

Report on the
**Regional Health Alliance meeting on accelerating
action on maternal, newborn and child health
and supporting polio eradication in the Eastern
Mediterranean Region through UN collaboration**



Cairo, Egypt
17 July 2025

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ABBREVIATIONS

EPI	Expanded Programme on Immunization
EWENE	Every Woman, Every Newborn, Everywhere
GPEI	Global Polio Eradication Initiative
IOM	International Organization for Migration
IRMAA	Identify – Reach – Monitor – Measure – Advocate
MNCH	maternal, newborn and child health
RHA	Regional Health Alliance
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

On 17 July 2025, the Regional Health Alliance (RHA) convened a high-level meeting to accelerate joint action on maternal, newborn and child health (MNCH) and polio eradication across the Eastern Mediterranean Region with a focus on high-burden contexts. Hosted by the WHO Regional Office for the Eastern Mediterranean in its capacity as RHA Secretariat, the meeting brought together over 100 participants – including regional directors, deputy regional directors and technical teams from members of the H6 (UNAIDS, UNICEF, UNFPA, UN Women, WHO and the World Bank Group) and Gavi, the Vaccine Alliance, IOM, UNHCR and WFP. Discussions focused particularly on the six priority countries facing the highest burdens of maternal and child mortality and active polio transmission: Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen.

Building on the RHA’s mandate to strengthen interagency collaboration on the health-related Sustainable Development Goals (SDGs), the meeting highlighted integrated, country-led strategies that can deliver across both MNCH and immunization priorities simultaneously. Discussions underscored that “business as usual” is no longer sufficient. Persistent service gaps in fragile settings – marked by high rates of zero-dose children, vaccine-derived poliovirus (VDPV) and maternal mortality – require innovative, cross-cutting and equity-driven approaches.

Participants emphasized the need for a paradigm shift in geographies where standalone traditional campaign models are not feasible or are no longer effective, calling for bold, integrated approaches tailored to areas of persistent polio and other vaccine-preventable disease transmission, high zero-dose burden and overlapping vulnerabilities.

Strong interest was expressed in documenting regional innovations and successful polio transition in some Member States, including Sudan and Yemen, and using lessons learned from successful integrations to leverage polio infrastructure – including microplanning, workforce and social mobilization systems – to accelerate broader health gains in hard-to-reach areas.

Key takeaways from the MNCH session

Following a global and regional overview, dedicated country-level presentations were delivered from the six high-burden countries by the leading MNCH agencies, namely UNICEF, UNFPA and WHO.

As part of the discussions, participants identified systemic challenges, including fragmented planning, chronic underfunding, de-prioritization of MNCH and gaps in data and accountability. They emphasized the need to align national acceleration plans with regional strategies and integrate MNCH with broader health initiatives such as nutrition, immunization and primary health care. Community engagement, with particular support for midwifery-led models of care, and addressing social determinants of health and contributing social practices, such as child marriage, were highlighted.

Regional directors and heads of country offices were urged to step up high-level advocacy, promote the visibility of MNCH, support countries with resource mobilization and operational research, and improve cross-sector coordination.

Key takeaways from the polio and immunization session

A presentation was delivered by WHO highlighting the current status and strategic direction of polio eradication and immunization efforts across the Region. Despite progress, wild and vaccine-derived poliovirus continues to circulate in parts of the Region, especially in areas with insecurity, weak governance and low routine immunization. These areas also have high burdens of measles and other vaccine-preventable diseases. Participants stressed that polio eradication and immunization efforts must move beyond siloed approaches, leveraging community-based services and existing infrastructure to reach the unreached.

The presentation also incorporated snapshots from the six high-burden countries – Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen – showing how the integration of polio and routine immunization programming within primary health care is progressing and underscoring the need for geography-specific, data-informed and gender-sensitive approaches. While not presented by the countries themselves, these case studies illustrated promising practices in microplanning, data use and local engagement that can inform regional strategies.

Participants called for the development of a joint regional plan and national action plans for strengthening MNCH, immunization and polio eradication efforts, focused on high-risk geographies, and guided by clear indicators and a shared accountability framework. The plan should strengthen coordination among polio, immunization and MNCH partners, align with national strategies and define roles and joint deliverables to improve operational coherence.

Strong interest was expressed for the development of a regional joint action plan with measurable indicators, greater coordination among different programmes, reinforced community engagement and optimized use of existing polio assets, such as surveillance systems and trained human resources, using lessons learned from polio integration in polio transition countries. Participants highlighted the importance of forming innovative partnerships, including partnerships with the private sector and academic institutions, to scale up context-relevant solutions. Persistent vaccine misinformation and widening financing gaps, particularly in access-constrained areas, were identified as critical challenges requiring immediate, coordinated follow-up.

Final reflections

Participants called for bold, geography-specific, contextualized action that reflects local realities and delivers through joint (UN) capacity. RHA members were urged to move to integrated planning, co-financing and shared accountability mechanisms that break institutional silos and centre the needs of women and children. The meeting ended with collective recognition that the RHA can and must act as a catalyst – unlocking operational bottlenecks, promoting mutual learning and supporting countries to deliver transformative results in health equity.

