

Summary report on the
**High-level virtual
ministerial meeting on
accelerating maternal,
newborn and child
health actions in
high-burden countries in
the Eastern
Mediterranean Region**

Cairo, Egypt
6 October 2025



World Health
Organization

Eastern Mediterranean Region



unicef 

for every child

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1. Background

Maternal, newborn and child health remains a critical public health priority, particularly in settings burdened by high mortality rates, fragile health systems and protracted emergencies. Maternal and child mortality indices are key proxy indicators of health system performance, reflecting access to quality of care, underlying social determinants of health and the negative impacts of conflict and emergencies.

In alignment with the Sustainable Development Goals (SDGs), United Nations Member States committed to reducing the global maternal mortality ratio to less than 70 deaths per 100 000 live births and ending preventable deaths of newborns and children under five years of age by 2030. However, data released in 2025 by the Inter-agency Group for Child Mortality Estimation (IGME) and the Maternal Mortality Estimation Inter-Agency Group (MMEIG) show that many countries, including Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen, are unlikely to meet these targets without urgent and accelerated action plans for maternal, newborn and child health, alongside timely and efficient implementation of updated WHO recommendations and guidelines.

In 2023, these six countries accounted for 85% of under-five deaths in the World Health Organization (WHO) Eastern Mediterranean Region, underscoring the need for targeted interventions. Maternal mortality ratios in these countries remain alarmingly high, ranging from 155 to 563 deaths per 100 000 live births.

The Seventy-seventh World Health Assembly, held in 2024, endorsed resolution WHA77.5 on accelerating progress towards reducing maternal, newborn and child mortality in order to achieve SDG targets 3.1 and 3.2. This initiative was led by Somalia and supported by Member States from the Eastern Mediterranean Region and beyond. In addition, World Health Day 2025 marked the launch of a year-long

global campaign – Healthy beginnings, hopeful futures – to prioritize maternal and newborn health and further galvanize momentum.

WHO, in collaboration with the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA) and other partners, continues to support high-burden countries through joint initiatives such as the Every Woman, Every Newborn, Everywhere and Child Survival Action initiatives. Building on this momentum, the respective Regional Directors have spearheaded a regional movement to accelerate progress, engaging ministers of health through a high-level virtual dialogue to align strategies, mobilize resources and reinforce unified support.

2. Meeting proceedings

Opening remarks

Dr Asmus Hammerich, Director, Noncommunicable Diseases and Mental Health, and acting Director, Healthier Populations, at the WHO Regional Office for the Eastern Mediterranean, opened the meeting by extending a warm welcome to their Excellencies the Ministers of Health and distinguished representatives of Djibouti, Pakistan, Somalia, Sudan and Yemen, alongside senior officials from health ministries, regional directors of the UNFPA Arab States Regional Office and the UNICEF Middle East and North Africa Regional Office, and colleagues from the regional and country offices of United Nations and partner organizations. Dr Hammerich reaffirmed the collective commitment to advancing maternal, newborn and child health across the Region.

Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, officially commenced the meeting with a compelling call to action, urging immediate and collective efforts to address the Region’s maternal and child health crisis. She highlighted the staggering loss of more than

800 000 children aged under 5 years old in the past year, with six countries (Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen) accounting for 85% of these deaths and bearing the highest burden of both child and maternal mortality. Emphasizing the need for basic, life-saving interventions, such as skilled care and safe delivery, Dr Balkhy called for accelerated progress toward achieving the SDGs. She outlined WHO's strategic support to high-burden countries through evidence-based interventions, health workforce development and the formulation of national acceleration plans in collaboration with UNFPA and UNICEF. She further emphasized the critical need to invest in the health workforce through training, supervision and quality improvement, citing Yemen as an example where maternal and perinatal death surveillance and midwifery-led care are saving lives despite ongoing instability.

