EMPHNET
The Eastern Mediterranean Public Health Network

NAZARBAYEV UNIVERSITY

SCHOOL OF MEDICINE

MIDDLE EAST COUNCIL ON GLOBAL AFFAIRS

Middle East & Central Asia Regional Dialogue on Global Health Reform

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List of Abbreviations

Abbreviation	Full Term
CIS	Commonwealth of Independent States
EMPHNET	Eastern Mediterranean Public Health Network
EMRO	World Health Organization Regional Office for the Eastern Mediterranean
EURO	World Health Organization Regional Office for Europe
FETP	Field Epidemiology Training Program
GCC	Gulf Cooperation Council
GHI / GHIs	Global Health Initiative / Global Health Initiatives
ICRC	International Committee of the Red Cross
IHR	International Health Regulations
MECA	Middle East and Central Asia
NGO / NGOs	Non-Governmental Organization(s)
OIC	Organization of Islamic Cooperation
PHC	Primary Health Care
TB	Tuberculosis
HIV	Human Immunodeficiency Virus
WHO	World Health Organization

Executive Summary

The Middle East and Central Asia (MECA) Regional Dialogue on Global Health Reform, led by EMPHNET in collaboration with the Middle East Council on Global Affairs and Nazarbayev University School of Medicine, and supported by the Wellcome Trust as part of a series of regional dialogues on global health reform, aimed to reimagine and strengthen the global health architecture from a MECA perspective. Through interviews, surveys, and a regional workshop involving stakeholders from 17 countries, participants assessed the current system, envisioned its future, and identified practical reforms. A follow-up survey validated and prioritized key actions, milestones, and lead institutions, resulting in a regionally grounded agenda for more equitable and effective global health governance.

The consultations highlighted major weaknesses in the current global health architecture, including weak governance, limited regional representation, fragmented and donor-dependent financing, and inadequate technical and digital capacities. Yet, the region also demonstrates important strengths. WHO's leadership, active regional networks, along with expanding manufacturing capacity, provide a solid foundation for advancing reform. Regional experts envisioned a future global health architecture that is more just, equitable, and responsive to regional realities, moving beyond outdated, top-down models toward a system rooted in regional ownership and partnership. They agreed that the new architecture should feature balanced global–regional governance, sustainable and equitable financing, digital and data-driven ecosystems, strong regional leadership, enhanced national capacity, and Primary Healthcare (PHC)-anchored, people-centered systems.

Participants emphasized that the future global health system must deliver seven core functions: establishing and enforcing transparent global norms; ensuring sustainable and equitable health financing; transforming digital and data systems into essential public-health infrastructure; institutionalizing all-hazards and One Health preparedness for rapid and equitable emergency response; strengthening regional leadership and operational capacity; building workforce, institutional, and innovation capabilities; and reorienting health systems toward integrated, PHC-centered resilience.

Overall, there was a strong consensus that reform must embed equity, innovation, and regional empowerment at every level to build a fairer, connected, and resilient global health order that truly reflects MECA's priorities. MECA experts prioritized five key reforms to advance a fairer, regionally grounded global health architecture.

- Reform 1 calls for aligning global support with national priorities, emphasizing country ownership, accountability, and equity. Governments should lead external health investments, supported by transparent, performance-linked financing and long-term institutional strengthening.
- Reform 2 urges shifting governance from global to regional levels, empowering regional bodies with authority, financing, and inclusive decision-making to ensure policies reflect regional realities and strengthen preparedness.
- Reform 3 focuses on creating regional platforms for collaboration and knowledge exchange by reinforcing existing networks, institutionalizing innovation forums, and embedding diverse stakeholder participation.
- Reform 4 highlights the need for robust digital and data systems to enable real-time coordination, transparency, and evidence-based policymaking through interoperable regional hubs and dashboards.
- Reform 5 prioritizes building integrated, PHC-centered health systems that replace fragmented vertical programs, strengthen community engagement, and embed prevention and preparedness into routine care.

