GHD I EMPHNET: working together for better health

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INSIGHTS

Health in the Eastern Mediterranean Region

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Offering distinct perspectives drawing from EMPHNET's extensive regional experience and expert advice.

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Feature Story

Role of FETPs in Health Systems Strengthening: Opportunities and Challenges

Sudan FETP residents conduct a community assessment for public health emergency response in areas affected by rainfalls (Al Rahad, Al Gadarif State)

No country in the Eastern Mediterranean Region (EMR) is spared health challenges. In low-income states, the double burden of diseases is still considerable, while high income countries are seeing an alarming increase in the burden of NCDs. Instability in several EMR areas has led to the disruption and inaccessibility of health services, health security threats, high staff turnover, and a brain drain. Challenges are not confined within borders, risking a spill over to neighbouring countries or regions.

FETPs as Contributors to Health Systems Strengthening in the EMR

More efforts should be made to build the capacities of the health workforce, which is a fundamental building block in Health Systems Strengthening (HSS). More particularly, initiatives should be taken to equip the **public health workforce** with knowledge and skills relevant to the health needs and priorities of their respective countries. One way to do this is through more investments in Field Epidemiology Training Programs (FETPs).

FETPs offer in-service training to public health professionals. The program was developed by the US Centers for Disease Control and Prevention over forty years ago with a current presence in over 90 countries around the world.

FETPs have proven beneficial on the ground. Over the years, FETP graduates across the globe have been instrumental in the investigation of infectious disease outbreaks and in informing timely response. While their primary focus is infectious diseases, FETPs still play a role in supporting NCD response, environmental health, and injury prevention.

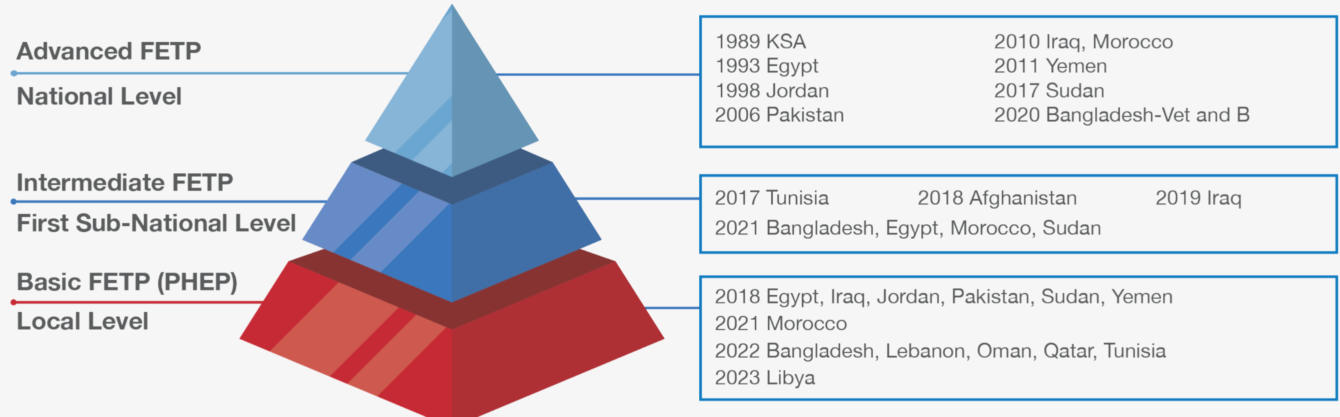
In the EMR, FETPs exist in different modalities-the basic, the intermediate, and the advanced. Their positive impact on HSS has been recognized, with several regional-scale studies attesting to this fact. It has been noted that FETP graduates in the EMR were well-engaged in many field epidemiology activities, including managing public health surveillance systems, surveillance data analysis, training public health professionals, and investigating and responding to outbreaks.[1] Significant improvements have been in national health systems since the establishment of FETPs: these were noted in data collection on reportable diseases, investigations of and response to outbreaks, and surveillance systems.[2] FETP graduates also played a key role in COVID-19 response efforts. They have been instrumental in the development of preparedness plans, the support and evaluation of surveillance systems, and needs