Dr Balkhy announced WHO's plan to convene a regional donors and partners forum to mobilize resources and ensure predictable funding for women's and children's health. She also highlighted the importance of integrating maternal, newborn, child and adolescent health with immunization and polio programmes to maximize reach and efficiency, particularly in countries such as Afghanistan and Pakistan. Importantly, she stressed the transformative role of community- and faith-based engagement, noting that involving religious and community leaders is essential to shifting behaviours around early marriage, female genital mutilation, breastfeeding and birth spacing. The collaboration with Al-Azhar Al-Sharif and the Islamic Advisory Group was cited as a powerful model for community-level transformation.

Dr Balkhy concluded by urging Member States to translate resolution WHA77.5 into national acceleration plans, mobilize both domestic and international resources, reaffirm their political commitment and support a joint ministerial statement that places maternal, newborn and child health at the forefront of national agendas. She reaffirmed the

unwavering support of WHO, UNFPA and UNICEF, emphasizing that – even amid conflict and crisis – maternal, newborn and child health must remain a top national priority.

Ms Laila Baker, UNFPA Regional Director for Arab States, expressed deep appreciation for the leadership of WHO and UNICEF in advancing maternal, newborn and child health. She further expressed appreciation to the ministers of health, particularly of Somalia, for their leadership at the Seventy-seventh World Health Assembly, which resulted in a landmark resolution calling for accelerated progress to ensure that every woman and newborn not only survives but thrives.

Speaking on behalf of both UNFPA's Arab States and Asia-Pacific regional offices, Ms Baker reaffirmed UNFPA's commitment through its newly approved strategic plan (2026–2029), aligned with resolution WHA77.5, and emphasized that maternal health is not only a clinical issue but a matter of dignity, justice and humanity. The strategic plan is built around six priorities: promoting gender equality by centring women's rights and agency; integrating gender-based violence prevention with reproductive health services; advancing inclusion and evidence-based policy by addressing social determinants and engaging communities; ensuring reproductive commodity security through reliable access to life-saving supplies and national commitments; elevating financing for impact to translate policy into services; and strengthening the reproductive health workforce.

Ms Baker highlighted UNFPA's integrated approach to gender equality, gender-based violence prevention, inclusive policy-making and reproductive commodity security. She stressed the importance of investing in midwives and strengthening the health workforce, particularly in fragile and crisis-affected settings. She also underscored the need for resilience across the humanitarian-development-peace nexus, ensuring protection

and care for women and girls before, during and after emergencies. Ms Baker emphasized that partnerships remain the foundation of UNFPA's work, including collaboration with WHO, UNICEF and regional partners on initiatives such as Every Woman, Every Newborn, Everywhere, self-care advocacy and the response to gender-based violence. She concluded by urging countries to translate WHA77.5 commitments into action through policy, financing and services that reach every woman, everywhere – with dignity, choice and hope.

Mr Marc Rubin, UNICEF Deputy Regional Director for the Middle East and North Africa, delivered opening remarks on behalf of UNICEF's regional offices for the Middle East and North Africa, South Asia, and Eastern and Southern Africa. He extended warm greetings to their Excellencies the Ministers of Health and partners, expressing UNICEF's commitment to accelerating efforts to end preventable maternal, newborn and child mortality. Framing his remarks around the 2025 World Health Assembly's theme of Healthy Beginnings, Hopeful Futures, Mr Rubin acknowledged the significant progress made over the past two decades in reducing maternal and neonatal deaths and stillbirths across the three regions. He attributed these achievements to strong government resolve, policy commitments and strengthened partnerships among governments, donors, United Nations agencies, nongovernmental organizations and communities, particularly in the areas of disaster management and emergency response.

