



INSIGHTS

COMMUNITY ENGAGEMENT

Introduction and Purpose

The World Health Organization (WHO, 2020) defines community engagement (CE) as “a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes.” This collaborative process is fundamental to improving health outcomes by ensuring that communities actively participate in decision-making and implementation.

Community engagement plays a vital role in advancing Universal Health Coverage (UHC) by empowering individuals and communities to shape health services that meet their needs. Through the five action areas of the Ottawa Charter, CE supports the creation of people-centered, equitable, and sustainable health systems. In doing so, it aligns engagement efforts with the broader goals of health system resilience and the Sustainable Development Goals (SDGs).

In emergency preparedness, CE strengthens trust, communication, and collaboration between communities and responders. Involving community members in planning, decision-making, and information sharing ensures that preparedness efforts are responsive to local needs, values, and resources. Active participation enhances early risk identification, counters misinformation, fosters public trust, and promotes the adoption of protective behaviors making emergency responses more effective, resilient, and sustainable.



Moreover, CE serves as a cornerstone of health system resilience. When communities engage through dialogue, feedback, joint planning, and shared decision-making, health systems gain crucial insights into emerging risks, vulnerabilities, and priorities. These relationships foster adaptability, enabling systems to anticipate shocks, maintain essential functions, and recover more effectively. Evidence from Liberia’s Ebola response illustrates this: meaningful community engagement built trust, improved communication, and strengthened collaboration ultimately enhancing the system’s capacity to respond and recover.

Collectively, these approaches address not only behavioral and social factors but also the structural and systemic determinants of health. By ensuring that interventions are contextually relevant, equitable, and sustainable, community engagement becomes a driving force for lasting improvements in health and well-being.

This document aims to demonstrate the pivotal role of community engagement (CE) in strengthening health systems, advancing Universal Health Coverage (UHC), and enhancing emergency preparedness and resilience within the Eastern Mediterranean Region (EMR). It outlines global frameworks, regional contexts, and EMPHNET’s unique approaches and experiences, showcasing how inclusive, people-centered engagement contributes to equitable, sustainable, and resilient health outcomes in complex humanitarian and development settings.

Global Frameworks and Approaches to Community Engagement

Community engagement is grounded in the principles of trust, equity, transparency, autonomy, accessibility, and contextualization. These values shape how communities and health systems collaborate toward shared health goals through inclusive governance, clear communication, participatory decision-making, cross-sectoral collaboration, and equitable resource allocation. Together, these elements create an environment in which communities are not passive recipients of aid but active partners in shaping the systems that influence their health and wellbeing (WHO,2020).

Building on the Ottawa Charter for Health Promotion, community engagement is understood as a process that empowers individuals and communities to gain greater control over the determinants of their health. It involves actions that develop personal skills, strengthen community capacity, create supportive environments, reorient health systems, and institutionalize equity and participation. These principles align with progressive levels of participation inform, consult, involve, collaborate, and empower which represent a continuum of increasing community influence and ownership in health processes (WHO,2020).

Globally, four interrelated approaches to engagement have been recognized as effective in addressing health determinants at multiple levels. Community-oriented engagement focuses on mobilizing people to collectively respond to shared health challenges, often with external facilitation or support. Community-based engagement emphasizes improving access to health services through active community participation in their design and delivery. Community-managed engagement strengthens decision-making power within communities, allowing them to plan, implement, and monitor health interventions that reflect their priorities. Finally, community-owned engagement represents the fullest expression of empowerment, in which communities exercise self-governance over health initiatives while maintaining supportive partnerships with external stakeholders (WHO,2020).

The conceptual foundations of community engagement draw on theories that emphasize participation, power-sharing, and collective agency. Paulo Freire's empowerment theory underscores dialogue and critical reflection as pathways to transformation, while Sherry Arnstein's ladder of citizen participation illustrates the progression from tokenism to full citizen control. Complementary frameworks such as self-determination theory, behavior change models, community-based system dynamics, and participatory action research reinforce people-centered approaches that value local knowledge, shared learning, and collective action (WHO, 2020).

