

All for Health, Health for All

WHO Investment Case 2025-2028:
Eastern Mediterranean



World Health
Organization

Introduction

Health is a political choice with wide ranging socio-economic implications that shape the future.

The COVID-19 pandemic clearly highlighted health as vital for the resilience and stability of economies worldwide. Numerous studies show that investments in essential public health functions and proven interventions yield significant returns in health, economic and social development.

In the Eastern Mediterranean, our vision is to protect people from preventable health risks and enable them to lead the healthiest lives possible. Our mission is to strengthen national capacities to provide better public health and clinical services for all people, supported by a more capable WHO.

We have the trust of our Member States and partners but need changes to our operations and funding. More flexible and predictable resources are essential for long-term planning and operational agility in this rapidly changing region. Business as usual is not an option; we must act with urgency and determination to secure a healthier future for all.

The WHO Investment Round builds momentum as a strategic global initiative aimed at securing resources for the 14th General Programme of Work 2025-2028 (GPW14) and accelerating progress towards the health-related Sustainable Development Goals. It seeks to secure upfront, predictable funding to support WHO's core functions and to increase flexible funding to address persistent health disparities. The total funding requirement is USD 7.1bn for the next four years. Through a successful Investment Round, WHO will be optimally resourced to work

with Member States and partners to fulfill the promises of GPW14; to save 40 million additional lives; enabling 6 billion people living healthier lives, 5 billion to access health services without financial hardship and 7 billion better protected from health emergencies by 2028.

The WHO Investment Case is a key document for the Investment Round, outlining ambitious outcomes and the unique value proposition of WHO, centered on a healthy return on investment of 1 dollar invested in WHO generating a 35 dollar return.

The Investment Case for the Eastern Mediterranean Region builds on the Strategic Operational Plan for 2025–2028. Informed by local realities, this plan tailors the GPW14 goals to regional needs. The Plan is designed to contribute to WHO's global goal of saving 40 million lives and promoting, providing and protecting health over the next four years. This is a reaffirmation of the Region's dedication to a healthier, more equitable and sustainable future for everyone.

This comprehensive Plan emerged from a broad consultative process involving Member States, UN agencies, international health and development partners, academia, and civil society organizations. It leverages the strengths identified from the regional review of progress and lessons learned over the past five years, while prioritizing areas highlighted by Member States.

This is how we move closer to realizing the vision of health for all.

All for Health, Health for All



Vaccinators accessing hard to reach areas affected by the floods in Pakistan during a measles-rubella vaccination campaign, focusing on displaced populations.

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The context and health profile

The diverse population of 750 million people in the Eastern Mediterranean region is spread across 22 Member States from North Africa and the Middle East to Western Asia: Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates, Yemen and the occupied Palestinian territory.

Steady but uneven progress has been made towards the health-related SDG targets at the regional and country levels, characterized by vast differences between and within countries. Progress across the region remains too slow to achieve all health-related SDG targets.

Whilst overall progress is positive in maternal, newborn, child and adolescent health and mortality reduction, more than a quarter of the countries in the region are at risk of not achieving the maternal and child health SDG targets.

Noncommunicable diseases (NCDs), such as cardiovascular diseases, diabetes, chronic respiratory disease and cancer, account for more than half of all deaths in the region. Injuries comprise 13.1% of the disease burden, while mental, neurological, and substance use (MNS) disorders are a growing public health challenge. Efforts to reduce the burden of communicable diseases are undermined by the growing use of antibiotics leading to growing resistance.

Increasing access to health services has been slow, with more than half the population not having access to the care they need, and those accessing services paying large out of pocket costs. The region also suffers from a severe shortage of healthcare workers, projected to reach a deficit of 2.1 million by 2030.

However, with strategic investments and a focus on primary health care, these challenges can be overcome. Now is the time to act decisively to improve health outcomes and reduce the high costs of inaction.

Invest in WHO – Powering our critical work in the Eastern Mediterranean

The next six years will determine if the world can achieve the Sustainable Development Goals (SDGs). Meeting all the SDGs, including SDG 3 on good health and well-being, is an uphill battle. The achievement of universal health coverage and health security in the Eastern Mediterranean Region requires extraordinary collective effort and solidarity from Member States, their populations, WHO and other partners.

