerships at country and regional levels.
- Enhancing tailored country support based on national priorities.

High-level interventions

Strengthen health information systems and advance digital transformation

WHO will support the development of comprehensive and costed health information system action plans, enhanced availability and completeness of birth and death registration data, and expanded mortality surveillance and integrated disease surveillance. This will involve supporting the generation of reliable data on mortality and morbidity, risk factors and determinants, and strengthening the availability of age- and sex-disaggregated data to better monitor trends and address health disparities. WHO will support mainstreaming the concepts of gender equality, health equity and human rights, guided by the WHO roadmap *(50)*. WHO will also support implementation of effective hospital management and primary health care information systems. To advance digital transformation, WHO will support the development of costed digital health implementation plans and implementation of integration protocols.

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

WHO will work systematically to strengthen its own capacities for partnership, communication and policy dialogue at country and regional levels. These efforts will focus on ensuring that WHO is able to establish, lead and sustain high-level health coordination and cooperation mechanisms and active partnerships to advance the health agenda at the country level within the UN development framework, including contributing to UN 2.0 key transitions. At both country and regional levels, WHO will strengthen dialogue and engagement with private sector and non-State actors and with relevant sectors other than health. At the regional level, WHO will proactively strengthen partnerships including the Regional Health Alliance, UN Regional Collaborative Platforms, the network of WHO collaborating centres and the Network of Institutions for Evidence and Data to Policy. Improved regional and country-level communication strategies will be key to increasing WHO's visibility and health impact.

Expand access to and uptake of WHO's normative, technical and data products

Evidence-informed policy-making is essential to achieve the SDGs and UHC. WHO will support building national capacity so that countries have integrated systems for the development and adaptation of clinical and public health guidelines and health technology assessment studies. WHO will collect, analyse and document health inequalities at the regional, national and subnational levels. WHO will also expand partnerships to implement evidence-based practices and promote innovative research. WHO will establish a mechanism or platform for assessing country priorities and needs and for disseminating and monitoring the use of evidence and knowledge products.

WHO commitments

Some of the key achievements expected by 2028 from implementing these high-level interventions are highlighted in Fig. 15.

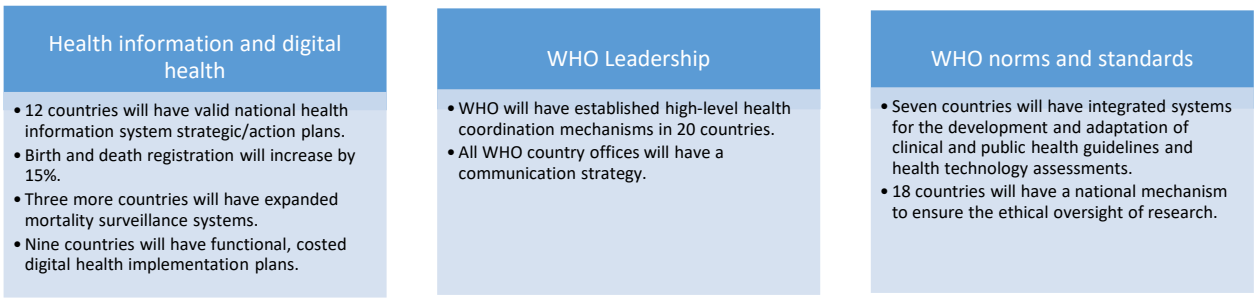

Fig. 15. WHO commitments to improve knowledge sharing and evidence-based policy-making and expand digital health to deliver public health impact in the Eastern Mediterranean Region

Regional Priority 6. Optimize WHO's performance to boost cooperation and better influence global health

Areas of focus

- Strengthening a fit-for-purpose and agile workforce with standardized functional structures empowered by appropriate support, talent management and succession planning.
- Expanding donor and contributor engagement to enhance the volume, quality, flexibility and predictability of funding.
- Improving systems to support increased delivery, improved effectiveness and efficiencies, joint action and integrated solutions, and greater accountability.
- Further optimizing the operating model by using digital platforms, adopting corporate standards and implementing UN system-wide best practices.
- Ensuring transparency and accountability through strengthened application of results-based management, improved adherence to UN-wide principles for efficiency and a broadened culture of evaluation, monitoring and reporting.
- Ensuring the transparent and strategic allocation and management of resources.
- Fostering a culture of excellence through effective and efficient assurance and compliance and adapted risk appetite for effective and efficient results delivery.
- Further cultivating the culture of ethical conduct, managerial and programmatic oversight and accountability for expected results, and continuous improvement.

Empower WHO country offices

WHO will ensure a core, predictable fit-for-purpose presence in countries that is sustainably financed and can meet priorities for planning, monitoring and evaluation informed by up-to-date country cooperation strategies. Innovative modalities and collaborative learning will strengthen the Organization's ability to deliver as one; this will include establishing regional networks of experts, developing a South–South cooperation strategy or mechanism, and nurturing internal networks and working groups.

An agile, gender-balanced and geographically diverse workforce will better respond to emergencies and manage transitions to developmental programmes. WHO will ensure harmonized contract modalities, use a talent management system that supports leadership and young professional training and foster a learning environment supportive of staff mobility based on talent management rosters. WHO will operate in a respectful workplace that adheres to WHO's core values and demonstrates zero tolerance for any type of misconduct.

Strengthen delivery for impact

Strengthening results-based management will involve further scaling-up of staff capacity and deploying dedicated, experienced programme management officers in country offices. A bottom-up planning process will ensure strategic alignment with country priorities and include data analytics for effective prioritization in programme and budget processes. Engagement of WHO Member States in strategic programme management will be strengthened. The programme management cycle in country offices will be streamlined by aligning results frameworks and timelines of GPW, country cooperation strategies and UN sustainable development cooperation frameworks. WHO will strengthen the evaluation function.

Secure flexible and predictable funding

The complex needs of the Region require increased levels of flexible and predictable funding and the ability to attract new partners. WHO will endeavour to ensure that the approved programme budget for the Region is fully funded and has an aligned system for the strategic management of all resources. Additionally, WHO will manage productive relationships with existing donors to secure sustainable and increasingly flexible and predictable contributions, strengthen outreach to attract new resource partners, and develop innovative alliances, modalities and platforms to expand and diversify the contribution base and solidify broad-based support. Resource allocation will be further strengthened through the introduction of a regional policy to ensure transparency, accountability, flexibility and alignment with identified priorities. WHO will be validated by internal and external oversight services, demonstrate robust controls and sound resource management, with risk management meeting donors' and contributors' expectations. For engagement with non-State actors to be effectively decentralized, access to a strong knowledge base for due diligence will be required.

Optimize business processes

A new business management system is being rolled out in the current biennium, 2024–2025. It replaces fragmented systems and will optimize business processes, standardize best practices and lessons learned, streamline change management and training in the use of systems, and increase systematic collaboration across the three levels of the Organization. The new system will fundamentally transform data management business intelligence for monitoring, risk management and decision-making. Additionally, WHO will enhance and optimize information technology platforms and services and implement environmentally friendly initiatives including efficiency measures.