Mr Rubin emphasized UNICEF's continued support for innovative, low-cost, high-impact, community-based primary health care interventions, and outlined five strategic priorities for action: strengthening partnerships across sectors to drive lasting change; investing in maternal, newborn and child health services, especially in emergencies; ensuring quality, respectful care for all mothers and newborns; integrating multisectoral interventions in areas such as

immunization, nutrition and water, sanitation and hygiene (WASH); and building resilient health systems in fragile and conflict-affected contexts. He added that strengthening community health systems, supply chains and referral networks is critical to maintaining maternal and child health services during emergencies.

Mr Rubin concluded by reaffirming UNICEF's commitment to working alongside governments and partners to ensure that every mother survives childbirth, and every child has a healthy start and hopeful future. He called for collaboration and shared responsibility to translate global commitments into tangible results for women and children across the Region.

Video

To set the tone for the high-level dialogue, a short [video](#) was shown illustrating the harsh realities of maternal and child mortality and highlighting the urgent need to scale up life-saving interventions such as skilled birth attendance, emergency obstetric care and essential newborn services. Framed around the Somalia-led WHA77.5 resolution, the video reinforced a message of hope: that through coordinated action, investment and community-based care, no woman should die giving life and no child should be lost to preventable causes. It served as a compelling call to action, reminding all stakeholders of the human cost of inaction and the transformative power of partnership.

Statements of their Excellencies the Ministers of Health and senior officials

Somalia

H.E. Dr Ali Haji Adam Abubakar, Minister of Health of Somalia, reaffirmed Somalia's commitment to accelerating progress in maternal, newborn and child health. He expressed gratitude to WHO, UNFPA and UNICEF for convening the meeting at a critical time when the Region faces overlapping crises that threaten the health and survival of women and children. Somalia's leadership in spearheading the adoption of resolution WHA77.5 was highlighted as a global milestone, and Dr Abubakar emphasized the country's responsibility to translate this commitment into action.

He outlined several key initiatives undertaken by the Ministry of Health, including the establishment of a national reproductive, maternal, newborn, child and adolescent health (RMNCAH) task force, the revision of maternal and perinatal death surveillance guidelines, the introduction of life-saving vaccines and the integration of child survival plans into the national health strategy. Despite these efforts, Somalia continues to face significant challenges, including reduced external funding, recurrent climate shocks, conflict, displacement and health system fragility. In response, the Government has mobilized modest domestic resources and is conducting an aid disruption analysis to develop contingency plans.

Dr Abubakar called for strengthened partnerships, increased investment and enhanced collaboration with global and regional stakeholders to sustain progress. He emphasized the need for innovative financing, local manufacturing of essential medicines and investment in health systems, supply chains and human resources. Concluding his remarks, he reaffirmed Somalia's unwavering commitment to the global and regional maternal, newborn and child health agenda, and to the effective implementation of its National Health Transformation Plan 2025–2029.

Djibouti

H.E. Dr Ahmed Robleh Abdilleh, Minister of Health of Djibouti, highlighted the country's notable progress in reducing maternal mortality. Djibouti achieved a reduction from 383 to 234 maternal deaths per 100 000 live births between 2012 and 2020, a decline of more than 50%, attributed to targeted interventions, including decentralization of emergency obstetric care, health care provider training, implementation of clinical protocols, and provision of free preventive services, including prenatal and postnatal consultations and family planning. Universal health insurance, in place for over 15 years, has further supported access to care through mandatory coverage for workers and social assistance for vulnerable populations.

Despite these gains, Dr Abdilleh acknowledged that progress has slowed since 2020 due to persistent challenges, including geographical barriers, limited health financing, influxes of refugees and migrants, and shortages of qualified health personnel.

In response, Djibouti developed the National Strategy for Accelerated Reduction of Maternal and Newborn Mortality 2022–2026, with WHO support, structured around five strategic pillars: improving access to care; enhancing the quality of maternal and neonatal services; advancing digitalization and family planning; strengthening governance and multisectoral coordination; and boosting community engagement and data systems.