[1] Evaluation of Advanced Field Epidemiology Training Programs in the Eastern Mediterranean Region: A Multi-Country Study

assessments in health facilities for isolation rooms. They have also provided great support in case investigations, points of entry/arrivals screening and follow-up, quarantine and isolation protocols, transferring cases, risk communication, and training on infection control.[3] Country-specific studies have also highlighted the positive FETP role in building national epidemiologic capacities, providing decision-makers with evidence-based data, and increasing awareness about public health issues.[4]

The EMPHNET Support to FETPs in the EMR

EMPHNET played a key role in expanding FETPs in the region. Prior to its establishment, there were only four programs in the EMR. Today, 15 programs exist because countries are realizing the importance of FETPs. To these new programs and the established ones, EMPHNET extends support. Over the years, EMPHNET's role was evident in diversifying the programs offered. New course topics and topic-focused programs were launched. For instance, the Public Health Empowerment Program for COVID-19 was a basic-level FETP launched at the time of the pandemic to equip as many health professionals as possible with epidemiological capacities needed for COVID-19 response. EMPHNET promoted the wider use of technology within the programs, launching online program formats and offering technology-enhanced training. EMPHNET and the ministries encouraged health professionals from diverse backgrounds to join FETPs. Today, the programs welcome nurses, dentists, pharmacists, in addition to other relevant professions. Apart from technical support in field deployments and mobilizations, EMPHNET is maximizing FETP knowledge generation, dissemination, and exchange through its biennial conference, the FETP Exchange Program, and the EMPHNET Electronic Library.



Challenges Facing FETPs in the EMR

FETPs in our region encounter a range of challenges preventing them from actualizing their immense potential. **Resource constraints** result in inadequate training capacity, insufficient support for fieldwork, thereby putting programs' sustainability at stake. Public health infrastructure is compromised in at least 7 countries that are facing dire humanitarian crises which can delay the successful integration of FETP graduates into existing structures. There are coordination challenges among stakeholders, including government health agencies, academic institutions, and international partners. Within many countries, there is a **geographic disparity in the distribution of FETPs**, leaving certain areas without the benefits of field epidemiology training. **Limited career advancement opportunities** and attractive alternatives outside the public sector are leading to a brain drain. **Challenges in the timely deployment of FETP** graduates during emergencies may hinder the program's effectiveness in contributing to outbreak control. **A lack of systematic evaluation** and feedback mechanisms may lead to a failure to address weaknesses in the program.

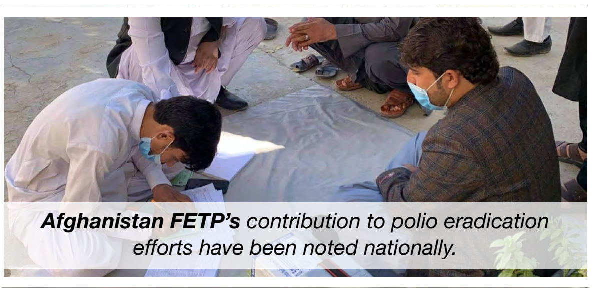
[2] Evaluation of Advanced Field Epidemiology Training Programs in the Eastern Mediterranean Region: A Multi-Country Study
[3] Awareness and Preparedness of Field Epidemiology Training Program Graduates to Respond to COVID-19 in the Eastern Mediterranean Region: Cross-Sectional Study
[4] Yemen Advanced Field Epidemiology Training Program: An Impact Evaluation, 2021

Surmounting FETP Challenges Through Sustainability Planning

Several studies have underscored the need to intensify support for FETPs both in the EMR and beyond, calling on ministries to continue supporting graduates to work toward strengthening surveillance systems and investigating outbreaks and to participate in regional and global efforts as part of Global Health Security.[5] The need to establish new FETPs in other countries of the region has been emphasized especially in countries with health workforce challenges.[6]

Support for FETPs might be proposed, and rightly so. We do need more funding: to improve training capacity, to attract mentorship, to retain graduates, and to accelerate continuous learning opportunities. We do need more collaboration among all FETP stakeholders and the global health community to advocate for the importance of FETPs, exchange experiences and resources, facilitate field deployments and mobilizations, and raising awareness of FETPs within the public. We might need more technology integration and research innovation. These actions must be taken with sustainability in mind, albeit this would demand comprehensive planning and implementation. By prioritizing sustainability, we can ensure that more programs are more resilient and more impactful.

