



EMPHNET

The Eastern Mediterranean
Public Health Network

**BUILDING ON
ACHIEVEMENTS.
TAKING ACTION.**

Annual Report
2022-2023

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2022-2023**

Acronyms

AEFI	Adverse Events Following Immunization
AFP	Acute Flaccid Paralysis
AMR	Antimicrobial Resistance
CBS	Community-based Surveillance
CHV	Community Health Volunteer
EBS	Event Based Surveillance
EMR	Eastern Mediterranean Region
EPI	Expanded Program on Immunization
FETP	Field Epidemiology Training Program
FHT	Family Health Team
IIP	Immunization in Practice
IPC	Interpersonal Communication
LHWs	Lady Health Workers
MoE	Ministry of Education
MoH	Ministry of Health
MoHP	Ministry of Health and Population
MoPH	Ministry of Public Health
MoPHP	Ministry of Public Health and Population
PHC	Primary Healthcare
PHEP	Public Health Empowerment Program
PHEP-BFE	Public Health Empowerment Program-Basic Field Epidemiology
PHEP-SPO	Public Health Empowerment Program-Surveillance for Polio Officers
PVV	Polio Village Volunteer
RI	Routine Immunization
RRT	Rapid Response Team
SS	Supportive Supervision
USCDC	US Centers for Disease Control and Prevention
VPDs	Vaccine Preventable Diseases
WHO	World Health Organization

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A Word from the Executive Director

Continuity is what best describes the work done by EMPHNET in the past year where we decided to take further action, propelled by past achievements, in support of stronger health systems in the Eastern Mediterranean Region (EMR) and beyond.

I see the big picture when I scan our reports. Our accomplishments can have an impact on health systems strengthening in the EMR and beyond. But when delving into the details, I can understand why we have this impact. Our programs have been designed to launch projects and initiatives that address issues and needs in workforce development, service delivery, information systems, and partnerships.

We are leading the advancement of applied epidemiology learning and practice inside and outside the borders of the EMR. Field Epidemiology Training Programs (FETPs) were introduced in two new countries namely: Qatar and Libya, thus making the cumulative number of FETPs in the EMR 15. However, we have not wavered in our support


for FETP sustainability within our network of programs. From these programs, more cohorts have either been launched or completed, and the graduates of these cohorts have been provided with more opportunities to learn, make an impact, and advance their career growth.

Our support for public health programs in addressing priority needs continues in most countries of the region. Our role in global *polio eradication efforts and routine immunization strengthening* is visible in our contributions to expanded and increased access to immunization services, enhanced disease surveillance, and a strengthened workforce capacity. In areas of unrest, we are investing in technology, cross-border communication, and

improved operations to protect and safeguard the security of public health laboratories. We are also expanding our efforts in the control and prevention of NCDs, using health promotion as a powerful weapon against modifiable risk factors, informing programs to confront the rising burden, and generating information to address relevant scarcity. In a region constantly experiencing public health emergencies, we are playing a significant role in enhancing rapid response. Our role includes improving and accelerating data reporting and sharing and the use of evidence-based recommendations. We remain at the forefront, regionally, in the promotion and implementation of One Health, antimicrobial resistance, and health problems instigated by climate change.

We continue to inform decision making by generating implementation research in public health. This is where we are utilizing our networks and connections to **share information** and experiences and our **networking** tools to accelerate information sharing and learning.

We could not have accomplished all this without the trust placed in us by the countries we work in, without the commitment of global health partners to the region, and without the passion and hard work of our growing EMPHNET team. Thank you all for making it happen and for being part of EMPHNET's mission.


Dr. Mohannad Al Nsour
Executive Director



In Numbers

Progress in Different Areas of Public Health



Progress in Field Epidemiology



2 new FETPs established: in Libya and Qatar



140+ graduates from the programs in Afghanistan, Bangladesh, Egypt, Morocco, and Sudan



100+ FETP mentors trained from Afghanistan, Egypt, Iraq, Sudan, and Tunisia



Progress in NCDs



50 million smokers and nonsmokers in Egypt, Iraq, Jordan, and Palestine reached during comprehensive Tobacco Campaign



1 million women in Jordan reached in Cervical Cancer Campaign



Progress in Disease Control and Prevention



3 multi-country biorisk management initiatives completed with success



Progress in One Health



2 countries accelerate One Health implementation



Progress in Polio Eradication and Routine Immunization Strengthening



500+ community elders and religious leaders in Afghanistan oriented in communication on vaccines



1600+ vaccination providers trained in Pakistan in the area of microplanning



800+ community health volunteers and surveillance focal points trained in AFP surveillance in Morocco and Yemen

Progress in Research and Policy



20+ journal articles published



6 policy briefs released



2 projects expanded to inform NCD management & family planning in Jordan and refugee communities

Progress in Communication and Networking



84 new EMPHNET Publications, Subscriptions and Open Access Resources on EMPHNET's Electronic Library



21 new interns Graduated from EMPHNET's Internship Program ENGAGE



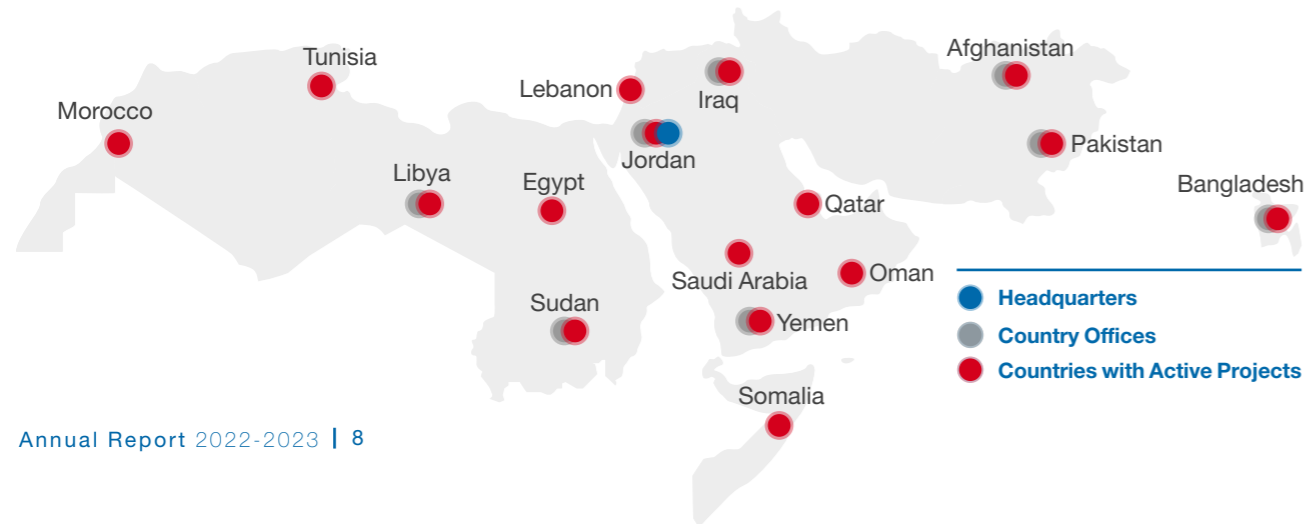
2680+ people attended 14 Webinars in the EMPHNET's WEBi Series

A Continued Expansion

In 2023, EMPHNET initiated operations in new countries within the EMR and it broadened its scope of activities in countries where it was already established. In the Gulf region, EMPHNET in collaboration with the Qatar Ministry of Public Health, USCDC and CDC Foundation launched the Qatar Field Epidemiology Training Program (Qatar FETP). Also in the Gulf, EMPHNET is diversifying its work in **Saudi Arabia** beyond FETP-specialized activities, particularly to public health emergency management in the context of interventions and

especially during mass gatherings. Its technical expansions are taking place in several other countries. In **Lebanon**, EMPHNET is assisting the Ministry of Public Health in strengthening routine immunization in addition to its initial support to the country's applied epidemiological capacities. In **Libya**, it collaborated with national partners in launching the country's first FETP in its basic modality, the Public Health Empowerment Program-Basic Field Epidemiology (PHEP-BFE). In the rest of the EMR, EMPHNET continues to build on its past achievements to instigate

public health change in the near future with a focus on countries affected by unrest: **Afghanistan, Sudan, Somalia, and Yemen.** In **Egypt, Iraq, Jordan, Morocco, and Tunisia,** EMPHNET is showing commitment to national health systems in and beyond the EMR, EMPHNET is reinforcing its partnerships with **Bangladesh's** Ministry of Health and Family Welfare, and other stakeholders collaborating in areas such as field epidemiology, One Health, and emergency management.



EMPHNET Pakistan office team Dr. Syed Mohammad Mursalin meeting with Pak One Health CEO Dr. Syed Mohammad Mursalin (Pakistan 2023)

Our Collaborators and Partners

Regional Agencies



- Food and Agriculture Organization
- International Organization for Migration (IOM)
- UN International Children’s Emergency Fund (UNICEF)
- UN Refugee Agency (UNHCR)
- UN Relief and Works Agency for Palestine Refugees (UNRWA)
- United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
- WHO Regional Office of the Eastern Mediterranean (WHO-EMRO)
- World Bank
- World Health Organization (WHO)
- World Health Organization- Epidemic Intelligence from Open Sources (EIOS)
- World Health Organization- Global Strategic Preparedness Network (GSPN)
- World Health Organization- Network of Education and Support in Immunization (NESI)
- World Health Organization- Regional Mental Health Coalition for Civil Society Organizations
- World Health Organization- The Regional Centre for Environmental Health Action (CEHA)
- World Health Organization- WHO-AUB Collaborating Centre for Research on Bacterial Pathogens

International



- Antimicrobial Resistance (AMR) Multi-Stakeholder Partnership Platform
- Gavi, the Vaccine Alliance
- Global Health Council (GHC)
- Global Health Technologies Coalition (GHTC)
- Global Outbreak Alert and Response Network (GOARN)
- International Associations of Public Health Institutes (IANPHI)
- International Committee of the Red Cross (ICRC)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- International Rescue Committee (IRC)
- International Society for Infectious Diseases (ISID)
- NCD Alliance
- Pandemic Action Network (PAN)
- Relief International
- Research Triangle Institute (RTI International)
- Sabin Vaccine Institute
- Save the Children International
- Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET)
- World Federation of Public Health Associations (WFPHA)