The Eastern Mediterranean Region's many conflict-affected and disaster zones grab global headlines. The region both generates and hosts large numbers of migrants, refugees and displaced populations, while rising temperatures exacerbate adverse health effects and put pressure on health systems. However, these oft-cited conditions mask the incredible potential, determination, entrepreneurial spirit and ingenuity in the region with its large population under the age of 30, vibrant private sector and active global diaspora.

The Regional Strategic Operational Plan for the Eastern Mediterranean focuses on six priorities: promoting health and preventing disease; making quality health care accessible to all; expanding capacities to tackle health emergencies; achieving and sustaining polio eradication; improving knowledge sharing and evidence-based policymaking; and optimizing WHO's performance for impactful cooperation.

Three flagship initiatives led by the Regional Director aim to address persistent challenges and deliver sustainable impact: expanding equitable access to medical products; investing in a resilient and fit-for-purpose health workforce; and accelerating public health action on substance use. Successful implementation of these initiatives will improve long-term health outcomes in the Region and bring broader economic and social gains.

The regional Plan is underpinned by the principles of equity, gender equality and country-focused differentiated support. It has a strong focus on increasing investment in health and leaving no one behind, while clear actions and monitoring mechanisms are specified for both WHO and Member States to ensure strong mutual accountability and high impact interventions kept on track with annual milestones.

Further, the Plan describes innovative solutions and new modalities for work including strengthening WHO country offices and making more use of mobile teams to respond more effectively to the needs of countries at ground level. It emphasizes the need to leverage science, data and technology, including artificial intelligence, to inform the design and delivery of policies, strategies and plans. As examples of high value outcomes with a human face, the Plan commits to the following targets::



Access to Universal Health Coverage expanded to additional 60.4 million people



Approximately 215,000 lives saved by reduced maternal and child mortality in six priority countries



Endemic transmission of polio halted everywhere in the region



WHO team in Syria disseminating messages on healthy practices and hygiene measures to control the cholera outbreak and curb the spread of the disease.

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Regional Priorities

PROMOTE: Promote health, prevent disease and associated risk factors

Why investing is important

Everyone has a right to health, but a healthy and productive population is also an asset, therefore, investing in the health and longevity of people is a sound financial choice with significant contributions to both health and national economies.

Deep-rooted inequalities and barriers to the attainment of good health and well-being exist between and within countries in the Eastern Mediterranean, and addressing these is a priority for WHO. In a region characterized by high level of inequality and prone to disease outbreaks, exacerbated by climate change and conflict, addressing social and economic determinants is part of future-proofing. WHO champions efforts to promote and sustain health and well-being at all ages, for all people, by addressing health determinants in a coordinated way to translate global commitments into local action.

With temperature and the rate of climatic hazards increasing nearly twice as fast as in the rest of the world, the Eastern Mediterranean Region is particularly vulnerable to climate change and associated health impacts. WHO supports strategies that integrate sustainability and climate resilience across health investments.

What will WHO do and plan to achieve with Member States?

In the Eastern Mediterranean Region, WHO will seek to reduce risk factors for noncommunicable and communicable diseases, violence, injury and poor nutrition, address health risks and impact of climate change on environmental health and reduce health inequities by addressing social, economic, commercial and other determinants of health. It will promote mental health, empower key population sub-groups to control their health and expand community engagement in health decision-making.

What outcomes can be expected from the actions of WHO and partners by 2028?

Among expected joint outcomes are the following:

8 countries will have stopped increase in obesity prevalence

15 countries that will have met the global target for wasting (<5%)

100% population using safely managed drinking water and sanitation services and handwashing facilities



Support 16 countries with national health systems that better address health risks, inequities and impacts due to climate change, pollution and water and sanitation



Strengthen national capacities to address social, economic and environmental determinants of health and reduce health inequities, with 10 countries developing new strategies to address risk factors



Enhance health promotion and disease prevention strategies and strengthened mechanisms for collaboration with other sectors, with two thirds of countries adopting a healthy settings approach



Help national capacities and institutionalizing analytical tools to guide priority-setting and to reduce priority health risk factors, with 14 countries achieving more than 50% of the global NCD progress monitor indicators



Support inclusion of refugees, migrants and key affected communities in national health policies, strategies and plans in 16 countries



Advocate to empower communities and vulnerable populations to be more engaged in health decision-making.

