



EMPHNET

The Eastern Mediterranean
Public Health Network

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Feature

Creating Opportunities for Change: Highlighting EMPHNET's Polio Eradication Efforts in the Eastern Mediterranean Region



Fever and rash + Vaccination coverage Survey in Iraq 2020

What's Our Polio Story?

EMPHNET recognizes the challenging barriers standing in the way of polio eradication. What accompanies this recognition is the organization's belief in the existence of promising opportunities that can enable us to move at a swifter pace toward a polio-free world. It is this realistic optimism which prompted EMPHNET to provide strategic support for national immunization programs in most countries of the region. Inspired by the global direction and guided by the peculiarities of the region, EMPHNET strategically focused on ensuring the delivery and sustainability of high-quality immunization services by **building workforce capacity**, strengthening **surveillance**, enhancing **evidence-based decision making**, and expanding **community engagement**. This journey started a decade ago as a collaboration with ministries of health and with support from international partners. Today, we look back on this long and productive journey and discern our important contributions.

The Eastern Mediterranean Region is the only region worldwide that is endemic to wild poliovirus. Efforts to eradicate polio in the EMR are hindered by factors related to vaccine hesitancy, social and geographical inaccessibility, lack of trained health workers, as well as programming and planning issues.

Community Engagement for Increased Immunization Coverage

Several factors can increase immunization coverage, and one is a community that is supportive of the national immunization program. EMPHNET succeeded in capitalizing on the role of communities in immunization coverage. A collaborative effort helped engage communities in awareness raising, expanding their contributions to public health practice, health service design, delivery, and monitoring.