Asia

- American University of Beirut
- American University of Beirut AUB- Global Health Institute GHI (AUB-GHI)
- American University of Beirut-Global Alliance on War, Conflict and Health (AUB-GWACH)
- Arab Coalition for Adolescent Health and Medicine (ACAHM)
- Global Institute for Disease Elimination (GLIDE)
- Gulf CDC
- Health and Medical Education Authority/General Secretariat of the Holy Shrine of Hussein
- International Centre for Diarrheal Disease Research, Bangladesh (ICDDR, B)
- Japan International Cooperation Agency
- MENA HPV Coalition
- Pakistan One Health Alliance (POHA)
- Regional Acute Watery Diarrhea (AWD) Platform
- Royal Health Awareness Society- Jordan
- Statistical, Economic and Social Research and Training Centre for Islamic Countries (SESRIC)

Europe

- Association of Schools of Public Health in the European Region (ASPHER)
- Imperial College’s Institute of Global Health Innovation (IGHI)
- Robert Koch Institute (RKI)
- Sanofi Pasteur
- The European Centre for Disease Prevention and Control (ECDC)
- UK Health Security Agency (UKHSA)
- University of Geneva’s Institute of Global Health (ISG)

North America

- Civilian Research and Development Foundation Global (CRDF Global)
- Development Alternatives Incorporated (DAI)
- Emory University
- Ending Pandemics
- Family Health International (FHI360)
- Georgetown University’s Center for Global Health Science and Security (CGHSS)
- International Development Research Center (IDRC)
- LINKS
- Merck Sharp & Dohme (MSD)
- Metabiota
- Pfizer
- Resolve to Save Lives
- Sandia National Laboratories
- Task Force for Global Health
- United States Agency for International Development (USAID)
- University of Nebraska Medical Center (UNMC)
- US Centers for Disease Control and Prevention
- Vital Strategies

Africa

- Africa CDC
- African Field Epidemiology Network (AFENET)
- Amref Health Africa
- HealthEnabled

Partnerships and Collaborations in 2022-2023

Memorandums of Understanding and Agreements

WHO-EMRO

Area of Collaboration

Workforce capacity building, institutional development, research, evaluation, and advocacy

Pakistan One Health Alliance (POHA)

Area of Collaboration

Prevention and control of emerging and re-emerging infectious diseases through the one health approach

University of Nebraska Medical Center (UNMC)

Area of Collaboration

Education and research

UK Health Security Agency (UKHSA)

Area of Collaboration

Multi-sectoral coordination in support of IHR and public health emergency workforce

Royal Health Awareness Society

Area of Collaboration

Health programs and research relating to combatting non-communicable diseases and smoking

Health and Medical Education Authority/General Secretariat of the Holy Shrine of Hussein

Area of Collaboration

Training programs, research support, and information exchange

Memberships

USAID/Monitoring, Evaluation and Learning (MEL) Activity

An activity that is focused on monitoring, evaluation and learning. EMPHNET is part of Tier 1 organizations of MEL in Jordan.

Global Health Council (renewed membership)

Global Health Council is a member organization devoted to advancing global health priorities by uniting advocates, implementers, policy makers, and other stakeholders.

Epidemic Intelligence from Open Sources (EIOS)

A WHO initiative that is a unique collaboration between various public health stakeholders around the globe.

Global Strategic Preparedness Support Network (GSPN)

A WHO partnership coordinating the deployment and secondment of technical experts to countries and fostering preparedness networks through the sharing of experience, expertise and best practices. The objective is to support countries in implementing their National Action Plans for Health Security (NAPHS) and building capacities to prevent, detect and respond, and meeting IHR commitments.

Regional Mental Health Coalition for Civil Society Organizations

This coalition aims to map, support and engage civil society organizations (CSOs) that are active in the area of mental, neurological and substance use disorders in the region, ranging from advocacy, promoting and protecting the rights of persons with lived experience, development of services, building capacities for engaging in policy dialogues and quality service provision.

New Collaborations



Africa CDC

As a long-term partner of Africa CDC, EMPHNET is collaborating with Africa CDC on various areas including the prevention and control of non-communicable diseases.

University of Geneva

UNIGE COS “Community Health in cooperation with EMPHNET and Inzone launched a training course that primarily targeted community health workers in Azraq refugee camp, Jordan.

Imperial College Institute of Global Health Innovation (IGHI), Climate change and mental health: Catalyzing a global research community

EMPHNET will be acting as a co-convenor of the Climate Change and Mental Health Project.

Potential Collaborations



Development Alternatives Incorporated (DAI)

One health in Bangladesh.

Amref Health Africa

Health system strengthening at national and sub-national levels, prioritizing capacity building and research.

International Federation of Red Cross & Red Crescent Societies (IFRC)

Health system strengthening at national and sub-national levels, prioritizing capacity building and research.

European Centre for Disease Prevention and Control (ECDC)

Emergency management, control, and capacity building, Epidemic Intelligence and information exchange.

MENA HPV Coalition

Advocacy and research.

Robert Koch Institute (RKI)

Public health intelligence, capacity building, surveillance and NPHI strengthening.

GULF CDC

NCD policies and research.



MOU Signed between EMPHNET and WHO EMRO

International Participations



GOARN Members met to discuss the implementation of GOARN's recently launched strategy 2022-2026, and its 33rd steering committee meeting that was co-hosted in Jordan between May 8 and 12, 2023 by EMPHNET, a long-time member of GOARN, and World Health Organization (WHO). The workshop was attended by representatives of the network's members from the different regions and representatives of international and regional organizations.



1. Members from EMPHNET attended various sessions and panel discussions at the World Health Summit 2023. They also participated in several sessions ranging from plenary discussions to workshops. They were also present at the Gates Foundation and WHO Side Event on "Catalyzing the Global Health Emergency Corps," attended the launch of the Equity 2030 Alliance, and participated in the Robert Koch Institute side event on "Strengthening National Public Health Institutes."
2. From another angle, EMPHNET participated in the Annual International Conference on Public Health in Africa (CPHIA) and in side meetings with partners.

Leading and Advancing Applied Epidemiology

Background of Achievements



Since its inception, EMPHNET has been instrumental in enhancing the capacity for applied epidemiology across the EMR by introducing FETPs to additional countries and supporting the ongoing development of existing programs. EMPHNET has successfully expanded the presence of FETPs, from four in 2009 to fifteen in 2023. Within the same country, EMPHNET facilitated the establishment of various modalities aiming to train a broader range of public health professionals in field epidemiology. The practical application of epidemiology through FETPs has significantly contributed to the preparedness and response capabilities of national health systems, particularly in facing major emergencies. COVID-19 has been, so far, the prime example and has been recognized by global health leaders.

Training in field epidemiology is one of the most important investments for all countries as it is needed to meet core capacities for the international health regulations.

Dr. Tedros Adhanom Ghebreyesus, WHO Director General in a letter addressed to EMPHNET



The Issue: A Need for More Field Epidemiologists

In our region, the regular occurrence and persistence of human-induced or natural disasters bring a greater risk of serious public health events. One example is the threat of different epidemics, including cholera, diphtheria, measles, polio, malaria, Rift Valley Fever, Dengue Fever, chikungunya, MERS-COV, the emerged COVID-19, and many others. If our public health workforce is displaced, undertrained, and restricted in movement, we will remain powerless in the face of health adversity. They will not be enabled with the knowledge and the resources they need to face disease outbreaks, biological threats, epidemics, and pandemics, our lives and our health are at stake. The need is clear, and the timing is increasingly critical: we need more public health workers trained in the field epidemiology and we need them now. More FETPs must be established, and more support is needed for existing programs.



Egypt's PHEP-BFE cohort 6 residents attend workshop 1 (2023)



Our Action: Establishment of Basic Level FETPs

What is available is a training program short enough, and of high quality, to produce the needed number of FETP graduates in a short period of time. This program is the basic-level FETP, known in the EMR as the Public Health Empowerment Program-Basic Field Epidemiology (PHEP-BFE). PHEP-BFE is a three-month, in-service training that provides residents with the fundamental competencies needed to deal with outbreaks and any other public health events. Its curriculum was developed by EMPHNET. In a short period of time, residents learn and practice the fundamental skills needed to perform efficiently within local surveillance systems. Some of the skills they learn include use of case definitions, disease detection and reporting, data visualization, case investigation, outbreak investigation and response, surveillance monitoring and evaluation, data analysis and interpretation for decision-making, and basics of leadership and management.

In continuation of its support to developing and strengthening epidemiological workforce, EMPHNET helped establish more PHEP-BFE cohorts in countries where FETPs did not exist at the time. The focus has been on countries of the Gulf Region, like Qatar and Saudi Arabia, where more population travel, migrant workers, and mass gatherings necessitate a stronger preparedness and response to emergencies. Countries experiencing unrest, like Libya, were also prioritized.



Where: Qatar

EMPHNET, in collaboration with the CDC Foundation and USCDC, supported the Ministry of Public Health to establish its own FETP. The aim was to enhance the country's ability to detect, respond to, and prevent public health threats. Following the Training Need Assessment conducted in October 2022, it was agreed to start an FETP in Qatar by implementing the PHEP-BFE as a first step. The first cohort started in March 2023 and completed with the graduation of 23 residents. Additionally, the second and third cohorts targeted 29 participants. These two cohorts also started, in parallel, in November 2023. Together, the PHEP-BFE graduates contribute to strengthening local epidemiological capacities in Qatar.



Where: Libya

PHEP-BFE was launched in Libya in July 2023 with the aim to build a stronger public health workforce by equipping the residents with the skills, knowledge, and strategies necessary to address emerging health challenges in the country. In six months, two cohorts have been completed with a total of 49 graduates.



FETP residents during fieldwork (Qatar 2023)



Second PHEP-BFE Cohort fieldwork presentations (Libya 2023)



The Issue: FETP Sustainability Remains a Challenge

More FETPs in the EMR exist than ever before. While that is a marker of success, these programs need to be sustained. Issues still exist in this regard. The global FETP community is in consensus that there are several challenges that limit the collective effectiveness of decades-long investment in global epidemiology capacity. Quality assurance, career prospects for graduates, continuous professional development, and cross-border mobilization, are among the documented areas where issues arise.



