

Summary report on the
**First meeting of the
Eastern Mediterranean
Region Health
Financing Task Force**

Virtual meeting
3 May 2026



**World Health
Organization**

Eastern Mediterranean Region

Summary report on the

**First meeting of the Eastern
Mediterranean Region Health
Financing Task Force**

Virtual meeting
3 May 2026



**World Health
Organization**

Eastern Mediterranean Region

© World Health Organization 2026

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Summary report on the first meeting of the Eastern Mediterranean Region Health Financing Task Force. Cairo: WHO Regional Office for the Eastern Mediterranean; 2026. Licence: CC BY-NC-SA 3.0 IGO.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Contents

1.	Introduction.....	1
2.	Summary of discussions	2
3.	Next steps.....	8

1. Introduction

On 3 May 2026, the first meeting of the Eastern Mediterranean Region Health Financing Task Force was held virtually by the WHO Regional Office for the Eastern Mediterranean.

The objectives of the meeting were to:

- officially launch the Eastern Mediterranean Region Health Financing Task Force;
- review and endorse the terms of reference, including governance arrangements and working modalities; and
- discuss and outline priority areas and indicative deliverables for the 2026–2027 work plan.

Participants included representatives nominated by ministries of health and ministries of finance from countries of the Eastern Mediterranean Region. The meeting was also attended by members of the WHO Secretariat.

During the opening session, the members of the Task Force endorsed by consensus Dr Mohamed Hassani, Assistant Minister of Health for Projects and Public Health Initiatives, Ministry of Health and Population, Egypt, and Dr Qasem Ahmed Al Salmi, Director General of Planning, Ministry of Health, Oman, as co-Chairs of the Task Force.

Both co-Chairs accepted their roles and committed to guiding the Task Force in an inclusive and results-oriented manner, according to the endorsed terms of reference.

2. Summary of discussions

Opening remarks

In her opening remarks, Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, emphasized that health financing had become a critical regional challenge amid fiscal constraints, rising health needs, declining external assistance and ongoing instability. She highlighted the slow progress made towards achieving universal health coverage and observed that over 28% of people in the Region experience financial hardship due to out-of-pocket health spending, often at the expense of basic needs. She underscored the need for stronger stewardship, coordinated approaches and context-specific solutions.

Dr Balkhy noted that the Task Force had been created to respond to this need, following the recommendations of Member States during a ministerial roundtable held on the margins of the Seventy-eighth World Health Assembly. She expressed her hope that the Task Force would promote innovation, regional solidarity, stronger domestic financing, and equity and efficiency in health spending, and would help to shape a regional roadmap for sustainable health financing.

Dr Adham Ismail, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean, in his introduction to the meeting, underscored the growing urgency of health financing challenges in the Region. He emphasized that the Task Force was being established in response to calls by Member States for stronger stewardship, more coordinated action and practical, country-tailored solutions. With progress towards universal health coverage slowing and out-of-pocket spending continuing to push households into hardship, business as usual was no longer sufficient.

Dr Ismail highlighted that the Task Force would provide a strategic platform to foster regional dialogue, explore innovative and sustainable financing approaches, and shape a shared roadmap to improve equity, efficiency and domestic resource mobilization for health across the Region.

Dr Mohamed Hassani, co-Chair of the Task Force, expressed his appreciation to the WHO Regional Office for the Eastern Mediterranean, under the leadership of Dr Hanan Balkhy, for convening the Task Force, commending her strong commitment and responsiveness to Member States' priorities.

Dr Hassani noted that countries in the Region face an increasingly complex health financing landscape characterized by fiscal constraints, high out-of-pocket expenditure, fragmented financing, capacity gaps, demographic pressures, the growing burden of noncommunicable diseases, protracted emergencies and declining external assistance. In this context, strengthening health financing should be viewed not only as a technical necessity but also as a strategic imperative to ensure equity, efficiency and sustainability. The establishment of the Task Force was therefore a timely and essential opportunity to explore innovative and sustainable financing solutions tailored to diverse country contexts, with an emphasis on evidence-based and tangible outcomes for Member States.