FETPs in the EMR: Quick Facts



Afghanistan FETP's *contribution to polio eradication efforts have been noted nationally.*

Egypt's FETP *is accredited by TEPHINET, the global FETP network.*

Bangladesh's FETP *resident regularly engage in outbreak investigation, surveillance evaluation, and data driven decision-making processes.*

Lebanon's FETP *responds to a growing need for having more skilled public health workforce responding to Lebanon's health needs.*

Iraq FETP *contributed, so far, to 60+ outbreak investigations.*

Jordan FETP *supported in major disease outbreaks in the country.*

[5] Evaluation of Advanced Field Epidemiology Training Programs in the Eastern Mediterranean Region: A Multi-Country Study

[6] Awareness and Preparedness of Field Epidemiology Training Program Graduates to Respond to COVID-19 in the Eastern Mediterranean Region: Cross-Sectional Study

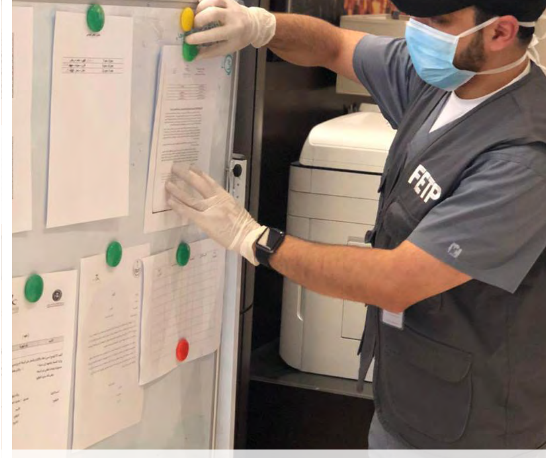
Libya's FETP *enhances the surveillance capacity of health workers at the national level.*

Morocco's FETP *is accredited by TEPHINET, the global FETP network.*

Oman's FETP *is the second to be launched in the Gulf region after the FETP of Saudi Arabia.*

Pakistan's FELTP *received the CDC's Directors Award in 2016 for excellence in outbreak investigation and response, Best Poster Presentation and Best Action Photo (68th Annual EIS/International Nights, Atlanta, USA – 2019), and Best Action Photo, Best Action Photo (10th Annual TEPHINET Conference, Atlanta, USA – 2019).*

Qatar's FETP *program was established to accelerate the Ministry's progress towards sustaining a national public health workforce capable of preventing and responding to various public health emergencies.*



Saudi Arabia's FETP *is the to be established in the EMR and is renowned for providing critical epidemiological support during Hajj season.*

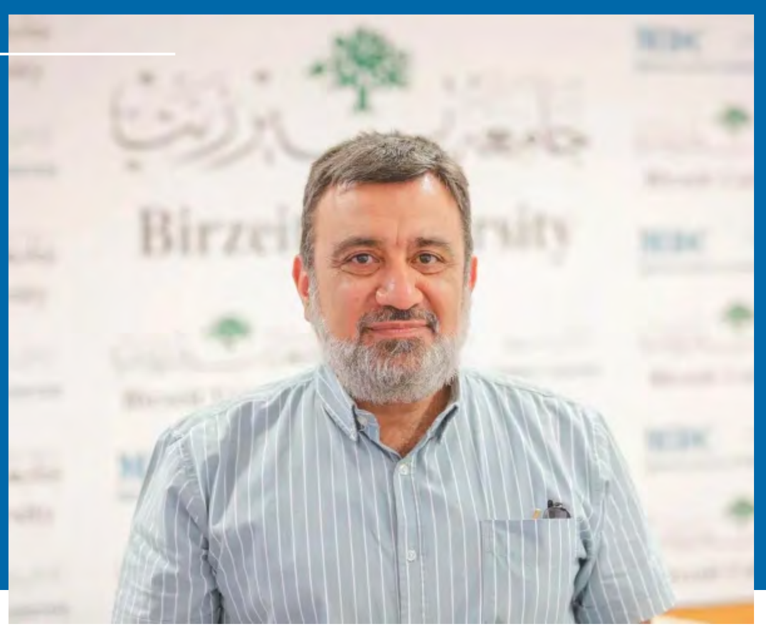
Sudan's FETP *is providing important support to the national health system in the current humanitarian crisis.*

Tunisia's FETP *has been recognized for its support during outbreak investigations with COVID-19 as a prime example.*

Yemen's FETP *published 20+ papers and presented 100+ poster abstracts in conferences.*

The Experts

Dr. Abdullatif Husseini gives insights from Gaza on NCD Response in Humanitarian Settings.