Appreciative Inquiry implemented in Iraq through community engagement 2019

Communities Support Immunization Programs

Service Design and Delivery

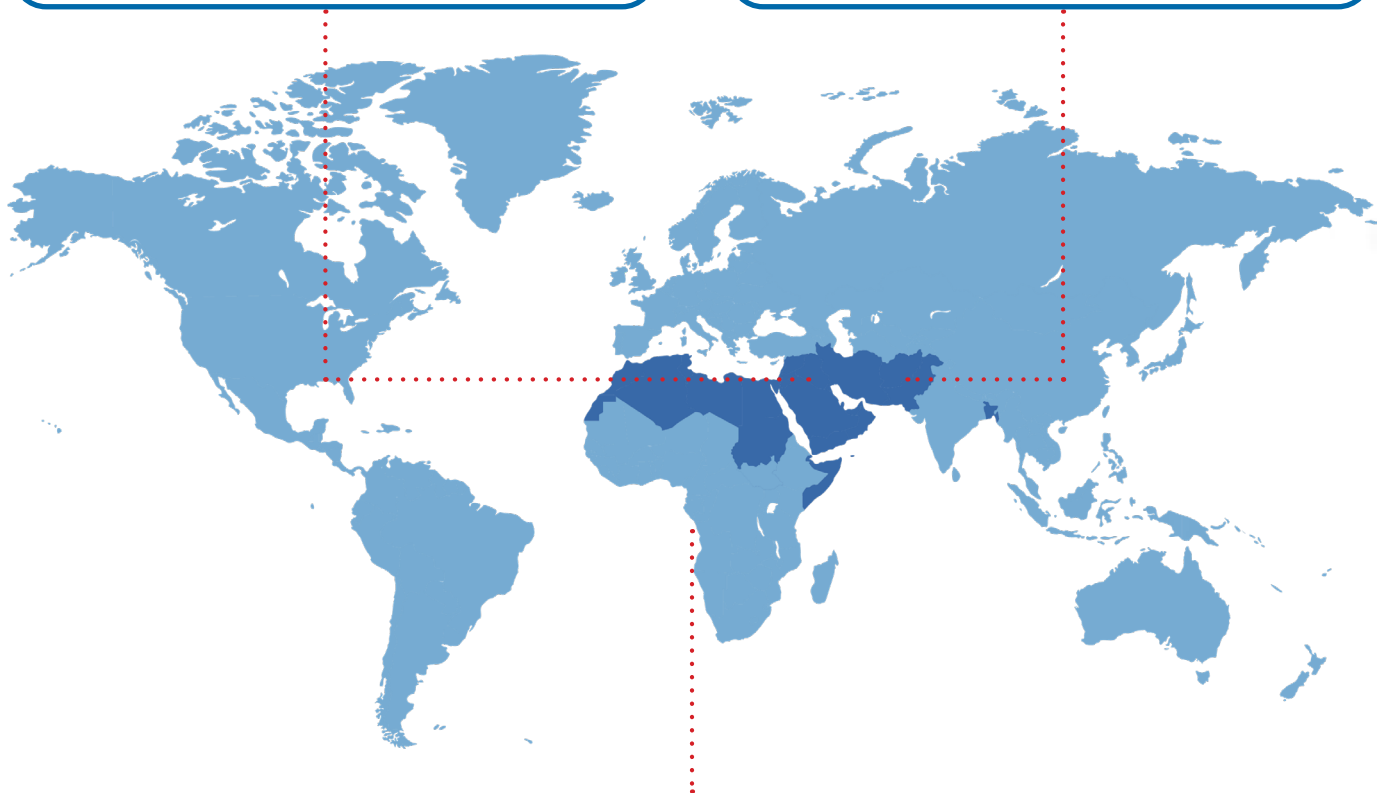
Country: Iraq
Year: 2018

EMPHNET used Appreciative Inquiry (AI) to mobilize local communities which successfully increased vaccination coverage to 100% in two high-risk districts by reaching all targeted children for BCG and Hexa1 vaccines.

Communication

Country: Afghanistan
Years: 2020-Present

The Ministry of Public Health, supported by EMPHNET, engaged religious leaders and community elders in communicating the benefits of vaccines in their respective communities. This intervention has been implemented in southern Afghanistan where most polio cases arise.



Surveillance

Country: Iraq, Sudan, Lebanon, and Yemen
Years: 2018-Present

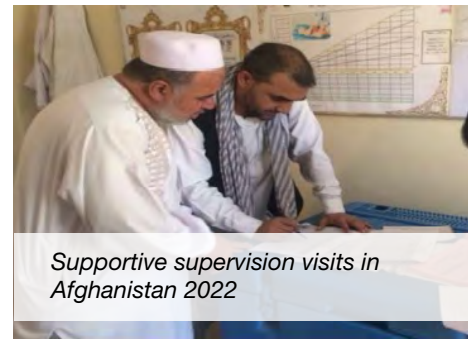
With support from EMPHNET, ministries of health in the afore-listed countries established and strengthened community-based surveillance (CBS) of Acute Flaccid Paralysis (AFP). In Yemen, EMPHNET's trained Polio Village Volunteers (PVVs) from all over the country achieved impressive success. An independent evaluation showed that Non-Polio AFP rate in children ≤ 15 years and the adequacy rate have increased in districts where the PVVs were trained EMPHNET is reinforcing CBS in Yemen.

EMPHNET is launching it for the first time in Lebanon. This initiative is showing a promise of success. The NPAFP rate (per 100,000) increased in 4 out of 6 targeted governorates between February and June 2023. For instance, it increased from 3.1 to 5 in Mount Lebanon, 0 to 4.1 in Akkar, 0 to 5.7 in Beirut and 0 to 10.1 in Baalback-Hermel.

In Iraq, an improvement has been evident in the VPDs reported following the implementation of CBS.

Workforce Development for Quality Immunization Services

Considerable investments by EMPHNET, ministries of health, and international partners were made into public health workforce development across the region. The aim has been to empower workers with knowledge and skills and motivate them to do their job in the best fashion possible. Training programs and courses dedicated to polio officers and polio-focused training for the larger public health community were designed and implemented. EMPHNET also led collaborative efforts to motivate frontline workers toward improved performance by employing supportive supervision and implementing incentivization where possible.



Motivating Frontliners Through Supportive Supervision

EMPHNET has relied on supportive supervision and monitoring as a tool for motivating frontline immunization workers with constructive and through open communication with supervisors. Starting in **Afghanistan**, EMPHNET provided technical and logistic support to the provincial supervisors of the Expanded Program on Immunization (EPI). 18 provinces have been covered that were either endemic to polio, security compromised, underserved, or hard-to-reach. Capitalizing on this experience, EMPHNET expanded this effort to **Somalia** and **Yemen** where the humanitarian crises physically, financially, and emotionally challenged health workers' performance.

What is supportive supervision?

Supportive supervision is a professional development tool different from traditional instruction entailing a more relaxed communication between mentors and less experienced individuals. Through this tool, supervisors offer constructive feedback and positive reinforcement to motivate workers to do a better job.

Public Health Empowerment Program-Surveillance for Polio Officers

EMPHNET designed the Public Health Empowerment Program- Surveillance for Polio Officers (PHEP-SPO) to equip polio officers, surveillance officers, immunization officers, and nutrition officers at central, provincial, and district levels, with the skills needed to sustain polio eradication activities and strengthen routine immunization. The program has been implemented successfully in Lebanon, Sudan, and Yemen where respective independent evaluations revealed positive outcomes.