WHO commitments

Some of the key achievements expected by 2028 from implementing these high-level interventions are highlighted in Fig. 16.

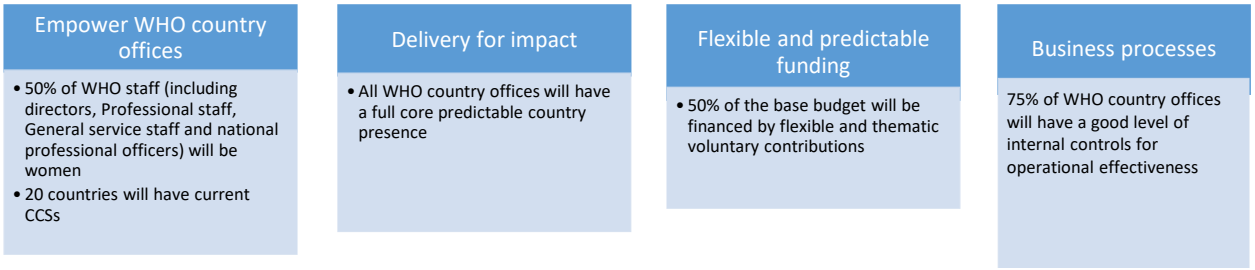

Fig. 16. WHO commitments to optimize its performance to boost cooperation and better influence global health in the Eastern Mediterranean Region

Flagship initiatives

Three flagship initiatives will accelerate progress on health and well-being in the Region by galvanizing strategic action in three critical areas: expanding equitable access to essential medicines, vaccines and medical products; securing the skilled health workforce that the Region needs; and addressing substance use as a public health issue.

Boxes 2, 3 and 4 describe the key targets the flagship initiatives aim to achieve; more detailed information about each flagship is provided in separate documents *(31, 51, 52)*.

Box 2. Flagship initiative 1: Expanding equitable access to medical products

WHO will convene a steering committee to agree on the procurement modality for a select number of medical products, harmonize pooled procurement requirements and negotiate prices with manufacturers so that a system is in place by 2028. To promote local production, WHO will conduct an assessment of the local production ecosystem, provide support to local industries and facilitate partnerships to encourage the expansion of local production in the Region so that by 2028, seven countries will be manufacturing quality assured medical products. WHO will also support countries in building national regulatory capacities and harmonizing regulatory standards, policies and guidelines across the Region so that 13 countries have an autonomous national medical product regulatory authority by 2028.

Box 3. Flagship initiative 2: Investing in a resilient health workforce

WHO efforts will focus on increasing investment in the health workforce by 10% in six countries and reducing projected shortages by 20%. By developing Region-specific transformative guidance and regulatory standards and supporting the development of country action plans, WHO will contribute to at least 10 countries increasing their health profession education admission rates by 10%.

Box 4. Flagship initiative 3: Accelerating public health action on substance use

To prevent the initiation of drug use by non-users, especially by members of at-risk populations, and increase availability and access to services, WHO will contribute to 18 countries incorporating preventive, treatment, harm reduction and recovery interventions in the national UHC benefit packages. By the end of the initiative, eight countries will have updated a multisectoral national plan, and five will have updated legislation. These efforts will be supported by the establishment of a regional network of centres of excellence and an addiction medicine specialization with the Arab Board of Health Specializations.

The flagship initiatives are an integral part of this regional strategic operational plan. Effective and sustained implementation of the high-level interventions specified in this plan including the flagship initiatives, combined with efforts of Member States and key partners, will result in an estimated:

- **60.4 million additional people with access to health services in the Region**
- **Nearly 215 000 additional lives saved in the six high-burden countries by 2028 due to increased access to quality life-saving services and reducing preventable maternal causes of death, including:**
  - **210 000 children under five years of age (114 000 of them neonates)**
  - **4700 women.**

WHAT FINANCIAL RESOURCES DO WE NEED?

WHO's indicative financial envelope for implementing GPW 14 in the Eastern Mediterranean Region for the period 2025–2028 is US$ 1745 million. This is based on the approved programme budget for 2024–2025 and adding estimated resource requirements for further strengthening country presence, accountability and data and innovation as well as mainstreaming polio functions into the base segment in the two endemic countries, Afghanistan and Pakistan (Table 1). The proposed programme budget 2026–2027 will be further discussed at the 71st session of the Regional Committee in October 2024 and by the Executive Board in January 2025 before it is submitted to the Seventy-eighth World Health Assembly in May 2025 for approval.

Table 1. Preliminary high-level GPW 14 envelope for the Eastern Mediterranean Region in US$ million

	2025	2026	2027	2028	Total
PB 2024–2025 base	309.2	309.2	309.2	309.2	1237
Country strengthening		50.3	50.3	50.3	151
Strengthening accountability		6.8	6.8	6.8	20.4
Polio transition			157.5	157.5	315
Strengthening data and innovation			10.8	10.8	21.6
Eastern Mediterranean Region GPW 14 envelope					**1745**

Note: Needs estimate based on approved programme budget 2024–2025; polio eradication timeline retained (Pakistan and Afghanistan in base as of 2027); country office level reaches close to 75% base (including polio, data/innovation). Nothing is deprioritized from the approved programme budget 2024–2025.

Achieving the objectives outlined in this strategic operational plan requires full, flexible and predictable financing. Sustainable financing remains a critical component of WHO's ability to deliver on its mandate. Success in increasing funding sustainability will strengthen WHO, making it more efficient and focused on results. Through decision WHA75(8) (2022) on sustainable financing, a combination of increases in assessed contributions alongside higher levels of core voluntary contributions and thematic funding is intended to improve the predictability and flexibility of WHO funding, as well as broadening the donor basis and extending the duration of funding commitments. WHO launched the first investment round during the Seventy-seventh World Health Assembly in May 2024 and this will constitute the main mechanism to mobilize thematic funding.

The WHO investment round will build on the financial envelope of GPW 14 and the results of the country prioritization. Considering further increases in assessed contributions and the estimated programme support cost to fund WHO's enabling functions, the investment round envelope for the full four-year period 2025–2028 will result in a voluntary contribution funding need for technical programmes of approximately US$ 7.1 billion of the US$ 11.1 needed for GPW 14 at the global level. The objective of the investment round is to raise most of this funding upfront before the start of the draft GPW 14 period.

HOW WILL WE MEASURE RESULTS?

