





WHO Transformation – turning crisis into opportunity

2023

Country-focused transformation

2024

Regional Director's vision

2025

Realignment



Empowering WHO country offices

- Action for Results group
- Delegation of Authority
- Core predictable country presence



Staying ahead of the curve

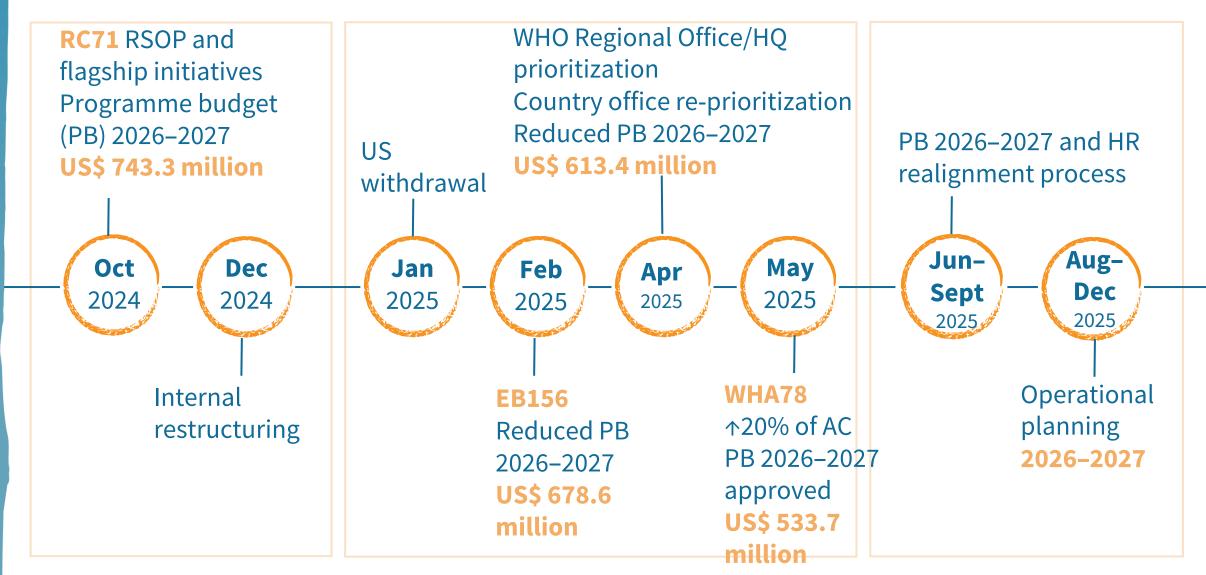
- Country office HR reviews
- Flagship initiative deliverables
- Prioritization and HR planning



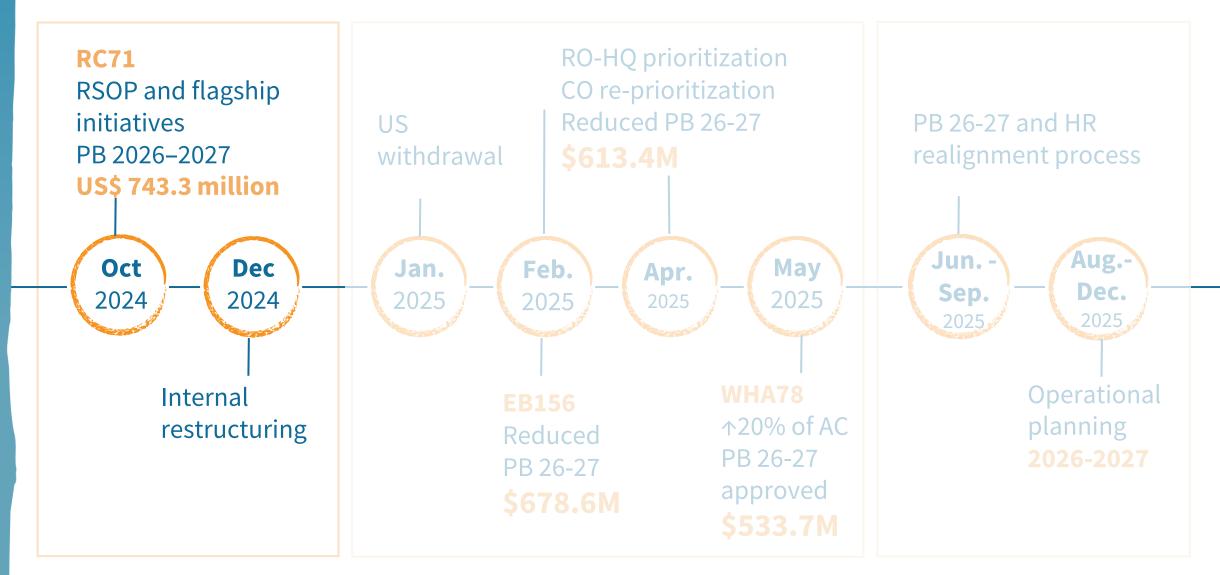
Organizational resilience

- Streamlining functions
- Reducing duplication
- Enhancing agility
- Cost-effective support
- Engagement modalities