Our Action: Supporting FETP Sustainability in the EMR

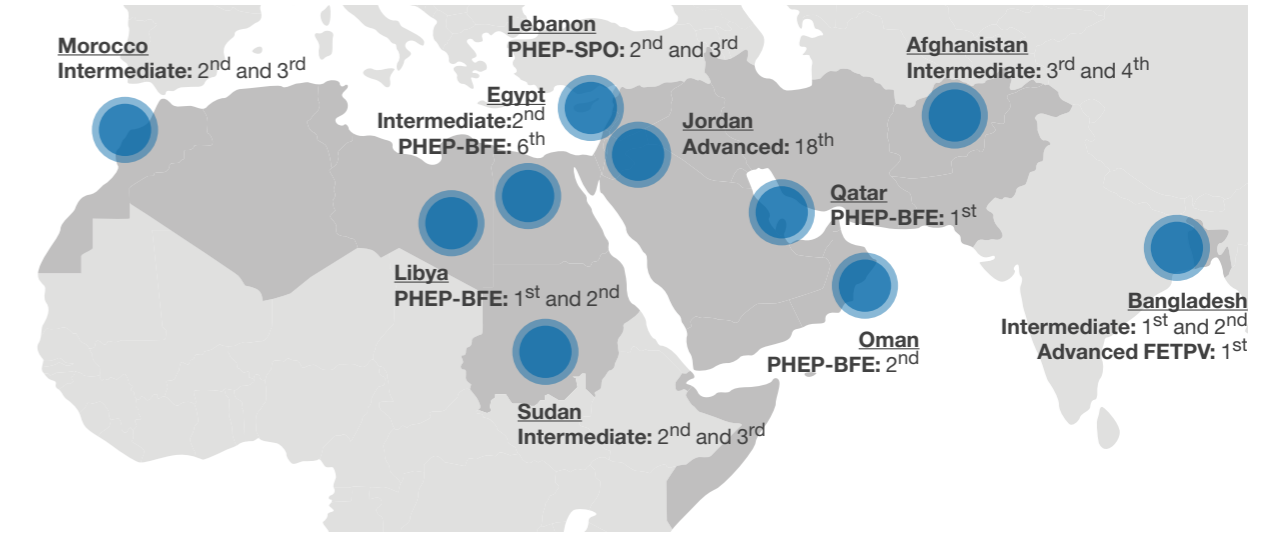
Studies showed that the main factors contributing to FETP sustainability are those that fall in line with the Global Field Epidemiology Roadmap, EMPHNET is working to achieve FETP sustainability with a focus on EMR countries and Bangladesh. EMPHNET is placing its focus on funding, institutionalization, political structures embedded in the program, collaboration between stakeholders, and the resources needed to help the program carry out its activities. Ensuring the long-term viability and sustainability of FETPs is a strategic goal that EMPHNET actively pursues through collaborative efforts with partners.

To this end, EMPHNET organized a regional workshop dedicated to this purpose. The workshop, held in March 2022, offered a space to discuss and address the conceptual framework and various approaches to FETP sustainability. This year, EMPHNET built on the workshop's success by providing technical support for the participating countries in the development of their national FETP sustainability plans. Since then, countries in the EMR have worked on their sustainability plans and currently, some of them are working on implementing these plans.

Mentorship is an essential component in FETPs. Having a pool of qualified mentors plays a crucial role in sustaining the programs. Realizing the significance of mentorship, EMPHNET conducted a series of national customized mentor training workshops to build the capacity of mentors. These workshops were facilitated by master mentors who had been trained by EMPHNET in 2022. Around 100 mentors were trained as a total from the region.



Completed FETP Cohorts in 2022-2023



As a regional network supporting FETPs, EMPHNET is committed to strengthening the epidemiological workforce to effectively address epidemics and other major public health challenges. EMPHNET reiterated this commitment through the global FETP enterprise and is performing critical functions towards the realization of stronger applied epidemiology capacities in the region. The network is supporting the launch of new cohorts within existing programs, creating learning opportunities both online and in the field, and focusing on providing guided mentorship to ensure the delivery of high-quality training. Such efforts continue across countries within and beyond the EMR.



Intermediate FETP mentorship workshop (Bangladesh 2023)



FETP residents in the field (Afghanistan 2023)

EMPHNET's Learning Management System (LMS)



The Learning Management System was launched in response to the training needs of the FETP and public health community in a region where several factors make face-to-face training a challenge.

Achievements

Case Studies



- A self-paced online case study was launched “Outbreak of Cholera During a Humanitarian Crisis.”
- **12** Instructor-led case studies are available targeting FETPs covering Outbreak investigation, Surveillance, and Field Epidemiology

Courses



- 9** active courses
- Basics of Mendeley for Citation and Referencing (*English*)
 - Stakeholders' Mapping and Analysis (*English*)
 - Risk Communication (*Arabic and English*)
 - Rapid Response Teams for COVID-19 (*Arabic and English*)
 - Infection Prevention and Control - COVID-19 (*Arabic and English*)
 - The Impact of Gender Concepts and Social Roles on Reproductive and Sexual Health Issues (*English*)

International Academy of Public Health (IAPH)



As the academic arm of EMPHNET, IAPH is a multi-disciplinary professional development academy providing programs and courses in numerous areas of public health, established to build the capacity of the public health workforce of the EMR.

Achievements



15 short courses sponsored



10 new MOUs and agreements signed



588 participants from **74** countries across all courses



More courses available in French in collaboration with Morocco's **Mohammad VI University**



Partnering with the **Saudi Public Health Authority (PHA)** in launching frontline FETP



Launching two specialized courses tailored for **Alamein International University** in Egypt and two courses for **Hadramout University** in Yemen

Supporting Public Health Programs in Response to EMR Needs

Polio Eradication and Routine Immunization Strengthening

Background of Achievements



A long-standing, growing, strategic partnership among ministries of health, global health players, and EMPHNET brought about enhancements in the performance of national immunization programs in high priority areas across the EMR. Success has been evident in several areas. Increased data accuracy, integrity, and completeness have been documented in polio and the surveillance of other vaccine preventable diseases (VPDs). Vaccination coverage has seen an impressive increase because of improved communication. Hard-to-access communities are now being provided with quality and timely vaccinations. In addition to these achievements, EMPHNET continues to demonstrate commitment to capacity building for health workers within national immunization programs in the region.



The Issue: Vaccine Hesitancy

Public health experts and medical professionals identify several factors contributing to vaccine hesitancy: misconceptions about vaccine safety and efficacy, complacent caregivers, physical barriers to accessing vaccination sites, and a complex vaccination process. These issues have significant consequences, leading to a reduced demand for vaccines, lower coverage rates, and the consequent spread of life threatening VPDs. To combat vaccine hesitancy, a key strategy for a concerted communication intervention is needed. This strategy brings together local communities and mass media to disseminate accurate and timely information about the benefits and safety of vaccines.



Training workshop in Basra on Immunization in Practice with a focus on IPC (Iraq 2023)



Our Action: Communication Enhanced to Increase Vaccine Acceptance

Effective communication has the power to counteract vaccine misinformation and to encourage adherence to regular vaccination schedules. This sort of communication relies on a simple formula: the delivery of the right message by the right people to those who need it and in a timely manner. For this reason, communication interventions must be done on several fronts, not one. Influential community members must be engaged in message delivery. More capacity building efforts must focus on equipping frontline immunization workers with relevant communication skills. And more investments must be made to track the source and sort of misinformation on vaccines.




Where: Afghanistan


EMPHNET and the Ministry of Public Health (MoPH) continued to combat vaccine hesitancy by engaging the local community, namely religious leaders, and community elders. Efforts have been concentrated in the eastern and southeastern regions, historically known as reservoirs for poliovirus circulation. After attending intensive orientation sessions, these elders and leaders were able to regularly disseminate messages at social gatherings, Friday prayers, and religious assemblies. In continuation of another collaboration, the MoPH and EMPHNET trained immunization frontline workers on effective communication and how to correctly communicate the benefits of vaccines using a country-customized training curriculum. Despite educational limitations and challenges in involving female workers in workshops, EMPHNET with the support of MoPH successfully trained the majority of female vaccinators in the targeted provinces. This approach recognizes the ability of female health workers to effectively communicate with mothers and caregivers.




Interpersonal communication training for male and female vaccinators (Afghanistan 2023)

In Numbers

 **382** vaccinators, including **85** female vaccinators on interpersonal communication (IPC)

 **500+** community elders and religious leaders oriented and engaged in awareness raising


Where
 **5** Provinces were targeted namely: Khost, Nangarhar, Paktya, Paktika, and Parwan




Where: Iraq

IIP, which is short for Immunization in Practice, is a hands-on training educating health facility and district health workers in the efficient and competent use of their resources for improved service delivery. In recent years, EMPHNET and the Ministry of Health (MoH) invested in the “service delivery” component of IIP. Lately, the communication component has been incorporated as part of the IIP facility training, considering that successful vaccination services cannot be delivered without effective interaction with caregivers and children about childhood immunization. Training was delivered to these health workers on IPC.

After undergoing training, staff conducted outreach sessions and visible progress has been observed in their performance. Participants engaged in active listening, communication about the benefits of vaccines were more effective and adverse effects following immunization were reduced. They were able to use communication inside and outside the health facility.

In Numbers
 **800** vaccinators trained

Where
 High-priority provinces: Basra, Baghdad Rasafa, Najaf, and Ninewa

Also in Iraq, EMPHNET supported the establishment of a well-functioning infodemic management system in addressing misinformation and disinformation and examine the determinants of vaccines /polio vaccine uptake and hesitancy, the prevalent vaccine-related concerns that hinder achieving goals of polio eradication, control, and elimination of other vaccine preventable diseases.



Facilitators meeting prior to training on infodemic management (Iraq 2023)



The Issue: Multifaceted Challenges Hindering Workforce Performance

Inspiring is the word that best describes the work done by health workers from our region who exert relentless efforts to provide essential health services under challenging conditions, war, conflict, and an unprecedented pandemic. We are aware that health workers are the backbone of a well-functioning health system, and in an immunization program, their proficiency, as well as passion, is intricately tied to the success of any immunization intervention. *Under* is prefixed to the major issues that are adversely affecting the professional development and performance of these workers undertraining, understaffing, and underpayment. These hard-working men and women are protecting the health of future generations. They deserve our continuous and unwavering support.



Supportive supervision visit by central EPI team in Khost (Afghanistan 2023)



Our Action: Knowledge and Skill Building for the Expanded Program on Immunization (EPI) Workforce

EMPHNET, in collaboration with partners, are working to ensure that the immunization workforce in the targeted countries is equipped with the necessary knowledge, skills, and resources. This effort is tailored to meet country-specific needs and immediate priorities. The collaborative work has focused on supportive supervision, incentivization, and specialized training programs and courses for immunization workers. These activities have led to significant achievements, notably in improving vaccination rates and workforce efficiency in the targeted countries.