Monitoring implementation of the regional strategic operational plan is essential to track progress and assess outcomes. This process will enable the identification and resolution of bottlenecks to help ensure that the results envisioned are achieved. The monitoring framework includes 77 relevant outcome indicators from GPW 14 (Annex 1) along with 107 output indicators with annual milestones for WHO contributions (Annex 2). The 77 outcome indicators selected from 98 in GPW 14 are the most relevant and robust, as an established data collection mechanism is already in place or will be in place soon to readily monitor and track progress. The output indicators will be fine-tuned in the coming months to ensure alignment across the Organization. These indicators offer the necessary detail for monitoring and reporting progress across all regional priorities to guide management decisions and course correction. Together they cover various levels of output, outcome and impact measures.

The existing online monitoring tool will be customized to monitor implementation of the plan. The process will align with the biennial corporate monitoring and reporting exercises including the midterm review and end of biennium assessment. Joint assessment of programme budget outputs with Member States, which was piloted during the end of biennium assessment in 2022–2023, is being scaled up across the Organization in the current midterm biennium review for 2024–2025.

By aligning with the GPW 14 results framework and internal planning processes, the framework also facilitates the consolidation and synthesis of information and feedback loops for strategic decision-making such as adaptation and reprioritization. A steering committee chaired by the Regional Director will oversee implementation of this strategic operational plan and review quarterly reports on progress. Annual progress reports will be presented to the Regional Committee.

An independent external evaluation will be conducted in 2027, prior to the final year of the plan. This evaluation will assess the Region’s achievements vis-à-vis the goals, targets and expected results outlined in the plan. Through participatory and use-focused approaches, the evaluation will document key challenges, gaps, lessons learned and best practices, providing recommendations to inform the next strategic operational plan for the Region, WHO policies and other key programme decisions. The evaluation will thus both enhance WHO’s accountability to Member States and partners and support internal learning within the Organization.

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ANNEXES

ANNEX 1. RESULTS FRAMEWORK: OUTCOMES

GPW 14 strategic objective (SO)	GPW 14 outcome	GPW 14 outcome indicator	Eastern Mediterranean Region	
			Baseline (year)	Target by 2028
SO1: Respond to climate change, an escalating health threat in the 21st century	1.1. More climate-resilient health systems are addressing health risks and impacts	Index of national climate change and health capacity	NA	NA
SO2: Address health determinants and the root causes of ill health in key policies across sectors	2.1 Health inequities reduced by acting on social, economic, environmental and other determinants of health	Social protection	NA	NA
		SDG2 indicator 10.7.2. Does the government provide non-national (including refugees and migrants) equal access to (i) essential and/or (ii) emergency health care.	NA	NA
		Proportion of refugees and migrants that have equal access to (i) essential and/or (ii) emergency health care	NA	NA
SO2: Address health determinants and the root causes of ill health in key policies across sectors	2.2. Priority risk factors for NCDs and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	22 (2022)	21
		SDG indicator 3.5.2. Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	0.3 (2019)	0.2
		SDG indicator 3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older	18.6 (2020)	NA
		Number of countries that have stopped the increase in obesity prevalence	0	8
		Resolution WHA66.10. Prevalence of obesity among children and adolescents (aged 5–19 years) (%)	11.9 (2022)	Halt increase
		Number of countries that have achieved global target for wasting (<5%)	9	15
		SDG indicator 2.2.2. Prevalence of overweight (weight for height more than +2 standard deviation from the median of the WHO Child Growth Standards) among children under five years of age	6.3 (2022)	Halt increase

GPW 14 strategic objective (SO)	GPW 14 outcome	GPW 14 outcome indicator	Eastern Mediterranean Region	
			Baseline (year)	Target by 2028
		SDG indicator 2.2.3. Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (%)	34.9 (2019)	17.5
		Decision WHA75(11). Proportion of population aged 15+ with healthy dietary pattern	NA	NA
		SDG indicator 2.2.1. Prevalence of stunting (height for age < −2 standard deviation from the median of the WHO Child Growth Standards) among children under five years of age	25 (2022)	17.5
		Resolution WHA69.9. Exclusive breastfeeding under six months	35 (2019)	50
		Resolution WHA71.6. Prevalence of insufficient physical activity	38.8 (2022)	
		SDG indicator 3.9.1: Mortality rate attributed to household and ambient air pollution (per 100 000)	77.6 (2019)	73.7
		SDG indicator 3.6.1. Death rate due to road traffic injuries	16.4 (2021)	12.3
		SDG indicator 16.2.1. Proportion of children aged 1–17 years who have experienced any physical punishment and/or psychological aggression by caregivers in the past month	82 (2015–2018)	66
		SDG indicator 6.1.1. Proportion of population using safely managed drinking-water services	67	100
		SDG indicator 6.2.1. Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water	a) 55 b) 71.5	100
		SDG indicator 3.9.2. Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	18.4 (2019)	
SO2: Address health determinants and the root causes of ill health in key policies across sectors	2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making	Proportion of countries with national-level mechanisms or platforms for societal dialogue for health (%)	0	16
		Proportion of a country's population living in a healthy municipality, city or region (%)	NA	NA

GPW 14 strategic objective (SO)	GPW 14 outcome	GPW 14 outcome indicator	Eastern Mediterranean Region	
			Baseline (year)	Target by 2028
SO3: Advance the primary health care approach and essential health system capacities for universal health coverage	3.1 The primary health care approach renewed and strengthened to accelerate universal health coverage	SDG indicator 3.8.1. Coverage of essential health services	58	65
		Resolution WHA72.2. % of population reporting perceived barriers to care (geographical, sociocultural, financial)	NA	NA
		Resolution WHA72.2. Integrated services and models of care composite indicator (new)	NA	NA
		Resolution WHA72.2. Service availability and readiness index (% facilities with service availability, capacities and readiness (WASH, infection prevention and control, availability of medicines, vaccines, diagnostics, priority medical devices, priority assistive products) to deliver universal health care package)	NA	NA
		Resolution WHA72.2. People-centredness of primary care (patient experiences, perceptions, trust) (new)	NA	NA
		Resolution WHA72.2. Primary-health-care-oriented governance and policy composite (new)	NA	NA
		Resolution WHA72.2. Health facility density and distribution (by type and level of care)	NA	NA
		Resolution WHA72.2. Service utilization rate (primary care visits, emergency care visits, hospital admissions)	NA	NA
		Gender equality advanced in and through health	NA	NA
		Resolution WHA72.2. Institutional capacity for essential public health functions (meeting criteria) (new)	NA	NA
SO3: Advance the primary health care approach and essential health system capacities for universal health coverage	3.2 Health and care workforce, health financing and access to quality-assured health products substantially improved	SDG indicator 3.c.1. Health worker density and distribution (by occupation, subnational, facility ownership, facility type, age group, sex)	NA	10% increase in the six priority countries
		Resolution WHA64.9. Government domestic spending on health (1) as a share of general government expenditure, and (2) per capita	1) 9 (2023)	1) 11