In humanitarian and crisis settings, community engagement has proven indispensable to effective public health responses. Experiences from Ebola, COVID-19, Zika, and cholera outbreaks demonstrate that meaningful collaboration builds trust, counters misinformation, and fosters cooperation between communities and authorities. Frameworks such as the Risk Communication and Community Engagement (RCCE) model developed by WHO, UNICEF, and IFRC, alongside tools like the Community Engagement in Humanitarian Action (CHAT) Toolkit, provide structured methods for integrating participation and social behavior change into emergency responses while adapting to the unique demands of natural disasters, armed conflicts, and disease outbreaks (Community Engagement in Humanitarian Action Toolkit,2023;WHO RCCE,2020 and IFRC CEA Strategy,2023).

Evidence consistently highlights the central role of community actors including local leaders, faith-based organizations, women's groups, and volunteers in building trust, communicating risks, and enhancing surveillance systems. Initiatives that prioritize equity, cultural relevance, and inclusion achieve stronger health outcomes, such as improved vaccination coverage, treatment adherence, and resilience among marginalized populations control (Gilmore,2020; Osborne et al,2021;Li et al,2025 and Burns et al,2025).The Social Mobilization Action Consortium (SMAC) during Sierra Leone's Ebola outbreak exemplifies how coordinated local engagement can leverage trust networks to reach large populations effectively (Bedson,2020).

The COVID-19 pandemic further illustrated how partnerships with civil society, community networks, and local feedback mechanisms strengthened trust and improved vaccination efforts in regions such as the Western Balkans, South Caucasus, and Nigeria. Community mobilizers played a critical role in addressing misinformation and promoting preventive behaviors, highlighting the importance of two-way communication and ongoing dialogue (WHO RCCE,2025; UNICEF,2024). Similarly, initiatives such as the U.S. Global Health Worker Initiative have demonstrated the centrality of community health workers in building resilient health systems, emphasizing workforce protection, capacity development, and digital innovation as integral components of effective engagement (The White House,2024).

Ultimately, community engagement represents far more than a participatory technique; it is a transformative process that redefines relationships between people and the systems that serve them. Guided by principles of equity, respect, and shared responsibility, it strengthens the social fabric, enhances resilience, and ensures that health responses are inclusive, adaptive, and sustainable.

Community Engagement in Humanitarian Public Health Settings – Regional Context

The Eastern Mediterranean Region (EMR) presents one of the most complex public health landscapes globally, characterized by striking diversity in income levels, health system maturity, and sociopolitical stability. It encompasses high-income Gulf states with advanced health infrastructures alongside low- and middle-income countries facing recurrent crises and systemic fragility. This heterogeneity is further compounded by protracted conflicts, displacement, and governance challenges that have eroded institutional trust and fragmented service delivery systems. In such environments, community engagement (CE) is not simply a participatory ideal but a pragmatic necessity for ensuring equitable, contextually appropriate, and sustainable health interventions.

Across the region, overlapping crises, armed conflict, economic volatility, displacement, and climate shocks have intensified vulnerabilities and strained health systems. The EMR and broader Middle East and North Africa (MENA) region account for a disproportionate share of the global humanitarian burden, with 59.2 million people in need of assistance and 16.2 million internally displaced (Global Humanitarian Overview, 2025). Recurrent outbreaks such as cholera in Yemen and polio in Syria illustrate how weakened surveillance, disrupted infrastructure, and population mobility perpetuate cycles of disease. The region also bears over 70% of global disease outbreaks and 71% of global attacks on healthcare facilities, with over 70 health centers closed in northwest Syria alone (WHO, 2023; Humanitarian Action, 2025). Such conditions undermine access to care and reinforce public mistrust in formal institutions.