1. Introduction

The Middle East and Central Asia (MECA) Regional Dialogue on Global Health Reform, supported by the Wellcome Trust as part of a series of regional dialogues on global health reform, aimed to reimagine and strengthen the global health architecture from a MECA perspective. Led by the Eastern Mediterranean Public Health Network (EMPHNET), in collaboration with the Middle East Council on Global Affairs and Nazarbayev University School of Medicine, the initiative served as an inclusive platform to examine how global health architecture can be strengthened to become more equitable, responsive, and effective. Through iterative consultations and a regional workshop, stakeholders from government, academia, civil society, and multilateral organizations examined the current architecture ("Stocktake: Where are we now?"), envisioned future structures ("Rethink: What should it look like?"), and identified practical steps for reform ("Reform Pathways: How can we enable it?"). The process produced regionally informed recommendations highlighting areas of consensus, divergence, and actionable pathways for reform.

2. Methodology

This report synthesizes evidence from all phases of the MECA Regional Dialogue, which followed a mixed-methods approach. The process began with 47 key-informant interviews and a regional survey of more than 300 respondents from 17 countries across government, academia, civil society, multilateral agencies, and the private sector. These inputs captured regional experiences with the current global health architecture and informed the initial reform themes. Qualitative and quantitative findings were jointly analyzed to identify converging priorities and areas of divergence. In the second phase, a two-day Regional Dialogue convened 49 senior health leaders from 14 MECA countries and four global experts to test preliminary findings and co-develop actionable reform proposals. Through structured discussions and consensus-building exercises, participants refined reform areas, priority actions, milestones, and potential lead institutions. A follow-up online questionnaire (administered in English and Russian) was used to prioritize the proposed reforms. Thirty-four respondents ranked their top five reforms and selected two priority actions and two milestones for each. Final priorities were determined based on the options most frequently endorsed.

Across all phases, 96 individuals participated, representing a wide range of institutions: academic and research organizations (n=26), government officials and policymakers (n=27), civil society and NGOs (n=13), multilateral and international agencies (n=17), private-sector and philanthropic entities (n=9), and other stakeholders (n=4). Countries represented included Jordan, Qatar, Lebanon, Egypt, Yemen, Iraq, Oman, Saudi Arabia, the United Arab Emirates, Palestine, Syria, Kazakhstan, Uzbekistan, Tajikistan, Kyrgyzstan, Pakistan, Afghanistan, and Sudan.

The initiative faced structural challenges due to the MECA region's unconventional configuration, which does not align with the WHO's EMRO/EURO divisions. This misalignment occasionally hindered shared understanding between the Middle East and Central Asia, requiring additional facilitation to ensure that insights were meaningful and applicable across both subregions.

3. Findings

3.1 Weaknesses and Challenges in the Current Global Health Architecture

The regional consultations and dialogue highlighted several systemic weaknesses in the current global health architecture. While participants raised a wide range of issues, they agreed that the following represent the most significant challenges facing countries in the region:

- **Weak governance, accountability, and regional representation**: Global health governance is characterized by unclear roles, limited accountability, and inadequate transparency across institutions. MECA countries have little influence in setting global priorities, and the absence of

strong regional platforms undermines coordination, shared leadership, and collective advocacy for regional health needs. One senior policymaker noted that *"global health decision-making is still dominated by actors outside our region; MECA countries rarely have a meaningful voice in shaping priorities that fundamentally affect us."*

- **Fragmented, donor-dependent, and short-term financing:** The region remains heavily reliant on external donor funding, which is unpredictable and often driven by donor priorities rather than national or regional agendas. Financing is frequently short-term and emergency-focused, lacking clear exit strategies. An academic from the region remarked that *"our financing is too dependent on unpredictable external aid, which often reflects donor agendas more than national priorities; this undermines ownership and disrupts long-term planning."*
- **Siloed programs and poor coordination:** Vertical, disease-specific programs—both at the global and national levels—often operate in isolation, with limited coordination across regional and country actors. This fragmentation leads to duplication of effort and reduced overall efficiency.
- **Underrepresentation of non-state actors:** At both global and regional levels, civil society organizations, academia, the private sector, and youth remain largely excluded from strategic health governance and decision-making processes.
- **Insufficient regional and national technical capacity:** Health systems struggle with persistent workforce shortages, brain drain, and weak institutional capacity. Many countries lack the technical skills, leadership development opportunities, and robust training systems required to implement reforms, influence global policy, or build sustainable preparedness capabilities.
- **Digital and data system limitations:** Limited digital readiness, weak interoperability of health information systems, and the absence of regional data governance frameworks hinder evidence-based decision-making. These gaps restrict countries' ability to collaborate and to manage cross-border health threats effectively.