Dr Abdilleh concluded by reaffirming Djibouti's commitment to reducing maternal mortality and called on international partners for continued support for public health policies that improve outcomes in remote regions and advance universal health coverage.

Sudan

H.E. Dr Heitham Ibrahim Awadalla, Minister of Health of Sudan, highlighted the country's steadfast commitment to sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) amid one of the most severe humanitarian crises in its history. He said that despite the challenges of conflict, displacement and a fragile health system for service delivery, Sudan remains resolute in its pursuit of SDG targets 3.1 and 3.2, viewing them not merely as benchmarks but as a moral obligation to safeguard the lives of mothers and children. Dr Awadalla emphasized that maternal and newborn health is central to national recovery, peacebuilding and long-term development, and reaffirmed Sudan's alignment with global initiatives such as Every Woman, Every Newborn, Everywhere.

Dr Awadalla announced the development of a comprehensive SRMNCAH acceleration plan, led by the Ministry of Health in collaboration with WHO, UNFPA, UNICEF and other partners. This plan will define national priorities and serve as the foundation for a broader health strategy built on the humanitarian-development-peace nexus, reinforcing resilience and positioning health as a bridge for peace. He outlined the key priorities, including ensuring continuity of care during emergencies, pre-positioning essential supplies, enhancing coordination through existing technical forums, adopting digital health solutions such as telemedicine, and tailoring interventions to Sudan's conflict-affected context.

He emphasized the importance of investing in the health workforce, particularly community-based midwives, and strengthening referral systems and contingency planning for remote and crisis-affected populations. Training health cadres on evidence-based guidelines, including gender-based violence response and emergency care, was

also highlighted as a cornerstone of service delivery, supported by strategic task shifting and a strong focus on quality of care.

Dr Awadalla called for sustained partnerships and resource mobilization to match ambition with support, reaffirming Sudan's commitment to building a resilient health system where every mother, newborn and child is protected and given the opportunity to thrive. He concluded with a call for unity and collective action to ensure safe births, dignified care and a hopeful future for all Sudanese families.

Yemen

H.E. Dr Qasem Mohammed Qasem Buhaibeh, Minister of Public Health and Population of Yemen, emphasized the urgency of addressing maternal and newborn health – one of the most neglected areas in the country's health system. He highlighted Yemen's persistently high maternal mortality rate of 118 deaths per 100 000 live births and child mortality rate of 41 deaths per 1000 live births, underscoring the vulnerability of pregnant women and newborns, especially in the context of ongoing conflict, fragile infrastructure and limited access to essential services.

Dr Buhaibeh reaffirmed Yemen's commitment to accelerating progress through the implementation of a national reproductive health strategy (2024–2026), underpinned by strong political will, a trained health workforce and innovative approaches such as the health voucher system. He outlined the key priorities, including expanding emergency obstetric care, ensuring the availability of life-saving medications, strengthening referral systems, enhancing health worker capacity and integrating maternal health indicators into national health information systems.

Dr Buhaibeh stressed the importance of activating partnerships with donors and international organizations to secure sustainable funding and called for embracing innovations in service delivery to overcome security and logistical impediments, including utilizing digital tools and community midwife networks. He also highlighted the importance of South–South collaboration within the Eastern Mediterranean Region and referenced the “1000 Golden Days” initiative that is being implemented in Egypt, which has potential replicability in high-burden settings.

Concluding his remarks, Dr Buhaibeh framed maternal and newborn health not only as a health priority but as a national and humanitarian commitment to building a more just, stable and equitable Yemen, urging all stakeholders to learn from successful experiences and work collectively to protect the most vulnerable.

Pakistan

Dr Kamran Farooq Ansari, speaking on behalf of the Ministry of National Health Services, Regulations and Coordination of Pakistan, emphasized the country’s commitment to accelerating progress in maternal, newborn and child health. He acknowledged the shared challenges faced by the six priority countries in the Region and highlighted the importance of regional solidarity and collaboration.

