

Report on the  
**Regional Health Alliance meeting on strengthening regulatory systems, enhancing local production and improving procurement and supply chain of medical products through collaboration and partnership**



Cairo, Egypt  
3 December 2025

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## 1. INTRODUCTION

In 2024, the 71st session of the WHO Regional Committee for Eastern Mediterranean endorsed the regional flagship initiative on expanding equitable access to medical products (resolution EM/RC71/R.1), which includes three pillars: improving procurement and supply chain systems; promoting local production; and strengthening regulatory systems. The flagship initiative aims to build a resilient regional supply chain, prioritize the impact on high-burden diseases and contribute to national economic growth in support of the Sustainable Development Goals (SDGs). In 2025–2026, the focus is on the following Member States: Egypt, Iraq, Jordan, Lebanon, Morocco, Pakistan and Tunisia.

This report summarizes the discussions and outcomes of the high-level meeting of the Regional Health Alliance (RHA), held on 3 December 2025 in Cairo, Egypt, on strengthening regulatory systems, enhancing local production and improving the procurement and supply chain of medical products through collaboration and partnership. The purpose of the meeting was to seek synergies and embark on joint action to accelerate achievement of the main objectives of the flagship initiative on expanding equitable access to quality medical products (see Annex 1 for the meeting's programme, Annex 2 for the list of participants and Annex 3 for reports of previous RHA meetings).

The objectives of the meeting were to:

- strengthen coordinated interagency support and regional collaboration to improve access to safe, effective, quality-assured and affordable medical products in the Region;
- undertake policy dialogue to strengthen the three pillars of the regional flagship initiative on expanding equitable access to medical products;
- align agency contributions with country-level support plans to strengthen regulation, enhance local production and improve national procurement and supply systems; and
- develop joint advocacy and proposals for resource mobilization.

The RHA was established by WHO in 2019 as a key collaborative platform for improving interagency cooperation in the Eastern Mediterranean Region towards achieving the health-related SDGs. Comprising 18 United Nations agencies, the RHA promotes and ensures multilateral engagement, coordination and complementarity among United Nations agencies to support countries in addressing health priorities and delivering equitable and sustainable health outcomes. In the context of limited resources across development institutions, including the United Nations system, collaboration is more important than ever. Optimizing limited resources through improved efficiency, cooperation and strategic alignment is essential to "doing more with less" and maximizing impact.

Expanding equitable access to medical products requires a multifaceted strategy that emphasizes enhancing local production, strengthening regulatory systems, and improving procurement and supply chain resilience. Investing in local manufacturing within the Region, coupled with facilitating technology transfer from established stakeholders, can bolster countries' capacity to

produce essential medical products in an affordable and sustainable way. Strengthening national regulatory authorities, harmonizing regulation frameworks, promoting reliance mechanisms and countering substandard and falsified medical products are critical to ensuring the safety, efficacy and quality of medical products circulating in the Region. Additionally, promoting fair pricing models, expanding the use of quality-assured generics, developing/updating national treatment guidelines, and implementing targeted access mechanisms for underserved populations can significantly improve the availability and affordability of medical products.

Engaging in regional partnerships and promoting innovative approaches, as well as investing in local research and development, can help to ensure that the needs of low- and middle-income populations in the Region are met, including in emergency settings, and that access to essential medical products is expanded for all regardless of socioeconomic status.

## **2. SUMMARY OF DISCUSSIONS**

### **2.1 Opening statement and welcome remarks**

Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, opened the meeting by welcoming the participants and observing that the challenges in access to medical products are both urgent and strategic for the Region. She emphasized the Region's disproportionate procurement needs, noting that it accounted for more than half of WHO's global procurement in 2024–2025, despite representing less than 10% of the world's population. She argued that this imbalance demonstrates both the scale of need and the imperative for greater resilience and self-reliance. Dr Balkhy underscored the mutually reinforcing nature of the three pillars of the regional flagship initiative: strong regulation enables safe local production and procurement, while local production supports economic development and supply security. She concluded by calling for collective action across United Nations agencies and Member States, urging partners to align initiatives, avoid duplication and support country ownership so that Member States can progressively reduce reliance on external assistance.

### **2.2 Presentation on the regional flagship initiative: expanding equitable access to medical products**

Dr Houda Langar, Regional Adviser for Access to Medicines and Health Technologies, WHO Regional Office for the Eastern Mediterranean, presented an overview of the flagship initiative on expanding access to medical products, emphasizing its structured approach across the initiative's action areas (procurement and supply chain systems, local production, and regulatory systems). She highlighted the initiative's objectives, country activities and targets for 2029 (endorsed by Member States in October 2024).

