

Report on the
**Regional Health Alliance meeting on
investing in a resilient health workforce in the
Eastern Mediterranean Region**



Cairo, Egypt
2 December 2025

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CONTENTS

1. Introduction.....	1
2. Summary of discussions	2
3. Recommendations and areas for joint collaboration.....	6
Annex 1. Meeting programme	8
Annex 2. List of participants.....	9
Annex 3. Related materials.....	14

1. INTRODUCTION

This report summarizes the discussions and outcomes of the high-level meeting of the Regional Health Alliance (RHA), held on 2 December 2025 in Cairo, Egypt, on investing in a resilient health workforce in the Eastern Mediterranean Region.

The objectives of the meeting objectives were to:

- identify opportunities for collaboration and joint action among RHA members under the flagship initiative;
- strengthen collaboration at the country level in implementing the WHO regional flagship initiative on investing in a resilient health workforce; and
- agree on approaches and next steps to advance collaborative action.

The RHA, comprising 18 United Nations agencies under the “One UN” approach, provides a unique platform for advancing regional priorities through strong interagency collaboration. Established in 2019, the RHA supports a healthier, more equitable Eastern Mediterranean Region by driving a unified United Nations response to the health-related sustainable development goals (SDGs). With its renewed mandate, the RHA is well positioned to advance WHO’s regional flagship initiatives, which require a shared vision, coordinated action and mobilization of expertise and resources across the United Nations system.

The WHO Eastern Mediterranean Region faces a projected shortage of 2.1 million health workers by 2030, representing more than 20% of the global shortfall. This deficit poses a significant threat to the Region’s ability to achieve universal health coverage, strengthen health security and advance the health-related SDGs. Workforce gaps are compounded by longstanding challenges, including skills imbalances, maldistribution of health workers, weak governance structures, and fragmented education and training pathways. These systemic constraints are further exacerbated by active and protracted crises, with nearly half of the Region’s countries affected by conflict, political instability or major humanitarian emergencies.

In response to this urgent situation, the flagship initiative calls for accelerated and coordinated action to ensure that all people in the Region have access to a competent, available and resilient health workforce. The initiative is structured around four interconnected action areas.

- Investing more – mobilizing additional and sustainable resources to address chronic underinvestment in the production, deployment and development of health workers.
- Investing better and smarter – directing investments toward high-impact areas, particularly primary care and essential public health functions, to expand and retain the workforce.
- Investing in a sustainable workforce – building a fit-for-future workforce capable of adapting to demographic transitions, evolving epidemiological patterns, emerging technologies and changing service delivery needs.

- Working together – leveraging a Regional Health Workforce Collaborative to bring together United Nations expertise, experience and capacities to respond to common challenges, including workforce mobility and the need for coordinated regional solutions.

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 emphasizing the strategic importance of bringing United Nations agencies together to jointly advance the health workforce agenda. Dr Balkhy highlighted the scale of the regional workforce crisis and stressed that collective action is essential, given the cross-sectoral determinants of workforce development. She reaffirmed WHO's commitment to leading this shared effort and welcomed the strong engagement of partner agencies.

Dr Adham Ismail, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean, welcomed participants and outlined the meeting's purpose: to deepen interagency alignment, review ongoing work and identify specific areas where joint action can more effectively support countries. He highlighted that the meeting builds on earlier RHA discussions and marks a shift toward more action-oriented collaboration under the flagship initiative on investing in a resilient health workforce.

2.2 Presentation on the regional flagship initiative: investing in a resilient health workforce

Dr Gulin Gedik, Coordinator, Health Workforce, WHO Regional Office for the Eastern Mediterranean, presented an overview of the flagship initiative and emphasized its structured approach across the four action areas. She highlighted:

- the severe workforce shortages and maldistribution across countries;
- the urgent need to scale up education, regulation, planning and retention;
- opportunities for joint United Nations programming, particularly in diaspora engagement, mutual recognition of qualifications and capacity-building; and
- the establishment of the Regional Health Workforce Collaborative as a dedicated mechanism for cross-agency cooperation.