GPW 14 strategic objective (SO)	GPW 14 outcome	GPW 14 outcome indicator	Eastern Mediterranean Region	
			Baseline (year)	Target by 2028
		Access to Health Product Index (new)	NA	NA
		Resolution WHA67.20. Improved regulatory systems for targeted health products (medicines, vaccines, medical devices including diagnostics) (new)		
SO3: Advance the primary health care approach and essential health system capacities for universal health coverage	3.3 Health information systems strengthened, and digital transformation implemented.	SCORE index	Data is currently being collected	30% improvement
		Linked to SDG indicator 17.19.2: Availability and completeness of birth and death registration	Births: 69%; Deaths: 55% (2019)	Births: 85%; Deaths: 70%
		Resolution WHA71.1. % of health facilities using point-of-service digital tools that can exchange data through use of national registry and directory services (by type)	30% of hospitals	70% of hospitals
SO4: Improve health service coverage and financial protection to address inequity and gender inequalities	4.1 Equity in access to quality services improved for NCDs, mental health conditions, and communicable diseases, while addressing antimicrobial resistance	Resolution WHA66.10. Prevalence of controlled hypertension, among adults aged 30–79 years	37.8 (2019)	32.8
		Resolution WHA73.2. Cervical cancer screening coverage in women aged 30–49 years, at least once in lifetime	NA	NA
		Decision WHA75(11). Prevalence of controlled diabetes in adults aged 30–79 years	17 (2024)	17
		Document WHA72/2019/REC/1. Service coverage for people with mental health and neurological conditions (new)	5	16
		SDG indicator 3.4.2. Suicide mortality rate	6,4/100 000	5/100 000
		SDG indicator 3.5.1. Coverage of treatment interventions (pharmacological, psychosocial, and rehabilitation and aftercare services) for substance use disorders	9	15
		SDG indicator 3.3.5. Number of people requiring interventions against neglected tropical diseases (GPW 13)	75 million	65 million
		Hepatitis C incidence per 100 000 population	25 (2022)	5

GPW 14 strategic objective (SO)	GPW 14 outcome	GPW 14 outcome indicator	Eastern Mediterranean Region	
			Baseline (year)	Target by 2028
		Number of new cases of syphilis among people aged 15–49 years per year	640 000 (2020)	60 000 (2030)
		SDG indicator 3.3.1/Resolution WHA75.20. Number of new HIV infections per 1000 uninfected population, by sex, age and key populations	0.07 per 1000 (2022)	0.025 per 1000 (2030)
		SDG indicator 3.3.2 Tuberculosis incidence per 100 000 population	119	102
		SDG indicator 3.3.3. Malaria incidence per 1000 population	27 per 1000 (2020) in six high burden countries	22.4
		SDG indicator 3.3.4/resolution WHA75.20. Hepatitis B incidence per 100 000 population	12 per 100 000 (2022)	2 per 100 000 (2030)
		SDG indicator 3.d.2. Percentage of bloodstream infections due to selected antimicrobial-resistant organisms (GPW 13)	NA	NA
		Resolution WHA68.7. Patterns of antibiotic consumption at national level: Proportion of Access group antibiotics as percentage of overall antibiotic sales	NA	60%
	4.2 Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved.			
		SDG indicator 3.2.1. Under-five mortality rate (GPW 13)	43 (2021)	32
		SDG indicator 3.1.1. Maternal mortality ratio (GPW 13)	179 (2020)	140
		SDG indicator 3.7.1. Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods	58 (2021)	60
		SDG indicator 5.2.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age (GPW 13)	20 (2018)	15

GPW 14 strategic objective (SO)	GPW 14 outcome	GPW 14 outcome indicator	Eastern Mediterranean Region	
			Baseline (year)	Target by 2028
		SDG indicator 3.b.1. Proportion of the target population covered by all vaccines included in their national programme	DPT3: 84 MCV2: 78 PCV3: 55 HPVc: 2 (2022)	90
		Reduction in number of zero-dose children)	2.8 million (2023)	1.5 million
	4.3 Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable	Incidence of catastrophic out-of-pocket health spending (SDG indicator 3.8.2)	12.1 (2019)	10
		Resolution WHA64.9. Out-of-pocket payment as a share of current health expenditure	34 (2023)	25
SO5: Prevent, mitigate and prepare for risks to health from all hazards	5.1 Risks of health emergencies from all hazards reduced and impact mitigated	Trust in government	>50%	>70%
		Vaccine coverage of at-risk groups for high-threat epidemic/pandemic pathogens: yellow fever,[1] cholera,[2] meningitis, polio and measles	80% (2024)	>90%
		Probability of spillover of zoonotic diseases	NA	NA
SO5: Prevent, mitigate and prepare for risks to health from all hazards	5.2 Preparedness, readiness and resilience for health emergencies enhanced	SDG indicator 3.d.1. International Health Regulations (2005) capacity and health emergency preparedness	66 (2022)	75
		National health emergency preparedness	NA	>80%
SO6: Rapidly detect and sustain an effective response to all health emergencies	6.1 Detection of and response to acute public health threats is rapid and effective	Timeliness of detection, notification and response of International Health Regulations (2005) notifiable events	60% (2024)	>80%
SO6: Rapidly detect and sustain an effective response to all health emergencies	6.2 Access to essential health services during emergencies is sustained and equitable	Proportion of vulnerable people in fragile settings provided with essential health services (%)	NA	80%
		Composite indicator comprising three tracer indicators for essential health services among population in settings with humanitarian response plan	NA	80%

[1] For high-risk Member States
[2] For affected Member States

GPW 14 strategic objective (SO)	GPW 14 outcome	GPW 14 outcome indicator	Eastern Mediterranean Region	
			Baseline (year)	Target by 2028
Polio eradication	WHO collaborates with partners to support Members States stop all poliovirus transmission, achieve certification of polio eradication and sustain a polio-free Region	Number of countries endemic for WPV1 (new)	2 (2024)	0
		Number of countries with active poliovirus outbreaks (new)	6 (2024)	0
		Number of cases of poliomyelitis caused by wild poliovirus (GPW 13)	12 (2023)	0
SO7: Powering the global health agenda	Corporate outcome 1: Effective WHO health leadership through convening, agenda-setting, partnerships and communications advances the draft GPW 14 outcomes and the goal of leaving no one behind			
	Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable impact at country level			
Optimizing WHO's performance in 2025–2028	Corporate Outcome 4. A sustainably financed and efficiently managed WHO, with strong oversight and accountability and strengthened country capacities, better enables its workforce, partners and Member States to deliver the draft GPW 14	Percentage of WHO core country workforce positions filled	NA	90%
		Annual Regional Result Report consulted with Member States	The outcome indicator is an annual yes/no; baseline applicable based on global results report and shared within the Regional Director's annual report to the Regional Committee	
		Level of funding achieved for priority outcomes in the approved Programme Budget for Base Budget	70	75

ANNEX 2. RESULTS FRAMEWORK: WHO CONTRIBUTIONS (OUTPUTS)