More recently, the PHEP-SPO has been launched in **Lebanon** to address shortages in health staff and high turnover.

The program achieved promising outcomes that were evident in the improvement of relevant knowledge, skills, and performance among trainees post the PHEP-SPO training, and the satisfaction of different stakeholders and trainees with the PHEP approaches, design, and methods. The program converted theory into practice within the local context, was flexible enough to allow participation of trainees from several localities and was well developed and structured to cover comprehensive elements.

- Excerpts from independent evaluations of the PHEP-SPO in Sudan and Yemen

Wide Scale, Country-Specific Training Addressing Priority Needs

In terms of numbers, EMPHNET has sought to train as many frontline EPI workers as possible in knowledge areas that address the specific needs of their respective countries. A special attention was given to countries with existing polio outbreaks to help in stopping the transmission of wild poliovirus or the circulating vaccine-derived poliovirus (cVDPV).

Improving Evidence for Decision Makers

Improved EPI data quality, use, and reporting is an achievement improved surveillance systems accuracy, particularly AFP surveillance - a key surveillance indicator for polio. We have relied on this data to generate information, and consequently, recommendations for decision makers. This data further enriched our diverse research activities assessments, published research, and supported research opportunities for professionals.



AFP Surveillance Enhancements in Morocco: A Success Story

*The Ministry of Health significantly improved AFP surveillance indicators: the **non-Polio AFP rate (NPAFP) per 100000 population** below the age of 15 years reached the regional standard of 2.1 in 2019 in comparison with 1.3 and 0.73 in 2017 and 2015, respectively. These gains are being reinforced. A more recent improvement has been identified in the **NPAFP rate at regional level**. The annualized NPAFP rate in **Tanger** improved from 1.4 last year to 2.2 this year. Additionally, it improved from <1 in both **Beni-Mellal** and **Marrakech**, to 1.2 and 1.4 this year, respectively.*

Data Quality Improvements in Afghanistan

*In 2017, the EPI established data software to improve EPI data quality at the national level. The use of this software plus building capacity of the EPI frontline workers through official training on data quality significantly improved EPI data quality and data use at all levels. **The integrity** of the EPI data at the provincial and national level was improved from a baseline of 40% in 2017 to 85% in 2022. **The timeliness** of EPI reporting at all levels was improved from a 62% baseline in 2017 to 100% in 2022.*

Improving Access to Hard-to-Reach Areas: Success in Using Microplanning

Since 2016, EMPHNET has been a key contributor to and a proponent of improved routine immunization (RI) microplanning in several countries of the EMR. An initial collaboration with immunization programs in this area was first implemented in Jordan at a modest scale to be later taking more geographical expansion in Iraq. More successful implementation followed in at-risk countries. EMPHNET supported Pakistan and Yemen in their respective investments in microplanning to improve coverage among hard-to-reach communities. These countries are empowering immunization workers with the skills needed to prepare and implement micropans. This support is provided through conducting TOTs at the national level to create teams of trainers who later train district level vaccine providers to subsequently develop micoplans.

What is microplanning in immunization?

Detailed planning at the health facility, district, and state level that covers all pertinent components from population targeting to vaccines, scheduling, staffing and training, communication, community engagement, information systems, logistics, monitoring and supervision, and evaluation and community feedback.