1. INTRODUCTION

This report summarizes the discussions and outcomes of the RHA high-level meeting held on 17 July 2025 in Cairo, Egypt, on accelerating action on MNCH and supporting polio eradication in the Eastern Mediterranean Region through UN collaboration. Convened by the RHA Secretariat and hosted by WHO, the meeting brought together regional directors and senior leadership from 18 UN agencies to identify joint priorities, scale up collective action and reinforce country-level delivery through multisectoral partnerships.

The meeting was structured around two main technical sessions:

1. Accelerating action on MNCH;
2. Supporting polio eradication and strengthening immunization systems.

Each session included expert presentations, panel discussions, an interactive Slido survey and reflections from Member States and partners. Further background on the RHA, its governance structure and the meeting's objectives is provided in the concept note for the meeting included in Annex 1. The programme is included in Annex 2 and the list of participants in Annex 3.

2. SUMMARY OF MEETING SESSIONS

2.1 Opening remarks

The meeting opened with welcoming remarks from Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean. She emphasized the urgency of addressing maternal and child mortality, closing immunization inequity gaps and eradicating polio through integrated, equity-driven and sustained primary health care approaches. Dr Balkhy underscored that these challenges are deeply interconnected and require collective, cross-sectoral action, not as separate agendas, but as part of a shared imperative to reach the most vulnerable. She highlighted the role of the RHA in facilitating collaboration and the much-needed alignment of strategies across UN agencies and pointed to key regional collaborations – including operationalizing the Every Woman, Every Newborn, Everywhere (EWENE) platform, the Child Survival Action agenda, and Gavi's Identify, Reach, Monitor, Measure, Advocate (IRMAA) framework – as foundations for joint investment and accelerated momentum. Dr Balkhy encouraged agencies to jointly reflect on what is working, where support is most needed, which interventions yield the highest health returns and how to better coordinate efforts to enhance country impact.

Following her remarks, Dr Adham Ismail, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean, welcomed participants and introduced the purpose and objectives of the session. He outlined the meeting's aim to strengthen joint UN support to countries, particularly the six regional priority countries. He noted the high-level nature of the meeting, with participation from regional directors, country teams and technical leads, and encouraged a practical and focused discussion to inform next steps and interagency collaboration under the RHA umbrella.

2.2 Maternal, newborn and child health session

The session on MNCH, co-organized by UNFPA, UNICEF and WHO, and regional and country teams, demonstrated strong interagency synergistic commitment to improving outcomes for women and children in high-burden settings across the Eastern Mediterranean Region. It provided a platform to review country priorities, identify persistent bottlenecks and explore opportunities to strengthen coordination and align agency support towards achieving the 2030 SDGs.

Dr Mohamed Afifi, Regional Adviser for Women's Health, WHO Regional Office for the Eastern Mediterranean, presented global and regional MNCH trends, outlined progress impediments and emphasized the urgent need for action. He noted that despite some progress, the Region is not on track to meet the maternal and child health-related SDG targets. He observed that a ninefold acceleration in reducing maternal mortality and a fourfold increase in efforts to reduce neonatal mortality is needed if the world's highest burden countries are to achieve the related SDG targets. Dr Afifi emphasized that the majority of maternal, neonatal and child deaths are preventable and advocated for stronger use of progress indices, including the Universal Health Coverage Service Coverage Index, to monitor progress towards critical milestones. He also stressed the need to scale up targeted, evidence-based interventions to ensure that health system performance improves and reaches the most underserved communities.

Dr Shirley Prabhu, Regional Health Specialist, UNICEF Middle East and North Africa Regional Office (MENARO), highlighted the EWENE platform, a joint WHO–UNICEF–UNFPA initiative. The initiative focuses on enhancing care across the continuum of care from before pregnancy and during childbirth and childhood. She presented lessons from MNCH acceleration plans developed in five countries (Afghanistan, Lebanon, Pakistan, Somalia and Yemen), with Djibouti and Sudan currently undergoing similar processes. Dr Prabhu shared updates on maternal and newborn health assessments, upcoming planned joint missions and technical support, while also noting upcoming high-level engagements such as the planned October 2025 health ministers' meeting and a November 2025 MNCH consultation. She stressed the importance of multisectoral linkages, data accountability and partnerships through platforms such as Child Survival Action and Every Breath Counts.

Dr Hala Youssef, Regional Adviser on Sexual and Reproductive Health, UNFPA, addressed critical issues affecting women's health in humanitarian settings, including adolescent pregnancy and child marriage. She flagged persistent funding gaps, weak data systems and the importance of institutionalizing the Minimum Initial Service Package (MISP) for sexual and reproductive health in crisis situations and postpartum care platforms to ensure continuity of care in fragile contexts. She also underscored the need for early planning and alignment with the SDGs as 2030 approaches.

Ms Rawad Halabi, Regional Director (Officer in Charge), WFP Regional Bureau for the Middle East, North Africa, Central Asia and Eastern Europe (MENA), highlighted the worsening scale of needs and emphasized the link between food insecurity, malnutrition, poor health and child mortality. She pointed to successful collaborations with WHO on school feeding and health centre-based interventions and underlined the potential of multisectoral nutrition action plans to deliver impact. Mr Geoffrey Pinnock, Head of Humanitarian & Transitions, WFP MENA, reflected on

WFP's operational experience, noting the importance of interagency collaboration, particularly in humanitarian contexts, to strengthen capacity and service delivery.