Dr. Husseini is a professor of public health at Birzeit University who is currently on sabbatical. Dr. Husseini was the vice president for community affairs, the director of the Institute of Community and Public Health, the director and co-founder of the Master of Public Health (MPH) program at Birzeit University, and a main founder of the MPH program at Qatar University. His research interests are rooted in improving the population's health by identifying the various determinants of health and targeting modifiable risk factors through evidence-based interventions. Although his research focus has been on NCDs and their risk factors, especially diabetes mellitus, cardiovascular diseases, obesity, nutrition, and smoking, he occasionally works on infectious diseases, including brucellosis and hepatitis. His work spans epidemiology, program evaluation, and capacity building in public health. Husseini has authored over seventy scholarly articles, book chapters, encyclopedia entries, and reports.

We asked Dr. Husseini a few questions about the NCD response in Gaza within the current humanitarian context. This is what he had to say about the topic.

In emergency settings like the one currently seen in Gaza and other areas of the Eastern Mediterranean Region, is NCD humanitarian response a priority?

"Definitely, it should be one of the top priorities. However, it is crucial to adopt a broad definition of NCDs, including mental health and mental health disorders, disabilities, and nutrition-related diseases, in addition to the classic major NCDs, namely cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases. We must understand that these diseases coexist as comorbidities and sometimes have common risk factors. As for the classical NCDs, there are more than 350,000 patients who lack or have little access to medicines and medical services, including 225,000 who suffer from hypertension, 71,000 people with diabetes, and 45,000 suffering from cardiovascular diseases, about ten thousand cases of cancer, where approximately 2,000 cancer cases are diagnosed annually, and 1,100 dialysis patients, among others. In addition, more than 485,000 people suffer from psychological and mental diseases and disorders, a large part of which is due to severe daily psychological pressures, including bombing and the inability to provide basic life needs. While discussing some of the statistics that we mentioned above, we are significantly underestimating these statistical measures considering the war and its accompanying severe exposure to psychological stressors, starvation, lack of access to health services, and the destruction of the health system, including disease surveillance."

What are the major obstacles hindering NCD response in such humanitarian settings? Can you cite Gaza as an example?

"Usually, stakeholders focus on infectious diseases due to the high risk of epidemics. Thus, deprioritizing NCDs will have major short and long-term effects. However, in Gaza, we are facing more significant challenges, including the stifling siege/blockade, which prevents the entry of essential life requirements, including food, water, and life-saving medicines such as insulin. This siege is compounded by the systematic destruction of the health system and the significant reduction of access to health services. In addition to targeting health facilities, including hospitals and primary health care centers, scores of health professionals were killed and some imprisoned by the occupation forces. The situation is further exacerbated by preventing patients with severe medical complications that cannot be managed or treated in Gaza from referral abroad to neighboring countries equipped to handle such patients. The same applies to preventing specialized medical and health professionals from entering Gaza to provide essential medical and health-related interventions."

What needs to be done to improve NCD's humanitarian response there?

"Generally, we need to prioritize our response to NCDs based on their relative contribution to mortality, morbidity, quality of life, and social suffering in Gaza. This step cannot be overemphasized and is a prerequisite for effective interventions. Specific recommendations will follow in my answer to the next question about response priorities. People in Gaza are facing thirst, starvation, bombing, destruction of homes, death, and disease. Children are terrified by the continuous bombing and devastated by the loss of kin."

What are the NCDs response priorities in Gaza?

"I will answer this question by quoting a position paper I wrote for the Institute for Palestine Studies*. In a nutshell, Gaza lacks the basic necessities of life destroyed by the war. The priority and precondition for implementing successful and effective responses to preserve life and health is a cease-fire, withdrawal of the occupation forces, lifting the siege, and allowing freedom of movement. Then, pay attention to the rest of the priorities, the most important of which are:

1. Providing clean water suitable for drinking and human use. The sanitation infrastructure also needs to be repaired and rebuilt, and the fuel required for water pumps and wastewater treatment, as well as the unrestricted entry of equipment necessary to repair wastewater and drinking water refining and treatment plants, needs to be provided. The same also applies to solid waste management.
2. The unrestricted entry of food in sufficient quantities. Building a suitable strategic stock, the return of farmers to their lands, and immediate assistance with seeds, fertilizer, agricultural pesticides, and irrigation water.
3. Freedom of movement for the residents of Gaza, especially allowing the wounded and sick, whom the destroyed health system cannot handle, to go for treatment abroad.
4. Unrestricted and unconditional entry of medicines and medical equipment in the necessary quantities, building a strategic stock of these items, and storing them in a decentralized manner.
5. Allowing the entry of specialized health and medical teams, including specialists in war medicine, psychiatry, and other specialties, from all over the world to support the health system, knowing that Gaza has experienced and qualified health human resources, including workers in the field of public and community health, and it is imperative to benefit from them and mobilize resources to support them in implementing all medical and public health functions.

6. Maintain a resilient and flexible health system now and in the future. It is necessary to work with health service providers in Gaza to conduct a rapid needs assessment, apply pressure to enter all the required supplies and equipment and resume human resource training in public health and medicine for preventive and therapeutic services. As well as immediately reopening and operating all hospitals, primary health care centers, and rehabilitation centers and replacing lost equipment.
7. The immediate return of all the forcefully displaced persons to their homes and original places of residence to enhance community solidarity among the population, and the provision of prefabricated shelters and tents with the minimum level of adequate housing and accompanying services. Providing adequate housing, the rapid restoration of schools, and the resumption of studies as soon as possible, especially for the primary grades, will facilitate the return of children to their normal lives.”

What are reflections you would like to share with readers on the health status in Gaza?

“The health status in Gaza is dire. This war is unlike any other war waged on Gaza in terms of the number of deaths, injuries, the systematic destruction of the health system, and the scope of humanitarian suffering. We will live with its effects for decades. All stakeholders should provide necessary support and funding to the Ministry of Health, UNRWA, other international institutions, and non-governmental organizations to continue and expand their services and work to meet the population's needs.”

The answers given in this interview are based on a position paper titled "On the Brink: War and Public Health in Gaza," authored by the interviewee and published electronically in Arabic by the Institute for Palestine Studies in January 2024.

Research-based Perspectives

Modernizing Primary Healthcare in Jordan to Accelerate Progress Towards Universal Health Coverage

From the meeting of the technical committee responsible for proposing an FHT model (Jordan 2022)

**This piece is based on the paper Strengthening Primary Healthcare in Jordan for Achieving Universal Health Coverage: A Need for Family Health Team Approach*

Jordan has been enduring a strained economy accompanied by population growth and an escalating burden of NCDs. On each of its borders exists a persistent case of unrest leading to concurrent health emergencies. Within such circumstances, it is crucial to provide comprehensive quality health services without overburdening Jordan's health system or people's pockets. In view of this situation, Jordan has declared its commitment to achieving Universal Health Coverage (UHC) through both its health strategies and plans.

But let's put words into action. How can UHC be achieved to ensure the health, wealth, and well-being of people in Jordan? A conversation on UHC cannot exclude primary healthcare (PHC), as it is a known fact that achieving UHC or accelerating its progress can only happen through a PHC system that provides comprehensive, equitable, and cost-effective health services. But several shortcomings characterize the PHC system in Jordan, thus hindering the country from achieving UHC. A reform must take place to modernize the country's PHC services, and to enable it to deliver full and quality health services to both citizens and residents.

The EMPHNET Contribution

Using the innovations of the Family Health Teams (FHTs) approach[1], EMPHNET and the MoH are working to improve access to quality PHC services and to reduce out-of-pocket expenditure on health for the vulnerable populations including refugees. Based on research, a health reforms package was developed that included the framework, strategies, tools, materials, and necessary arrangements to introduce the FHT approach and improve and modernize the PHC services into a comprehensive, efficient, people-centered primary care system.

Comprehensive Health Center of Ma'an governorate, Jordan

PHC in Jordan: What are its shortcomings?