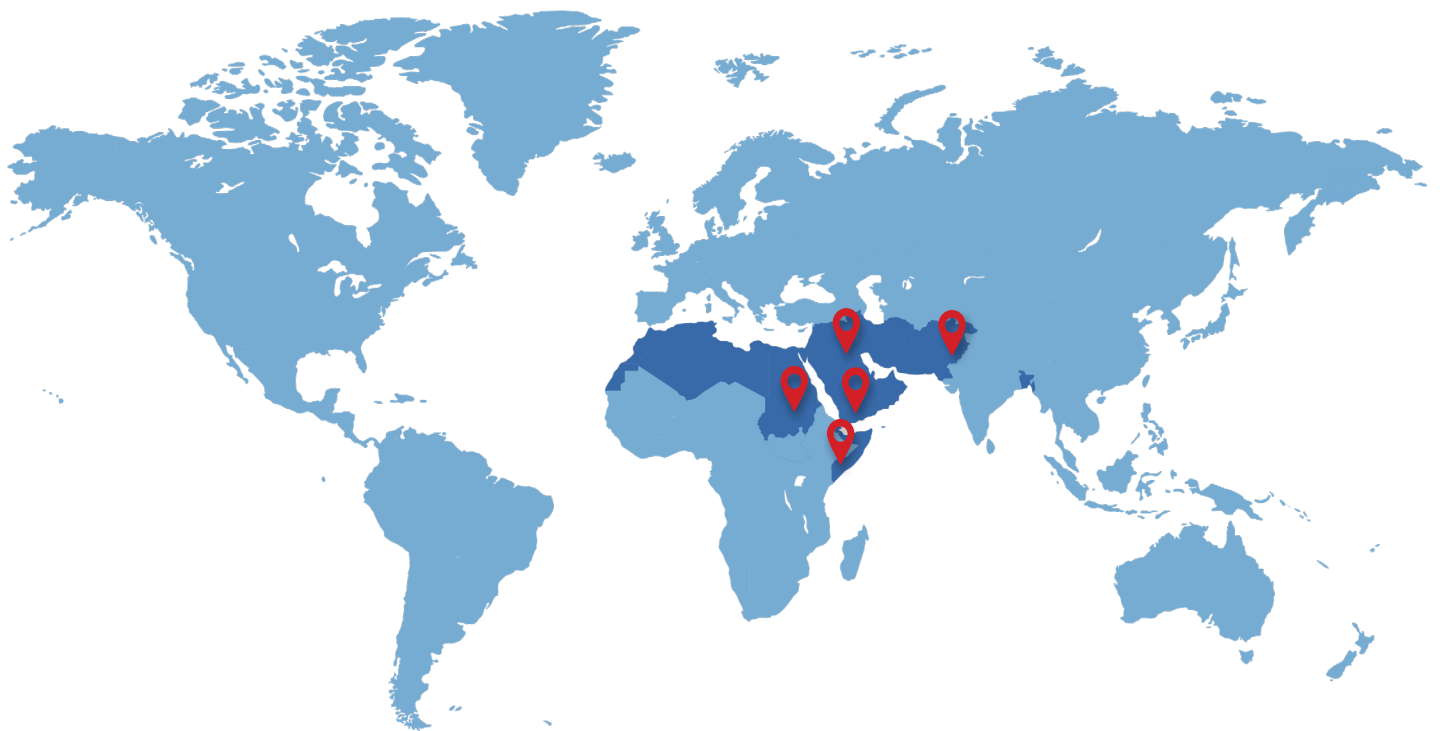
Immunization Microplanning in the EMR

Iraq

Micro plans and monitoring charts were developed in around 500 health centers, and 100% of targeted health centers updated their micro plans for RI, covering 50% of the population in Diyala and Diwaniya, the targeted districts.

Pakistan

Operationalizing routine microplanning in Khyber Pakhtunkhwa and Baluchistan provinces with more focus on integrating Lady Health Workers. 335 health facilities micro-plans were updated in 10 districts of Khyber Pakhtunkhwa and 645 health facilities micro-plans were updated in 12 districts of Balochistan.



Somalia

Health facility-based microplans have been developed for targeted facilities for 4 prioritized districts in of Galmudug and Jubaland.

Sudan

Microplans have been developed targeting 416 EPI districts. These plans are being periodically reviewed.

Yemen

Health facilities in high-priority governorates have been developed microplans.

Communication to Build Trust in Vaccines

Using innovative as well as traditional communication tools, EMPHNET initiated collaborations that resulted in increased demand for immunization. These collaborations continue with success in immunization programs in the EMR’s priority countries.

Interpersonal Communication	Mass Media	Communication Strategies	Community Outreach	Infodemic Management
<p>Afghanistan, Egypt, and Iraq Vaccinators and community health workers received training on how to effectively communicate vaccine benefits to the community.</p>	<p>Afghanistan In rural areas with minimal access to media, innovative and culturally acceptable communications was utilized. Following this intervention, knowledge, attitudes, and practices improved on vaccine protection improved from 24% to 74%. Iraq Large-scale communication campaign covered all provinces targeting health centers as well as public areas through billboard advertisements, posters, and phone calls.</p>	<p>Iraq In 2017, EMPHNET supported the Ministry in developing the EPI Communication Strategy with engagement from stakeholders working in education, religious affairs, and academia. The effort continued in 2022 with EMPHNET supporting the review of this strategy to comply with the updated immunization policies, and emerging challenges.</p>	<p>Egypt Over a period of 8 months, outreach services targeted populations in hard-to-reach areas in six frontier governorates: Aswan, Matrouh, New Valley, North Sinai, Red Sea, and South Sinai. The total number of vaccinated children through these outreach activities is almost 7500. Iraq Outreach immunization sessions in Diwaynia and Diala, two-high risk provinces, succeeded in providing vaccines and resulted in increase of immunization coverage in both districts.</p>	<p>Iraq The establishment of a well-functioning infodemic management system to address misinformation and disinformation and examine the determinants of vaccines /polio vaccine uptake and hesitancy.</p>



