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Feature Story

More Eastern Mediterranean Countries Use Supportive Supervision to Empower Immunization Workers

As opposed to didactic instruction, supportive supervision entails a two-way communication between mentors and less experienced individuals. Through supportive supervision, mentors provide guidance on how things are properly done. Supportive supervision, initialized SS, is gaining popularity as a professional development tool for health workers, more so for immunization workers at the frontline. Because it offers constructive feedback, and positive reinforcement as well, in a relaxed atmosphere, supportive supervision motivates workers to do better at their job.

How supportive supervision works

Step 1 A team of supportive supervisors are trained

Step 2 Supervisors prepare a “supervisory checklist” containing priority issues which they must observe and record

Step 3 Supervisors use data and based on their findings they plan the details of regular supportive supervision visits: location, frequency, duration, and objectives

Step 4 Supervisors conduct the supervisory visit where they collect information, provide feedback, conduct on-the-job training, and record results

Step 5 Supervisors follow up on the visit

GHD|EMPHNET’s Contribution to Supportive Supervision of Immunization Services

GHD|EMPHNET, working in tandem with national plans in the Eastern Mediterranean, has relied on supportive supervision and monitoring to enhance the performance of frontline immunization workers. For over five years, GHD|EMPHNET supported investments made by public health authorities in supportive supervision for a clear purpose—ultimately reverse low immunization coverage in countries where adverse circumstances of aspects have impacted the performance of health workers.

Starting in Afghanistan, a high priority country, GHD|EMPHNET provided technical and logistic support to almost half of the country’s provincial supervisors of the Expanded Program on Immunization (EPI) whereby they were able to visit health facilities and conduct on-the-job training for frontline workers. Sixteen provinces have been selected that were either endemic for polio, security compromised, underserved, or hard-to-reach. In addition of providing technical assistance and on-the-job training to the provincial EPI, the GHD|EMPHNET team based in Afghanistan was also involved in the supervision, conducting two missions to two provinces each month. The team randomly selected three health facilities in each mission and provided appropriate feedback to support the provincial EPI team. Thinking beyond the health facility level, GHD|EMPHNET also assured monitoring of services provided by outreach and mobile sessions where it is needed and difficult to implement. For them, GHD|EMPHNET initiated innovative ways: (1) remote monitoring and (2) the engagement of community leaders as a third-party monitor.



In Afghanistan, around 9600 visits were conducted by the provincial EPI team, 120 supportive supervision missions were conducted by GHD|EMPHNET country team, and 350 provincial EPI team were trained on supportive supervision and data quality, with 175 provincial EPI team receiving refresher training. 20 provincial EPI supervisors in 10 provinces were also trained on the remote monitoring and engagement of the community leaders.

Capitalizing on its experience in Afghanistan, GHD|EMPHNET decided to expand to other priority countries in the region, beginning with Iraq and then moving on to Somalia and Yemen where the humanitarian crises displaced many of the health workers and compromised health facilities. A different approach was used. First, GHD|EMPHNET worked with the authorities to review and update supervisory checklist. Then, it supported training of provincial and regional supervisors on supportive supervision who later trained the EPI focal points at the district levels on the same topic.



In Iraq, a TOT workshop was conducted for 23 provincial EPI supervisors from all provinces, followed by training of 132 district EPI managers.



In Yemen, 33 trainers in Aden and Sanaa governorates were targeted in a TOT workshop. In Mukalla, Aden, and neighboring governorates 30 district EPI supervisors were trained.



In Somalia, TOT workshops targeted 23 EPI supervisors from the state level.

Spotlight on Public Health Experts

Prof. Asmae Khattabi

Her colleagues call her “intelligent and goal oriented” and praise her ability to “bring innovation to problem solving” in the field of epidemiology and public health in her home country, Morocco, and the region.

Prof. Khattabi holds a PhD in Epidemiology and Public Health Surveillance from Ibn Tofail University, a high studies diploma and an advanced studies diploma in environmental sciences from Mohamed I University. She earned her bachelor’s in biology from Morocco’s Mohamed V University.

Prof. Khattabi spent a significant portion of her career in field epidemiology education. She served as the Deputy Director of the National School of Public Health (ENSP), overseeing research, cooperation, and continuing education. There, she was also the coordinator for the advanced and frontline modalities of the Field Epidemiology Training Program (FETP). As a leader at the ENSP, Prof. Khattabi concentrated her efforts towards empowering public health learners with skills essential to public health practice gained through FETPs and Rapid Response Teams training, commonly referred to as RRT.

Contributing to FETPs beyond Morocco, Prof. Khattabi works with the global FETP network, TEPHINET, as a member of its Accreditation Working Group and is a facilitator for the Mediterranean and Black Sea Program in Intervention Epidemiology Training, MediPIET. Supporting initiatives beyond field epidemiology, she has been called on by international organizations to work alongside global health security experts at the CDC Foundation and the WHO. Most notably, she has been serving on the Joint External Evaluation’s mission in Egypt.