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
1.1. More climate-resilient health systems are addressing health risks and impacts						
A Health Adaptation Plan (HNAP) to Climate Change is incorporated within the national climate change adaptation plan based on findings of vulnerability and adaptation assessments (V&A)	0	16	V&A is completed at national levels in eight countries	V&A is completed at national levels in 16 countries	HNAP is prepared in view of the findings of V&As in 16 countries	Will be finalized at global level before the end of 2024
2.1 Health inequities reduced by acting on social, economic, environmental and other determinants of health						
Number of countries used the regional toolkit to develop national plans to address social determinants of health and equity.	1	5	2	3	4	Evidence on using a multisectoral approach and the regional toolkit for developing national plans to address social determinants of health and equity (build back fairer)
Number of countries incorporating refugees, migrants, IDPs and other displaced groups in national health policies, strategies and plans.	12	17	13	14	16	
2.2. Priority risk factors for NCDs and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches						
Number of countries with highest level of achievement on more than 50% of the global NCD progress monitor indicators on prevention and control of NCDs (progress indicators address four domains – governance, strategies and plans, surveillance, prevention of major NCD risk factors and health care)	8	14	10	12	14	NCD country capacity surveys
Number of countries that have adopted at least three highest level MPOWER policies	4	8	6	7	8	Country profiles and the WHO report on the global tobacco epidemic
Number of countries that have implemented trans fatty acids elimination strategy as part of the multisectoral acceleration plan to stop obesity	2	10	3	6	8	Country profiles and WHO Global observatory database.

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Number of countries that have adopted the Regional Nutrition Strategy and addressed the NCD risk factors including salt, fat and sugar reduction	8	16	12	14	16	Country profiles and Global database on the Implementation of Nutrition Action (GINA)
Number of countries that are measuring and reporting health impacts of air pollution	0	9	3	6	6	
Number of countries that have implemented multisectoral road safety national plans drawing on WHO global and regional normative guidance	1	10	3	6	8	Evidence of technical and/or financial support provided by WHO, questionnaires to countries and Global status report on road safety
Number of countries that have strengthened the role of the health system in preventing and responding to violence against children drawing on WHO normative guidance	3	10	5	7	9	Evidence of technical and/or financial support provided by WHO, questionnaires to countries and global status report
Number of countries reporting on safely managed drinking-water	13	16	14	15	16	WHO /UNICEF Joint Monitoring Programme progress report
2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making						
Number of countries with national-level mechanisms or platforms for engagement of people with lived experience of mental, neurological, and substance use conditions in societal dialogue for health	0	16	3	8	14	Same as mentioned in the metadata file of GPW 14 with modification of the numerator and denominator Indicator will be monitored as part of the ATLAS exercise and WHO Framework for Meaningful Engagement of People Living with NCDs and MNS conditions
Number of countries that have a national multisectoral adolescent health plan in alignment with the Global accelerated action for health of adolescents (AA-HA)	3	11	5	7	9	Measured annually through Child and Adolescent Health reports

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Number of countries that are implementing settings-based approaches in at least two settings (healthy cities, healthy villages, age-friendly cities, health-promoting schools, healthy universities and healthy workplaces)	7	17	10	13	17	Country reports
Number of cities announced tobacco-free	4	7	5	6	7	Country reports
3.1 The primary health care approach renewed and strengthened to accelerate universal health coverage						
Number of countries that have developed or updated the universal health coverage benefit package along with well-defined roles and functions of service delivery platforms and settings.	9	16	11	13	15	Same as mentioned in the GPW 14 metadata file
Number of countries that have conducted a people's voice survey	4	12	6	8	10	People's voice survey
Number of countries adopting the WHO framework for patient safety for primary care	5	15	8	10	15	WHO report and regional survey
Number of countries that have a national health sector policy, strategy or plan oriented to primary health care oriented models of care and universal health coverage	3	15	8	11	14	Same as mentioned in the GPW 14 metadata file
Number of countries that have developed or updated their national hospital sector strategy in the context of the regional framework to promote integrated people-centred health services	4	10	6	8	10	Same as mentioned in the GPW 14 metadata file
Number of countries that have strengthened different aspects of rehabilitation integration into health plans, drawing on WHO normative guidance	3	8	5	6	7	Drawing on WHO rehabilitation indicators menu: Rehabilitation indicator menu: a tool accompanying the Framework for Rehabilitation Monitoring and Evaluation (FRAME), 2nd ed (who.int)

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Number of countries implementing national laboratory policies)	5	21	9	13	17	Annual report on the implementation of regional strategic framework for strengthening public health laboratories
Number of countries that strengthened institutional capacity for essential public health functions	3	10	7	9	10	As presented in the metadata of the WHO Results Framework: Outcome Indicators
Number of countries that have developed or updated an all-hazard emergency preparedness and response plan (or equivalent) that defines the role of health services (including primary care) in emergency management and the maintenance of essential health services	3	10	5	8	10	Same as mentioned in the GPW 14 metadata file
Number of countries that have improved health systems resilience by integrating health system components, health emergency and disaster risk management and health security	1	10	3	5	10	WHO questionnaire
Number of countries that have developed capacities for health systems recovery from emergencies	0	10	3	5	10	WHO questionnaire
Number of countries incorporated financial protection measures in the context of refugees, migrants and other displaced population	1	7	3	5	7	WHO questionnaire
3.2 Health and care workforce, health financing and access to quality-assured health products substantially improved						
Number of countries that have completed health labour market analysis	5	15	8	11	15	Health labour market analysis reports
Number of countries that have developed or updated health workforce strategic plans	3	12	5	8	12	National and WHO reports
Number of countries that have enhanced health workforce competencies to address needs of refugees, migrants and other displaced populations	0	10	3	5	10	WHO questionnaire

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Number of countries with a health financing strategy developed and implemented	2	11	5	7	9	Assessed based on health financing progress matrices application
Number of medical products procured through regional pooled procurement as part of the regional initiative	0	7	2	4	6	WHO reports and questionnaires to countries
Number of countries manufacturing quality-assured medical products	2	7	3	5	7	WHO reports and questionnaires to countries
Number of countries having national regulatory authorities with a maturity level of 3/4	2	4	3	3	4	WHO reports and questionnaires to countries
Number of countries with autonomous national regulatory authorities	6	13	9	11	13	WHO reports and questionnaires to countries
Number of countries that have developed a priority assistive products list drawing on WHO global and regional normative guidance	2	8	4	6	7	WHO reports and questionnaires to countries
3.3 Health information systems strengthened, and digital transformation implemented.						
Existence of valid national health information system strategic/action plan	6	12	7	9	11	Per existing published documentation that meets the minimum criteria expected by the WHO with evidence of follow-up and action at national level
Existence of a functioning team at national level to collect, analyse and report on causes of death on an annual basis	55%	70%	58%	60%	65%	As in Global Health Observatory
Number of countries with routine health information systems disaggregated according to nationals/non-nationals	6	11	7	8	10	
Number of countries with a national digital health strategy, costed implementation plan, legal frameworks to support safe, secure and responsible use of digital technologies for health	3	9	5	6	7	Per GPW 14 metadata. It will be measured/reported according to these dimensions: hospitals/other facilities, public/private, comprehensive/selective health issues