Where: Afghanistan

At the sub-national level, EMPHNET works with the MoPH to incentivize immunization frontline workers, mainly vaccinators and provincial supervisors. An entire incentivization mechanism was devised from scratch: SoPs and implementation guidelines were developed, on which the EPI managers and supervisors of the 34 provinces were trained. The incentivization project has been successfully completed and several markers of success have been observed. These include improved motivation, morale, and productivity, which, in turn led to increased immunization coverage in the targeted areas. For the sustainability of the project, all developed documents such as SoPs, and implementation guidelines were handed over to the immunization program to continue the frontline motivation on an annual basis.

An ongoing EMPHNET-MoPH collaboration is empowering frontliners with knowledge delivered in the context of on-the-job training during supportive supervision (SS) visits. Under SS, as the names suggests, mentors provide feedback to those less experienced in the field in a relaxed context, i.e., as opposed to traditional didactic instruction. Last year, this collaboration extended to more frontliners and more provinces. During the supportive supervisory visits, supervisors were guiding and assisting immunization staff to continuously improve their own work performance. It was carried out in a regardful and non-authoritarian way with a focus on using this opportunity to improve the knowledge and skills of frontline workers. Likewise, at the end of each supervisory mission, appropriate written feedback was provided by supervisors.

National Level

by the EMPHNET Country Team

Supervisory visits and the on-the-job training provided

Subnational Level

by the EPI Provincial Team

Supportive Supervision for health facilities covering essential concepts of data quality and usage of data analysis for problem identification and prioritization of targets

Subnational Level

by Volunteer Community Members

Remote monitoring of the outreach and mobile sessions by the community

Supportive supervision implemented in Afghanistan



Provincial Level: 22 supervisory missions to 22 out of the country's 34 provinces

District Level: 1900+ health facilities were visited in 18 priority provinces



Where: Egypt

EMPHNET supported the Ministry of Health and Population (MoHP) in Egypt to enhance the efficiency of the immunization programs. Workshops focusing on improving immunization performance were organized for personnel involved in the EPI and surveillance at both district and health center levels. Trained staff went beyond mere training, actively applying their acquired knowledge by conducting numerous outreach sessions, significantly increasing the number of vaccinated children. This extensive training led to a marked increase in vaccination coverage and enabled reaching a significant number of zero-dose children was reached



Outreach sessions conducted by the EPI team (Egypt 2023)

In Numbers



3000+ health care workers trained



450+ outreach immunization sessions in six frontier governorates (Aswan, Red Sea, New Valley, Matrouh, North Sinai and South Sinai)



7500 vaccinated children through outreach sessions



Where: Iraq

In the past year, the EPI's focus was on enhancing vaccine safety, Adverse Events Following Immunization (AEFI) surveillance and field investigation. It has done so through building the capacities of the workforce in these areas. With support from EMPHNET, training was conducted in primary healthcare centers in most provinces of the country. Investigation in the field followed this training where the trained personnel were able to report any serious AEFIs. Afterward, this investigation was assessed by high-level officials and stakeholders using a systematic, standardized global causality assessment process.

In Numbers



1809 trainees in vaccine safety and AEFI surveillance and field investigation



Where: Lebanon

EMPHNET designed the **Public Health Empowerment Program - Surveillance Polio Officers (PHEP-SPO)**, to equip polio surveillance officers with the skills necessary to support ongoing polio eradication efforts, strengthening routine immunization (RI), and thereby strengthen the national health system. PHEP-SPO has been implemented in two countries so far: Sudan and Yemen where it has made a documented impact. EMPHNET is expanding the implementation of PHEP-SPO in more countries in the EMR. Last year, it implemented the program in Lebanon where two cohorts have been successfully completed. To date, 25 fellows were trained in the program.



First workshop for PHEP-SPO's third cohort (Lebanon 2023)



The Issue: Hard-to-Reach Communities

In many countries of the region, geographical and physical barriers hinder immunization programs from reaching some communities. Those living in remote areas with challenging landscapes and others that are displaced or continuously moving. The refugee influx in some countries poses further challenges. Behavioral factors and the transient nature of nomadic populations also impede access. Detailed information is needed about the location of these communities, their vaccine coverage, nearby health centers, logistics, and other useful details.



A state microplanning review meeting in South Kordofan (Sudan 2023)



Our Action: Using Microplanning to Expand Immunization Access

Immunization microplanning involves localized planning at the health facility, district, and state level. This covers all components from population targeting to vaccines, scheduling, staffing, training, communication, community engagement, information systems, logistics, monitoring, among other details. Since 2016, EMPHNET has been significantly contributing to and advocating for improved RI microplanning in several countries in the EMR. An initial collaboration with immunization programs in this area was first implemented in Jordan at a modest scale and was later expanded to Iraq. Subsequent successful implementation followed in more at-risk countries.





Where: Pakistan

EMPHNET is supporting Pakistan in increasing the potential impact of RI microplanning by incorporating the contribution of communities, namely Lady Health Workers (LHWs) who are regularly in touch with mothers and other female caregivers. A core team of trainers in microplanning was built in a high-risk province, Baluochistan. Later, these trainers educated a considerable number of vaccination providers on developing and updating microplans, particularly for hard-to-reach and high-risk areas.

In Numbers

 **1600+** vaccination providers trained in **50** training workshops

 **Where**
All provinces in Pakistan

 **Impact**
Experience shared on the engagement of LHWs, and policy recommendations generated



Where: Somalia

EMPHNET is supporting Somalia’s EPI in strengthening RI microplanning at selected health facilities within prioritized districts in each of Galmudug and Jubaland. National and sub-national EPI staff were trained on routine immunization microplanning and supported frontline health officers to develop health facility-based microplans.



Training on strengthening microplanning skills for EPI officers (Somalia 2023)

In Numbers



60 vaccinators trained at the health facility level



Where
Mogadishu, Jubaland, Dhusamareb-Galmudug



Impact
Routine immunization microplans developed for health facilities within **4** prioritized districts in Jubaland and Galmudug



Where: Sudan

EMPHNET is supporting Sudan’s Federal MoH in Strengthening EPI functionality through enhancing district microplanning in Sudan. For developed state microplans, review meetings were conducted. These meetings covered situational analysis, presentations on the national guidelines and the microplanning process, and the development of the state microplans.

In Numbers



17 states developed microplans



18 meetings conducted to review microplans



400+ participants in these review meetings



The Issue: Maintaining AFP Surveillance in Fragile Contexts

Polioviruses are primarily detected through Acute Flaccid Paralysis (AFP) surveillance, commonly referred to as the “gold standard” for detecting polio. An effective AFP surveillance system identifies the type of polio virus, where it is located, and the number of individuals infected with it. This critical data enables early detection and containment of the virus. AFP surveillance in priority countries of the EMR meets its key indicators: completeness of reporting, sensitivity of surveillance, completeness of case investigation, completeness of follow-up, laboratory performance. Yet, strengthening AFP surveillance remains a priority especially in the context of the region where two of the world’s polio-endemic countries exist and others are termed either “outbreak” or “at risk.”



Data collection for Polio AFP surveillance review (Iraq 2023)



Our Action: Expansion and Enhancement of Surveillance Systems

EMPHNET is committed to maintaining and enhancing the functionality of AFP surveillance, ensuring rapid case detection and prompt action to contain the virus before it spreads wider. Its approach includes broadening the scope of disease reporting beyond health workers to include community informants, thereby ensuring more comprehensive data sources. Additionally, it has invested in both refresher and new training programs to reinforce existing knowledge and introduce new concepts.



Where: Yemen

Community members can play a vital role in accelerating polio eradication and sustaining polio-free status. As a source of information and as information reporters from within communities, they can assist health authorities with information gathering on cases and help in early detection. Since 2017, EMPHNET and the MoPHP have worked to involve the community in AFP surveillance, aiming to identify and report AFP cases within their communities. These community members, known as Polio Village Volunteers (PVVs) contributed to an increase in the Non-Polio AFP rate and the adequacy rate in districts where they have been trained. Last year, EMPHNET supported the MoPHP in scaling up the role of PVVs to further strengthen VPDs surveillance and improving immunization coverage in hot zones in the country. A team of trainers was created comprising surveillance officers and EPI managers from high-risk districts who were responsible for training Community Health Volunteers (CHV) in eight high risk districts.

<p>In Numbers</p>  <p>60 facilitators trained 400+ CHVs trained</p>	<p>Where Eight high risk districts (Abyan, Taizz (AL-Qahirah District, Salah District and AL-Makha District), Aden governorate, Lahj governorate (Toban District), Marib governorate (AL-Madinah District) and AL-Hodeidah governorate (AL-Kokah District)).</p> <p>14 high risk governorates (Al Jawf, Al Bayda, Al Hudaydah, Dhale, Al Mahwit, Ibb, Taiz, Hajjah, Raymah, Sa'dah, 'Amran, Marib, Sanaa and Amanat Al Asimah).</p>
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Training community volunteers on AFP surveillance (Yemen 2023)



Where: Morocco

A success story was documented when the MOH and EMPHNET collaborated to enhance AFP surveillance indicators. Extensive and intensive capacity building efforts targeting surveillance officers made an impact: a digitalized AFP surveillance system and 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 with continuous capacity building efforts targeting 12 regions of Morocco.

<p>In Numbers</p>  <p>320 trainees in 12 regions</p>	<p>Where Marrakech, Tangier, Beni-Mellal, Agadir, Casablanca, Fez, Rabat</p>	<p>Impact 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.</p>
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Where: Iraq

EMPHNET maintains a commitment to assist national efforts in sustaining the quality of AFP surveillance systems. In a recent initiative, EMPHNET conducted an internal independent review of AFP surveillance in Iraq. A team of experts was created comprising 33 members, including academics, FETP residents, MoH staff, WHO staff, as well as EMPHNET and USCDC representatives. The review covered all provinces, 19 directorates of health, 36 districts, and 56 health facilities within the surveillance network. The review offered important recommendations while commending surveillance performance.



Where: Lebanon

EMPHNET supported the MOPH in strengthening community-based surveillance (CBS) for AFP in six provinces: three border provinces (Akkar, Baalback/Hermel and Bekaa) in addition to Beirut, Mount Lebanon and North. Covering six governorates, a team of trainers constituting epidemiological surveillance officers from the central, provincial and district levels trained community health volunteers mainly from NGOs covering multiple governorates and targeting both Lebanese and displaced populations. The objectives of these training workshops were to build the capacity of the NGOs' coordinators and supervisors on CBS, detect and report acute paralysis, and enhance coordination between the MOPH and the NGOs.