And because she is a public health academic, Prof. Khattabi facilitates training workshops, nationally and regionally, in biorisk management, epidemics prevention, and RRT. She is also a member of the Regional Competency Framework for the International Academy of Public Health, known as IAPH.

Being a leader in the field propelled Prof. Khattabi to continue learning. Recently, she became a Kofi Annan Global Public Health Leadership Fellow, while also continuing to gain certification in technical skills because she believes that “knowledge empowers leadership.”

A member of the editorial board of national and peer-reviewed journals, she has published research focused on the application of epidemiological methods to better understand health determinants and risk factors and to evaluate epidemiological surveillance systems. Prof. Khattabi has over 100 published research papers.



Prof. Khattabi is currently the Director of Doctoral Studies Center at the Mohamed VI University for Health Sciences. She remains dedicated to support Morocco and the region in field epidemiology training and learning.



Public Health Issue in Focus

Biorisk Management in the Eastern Mediterranean Region

What is biorisk management?

Public health laboratories have a core function in diagnostics and surveillance. To perform this function in the safest fashion possible, these laboratories need to be kept protected when its staff are working with the routine, dangerous material they have, including infectious agents and toxins. But how can these laboratories be kept safe? This can be done by implementing practices under what is known as biorisk management whereby risks posed by working with agents and toxins can be reduced. These include biosafety practices which prevent unintentional exposure to biological agents or their inadvertent release and biosecurity practices which protect against intentional, unauthorized access, malicious use, or theft of these material. Biosafety and biosecurity are one of the technical areas assessed by the monitoring and evaluation framework of the International Health Regulations (IHR 2005)

Why is biorisk management important for the Eastern Mediterranean Region?

Like the rest of the world, the Eastern Mediterranean Region needs to establish strategies and mechanisms for ensuring safety from potential risks to which practitioners and laboratory scientists are exposed and eliminating accidental release or unimpeded access and misapplication of pathogens of danger to public and environment. The need is more pronounced in the region. With the existence of conflict, it becomes necessary imperative to prevent access to agents where they can be intentionally or maliciously used against civilians.

What is GHD|EMPHNET's contribution to national and regional biorisk management?

Over the past ten years, GHD|EMPHNET worked with ministries of health and agriculture, research entities, and the private sector to ensure the implementation of biosafety and biosecurity best practices across several countries in the Eastern Mediterranean. Different capacity building efforts have been implemented, and these include workforce development applied in the one health approach whereby laboratory workers and scientists from the human and animal health sectors have been trained on biosafety and biosecurity best practices. As part of workforce development, training courses have been offered and training material have been developed. A concentrated effort was directed to equipping laboratories with SOPs for bio medical waste management, samples management, building and sustaining biosafety and biosecurity systems, and other procedures. In the past ten years, the targeted countries in the Eastern Mediterranean were Afghanistan, Iraq, Jordan, Libya, Tunisia, Yemen, Morocco. From outside the region, GHD|EMPHNET provided support to Guinea and Liberia.

What are GHD|EMPHNET's future steps?

GHD|EMPHNET continues to work to elevate the performance of public health laboratories. Now, it is supporting countries to strengthen the capacity of public health and animal health laboratory professionals in disease diagnostics and surveillance, while ensuring their adherence to the best practices of biorisk management.

Biomedical and Chemical Waste Management

Libya

GHD|EMPHNET, Georgetown University, and the Libyan National Center for Disease Control developed SOPs for medical waste management (MWM) to support the implementation of basic concepts MWM in the country. These SOPs are available in Arabic and English and contain technical guidance to all personnel in biological laboratories that actively handle or manage biological agents and toxins and describe procedures for medical waste collection, segregation, offsite transportation, safe treatment, and disposal. Management teams in relevant health facilities across the country are overseeing implementation of these SOPs.

Afghanistan

Relying on the One Health Approach, GHD|EMPHNET worked with the Afghani Ministry of Public Health and Ministry of Agriculture, Irrigation, and Livestock in producing SOPs with fundamental instructions on handling and disposing of chemical waste generated at public health and animal health laboratories. Available in Dari and Pashto in addition to English, these SOPs also provide more specific instruction on handling, packaging, labeling, and transporting infectious substances from the field to central and other national laboratories. A team of trainers from public and animal health laboratories trained field staff at provincial and regional levels on these SOPs.

Iraq

GHD|EMPHNET joined the Iraqi MOH in building capacities of laboratory staff in treating, securing, and safely disposing biomedical waste in Anbar, Mosul, and Ninewa to eventually mitigate existing risks of misuse of biomedical waste. GHD|EMPHNET helped in assessing biomedical waste management capacities and practices at eight laboratories in these provinces.