Dr Langar outlined some key outputs of the initiative so far, including the assessment and modernization of procurement and warehouse systems (with Jordan cited as a successful example), pharmaceutical ecosystem assessments for local production, technical assistance on good

manufacturing practices and quality assurance systems, support for WHO prequalification of manufacturers and national control laboratories, and the North Africa medicines regulatory harmonization initiative. She then reviewed the 2029 targets and identified key constraints, including weak legal and regulatory frameworks, institutional capacity gaps and high workforce turnover, limited biomanufacturing expertise, restricted access to reagents and/or equipment due to dual-use and biosecurity concerns, and the prevalence of substandard and falsified medical products.

### 2.3 Statements by members of the RHA

Regional directors and senior representatives from United Nations agencies shared perspectives on their ongoing work and priorities related to expanding equitable access to medical products in the Eastern Mediterranean Region.

Ms Cristina Albertin, Regional Representative for the United Nations Office on Drugs and Crime (UNODC) in the Middle East and North Africa, emphasized the complexities around internationally controlled substances, including opioid agonist therapy medicines, opioid analgesics and psychotropic medicines. She described the additional legal and administrative layers these products require under United Nations drug control conventions, noting real-world supply disruptions (for example, methadone rollout issues in Egypt) and risks to continuity of treatment. She highlighted significant regional disparities in access to palliative care and pain management, as well as clinician reluctance to prescribe controlled medicines due to legal concerns. UNODC underscored its role at the law enforcement/regulatory interface, including efforts to combat falsified medicines. Ms Albertin stressed the need for coordinated legal, regulatory and operational reforms to improve access. She flagged the funding constraints and welcomed collaboration with the United Nations Industrial Development Organization (UNIDO) and WHO to strengthen production capacity and supply chain mitigation measures.

Ms Mary Kavar, Director of the Regional Hub, and Dr Elfatih Abdelraheem, Team Leader and Policy Specialist, Regional Bureau for Arab States, United Nations Development Programme (UNDP), described UNDP's policy-level support on legal/regulatory reform and enabling frameworks, alongside operational activities such as digitizing supply chains and procurement in fragile contexts. Examples were provided, including the procurement of oncology medicines, insulin and dialysis kits for Sudan; building regional warehouses; and partnering with the Saudi Food and Drug Authority to map capacities and develop institutional development plans. An upcoming capacity-building programme for national regulatory authorities in Sudan and the Syrian Arab Republic was highlighted.

Mr Amit Dhungel, Regional Supply Chain Management Specialist, Arab States Regional Office, United Nations Population Fund (UNFPA), outlined UNFPA's role as a major public-sector procurer of reproductive health commodities, including contraceptives and oxytocin. He emphasized the importance of integrating sexual and reproductive health commodities into national essential medicine lists to secure domestic financing and sustainability. He cited examples of government

cost-sharing arrangements in Djibouti and Yemen, and welcomed collaboration with WHO to ensure quality assurance where governments pursue local production. Mr Dhungel also requested enhanced coordination to strengthen logistics management information systems and last-mile assurance to prevent diversion of free commodities and ensure commodities reach intended beneficiaries.

Mr Innocent Dube, Regional Supply Chain Manager, Regional Office for South Asia, United Nations Children's Fund (UNICEF), and Mr Abdallah Makhlof, Regional Adviser for Supply, UNICEF Middle East and North Africa, reiterated UNICEF's procurement scale across vaccines, medicines and nutrition commodities, as well as its market-shaping role. They highlighted UNICEF's regional consultations and commitments on increasing local procurement, with a target of 20% of global vaccine procurement from African manufacturers by 2035. UNICEF's TRUST verification and traceability initiative to combat falsified products was highlighted, as was its national supply chain assessment tool and experience in end-to-end assessments, and support was offered for pooled procurement, last-mile digitalization and localization efforts. Representatives emphasized the critical need to invest in downstream distribution capacity, including warehousing, vehicles and workforce training.

Ms Rowan Ahmed, Project Administrator, Health Industry, UNIDO, presented UNIDO's health industry approach including pharmaceutical ecosystem assessments, good manufacturing practice road maps, local manufacturing guidance, technology transfer tools, investment promotion frameworks, and workforce development initiatives. She noted that country examples included technical support in Senegal, stressed the importance of aligning industrial upgrading with regulatory strengthening and supply chain integrity, and offered UNIDO's technical support to local producers seeking WHO prequalification.