Country presentations offered valuable insights and reinforced the importance of context-specific approaches. Dr Adela Mubasher, National Professional Officer, WHO Afghanistan, outlined progress in MNCH integration through family health houses and midwifery-led centres, supported by donors such as the Asian Development Bank, the World Bank and the KfW Development Bank. Dr Tony Byamungu, Chief of Health and Nutrition, UNICEF Djibouti, reported significant reductions in maternal and child mortality but highlighted the lack of dedicated MNCH budgets and called for a national investment plan. Dr Ellen Mpangananji Thom, Deputy WHO Representative, WHO Pakistan, emphasized interagency collaboration to facilitate integrated service delivery in light of shrinking health budgets and advocated for accountability mechanisms and digital innovation.

From Somalia, Dr Ubah Farah, Advocacy Specialist, UNICEF Somalia, presented on the expansion of community health worker initiatives and government-managed health facilities. She stressed research-informed policy-making and the importance of national coordination. In Sudan, Dr Majid Elnour, Sexual and Reproductive Health Analyst, UNFPA Sudan, noted high out-of-pocket health spending and shared efforts to integrate MNCH with immunization and malaria platforms. Dr Afrah Thabet, Reproductive Health Specialist, UNFPA Yemen, emphasized partnerships with ministries of health, digital solutions and the integration of maternal care with polio and immunization services.

Paul Ngwakum, Regional Health Adviser, UNICEF Eastern and Southern Africa Regional Office (ESARO), reaffirmed the importance of national leadership in driving results, noting that strong leadership correlates with improved outcomes. He stressed the need for collective support to countries such as Somalia, highlighting ESARO's role in immunization efforts and urging coordinated, multisectoral action to reach communities with comprehensive service packages. Dr René Ekpini, Regional Adviser Health, UNICEF Regional Office for South Asia (ROSA), echoed this call, emphasizing the importance of aligning humanitarian and development efforts. Mr Marc Rubin, Deputy Regional Director, UNICEF MENARO, commended the strong operational collaboration between WHO, UNFPA and UNICEF at the country level, noting that platforms such as the RHA help operationalize this collaboration and enhance its visibility.

Finally, Mr Omar Saleh, Senior Adviser, UN Women Yemen, called for gender integration across MNCH efforts. He proposed a bottleneck analysis and a compilation of country-level success stories from the six focus countries to inform evidence-based planning and promote good practices across the Region.

The session also featured insights from global and regional partners on the intersection of MNCH with immunization programmes. Dr Hamid Jafari, Director, Polio Eradication, WHO Regional Office for the Eastern Mediterranean, identified critical geographies and stressed the potential for leveraging polio infrastructure for broader service delivery.

Common challenges identified across countries included fragmented planning, weak multisectoral integration, insufficient and unsustainable domestic financing, and gaps in workforce and data systems. Participants collectively reaffirmed the value of the RHA platform in fostering a unified, impactful approach. A key recommendation was the development or revision of country-level MNCH acceleration plans, with joint agency support aligned to the regional MNCH roadmap and SDGs.

The discussion concluded with a renewed call for more operational coordination, stronger technical collaboration, geographical synchronization and sustained investment in building maternal and child health-inclusive systems. Recognition was given to the joint efforts of regional and country teams from UNFPA, UNICEF and WHO in organizing and facilitating the session, and to the country representatives for their substantive contributions. The RHA reaffirmed its role as a space for accountability, cross-country learning and joint planning to ensure no woman or child is left behind in the Region.

Slido survey

The session concluded with an interactive Slido survey, which captured participants' reflections and key recommendations to inform follow-up actions and guide upcoming joint initiatives.

Among the key challenges highlighted were weak coordination mechanisms, with fragmented planning and limited interagency synergy resulting in duplication of efforts. Chronic underfunding – largely donor-dependent and insufficiently backed by domestic resources – was another recurring issue. Insecurity and cultural barriers further constrained access, particularly for women and girls in fragile settings. Human resource limitations, including midwifery and primary care workforce shortages, maldistribution and low motivation among MNCH staff, compounded service delivery gaps. Moreover, poor data quality and underutilization of evidence hindered effective decision-making and accountability. The lack of strong government ownership and de-prioritization of MNCH at the national level was also repeatedly noted as a cross-cutting cause behind several systemic weaknesses.

The challenges included:

- lack of coordination and fragmentation;
- funding constraints and donor dependency;
- human resources gaps and systemic workforce issues;
- access and security constraints;
- weak government ownership and political will;
- data gaps and weak evidence use;
- cultural and social barriers, especially for women and girls;
- programmatic issues and weak integration.

Key asks for the regional directors

Participants called on regional directors to enhance interagency coordination and ensure greater integration across MNCH programmes through joint planning, implementation and accountability frameworks. They emphasized the importance of high-level advocacy to secure greater government

leadership, elevate MNCH on political agendas and promote visibility at national and regional levels. Another key ask was to step up resource mobilization – both technical and financial – to support operational research, knowledge exchange and joint missions. Finally, regional directors were urged to support the integration of MNCH with broader health initiatives such as nutrition, immunization, health workforce strengthening, and primary health care, while also promoting equity and community-based service delivery.