In Numbers



60+ NGO representatives trained including community informants



Where
Akkar, Baalback, Mount Lebanon and Beirut, Tripoli, Zahle, Hermel



Impact

Following implementation of CBS, NPAFP rate (per 100,000) increased in 4 out of 6 targeted governorates from 3.1 to 8 in Mount Lebanon, 0 to 6.5 in Akkar, 0 to 5.7 in Beirut and 0 to 3.7 in Baalback-Hermel. This might be partially due to the raised awareness among community informants who were in their turn sensitizing the community about the need to seek medical care for AFP.



Iraq AEFI national analysis plan workshop (conducted in Jordan 2023)

Emergency Preparedness, Response, and Recovery

Background of Achievements



EMPHNET has made significant contributions to public health emergency management in the EMR, as demonstrated by its extensive and impactful field operations. Over the decade, EMPHNET has trained thousands of rapid responders and supported their deployment in national responses to major emergencies. These trained rapid responders played a crucial role in response to the COVID-19 pandemic, cholera outbreak in Yemen, floods in Sudan, events during the Hajj and the Arabaeniya Mass Gathering, among others. Currently, a network of well-trained rapid responders stands ready for deployment in most countries of the region in case of an emergency. EMPHNET has taken a prominent role in other components of emergency management, including developing mitigation strategies, preparedness, and response planning at the national level, strengthening surveillance, facilitating information sharing, and enhancing inter-country, inter-region, international coordination, and partnerships.



The Issue: Barriers to Early Disease Detection

Effective disease surveillance is critical for early warning of outbreaks and is essential for country compliance with the International Health Regulations (IHR 2005). However, some countries in the EMR face financial constraints, challenging their capacity for disease surveillance implementation. Insights from COVID-19 response efforts, IHR annual reports, and experts' missions highlight a regional shortfall in "readiness to detect and response to public health emergencies in an adequate way."



Our Action: Support Effective Monitoring

A reliable disease surveillance system encompasses data collection, analysis, and dissemination. To strengthen these components, EMPHNET has significantly contributed to building the public health workforce knowledge and skills. Its training programs and courses have emphasized study and practice of disease surveillance. Technologically, EMPHNET has been instrumental in enhancing capacities, employing digital data collection methods, data visualization software, and disease reporting systems. Technically, EMPHNET contributed to the development of SoPs to improve disease surveillance practices. This support has continued throughout the year.



Training on event-based surveillance for surveillance focal points (Morocco 2022)



Where: Pakistan

EMPHNET, in collaboration with the USCDC, is enhancing Pakistan's mortality surveillance and civil registration systems by analyzing the estimated deaths and mortality rates reported during COVID-19. Under this collaboration, several reports have identified several opportunities for improvement in these reporting systems. Based on these assessments, intensive training sessions were conducted for all staff involved, including physicians, nurses, other healthcare providers, as well as IT personnel. Training empowered each with their respective roles within the reporting system.



Where: Libya, Morocco, and Sudan

Across the EMR, EMPHNET consistently provides technical and logistic support to ministries of health, national institutes of health, and other relevant partners, to strengthen country-specific disease surveillance, with a particular focus on event-based surveillance. In Libya, Morocco, and Sudan, EMPHNET’s support included subnational and community-level training targeting Event-Based Surveillance (EBS) focal persons, surveillance officers and frontline personnel. Technical documents including EBS guidelines, SoPs, supervision checklists and monitoring and evaluation tools have been developed taking into consideration each country’s governance and reporting structures. This includes focus on Influenza Like Sickness / Severe Acute Respiratory Sickness (ILI/SARI) and COVID-19 surveillance and reporting structures.

Expand of EBS Training

- Libya** (five municipalities) Derna, Ghat, Musrata, Hay Alandalous and Soug Aljoma 
- Morocco** (three regions): Casablanca, Rabat, and Tangier 
- Sudan** (two states): Khartoum and White Nile 



Where: Bangladesh

The Institute of Epidemiology, Disease Control and Research (IEDCR) is Bangladesh’s mandated government agency for surveillance and outbreak investigation. The IEDCR has a platform for Web-Based Diseases Surveillance Systems (WBDSS) at the subdistrict (Upazilla) level throughout the country. In collaboration with the CDC, EMPHNET is providing logistical and human resources for IEDCR to enhance their WBDSS. Technical support has been previously offered in data management, technology, and staff training. This year, intensive tech support was provided for the purposes of enhancement with a focus on data visualization and the creation of disease-specific dashboards.



The Issue: A Greater Risk of More Emergencies

Unfortunately, the occurrence of public health emergencies in our region has become frequent. No one can dispute that statement. And no one can undermine the urgency for more investments in rapid response capacity building at all levels. We need to increase the alert, investigation, and response capacity of the countries’ public health workforce. We also need this workforce to operate under competent management and in line with standardized operations and planning. Investments should be informed with thorough assessments and be strategic to achieve their desired results.



Our Action: Enhancing Rapid Response Capacities

EMPHNET established its Rapid Response Teams (RRTs) initiative in 2012 to support the countries of the EMR in their quest to build stronger preparedness and response workforce capacity. In continuation of this effort, EMPHNET focused on further enhancing its RRT endeavors by investing in an investigation of needed improvements in organizational and individual capacity building.



Where: Iraq

Based on outcomes detailed in an EMPHNET-supported Emergency Preparedness and Rapid Response Capacity Assessment, stakeholders agreed on short-term priority actions to strengthen national public health response capacities. Swift action was taken to address these priorities. Work commenced to develop the Iraq RRT Mass Gathering Training Package which was informed with input from stakeholders at the national level and relevant international entities. The material will serve as a valuable resource, enabling the building of RRT capacity to handle mass gatherings.



Where: Sudan

EMPHNET supported enhancing polio and VPDs outbreak preparedness and response plans in Sudan. This endeavor was officially endorsed by various stakeholders who underscored its alignment with national public health policies.



Where: Saudi Arabia

In a newly initiated collaboration with the Ministry of Health, EMPHNET is contributing to the assessment of RRT capacities after which RRT SoPs will be developed by newly trained RRT Managers from regional and subnational levels.



Second RRT management training and SoPs adaptation workshop at the subnational level (Saudi Arabia 2023)



Training workshop on event-based surveillance for frontline personnel (Libya 2022)

Non-Communicable Diseases

Background of Achievements



In recent years, EMPHNET took a leap forward in NCD prevention and control by taking on geographically bigger roles from a country-focused scale to region-wide initiatives. The expansion was of a technical nature, too. While the initial focus was on health promotion through community and media campaigns, it now also involves policy shaping, improving NCD disease surveillance, and promoting the wider use of implementation research to create better disease management. Over the years, EMPHNET accumulated knowledge, established connections, and acquired insights. This prompted the organization to establish the Eastern Mediterranean Non-Communicable Disease Research and Prevention Center (NCDsRC) to amplify the creation of science-based recommendations with the ultimate purpose of changing a worrisome reality- *the increasing NCD burden on our health and wealth*.



The Issue: High Tobacco Use in the EMR

No word could accurately describe tobacco use as much as the word “epidemic” would, a word in common use in global health discourse. When we look closely at the prevalence of tobacco use in the EMR, the numbers should shock us. Nearly half of the adult male population are tobacco users. Several factors contribute to this sharp rise in tobacco use, one of which is the deadly misconception, spread by the tobacco industry, that vaping and flavored waterpipes are not as harmful as cigarettes. The culprit here is the misinformation virally circulating among all age groups.



Our Action: Intensive Communication Campaign Against Tobacco Use

The COVID-19 pandemic has brought tobacco control measures to the forefront of global attention. In 2022, EMPHNET partnered with the US CDC and Vital Strategies to launch the United Against Tobacco and COVID campaign. The campaign aimed to raise awareness about the dangers of smoking and to promote smoking cessation.

It sought to discourage the use of tobacco, encourage tobacco smokers to use smoking cessation services, motivate the public and policymakers to support smoke-free places and promote a conducive environment. To achieve these goals, partners worked with MoHs, NGOs, and academic institutes in Egypt, Iraq, Jordan, and Palestine to develop and disseminate culturally appropriate mass media messages tailored for each country.

The campaign was a great success, reaching 50 million people across Egypt, Jordan, Iraq, and Palestine in its first year alone through different digital and traditional media channels. Additionally, more than nine million people were reached in Palestine and Jordan in 2023. A combination of techniques were used to gauge the impact of the campaign in the four countries. This involved examining the estimated media reach provided by media planning agencies, tallying the number of news articles covering campaign launches, ongoing monitoring of campaign performance by managers, and conducting outcome evaluation studies. The evaluation findings indicated a significant demand for smoking cessation support across Egypt, Iraq, Jordan, and the Palestinian Territories. For instance, in Jordan, visits to cessation clinics nearly doubled during the campaign period, with 865 visits recorded before (March-May) compared to 1,392 throughout the campaign (July-August).

The campaign has garnered excellent national, regional, and international media coverage, and was featured as a success story by [the 2023 WHO Report on the Global Tobacco Epidemic](#), and in a [blog on the Global Tobacco Surveillance System Academy website](#).

To expand the benefit of the resources used in this campaign, a website <https://unitedagainsttobacco.org> was launched by EMPHNET serving as a library of anti-tobacco material.



The Campaign's Reach and Impact

Impact

Jordan

- **52%** said the campaign provided them with new information and **72%** agreed that it made them stop and think about the harms of smoking.
- The campaign fostered public support for smoke-free policies. More than **90%** of those surveyed in Jordan supported smoke-free policies for schools, churches, mosques and hospitals. This support was higher among those who were campaign-aware than among those who were unaware.
- Visits to cessation clinics almost doubled during the campaign with **865** visits before compared to **1,392** throughout the campaign.
- In August **2023**, and in line with the campaign's call to action, His Majesty King Abdullah II of Jordan emphasized the paramount importance of combatting tobacco use, particularly among school students. The Prime Minister then directed ministries, institutions, and government departments to rigorously enforce the smoking ban.

Palestine

- Participants expressed overwhelming support for smoke-free policies, with more than **84%** of survey participants calling for smoke-free university buildings.
- The campaign also spurred Ramallah municipality to launch an effort to enforce a ban on tobacco sales to minors.