Multi-Country Threat Reduction of Weaponizable Pathogens

Libya, Morocco, and Tunisia

A multi-national and multi-sectoral collaboration is expected to develop a scalable, sustainable systems for samples and pathogens inventory and security in high-risk public health and veterinary laboratories in Libya, Morocco, and Tunisia.

Libya and Tunisia

GHD|EMPHNET is collaborating with partners in Libya and Tunisia to improve multisectoral coordination for the surveillance and detection of as well as the response to priority transboundary diseases, especially dangerous pathogens.

Jordan and Morocco

GHD|EMPHNET is collaborating with MOHs in Jordan and Morocco and the Jordanian Armed Forces to build the capacity of laboratory technicians and concerned to identify, safely handle, and control ricin, abrin, and botulinum at their facilities. Abrin, Ricin, and Botulinum-toxins (that are on the top list of bioweapon candidate agents).



Updates

GHD|EMPHNET and the UK Health Security Agency Support Multisector Coordination for Emergency Preparedness

GHD|EMPHNET and the United Kingdom Health Security Agenda (UKHSA) are collaborating to support the region's countries in improving their multisector coordination (MSC) and subsequently their compliance with the International Health Regulations (2005). Their focus is to transfer MSC principles into practice to address relevant IHR implementation gaps identified in Joint External Evaluations and National Action Plans for Health Security.

GHD|EMPHNET and the UKHSA are working with two countries, Iraq and Pakistan where, alongside the MOHs, they conducted a situational analysis in each country to understand MSC needs, challenges, and barriers. Based on the findings of both situational analyses, GHD|EMPHNET and UKHSA met with representatives from the two countries to explore joint priority areas in alignment with the countries' feedback in a face-to-face meeting held in Amman, Jordan between February 15-17, 2022.

Based on group discussions they had at the meeting, each country was able to identify action points to be taken to address their priority areas and others which might require additional support from partners and other stakeholders. Some of these will be used to inform/create a support package, which once shared and approved by both countries, will be implemented jointly by GHD|EMPHNET and the UKHSA.

EMPHNET Releases Policy Brief on Achieving Higher Level of Functioning in NCDs Data-to-Action in Jordan

In this policy brief [Non-Communicable Disease DATA-TO-ACTION: Jordan 2021](#), lessons are presented based on a workshop that was conducted by the Eastern Mediterranean Public Health Network (EMPHNET) in collaboration with the Royal Health Awareness Society (RHAS), under the guidance of the Jordan Ministry of Health. Bringing relevant NCD stakeholders together, the workshop utilized the Data-to-Action Discussion Guide of the NCDs Capacity Assessment and Planning (N-CAP) Tool to assess, prioritize, and plan for next steps to inform country led efforts in NCDs data collection and use.



Pakistan Expands Efforts to Increase Immunization Coverage in Priority Provinces

The Expanded Program on Immunization (EPI) is using RI microplanning to identify specific barriers that hinder access to and utilization of immunization services and implement solutions to overcome these barriers. The EPI is working with support from GHD|EMPHNET, and in collaboration with KUDDI for R&D and in coordination with UNICEF, the WHO, to strengthen RI microplanning while enhancing the role of Lady Health Workers in the immunization program.

The EPI is building the capacities of immunization workers in microplanning prior to its implementation. A TOT was conducted between January 19-21, 2022, in Islamabad where a core team of facilitators was built to train frontline workers in low-performing facilities at the districts.

These trainers are working in high-risk provinces, and one currently being targeted as part of this collaboration is Balochistan. It is the largest province, shares borders with Afghanistan, home to a population of 12.34 million, including refugees, and has low immunization coverage. There, over 300 vaccinators and LHWs will be trained to plan comprehensively for immunization services in their catchment areas.



Vaccinology Training Conducted for the Region's NITAGs and Immunization Programs

Chairs of National Immunization Technical Advisory Groups (NITAGs) and National Expanded Program on Immunization (NEPI) from Afghanistan, Iraq, Jordan, Libya, Oman, Sudan, and Palestine attended a five-day training on vaccinology. The training took place in Amman, Jordan January 30-February 3, 2022, facilitated by GHD|EMPHNET in collaboration with the Network for Education and Support in Immunization (NESI), UNICEF, the WHO, The Task Force for Global Health, Global taskforce and the Vaccines for Africa Initiative (VACFA).

The training provided a comprehensive overview of the vaccinology field, from vaccine development and clinical trials to the implementation and use within the Expanded Program on Immunization.