Health services in Berbori Health Center, supported by WHO, in Nangarhar Province, Afghanistan.

© WHO / Zakarya Safari

PROVIDE: Make good quality health care more accessible to all, especially the hard-to-reach and most vulnerable populations

Why investing is important

Despite a strong commitment to universal health coverage and progress in some countries, the region fell short of its Vision 2023 goal to provide cover to 100 million more people. Sustained support, aligned with national strategies and evidence-based plans, is needed if there is to be sufficient progress on Universal Health Coverage and Health Security.

By the end of the GPW14 cycle, only two years will remain before the deadlines of the 2030 Agenda and so no time can be lost to get many lagging indicators back on track. Among those targets for primary health care, vaccination coverage, health financing. Innovative and effective strategies to combat critical risks like those posed by antimicrobial resistance need to be implemented urgently to avoid future exponential harm and cost.

What will WHO do and plan to achieve with Member States?

Addressing these challenges requires a holistic approach. WHO will continue to foster multi-

sectoral and multi-stakeholder action for the integrated delivery of services. This approach aims to promote health, and prevent, detect and treat diseases, and provide rehabilitation across the life course, fostering resilient and equitable health systems through primary health care.

What outcomes can be expected from the actions of WHO and partners by 2028?

Among expected joint outcomes are the following:

2.2 Million

number of zero dose children reduced from 2.8 million

6

countries to benefit from a 10% increase in investment and 20% reduction in health workforce shortage

8

point increase in UHC Service Coverage Index from 57 to 65 for essential health services



Strengthen access to quality services for mental health, communicable and non-communicable diseases, with 22 countries integrating NCD and mental health services into PHC



Expansion of and access to health services based on the primary health care approach to accelerate universal health coverage, with 16 countries updating their UHC service package

PROTECT: Expand country capacities to tackle the health impact of the climate crisis, epidemics and pandemics, conflicts, natural disasters and other emergencies

Why investing is important

The Eastern Mediterranean Region is facing some of the most acute, large-scale and complex emergencies in the world, with a convergence of armed conflict, natural disasters and disease outbreaks. Thirteen of the Region's 22 countries and territories are contending with the long-lasting direct or indirect impacts of armed conflict.

COVID-19 emphasised the risk of localized outbreaks escalating into global pandemics, underscoring the need for strong international cooperation to ensure timely detection and

effective containment of infectious threats. Notably, about 75% of new infectious diseases originate in animals, highlighting the urgent need for a comprehensive One Health approach to protect populations.

The COVID-19 pandemic also brought improvements to existing public health systems that need to be sustained. Most notably, the number of laboratories with PCR capacities skyrocketed from fewer than 30 to over 2500. However, average scores for the IHR States Parties Self-Assessment Annual Reporting have remained essentially unchanged in the Region since 2018.

Displacement and migration are key determinants of health and well-being, not only for internally displaced people, refugees and migrants, but also for the populations of the host communities and countries of destination, transit and origin.

THE REGION'S EMERGENCIES IN NUMBERS

107 million people require humanitarian assistance, which represents **35%** of the global humanitarian burden **14%** of the regional population

73
disease outbreaks across the EMR in 2023, including cholera, dengue, malaria, measles

Of the world's refugees
58%
are from this Region

Of the world's internally displaced persons,
40%
live in the Region

9
countries in the Region are classified as fragile or conflict-affected situations

8
countries recorded more than **1000** civilian deaths due to conflict in 2023

7
countries each host over **half a million** refugees.

What will WHO do and plan to achieve with Member States?

Country capacities to tackle emergency health demands of the climate crisis, epidemics and pandemics, conflicts and natural disasters need to be expanded. WHO in the Eastern Mediterranean will work in partnership with Member States, communities and key constituencies to ensure rapid and effective detection and response to public health threats, address emergency risks and mitigate their impact, as well as enhance preparedness, readiness and resilience. It will also support Member States to maintain essential health service delivery in emergency and humanitarian settings.