Community engagement provides a critical framework for navigating this fragility. In settings where governments are weak, fragmented, or perceived as illegitimate, participatory approaches build credibility, strengthen social cohesion, and enhance accountability. CE helps bridge divides between health actors and communities by promoting locally driven solutions grounded in cultural norms, faith-based values, and community solidarity elements particularly salient in the EMR's sociocultural fabric. By fostering dialogue and shared responsibility, engagement initiatives transform beneficiaries into partners, thereby improving the legitimacy and reach of public health responses.

Practical applications across the region demonstrate the transformative potential of CE. In Sudan's Kassala State, UNICEF's Enhancing Community Resilience Project (ECRP) established Community Development Committees (CDCs) to coordinate health, nutrition,



WASH, and education priorities, empowering over 560,000 people to manage local development transparently amid recurrent cholera outbreaks (UNICEF Sudan). In Yemen, WHO-supported community volunteers have strengthened disease prevention and surveillance in hard-to-reach areas (WHO EMRO, 2025). Following the 2023 earthquakes in northwest Syria, collaboration among WHO, UNICEF, and Gavi enabled house-to-house cholera vaccination campaigns, where social mobilizers played a crucial role in rebuilding trust and reaching displaced populations (WHO EMRO, 2023).

Comparable models in South Sudan's Tonj region, Cox's Bazar in Bangladesh, and Pakistan's Lady Health Workers Programme underscore the universality of CE principles in fragile contexts. In Tonj, the involvement of religious and community leaders in vaccine dialogues increased COVID-19 uptake, while adolescent-led clubs in Cox's Bazar fostered psychosocial resilience and health literacy during crisis (UNICEF South Sudan; UNICEF Bangladesh). In Pakistan, training 300 female vaccinators to conduct door-to-door campaigns dispelled vaccine myths and narrowed the gender gap in immunization (UNICEF Pakistan). In Gaza, sustained community mobilization maintained high immunization coverage 89% of children received the third dose of the oral polio vaccine in 2023 despite escalating insecurity (UNICEF Gaza).

These experiences highlight that in a region marked by social fragmentation and humanitarian complexity, community engagement is indispensable to health system resilience. It enhances the adaptability of interventions, strengthens accountability mechanisms, and situates health action within the lived realities of communities. By integrating cultural sensitivity with participatory governance, CE not only improves health outcomes but also rebuilds trust in public systems, laying the foundation for more cohesive, equitable, and sustainable recovery across the EMR.

EMPHNET's Unique Approach

EMPHNET brings a unique and regionally grounded approach to community engagement, particularly suited to the fragile, conflict-affected, and humanitarian contexts of the Eastern Mediterranean. Building on global RCCE frameworks, EMPHNET places strong emphasis on local ownership, cultural intelligence, and contextual adaptation, empowering communities to become active leaders in planning, implementing, and monitoring health interventions. Through this approach, EMPHNET has transformed communities from passive beneficiaries into key drivers of health outcomes. It effectively bridges the humanitarian–development nexus, integrates digital tools and One Health methodologies, and translates global principles into practical, field-tested models. This distinctive approach positions EMPHNET as a regional innovator and trusted partner, capable of advancing equitable, resilient, and sustainable community engagement systems to address complex health challenges.

EMPHNET's operational model is anchored in four core principles: trust, equity, contextualization, and collaboration that collectively define its methodology and institutional ethos. Trust is cultivated through participatory engagement and transparency, building confidence between communities and health authorities. This principle is operationalized through continuous dialogue, such as engaging local and religious leaders in Afghanistan and Sudan to promote immunization acceptance and counter misinformation. Equity underpins EMPHNET's deliberate focus on marginalized and hard-to-reach populations, including zero-dose children, internally displaced families, and nomadic communities in areas such as Gaza, Somalia, and Yemen. Through these targeted interventions, EMPHNET ensures that services reach those most often excluded from traditional health systems. Contextualization is reflected in the organization's ability to adapt global frameworks to the sociocultural and political realities of each country, developing locally resonant materials, messages, and approaches that enhance uptake and ownership. Collaboration remains a defining characteristic of EMPHNET's work, manifested through its partnerships with ministries of health, civil society, academia, and international organizations, as well as cross-sectoral linkages that enable integration between human, animal, and environmental health domains.