2.3 Statements by United Nations agencies

Regional Directors and senior representatives from United Nations agencies shared perspectives on their ongoing work and priorities related to strengthening the health workforce in the Eastern Mediterranean Region.

Ms Laila Bakr, United Nations Population Fund (UNFPA) Regional Director for the Arab States, emphasized that strengthening the health workforce is essential to achieving impact at the country level and highlighted the added value of coordinated regional action. She underscored the

importance of investing in midwifery as a highly cost-effective intervention for improving maternal and newborn health, noting that persistent gender and social norms continue to limit its prioritization in national budgets. She called for integrating maternal health and midwifery into national financing, education and regulatory frameworks to ensure sustainability. Ms Bakr also stressed the need for more proactive workforce planning and stronger political advocacy to support ministers of health in translating regional commitments into concrete action, framing this work as a shared partnership that advances broader health workforce goals. She highlighted that UNFPA expressed its interest in playing an active membership role in the RHA, including the setting of priorities and coordination of the platform activities.

Ms Cristina Albertin, United Nations Office on Drugs and Crime (UNODC) Regional Representative for the Middle East and North Africa, underscored the importance of a resilient health workforce not only for health outcomes but also for stability, human security and sustainable development in the Region. She highlighted that health workers are central to UNODC's mandates, including drug use prevention and treatment, HIV prevention and harm reduction, prison health, forensic services, and mental health and psychosocial support for populations affected by substance use, incarceration, violence and conflict. Ms Albertin emphasized that frontline workers in the Region operate under severe pressures, including conflict, displacement, limited resources, stigma and direct attacks on health facilities, while serving as the primary lifeline for highly vulnerable and often stigmatized groups, such as people who use drugs, detainees, survivors of violence and those at risk of exploitation or trafficking. Recognizing that these populations are frequently overlooked in national responses, she stressed UNODC's strong interest in the health workforce workstream and the need to ensure that workforce advocacy and action fully address the needs of these marginalized groups.

Mr Justin MacDermott, International Organization for Migration (IOM) Deputy Regional Director for the Middle East and North Africa, noted that health workers across the Region face severe pressures, including conflict, insecurity and economic hardship, making workforce resilience essential to health system sustainability. He highlighted key areas of collaboration between IOM and WHO that can further scale impact, including diaspora engagement, digital learning, long-distance clinical support and ethical recruitment. IOM is strengthening diaspora engagement, supporting structured mechanisms such as Lebanon's new Ministry of Health diaspora unit and Morocco's telemedicine model linking diaspora specialists to remote facilities. Mr MacDermott emphasized the role of digital learning in crisis settings, citing online simulation training for Sudanese health workers that help to maintain competencies despite movement restrictions. IOM's global teleradiology network was highlighted as a critical tool for improving diagnostics, reducing professional isolation and supporting retention in underserved areas. Mr MacDermott also reaffirmed IOM's commitment to ethical recruitment and the WHO Global Code of Practice, noting ongoing efforts to promote fair recruitment pathways and develop skills mobility partnerships that benefit both sending and receiving countries.

Dr Elfatih Abdelraheem, Team Leader and Policy Specialist, United Nations Development Programme (UNDP) Regional Bureau for Arab States, noted that UNDP's work on the health workforce has largely centred on crisis settings, including supporting deployment and payment of frontline workers during the Ebola outbreak and Yemen crisis, and is now evolving towards recovery, reconstruction and sustainable staffing. He highlighted ongoing collaboration with ministries in Sudan and the Syrian Arab Republic to rebuild facilities, strengthen workforce planning and prepare for eventual handover. He also underscored the growing role of digital health and telemedicine, supported through UNDP's Smart Facilities for Health initiative, which strengthens digital connectivity and infrastructure to expand access to specialized services. Dr Abdelraheem reaffirmed the agency's commitment to aligning with WHO and partners on priorities for the coming biennium and strengthening coordinated support for health workforce resilience across the Region.