What outcomes can be expected from the actions of WHO and partners by 2028?

Among expected joint outcomes are the following:

22

EMR countries and territories better prepared to prevent, and able to respond to health emergencies with associated saved lives and avoided or reduced negative outcomes

9

point increase in the IHR capacity and health emergency preparedness index from 66 to 75

80%

coverage of vulnerable people in fragile settings provided with essential health services

>90%

vaccine coverage resulting from vaccination campaigns in response to outbreaks of epidemic-prone disease such as measles and cholera



Ensure well-planned recovery guided by the humanitarian-development-peace-nexus with plans in place for all emergency countries.



Strengthen IHR core capacities in all 22 EMRO countries.



Enhance emergency management capacities and operational readiness, such as more than 95% of warehouses meeting WHO requirement.



Improve consistency of response in acute emergencies, including 16 countries strengthening risk communication and community engagement.



Improve the coverage and quality of basic essential health service delivery in all seven protracted crises and response to trauma in humanitarian settings.



Invest in systems to rapidly detect and assess potential threats to public health and in pandemic prevention and preparedness using a One Health approach, including 80% of events meeting the 7-1-7 targets.



Build on and sustain gains developed during the COVID-19 pandemic and leveraging these gains in addressing other epidemic- and pandemic-prone infectious diseases.



Children show ink marks on their fingers after being vaccinated during a polio vaccination campaign in Gaza.

© WHO

SPECIAL REGIONAL PRIORITY: ACHIEVE AND SUSTAIN POLIO ERADICATION

Why investing is important

The Eastern Mediterranean is the only WHO region endemic for wild poliovirus transmission, which is limited to two countries: Afghanistan and Pakistan. As of July, 18 cases had been reported during 2024 from these two countries. On 16 August 2024, paralytic polio in a 10-month-old infant was reported in Gaza, the first case in 25 years, due to a breakdown of the health care system resulting from the ongoing conflict. Active outbreaks of vaccine-derived poliovirus were ongoing in six countries (Djibouti, Egypt, Somalia, Sudan, Yemen and the occupied Palestinian territory).

We can ill afford further setbacks. Investing in and supporting the polio programme will help accelerate the eradication of polio closer as well as allow for successful transition and continuation of polio-specific infrastructure to contribute to strengthening health systems

Our success is the world's success. Together with our Member States and all partners engaged in polio eradication efforts, WHO will work to

1. stop the transmission of wild poliovirus (WPV1) in Afghanistan and Pakistan and
2. eliminate vaccine derived polio in all countries of the Region by 2028

POWER: Improve knowledge sharing and evidence-informed decision-making and expand digital health to enhance public health

WHO has a vital role in promoting the use of reliable, high-quality, and timely information to drive decision-making in countries. Robust and complete data is essential for ensuring that resources align with needs, enabling monitoring and course-correcting while measuring progress towards health-related SDGs. In the Eastern Mediterranean Region, data gaps often hinder decision-making and resource allocation, with only a fifth of data available on all health-related SDG indicators.

To address this, WHO will collaborate with Member States to build stronger data foundations and health information systems, which are interoperable, nationally owned and responsive. The goal is to enhance country health information, data, and digital systems,

producing timely, reliable, accessible, and actionable data. This effort will be supported by strategic public health communication, ensuring that reliable information is widely accessible and used to drive positive health choices.

Moreover, WHO will leverage digital solutions and innovations to enhance health system performance and expand access to high-quality normative, technical, and data products. Digital transformation will play a crucial role in this process, enabling better data management and utilization.

WHO's leadership in global health is pivotal, steering the health agenda and setting global priorities. Through strategic partnerships and effective communication, WHO will work with Member States, communities, and key constituencies to strengthen health information systems, advance digital transformation, enhance partnerships and communications.



Invest in data-driven approaches to facilitate informed decision-making and effective resource allocation, with seven countries having integrated systems for the development and adaptation of guidelines and health technology assessments.



Improve the health information systems with nine countries having comprehensive and costed health information system action plans.



Strengthen regional health research with 18 countries having a national mechanism to ensure the research ethical oversight.