The Slido survey reinforced these calls for the following priority areas:

- resource mobilization and funding support;
- strengthened interagency coordination and One-UN action;
- high-level political advocacy and government engagement;
- promoting data and accountability mechanisms;
- support to country-level implementation and innovation;
- equity and community-based approaches;
- infrastructure and health system strengthening.

The Slido survey concluded the MNCH session with strong calls for a paradigm shift towards integrated, country-owned and equity-driven MNCH programming.

Recommendations and follow-up actions on MNCH

Participants urged the regional directors to adopt bold, harmonized action in the face of compounding fragilities, while capitalizing on the collective strength of the RHA.

Based on the discussion, the following recommendations emerged:

- Strengthen interagency coordination and joint planning – promote One UN implementation frameworks for MNCH, breaking silos across agencies and sectors.
- Advance high-level political advocacy and government engagement – use regional director-level influence to elevate MNCH on national agendas, ensure political will and promote country ownership.
- Enhance resource mobilization and financing – jointly approach donors and financial institutions (e.g. African Development Bank, Gavi, World Bank) to secure sustainable and flexible funding for MNCH priorities.
- Accelerate integration within primary health care – ensure MNCH is integrated with nutrition, immunization, family planning and other essential services, particularly in fragile and humanitarian contexts.
- Institutionalize community-based and midwife-led models – expand access to community-led, culturally-appropriate services, particularly for women, adolescents and marginalized groups.
- Address social determinants of health – tackle factors such as early marriage and adolescent pregnancy through multisectoral programming targeting girls and young women.
- Strengthen data, surveillance and accountability mechanisms – invest in systems such as maternal and perinatal death surveillance and response and support operational research and peer-learning platforms.
- Align national MNCH acceleration plans with polio eradication efforts – leverage existing coordination platforms (e.g. RHA, H6 partnership) to harmonize strategies and support country leadership and action.
- Document and scale up innovations – encourage countries and agencies to contribute successful practices to a regional compendium and promote peer learning for adaptation and scale.

The recommendations reflect the session's collective ambition to advance integrated, equitable, and country-led MNCH systems that are responsive to local needs and reinforced through regional coordination and shared accountability.

2.3 Polio and immunization session

The session on polio eradication and immunization was convened under joint leadership and included partners such as Gavi, reaffirming the urgency of coordinated action for achieving polio eradication, addressing zero-dose communities and sustaining progress across the Region.

Dr Hamid Jafari, Director, Polio Eradication, WHO Regional Office for the Eastern Mediterranean, opened the session with a strategic overview of regional trends, highlighting that in areas where polio persists, most children remain unreached by essential services. Stressing that the “business-as-usual” approach does not work anymore, he urged the RHA to adopt integrated, innovative and data-driven approaches. He emphasized that polio-endemic areas and areas that have circulating vaccine-derived poliovirus (cVDPV) outbreaks often overlap with high zero-dose and under-immunized populations, calling for joint, geography-specific, action plans. He noted that these geographies also carry the highest burden of child mortality and malnutrition, highlighting the opportunity to jointly tackle immunization, nutrition and MNCH through integrated models. Dr Jafari recommended leveraging the Polio Eradication Initiative’s routine immunization infrastructure, supported by bottleneck analyses, dashboards with clear targets and strong community engagement. He stressed the importance of gender mainstreaming, which is also a strategic entry point, noting that the polio programme has well-established systems for gender-disaggregated data and targeted interventions that can be leveraged to inform broader primary health care programming.

Country-focused interventions reinforced the value of context-specific, community-based and data-driven strategies. Dr Ellen Mpangananji Thom, Deputy WHO Representative, WHO Pakistan, underscored Pakistan’s commitment to polio eradication and noted improved synergies between the polio programmes and the Expanded Programme on Immunization (EPI). She stated that in April, 385 000 zero-dose children were identified, with 75% reached by the EPI. She shared efforts to digitize tracking, integrate services under universal health coverage, and address maternal and neonatal mortality through integrating MNCH, the EPI and the Polio Eradication Initiative (PEI). Dr Chinara Aidryalieva, EPI Team Lead, WHO Afghanistan, highlighted the initiative being taken towards integration between routine immunization and the PEI, especially in microplanning and quality improvement of outreach services. Dr Zainul Abedin, Coordinator Polio and EPI, WHO Yemen, described how an integrated approach in the south of Yemen successfully reached children under five, with plans to replicate the model in northern areas. Dr Sahar Hegazi, Chief Field Officer (Aden), UNICEF Yemen, stressed the need for continued advocacy and the use of new vaccine formulations (e.g. nOPV2) in hard-to-reach areas, while highlighting Gavi’s support. Dr Adham Ismail, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean, flagged the growing threat of misinformation and vaccine hesitancy, stressing the importance of community trust-building and enabling house-to-house campaigns in complex environments.