Dr Ansari noted that Pakistan continues to face significant health challenges, with a maternal mortality ratio of 154 deaths per 100 000 live births – against a target of 70 – and a neonatal mortality rate of 37 deaths per 1000 live births. Skilled birth attendance remains at 69%, with persistent disparities between urban and rural populations.

Dr Ansari outlined strategic national efforts, including the development of an essential package of health services under the National Health Vision 2016–

2025, and noted a 36% improvement in the universal health coverage index since 2015. He acknowledged ongoing challenges in newborn health and family planning, exacerbated by malnutrition and limited access to services.

To address existing gaps, Pakistan has launched advocacy campaigns involving religious leaders and including media outreach to promote family planning. The country's social health protection programme now covers nearly 59 million families, with maternity care among the most utilized services. Evaluations have highlighted the need to better integrate inpatient and outpatient services for continuity of care.

Dr Ansari stressed the critical role of public-private partnerships and announced plans to expand telemedicine services to reduce out-of-pocket expenditure. He called for scaling up digital health interventions and strengthening planning and coordination platforms at all levels. In conclusion, he reaffirmed Pakistan's unwavering dedication to ensuring that no mother dies while giving life and that no child's future is lost at birth.

3. Summary of deliberations

The regional directors of WHO, UNFPA and UNICEF collectively emphasized the urgency of accelerating progress in maternal, newborn, and child health across the region.

Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean Region, commended the participation and leadership of ministers and partners, highlighting the importance of unified action. She cautioned against over-optimism in interpreting declining mortality ratios, stressing the need for realism, particularly in conflict-affected and underrepresented areas such as Afghanistan and the Gaza Strip. She called for data to be contextualized and translated into meaningful interventions. Dr Balkhy also underscored the importance of advancing the gender-based violence

agenda within health systems and proposed reactivating the Islamic Advisory Group, originally established for polio eradication, to support broader health advocacy efforts, including maternal, newborn and child health and gender-based violence prevention.

Ms Laila Baker, UNFPA Regional Director for Arab States, reiterated the significance of integrating sexual and reproductive health services with gender-based violence interventions, noting ongoing collaboration with intergovernmental bodies such as the League of Arab States. She highlighted an upcoming ministerial meeting aimed at securing a decree to support this integrated approach and reaffirmed UNFPA's commitment as a lead technical agency working hand-in-hand with partners.

Mr Marc Rubin, UNICEF Deputy Regional Director for the Middle East and North Africa, emphasized the critical need for increased domestic financing for maternal, newborn and child health, particularly for community-based interventions. He noted that WHO, UNFPA and UNICEF country teams are actively supporting ministries in strengthening public financing mechanisms.

Dr Hanan Balkhy concluded by inviting countries to submit bold and actionable recommendations within 24–48 hours, particularly on areas requiring greater visibility, advocacy and regional coordination.

4. Recommendations

Dr Adham Ismail, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean, concluded the high-level dialogue by outlining a set of pragmatic and actionable recommendations drawn from country interventions and WHO's collective experience in the Region. These recommendations aim to deliver tangible impact and reduce the burden of maternal and child mortality in the high-priority countries.