Iraq

- Many people, including policymakers, called for comprehensive and more stringent tobacco regulations, including smoke-free policies.
- In September 2022, the MoH asked the United Against Tobacco and COVID partners to extend the campaign to the Arabaeniya religious pilgrimage for three more days. This extension enabled the United Iraqi Medical Society for Relief and Development to reach an estimated **600,000** to **700,000** pilgrims.

Egypt

- The MoHP reported an increase in the number of calls to the ministry's smoking cessation hotline during the campaign period.



The Campaign's Reach and Impact

Reach

- An estimated **50 million** smokers and nonsmokers across four countries in 2022 through TV, digital media, radio and out-of-home advertising, such as billboards and posters.
- Approximately **29 million** people in Egypt, **25 million** in Iraq, **3 million** in Jordan and more than **2.5 million** in Palestine.
- An additional **9 million** individuals in Palestine and Jordan through social media in 2023



Initiating Capacity Building Activities in Addressing Tobacco Control

EMPHNET partnered with local, regional, and international anti-tobacco experts to create capacity-building activities and webinars on tobacco. Such an example was hosting several experts from Vital Strategies to discuss anti-tobacco campaign design, strategy, message development, and dissemination for effective media campaigns, how to strengthen anti-tobacco campaign monitoring, research, and evaluation capacity, and share best practices and case studies for demonstration of key strategic communication principles. Another example is the Tobacco: **The Epidemic, the Industry and Importance of Media** webinar, which was part of its monthly webinar series.

EMPHNET is also part of several tobacco working groups and steering committees across the region, and recently it has been invited by the Jordan Ministry of Health to work on the soon-to-be-launched National Tobacco Strategy.



The Issue: Rising NCDs Burden, Increasing Demand on NCD Management

Almost all twenty-two countries of the EMR have witnessed a rise in the prevalence of NCDs. A rise in numbers not only signifies a rise in the burden of these diseases but also has far-reaching consequences on quality of life, financial stability, and mortality. With economic challenges prevailing in many low to middle-income countries in the region, health systems are overburdened by the growing number of NCD cases, especially when factoring in refugees and IDPs.

Solely relying on health promotion is insufficient for disease prevention, especially when dealing with the increase in NCD cases attributed to genetic disorders and/or unexplained environmental factors. In the face of non-modifiable risk factors, the availability of comprehensive primary health services (PHC) can have a huge impact in mitigating symptoms, preventing deterioration of the health condition, and protecting health and overall well-being. If PHC services are not only accessible but also of high quality, the NCD burden can be significantly reduced, both in *economic terms and for the overall health of the population*.



SWOT analysis within the NCDs capacity assessment and planning (N-CAP) process (Pakistan 2023)



Our Action: Developing a Roadmap for Strengthening NCD Priority Areas

EMPHNET, in collaboration with USCDC and International Association of National Public Health Institutes (IANPHI), has developed a tool called Noncommunicable Disease Capacity Assessment and Planning (N-CAP) Process to help countries assess and improve their national capacity to address NCDs. The N-CAP Process is a country-driven tool that assists ministries of health and other stakeholders in prioritizing, assessing, and creating a plan to improve population health. In 2021, the N-CAP Process was piloted in Jordan to assess the country’s “data-to-action continuum” related to NCDs. The workshop’s results were published by EMPHNET as a Policy Brief, and the N-CAP Process outcomes informed Jordan’s Ministry of Health’s “Roadmap for Strengthening Primary Care in Jordan” and “NCD Strategy and Action Plan.”

In 2022, EMPHNET implemented the N-CAP Process in Iraq in collaboration with the NCD Department at the MoH. This time, the focus was on NCD “Coalition” strengthening, which addressed internal communication strategies, new sources of funding for joint activities, and updating legislation related to the promotion of healthy diet and physical activity.

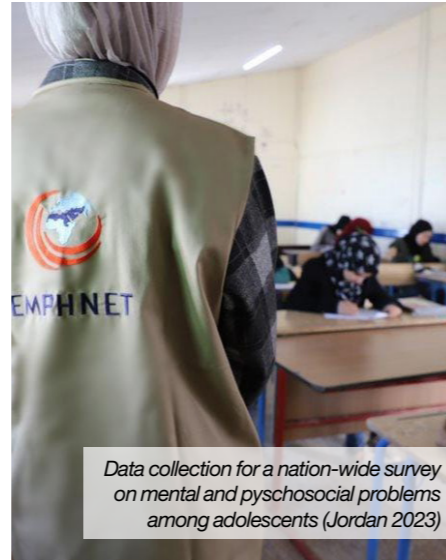
In 2023, the N-CAP Process was implemented by EMPHNET in the Azad Jammu and Kashmir (AJK) region in Pakistan to identify critical NCD surveillance areas. The assessment revealed several challenges related to NCD surveillance strategy and tools, stakeholder engagement, data monitoring and quality assurance mechanisms, and integration of NCD surveillance within existing structures. Based on the assessment discussion, a plan of next steps was created to address the prioritized challenges.

To reduce barriers to training on the N-CAP Process, in 2023, CDC, EMPHNET, IANPHI, and TEPHINET developed an e-learning course called [N-CAP Process Facilitator and Recorder](#). The course was officially launched in September 2023, where the N-CAP Process was presented, and experiences were shared by EMPHNET from the field pilots.



The Issue: Scarce Data on NCDs

Several intertwined shortcomings characterize NCD research for the EMR. Insufficient research training and limited research resources have led to low research productivity and consequently to the absence of data to inform NCD related decisions. Implementation studies, which are powerful in enhancing program planning and implementation, are mostly nonexistent. In short, there is not enough data and hence not enough information. To confront NCD challenges, we need interventions based on evidence. A reduction in NCD morbidity and mortality is only achievable if we have evidence to inform policymaking. The lack thereof is a sign that further investments in NCD research are needed.



Our Action: More Research Done

EMPHNET is amplifying the generation of information on NCDs in the EMR. The (NCDsRC) is dedicated to investments in research training, resource mobilization, and advocacy. Its research record has so far covered various priority areas, including NCD program implementation, health promotion, and epidemiological studies, among others. Its research has also relied on the contributions of multiple disciplines and multiple sectors. Thus, EMPHNET is building on this work by continuing to explore unstudied health issues to come up with evidence-based recommendations. The center's focus is to foster individual research initiatives and to generate recommendations through collaborative research efforts.



Where: Jordan

EMPHNET, in collaboration with the MoH, the Japan International Cooperation Agency (JICA), and Ministry of Education (MoE), conducted a cross-sectional nationally representative survey of **mental health and psychosocial problems** among children and adolescents in Jordan. The study examined the prevalence of common mental disorders in children and adolescents, including depression, anxiety, developmental disorders, and post-traumatic stress disorder, along with their associated factors. Based on the alarming prevalence of these disorders, several recommendations were made. Mainly, the study called for the adoption of integrated and coordinated plans and programs to intervene in multiple areas that affect the mental health of children and adolescents and to ensure their compatibility with the prevailing culture. Involved parties encouraged to adopt these plans and programs are schools and educational personnel, mental health service providers, and the larger community, including religious figures, parents, and mass media.



Where: EMR Countries and Bangladesh

EMPHNET launched a mini-grant program to support operational and implementation research addressing the burden of NCDs in the EMR by researchers, PHEP and FETP graduates and other public health professionals. The program encourages researchers to identify barriers to the implementation of evidence based NCD programs, interventions, and best buys and propose potential solutions. The focus of the research is on the NCD needs of vulnerable populations, especially in conflict/displacement situations, and to identify effective responses, assess the key NCD response interventions in humanitarian emergencies and chronic crises, and recommend action to address current gaps and constraints.

Through its NCDsRC, EMPHNET is publishing a monthly Research Digest that curates a selection of peer-reviewed studies from the region. Each issue offers a summary and analysis of the selected studies, presenting the latest advancements and insights in this field.



The Issue: Cervical Cancer as a Public Health Problem in the EMR

Cervical cancer is the only preventable type of cancer. It is caused by infection with human papilloma virus (HPV) to which there is an effective and safe vaccine to women between the ages of 15 and 27 years of age. Moreover, early screening for women above that age range offers the opportunity for early detection and timely treatment. Yet, if women are neither vaccinated against HPV nor offered/get screened, they risk their health and lives. From a regional perspective, the burden of cervical cancer is increasing, and numbers show that a significant number of late-stage diagnoses. In our region, challenges do exist in reaching cervical cancer elimination targets. One of the challenges cited include “lack of population awareness of prevention, screening and treatment, perceived vaccine hesitancy.”



EMPHNET leading awareness campaign on cervical cancer among medical university students (2023)



Our Action: Communication and Advocacy to Accelerate Cervical Cancer Prevention

EMPHNET is working in line with the regional strategy for the elimination of cervical cancer working specifically to improve communication, advocacy, and social mobilization to counter vaccine hesitancy, increase awareness of prevention and treatment, and improve social acceptability of HPV infection and cervical cancer diagnosis.



Where: EMR Countries

As a member of the MENA Coalition for the Elimination of HPV, EMPHNET is uniting with diverse stakeholders to eliminate HPV-related cancers, particularly cervical cancer, through advocating for comprehensive prevention strategies, including screening and HPV vaccination for all. It is engaging with the coalition members in webinars, communication campaigns, networking, and expert events.

Along with regional-scale efforts, EMPHNET is also involved in country-specific initiatives to reduce cervical cancer incidence. In Jordan, it led four-month communication campaign targeting diverse audiences across all governorates of Jordan focused on raising awareness of cervical cancer prevention through vaccines and regular screening. The campaign was led in the press, on social media, and TV; and also in person through awareness sessions conducted at universities. This campaign is a collaboration among the MoH, EMPHNET, and Merck & Co.

Around 1000 medical students from seven universities attended university awareness sessions who later shared key takeaways and engaging moments online reaching over 5000 viewers.

In Numbers: Cervical Cancer Social Media Campaign

Meta Total Reach
1,886,847

X (Previously Twitter) Views
5031

Meta and LinkedIn Impressions
3,553,002

In Numbers: Cervical Cancer Awareness Session Campaign

1000 medical students attended

Medical students engaged 5000+ viewers on social media

One Health

Background of Achievements



In multiple EMR countries, EMPHNET has been able to gather in multi-sectoral, multi-country collaborations to achieve a common purpose: balanced protection of all health. Together, they identified their common interests, coordinated their efforts, and committed to the implementation of projects. These One Health collaborations yielded evident positive results: improved laboratory diagnostics, improved communication across sectors, and improved biosafety and biosecurity practices. Health problems in focus were zoonotic diseases and antimicrobial resistance. Over many years, EMPHNET has assumed a unique position to function as a reliable One Health Network because of its technical knowledge, solid understanding of country-specific needs, close coordination, communication, and active collaboration with animal, human, and environmental health sectors as well as the communities involved.