Mr Marc Rubin, Deputy Regional Director, UNICEF MENARO, framed the conversation within broader health systems and political realities. He emphasized the need for unwavering political commitment, urging governments and authorities to treat immunization as a non-negotiable, life-saving intervention. The recent vaccination campaigns in the Gaza Strip, he noted, had

demonstrated what is possible even under adversity. While progress has been made in Afghanistan and Pakistan, Mr Rubin warned of emerging risks elsewhere and underscored the importance of sustaining gains. He advocated for integrated campaigns that co-deliver polio and essential MNCH services, including vitamin A and nutrition interventions. Countering misinformation must become a strategic priority, he added, proposing the use of mass media, youth influencers, call-in services and real-time social listening. He concluded with a call for coordinated partner action to scale innovations, align resources and deliver as one under the RHA umbrella.

Dr Benedetta Allegranzi, Director, Communicable Diseases, WHO Regional Office for the Eastern Mediterranean, added that communities' lived realities must guide programming. She underscored the need to work with local leaders and traditional healers to shift norms and perceptions around vaccines. Data, she stressed, are available but must be better interpreted and applied to develop actionable, localized strategies.

Mr Omar Saleh, Senior Adviser, UN Women Yemen, observed that while polio and immunization programmes benefit from robust surveillance and data systems, these are often underused. He called for comparative metrics across the six priority countries to identify shared bottlenecks and enablers and proposed documenting promising practices – such as those from Somalia – in a regional compendium. He advocated for convening a bottleneck analysis workshop, developing policy briefs on scalable innovations, and piloting initiatives that could be scaled across similar contexts. Mr Saleh also stressed the importance of public–private–academic collaboration to unlock innovations in service delivery. On financing, he cautiously proposed a synchronized campaign between Afghanistan and Pakistan, pending stakeholder feedback.

Dr Karima Gholbzouri, Regional Adviser, Sexual and Reproductive Health and Research, WHO Regional Office for the Eastern Mediterranean, emphasized the importance of understanding local belief systems and engaging traditional actors as allies in service delivery. She called for better use of existing data platforms to inform localized, actionable strategies. Dr Khalid Siddeeg, Regional Adviser, Child and Adolescent Health, WHO Regional Office for the Eastern Mediterranean, echoed this, proposing the use of polio microplanning tools to also map and support maternal and newborn care, including tracking pregnant women and sick newborns at community level. Dr Gerald Sume, Technical Officer (Immunization), WHO Regional Office for the Eastern Mediterranean, highlighted that according to the recent WHO/UNICEF estimates of national immunization coverage (WUENIC) for 2024, 90% of zero-dose children live in access-constrained areas, urging that immunization efforts also focus on the much larger group of partially-immunized children who risk falling through the cracks.

Dr Hamid Jafari, Director, Polio Eradication, WHO Regional Office for the Eastern Mediterranean, summarized the discussions, noting that there are specific geographies in the WHO Eastern Mediterranean Region where poliovirus is either entrenched or causes repeated outbreaks. These subnational geographies share the worst health profile – large numbers of zero-dose children and high rates of malnutrition and maternal and child mortality. These geographies include districts in South Khyber Pakhtunkhwa in Pakistan, the South Region of Afghanistan, northern Yemen and the South-Central states of Somalia.

Dr Jafari noted that while there is a fair bit of collaboration across polio, EPI, nutrition and MNCH programmes, there is a lot more that could be done, even in the face of declining resources. There is a great deal of government and donor interest and commitment to fund essential services in some of these geographies. He said that combined efforts and resources focused on these geographies would help accelerate MNCH services, reduce malnutrition and zero-dose children faster, and increase the linkage of health services with these highly deprived and conflict-affected communities.

He pointed out that UN country teams could either develop a national plan or embed in their national plan a pivot to focus joint UN efforts on these geographies, he suggested, in coordination with government or de facto authorities. They should set clear goals and targets that are measurable. The existing polio eradication and EPI infrastructure, with detailed local microplans, maps, local health workers and deep coordination with local administrators, is an important asset to leverage. The RHA could consider commissioning geographically-focused national plans, with a clear dashboard to track progress towards set targets, he concluded.

Participants emphasized the need for integrated, geography-specific alliance plans aligned with national strategies. They called for collective action to boost equity, readiness and accountability – recognizing the contributions of teams working in difficult contexts.

Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, closed the session by urging partners to ground their strategies in caregivers' lived realities, such as through paediatric hotlines or community-based listening platforms. She commended the interagency work on overcoming regulatory and operational bottlenecks and welcomed contributions to an upcoming special issue of the *Eastern Mediterranean Health Journal*. She praised the innovative campaigns in the occupied Palestinian territory and recognized the Gulf countries' contributions via the Polio Legacy Challenge. Dr Balkhy stressed the importance of unified guidance, shared metrics and a regional dashboard to drive transparency and collective accountability. She also spotlighted the Access Initiative as a critical enabler to fast-track vaccine delivery in constrained settings.

Slido survey

An interactive Slido survey held during the polio and immunization session captured critical challenges, expectations and recommendations from participants. Drawing on the experiences of country teams and UN agency representatives, the results offered valuable insights into persistent bottlenecks and key areas for accelerated joint action.

Participants reported that persistent polio transmission continues to be driven by a combination of insecurity, weak governance and limited service delivery in fragile settings. Misinformation, vaccine hesitancy and low community trust remain critical barriers, particularly in high-risk and marginalized areas. Vertical programming and fragmented implementation have also contributed to inefficiencies and duplication of efforts.