Dr Qasem Ahmed Al Salmi, co-Chair of the Task Force, also thanked WHO for convening the Task Force and welcomed its members. He expressed his appreciation for their participation and for the trust placed in him to serve as co-Chair alongside Dr Hassani. He also expressed his commitment to working collaboratively with all members and his hope for productive discussions and meaningful progress towards advancing health-care system financing across the countries in the Region.

Overview of the global and regional context

Dr Ali Ardalan, Regional Adviser and Unit Head, Health Financing and Governance, WHO Regional Office for the Eastern Mediterranean, emphasized that the initiative was not just about creating another task force or revisiting health financing as a purely technical agenda. Ultimately, it was about the people behind the numbers: the families who delay care, fall into poverty or forego basic needs because of health costs.

Across the Region, progress towards universal health coverage has been slow and uneven, amid growing fiscal pressures, declining external assistance and rising financial hardship. Out-of-pocket health spending remain a major barrier to access, with around one in five people accessing care at the expense of essentials such as food, education or housing. This burden disproportionately affects poorer households, rural populations, and families with children and multigenerational members.

Dr Ardalan also underscored that health financing is a strategic state function, central to resilience, economic stability and universal health coverage, rather than a narrow technical exercise. While the Region is highly diverse, with per capita health spending ranging from US\$ 22 to US\$ 2400, and government health expenditure shares varying from 2% to 19%, countries share common challenges and priorities. WHO's leadership role is critical in generating globally comparable data, providing guidance on health financing and economics, and producing the Global spending on health reports.

Dr Matthew Jowett, Unit Head for Governance, Policy and Financing at WHO headquarters, highlighted that global progress towards universal health coverage remains uneven, with a slowdown in

improvements in financial protection. In response, World Health Assembly resolution WHA78.12 calls for strengthening domestic health financing, improving efficiency, and reducing reliance on external aid. This requires renewed attention to public finance reforms, particularly tax systems, as well as growing interest in introducing or expanding health insurance schemes.

The presentation also emphasized that fragmentation in health financing arrangements remains a major barrier to equity and financial protection, prompting reforms to consolidate pooling mechanisms and harmonize coverage. The expansion of the private sector, particularly in medicines, diagnostics and service provision, is reshaping health systems, underscoring the need for stronger regulation and more strategic alignment with public policy objectives. At the same time, countries are increasingly adopting explicit benefits packages, supported by health technology assessment, to strengthen priority-setting and resource allocation.

Finally, Dr Jowett underscored a renewed focus on primary health care, with many countries moving towards ensuring that essential services are provided free of charge at the point of use, a critical step in improving financial protection and advancing universal health coverage.

Ms Mira Ihalainen, Coordinator, Communications and Partnerships, WHO Regional Office for the Eastern Mediterranean, highlighted that declining official development assistance exists alongside emerging opportunities, including pooled financing, engagement with international financial institutions, Islamic financing, and innovative financing mechanisms. Encouraging trends were noted in multi-partner resource pooling and increasing cross-sectoral linkages, such as between the health and climate sectors, which can help mobilize additional resources. Participants stressed that greater visibility, transparency and coherence

across the full financing landscape are essential to enable governments to make strategic, people-centred decisions and drive sustainable health system reform.

Terms of reference and workplan of the Task Force

Participants welcomed the establishment of the Health Financing Task Force and expressed strong support for the proposed terms of reference, while emphasizing the importance of making a clear differentiation between the reference group, working groups and ad hoc members, as well as a strong focus on operationalization of the Task Force's agenda with realistic, time-bound deliverables. The Task Force members underscored that health financing reform must move beyond conceptual discussions to address how domestic resources can be mobilized and spent more effectively in support of public health systems.

Given the Region's diversity, members stressed the need for country-specific assessments, contextualized approaches to public financial management and recognition of legal and regulatory constraints, including earmarking practices and public fund laws. Two complementary approaches were suggested by WHO for country-specific health financing assessments: the Health Financing Progress Matrix as a comprehensive assessment tool; and a lighter health-financing atlas approach to provide rapid, high-level country profiling.

Significant attention was given to financial hardship and population protection, with members reaffirming that the Task Force's overarching goal is to reduce out-of-pocket expenditure while improving equity, particularly for migrants, refugees, internally displaced persons and other vulnerable populations.