WHO's regional journey



WHO's regional journey: Phase I



Transformative changes



Strategic alignment



Country
engagement
to drive results



Enhanced

Member States collaboration and coordination



Collective

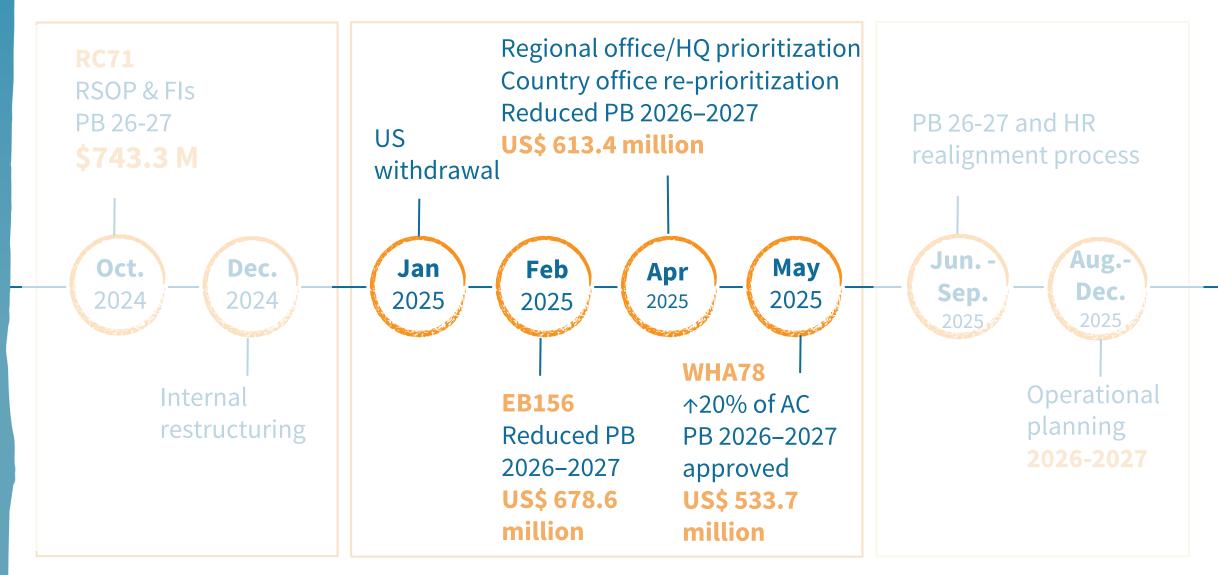
Impact with partners



Strengthened

compliance and risk management

WHO's regional journey: Phase II



Global impacts of funding cuts

A WHO rapid assessment

(Mar–Apr 2025, 108 low- and lower-middle-income countries):



Emergency preparedness

√70%



Public health surveillance

√66%



Service provision

↓58%



Humanitarian aid

↓56%



Health workforce

↓54%



Medicine shortages, health workforce losses, data disruptions

Regional impact of funding cuts: country examples

Sudan

45 000

Treatment loss for children with severe malnutrition

Palestine

43%

resource loss in halted rehabilitation, training and supplies

Yemen

8.5 million affected **377** facilities at risk (46 maternal care)

Afghanistan

59%

DTP3 coverage – risk of outbreaks

Syrian Arab Republic, **Afghanistan** and

Sudan

> 450 clinics closed

2.5 million

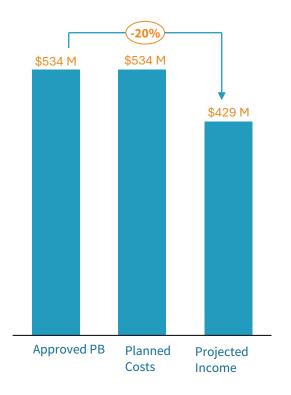
treatments at risk, including ICU, dialysis and cancer care