Dr Sowmya Kadandale, Regional Health Adviser, United Nations Children's Fund (UNICEF) Middle East and North Africa Regional Office, underscored the central role of community-level services and reaffirmed UNICEF's commitment to supporting frontline workers, including community health workers, midwives and primary health care teams. Dr Kadandale stressed the need for an integrated systems approach and strong coordination across United Nations agencies to reinforce primary health care delivery.

Ms Aya Matsuura, Senior Specialist on Gender Equality and Non-Discrimination, International Labour Organization (ILO) Regional Office for Arab States, emphasized the 2024 ILO resolution on Decent Work and the Care Economy (ILC.112/Resolution V), the first global framework calling for investment across all care sectors, including health. She stressed that health workers must have access to core labour rights, including fair pay, safe and harassment-free workplaces, freedom of association and a voice in decision-making. Ms Matsuura highlighted ILO evidence showing that investing in the care economy boosts employment, increases women's workforce participation, reduces gender pay gaps and drives sustainable development. She called for stronger joint advocacy to ensure that health workers can secure decent work as a foundation for resilient health systems.

Dr Akihiro Seita, Director of Health, United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), highlighted the agency's continued delivery of primary health services across Jordan, Lebanon, Syrian Arab Republic, and the West Bank and Gaza Strip, despite ongoing political and financial challenges. He emphasized that the resilience of UNRWA's workforce, comprising more than 3000 staff – many of whom are Palestine refugees – is central to sustaining care. He stressed that timely and fair payment of salaries is critical to workforce resilience and called on the RHA to support the establishment of standardized salary schemes to ensure continued functionality and quality of health services in crisis-affected contexts. UNRWA stressed the need to safeguard workforce stability and support health workers who serve as the backbone of service delivery for refugee populations.

2.4 Discussion

Country experiences shared by WHO illustrated the diversity of health workforce challenges across the Region, while reinforcing the value of coordinated, long-term approaches. In Pakistan, sustained collaboration between WHO, United Nations agencies and development partners has strengthened governance, employment practices and overall system capacity, demonstrating how leveraging complementary strengths can support resilient workforce development. In Djibouti, severe shortages and inequitable distribution of health workers, compounded by migration pressures, have positioned health workforce strengthening as a national priority, with WHO supporting long-term planning, workforce mapping and the development of a national workforce strategy in close coordination with partners. In Iraq, the transition from humanitarian response to development has placed renewed emphasis on sustainable and efficient workforce investments, with the flagship initiative providing a shared framework to guide reforms in skills development, governance and primary health care transformation. Across these contexts, the experiences highlighted the importance of whole-of-government engagement, coordinated United Nations support, evidence-based planning and predictable, aligned investments to achieve a resilient and equitably distributed health workforce.

Broader consideration was given to how the flagship initiative can be more effectively positioned and operationalized across the United Nations system. Attention was drawn to the need to strengthen its visibility within United Nations country frameworks, engage Resident Coordinators and advance joint advocacy, alongside clearer articulation of the added value of the RHA beyond individual agency programming. The importance of stronger communication, shared messaging and coordinated advocacy was emphasized, including a proposal to establish a regional RHA communications and advocacy group.

Participants underscored the need to move from broad priorities to practical implementation, highlighting the importance of linking humanitarian and development approaches, embedding agreed priorities across agency workplans and strengthening evidence-informed decision-making. Concrete opportunities for collaboration were identified, including skills mobility partnerships to address future workforce needs, leveraging the skills of refugees and migrants, and addressing workforce needs in remote and climate-vulnerable settings. The discussion also highlighted the role of monitoring frameworks and indicators in clarifying shared responsibilities, and reaffirmed the importance of comprehensive, country-led health workforce strengthening across all cadres, including training, equitable distribution, retention and addressing brain drain through coordinated United Nations support.

