



**EMPHNET CELEBRATES
FIVE YEARS OF MAKING
A DIFFERENCE ...
2011-2016**



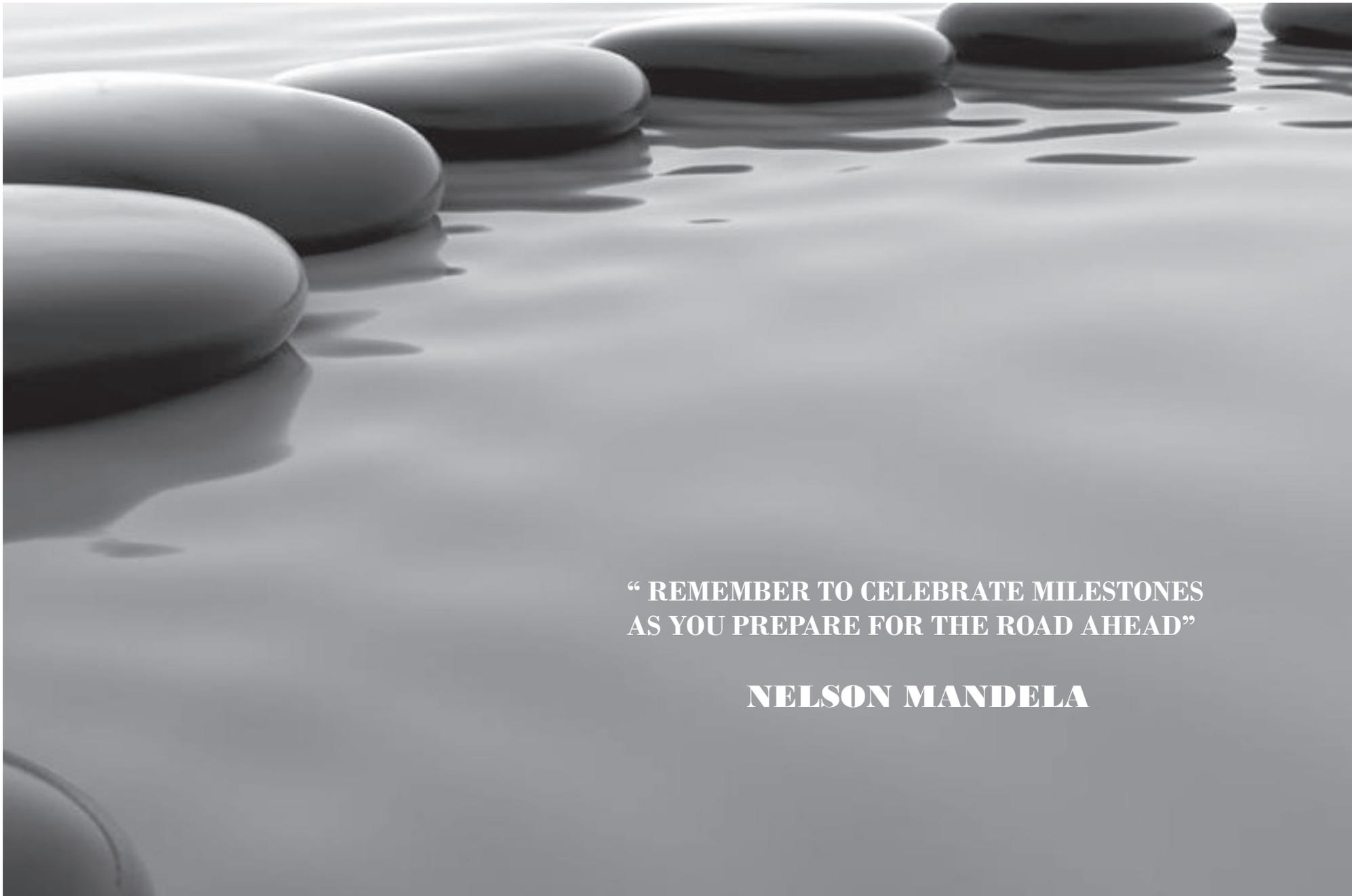
EMPHNET
The Eastern Mediterranean
Public Health Network



Prepared by EMPHNET

2010-2015 **EMPHNET's** Five-Year Status Report

"We moved towards achieving our objectives with confidence and continue to provide opportunities for strengthening public health systems in the Eastern Mediterranean Region. This report presents our accomplishments and progress during the period 2010-2015.



**“ REMEMBER TO CELEBRATE MILESTONES
AS YOU PREPARE FOR THE ROAD AHEAD”**

NELSON MANDELA

Message from the Chairman of the Board

The people of the Eastern Mediterranean Region (EMR) live within circumstances that challenge their national health systems. Yet, within these times of socio-political turmoil, the Eastern Mediterranean Public Health Network (EMPHNET) has still managed to make notable achievements.