Increase by 15% the availability and completeness of birth and death registration, with three more countries to expand mortality surveillance systems.



Promote a comprehensive approach to addressing health inequalities.



Maintain high-level health leadership at the country level, establishing high-level health coordination mechanisms in 20 countries.



Increasing WHO's visibility and advancing strategic partnerships at country and regional levels, with all WHO country offices having a communication strategy.

What outcomes can be expected from the actions of WHO and partners by 2028?

Systematically more effective data use across Eastern Mediterranean countries to drive evidence-informed policy and actions, track progress, share best practices and promising innovations.

Digital health and improved health information systems support public health functions and catalyze action

Meaningful partnerships optimize WHO's convening powers to drive collective health results

Increased trust in WHO as a credible and leading voice on health with more people reached with reliable information that enables them to change attitudes and behaviors, and ultimately help to achieve public health goals.

7

countries have integrated systems for development and adaptation of clinical and public health guidelines and Health Technology Assessments

9

countries will have functional, costed digital health implementation plans

20

countries in which WHO has a current communication plan

30%

improved SCORE for health information systems

PERFORM: Optimize WHO's performance to boost cooperation and better influence global health

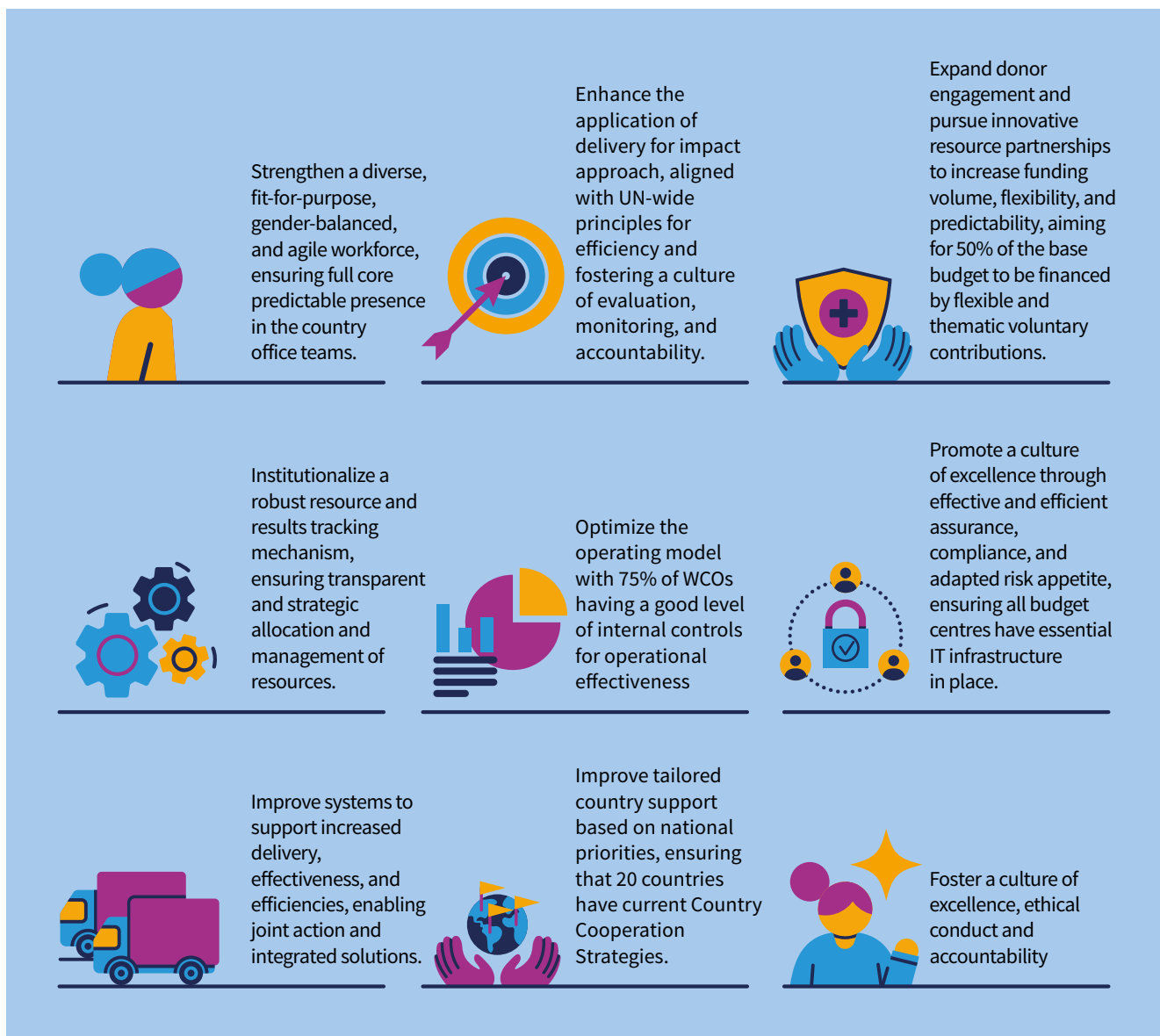
Why investing is important

One of WHO's key strengths is its vast network of country offices, which leverage technical expertise to achieve substantial impact. The complex needs of the Region demand robust and capable country office teams, that are agile enough to respond to evolving challenges while disseminating best practices from a global to a local level. To effectively address the rapidly changing context of humanitarian and development work, WHO must cultivate diverse and gender-balanced teams that operate with accountability and efficiency, delivering impact in a dynamic environment.

Over the next four years, country offices will be reinforced to ensure each has the core capacity necessary to fulfill its mission, based on a thorough analysis of health systems and humanitarian response capabilities in each country. Additionally, to serve the Member States and populations in the region while focusing on tangible outcomes, WHO needs reliable and adaptable resources. To make the most of these resources, WHO commits to enhancing our operational model to guarantee transparent and strategic resource distribution and management. We will continually tailor our services to meet country-specific needs and guarantee managerial and programmatic oversight for expected results, ensuring continuous improvement.