3.2 Strengths and What Works

Despite these challenges, participants identified several existing assets and promising practices within the current architecture. In many cases, these strengths align with areas previously seen as weaknesses, reflecting uneven yet tangible progress. Across the region, mechanisms, partnerships, and institutional capacities are already driving positive change and can form a foundation for future reforms.

- **WHO leadership and multilateral collaboration:** WHO continues to anchor global health governance through its normative role and coordination under the International Health Regulations. Disease-specific initiatives—such as those addressing vaccine-preventable diseases, HIV, TB, and malaria—demonstrate how multilateral collaboration and shared accountability can deliver measurable results.
- **Strengthened regional dialogue and collaboration:** Regional WHO offices, networks such as the Eastern Mediterranean Public Health Network (EMPHNET) and Gulf Cooperation Council (GCC) bodies, as well as Central Asian platforms like the Shanghai Cooperation Organization and the Council for Cooperation in the Field of Healthcare of the Commonwealth of Independent States (CIS), play a crucial role in coordination, knowledge exchange, and workforce development. These mechanisms have improved preparedness and helped build stronger regional solidarity.
- **Expanding regional manufacturing and financing capacity:** Increasing investment in local health manufacturing and supply chains—especially in Gulf states—signals greater self-reliance and health security. Co-financing efforts in countries such as Pakistan illustrate progress toward financial sustainability and regional burden-sharing.
- **Growing human resources and leadership capacity:** Continued investment in workforce development and leadership training is strengthening technical and managerial competencies. The region's young and skilled population represents a vital resource for future health innovation and reform. A senior expert highlighted that *"a new generation of skilled professionals is emerging across the region—people who are technically strong, globally connected, and ready to lead the next phase of health reform."*

- **Strong foundations in primary health care and prevention:** Community-based PHC models in several countries have improved access, equity, and service integration. Preventive programs, particularly in Central Asia, continue to sustain maternal and child health and communicable disease control. A policymaker from Central Asia noted that *"our primary health care networks have been a quiet success—sustaining essential services even in difficult contexts and proving that strong PHC remains the backbone of resilience."*
- **Sustained humanitarian presence in fragile contexts:** Neutral actors such as the International Committee of the Red Cross (ICRC) and humanitarian NGOs maintain access to essential services in conflict-affected settings, underscoring the value of neutrality and partnership in crisis response.

3.3 Key Functions for the Coming Decades

Regional experts outlined a forward-looking vision for a more just, effective, and locally responsive global health architecture that moves beyond outdated, one-size-fits-all approaches and is instead grounded in equitable partnerships and strong regional ownership. They agreed on six pillars for the future system: balanced global–regional shared governance; reliable and equitable financing and procurement; advanced digital and AI-enabled data ecosystems; effective regional leadership and coordination; strengthened national capacity for leadership and reform; and PHC-anchored, people-centered, and adaptive health systems. This shared MECA regional vision highlights that, despite diverse contexts, stakeholders are aligned on the direction of reform. Building on this, participants emphasized that the global health architecture of the coming decades must not only integrate these pillars but also fulfill essential functions that reflect regional priorities, national realities, and emerging global challenges. Seven key functions were consistently identified:

1. **Set and Enforce Global Norms with Transparency and Accountability**
   Ensure strong global stewardship through unified legal frameworks and clear standards for product safety, data governance, and ethical research. Global institutions—such as the WHO, United Nations agencies, the World Bank, and other multilateral bodies— should lead in establishing these norms, working closely with regional organizations to ensure alignment with regional realities. Governance processes must be transparent, accountable, inclusive, and rooted in equity, gender equality, and human rights. These institutions should build public trust by embedding participatory decision-making, regular performance monitoring, and meaningful community oversight. Open-data policies and independent scientific advisory panels further strengthen accountability and reinforce the legitimacy of the global health system. A senior participant stressed that *"without clear global rules and real accountability, countries are left guessing—strong norms and transparent processes are essential for a system people can trust."*

2. **Advance Sustainable and Equitable Health Financing**
   Secure predictable, multi-year financing that is based on country needs and allocated through transparent, performance-linked mechanisms. Donors should align their support with national priorities and increase co-financing to reduce fragmentation and long-term dependency. All financing arrangements should strengthen national ownership, promote social solidarity, and demonstrate measurable improvements in equity, access, and health system resilience. Innovative tools—such as debt-to-health swaps, blended finance, and regional pooled procurement—can further enhance the fairness and sustainability of global and regional health funding.