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
4.1 Equity in access to quality services improved for NCDs, mental health conditions and communicable diseases, while addressing antimicrobial resistance						
Number of countries integrated the Package of Essential Noncommunicable Diseases (PEN) or similar programmes in primary health care	9	16	11	13	15	Member States have evidence-based national guidelines, protocols or standards for the management (diagnosis and treatment) of the four major NCDs (cardiovascular disease, diabetes, chronic obstructive pulmonary disease and cancer), utilized in a minimum of 50 % of cases through a primary care approach, recognized or approved by government or competent authorities. (Source: NCD Country Capacity Survey)
Number of countries that have advanced different aspects of health equity for persons with disabilities drawing on WHO normative guidance	1	8	3	4	6	WHO reports and questionnaires to countries
Number of countries that have integrated mental health gap action programme (MhGAP) in PHCs	5	22	8	12	16	Same as mentioned in the metadata file of GPW 14
Number of countries that have implemented evidence-based interventions to achieve a 25% reduction in suicide mortality rate per 100 000 population	3	12	5	7	10	Same as mentioned in the metadata file of GPW 14 Global status report on suicide mortality
Number of countries that have implemented international standards for the treatment and prevention of drug-use disorders to achieve 20% improvement in the service capacity index (a proxy for treatment coverage)	9	15	11	12	13	Same as mentioned in the metadata file of GPW 14
Number of countries validated for eliminating at least one neglected tropical disease	10	15	12	14	15	Global and regional reports
Number of countries that have increased prevention, testing and treatment coverage to achieve impact target of reduction in number of new hepatitis C infections leveraging prioritized interventions in the Regional Action Plan	5	12	6	8	10	WHO estimates and Global hepatitis report Annual review of data and monitoring against global and regional HIV, hepatitis and STI strategy targets

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Number of countries that have increased prevention, testing and treatment coverage to achieve impact target of reduction in number of new syphilis infections leveraging prioritized interventions in the Regional Action Plan	4	10	6	8	10	WHO modelled estimates Annual review of data and monitoring against global and regional HIV, hepatitis and STI strategy targets
Number of countries increased prevention, testing and treatment coverage to achieve impact target of reduction in number of new HIV infections leveraging prioritized interventions in the Regional Action Plan	6	15	8	10	12	WHO/UNAIDS epidemiological estimates for HIV/AIDS (updated annually) Annual review of data and monitoring against global/regional HIV, hepatitis and STI strategy targets
Number of countries with increased TB treatment coverage to at least 80%	11	20	15	18	20	Countries' TB profiles and annual Global TB report
Number of high burden countries with updated risk mapping, subnational tailoring of interventions and updated strategy as part of integrated vector-borne diseases programme to be back on track for the SDG target	0	6	1	2	5	WHO reports and endorsed strategies
Number of countries that have increased prevention, testing and treatment coverage to achieve impact target of reduction in number of new hepatitis B infections leveraging prioritized interventions in the Regional Action Plan	5	14	7	10	12	WHO estimates and Global Hepatitis report Annual review of data and monitoring against global and regional HIV, hepatitis and STI strategy targets
Number of countries that have submitted antimicrobial resistance surveillance data to the Global Antimicrobial Resistance and Use Surveillance System (GLASS)	16	22	18	20	22	Tracking AMR Country Self-assessment Survey (TrACSS) annual report
Number of countries that have submitted Antimicrobial Consumption surveillance data to GLASS	10	18	12	14	16	TrACSS annual report

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
4.2 Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved						
Number of countries with integrated early childhood development within existing child health platforms at community and primary health care levels	4	14	7	9	12	WHO and ministry of health reports
Number of high burden countries implementing an integrated budgeted newborn and child health acceleration plans using global and regional tools and initiatives	0	6	3	6	6	Maternal, newborn and child health acceleration reports
Number of countries that adopted WHO updated sexual and reproductive health into national health policies, programmes and services	4	12	8	10	12	Reports
Number of countries supported to enhance the practice and quality of midwifery care and mortality surveillance especially in fragile settings	1	7	3	5	7	Global, regional and country reports
Number of countries supported to enhance maternity and women's health care with primary focus on vulnerable subgroups including women with disability, women in correctional or closed settings, women with cancer, women in camp or displaced settings, etc.	1	7	3	5	7	Global, regional and country reports
Number of countries that have strengthened health system role in preventing and responding to violence against women drawing on WHO normative guidance	10	15	11	13	14	WHO reports and questionnaires to countries
Number of countries that have promoted community-based promotive and preventive services by community health workers and volunteers to enhance community engagement and bridge the gap between communities and PHC services	6	12	8	10	12	Global and regional reports

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Number of countries that have integrated care for older people at community and primary health care level using the WHO ICOPE package for screening, early detection and managing impairment in the intrinsic capacities of older people	4	15	6	10	15	Global and regional reports
Number of countries that have adopted effective strategies to catch up zero-dose children	3	7	4	5	6	WHO-UNICEF Estimate of National Immunization Coverage (WUENIC)
4.3 Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable						
Number of countries with institutionalized systems of health accounts based on System of Health Accounts 2011	4	10	6	7	9	Global Health Expenditure Database
5.1 Risks of health emergencies from all hazards reduced and impact mitigated						
Number of countries that have dedicated, operational Community Protection or risk communication, community engagement and infodemic management (RCCE-IM) units established within their ministry of health	3	15	5	10	1	Definition: Counts the number of countries that have established functional Community Protection / Risk Communication and Community Engagement (RCCE) units within their ministry of health having a formal structure, dedicated staff and budget for the units; Frequency: yearly or bi-annually Means of verification: Verification through WHO country office (WCO) reports, official communications, or direct confirmation with WCO's/ health ministries. Sources: WHO reports, country health ministry reports.

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Percentage of vaccination campaigns (e.g. measles) that achieve > 90% of their target coverage	NA	>90	70	80	90	Definition: Measures the proportion of vaccination campaigns, such as those for measles, that successfully reach at least 90% coverage of the population targeted for the campaign. Frequency: Yearly or bi-annually Means of verification: Verification through WCO reports, official communications or direct confirmation with WCOs or health ministries. Method of calculation: Collect data on the coverage rates of all relevant vaccination campaigns and determine the proportion that achieved the target coverage; formula: (Number of campaigns achieving > 90% target coverage/total number of vaccination campaigns) × 100 Sources: WHO reports, country health ministry reports.
Number of countries with functioning multisectoral coordination mechanisms for One Health;	3	11	5	7	9	Definition: Counts the number of countries that have established and are maintaining functional multisectoral coordination mechanisms to implement the One Health approach, which integrates human, animal and environmental health. Frequency: At least bi-annually or in alignment with reporting cycles for One Health initiatives. Means of verification: Review of national One Health strategy documents, meeting minutes and interagency reports. Sources: National One Health frameworks, WHO reports, ministry of health records and interagency coordination documents.