Jordan's PHC system is a network of health facilities managed by the Ministry of Health: 122 Comprehensive health centers (CHCs), 365 PHC centers, and 184 village health centers. With no well-defined priority benefit package, the range of services provided by these facilities remains limited. Most of PHC facilities are managed by GPs with little experience in creating family practice-oriented healthcare teams. Continuing professional development is inadequate and is mostly donor dependent. And that's just a short summary of these shortcomings. Based on numerous analyses done, it is sound to say that the *situation necessitates health system reform and innovative strategies, models, and interventions. These models and reforms need to be appropriately applied in PHC, as it is the foundation of the healthcare system.*

What is the Solution to PHC Challenges? A Team-based Care

What could be proposed is an integrated model for PHC that is person-centered, a model offering a range of community health services that serve the health of the population. These include disease prevention and health promotion, curative services, rehabilitation, and chronic disease management, with patient engagement in shared decision-making. Reorganizing Jordan's PHC system based on teams and connected networks would result in better coordinated and comprehensive care, improved health outcomes, and long-term cost-effectiveness.

To address these issues, we need to shift towards a Family Health Team (FHT) model within PHC. An FHT-based PHC ensures **efficient, equitable, accessible, responsive, quality, and patient-centered healthcare services** for all.

> *FHTs are organizations that consist of a team of primary care physicians, nurse practitioners, dietitians, social workers, and other professionals who work together to provide PHC services.*

What needs to be done to establish FHT-based PHC?

To create a PHC system based on the FHT model, several considerations must be taken into account regarding planning and frameworks, team composition and roles, and monitoring and evaluation:

1. **Oversight and Planning**: An **FHT Implementation Committee** is established to plan and develop FHTs in health facilities within a directorate. It creates a flexible implementation model that accommodates differences in geographical areas and health centers, focusing on availability of resources and the specific needs of different communities. A facility manager within the committee works on a customized plan for the implementation of FHT in a given facility.
2. **Team Composition**: FHT members must be trained on how they can work together to provide comprehensive care to patients. FHT head and members in CHCs are responsible for supervising medical care and improving knowledge and skills of teams at PHCs and village health center. FHT service providers should be proportionate to the needs of the geographical area.
3. **A Team-Based Care Model**: Every team member plays an integral role in providing care for each patient. For instance, lay and mid-level healthcare professionals are trained to take on expanded responsibilities like clinical tasks and procedures.
4. **Monitoring and Evaluation**: A conceptual framework for regular monitoring and evaluation of FHT must be developed and must be focused on the effects of FHT implementation on the organization and the provider as well as patient experience and outcomes.

There might be barriers at the organizational and individual levels to the implementation of FHTs, but these cannot overshadow the need to modernize PHC. Modernizing PHC by adopting a team-based approach is possible and several conditions must exist to realize its achievement. A high-level commitment by the government is needed to achieve political ground for implementing the FHT. Funding and allocation of resources towards infrastructure, educational programs, training, and appropriate technology for healthcare teams is crucial. Muli-sectoral collaboration is important to educate leaders in all sectors on the benefits of engaging with diverse sectors to implement FHT in PHC. Community engagement is key to ensuring that the vulnerable, marginalized and disadvantaged are represented.

Modernizing PHC is a must to achieve universal health coverage, to protect health and wealth.

From a workshop conducted by EMPHNET on FHT Core Competencies (Jordan 2023)

By the Numbers

Community-Driven Initiatives: Empowering Immunization in Yemen Amidst Adversity

Part of training over 600 polio village volunteers in both the northern and southern governorates of Yemen

In 2017, an initiative under the name Polio Village Volunteers (PVV) was launched in Yemen to help involve the community in AFP surveillance. Then and there, EMPHNET trained PVVs from all parts of the country, expanding community engagement toward strengthening surveillance. Building on the success of this initiative, another collaboration was initiated in 2023 to scale up the role of PVVs to further strengthen VPDs surveillance and improve immunization coverage in hot zones in the country.

The protracted humanitarian crisis in Yemen has devastated the health system, has disrupted sanitation networks, and has displaced massive numbers of people. This crisis has fueled the rapid spread of diseases including cholera, diphtheria, and measles and this has threatened the country's polio-free status, leading to outbreaks of the Circulating vaccine-derived poliovirus type 2 (cVDPV2).

In this challenging setting, communities are lending a helping hand. In an initiative led by the Ministry of Public Health and Population, with support from EMPHNET, communities have been mobilized to support the national immunization program which has been suffering the lack of resources and staff shortages in the face of growing demands. The focus of this initiative has been to control and spread of communicable diseases, mainly polio and other vaccine preventable diseases (VPDs). Communities have been engaged in two aspects: disease reporting and awareness raising.