Workshop in Yemen to Develop EPI Communications Strategy Development 2017



Mobilizing Communities in Afghanistan for Improved Communication 2017

Strengthening Evidence-based Policy: Our NITAG Success Story

Over many years of achievements, EMPHNET has established its role as key partner in polio eradication efforts within the EMR. Enabled by experience, access, and connections; we are sharing and advocating for knowledge generation and evidence-based policy changes. This has been evident in our support for National Immunization Technical Advisory Groups (NITAGs) and our advocacy through networking with global polio partners. EMPHNET played a key role in strengthening the functionality of NITAGs. We provided technical support to **Afghanistan, Iraq, Jordan, Libya, Morocco, Oman, Saudi Arabia, and Tunisia** to operationalize their NITAGs according to the global standards. EMPHNET supported these countries in developing NITAG improvement plans and to provide needed support for the implementation of these plans through continuous training, meetings, and networking.

Planning to Improve Service Quality

Supported by EMPHNET, Afghanistan, Egypt, Iraq, Jordan, Somalia, Sudan, and Yemen developed respective action plans that facilitate implementation of the integration between immunization programs and other public health programs in the region. The plans offered activities that are achievable with existing resources. Also with support from EMPHNET, these countries drafted specific priority activities to support accelerating immunization positioning within their national UHC policies and strategies.

What's Next?

EMPHNET intends to sustain and elevate its achievements in the region by strengthening and expanding its global and regional partnerships, as well as maintaining its close coordination with countries to enhance workforce capacity in eradicating polio and eliminating other VPDs. Building on the achievements in EPI service delivery, EMPHNET aims to build the technical and workforce capacities in surveillance and response capacities of polio and other VPDs, at both central and peripheral levels. We will continue to enhance evidence generation and evidence based decision making with a keen focus on addressing specific areas of interest tailored to each country's requirements.

The Experts

Dr. Narges Neyazi



I will unceasingly work to contribute to the realization of an ambitious vision: a resilient health system that responds to the health needs of the Afghani population.

In Afghanistan, Dr. Neyazi is a well-established public health expert. She is the only leading female expert in developing national health policies and strategies. Over the past three years, she has worked as the national technical officer responsible for the governance building block of the health system at the WHO Afghanistan Country Office. Earlier, she worked as a senior advisor for policy and planning at the Afghanistan Ministry of Public Health. During the early period of the COVID-19 pandemic, she proposed a very innovative proposal to the then minister titled “Home-based care, community involvement and contact tracing,” and started implementing the project supported by UNDP Afghanistan.

Besides working in the policy area, Dr. Neyazi is an internationally recognized researcher. She has several publications in peer-reviewed journals on different aspects of health systems including non-communicable diseases, women’s health, and health service readiness during emergencies. She is also invited by international journals as a reviewer. These journals include **Health Research Policy and Systems, Global Public Health, Frontiers in Public Health, PLOS ONE, BMJ Open, and Journal of Medicine, Surgery, and Public Health**. In addition to these, she

serves as a reviewer for national journals.

Dr. Neyazi has been a faculty member at Moraa Educational Complex, a female only university based in Kabul, for the past six years. She contributes to many international public health training programs too. She has been a trainer and mentor for the Afghanistan Field Epidemiology Training Program since 2021. In addition, she is a mentor at the ITAPS scientific writing program for developing countries organized by the University of California. For international universities in the region, she also advises PhD candidates in research related to Afghanistan’s health system.

Dr. Neyazi serves as an IRB committee member at Afghanistan National Public Health Institute (ANPHI). She also contributes to promoting research in Afghanistan by being both a trainer and mentor at Research Methodology Training Program at ANPHI.

Dr. Neyazi holds a PhD and an MSc in healthcare management. She obtained a full scholarship from Tehran University of Medical Sciences for her post graduate studies. She was a fellow of the International Atomic Energy Agency for her undergraduate study in radiation therapy.

In Focus

A Call for Enhanced Public Health Interventions during Mass Gatherings



Over the course of many years, EMPHNET supported the implementation of public health interventions for one of the largest MGs in the region, *Iraq's Arba'eeniyya*. This support began with two governates and extended to as many as 11, where wide scale interventions ensure efficient surveillance of infectious diseases and injuries and the implementation of swift emergency response.

