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Editorial

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Over the years, the Eastern Mediterranean Region (EMR) has faced a funding gap with respect to malaria, tuberculosis (TB), HIV, and vaccine-preventable diseases programmes. In the early 2000s, Gavi, the Vaccine Alliance (Gavi) and the Global Fund against AIDS, TB and Malaria (GFATM) became important financial contributors to these programmes (1). In 2000–2015, funding support from these two global health initiatives allowed progress. However, from 2015, coverage of interventions plateaued, and the region is now behind on the related Sustainable Development Goal (SDG) targets (2). The efforts that got us to where we are may not be adequate to help us achieve the 2030 SDG targets (3). Thus, in 2022, building on the new GFATM (4) and Gavi (5) strategies, the WHO Regional Office for the Eastern Mediterranean Region (WHO/EMRO) analysed how contributions from these 2 global health initiatives increase coverage interacted with the six building blocks of health systems: governance, financing, service delivery, health workforce, access to commodities, and health information systems (6). As a result, in October 2022, the 22 EMR Member States endorsed a resolution to accelerate the prevention, control and elimination of communicable diseases through integration so that the region can optimize the support from Gavi and GFATM while contributing to a sustainable delivery capacity of the national health systems (6,7).

EMR can build upon the contributions of Gavi and GFATM along the six health system building blocks. From a governance perspective, there is a wealth of disease-or programme-specific mechanisms, processes and products, including high level committees, assessments, plans, policies, partnerships, and multisectoral actions. On financing, several disease- or programme-specific costing tools and investment cases have been developed, and in 2000-2022, we secured almost US$ 5 billion external funding support in the Gavi and GFATM programme area, including health systems strengthening, with simultaneous efforts to increase domestic financing. For service delivery, programmes developed narrative guidelines and guidance as well as programme-specific service delivery models, including laboratory services. To strengthen the workforce, specific training packages were made available along with incentives for healthcare workers. On commodities, GFATM and Gavi built effective mechanisms for market shaping, procurement and supply chains, which made available large quantities of quality-assured vaccines, medicines, diagnostic tests, and bed nets at optimized prices. Finally, the data collected for decision-making drove progress in HIV, TB, malaria, and

immunization and led to effective, specific data systems (6).

First, going forward, through this resolution, EMR Member States committed to increasing their ownership of the planning, implementation, sustainability, and transition processes using the GFATM and Gavi contributions. To do this, our national health policies and strategies must be the starting point in planning for the contributions of GFATM and Gavi, including the health systems strengthening components.

Second, we must increase domestic financing for health, improve cross-programmatic efficiencies, and work towards sustainability and transition.

Third, inclusion of HIV, TB, malaria, and vaccination interventions in national essential health service packages is necessary to reach an integrated, people-centred approach based on primary health care for Universal Health Coverage (UHC). This approach will be the key to reaching the underserved and most vulnerable populations/communities and to closing the coverage gaps. Children who received zero dose of vaccines are an indicator of underserved communities that need to be reached with integrated packages.

Fourth, innovative, comprehensive human-resources-for-health approaches will be the way to optimize the contributions of in-service training and incentives. Broader policies are needed to attract health workforce, build early career capacity, and ensure retention.

Fifth, we can learn from the optimized procurement and supply chain management approaches used by global health initiatives to strengthen an integrated national capacity in this domain, so that all commodities necessary for UHC are included.

Sixth, we can consolidate and digitalize data systems used for monitoring and evaluation in the context of integrated disease surveillance and national health information systems.

While these changes make a lot of sense, they also mean going beyond habits taken years after years applying for grants to implement them. In this context, WHO/EMRO in 2022 organized a regional consultation for development effectiveness in the health sector in EMR,

calling for the establishment of country compacts (8). Working together, we will: (1) drive progress from the national health sector strategy, (2) defragment to integrate services and functions, and (3) reach the unreached and vulnerable communities to reduce inequities and achieve the SDGs for HIV, TB, malaria, and vaccine-preventable diseases while progressing towards UHC. The WHO secretariat will have a key role to play in assisting its Member States with focused technical assistance that will contribute to these expected outcomes in countries. The EMR constituency will work with countries to strengthen the role of country coordinating mechanisms (CCM) and interagency coordination committees (ICCs) so they can maximize the impact of GFATM and Gavi grants.

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