What will WHO do and plan to achieve with Member States?

To equip country offices in the Eastern Mediterranean with the necessary capacity and resources to make a tangible impact, WHO will roll out a delivery for impact approach, providing tools and resources that ensure sustained focus and ongoing implementation to achieve measurable outcomes. Furthermore, we will work together to secure flexible, dependable funding to create robust financial foundations, enabling responsive and sustainable support. Additionally, we will enhance efficiency and accountability at all levels by optimizing business processes through improved systems and practices.



What outcomes can be expected from the actions of WHO and partners by 2028?

We anticipate achieving the following outcomes by enhancing country teams, bolstering their operations with robust systems, and providing adequate and flexible funding:

Capabilities established to achieve effective outcomes in countries, ensuring the alignment of resources with government and national priorities;

Sustainable funding for WHO's regional priorities and activities, supported by a diversified financial base;

Management practices that are results-based and risk-informed, aligned with UN system-wide standards and best practices;

Robust monitoring and transparency systems and procedures to enhance and track the effectiveness of resource allocation, utilization, and to boost accountability and engagement with the Member States.



WHO/Dubai logistics hub airlifts its largest single shipment of humanitarian cargo to Ethiopia.

© WHO

Flagships

1. Expanding equitable access to quality medical products

Expanding access to quality medical products helps ensure that everyone has access to quality health care in the Eastern Mediterranean Region. Most countries in the Region are heavily reliant on imports to obtain the medical products their people need, which means that much of the money spent on essential medical products – by individuals, governments and funders – benefits other economies, not those of the Region.

- More than 50% of all medicines in the Region are prescribed or used irrationally
- More than half of the countries have not updated their national medicine policy in a decade

- More than 50% of expenditure on medicines, vaccines and medical devices is wasted

WHO's flagship initiative aims to enhance access to essential medical products by enhancing procurement and supply systems, bolstering local production capacity, and strengthening regulatory systems across the region. A roadmap was built on systematic and sequenced progress of complementary tracks and anchored in agreements by Member States. A new regional pooled procurement mechanism will strengthen accessibility and improve countries' bargaining position with manufacturers, while a programme of sustained technical support at the country level will help build domestic capacities for production and regulation, and elevate the maturity level of National Regulatory Authorities (NRAs) by 2028.