Using this experience, as well as its technical expertise, and well-established presence in the region, EMPHNET developed a framework that can be adopted during similar MGs in the EMR as well as beyond the region. These interventions are in line with the latest WHO recommendations and can be adapted to include more specific details based on each type of mass gathering event within a given setting.

The regional framework includes details on the operationalization of public health measures for MG events and consists of three phases of interventions, namely before, during, and after an MG event.

A mass gathering (MG) is an event or occasion, either organized or spontaneous, where the number of people attending is sufficient to strain the planning and response resources of the community, state, or nation hosting the event.¹ This broad definition applies to a wide variety of events, including sporting, cultural, political, religious, and scientific events. Major public health issues are associated with MGs, and many risks endanger the health of MG participants for various reasons. The risks associated with large gatherings vary. They include injuries and deaths, deterioration of chronic conditions, food and water safety issues, outbreaks, global health security threats, and terrorist attacks.

¹ World Health Organization. Communicable disease alert and response for mass gatherings: Key considerations. Geneva (CH): WHO; 2008.

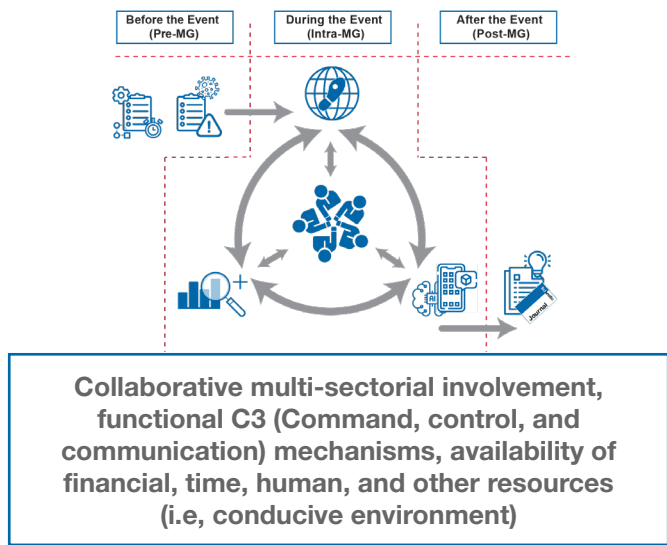
Interventions Before the Event

Through a multi-sectoral collaboration (MSC) mechanism, relevant stakeholders meet to **plan and design tailored public health interventions**. Depending on the scale of the MG interventions, more than one (virtual, hybrid, and/or in-person) planning and design meeting will be needed.

If needed, preliminary assessment and/or formative research is conducted to review the available literature on similar mass gathering events to gather the most important lessons learned from those events. Validated tools are then adapted to assess, identify, and manage possible risks of disease outbreaks, injuries, and other health conditions during a given MG event. Other disease-

specific tools and lessons learned can be utilized. This phase includes **developing preparedness and response plans** based on the risk assessments conducted above. These response plans will be informed by various evaluation measures. Including assessing infectious disease outbreak detection capacities, mapping health system readiness for mass injuries, and assessing capacities for the control of outbreaks. Another important component of this phase is **workforce capacity building and enhanced capabilities of rapid response (and preparedness) during the event**: This includes various training activities from the conduction of assessments and the development of plans to the rehearsal of the developed plans, conduction of simulations exercises, enhancing the capabilities of rapid response, FETPs to and more extra-curricular learning activities and opportunities for FETPs.

The Three-Phase Operational Framework for Mass Gathering Events



Interventions During the Event

Human resources from across the region are mobilized to support real-time surveillance and response systems and research projects during MG Events. Other forms of support include capacity building covering a range of focus areas relevant to communication and more technical areas including preparedness and planning. Human resources are also deployed at points of entries as part of cross-border health security efforts. At this point, strategies are developed for effective communication during MG events while also maintaining robust communication before and after the event. These strategies also cover the dissemination of public health messages using artificial intelligence (AI) and Mobile Apps. Developed mobile applications and their contents can be translated and made available in local languages in order for them to be integrated into the one that was mandatory installed as part of the event registration. This application usually combines all components of communication for public health messaging, crowd control, and other event-related information. Necessary efforts would also be made and encouraged for the artificial intelligence (AI) to be an integral part of the app. Other technology tools can also be developed.

Interventions After the Event

There is a need to gather data and generate evidence for informed decision making during the event. It is also important to share and disseminate evidence-based information and lessons learned after the event. Knowledge and evidence generated support informed decisions by concerned policy makers. They help in planning for coming events and translate mass gathering research and experience to improved and relevant practices for the future.