Iraq Strengthens Communication for Improved Immunization Coverage

The Ministry of Health is reviewing the communication strategy of the Expanded Program on Immunization (EPI) to ensure it is up to date with emerging challenges. Supported by GHD|EMPHNET, the Ministry gathered representatives the central and provincial EPI, relevant departments at the Ministry, the WHO, UNICEF, and other relevant ministries at a stakeholder workshop in Baghdad between January 10 and 13, 2022. These representatives formulated the updated draft strategy, focusing on adjusting its following components to the current emergency: building trust, using SBCC and RCCE, using evidence-based interventions and communication, determining audiences, managing information for the EPI, managing infodemics, coordinating multi-sectoral communication, and communicating priority messages in recommended outlets.

To speed up the strategy's implementation, advocacy meetings will follow to gain support and commitment from various stakeholders, including political leaders, the media, and the community.



Multi-party Collaboration to Enhance Jordan's Integrated NCD Humanitarian Response

GHD|EMPHNET is supporting partners in advancing advance the knowledge of implementation and the generalizability of the Jordan Integrated NCD Humanitarian Response Project beyond its proposed setting. Working with the ministries of health and education in Jordan, the Royal Health Awareness Society, Caritas Jordan, and the Institute of Family Health, GHD|EMPHNET will help advance the efficiency of project implementation, identify existing gaps or challenges, and contribute to the integration of the project activities and learnings into the health strategies and policies.

As part of this collaboration, GHD|EMPHNET is conducting a KAP assessment in 30 schools across Jordan to study the effectiveness of the Nutrition, Smoking, and Physical Activity awareness sessions conducted by school health committees. Preparations for the assessment started in Amman, Ajloun, Balqaa, Karak, Mafraq, Tafleeh, and Zarqa between February 22-27, 2022.



Community-based Intervention Implemented to Reduce Salt Intake in North Jordan

The Ministry of Health is working to reduce salt intake among communities living in Jordan's north. With support from GHD|EMPHNET, the Ministry conducted awareness campaigns to promote salt intake reduction. 15 community awareness sessions prioritizing children were organized at schools.



Large Scale Training in Pakistan Build National and Provincial COVID-19 Vaccinators

To relieve routine EPI vaccinators from an additional role of administering COVID-19 vaccines, The Federal Expanded Program on Immunization (EPI) was able to recruit and support provinces with 2672 vaccinators to administer these vaccines. As a first step, the Federal EPI, and the Ministry of National Health Services Regulations and Coordination, Islamabad Pakistan held a National Training of Trainers on COVID-19 Vaccination for 35 public health professionals. This was followed by a provincial TOT for 140 newly hired in the Azad Kashmir region who administer vaccines at centers and in door-to-door campaigns.



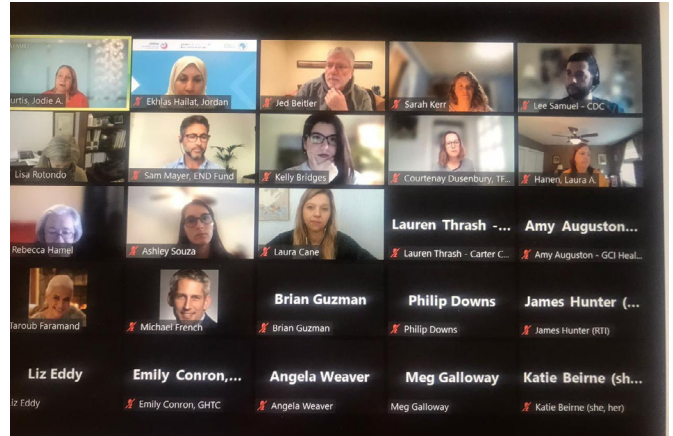
Operational Studies Make Recommendations to Improve TB and HIV/AIDS Programs

The MOH, the International Organization for Migration (IOM), and GHD|EMPHNET implemented operational research studies to promote informed decision making for better programming and policies in relation to TB, HIV, and sexually transmitted diseases (STDs). These studies were implemented in Amman, Irbid, Mafraq, and Zarqa and to (1) understand the knowledge, attitude, perception, satisfaction, and practices of TB and HIV in the country and (2) assess the surveillance systems for these diseases. Studies recommended evidence-based results for interventions whereby Jordan's efforts can be directed to improve the National TB Program and KAP among care providers, patients with TB, and local communities. Studies also provided evidence-based results for interventions to enhance HIV/AIDS-related KAP and to develop surveillance, healthcare providers' capacities, and screening, diagnosis, and management of HIV/AIDS.

Updates With the Partners



With the National Institute of Health Pakistan



From the Working Group meeting of the Global Health Council/Neglected Tropical Diseases



At the National Center for Animal Health in Libya



Agenda

- Presentation on EMPHNET (10 mins)
- Presentation on CHEPI (10 mins)
- Discussion (10 mins)

At the bimonthly meeting of the Center of Health Economics and Policy of the Imperial College London



At the kick off meeting of the Personalized Cancer Care Alliance in MENA



2nd Workshop of the Global Collaboration on Advanced Vaccinology Training