To Ministries of Health

1. Translate resolution WHA77.5 on Accelerating progress towards reducing maternal, newborn and child mortality in order to achieve SDG targets 3.1 and 3.2 into national acceleration plans under the Every Woman, Every Newborn, Everywhere and Child Survival Action initiatives, and ensure their implementation and monitoring with clear targets and timelines.
2. Ministers of health are encouraged to endorse a joint statement with WHO, UNFPA and UNICEF to strengthen collective action for women's, newborns', children's and adolescents' health. The statement will reaffirm regional commitment, unify advocacy and accountability efforts, and demonstrate solidarity in implementing resolution WHA77.5, ensuring coordinated partner support aligned with national priorities.
3. Mobilize domestic and synergistic resources, adopt innovative financing approaches and safeguard budget lines for reproductive, maternal, newborn, child and adolescent health, including during crises and competing priorities.
4. Prioritize the scaling up of essential maternal, newborn and child health interventions, especially in hard-to-reach areas, including antenatal and postnatal care, skilled birth attendance, emergency obstetric care, essential newborn care, care for small and sick newborns, and integrated management of childhood illness at community and facility levels, supported by strong referral systems.
5. Adopt an integrated approach to service delivery at community and primary care levels, bringing together maternal health, child health, immunization, nutrition and disease programmes to ensure continuity and efficiency of primary care, including community-based interventions.
6. Strengthen the integration of communicable disease prevention and control within maternal, newborn and child health services to

achieve concrete progress towards the triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B, to enhance tuberculosis screening, prevention and treatment for women and children, and to scale up malaria prevention and care through routine antenatal, immunization and child health platforms.

7. Establish mechanisms to enhance access to, and ensure sustained, quality and respectful provision of, maternal, newborn and child health services, with strict adherence to standards, clinical protocols and WHO guidelines, supported by regular supervision, referral guidance, audits and continuous quality improvement, leveraging innovative approaches, technologies and digital solutions.
8. Ensure that maternal, newborn and child health is an integral component of health emergency prevention, preparedness, response and recovery efforts at country level, ensuring continuity of essential services during conflicts, disasters, epidemics and other crises. In parallel, promote resilience across the humanitarian–development–peace nexus to ensure protection and care for women and children before, during and after emergencies, ensuring that investment made during the response contributes towards strengthening maternal, newborn and child health services.
9. Invest in health workforce capacity, in line with WHO’s regional flagship initiative, focusing on training, retaining and deploying competent midwives, nurses, community health workers, and obstetric and paediatric care providers, particularly in underserved and fragile areas.
10. Strengthen district-level care by establishing and upgrading level-2 newborn care units for small and sick newborns and comprehensive emergency obstetrics care, with adequate staffing, supplies and referral networks.
11. Strengthen health information, monitoring and accountability through routine health management information systems, maternal and perinatal death reviews, paediatric death audits and community monitoring.

12. Engage in cross-sectoral collaboration with the education, nutrition, WASH and climate resilience sectors to address the broader determinants of maternal and child mortality.
13. Strengthen local production and supply systems for essential medicines and commodities for maternal, newborn and child health, while ensuring resilient supply chains to safeguard continuous, equitable access to life-saving, cost-effective and high-impact evidence-based interventions, including in fragile and unstable contexts.
14. Integrate gender-based violence prevention and response within maternal, newborn and child health programmes and apply a gender lens across planning and delivery to ensure safety, dignity and equity for women, girls and children.

To WHO, UNFPA, UNICEF and partners

15. Convene a regional donors/partners forum to intensify resource mobilization for maternal, newborn and child survival priorities and to reinforce solidarity and sustained accountability using coordinated Regional Health Alliance efforts.
16. Advocate for strengthened government ownership and stewardship of maternal, newborn and child health services by institutionalizing national coordination and accountability mechanisms, enacting supportive policies and legislation, and ensuring sustained domestic financing and integration of maternal, newborn and child health within social system reforms.
17. Provide joint technical support to countries to operationalize resolution WHA77.5 through updated national legislation, policies, programmes and costed acceleration plans for maternal, newborn and child health.

18. Support health workforce strengthening by advancing midwifery models of care, community-based cadres, training packages, and deployment and retention strategies in high-burden countries.
19. Enhance data generation, monitoring and innovation by supporting reproductive, maternal and child health surveys, digital innovations and integration of WASH and nutrition indicators into monitoring frameworks.
15. Engage religious scholars and reactivate the Islamic Advisory Group, originally established for polio eradication, and expand its mandate to support broader health advocacy efforts, including maternal, newborn and child health and the prevention of gender-based violence.