Project Updates

Stakeholders Meeting for RRT SOPs Development in Iraq 2022

Invasive Bacterial Disease Surveillance to be Enhanced in the Middle East

Bacterial meningitis is a common disease worldwide, responsible for significant morbidity and mortality in infants and young children and remains an important cause of endemic and epidemic diseases in many of the Middle East and North Africa (MENA) countries. Very limited published data are available for meningococcal disease in MENA countries. Hence, evidence-based decisions are not being made to employ effective vaccine-intervention strategy.

A regional network of research partners has been established to expand the understanding of public health professionals regarding vaccine preventable **Invasive Bacterial Diseases** (IBD); in particular, those caused by *Neisseria meningitides*, *Streptococcus pneumoniae*, and *Haemophilus influenzae* type b (Hib). Operating in the MENA region under the name Meningitis and septicemia Mapping Network (MenMap), this network will advance research on and practice of surveillance and laboratory diagnosis of vaccine preventable IBDs. It will also support public health policies in the prevention of these infections and improve clinical practice for the prevention and treatment of bacterial meningitis and/or septicemia. Funded by SANOFI and implemented by EMPHNET, MenMap will enroll public health institutions from three countries (**Egypt, Iraq, and Jordan**) as a starting point. Initial activities of this recently established network focused on workforce and laboratory capacity building relevant to the implementation of real-time PCR to improve IBDs diagnosis.

The expected outcome of this initial regional collaboration includes (1) determining the serogroups of *N. meningitidis* among confirmed cases of Invasive Meningococcal Disease (IMD) in each participating country, (2) estimating age and serogroup specific incidence of IMD in the targeted population, (3) evaluating the impact of early antibiotic treatment on culture versus PCR, (4) documenting the different clinical presentations of the IMD and, (5) describing the outcomes of confirmed cases.



Surveillance and Data Management Training by MenMap in Egypt 2023

Expanded Efforts to Improve Rapid Response to Public Health Emergencies in the EMR

For the last five years, EMPHNET and its partners have worked to enhance EMR’s public health preparedness to emergencies. This collaboration is continuing successfully, with a focus on strengthening IHR capacities of countries especially considering the region’s complex situation of various disease outbreaks and conflict affected area.

Investments in Event-based Surveillance to Improve Information Sharing

Across the EMR, EMPHNET continues to provide technical and logistic support to ministries of health, national institutes of health, and other relevant partners, to strengthen countries disease surveillance, with a particular focus on EBS. EMPHNET works to strengthen various aspects of EBS: engaging communities, integrating EBS activities within health facilities, and strengthening coordination and communication efforts within different administrative levels. In Libya, Morocco, and Sudan, EMPHNET has been providing support to conduct municipality and community-level training targeting EBS focal persons/ surveillance officers and frontline personnel. Technical documents including EBS guidelines, SOPs, supervision checklists and monitoring and evaluation tools have been developed. A special consideration was given to countries’ governance and reporting structures, with a focus on ILI/SARI and COVID-19 surveillance and reporting structures.

Event-based Surveillance (EBS) is a type of organized public health surveillance that collects and analyzes signals that are of potential risk to public health from a variety of health and non-health related sources. This information can be rumors and other ad-hoc reports transmitted through formal channels (i.e., established routine reporting systems) and informal channels (i.e., media, health workers, and nongovernmental organizations reports). Hence, EBS is critical for early detection of emerging and re-emerging infectious disease outbreaks.

Expanse of EBS Training

- **Libya 5 municipalities targeted:** Derna, Ghat, Musrata, Hay Alandalous and Soug Aljoma
- **Morocco:** Strengthened CBS activities in three sites across three regions: Rabat, Tangier, and Casablanca.
- **Sudan:** Khartoum and White Nile States



Frontline EBS Training in Libya 2023

Formalizing Rapid Response Teams Training for “Better Response”

EMPHNET initiated a dialogue among decision-makers working in public health emergency response at the regional and national levels. The aim of this intervention is to enable the latter to develop rapid response standard operating procedures (SOPs) that provide a step-by-step guidance for rapid response teams (RRTs) management during both preparedness and response phases. This intensive dialogue, simultaneously taking place in three countries (**Egypt, Iraq, and Jordan**), has been fruitful. In these countries, RRT SOPs have been developed and endorsed by authorities. Steps are also being taken to implement them in the establishment, training, and deployment of RRTs.