Key bottlenecks include:

- access constraints due to insecurity and humanitarian conditions;
- weak government ownership and limited political will;
- vaccine hesitancy, low demand and misinformation;
- fragmented programming and lack of integration;
- poor quality campaigns and under-resourced systems;
- continued circulation of wild and vaccine-derived polioviruses.

The Slido exercise concluded the polio and immunization session with a strong call for transformative, integrated action.

Key asks for the regional directors

Participants called for stronger leadership from RHA regional directors to advocate for integration under the primary health care platform, improve coordination among partners and support joint planning with clear targets and accountability. There was a strong push for enhanced community engagement strategies and cross-border collaboration, particularly in high-risk countries such as Afghanistan, Pakistan and Yemen.

Key asks included:

- promoting primary health care-based integration of polio, immunization and MNCH;
- strengthening joint planning and coordination mechanisms;
- mobilizing resources and expanding technical capacity;
- advocating for national leadership and domestic financing;
- boosting trust-building, communication and community engagement;
- ensuring cross-border collaboration and use of polio platforms for system strengthening.

Recommendations and next steps

Participants agreed that business-as-usual is no longer sufficient, and urged a shift towards joint, data-driven and community-centred programming.

The following key recommendations were identified:

- Develop joint regional and national action plans – focus on high-risk geographies, define roles and joint deliverables, and establish a shared accountability framework among GPEI partners and national stakeholders.
- Promote primary health care-based integration – align polio eradication, immunization, MNCH and nutrition services under one delivery system to improve reach and sustainability.
- Leverage polio programme assets for system strengthening – utilize infrastructure such as surveillance systems, microplanning tools and trained personnel to support broader immunization and health system resilience.
- Enhance community engagement and demand generation – address vaccine misinformation and hesitancy through tailored communication strategies, local partnerships and culturally-sensitive messaging.
- Strengthen cross-border coordination – prioritize synchronized interventions, particularly between Afghanistan and Pakistan, to reach underserved populations.
- Increase domestic financing and technical capacity – encourage national investment and donor support for workforce development and supply chain strengthening.
- Institutionalize integration in fragile and humanitarian contexts – build on existing platforms and lessons to improve coverage and trust in access-constrained settings.
- Document and disseminate successful practices – capture country-level innovations (e.g. integrated delivery models, outreach strategies) through a regional compendium to support peer learning and scale-up.

These recommendations reflect the session's collective ambition to build resilient, equity-driven immunization systems grounded in community realities and strengthened through regional collaboration.

3. CONCLUSION

Across both the MNCH and polio and immunization sessions, a strong consensus emerged around the need for integrated, equity-driven and locally-anchored approaches to health service delivery. Persistent challenges – including limited funding, fragmentation, access constraints, weak government ownership and underutilized data – are shared across thematic areas and require coordinated responses. Participants underscored the urgency of aligning polio, immunization and MNCH interventions under a unified primary health care agenda, and leveraging existing platforms and assets to reach zero-dose children, address maternal and neonatal mortality, and advance immunization equity.

The sessions demonstrated the power of collaboration, the importance of community trust and the critical role of high-level leadership. Regional directors were called upon to strengthen political advocacy, drive joint planning and ensure accountability through actionable regional frameworks. The RHA was reaffirmed as a key mechanism to catalyse and coordinate these efforts. Moving forward, the focus must remain on delivering as one system, translating data into action, scaling up proven innovations and grounding regional collaboration in the lived realities of caregivers and communities – understanding their challenges, listening to their voices and tailoring solutions to meet their realities.

ANNEX 1. CONCEPT NOTE

Regional Health Alliance meeting on accelerating action on maternal, newborn and child health and supporting polio eradication in the Eastern Mediterranean Region through UN collaboration

Background and rationale

Established in 2019, the Regional Health Alliance (RHA) is a UN platform of 18 regional agencies supporting progress on the health-related Sustainable Development Goals (SDGs) in the WHO Eastern Mediterranean Region. By promoting interagency collaboration and supporting countries in addressing health priorities, the RHA enhances coordination, collaboration and impact. In today's context of limited resources, strategic alignment and efficiency are vital to maximizing collective efforts. As the UN's specialized health agency and RHA Secretariat, WHO plays a central role in guiding partners towards stronger health systems that promote, provide and protect health across the Region.

MNCH

The 2015 SDGs set ambitious targets, including to reduce maternal mortality to less than 70 per 100 000 live births and to end preventable deaths of newborns and children under five by 2030. This entails reducing neonatal mortality to at least 12 per 1000 live births and under-five mortality to at least 25 per 1000 live births. Despite progress, the latest estimates from the Inter-agency Group for Child Mortality Estimation show that 60 countries remain off track for under-five mortality, and 65 for neonatal mortality. In the Eastern Mediterranean Region, six countries face the highest dual – maternal and child – mortality burden: Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen. These countries accounted for 85% of all under-5 deaths in the Region in 2023 (694 000 out of 812 000) and report the highest maternal mortality ratios, ranging from 155 to 563 per 100 000 live births.