3. **Transform Digital and Data Ecosystems into Core Public Health Infrastructure**
   Integrate digital technologies, artificial intelligence, and interoperable data systems into the heart of public health operations. Ensure secure and ethical data governance and promote open science to strengthen early warning, accountability, and coordinated action. Digital systems must foster trust and transparency while enabling agile, adaptive, and collaborative public health responses. Building trust through consistent, transparent data sharing is vital for managing future health threats collectively. A policymaker cautioned that *"digital innovation must be locally owned—built for interoperability, cybersecurity, and training—otherwise we simply replace one*

dependency with another." This function spans all levels: global bodies establish norms and safeguards, regional institutions develop shared platforms and interoperability standards, and national governments operationalize and govern digital systems within country contexts.

4. **Institutionalize the All-Hazards and One Health Approach, and Strengthen Coordinated Emergency Preparedness and Response**
   Adopt a unified all-hazards and One Health approach that strengthens surveillance systems, laboratory networks, and early warning capacities across human, animal, and environmental health. Preparedness must be resilient, inclusive, and multisectoral, engaging communities and diverse sectors to anticipate and withstand future shocks. A decentralized but interconnected response framework—linking global guidance with strong regional coordination and national implementation—should ensure rapid, equitable access to essential supplies through regional stockpiles, pooled procurement, and local manufacturing. Emergency response must remain transparent, equitable, and grounded in structures that reinforce national ownership and community needs, including in fragile and conflict-affected settings. This integrated function ensures cohesive, timely, and trusted action across all phases of preparedness and response.

5. **Strengthen Regional Leadership, Institutions, and Operational Capacity**
   Empower regional organizations to serve as hubs for coordination, logistics, manufacturing, and knowledge exchange. Strong regional platforms can harmonize donor efforts, streamline emergency responses, and advance joint procurement and local production. Regional coordination must be built on shared ownership, distributed leadership, and equitable voice and influence across countries. By investing in regional diplomacy, collective priority-setting, and unified positions, the MECA region can significantly enhance its presence and impact in global health governance.

6. **Build Workforce, Institutional, and Innovation Capacity**
   Strengthen national institutions and leadership in areas such as regulation, health economics, technology transfer, and strategic foresight. Establish regional training centers, promote peer learning, and expand South–South collaboration to reduce brain drain and retain expertise. Institution-building must prioritize inclusion, innovation, and sustainability — with systems designed to adapt, learn, and lead through local expertise. Long-term investment in research-to-policy translation and innovation ecosystems will sustain reform momentum.

7. **Reorient Health Systems Toward Integrated, PHC-Anchored Resilience**
   Shift from vertical, disease-focused programs to integrated systems grounded in primary health care. One international organization representative emphasized that *"the first thing we must do is stop fragmentation—vertical, donor-driven programs for single diseases need to be integrated into broader PHC systems."* Align national programs with the International Health Regulations and institutionalize multisectoral collaboration—across health, climate, education, agriculture, and finance—to strengthen resilience and equity. PHC systems must be people-centered, inclusive of vulnerable groups, and trusted as the first point of care in both routine and crisis contexts. Ensuring equitable access for vulnerable and marginalized populations is essential for achieving true system-wide resilience.

3.4 Structural Changes Needed

Realizing the region's vision for a fairer and more resilient global health architecture requires coordinated structural reforms at the global, regional, national, and cross-sector levels. These shifts establish the enabling conditions for the Priority Mechanisms and Key Reforms that follow.