RHA members identified areas for improved alignment and strengthened cooperation, including:

- strengthening primary health care through joint training;
- supporting ministries of health in planning workforce forecasting, recruitment and deployment;
- strengthening and expanding community health worker models, with a focus on retention in hard-to-reach areas;
- developing joint capacity-building initiatives for selected countries;

- supporting regulation, accreditation reforms and mutual recognition efforts;
- developing coordinated strategies to address workforce mobility, including ethical recruitment and circular migration; and
- leveraging diaspora expertise through policy frameworks and engagement platforms.

The discussion emphasized the need for:

- coherence across agencies;
- visible country-level collaboration;
- mapping existing initiatives; and
- shared accountability mechanisms.

3. RECOMMENDATIONS AND AREAS FOR JOINT COLLABORATION

Meeting participants agreed on the following recommendations and areas for joint collaboration under the Regional Health Alliance (see Table 1) to accelerate the flagship initiative on investing in a resilient workforce:

At the regional level

1. Develop a joint workplan that includes mapping proposed strategic activities under the flagship initiative and the respective contributions of RHA members.
2. Operationalize the Regional Health Workforce Collaborative as a coordination platform to support joint planning, knowledge exchange and technical cooperation across agencies.
3. Convene periodic coordination meetings of RHA members to review progress and adjust priorities as needed.
4. Strengthen regional coordination mechanisms to ensure alignment of efforts and to avoid fragmentation and duplication in supporting health workforce strengthening.

At the country level

5. Support countries in conducting health labour market analyses and health workforce strategic planning, through joint missions and collaborative work
6. Promote coordinated RHA engagement for health workforce governance capacity-building, ensuring alignment of efforts at country level.

Table 1. Areas for joint collaboration

Action area	Joint activities	Potential collaborators
Investing more	Supporting the work of the Commission on Investing in the Health Workforce	ILO, UNDP, World Bank
	Joint country missions	UNFPA, UNICEF
Investing better	Development and implementation of country action plans, including community health workers, midwives, nurses	IOM, UNDP, UNHCR, UNODC, UNRWA
	Improving working conditions, protecting and safeguarding health workers	ILO, UNODC
Investing sustainably	Transforming and reorienting health professional education	UNDP, UNESCO, UNFPA, UNICEF, UNODC
	Building capacities of regulatory institutions	ILO, UNODC, World Bank
	Regional Health Workforce Collaborative	RHA members
Working together	Diaspora engagement	IOM, UNDP
	Managing international mobility of health personnel	IOM, UNDP
	Network of nurses and midwives	UNFPA, UNICEF

ANNEX 1. MEETING PROGRAMME**Tuesday 2 December 2025**

Time	Agenda item	Speaker/presenter
10:00–10:10	Opening statement	Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean
10:10–10:15	Welcoming, rationale, and objectives of the meeting	Dr Adham Ismail, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean
10:15–11:45	Statements by United Nations regional directors	Regional directors and representatives of United Nations agencies
10:45–11:00	Regional flagship initiative: investing in a resilient health workforce	Dr Gulin Gedik, Coordinator, Health Workforce, Universal Health Coverage/Health Systems, WHO Regional Office for the Eastern Mediterranean
11:00–11:40	Interventions by the RHA members and meeting participants, 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 Gulin Gedik, Coordinator, Health Workforce, Universal Health Coverage/Health Systems, WHO Regional Office for the Eastern Mediterranean
11:50–12:00	Closing remarks	Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean

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ANNEX 3. RELATED MATERIALS

Regional flagship initiative 2: investing in a resilient health workforce. Cairo: WHO Regional Office for the Eastern Mediterranean; 2024 (EM/RC71/B-Rev.1; <https://iris.who.int/handle/10665/381273>).

Regional flagship initiative on investing in a resilient health workforce [video]. Cairo: WHO Eastern Mediterranean Region; 2024 (<https://www.youtube.com/watch?v=ADLe8vfpB3U>).



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