In response, the 2024 World Health Assembly adopted a resolution, spearheaded by Somalia, calling for renewed global commitment and increased investment in maternal and child health. In the Region, WHO, UNICEF, UNFPA and partners are working closely with high-burden countries through the EWENE initiative and the Child Survival Action agenda. These efforts align with regional strategies to scale up evidence-based interventions, strengthen health systems and improve access to quality care for women, newborns and children. Special attention is being given to fragile and conflict-affected settings, where health service delivery is most disrupted. The focus is on integrated approaches that combine maternal and child health with nutrition, immunization and community engagement to ensure no one is left behind.

Expanded Programme on Immunization (EPI) and polio eradication

Endorsed in 2020, the Immunization Agenda 2030 (IA2030) envisions universal and equitable access to vaccines and immunization by 2030, aiming to significantly reduce mortality and morbidity from vaccine-preventable diseases. In the Region, the IA2030 strategy is supported by Regional Committee resolution [EM/RC71/R.2](#) of 2024, and will benefit from the outcomes of the [Region's flagship initiatives](#).

Despite ambitious aspirations, the COVID-19 pandemic disrupted progress and by the end of 2024, 2.8 million children in the Region remained zero-dose (having received no vaccines), with 90% concentrated in just five countries: Sudan, Yemen, Afghanistan, Pakistan and Somalia. An additional 2.2 million were under-immunized, and 3.94 million missed at least one measles vaccine dose. Immunization efforts face major challenges: over 50% of the Region's population lives in fragile, conflict-affected and vulnerable settings due to widespread insecurity and humanitarian crises, and vaccine hesitancy has grown since the COVID-19 pandemic. To respond to immunity gap challenges, Gavi's [IRMAA framework](#) provides an essential strategic roadmap for addressing the zero-dose challenge. Success hinges on the collective, coordinated effort of all partners and governments to effectively implement this framework.

The Eastern Mediterranean Region is also the only WHO region with ongoing wild poliovirus (WPV1) transmission, limited to Afghanistan and Pakistan. After significant progress from 2021–2023, both countries saw a resurgence in 2024, with 74 cases in Pakistan and 25 in Afghanistan. In 2025, 12 and 2 cases have been reported, respectively. However, declining transmission in early 2025 presents a critical 6–12 month window to interrupt WPV1 transmission. Both countries are adapting strategies to strengthen programme management and accountability, build community trust, enhance cross-border collaboration and vaccinate all children – especially in insecure and high-risk areas. Efforts include tailored approaches for migrant and mobile populations and, in Afghanistan, bringing services closer to communities through optimized site-to-site immunization. Meanwhile, Djibouti, the occupied Palestinian Territory, Somalia, Sudan and Yemen are responding to circulating vaccine-derived poliovirus (cVDPV) outbreaks, particularly cVDPV2, driven by low routine immunization coverage and population displacement.

Meeting rationale, purpose and objectives

Rationale

This RHA session brings together MNCH and Polio/EPI to strengthen linkages and coordination and high-level engagement on shared priorities for child survival. The pairing of these themes reflects current global momentum – including renewed interest from major development partners – to scale up impact through joint investment in life-saving interventions. Strengthening health systems, improving service delivery for women and children and reaching zero-dose children are interconnected challenges that demand coordinated action and innovative financing. These two priority areas – addressed together in this meeting – are pivotal to reducing preventable deaths, reaching the most vulnerable population groups and mobilizing sustained political and financial investment.

Purpose

The purpose of this RHA meeting is to explore how we, as partners, can jointly enhance our support to countries to accelerate the implementation of national strategies aimed at reducing maternal, newborn and child mortalities, particularly in the six priority countries in the Region (Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen), while simultaneously advancing polio eradication and strengthening immunization systems through the EPI across the Region.

Objectives

	Objectives	Expected outcomes
MNCH	1. Review progress and lessons learned by examining maternal, newborn and child mortality data and trends in the six priority countries, assessing what worked and highlighting success stories with actionable insights.	• Country-specific progress and challenges documented, with best practices and key lessons from priority countries identified.
	2. Strengthen implementation of national acceleration plans by evaluating the status and effectiveness of national plans and identifying bottlenecks and synergistic solutions to enhance their implementation.	• Agreed actions to overcome implementation barriers and align with high-impact evidence-based interventions.
	3. Enhance financing, partnerships and innovation by exploring funding options, coordination mechanisms, and opportunities to leverage flagship initiatives, innovations and research to reduce maternal mortality.	• Enhanced commitments for coordinated financing and partnerships (e.g. innovative approaches and strategic use of flagship initiatives to support country priorities).
Polio & Immunization (EPI)	1. Review the status of polio eradication and immunization in Afghanistan and Pakistan and the plans to interrupt transmission and reduce zero-dose children.	• Uniform understanding of status, challenges and support required to stop poliovirus transmission in the Region and reduce zero-dose children.
	2. Assess the status of polio and vaccine-preventable disease outbreaks and immunization in Somalia, Sudan, Yemen, Djibouti and plans to interrupt transmission and reduce zero-dose children.	
	3. Develop a joint UN action plan to support national efforts by discussing UN coordination mechanisms that can leverage opportunities for supporting national polio eradication efforts and strengthening immunization in endemic and outbreak countries.	• UN wide commitment and joint action plan to support national efforts for polio eradication and immunization strengthening in endemic and outbreak countries.