At the **global level**, governance structures must become more transparent, accountable, and coherent. Institutions such as the WHO, Gavi, and the Global Fund should better harmonize mandates, share data openly, and adopt performance-linked financing grounded in equity and human rights. A clearer division of labor and stronger mutual accountability between global and regional bodies are essential for reducing duplication and ensuring alignment with regional priorities. These global adjustments create the environment needed for investment alignment, shared intelligence systems, and other Priority Mechanisms to operate effectively.

At the **regional level**, organizations such as EMPHNET, the Gulf CDC, the Arab League, the Organisation of Islamic Cooperation (OIC), and CIS health bodies should serve as coordination and leadership hubs—driving policy dialogue, pooled financing, and cross-country knowledge exchange. Participants stressed that stronger MECA representation in global forums is needed for regional priorities to influence global decision-making. However, they also noted that creating new structures is insufficient without political commitment, accountability, and gradual strengthening of existing institutions. With predictable financing, shared monitoring frameworks, and regional solidarity mechanisms, the region can enhance self-reliance and amplify its collective global voice.

At the **national level**, reforms should reinforce country-led, people-centered, PHC-anchored systems, with global and regional partners acting as facilitators rather than drivers. Structural change must reflect national contexts and integrate fragmented, vertical programs into unified systems. Investments in rural infrastructure, telemedicine, decentralized governance, and public–private alignment can expand access and strengthen institutional capacities. Workforce reforms—needs-based education, regional training hubs, leadership pipelines, and retention incentives—are essential for building resilient systems.

Finally, **cross-sector engagement** is critical for sustainable transformation. A Health in All Policies approach must be operationalized through formal interministerial mechanisms to align health, education, environment, labor, and finance agendas. Practical steps include integrating environmental data into surveillance, embedding health promotion in schools, and applying health impact assessments in budgeting. Transparent public–private partnerships can accelerate innovation in areas such as manufacturing, digital health, and supply-chain modernization. These cross-sector shifts create the enabling conditions for multisectoral financing platforms, shared data systems, and whole-of-government approaches embedded within the Priority Mechanisms.

Priority Institutions and Mechanisms for the Future Health Architecture

Advancing the region's vision for a fairer and more resilient global health architecture requires stronger, better-connected institutions. Participants emphasized that progress depends less on creating new bodies than on optimizing linkages among existing ones to enhance coherence, efficiency, and collective impact. The Priority Mechanisms outlined here translate the structural shifts identified earlier into practical arrangements that underpin the Key Reforms.

At the **regional level**, participants called for more unified and effective representation of MECA countries in global forums. Rather than establishing new entities, they favored a coordinated regional network built on a light "networked governance" model that links the WHO, UN agencies, development banks, and civil society. This approach would strengthen shared intelligence, alignment, and joint decision-making while avoiding duplication. Enhanced regional platforms and centers of excellence in digital health, preparedness, and pharmaceutical manufacturing can support technology transfer, regulatory harmonization, and workforce development. A regionally governed financing facility was also proposed to promote solidarity, co-investment, and more

predictable, regionally anchored funding. Together, these mechanisms provide the operational foundation for reforms in PHC integration, surveillance, data systems, and preparedness.

At the **national level**, participants highlighted the need for whole-of-government coordination structures—ideally anchored in the Prime Minister's Office or cabinet committees—to ensure that health priorities are aligned with finance, education, and social policy. Strengthening domestic financing pools and deploying transparent digital platforms to track expenditures and outcomes can enhance sustainability and accountability. Informal professional networks, such as research consortia and youth leadership initiatives, can complement formal structures by cultivating regionally oriented leaders and supporting peer learning.

Across the convening, participants agreed on a pragmatic path: reinforce and connect what already exists, fill gaps through targeted mechanisms, and avoid redundancy. Function—not form—should guide institutional design. These Priority Mechanisms operationalize the structural shifts and serve as the institutional backbone for the Key Reforms that follow.

3.5 Key Reforms, Priority Actions, and 2025–2026 Milestones

The Key Reforms represent the MECA region's most actionable priorities for the coming years. Building on the Structural Changes and Priority Mechanisms, they outline what must change and are paired with priority actions and measurable 2025–2026 milestones to guide near-term implementation. The prioritization process[1] revealed strong consensus around a focused agenda. Reform 1—Align global support with national priorities and promote equity, accountability, and community participation—was the top priority, selected by 91.4% of participants. Reforms 2 and 3, which call for shifting governance toward regional leadership and creating regional collaboration and knowledge platforms, were each prioritized by 71.4%. Reform 4—Strengthen regional evidence, data, and digital systems— was prioritized by 68.6%, and Reform 5—Strengthen national leadership for integrated PHC systems— was prioritized by 62.9%, underscoring the centrality of PHC and data systems in driving long-term reform.