Communities Engaged in VPDs Surveillance

While detection, reporting, and response to vaccine preventable diseases (VPDs) has been affected in most districts in Yemen due to disruption of health services and insecurity, community-based surveillance (CBS) has proven beneficial in enhancing AFP and VPDs surveillance in hard-to-reach areas in a country that has one of the highest proportions of zero-dose children.

What is community-based surveillance?

Community-based surveillance (CBS) is a type of surveillance engaging communities in the detection of cases of specific diseases that have an outbreak or epidemic potential. CBS is a beneficial addition to health systems, complementing traditional health surveillance with low-cost, real-time disease detection. CBS is essential even within a system with an effective disease surveillance system. It is even more so within systems weakened by socioeconomic status.

Through the **Polio Village Volunteers (PVVs)** project, the Ministry and EMPHNET are engaging communities in the detection, reporting of AFP and VPDs as well as in advocacy efforts to raise awareness among caregivers on the importance of vaccinations. In 2023, a huge number of volunteers were engaged in these activities, and they were able to report on cases that might have been otherwise missed by traditional surveillance. This table shows further details.

How is CBS done in Yemen for VPDs?

Through CBS, designated community members are trained to report suspected AFP and other VPDs cases based on a sample case definition. Community members are supervised by a coordinator from the district health office through a WhatsApp group.

Northern Governate

380+
community volunteers

Where: Baida, Al-Dhalea, AL-Hodeidah, Al-Jawf, Al-Mahweet, Amran, Hajjah, Ibb, Marib, Rimahm Saadah, Sana'a, and Taiz

1831+
Cases reported

150
Suspected whooping cough

47
Probable Diphtheria

394
Suspected measles cases

2
Suspected Neonatal Tetanus

32
Cholera

7
AFP

1199
Other

Southern Governate

200
community volunteers

Where: AL-Hodeidah, Aden, Abyan, Lahj, Marib, Taizz (Al Qahirah District), Taizz (Salah District), Taizz (AL-Makha District)

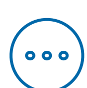
393
The total number of cases

15
Number of death cases

2
Probable Diphtheria

371
Suspected measles cases

3
Suspected Neonatal Tetanus



14
Other

Community members presented these numbers in quarterly review meetings during which they have outlined the challenges faced and recommendations for improvement. Generally, they called for more awareness raising among communities to combat misconceptions and address hesitancy, possibly through the engagement of community influencers. In the southern governorate, an urgent call was made to enhance immunization demand to improve coverage and decrease morbidity and mortality from VPDs, especially measles.

Awareness session for community influencers on immunization and VPDs (Lahj, Yemen 2024)

Communities Raise Awareness Against Vaccine Hesitancy

PVVs have provided an important insight: Misconceptions on vaccine safety are widespread. In response to this, the Ministry and EMPHNET are strengthening the role of community influences and religious leaders in enhancing immunization demand through awareness raising. At this point and with the help of PVVs, awareness meetings are being conducted with potential informants: community influencers, including religious leaders, traditional midwives, school teachers, and traditional healers. The purpose of the sessions are to raise community awareness on the importance of vaccination in preventing VPDs and improving public acceptance and demand for immunization.

45
awareness meetings
30 in the northern governorate
15 in the southern governorate

600
community influencers, religious leaders, community health workers, and volunteers

Northern governorate
Al-Hodeida Directorate

300
community influencers, religious leaders, community health workers, and volunteers

Southern governorate
AL-Burikah, Dar Saad, Toban District, AL-Madharebah, Moudiah, Lawdar, Khanfar, AL-Modfer, AL-Qahirah, Salah, (Makhah, AL-Khokha, Hayas, AL-Madina, AL-Wadi)

GHD|EMPHNET: Working Together for Better Health

The Eastern Mediterranean Public Health Network (EMPHNET) is a regional network that focuses on strengthening public health systems in the Eastern Mediterranean Region (EMR) and beyond. EMPHNET works in partnership with ministries of health, non-government organizations, international agencies, private sector, and relevant institutions from the region and the globe to promote public health and applied epidemiology. To advance the work of EMPHNET, Global Health Development (GHD) was initiated to build coordination mechanisms with partners and collaborators. Together, GHD|EMPHNET is dedicated to serving the region by supporting efforts to promote public health policies, strategic planning, sustainable financing, resource mobilization, public health programs, and other related areas.

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