In operationalizing these principles, EMPHNET employs a community-centered and systems-oriented approach that aligns humanitarian response with long-term development outcomes. Its interventions are structured around the premise that communities are both beneficiaries and co-implementers of health programs. Through participatory methodologies such as Appreciative Inquiry in Iraq, EMPHNET has demonstrated how local actors can develop microplans, set priorities, and lead health campaigns with measurable results. This model not only strengthens community capacities but also institutionalizes accountability and sustainability

at the local level. Similar participatory approaches are evident in EMPHNET's integration of female health workers into immunization systems in Pakistan, where culturally appropriate service delivery models have expanded access while advancing gender equity in health leadership.

Digital transformation is a key enabler of EMPHNET's approach, enhancing the precision, timeliness, and accountability of health interventions. Through digital surveillance platforms, mobile reporting tools, and real-time data systems such as those used in Sudan's Volunteers for Vector Control project, EMPHNET strengthens early warning mechanisms and facilitates evidence-based decision-making. These tools enable rapid detection of outbreaks, transparent data sharing, and continuous performance monitoring, thereby linking communities directly to national surveillance and response systems.

EMPHNET's integration of One Health principles operationalizes intersectoral collaboration at the local level. Recognizing the interconnectedness of human, animal, and environmental health, EMPHNET applies cross-disciplinary approaches to address zoonotic diseases such as brucellosis. Through coordinated engagement with farmers, veterinarians, and public health workers in Iraq and Pakistan, EMPHNET has strengthened local diagnostic capacities, improved biosafety practices, and promoted behavioral change in livestock management. This approach exemplifies how global health security frameworks can be localized through community participation and practical intersectoral coordination.

Across all its programs, EMPHNET's model functions as a bridge between immediate humanitarian response and sustainable development. In crisis-affected countries such as Yemen, Gaza, and Sudan, EMPHNET has maintained essential health services, expanded community-based surveillance, and strengthened local capacities for outbreak detection and response despite disruptions. Simultaneously, these same mechanisms lay the groundwork for long-term system resilience, transforming short-term emergency actions into enduring platforms for health governance and equity.

Ultimately, EMPHNET's unique value lies in its ability to translate global principles into context-specific, operational frameworks that generate measurable and sustainable impact. By embedding participation, equity, and innovation into every stage of its programming, EMPHNET has developed a replicable model that both responds to immediate needs and builds systems capable of withstanding future shocks. Its synthesis of digital integration, community ownership, and One Health collaboration represents a regionally proven pathway for advancing resilient, adaptive, and inclusive public health systems across the Eastern Mediterranean and beyond.



EMPHNET in Action

01. Community-Led Surveillance in Immunization



Community Based Surveillance Lebanon

**Background:**

Large Syrian refugee influx increased risk of disease outbreaks.

**Humanitarian Setting:**

Refugee settlements with overcrowding.

**Intervention:**

Expansion of CBS from one to four provinces (2022–23). A national CBS guideline and training workshops for surveillance officers and NGO coordinators/supervisors were implemented and refugee-settlement informants engaged.

**Why Is It Important?**

Detects outbreaks early in hard-to-reach refugee communities.

**Impact/Outcomes:**

Non-Polio AFP rate rose dramatically. The non-Polio AFP rate (per 100,000) rose in 4 of 6 governorates (e.g., Mount Lebanon 3.1→58; Akkar 0→4.16.5; Beirut 0→5.74.9; Baalback-Hermel 0→10.13.7)



Appreciative Inquiry in Iraq



Background:

Post conflict left gaps in Iraq's immunization services. EMPHNET introduced Appreciative Inquiry (2018) to mobilize communities in Karbala and Babylon.