INTERVENTIONS: ACCESS TO QUALITY MEDICAL PRODUCTS

Enhance procurement and supply systems

- Enhanced procurement systems
- Support to warehouses modernization
- Efficient distribution networks
- Pooled Procurement

• TARGETS

- Regional pooled procurement mechanism implemented
- 5 additional countries with modernized central warehouses

Boost local production

- Policies/Strategic plan
- Infrastructure
- Technology transfer
- Market access

• TARGET

- 7 to 10 countries manufacturing quality assured medical products

Strengthen regulatory systems

- Maturity level (ML) 3/4 and WHO listed authority (WLA)
- Legal provisions and regulations
- Safety and Market Surveillance
- Harmonization and reliance

• TARGETS

- 13 countries with autonomous National Regulatory Authorities (NRAs)
- 6 to 8 NRAs ML3/4 and 2-3 WLA

2. Supporting a resilient health workforce in the region

The health workforce is the backbone of every health system, but there are critical gaps and challenges. According to current projections, the Eastern Mediterranean Region will face a shortage of 2.1 million doctors, nurses and midwives by 2030. There are significant disparities in the Region, with the density of physicians, nurses and midwives ranging widely among countries and within countries. In this context, investing in the health workforce not only increases life expectancy, but also creates jobs and supports economic growth and social development.

WHO's flagship initiative seeks to build a resilient, fit-for-purpose and sustainable health workforce across the Region to achieve universal health coverage, other health-related SDGs and health security by 2030,

while promoting equitable employment opportunities and protecting and safeguarding health workers from harm. To achieve this, the flagship proposes actions to increase investment in health workforce for scaling up, employing and retaining with a priority focus on the workforce for primary care and Essential Public Health Functions, and establishing a regional health workforce collaborative to foster collaboration and partnership.

- Disparities in the density of physicians, nurses and midwives per 10 000 population range from 8 to 108
- Two thirds of countries experienced health workforce-related disruptions to health services during the COVID-19 pandemic
- Six countries are now on WHO's Health Workforce Support and Safeguards List



WHO team meeting with health workers at Halba Governmental Hospital in North Lebanon.

INTERVENTIONS: HEALTH WORKFORCE

Facilitate investment in health workforce

- Establish Regional Commission on investment in health workforce
- Systematize dialogues for increasing investments in health workforce

• TARGET

Increase in public spending on HWF by 15% in at least 6 countries

Support scaling up and retaining the workforce for primary care & Essential Public Health Functions (EPHFs)

Support country action plans and implementation

- Health labor market analysis and scaling up production
- Optimizing the current health workforce and improving retention
- Protecting and safeguarding health workers

• TARGET

Reduce projected HWF shortages in EMR by 20%

Support building a fit for future health workforce

- Define future scenarios for workforce through a forecasting & monitoring platform
- Develop regional guidance on transforming health professions education & strengthening education for public health professionals
- Identify regional strategies & standards for regulation of health workforce education and practice

• TARGET

Increase in public spending on HWF by 15% in at least 6 countries

Establish Regional Health Workforce Collaborative

Mechanism for collaboration & partnership

- Exchange of experience, expertise, resources
- Theme –based platforms
- Multilateral/bilateral collaborative arrangements

• TARGET

Collaborative mechanism functional with demonstrated activities

Accelerating public health action on substance abuse

Substance use is a growing public health challenge in the Eastern Mediterranean Region. Rates of substance use exceed the global rate, and drug use disorders in the Region now impacting 3.4 million individuals.