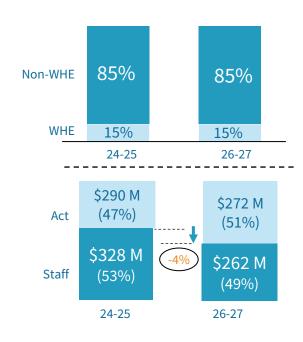
Regional Sustainability Plan for 2026-2027

Financing of the **2026–2027** approved PB is projected at **80%**

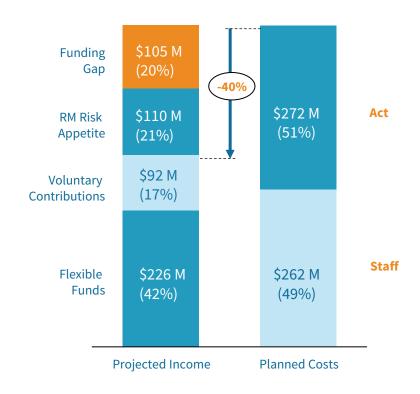
15% of flexible funds are distributed to WHO health emergencies programme (WHE)

Available or highly certain funds cover 60% of the projected cost





In 2026–2027, 49% of costs are allocated to staff, 51% to activities



Health at risk

Implications of declining donor support for public health

Detailed analysis

Complex

political/economic situation

Top contributors

(90% of base budget)

5% downward adjustment

Projected outcome

Decline of Voluntary Contributions to base budget (excl. emergencies): 27 %

Emergencies: 50 %

PB 2026-2027

Risk appetite:

US\$ 110 million

Funding gap beyond risk appetite:

US\$ 105 million

Impact

Emergency supplies

Flagships

Health systems

Surveillance &

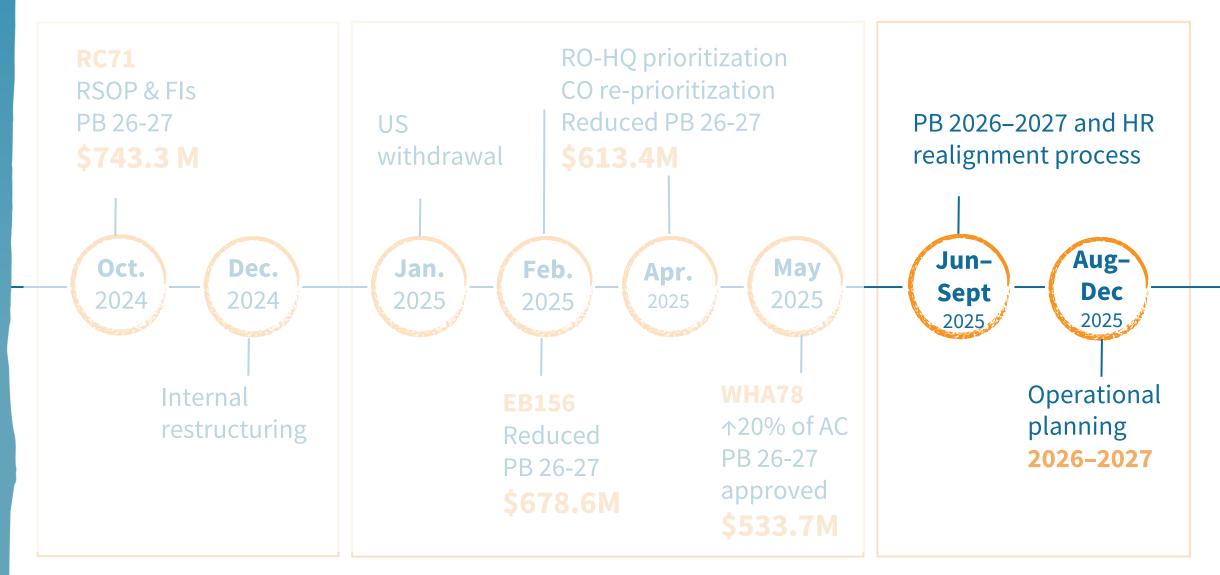
laboratory

Refugee/IDPs

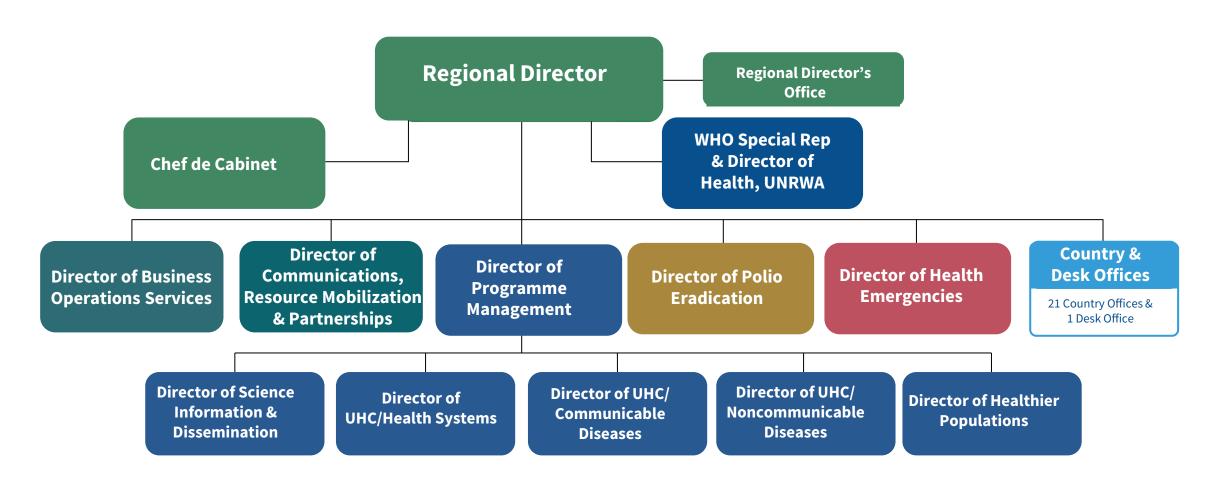
Outbreak response

Digital health

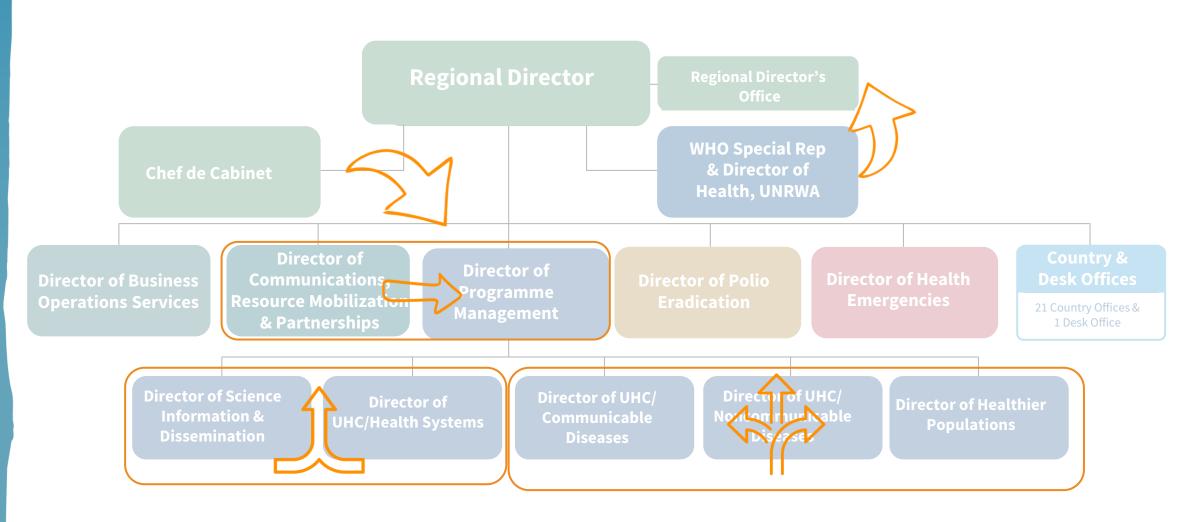
WHO's regional journey: Phase III



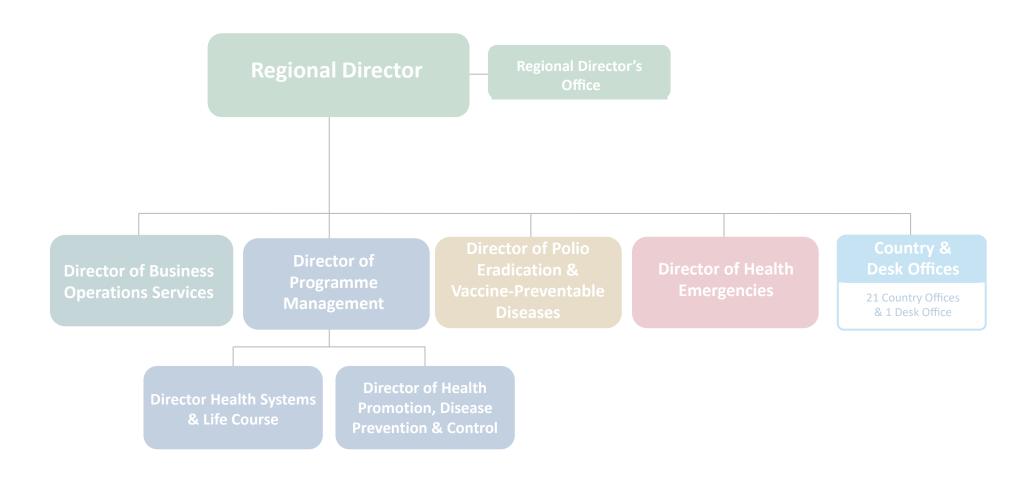
Organizational structure of the WHO Regional Office for the Eastern Mediterranean, August 2025



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Summary of structural changes in the Regional Office

-45%

Number of departments

11 6

-35%

Number of functional teams

55 36

-53%

Number of UG1/D2&D1

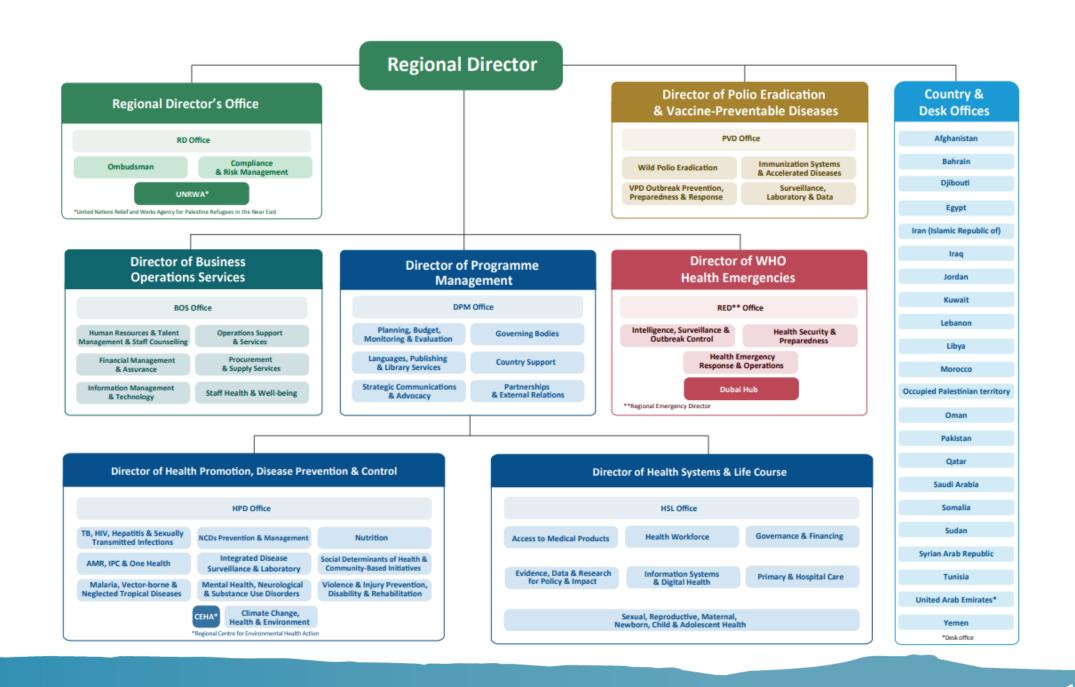
1/14 -1/6

Level of alignment with HQ

6 departments (100%)

Level of alignment with HQ units

34 units (including CdC) 36 units (95%)



2026-2027 Impact on HR structural **Fixed and Temporary** plans for 2026-2027 **Positions: 1432 Responding** to country emergencies and needs → Regional Office → ↑ country offices Fit-for-purpose Reprioritization Agility Operational readiness HR ≈ 30% vacancies Reduction and redistribution 2024-2025

Fixed and Temporary Positions: 2253

Renewed WHO - preparing for a new biennium



IMPROVED PARTNERSHIPS

in a new global health landscape



MEANINGFUL COUNTRY-LEVEL IMPACT

- GPW14/RSOP prioritization and Country Cooperation Strategy integration
- Fit-for-purpose workforce responding to country needs in an integrated approach



INTEGRATED PROGRAMME MANAGEMENT

- Agile strategic and operational planning
- Unified and transparent HR and resource management
- Results-based monitoring and reporting