Humanitarian Setting:

A country emerging from conflict with internally displaced families and strained primary health services.



Intervention:

Full Immunization Coordination Committees, envisioning sessions, micro-plans, and family coaching/public declarations for each birth. Capacity-building workshops used storytelling, role-playing, and participatory learning. Participants envisioned full coverage, created locally tailored plans, and identified resources, with monthly progress meetings



Why Is It Important?

Strengthens local ownership of immunization and builds resilience where health infrastructure is fragile. The approach enhanced the Expanded Program on Immunization and fostered a sustainable, empowered community capable of leading initiatives independently.



Impact/Outcomes:

Immunization coverage rates improved significantly, achieving near-universal coverage for key vaccines. Prior to the Appreciative Inquiry project, vaccination coverage in the targeted districts was below 80% for BCG and between 75% to 83% for Measles across Iraq. After the intervention, BCG coverage increased to 100%, the first dose of the Hexavalent vaccine reached 98.3%, and Measles vaccination coverage improved to 84.4%.



Surveillance in Sudan



Background:

Sudan strengthened AFP and measles surveillance despite civil conflict



Humanitarian Setting:

Ongoing fighting, weakened infrastructure, and frequent displacement.



Intervention:

CBS complemented event-based surveillance (EBS) through engagement of Ministry of Health staff and local communities to upgrade AFP surveillance and address measles and other VPDs. Regular community visits, training workshops, and supervision improved accurate and timely reporting, aiding surveillance capacity and response amidst weakened infrastructure due to ongoing conflict



Why Is It Important?

Maintains disease detection capacity despite war.



Impact/Outcomes:

Faster and more accurate VPD reporting.



Community Based Surveillance as Part of PACT Initiative



Background:

Regional COVID-19 response (2020-2021).



Humanitarian Setting:

Pandemic strain on fragile systems in Egypt, Sudan, Morocco, Somalia.



Intervention:

In response to COVID-19 (2020-2021), EMPHNET with CDC Africa and AFENET implemented the PACT initiative in Egypt, Sudan, Morocco, and Somalia. Community Health Workers (CHWs) and volunteers were trained to conduct contact tracing, raise awareness, and support surveillance. 200 CHWs were deployed in each country with data collection tools, forms, and protective equipment. They conducted household visits and identified suspected cases, improving detection and management of COVID-19.



Why Is It Important?

Community-based detection improved COVID-19 control.



Impact/Outcomes:

Thousands of households reached, and cases detected.



Polio Village Volunteers in Yemen



Background:

In Yemen, CBS was integrated with the Polio Village Volunteers (PVV) project that was launched in 2017 to strengthen the surveillance of vaccine-preventable diseases (VPDs) amidst ongoing conflict, with support from EMPHNET



Humanitarian Setting:

Severe humanitarian crisis with limited health services.



Intervention:

Immunization awareness sessions were conducted in both Northern and Southern governorates, targeting over 3000 community volunteers on identifying and reporting Acute Flaccid Paralysis (AFP) and other VPDs.



Why Is It Important?

Maintains VPD surveillance amid war.



Impact/Outcomes:

By empowering community members to monitor and report health events, the initiative enhanced the local health system's capacity to detect under-immunized children and respond to outbreaks effectively. Improved immunization coverage; reduced VPD incidence.



EMPHNET in Action

02. Reaching Vulnerable Groups



Community Based Surveillance in Gaza – Screening for Acute Malnutrition



Background:

Chronic conflict and blockade heighten child malnutrition.



Humanitarian Setting:

Conflict zone with food insecurity, medicine shortages, and movement restrictions.



Intervention:

EMPHNET continues its critical efforts in screening malnourished children under 5 years and PLWs in the central and southern regions. The “Find & Treat” nutrition campaign launched in July 2024 aims to identify cases of malnutrition amidst challenging circumstances and refer them for treatment. Community volunteers, trained specifically for this campaign, are equipped to screen for malnutrition while the International Medical Corps (IMC) provides the necessary treatment.