The Issue: Slow Pace in the Implementation of One Health

Glaring public health threats demand the urgent and efficient collaboration among all health sectors. There is an increased risk of outbreaks of zoonotic diseases, increased presence of antibiotic-resistant microorganisms in animals, humans, and the environment, increased risk of pandemic-potential outbreaks, and increased threats of environmental problems induced by climate change. In the face of these challenges, the implementation of One Health in the EMR remains limited in scope and scale. There have been high-level calls to facilitate various opportunities to actualize and/or enhance the implementation of One Health to control and prevent persisting health challenges. Among the many barriers cited are shortages/absence in diagnostics in laboratories; lack of trained and skilled personnel; issues in disease surveillance and information sharing.



Our Action: Accelerating One Health Collaborations

EMPHNET is taking more action in this area on several fronts, believing that One Health is not a sophisticated concept on paper, but rather a practical solution to safeguard the health of all. Last year, EMPHNET developed a Regional Curriculum for One Health Professional Training Program in EMR to serve countries as reference for strengthening in-country capacities to train their workforce. EMPHNET also created a specialized program that will be released to train frontliners under the banner of One Health to fill relevant gaps in knowledge. Moreover, EMPHNET has been enhancing disease surveillance to ensure early detection of any threats to human, animal, and environmental health.



Where: EMR Countries and Bangladesh

Integration and expansion of One Health principles through and within FETPs are crucial to detecting, responding, and preventing public health crises, including emerging and re-emerging viruses. It is through FETPs that EMPHNET and ministries of health are strengthening public health surveillance, including the intersection between human, animal, and the environment. Together, partners are promoting the implementation of One Health among FETPs through training multisectoral cohorts, the establishment of a transdisciplinary network of field epidemiologists, and building institutional relationships that promote data sharing across sectors. As an outcome of this work, the One Health FETP was created to equip epidemiologists and public health professionals with the expertise needed to navigate the complex health dynamics, including zoonotic diseases and environmental factors. Work is being done to empower mentorship under this program.

Where: Bangladesh

EMPHNET has been supporting the Department of Livestock Services in **anthrax surveillance** enhancements. An updated software has been developed and is in use. Sample collection to report suspected cases has been integrated into Bangladesh’s Animal Health Intelligence System. EMPHNET accompanied its technological assistance with capacity building efforts. Intensive, tailored training was done to ensure proper reporting and diagnostics of anthrax.

Molecular Detection of Bacillus anthracis

What? Refresher instruction and hands on training on concepts, purpose and rationale of Bacillus anthracis laboratory diagnosis, DNA extraction, real-time PCR (rt-PCR), and laboratory safety for molecular identification of Bacillus anthracis

Who? animal and human health participants

One Health Anthrax Surveillance

What? One Health approach to control and respond to anthrax. Hands on training on sample collection with dummy patients and live animals

Who? Field staff

Gram Staining

What? Case detection and reporting of any unusual sudden death of animals

Who? 21 livestock service providers and farmers

Figure: Training conducted to build knowledge and skills in anthrax detection and reporting

In another relevant collaboration in Bangladesh, EMPHNET and the Bangladesh Livestock Research Institute (BLRI) are conducting active surveillance to examine the extent of antimicrobial resistance (AMR) in poultry farms and adjacent environments through the creation of a Surveillance of Antimicrobial Resistance in Farms and Environment Interface. This is an online dashboard that shares the surveillance findings as well as other ongoing AMR surveillances conducted by the BLRI AMR reference laboratory to raise awareness on threats of raising AMR in the poultry sector.

Higher prevalence of targeted pathogens in layer poultry farms and surrounding environment indicated serious public health concern

Multidrug resistant pathogens in poultry farms and surrounding environment had catastrophic effect in human and animal health

Considerable number of farming community were not well aware about antibiotic resistance

Higher prevalence of multidrug resistance indicated irrational use of antimicrobials in farming practices

Figure: Findings from the AMR surveillance dashboard



Disease Control and Prevention

Background of Achievements



Within its role to fortify public health laboratories against biological threats, EMPHNET protects them from accidental or intentional misuse of biological agents and pathogens which could result in the spread of communicable diseases. Through intensive, multi-sectoral collaborations at country and regional levels, EMPHNET has built the capacities of central public health and animal health laboratories in biosafety and biosecurity best practices. EMPHNET has focused on training the laboratory workforce, strengthening the operations of laboratories in waste management and safe handling, as well as enhancing inter country and multi-country knowledge and resource sharing for better and early detection of threats.



The Issue: Accidental and Intentional Misuse of High Consequence Pathogens

Laboratories house infectious agents and pathogens. In conflict-affected areas, there is a pronounced threat of pernicious forces that could infiltrate these laboratories to acquire agents and pathogens for bioterrorist purposes. In an unstable economic and political context, these laboratories might not be adequately equipped with the resources and knowledge capacity to effectively handle, store, and ship agents and pathogens they use in diagnostics, research, or for any other beneficial purpose. The threat is of a cross-border nature, and with no active inter-country communication and coordination, the threat is far-reaching.



Our Action: Enhanced Biosecurity and Biosafety Best Practices

At disposal are strategies and measures to prevent bio threats from becoming a reality. With the insight gained from relevant, long experience, EMPHNET furthered collaborations to elevate the security of public health laboratories in priority countries. This year, it used technology in designing and implementing up-to-date inventory systems to track the presence of biological specimens and to keep them safe and secure. It also focused on creating inter-country communication to enhance reporting of any outbreaks and releases from laboratories. This is being done to ensure systematic information sharing between the human and animal health sectors and to put into place clear, up-to-date SoPs for efficient and safe operations inside laboratories to protect personnel, the surrounding community, and the environment.



Regional workshop for the Safeguarding Biosafety and Biosecurity Consortium (Tunisia 2023)



Where: Libya and Tunisia

In a multi-country endeavor, EMPHNET and the Center for Global Health Science and Security (CGHSS) at Georgetown University developed an inventory system of pathogens across Libyan and Tunisian public and animal health laboratory facilities, a key component of laboratory infrastructure and capacity. The system is expected to track and consolidate dangerous pathogens, minimize the risk of misuse, and build a network of experts to further sustain the systems while advancing efforts to secure pathogens regionally. Also, in collaboration with the CGHSS, EMPHNET built a map identifying nodes of communication and coordination between Libyan and Tunisian stakeholders in their respective disease surveillance systems with a focus on five priority transboundary zoonotic diseases. This map proposed improved communication and engagement across borders between the two countries for improved cross-border surveillance and hence outbreak investigation and response.

Where: Libya, Morocco, and Tunisia



In collaboration with the CGHSS and Johns Hopkins University, a regional, inclusive consortium of public and private laboratories was established comprising eighteen laboratories in these countries to ensure holistic collaborations in addressing biosecurity and biosafety needs. By bringing together diverse stakeholders, the consortium established a robust network of expertise that will benefit countries within and beyond the EMR. As laboratories continue to evolve and face new challenges, this consortium will play a pivotal role in fostering innovative solutions, ensuring a safer and more sustainable future for biological research and public health.

Where: Jordan and Morocco



In an inter-country collaboration, EMPHNET is building the capacity of laboratory technicians on “low effort” toxins detection, safe handling, control, disruption, and attribution, especially Abrin, Ricin, and Botulinum. EMPHNET developed and customized toxin handling SoPs. These SoPs are available in the Arabic and French languages to ensure that they are fully comprehended and are useful for Moroccan and Jordanian participants. In addition, material support was provided to ensure their proper implementation. EMPHNET procured supplies, needed test kits, and deep freezers to be provided for the targeted laboratories in Morocco and Jordan. It provided a rapid testing method for biological toxins and distributed a set of reagents and kits (Tetracore Toxin Bio-Threat Alert) to the labs.



Practical training on “low effort” toxins detection, safe handling, control, disruption, and attribution (Jordan 2022)

Research and Policy

Background of Achievements



As a strong advocate for and practitioner of shaping public health policy through research findings, EMPHNET has been applauded for generating knowledge and developing evidence-based recommendations in key areas and in priority countries. Decision makers and stakeholders have welcomed EMPHNET’s recommendations, and, in several instances, EMPHNET’s research has been translated into reality. Our research activities have varied. EMPHNET published hundreds of publications (journal articles, guidelines, SoPs, textbooks, and books). EMPHNET have been pioneering implementation and operational research in the region to propose alternative systems and interventions/operations in key areas, namely sexual and reproductive health, and NCD control and prevention.



The Issue: Mounting Demands on Health Systems

Unfortunately, more and more health challenges are emerging in the EMR as a result of the persistence of human-induced disasters and the increase of natural catastrophes instigated by climate change. Weakened health systems face an increasing burden of communicable and non-communicable diseases, disruption in essential health services, affected maternal and child health services, a rise in mental health illnesses, increased incidence of injuries, and an increase in substance abuse. This is the general observation: we have more public health problems, and at our disposal are limited resources.



Our Action: Implementation Research to Apply Cost-effective and Context-based Interventions

Research offers a full understanding of challenges and leads to the formulation of evidence-based recommendations that influence public health change. An emerging approach in global health research is implementation research which goes a little step further beyond traditional methods by testing the implementation of evidence-based public health interventions in a real-life setting. It studies the processes and policies used to implement interventions and analyzes contextual factors that influence the implementation of these interventions and policies. Through several implementation projects, EMPHNET offering recommendations in the form of tested “alternative implementations.” Here are several recent examples



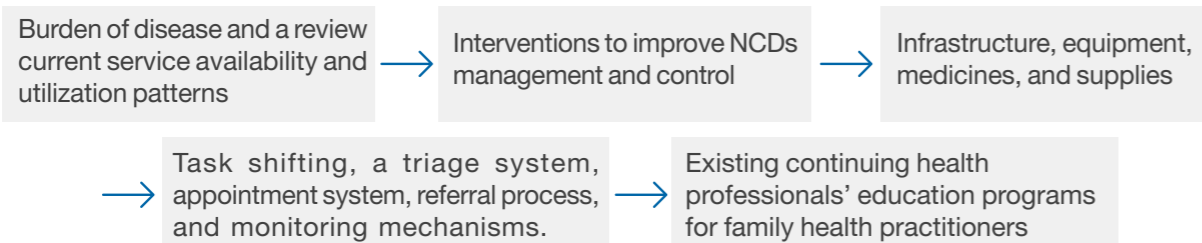
Where: Jordan and Lebanon

In another multi-country implementation of technology in support of public health services, EMPHNET and the American University of Beirut (AUB) are using mobile technology as well as enhanced counselling to improve family planning (FP) services uptake among Syrian refugees and host communities in Jordan and Lebanon. This collaboration realized its goal: a locally sensitive, data-driven, and evidence-based intervention was developed to encourage the adoption of quality FP services. Basically, a high-quality, effective couples counseling is being provided alongside services made available through the use of digital technology. The standalone Mobile App (M-Ayla App) and informative website (dedicated to FP information for different targets and beneficiaries) were developed. In addition, a messaging platform that uses the Telegram Mobile App has been developed. At this point, a study is being conducted to evaluate the intervention’s success in its implementation of a digital component in Irbid, Mafraq, and Ramtha governorates in Jordan.