The remaining reforms—mobilizing sustainable regional financing (57.1%), improving coordination and accountability across global agencies (54.3%), and establishing Gulf-led logistics and biomanufacturing hubs (22.9%)—were viewed as important but more dependent on progress in the higher-ranked reforms. The following section presents each reform together with its priority actions, 2025–2026 milestones, and suggested lead entities.

Reform 1: Align Global Support with National Priorities and Promote Equity, Accountability, and Community Participation

This reform seeks to realign global financing, technical assistance, and donor practices with nationally defined priorities, ensuring that countries lead the design, coordination, and oversight of externally supported programs. A senior Ministry of Health official stated that *"global support only works when it follows national priorities—otherwise it fragments our systems and diverts energy away from what people actually need."* This reform builds on the structural shift toward stronger country ownership and transparency and is enabled by mechanisms such as investment compacts, open digital scorecards, and shared accountability platforms. The reform calls for global health initiatives, bilateral donors, and multilateral organizations to embed equity, transparency, and participatory accountability in all aspects of their engagement. By placing national priorities and

[1] Experts were presented with eight reforms synthesized from the consultation and convening phase of the regional dialogue. They were then asked to select their top five priority reforms, followed by two priority actions and two 2025-2026 milestones for each selected reform. The percentages shown reflect the proportion of experts who ranked each reform within their top five choices. Priority actions were determined by asking participants to select two top actions and two 2025–2026 milestones for each reform area. Those chosen by the highest proportion of experts were prioritized.

meaningful community participation at the center, this reform aims to move global support away from fragmented, supply-driven approaches toward models that strengthen long-term systems and capacities at the country level.

Priority Actions	**2025–2026 Milestones**
Make country ownership the organizing principle for global health support — ensuring alignment with nationally defined health priorities, strategies, and plans.	MECA governments systematically lead the design, coordination, and oversight of externally funded health programs, ensuring that all major investments reflect national priorities and health sector plans.
Introduce transparent, performance-linked financing for global health investments in the MECA region — including bilateral donor funding, multilateral financing (e.g., WHO, Global Fund, Gavi), and major global health initiatives — supported by independent audits, public financial disclosures, and open digital scorecards that track delivery against commitments.	Multi-year financing commitments are secured from key global health partners to build long-term institutional, systems, and workforce capacity.
Lead Implementation Entities: 1) National government leadership (e.g., Ministry of Health, Ministry of Finance), 2) Regional health agencies (e.g., WHO/EMRO/EURO, EMPHNET), 3) Global Health Initiatives (GHIs) and donors	

Reform 2 – Shift Governance from Global to Regional Levels and Strengthen Regional Leadership

This reform advances the shift of global health decision-making closer to the populations most affected by transferring greater authority, financing, and accountability from global institutions to empowered regional bodies. Strong regional leadership enables policies and priorities that reflect MECA's contexts and needs while improving coordination for preparedness, response, and long-term health system strengthening. A regional public health leader remarked that *"we cannot keep relying on global decisions made far away—regional leadership is the only way to make reforms relevant, timely, and grounded in our realities."*

The reform responds to the structural need to rebalance decision-making and agenda-setting power toward regional institutions. It is enabled by mechanisms such as regional governance platforms, pooled financing arrangements, and shared representation frameworks. Strengthening regional bodies—within a networked governance model that prevents duplication—allows MECA to define its priorities, coordinate partners more effectively, and participate in global forums with a unified and well-resourced voice.

Priority Actions	**2025–2026 Milestones**
Clarify the roles and mandates of regional bodies to determine who is best placed to lead key functions, then empower those institutions with the authority and predictable financing needed for coordinated planning, decision-making, and oversight.	The MECA Regional Health Policy Council established with a political mandate to set priorities and lead regional health governance.
Require inclusive governance mechanisms at regional and national levels that formally engage civil society, youth, academia, private sector actors, refugees, and affected communities in decision-making and oversight of health reforms.	MECA representation secured in major global governance structures, ensuring structured and equitable influence in global health decisions.