Why Is It Important?

Rapid detection prevents severe malnutrition in a high-risk, conflict-affected population.



Impact/Outcomes:

Children screened and referred despite ongoing hostilities.



Community Awareness and LHW Involvement in Pakistan



Background:

Between 2020–2022, EMPHNET partnered with Pakistan's Lady Health Workers (LHWs) to strengthen community awareness and support vaccine uptake



Intervention:

Materials were tailored to address specific concerns raised by the community, such as vaccine safety and religious acceptability. By disseminating information through trusted local channels like community radio and social media, awareness about vaccination significantly improved, leading to increased vaccination rates. Also in Pakistan, EMPHNET's intervention in District Peshawar aimed to raise awareness and promote vaccination for COVID-19 and routine EPI vaccines. The project involved capacity building of Female Health Workers (FHWs) and Lady Health Supervisors (LHSs) to conduct advocacy sessions with hesitant groups. These sessions targeted various audience groups, including young women, pregnant and lactating women, mothers with young children, community leaders, and influencers. Through bi-weekly sessions, FHWs provided information and educational materials in the local language, addressing vaccine hesitancy and promoting the benefits of immunization.



Why Is It Important?

Provides culturally acceptable messages



Impact/Outcomes:

The active involvement of FHWs in these advocacy efforts led to improvements in vaccination coverage, with notable increases in COVID-19 vaccination uptake among young women and pregnant women. The project demonstrated the effectiveness of community engagement in overcoming barriers to vaccination and achieving better health outcomes



EMPHNET in Action

03. One Health



Targeting Farmers in Awareness Campaigns



Background:

EMPHNET applied a One Health approach to brucellosis, aligning human, animal, and environmental health efforts.



Intervention:

EMPHNET's One Health intervention combined community engagement, behavior change, and system strengthening. The project involved community members, health professionals, veterinarians, and environmental scientists: farmers and community members were trained to recognize and promptly report suspected brucellosis in people and animals, sustained awareness campaigns promoted safe dairy handling and routine livestock vaccination, public-health and veterinary staff received hands-on training to improve diagnostics, biosafety and Community members were trained to identify and report brucellosis cases, integrating grassroots surveillance with traditional systems for timely response.



Why Is It Important?

Targets transmission at its source, protects livelihoods, and reduces human disease through coordinated action.



Impact/Outcomes:

Earlier detection, safer dairy practices, higher animal vaccination uptake, and stronger cross-sector systems.



EMPHNET in Action

04. Digital Innovations



Social Mobilization in Somalia



Background:

Since 2023, EMPHNET is contributing to enhancing the accessibility of immunizations for children under five years of age in the nomadic populations of the Gedo Region in Somalia, by addressing the unique challenges faced by nomadic communities, such as their constant movement and limited access to health services.



Humanitarian Setting:

Remote Gedo districts with limited services.



Intervention:

Data collection tool for mapping nomadic settlements enables the understanding the migratory routes and settlement patterns. In 2024, social mobilization across nomadic settlements in Somalia's Gedo region engaged 30 Community Health Volunteers and 60 community members in door-to-door case finding and education on immunization and health-seeking behaviors, visiting 80 nomadic households and reaching 10,344 people (5,713 females and 4,631 males). The effort included four integrated outreach sessions in Belet-Hawa, Elwak, Dollow, and Bardere that vaccinated 68 children, 28 of them zero-dose, with all antigens, alongside four community dialogue sessions to strengthen awareness and participation in immunization.



Why Is It Important?

Improves immunization coverage among nomads.



Impact/Outcomes:

Large-scale awareness and zero-dose vaccination. These sessions supported the identification of Zero-Dose Children (ZDC) and missed opportunities in the target districts. Between July and August 2024, more than 100 children in Gedo region received their first dose of Routine Immunization of first dose of Polio during the conducted outreach sessions.