5. Closing remarks

Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean Region, concluded the high-level ministerial dialogue by expressing appreciation for the unwavering commitment demonstrated by countries, partners and colleagues in advancing maternal, newborn and child health across the Region. She acknowledged the encouraging trends in reducing maternal and child mortality, attributing these achievements to the resolute leadership and dedication of countries.

However, Dr Balkhy emphasized the need for vigilance in interpreting data, reminding all stakeholders that behind every statistic are communities – particularly those in remote and conflict-affected areas – who remain at risk of being left behind. She reaffirmed their collective moral and professional obligation: no woman or child should die from preventable causes, irrespective of circumstance or geography.

She thanked Ms Leila Baker and Mr Marc Rubin for their closing interventions, particularly for highlighting critical issues such as gender-based violence, abortion, female genital mutilation and family planning, and for their collaboration with intergovernmental bodies such as the League of Arab States. As a health care provider herself, Dr Balkhy emphasized the importance of addressing these sensitive but vital issues to protect women's health and rights.

Reiterating the urgency of action, Dr Balkhy called for the immediate translation of resolution WHA77.5 into country-led acceleration plans with measurable targets. She urged Member States to scale up essential maternal, newborn and child health services, integrate care at the primary level and ensure the quality and continuity of services – even in emergency settings.

She called on WHO, UNFPA, UNICEF and partners to continue providing coordinated technical support, strengthening health workforce capacity, mobilizing resources, and advancing innovation and data systems. She emphasized the importance of maintaining momentum through the Regional Health Alliance platform and underscored the inseparable link between health, peace and development.

In closing, Dr Balkhy delivered a resolute call to action and urged all stakeholders to move forward with unity, determination and purpose to ensure that every woman, every newborn and every child – without exception – has access to the care they need to survive and thrive.

Annex 1. Meeting agenda

Monday 6 October 2025

Moderated by Dr Asmus Hammerich, Director, Noncommunicable Diseases and Mental Health, and Acting Director, Healthier Populations

Opening remarks:

- 11:00–11:15
- Dr Hanan Balkhy, Regional Director, WHO Regional Office for the Eastern Mediterranean
 - Ms Laila Baker, Regional Director, UNFPA Arab States Regional Office
 - Mr Marc Rubin, Deputy Regional Director, UNICEF Middle East and North Africa Regional Office

Moderated by Dr Adham Ismail, Director, Programme Management

11:15–11:20 Maternal and child survival: from promise to action (video)

11:20–11:45 Statements by their Excellencies the Ministers of Health:

- H.E. Dr Ali Haji Adam Abubakar, Minister of Health, Somalia
- H.E. Dr Ahmed Robleh Abdilleh, Minister of Health, Djibouti
- H.E. Dr Heitham Ibrahim Awadalla, Minister of Health, Sudan
- H.E. Dr Qasem Mohammed Qasem Buhaibeh, Minister of Public Health and Population, Yemen
- Mr Laeeq Ahmad, Additional Secretary, representing H.E. Federal Minister of Health, Pakistan

11:45–12:15 Plenary discussion

12:15–12:25 Recommendations and way forward

12:25–12:30 Closing remarks:

Dr Hanan Balkhy, Regional Director, WHO Regional Office for the Eastern Mediterranean

Annex 2. List of participants

MINISTRIES OF HEALTH

Djibouti

H.E. Dr Ahmed Robleh Abdilleh, Minister of Health, Ministry of Health, Djibouti

Pakistan

Dr Kamran Farooq Ansari Joint Secretary Hospitals, Ministry of National Health Services, Regulation and Coordination, Islamabad

Dr Beenish Parveen, Additional Director, Ministry of National Health Services, Regulations and Coordination, Islamabad

Somalia

H.E. Dr Ali Haji Adam Abubakar, Minister of Health, Ministry of Health and Human Services, Mogadishu