Participants highlighted the importance of clearly defining minimum and priority health service packages, adapted to country contexts and conflict or emergency settings, as a critical foundation for health financing decisions. While the technical design of benefit packages lies beyond the Task Force's scope, there was consensus that clarity on which services populations are being financially protected for is essential to guide financing strategies. Examples were shared on defining service packages responsive to climate-related disease burdens and displacement contexts, as a way to translate financing concepts into operational planning, procurement, workforce needs and logistics.

Participants also highlighted acute capacity gaps, particularly in national health accounts and health financing analytics, and proposed tailored regional training programmes, including through adopting WHO Academy-type approaches. There was strong support for strengthening peer-to-peer learning, with proposals to establish a regional platform for sharing experiences in financial protection, benefit package design, costing, health technology assessments and national health accounts. Using health technology assessment as a tool to inform all public health spending decisions, not only insurance schemes, and the need to better align budget structures with health priorities, were emphasized.

Participants acknowledged declining official development assistance, while pointing to emerging opportunities through pooled financing, international financial institutions, Islamic financing, and innovative mechanisms, alongside increasing multi-partner collaboration and cross-sectoral linkages. The importance of visibility and transparency across the full financing landscape to enable governments to manage resources strategically, avoid duplication and improve efficiency was pointed out.

Engagement with ministries of finance was repeatedly highlighted as critical, including through nominating experts to the Task Force and fostering high-level dialogue. The role of partners was also emphasized, highlighting the importance of close coordination with key institutions, such as the World Bank and the Africa Centres for Disease Control and Prevention (Africa CDC). By way of example, reference was made to the continental workshop on establishment of the first African observatory on health financing held by Africa CDC on 5–7 May 2026. Strengthening alignment with such initiatives was considered to be essential to promote coherence, avoid duplication and maximize impact across regions.

The forthcoming Regional Committee technical paper on advancing health financing for stronger financial protection in the Region was noted. This is the basis for a proposed resolution at the 73rd Regional Committee for the Eastern Mediterranean in October 2026. The technical paper will introduce an action framework, including strategic directions and priority actions, and will require substantive input from all Task Force members.

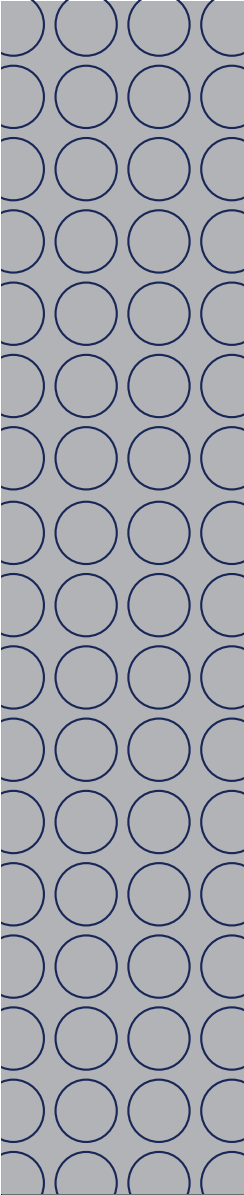
3. Next steps

- The Secretariat will circulate the meeting report for review and consideration by Task Force members.
- The Secretariat will consolidate all feedback and circulate revised terms of reference for consideration and adoption by Task Force members.
- Task Force members are requested to submit written comments on the terms of reference and workplan within 7 days of the meeting.
- The draft Regional Committee technical paper and resolution will be shared with Member States and Task Force members for review and written feedback.

Contact focal points for the Eastern Mediterranean Region Health Financing Taskforce

Dr Ali Ardalan, Regional Adviser and Unit Head, Health Financing and Governance, WHO Regional Office for the Eastern Mediterranean.

Ms Samah Abdelaziz, Technical Officer, Governing Bodies, WHO Regional Office for the Eastern Mediterranean.



World Health Organization
Regional Office for the Eastern Mediterranean
Monazamet El Seha El Alamia Street,
Extension of Abdel Razak El Sanhoury Street
P.O. Box 7608, Nasr City
Cairo 11371, Egypt
www.emro.who.int