Volunteers for Vector Control in Sudan



Background:

Mosquito-borne diseases threaten communities in Kassala.



Intervention:

300 volunteers trained under the V4V project to control mosquito populations through Larval Source Management and indoor breeding control using digital reporting tools.



Humanitarian Setting:

Conflict and fragile infrastructure limit routine vector control.



Why Is It Important?

Empowers households to reduce vector breeding and disease transmission.



Impact/Outcomes:

Real-time data collection and improved mosquito control through community action.



EMPHNET in Action

05. Community Empowerment



Involving Community Elders in Afghanistan



Background:

In Afghanistan, EMPHNET implemented during 2021-2022 a project focusing on enhancing community awareness to improve immunization equity and coverage.



Humanitarian Setting:

Low-literacy areas under security challenges.



Intervention:

The project targeted low-coverage areas where vaccine hesitancy and low literacy levels posed significant challenges. The strategy involved conducting orientation sessions and community dialogues with around 450 religious leaders and 600 community elders. In return, these influential figures led orientation sessions in their respective communities, including discussions led by religious scholars to address concerns from a religious perspective, significantly reducing vaccine hesitancy.



Why Is It Important?

Faith-based messaging overcomes cultural and literacy barriers.



Impact/Outcomes:

Community acceptance of immunization increased, leading to higher vaccination rates and improved health outcomes in these provinces.



Awareness Campaigns in Gaza



Background:

Conflict-driven risk of communicable disease outbreaks.



Humanitarian Setting:

Blockade, water pollution, and shortages.



Intervention:

Community Volunteers carry out promotion and awareness raising activities on personal hygiene and Communicable diseases, and methods of transmission and prevention, amidst the conflict which increases the risk of disease outbreaks. Awareness on breastfeeding, especially in times of emergency, with the shortage of artificial milk and water pollution are also conducted.



Why Is It Important?

Maintains essential health education during conflict.



Impact/Outcomes:

Expanded hygiene and breastfeeding awareness.



Lady Health Worker Program in Pakistan



Background:

Between 2020 and 2022, EMPHNET supported the integration of LHWs into the Expanded Programme on Immunization (EPI) to address low immunization coverage.



Intervention:

Due to a shortage of female vaccinators and cultural preferences for women providers, EMPHNET trained Lady Health Workers (LHWs) to deliver vaccines. They received comprehensive training (administration, tracking, mobilization) and conducted door-to-door visits to create demand, educate families, address hesitancy, and find missed children. Advocacy enabled policy changes permitting women to vaccinate, overcoming household access barriers. Beyond immunization, LHWs supported malaria prevention and improved nutrition practices (e.g., breastfeeding, hygiene), strengthening maternal and child health.



Why Is It Important?

Provides culturally acceptable, door-to-door immunization.



Impact/Outcomes:

Significant rise in Penta-1 coverage and improved maternal/child health.



Elimination of Onchocerciasis in Yemen (2021–2023).



Background:

Between 2021–2023, EMPHNET supported Yemen's MoH in Mass Drug Administration (MDA) of Ivermectin across eight governorates.



Humanitarian Setting:

Affected by war and limited health services.



Intervention:

Continuing this effort, EMPHNET introduced a new strategy 2023 shifted to a community-engagement model that mobilized people to receive treatment at accredited health facilities. Female community volunteers were trained to conduct household outreach and referrals.



Why Is It Important?

It ensures continuous disease elimination even amid conflict.



Impact/Outcomes:

193,586 households visited, 2.23 million ivermectin tablets administered, 209,261 referral cards issued. An external evaluation by the Real Advisory Network (RAN) highlighted the value of this approach while underscoring the need for continued education and attention to access barriers.



Scaling Up Integrated School Health in Jordan (2016–2017)



Background:

EMPHNET supported MoH, MoE, NGOs, and CBOs to scale school health services in refugee camps and government schools.