Large-scale Campaigns in Jordan Aim to Raise Awareness of Cervical Cancer

In Jordan, a four-month communication campaign targeting diverse audiences across all governorates focused on raising awareness of cervical cancer prevention through vaccines and regular screening. Around 1000 medical students from seven universities attended university awareness sessions who later shared key takeaways and engaging moments online reaching over 5000 viewers. A similar campaign was led in the press, on social media, and TV. This campaign is a collaboration among the Ministry of Health, EMPHNET, and Merck & Co.



Awareness Session for University Medical Students in Jordan 2023

Interested in partnering with EMPHNET?

To connect with our Partnership and Resource Mobilization Team, you can send an email to Rawan Araj at raraj@globalhealthdev.org to introduce your organization, tell us more about your areas of expertise, regions you are present in, and tell us how you would like to partner with us.

With Partners



Catalyzing the Global Health Emergency Corps

Participating in Joint External Evaluation Mission for IHR Implementation in Yemen, Pakistan, and Syria

In collaboration with the WHO, EMPHNET participated in JEE missions in Yemen, Pakistan, and Syria. Experts from the region and WHO EMRO, the IHR Office, health ministries and other stakeholders took part in these missions, which were conducted by the respective health ministries.

During these missions, experts discussed and reviewed the JEE's self-evaluated 19 technical areas: Immunization and linking public health with security, emergency management and health service provision, zoonoses and food safety, surveillance, risk communication and community engagement, legislation, and finance, chemical and radiation, national IHR focal points, and points of entry, IPC and AMR, National Laboratory and biosafety and biosecurity, and workforce development. The JEE team then visited the country for a facilitated in-depth review of the self-evaluation data, structured site visits and meetings organized by the host country.

EMPHNET previously served on the JEE missions for Iraq, Jordan, Lebanon, Libya, Sudan, and Tunisia, as well as the afore mentioned countries.

What is the JEE?

One of IHR's four implementation assessment tools, the Joint External Evaluation (JEE) enables countries to identify the most urgent needs and opportunities within their health security system for enhanced emergency preparedness, detection, and response. JEEs include exclusive self-assessments as well as approaches that combine self-evaluation, peer review, and external evaluations by domestic and independent experts.



From the JEE Mission in Yemen 2023



From the JEE Mission in Syria

IHR Review Committees Convene Regarding COVID-19 and Mpox Standing Recommendations

The Review Committee regarding Standing Recommendations for COVID-19 and the Review Committee regarding Standing Recommendations for Mpox aim at shaping recommendations on global health preparedness and response strategies.

Dr. Mohannad Al Nsour, the Executive Director of EMPHNET, is actively contributing his expertise as a member of both committees. Previously, he has also served in the Review Committee regarding amendments to the IHR (2005).

In addition to Dr. Al Nsour several other notable experts from the EMR are actively participating: Dr. Mohammad Abdelfattah Abdelmawla Abdelaziz, Egypt’s Undersecretary for Preventive Affairs at the Ministry of Health and Population in Egypt; Dr. Akram Ali Eltoun, COVID-19 Regional Program Development Consultant and Project Director for Project HOPE in North Africa; Dr. Mohamed Moussif, Morocco’s Chief Medical Officer at Casablanca International Airport and the National Coordinator of the Points of Entry Program; and Dr. Mahmudur Rahman, EMPHNET’s Bangladesh Country Director.

The active involvement of these distinguished experts ensures that the committees receive diverse perspectives and informed recommendations, thereby addressing the unique challenges and needs of the region.

The IHR Review Committees

In line with the International Health Regulations, the Director General of the WHO establishes Review Committees to carry out several functions, among which is the provision of technical advice on any matter referred to by the Director-General regarding the functioning of the IHR. These committees’ function in strict accordance with the WHO Regulations for Expert Advisory Panels and Committees, ensuring a robust and evidence-based decision-making process.

Participating in the World Health Summit 2023

EMPHNET was among the many organizations in attendance at the World Health Summit where its delegation was present at various sessions and panel discussions and where it witnessed the launch of the Equity 2030 Alliance. The EMPHNET delegation also made active participation in several sessions ranging from plenary discussions to workshops that focused on global health, digital technologies, academic cooperation, global health AI and robotics, lessons learned from COVID-19, gender equality, health system resilience, and vaccine manufacturing, among others. Additionally, they participated in various side events, including the Gates Foundation and WHO Side Event on “Catalyzing the Global Health Emergency Corps,” the Robert Koch Institute side event on “Strengthening National Public Health Institutes,” and the side event on “The Global Field Epidemiology Partnership.” On the sidelines of their visit, the EMPHNET delegation visited the Robert Koch Institute and the WHO Pandemic Hub, where they explored opportunities for future collaborations.



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.