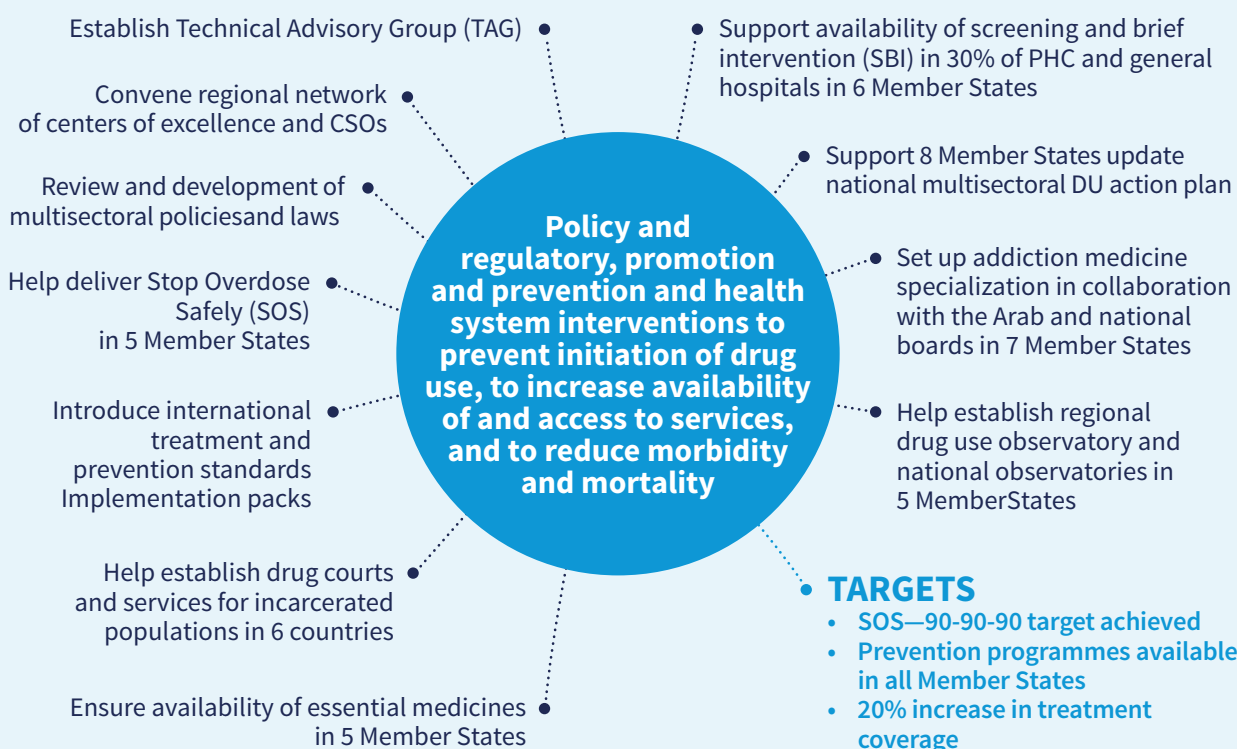
Despite this alarming increase, only 1 in 13 people receive the treatment they need, compared to 1 in 11 globally. Investing in substance use treatment offers significant returns, with US\$4-12 saved for every dollar spent.

- 6.7% of Eastern Mediterranean population aged 15-64 years has used drugs compared to 5.6% globally
- Over the past 30 years, drug use disorders in the region have surged by 137%
- Only 1 in 13 people receive treatment for substance use disorders in the region

To address this urgent issue, WHO’s flagship initiative aims to reduce morbidity, mortality and social costs associated with substance use disorders through contextualized evidence-based public health interventions in both stable and emergency settings. To this end, the flagship proposes integration of substance use disorder treatment at PHC level, decriminalization of substance use and promoting alternative measures such as education and treatment, and to promote life skills education in school and workplaces to discourage initiation of substance use in the first place.

The objectives of WHO’s action will be pursued through two complementary approaches that aim to strengthen national and transnational coordination and collaboration and to provide targeted guidance and support based on context, needs and resources. To achieve consistent progress, the intervention focus will be delivering on an integrated set of evidence-based interventions.

INTERVENTIONS: SUBSTANCE USE





A girl standing in front of her family's burnt-down house in Iraq.

© WHO / Karrar Nasser

Financing health is an investment, not a cost. It is an investment that yields returns for everyone. The Eastern Mediterranean region has global significance and investing in the health and wellbeing of its populations and delivering equitable access to essential health care through sustainable financing of WHO is an investment with a healthy return.

We have the global 14th General Programme of Work (GPW14) to guide us, and a Regional Strategic Operational Plan to sharpen our actions and serve as our accountability framework to our Member States and all stakeholders.

Now, we need flexible and predictable financing to put these plans into action and realize our collective promise of health and wellbeing for everyone, everywhere.

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