Humanitarian Setting:

Large refugee populations within schools.



Intervention:

Training workshops for teachers and Makani facilitators delivered health education to ~12,500 children and parents, using awareness materials and campaigns



Why Is It Important?

Strengthens child and parent health awareness.



Impact/Outcomes:

Expanded school health services and improved student health knowledge.



Recommendation based on EMPHNETS experience



Multi-sector Collaboration

Work in close partnership with education, agriculture, and local governance sectors to maintain strong disease surveillance and rapid response systems.



Empowering Women

Recruit and support female health workers and community volunteers to improve outreach to households and mothers.



Community Elders & Leaders

Leveraging trusted local figures for rumor management and vaccine acceptance.



Reaching Remote Populations

Priority to nomadic routes, border regions, and conflict-affected areas by deploying mobile health services and locally based volunteers.



Building Local Capacity

Invest in training and equipping community health workers to mitigate shortages of professional medical staff.



Digital Tools for Accountability

Expand real-time reporting systems to enhance transparency and rapid response.



Conclusion and Way Forward

Community engagement stands as a cornerstone of resilient, equitable, and people-centered public health systems. In fragile and conflict-affected contexts across the Eastern Mediterranean Region, it has consistently proven to be a catalyst for stronger, more trusted, and sustainable health outcomes. When communities are treated as partners rather than passive beneficiaries, health systems become more adaptive, inclusive, and capable of responding to local needs and realities. Evidence from EMPHNET's diverse experiences demonstrates that participatory engagement whether through Iraq's Appreciative Inquiry, Sudan's community-based surveillance, or Yemen's volunteer networks creates the conditions for health systems to thrive even amid instability. Through such efforts, trust is built, ownership is fostered, and accountability is strengthened, ensuring that no community is left behind in the pursuit of better health.

Community engagement is not simply a technical intervention but a social process that defines the success of all public health endeavors. It bridges the distance between institutions and people, ensuring that services are shaped by the lived experiences, cultural values, and priorities of those they are meant to serve. It is, in essence, both a moral and strategic imperative central to advancing Universal Health Coverage and achieving the Sustainable Development Goals. In humanitarian settings where formal systems are weakened, the participation of communities becomes the most reliable foundation for recovery and resilience.

Moving forward, community engagement must be institutionalized as a fundamental element of national health strategies rather than a temporary or project-based activity. Ministries of Health, supported by regional and international partners, should embed participatory approaches into governance structures, policies, and accountability frameworks to ensure sustainability. Strengthening collaboration across sectors such as education, agriculture, environment, and local governance is also essential, as it allows for comprehensive and coordinated approaches that address the broader determinants of health.

Empowering community health workers, volunteers, and local leaders particularly women remains a priority. Investing in their capacity, safety, and recognition will enhance their ability to deliver essential services and build trust within households and communities. Digital innovations should be expanded to promote real-time surveillance, transparent reporting, and rapid response mechanisms that enhance both efficiency



and accountability. Continuous learning and adaptation must be built into all community engagement efforts through participatory monitoring, feedback loops, and locally driven evaluation to ensure that strategies remain responsive and relevant.

Above all, equity and inclusion should guide every engagement effort. Marginalized, displaced, and hard-to-reach populations must be at the center of planning and implementation to ensure that interventions reflect diversity and uphold justice. By amplifying local voices, building trust, and fostering shared responsibility, community engagement can transform public health from a system of service delivery into a movement of collective empowerment.

As the region continues to navigate complex humanitarian and development challenges, the path forward lies in embracing communities not as subjects of assistance but as agents of change. The experiences of EMPHNET and its partners affirm that when engagement is authentic, respectful, and sustained, it generates lasting resilience. Community engagement is not an adjunct to public health it is its very foundation. Through the power of partnership and the wisdom of the communities themselves, health systems can withstand crises, recover with dignity, and evolve into stronger, more equitable institutions for generations to come.