Dr Gasser El Kareem, National Professional Officer, WHO Egypt country office, described Egypt's strong historical local production capacity and active partnership with WHO on prequalification and localization. He emphasized the importance of translating regional strategies into country-level plans and aligning partner inputs with national priorities.

## 2.4 Discussion

During an open discussion, RHA members highlighted ongoing efforts and identified areas for improved alignment and strengthened cooperation.

Participants emphasized the need to:

- operationalize the regional pooled procurement mechanism and establish a dedicated regional procurement unit;
- accelerate progress towards the flagship targets for 2029, by:
  - modernizing central warehouses in at least five countries;
  - supporting at least seven countries to produce quality-assured medical products;
  - supporting at least six national regulatory authorities to achieve WHO maturity level 3; and
  - designating one to two regulatory authorities in the Region as a WHO Listed Authority.

The following challenges were identified:

- persistent stockouts and weak “last mile” capacity, including limitations in national and subnational warehousing, transport and trained workforce;
- regulatory gaps, including incomplete legal frameworks, limited institutional capacity, weaknesses in quality management systems and high workforce turnover in national regulatory authorities;
- biomanufacturing constraints, including dual-use and biosecurity restrictions, limited access to equipment and reagents, and sanctions that impede routine procurement beyond emergencies;
- continued circulation of substandard and falsified medical products, particularly in conflict-affected settings; and
- fragmentation and potential duplication of partner efforts, including unclear division of responsibilities in strengthening national regulatory authorities and national production strategies.

### **3. RECOMMENDATIONS AND AREAS FOR JOINT COLLABORATION**

To accelerate the flagship initiative on expanding equitable access to medical products, the meeting’s participants agreed the following recommendations to strengthen interagency coordination, clarify roles and responsibilities, and accelerate measurable progress at regional and country levels, as follows:

1. Establish an RHA technical taskforce (i.e. a small technical coordination group, convened and chaired initially by WHO) to convert the flagship initiative into a joint action plan, avoid duplication, assign roles and track key performance indicators.
2. Map agency capabilities and current engagements by pillar and priority country (who does what) to identify gaps, overlaps and opportunities for synergy.
3. Formalize three interlinked workstreams with designated agency co-leads on: pooled procurement and market shaping; regulatory strengthening and national regulatory authority maturation; and local production and technology transfer. Cross-cutting areas include: detection and response to substandard and falsified medical products, digitalization and traceability of supply chain, and governance of controlled substances.
4. Pilot a modest pooled procurement tranche, drawing on the Pan American Health Organization’s product and pricing lists, to aggregate demand and negotiate supplier contracts.

**ANNEX 1. MEETING PROGRAMME**

Wednesday 3 December 2025

<b>Time</b>	<b>Agenda item</b>	<b>Speaker/presenter</b>
10:00–10:10	Opening statement	Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean
10:10–10:15	Welcome remarks, rationale and objectives of the meeting	Dr Adham Ismail, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean
10:15–10:45	Statements and key notes by United Nations regional directors	Regional directors and representatives of United Nations agencies
10:45–11:00	Regional flagship initiative: expanding equitable access to medical products	Dr Houda Langar, Regional Adviser, Access to Medicines and Health Technologies, WHO Regional Office for the Eastern Mediterranean
11:00–11:40	Mapping and interventions of RHA members on access to medicines, followed by discussion	Moderator: Dr Adham Ismail, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean
11:40–11:50	Way forward and meeting recommendations	Dr Houda Langar, Regional Adviser, Access to Medicines and Health Technologies, WHO Regional Office for the Eastern Mediterranean
11:50–12:00	Closing remarks	Dr Hanan Balkhy, Regional Director, WHO Regional Office for the Eastern Mediterranean

## ANNEX 2. LIST OF PARTICIPANTS

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Mr Innocent Dube, Regional Supply Chain Manager  
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UNICEF

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WHO Syrian Arab Republic

Dr Ramzi Ouhichi  
Public Health Officer  
WHO Tunisia

Dr Ines Boughzala  
Public Health Officer  
WHO Tunisia

### **ANNEX 3. RELATED DOCUMENTS**

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: WHO Regional Office for the Eastern Mediterranean; 2025 (<https://iris.who.int/handle/10665/384480>). Licence: CC BY-NC-SA 3.0 IGO.

Report on the Regional Health Alliance meeting on strengthening public health action on substance use through UN collaboration. Cairo: WHO Regional Office for the Eastern Mediterranean; 2025 (<https://iris.who.int/handle/10665/382793>). Licence: CC BY-NC-SA 3.0 IGO.



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