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
5.2 Preparedness, readiness and resilience for health emergencies enhanced						
Number of countries that have developed multihazard plans or hazard-specific plans based on risk profiles	NA	9	3	6	9	Definition: Counts the number of countries that have developed comprehensive multihazard preparedness and response plans, or hazard-specific plans, that are informed by their updated national risk profiles. The names of the plans could vary from one country to another. All-hazards health risk profiles should be updated every two years or after a major emergency incident. All-hazards preparedness and response plan could cover a period of up to five years – but should be ideally updated when new risk profiles are available. Contingency plans or hazard-specific plans could cover shorter periods of time (two years). The indicators will be measured on an annual basis to monitor the progress in achieving the defined milestones. Frequency: Annually or in alignment with national planning cycles. Means of verification: Review of official national multihazard or hazard-specific plans, cross-referencing with risk assessment profiles/reports, and validation through WCOs. Sources: WHO country and ministry of health reports/data, and official submissions from ministries of health, all hazards health risk profile reports, multihazard emergency preparedness and response plans.

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Number of countries with functional public health emergency operations centres (PHEOCs)	13	18	15	16	16	Definition: Counts the number of countries that have established and are maintaining functional PHEOCs for coordinating responses to public health emergencies. A functional PHEOC is a dedicated facility or system within a country that is capable of coordinating and managing the response to public health emergencies. It must be equipped with the necessary infrastructure (including physical or virtual location), trained personnel, protocols and procedures, and communication systems to perform its role effectively. The functionality of a PHEOC is assessed based on its ability to perform essential functions during public health emergencies. It can be assessed by performing simulation exercises or gathering feedback from stakeholders and partners involved in emergency responses. Frequency: Annually Means of verification: Review of PHEOC operational records, WHO evaluations/surveys, and on-site assessments of functionality. This would include reviewing after-action reports from recent emergencies, conducting on-site or virtual assessments or cross-checking with national authorities regarding PHEOC activities and effectiveness. Sources: National PHEOC operational reports, WHO assessments and ministry of health records.

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Number of countries with classified emergency medical teams (EMTs)	0	5	2	3	4	Definition: Counts the number of countries that have classified EMTs according to WHO standards, ready for deployment in national and international emergencies. This could include (1) an internationally classified EMT; (2) a nationally validated EMT; and/or (3) an EMT developed with technical guidance from WHO, using the EMT methodology. These may be governmental and/or military EMTs as well as national NGOs that are recognized or supported by the national authority. Frequency: Annually or in alignment with WHO EMT classification updates. Means of verification: Review of WHO EMT classification records, national EMT rosters and validation through WCOs. Sources: WHO EMT classification database, national EMT deployment records and health ministry reports.
Number of countries that have developed a national oxygen scale-up roadmap	1	13	4	8	12	Definition: the number of countries that have developed and adopted a comprehensive national roadmap for scaling up oxygen supply and infrastructure to meet health care demands. Frequency: Annually or following significant policy updates. Means of verification: Review of national roadmaps, policies, WHO validation. Sources: WHO ICU assessment reports, national health ministry documents.

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
6.1 Detection of and response to acute public health threats is rapid and effective						
% of events detected, verified, assessed and reported by Member States	34	80	50	65	80	Definition: Measures the proportion of public health events that are detected, verified, assessed and reported by Member States (IHR NFPs) in compliance with International Health Regulations (IHR) through a functional surveillance system for epidemic-prone diseases. Frequency: Quarterly Method of calculation: Number of events detected, verified, assessed and reported by IHR NFPs or number of events created on event management systems (EMSs) or Epidemic Intelligence Service (EIS). Means of verification: Review of IHR NFPs reports/notifications, cross-checking with WHO EMSs/EIS and data from national health authorities. Sources: National public health surveillance reporting systems, WHO EMS and IHR reports.
Number of countries with genomic sequencing capability in public health laboratories	21	21	21	21	21	Definition: Counts the number of countries where public health laboratories have the capability to perform genomic sequencing for pathogen identification and surveillance. Frequency: Annually. Means of verification: Review of laboratory assessment reports, WHO validation and cross-checking with national public health laboratories. Sources: National laboratory network reports, WHO laboratory assessments.
Number of countries with national influenza centres (NICs) sharing influenza viruses and data to the WHO Global Influenza Surveillance and Response System (GISRS)	13	18	14	15	16	Definition: Counts the number of countries with NICs that share influenza virus samples and associated data with GISRS. Frequency: Annually. Means of verification: Review of data sharing logs from GISRS, WHO influenza surveillance reports. Sources: GISRS database, WHO Global Influenza Programme reports.

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Number of countries with national regulatory framework for biosafety and biosecurity	NA	14	9	11	13	Definition: Counts the number of countries that have established and implemented a national regulatory framework for biosafety and biosecurity, ensuring safe practices in laboratories and handling of biological materials. Frequency: Annually or as part of national health security assessments. Means of verification: Review of regulatory frameworks, WHO assessments and national health authority reports. Sources: National legislation and policy documents, WHO biosafety and biosecurity assessments.
6.2 Access to essential health services during emergencies is sustained and equitable						
Number of health cluster sectors in fragile and conflict-affected settings (FCSs) for which cluster coordination performance monitoring (CCPM) is up to date (annually)	6	9	8	9	9	Definition: Counts the number of health clusters/sectors in FCSs that have completed CCPM assessment within the past year. GHC periodically monitors the compliance of country clusters/sectors regarding CCPM and PHIS. CCPM is a mandatory exercise per IASC CCRM guidance and should be done annually by all established clusters and within six months of the activation of new clusters. Frequency: Bi-annually or annually Means of verification: Review of CCPM assessments and completion dates, validation with health cluster coordinators. Sources: GHC website: https://healthcluster.who.int/countries-and-regions, GHC reports, national health cluster documents, PHIS Dashboard – https://healthcluster.who.int/our-work/task-teams/information-management-task-team.

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Number of FCSs that have an active monitoring system for attacks on health care	5	9	7	9	9	Definition: Counts the number of FCSs that have established and are maintaining active systems for monitoring and reporting attacks on health care facilities, workers and services. Frequency: Quarterly or bi-annually Means of verification: Cross-checking Surveillance System of Attacks on Healthcare activity reports, validation with field data and stakeholder interviews. Sources: National monitoring reports, WHO's Surveillance System for Attacks on Health Care, partner organization records.
Number of FCSs that have a humanitarian–development–peace nexus (HDPNx) strategy (or equivalent) for the health sector	0	10	2	5	10	Definition: Counts the number of FCSs that have developed an HDPNx strategy or an equivalent framework for the health sector to ensure integrated and sustainable health responses. Frequency: Annually or bi-annually Means of verification: Review of HDPNx strategy documents, health sector plans, validation with health sector stakeholders. Sources: National health sector plans, WHO and UN agency records, development partner reports, country self-report and health, safety and environment reports.
Number of FCSs where an essential package of health services (EPHS) package (adapted to local context) is in place and implemented	5	9	6	7	8	Definition: Counts the number of FCSs where an EPHS or equivalent (H3 package) has been adapted to the local context, tailored to the specific needs of the given country and is actively being implemented. Frequency: Annually Means of verification: Review of EPHS documentation, health policy documents, interviews with health authorities and stakeholders, field monitoring reports and implementation plans to verify the presence and implementation of the EPHS package. Sources: National health policies, WHO country office reports, field assessments and EPHS implementation reports.