Lead Implementation Entities: 1) National government leadership (e.g., Ministry of Health, Ministry of Finance), 2) Regional health agencies (e.g., WHO/EMRO/EURO, EMPHNET), and Regional political or economic bodies (e.g., Arab League, GCC, OIC, CIS), 3) Global Health Agencies

Reform 3 – Create Regional Platforms for Collaboration, Coordination, and Knowledge Exchange

Strong regional collaboration and knowledge-sharing are essential for accelerating reforms and enabling MECA countries to act collectively. Experts highlighted the need for both intra-regional coordination—to harmonize approaches and share lessons across MECA—and inter-regional learning to draw on global insights and innovations. Rather than establishing entirely new institutions, this reform focuses on building up regional platforms by strengthening, connecting, and modernizing existing bodies, while ensuring that diverse stakeholders—including youth, academia, civil society, and the private sector—are fully engaged. Sustained political leadership is needed to keep regional health architecture reforms high on the agenda. A regional researcher noted that *"no single country can solve these challenges alone—regional platforms are the only way we can learn quickly, coordinate effectively, and avoid repeating the same mistakes."*

This reform reinforces regional platforms that support joint surveillance, procurement, research, workforce development, and information exchange. It builds on structural commitments to coordination, trust-building, and equity, and is enabled by interoperable data systems, regional centers of excellence, and multi-agency networked governance models. Strengthened and better-connected platforms will expand collective capabilities, reduce duplication, and support more coherent regional action while allowing MECA countries to benefit from both regional cooperation and global experience.

Priority Actions	**2025–2026 Milestones**
Strengthen existing regional bodies to coordinate surveillance, laboratory networks, and cross-border preparedness, and establish regional knowledge-sharing platforms that support joint research, monitoring, and capacity-building.	An expanded regional Field Epidemiology Training Program (FETP) network that connects all MECA countries under EMPHNET leadership, accompanied by an operational regional knowledge platform curating best practices, research evidence, and local innovations to support shared learning and coordinated decision-making.
Create regular global–regional forums that convene MECA regional bodies together with global agencies to align priorities and share best practices.	Annual MECA Innovation & Learning Forum institutionalized, bringing governments, academia, youth, private sector, and civil society into ongoing health system dialogue.
Lead Implementation Entities: 1) Academic and research institutions (universities, scientific networks), 2) Regional health agencies (e.g., WHO/EMRO/EURO, EMPHNET), 3) Global Health Initiatives (GHIs) and donors	

Reform 4 – Strengthen Regional Evidence, Data Systems, and Digital Integration

Digital transformation is essential for accelerating regional reform, improving accountability, and enabling real-time, data-driven decision-making across MECA countries. A digital health specialist emphasized that *"without interoperable data systems, we are flying blind—evidence must move across borders as quickly as diseases do."* This reform focuses on developing interoperable and trusted regional data systems—linking surveillance, laboratories, supply chains, and service delivery

into a coordinated digital ecosystem. This reform requires action primarily at the regional level, led by regional institutions and supported by global partners for standard-setting and by national governments for implementation and data interoperability.

Supported by mechanisms such as regional data hubs, shared surveillance platforms, and harmonized data governance frameworks, strengthened digital infrastructure will improve preparedness, streamline financing, and enhance the efficiency of health investments. It will also increase MECA's influence in global policy forums by enabling the region to generate robust evidence and contribute region-specific insights to global decision-making. By establishing shared platforms and analytical capabilities, this reform provides a core foundation for coordinated action and underpins the successful implementation of all other reforms.

Priority Actions	**2025–2026 Milestones**
Strengthen workforce capacity in data analytics, digital health operations, and evidence-informed policymaking through partnerships with academic and research institutions.	Regional Data Hub established to enable cross-border data sharing and advanced analytics.
Develop real-time digital dashboards to monitor emergency response, resource deployment, and progress toward shared health reform goals.	Public digital dashboards are operational to provide transparent, real-time health system performance reporting.
Lead Implementation Entities: 1) National government leadership (e.g., Ministry of Health, Ministry of Finance), 2) Academic and research institutions (universities, scientific networks), 3) Regional health agencies (e.g., WHO/EMRO/EURO, EMPHNET).	