Dr Mustafe Awil, Director of Family Health, Ministry of Health and Human Services, Mogadishu

Sudan

H.E. Dr Heitham Ibrahim Awadalla, Minister of Health, Ministry of Health, Khartoum

Yemen

H.E. Dr Qasem Mohammed Qasem Buhaibeh, Minister of Public Health and Population, Ministry of Public Health and Population, Aden

Dr Gamila Hibatullah Ali, Consultant, Aden

Dr Iqbal Ali Shakef, Reproductive Health Director, Population Sector, Aden

UNITED NATIONS ORGANIZATIONS

UNICEF

Mr Marc Rubin, Deputy Regional Director, UNICEF Middle East and North Africa, Amman, Jordan

Dr Sowmya Kadandale, Regional Health Adviser, UNICEF Middle East and North Africa, Amman, Jordan

Ms Shirley Mark Prabhu, Regional Health Specialist, UNICEF Middle East and North Africa, Amman, Jordan

Dr Chol Thabo Ayul Your, UNICEF Middle East and North Africa, Amman, Jordan

Mr Tony Byamungu, UNICEF Middle East and North Africa, Amman, Jordan

Dr Kebir Hassen, UNICEF Yemen, Sana'a

Dr Eman Al-Kubati, UNICEF Yemen, Sana'a

Dr Tedbabe Degeffie Hailegebriel, UNICEF Sudan, Khartoum

Dr Yousra Hassan, Health Specialist, UNICEF Sudan, Khartoum

UNFPA

Ms Laila Baker, Regional Director, UNFPA Arab States Regional Office, United Nations Population Fund, Cairo, Egypt

Mr Dominic Allen, Deputy Regional Director, UNFPA Arab States Regional Office, Cairo, Egypt

Dr Aleksandar Sasha Bodiroza, Deputy Regional Director, UNFPA Asia and Pacific Regional Office, Bangkok, Thailand

Dr Hala Youssef, Sexual and Reproductive Health Adviser, UNFPA Arab States Regional Office, Cairo, Egypt

Ms Mollie Fair, Regional Sexual and Reproductive Health Specialist, UNFPA Arab States Regional Office, Cairo, Egypt

Ms Yasmine Baligh, Programme Associate, Sexual and Reproductive Health, UNFPA Arab States Regional Office, Cairo, Egypt

Dr Aicha Djama, UNFPA Djibouti

Dr Amina Mohamed, UNFPA Djibouti

Ms Diana Garde, Deputy Representative, UNFPA Sudan, Port Sudan

Dr Okba Doghim, Sexual and Reproductive Health Specialist, UNFPA Sudan, Port Sudan

Dr Mary Oteino, UNFPA Somalia

Dr Juliana Nzau, UNFPA Somalia

Mr Hicham Nahro, UNFPA Yemen, Sana'a

Dr Rania Hassan, Reproductive Health Programme Officer, UNFPA Yemen, Sana'a

WHO Secretariat

Dr Hanan Balkhy, Regional Director, WHO Regional Office for the Eastern Mediterranean

Dr Adham Ismail, Director, Programme Management, WHO Regional Office for the Eastern Mediterranean

Dr Mohamed Abdi Jama Senior Advisor, Office of Regional Director, WHO Regional Office for the Eastern Mediterranean

Dr Asmus Hammerich, Director, Noncommunicable Diseases and Mental Health, and Acting Director, Healthier Population, WHO Regional Office for the Eastern Mediterranean

Dr Awad Mataria, Director, Universal Health Coverage/Health Systems, WHO Regional Office for the Eastern Mediterranean

Dr Benedetta Allegranzi, Director, Communicable Diseases, WHO Regional Office for the Eastern Mediterranean

Dr Arash Rashidian, Director, Science, Information and Dissemination, WHO Regional Office for the Eastern Mediterranean

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Dr Renée Van de Weerd, WHO Representative to Somalia

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