Date and venue

The hybrid meeting will be held on Thursday, 17 July 2025, between 9:00 and 13:00 (Cairo time), at the Kuwait Hall, WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt.

A Zoom link is available for online participants.

Participants

Hosted by the WHO Regional Director of the Eastern Mediterranean, Dr Hanan Balkhy, the meeting will count on participation from relevant regional directors and technical leads from key partners.

Specifically, participants will include:

- WHO Regional Office for the Eastern Mediterranean senior management, including directors;
- UN Partners, members of the RHA, the regional directors, in addition to regional and country level representatives and technical officers – comprising members of the H6 (UNICEF, UNFPA, UN Women, UNAIDS, and the World Bank), and Gavi, IOM, UNHCR and WFP;
- WHO country representatives and technical officers of the high priority countries: Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen;
- WHO regional advisers and technical officers from MNCH and EPI/Polio programmes.

List of background documents

MNCH

- Accelerating progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2, Seventy-seventh World Health Assembly, Agenda item 11.7, 1 June 2024 (https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_R5-en.pdf).
- Improving maternal and newborn health and survival and reducing stillbirth – Progress report 2023 (<https://www.who.int/publications/i/item/9789240073678>).
- Levels and trends in child mortality United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME), Report 2024 (<https://data.unicef.org/resources/levels-and-trends-in-child-mortality-2024/>).
- Trends in maternal mortality estimates 2000–2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division ([Trends in maternal mortality 2000 to 2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division](#)).
- Six years to the SDG deadline: Six actions to reduce unacceptably high maternal, newborn and child deaths and stillbirths (2-pager-enap-epmm-csa-for-wha-2024 – -22.05.2024-electronic-version-(1).pdf).

EPI and polio eradication

- Strategic framework for implementation of the Immunization Agenda 2030 in the Eastern Mediterranean Region (<https://iris.who.int/handle/10665/381184>).
- The long goodbye: poliovirus continues to resist extinction. Independent Monitoring Board of the Global Polio Eradication Initiative, September 2024 (<https://polioeradication.org/wp-content/uploads/2024/09/23rd-IMB-Report-20240922.pdf>).
- Report of the seventeenth meeting of the Technical Advisory Group on Poliomyelitis Eradication in Pakistan TAG Meeting, Islamabad, Pakistan 21– 23 January 2025 ([Report-of-TAG-Meeting-Islamabad-Pakistan-20250121.pdf](#)).
- Report of the seventeenth meeting of the Technical Advisory Group on Poliomyelitis Eradication in Afghanistan, Kabul, Afghanistan, 19–20 February 2025 (polioeradication.org/wp-content/uploads/2025/06/Report-of-TAG-Meeting-Kabul-Afghanistan-20250219.pdf).

RHA

- Stronger collaboration, better health (https://www.emro.who.int/images/stories/health-topics/health-alliance/RHA-flyer_2025.pdf?ua=1).

ANNEX 2. MEETING PROGRAMME

Thursday 17 July 2025, (9:00–13:00, Cairo time)

Time	Agenda item	Speaker/presenter
9:00–9:10	Opening remarks by WHO Regional Director for the Eastern Mediterranean	Dr Hanan Balkhy, Regional Director for the Eastern Mediterranean (10 mins)
9:10–9:15	Welcome remarks, meeting framework and its objectives	Dr Adham Ismail, WHO Director of Programme Management, (5 mins)
9:15–10:00	<p>Introduction and regional perspective, including data, trends and evidence</p> <p>Country perspective and national acceleration/strategic plans – status and way forward:</p> <ul style="list-style-type: none"> • financing of national plans • coordination mechanisms • innovation and research • linkages with polio/EPI 	<p>RMNCH team (WHO, UNICEF and UNFPA regional offices) (15 min)</p> <ul style="list-style-type: none"> • Afghanistan – WHO • Djibouti – UNICEF • Pakistan – WHO • Somalia – UNICEF • Sudan – UNFPA • Yemen – UNFPA <p>(30 mins)</p>
10:00–10:50	<p>Moderated discussion</p> <ul style="list-style-type: none"> • UN agencies’ perspectives and support at regional and country levels • Opportunities to enhance coordination and support country plans 	<p>Reflections from UN regional and country offices moderated by Dr Adham Ismail (50 mins)</p>
10:50–11:00	Next steps and way forward	Dr Hanan Balkhy (10 mins)
11:00–11:30	Coffee break	(30 mins)
11:30–11:40	Remarks from the WHO Regional Director for the Eastern Mediterranean	Dr Hanan Balkhy (10 mins)

11:40–12:00	Regional presentation and draft joint action plan: <ul style="list-style-type: none">• Endemic: Afghanistan and Pakistan• Outbreaks: Djibouti, Somalia, Sudan, and Yemen	WHO polio/EPI team (20 mins)
12:00–12:15	Country perspectives and comments	Country offices (15 mins)
12:15–12:50	Moderated discussion <ul style="list-style-type: none">• UN agency support to polio elimination	Input from UN regional partners, moderated by Dr Adham Ismail (35 mins)
12:50–13:00	Concluding remarks and next steps	Dr Hanan Balkhy (10 mins)

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