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Number of FCSs implementing response monitoring framework	4	9	6	7	8	Definition: Counts the number of countries that have launched and are actively implementing the response monitoring initiative, aimed at tracking and assessing the effectiveness of health interventions during emergencies. Frequency: Annually/bi-annually Means of verification: Review of response monitoring project implementation report, monitoring reports and ministry of health and partner documentation. Sources: WHO response monitoring project reports, national health ministry reports, partner organization reports.
Number of FCSs where an electronic system is in place for developing, updating and monitoring distribution of supplies	1	8	5	6	8	Definition: Assesses whether an electronic system has been established and is operational for the development, updating and monitoring of distribution plans for medical supplies and other essential resources. Frequency: Annually or following major updates to the system. Means of verification: Review of supply chain management electronic system documentation, user feedback and system performance reports. Sources: WHO logistics and supply chain management records, system usage logs.
WHO collaborates with partners to support Members States stop all poliovirus transmission, achieve certification of polio eradication and sustain a polio-free Region						
Number of polio endemic countries	2	0	2	0	0	Certification of eradication Poliovirus surveillance data Regional Certification Commission reports
Number of countries with active Poliovirus outbreaks	6	0	2	0	0	WHO poliovirus surveillance data Outbreak Response Assessment Reports
Number of countries with IPV2 coverage over 90%	12	22	22	22	22	WHO/UNICEF Estimates of National Immunization Coverage reports
Number of countries complying with poliovirus containment criteria	20	22	22	22	22	Annual reports for poliovirus certification to Regional Certification Commission for Poliovirus Eradication

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Number of countries meeting certification standards of surveillance and environmental surveillance for poliovirus	17	22	20	22	22	WHO poliovirus surveillance data Annual reports for poliovirus certification to Regional Certification Commission for Poliovirus Eradication
Corporate outcome 1: Effective WHO health leadership through convening, agenda-setting, partnerships and communications advances the draft GPW 14 outcomes and the goal of leaving no one behind						
Existence of a high-level health group or committee at national level with participation of relevant stakeholders and with clear role for WHO (e.g. chair, secretariat)	NA	20	12	15	18	Per terms of reference of high-level health group, minutes of high-level health group meetings
Existence of a communication strategy with clear roles and responsibilities within the WHO country office	NA	22				Communication strategy in place; number of advocacy/communication products produced for target audiences (policy briefs, fact sheets, success stories, newsletters, annual reports, etc.)
Number of WCOs that have established a minimum of two new/additional active partnerships from the previous year with academia, civil society and other national organizations	0	20	6	12	18	Active partnerships would include partnerships formalized through MoUs/PCAs/letters of agreement; number of strategic events co-organized with partners, number of products co-produced (e.g. policy briefs, scientific papers, others)
Corporate Outcome 2. Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable impact at country level						
Number of countries with an active national programme for development and adaptation of clinical and public health guidelines or health technology assessment studies	3	7	4	5	6	Per national documents and decrees that meet the minimum criteria expected by WHO with evidence of follow-up and action at national level
Number of countries with an active national strategy or an action plan for institutionalizing the use of evidence for policy-making for health	2	7	4	5	6	Per national documents or decrees linked to the regional action plan for evidence-informed policy-making with evidence of capacity enhancement and action at national level
Number of countries with national bioethics/ research ethics committee in place with adequate subnational regulatory capacity to provide ethics oversight for health and clinical research	12	18	13	14	16	Per national reports or decrees and evidence of functionality of the ethics committees at national level
Number of health-related publications in quality indexed journals per 100 000 population	3.3	3.8	N/A	3.5	N/A	Based on bibliometric analysis that will be conducted by WHO for all countries of the Region every two years

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Corporate Outcome 4. A sustainably financed and efficiently managed WHO, with strong oversight and accountability and strengthened country capacities, better enables its workforce, partners and Member States to deliver the draft GPW 14						
Percentage of grade P or G and above and national professional officers who are women	40%	>50%	>40%	>40%	>45%	Annual and biennial reporting
Duration of selection process from vacancy publication to onboarding	150	<90 days	<150 days	<120 days	<100 days	Annual and biennial reporting
Percentage of international professional staff in post beyond standard duration of assignment	NA	<10%	<10%	<10%	<10%	Annual and biennial reporting
Number of WHO country offices with full core predictable country presence capacity in place per approved plan	NA	100	70	80	90	Annual and biennial reporting
Number of countries with a current Country Cooperation Strategy	12	20				Active CCS in place
Percentage of staff who have completed/are up to date with induction and all mandatory training requirements	97%	100%	97%	97%	97%	Annual and biennial reporting
Percentage of staff who feel informed and are satisfied with internal justice system	NA	>85%	70%	75%	80%	Annual and biennial reporting
Number of security incidents with documented impact on WHO workforce, premises or operations managed according to United Nations Security Management System standard	100	100	100	100	100	Annual and biennial reporting
Percentage of base budget financed by flexible and thematic voluntary contributions	20%	50%	30%	30%	50%	Programme budget report to World Health Assembly
Percentage of business centres with essential IT infrastructure in line with corporate standards in place	50%	100%	50%	100%	100%	Programme budget report to World Health Assembly and Business Centre annual reporting

WHO contribution to achieving GPW 14 outcomes in the countries of the Eastern Mediterranean Region						
Indicator to monitor WHO contribution	**Baseline**	**Target by 2028**	**2025 Milestone**	**2026 Milestone**	**2027 Milestone**	**Metadata**
Percentage of business centres compatible with location-specific requirements in line with corporate standards	90%	100%	90%	95%	100%	Programme budget report to World Health Assembly and Business Centre annual reporting
Number of green initiatives	1	Minimum number of budget centres reporting on green initiatives	2	4	6	Programme budget report to World Health Assembly and Business Centre annual reporting
Assured compliance of imprest account in line with imprest reconciliation requirements	NA	A rating	A rating	A rating	A rating	Programme budget report to World Health Assembly and Business Centre annual reporting
Percentage of WHO country offices with good level of internal controls for operational effectiveness	72%	75%	72%	72%	75%	Programme budget report to World Health Assembly and Business Centre annual reporting