Where: Jordan

Using the innovations of the Family Health Teams (FHTs) approach², 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.



Areas Studied to Produce Modernized PHC Package

EMPHNET has been conducting implementation research since 2022 for the Integrated NCD-Humanitarian Response project. This research aims to support project partners including the Royal Health Awareness Society, the MoH, and the MoE in determining how the NCD prevention targeted interventions should be adapted to achieve the expected health impacts, that are sustainable in the long run, and to identify the most effective approach to integrate them within the health system. The overarching goal of the research is to identify how the project can be effectively and efficiently implemented.

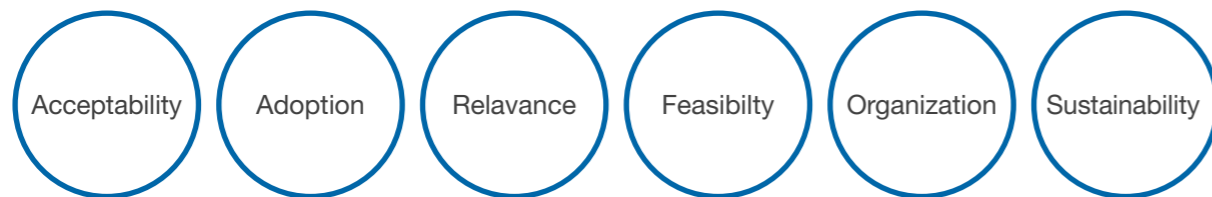


Quantitative Assessments



Qualitative Assessments

All research is designed to identify barriers and approaches catering to refugee and host communities



Implementation outcomes examined for this intervention

²The FHT is an innovative approach that creates a partnership between physicians at the PHC, family medicine physicians, nurses, community health workers, and other health service providers to coordinate the highest possible quality of care for patients.



Where: East Asia and West Africa

EMPHNET supported a Global Prioritization Exercise (GPE) on humanitarian research and innovation through engagement in consultations with regional and national actors. Relying on research focused on western Asia and north Africa regions, EMPHNET produced a list of priorities for Western Asia and North Africa region.



Research Translated into Action

In 2021, EMPHNET collaborated with ministries of health in the EMR in an assessment to determine the factors affecting demand for COVID-19 and routine immunization. The assessment detailed the social and behavioral factors that affect the acceptability and under-vaccination of COVID-19 and other EPI vaccines among high-priority populations in the EMR. It also assessed the regional, country, and sub-national planning efforts for introducing COVID-19 vaccines to high-priority populations by gathering, reviewing, and comparing data from various sources.

The results of this assessment informed an Intervention to increase access and demand for COVID-19 vaccines in Pakistan. This intervention is being implemented to enhance access to COVID-19 vaccines for pregnant and breastfeeding women by educating Female Health Workers (FHWs) on vaccine safety and benefits. The intervention focuses on women aged 18-24, children in the EPI target age group, and Pregnant and Lactating Women (PLW), aiming to increase vaccine demand, reduce reluctance, and enhance uptake among these groups.

In this intervention, EMPHNET-trained FHWs conduct advocacy sessions with community leaders and influencers, such as religious leaders, husbands, mothers-in-law, and PLW. These sessions have been designed to address any misinformation regarding vaccines and to help increase vaccine trust in the community. FHWs have been conducting home visits and referring unvaccinated women, PLW, and children to health facilities to receive their vaccines.



Journal Articles Published in 2022-2023

1. [Adaptation, implementation, and evaluation of the HEARTS technical package in primary health care settings in Jordan to improve the management of hypertension: a pilot study](#)
2. [Epidemiologic and clinical characteristics of diabetic foot ulcer among patients with diabetes in Afghanistan: An IDF supported initiative](#)
3. [Family planning interventions in Jordan: A scoping review](#)
4. [General publics' perception toward COVID-19 vaccines in Afghanistan, 2021](#)
5. [Mental Health and Psychosocial Problems among Children and Adolescents in Jordan: A Scoping Review](#)
6. [Midwives and women's perspectives on family planning in Jordan: human rights, gender equity, decision-making and power dynamics](#)
7. [Monitoring and Combating Waterpipe Tobacco Smoking Through Surveillance and Taxation](#)
8. [Perceptions towards the use of digital technology for enhancing family planning services: Focus group discussion with beneficiaries and key informative interviews with midwives](#)
9. [Strengthening Primary Healthcare in Jordan for Achieving Universal Health Coverage: A Need for Family Health Team Approach](#)
10. [Strengthening the One Health Approach in the Eastern Mediterranean Region](#)
11. [Supporting Public Health Research Capacity, Quality, and Productivity in a Diverse Region](#)
12. [The impact of the COVID-19 pandemic on service delivery for noncommunicable diseases in the Eastern Mediterranean Region](#)
13. [Toward Public Health Resilience in the Eastern Mediterranean Region: Findings from the Seventh Eastern Mediterranean Public Health Network Regional Conference](#)
14. [Yemen Advanced Field Epidemiology Training Program: An Impact Evaluation, 2021](#)

Operational Guides Released by EMPHNET

1. [Responding to the Challenge of Non-communicable Diseases \(NCDs\) in the EMR: An Operational Guide](#)
2. [Toward the Integration of Climate Change Action into Health Programs in the EMR](#)

Policy Briefs in 2022-2023

1. [Life Course Immunization: A Safer World for All Ages](#)
2. [Digital Solutions for Reproductive, Maternal, Neonatal, and Child Health](#)
3. [Sustaining Meaningful Multisectoral Collaboration for One Health](#)
4. [Barriers to Colorectal Cancer Screening in the Eastern Mediterranean Region](#)
5. [Addressing the Health Crisis in Sudan: Urgent Actions and Policy Recommendations](#)
6. [Population Based Cancer Registries](#)



EMPHNET and Caritas Jordan organized workshop on Family Health Teams to promote team-based primary health practice (Jordan 2023)

Communication and Networking

Background of Achievements



EMPHNET’s communication and networking tools are diverse. EMPHNET own the prime public health conference for the EMR, which is held biennially and welcomes broad participation from and beyond the region. EMPHNET’s Electronic Library (EEL) is a rich resource serving public health professionals and FETPs in and beyond the EMR. EMPHNET also creates opportunities for knowledge exchange by opening the door for young talents to be part of its internship program, ENGAGE, a space for discussion and learning through the longest-running webinar series in the region, the EMPHNET WEBi Series, and up-to-date health news resources through a news portal EpiNews.



The Issue: Constraints Hindering Knowledge Transfer and Sharing

Mobility is constrained in several countries of the EMR, making regular face-to-face communication difficult in most cases. Not every time can a public health professional participate physically in a conference or a meeting, and not every public health student/professional has the chance to take part in a training workshop outside their country, let alone inside theirs. Physical constraints exist and hinder the transfer and uptake of knowledge. Language is another barrier, making many rich public health resources unavailable in local languages in several countries of the region. Financial limitations also have an influence. Not all individuals can afford education and continuing professional development. Constraints of various natures exist.



Our Action: Practical Solutions for Communication

EMPHNET adopted a practical approach to creating opportunities for communication and networking. EMPHNET aimed to create communication and networking platforms that prioritize efficiency, cost-effectiveness, and quality to serve public health in the EMR better. These platforms addressed constraints and have yielded positive results. The three main platforms that have witnessed continued growth and achievements in the past year were the **ENGAGE Internship Program**, **EMPHNET WEBi Series**, the **EMPHNET Electronic Library (EEL)**, and **EpiNews**.



Where: EMR Countries

EMPHNET Electronic Library (EEL)

Serves as an educational and informational resource for field epidemiologists and public health professionals in the EMR

300 new users

50 new EMPHNET Publications

30 new Open Access Resources; including databases, eBooks, e-journals, and guidelines

4 new Subscriptions

ENGAGE Internship Program

Serves undergraduate and graduate students, exposing them to a hands-on experience that can be of use to their current studies and future career

21 new interns successfully finished their internships

EMPHNET WEBi Series

Provides public health professionals with the opportunity to engage in online discussions issues and challenges affecting the EMR

14 webinars conducted

52+ experts featured

2800+ attending

EpiNews

A news aggregator offering up-to-date resources in the field of health and public health

Covers news from all EMR countries and the world
 Covers all public health topics

Targets students, public health professionals, health decision makers, scientists, researchers, journalists, and individuals with interest in public health.

More Action. More Achievements.

Another year passed with more achievements made. With more success comes more responsibility. Where do we go from here?

Next year marks the end of our three-year strategy. By the end of the next year, we expect to have achieved all the strategic goals we had set back in 2019. We will see more FETPs established in countries that have priority needs. We will continue to dedicate resources to the empowerment of existing programs, particularly in relation to the program's sustainability. We will establish and empower more FETPs.

To meet the increasing demands in the region, we will maintain our support of public health programs in health promotion,

research, surveillance, planning, implementation, monitoring and evaluation, and workforce development. Our focus will be amplified in priority areas supporting the prevention and control of NCDs and infectious diseases, polio eradication efforts, stronger immunization programs, One Health collaborations, and public health emergency management.

Knowledge generation to influence public health action will remain at the top of our priorities. We will build organizational and individual research capacities. We will

mobilize support for the adoption of research findings. We will expand implementation research into more topics and more focus areas. Our efforts will encompass knowledge and experience sharing. *We will continue to network with partners and stakeholders, both regionally and globally, in public health and other sectors. We will share our unique experiences for the benefit of other entities. We will utilize technology for knowledge sharing.*

We will continue to take action and to make more achievements.



EMPHNET
The Eastern Mediterranean
Public Health Network

Annual Report
2022-2023