Reform 5 – Strengthen National Leadership for Integrated, PHC-Centered Health Systems

MECA experts highlighted the need to move away from fragmented, donor-driven vertical programs toward integrated, PHC-centered systems that deliver prevention, preparedness, and routine care through a unified and resilient approach. Strong national governance, coherent public health legislation, and sustainable financing are central to embedding outbreak readiness and continuity of care within everyday services. *T*his reform is driven predominantly at the national level, requiring strong government leadership and multisectoral coordination, with regional bodies providing technical support and global partners aligning external assistance with national PHC strategies.

This reform strengthens national leadership to align legislation, financing, and workforce development with PHC goals, supported by whole-of-government coordination platforms, domestic financing reforms, and regional training networks. By placing PHC at the center of national reform, countries can reduce duplication, increase efficiency, improve resilience, and expand equitable access for vulnerable and underserved populations. Regional bodies and global partners play complementary roles through capacity-building, policy harmonization, and aligned technical assistance.

Priority Actions	**2025–2026 Milestones**
Prioritize long-term investment in PHC infrastructure, workforce, and community-first delivery models — expanding prevention, health promotion, and first-contact services across all populations.	Vertical programs integrated into national PHC strategies in priority MECA countries to reduce fragmentation and strengthen continuity of care.

Strengthen community engagement and feedback mechanisms to ensure PHC reforms reflect real population needs, particularly for vulnerable and remote groups.	Humanitarian funding progressively aligned with PHC delivery, supporting sustainable access for vulnerable and refugee-hosting communities.
Lead Implementation Entities: 1) National government leadership (e.g., Ministry of Health, Ministry of Finance), 2) Academic and research institutions (universities, scientific networks), 3) Regional health agencies (e.g., WHO/EMRO/EURO, EMPHNET).	

4. Anticipating and Overcoming Obstacles

Participants identified major barriers to reform, including political instability, regional fragmentation, workforce shortages, and reliance on external funding. Weak coordination across countries and institutions was seen as a central constraint, reinforcing the need for stronger regional mechanisms, interoperable data systems, and clearer communication channels. Although conflict and fragile governance pose persistent challenges, health was viewed as a sector capable of maintaining cross-border cooperation even in unstable settings.

Workforce migration was highlighted as a significant threat, prompting calls for retention strategies, regional training hubs, and diaspora engagement. Limited domestic financing and limited influence in global decision-making were seen as impediments to ownership and sustainability, underscoring the need for greater regional investment and more unified negotiation with donors. Participants stressed that reforms must be context-specific and grounded in reliable data, public trust, and inclusive governance, supported by stronger digital health systems and transparent data practices.

They also cautioned that MECA's proposed regionalization does not align with WHO's EMRO/EURO structure, and any new model must complement existing arrangements to avoid duplication. Despite the challenges, participants remained optimistic that collective action, strengthened coordination, and evidence-based decision-making can sustain progress.

5. Conclusions and Next Steps

The MECA Regional Dialogue affirmed a strong regional commitment to a more equitable, coherent, and regionally led global health architecture. Participants converged on a shared vision and five Reform Pathways that align global support with national priorities, strengthen regional governance, expand regional collaboration platforms, improve evidence and digital systems, and reinforce national leadership for integrated, PHC-centered care.

Turning this vision into action will require coordinated efforts across MECA countries, regional institutions, and global partners. Donors and global health agencies should align with nationally defined priorities, enhance MECA representation, harmonize mandates, expand predictable financing, and strengthen transparency. In parallel, MECA countries should operationalize regional governance mechanisms, develop actionable plans, invest in shared infrastructure, and build regionally anchored financing.

With strong institutional foundations and growing digital capacity, the region is well-positioned to advance these reforms. Sustained political commitment and collective action will be essential for MECA to shape a more equitable and resilient global health architecture.

”This paper captures the outcomes of one of five regional dialogues supported by Wellcome, and led by regional partners. The views and opinions expressed throughout the dialogue are those of individual participants, and do not necessarily reflect the official policy or position of Wellcome".