From humble beginnings, EMPHNET has evolved significantly over five years, growing from a network concerned only with supporting Field Epidemiology Training Programs (FETPs) to asserting its position as a leading source of knowledge, reference, and response in the field of public health.

Although we still support FETPs today, we also promote the surveillance of communicable and non-communicable diseases and lead the way in supporting various projects covering health security and epidemiological research, as well as outreach and emergency response. We have committed ourselves to realizing and understanding the demands of our times and used our knowledge and insight to respond.

Our partners from Ministries of Health, international organizations, health institutions and private organizations have all contributed to our growth and it is their belief in our mission that makes us successful.

Our Board of Directors takes this opportunity to thank EMPHNET's Executive Director Dr. Mohannad Al-Nsour and the EMPHNET team. Their efforts have been instrumental in translating EMPHNET's mission to a culture concerned with taking actions that provide much needed solutions to health challenges in the region.

I would also like to thank the team of public health officers whether doctors, veterinarians, environmentalists, epidemiologists, FETP residents or graduates, psychologists, sociologists, nurses, microbiologists and social workers who are our true fighters in the field. They are out there every day using the knowledge they have gained to achieve better public health for the communities they serve. EMPHNET is proud to be the beacon of knowledge exchange contributing to their efforts, building their capacities, and constantly evolving based on their experience and feedback.

We have come a long way, and I can say with confidence that, over the past five years, EMPHNET has been a network of ongoing strength and stability during turbulent times. Protecting, maintaining and ensuring better public health for the people of the EMR has been a responsibility we have all shared successfully.

These last five years have served as our inspiration to continue to move forward and seek new challenges to overcome. As these new challenges arise, we remain committed to our vision, our mission and our goals.

As we reflect on our history, acknowledge today's achievements and plan for the future, we are truly filled with inspiration and optimism for the next five years and beyond.

Prof. Abderrahmane Maaroufi
Chairman of the Board of Directors
Eastern Mediterranean Public Health Network (EMPHNET)

Message from the Executive Director



Dr. Mohannad Al Nsour

When I first took on the role of the Executive Director for the Eastern Mediterranean Public Health Network (EMPHNET), I had a clear vision of what we can accomplish in the region. I believed in the high potential that we have and confidence in the high level of responsibility that countries hold to assure better health outcomes for their people. I pictured EMPHNET as a strong entity and was happy to take on the challenge of recruiting and leading a team that can make a difference. I was determined to build a network that can grow into a prominent and competent establishment; hence adopting the slogan a Driving Force in Public Health.

Today I feel fortunate to share our achievements over the past five years with tribute to our member countries and EMPHNET staff, for without their commitment and dedication, EMPHNET would have not achieved what it did. Together we have been successful in generating opportunities for strengthening public health in the region by focusing on workforce development. We managed to identify public health challenges and bring solutions while believing in the power of knowledge and information. Our work progressed towards increasing investment in the public health workforce as a real force for making a difference.

During the past five years, we have been committed to working within the socio-political challenges affecting our region and hindering national public health systems within. To achieve our goals, we have joined forces with experts in various disciplines of public health. We have built collaborative partnerships which have been instrumental in our way forward.

Throughout our journey we had our partners' support and we were driven by their trust in our ability to influence the status quo. Our partners believed in our potential and supported us in our mandate, thus empowering us with confidence and the desire to achieve more.

I can modestly say that our accomplishments thus far drive us to achieve more. Our obligation to bringing better health to the people of the region commits us to increase our effort and to broaden our scope and adopt a global focus. We are keen to address existing and new public health problems and will work diligently with our partners and stakeholders in leveraging public health actions at the country and regional levels, thus contributing to global health development.

On behalf of EMPHNET staff, I extend sincere appreciation to the Ministries of Health and to the field epidemiology programs for uniting with us in executing our mission with such a high collaborative spirit. I also offer gratitude to all our partners for their support and confidence in us. We assure you all that we stay committed to serving the region to the best of our abilities.

Dr. Mohannad Al-Nsour
Executive Director, EMPHNET
Eastern Mediterranean Public Health Network (EMPHNET)

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List of Abbreviations

EMR	Eastern Mediterranean Region	MOH	Ministry of Health
BEP	Biosecurity Engagement Program	NAMRU-3	U.S. Naval Medical Research Unit No. 3
BRFSS	Behavioral Risk Factor Surveillance System	NCD	Non-Communicable Disease
CDC	U.S. Centers for Disease Control and Prevention	RHAS	Royal Health Awareness Society
ECDC	European Centre for Disease Prevention and Control	RRT	Rapid Response Teams
CRDF	Civilian Research and Development Foundation	SARI	Severe Acute Respiratory Illness
EMPHNET	Eastern Mediterranean Public Health Network	SIAAs	Supplementary immunization activities
EOC	Emergency Operation Centers	TEPHINET	Training Programs in Epidemiology and Public Health Interventions Networks
EVD	Ebola Virus Diseases	UAE	United Arab Emirates
FETP	Field Epidemiology Training Programs	UN	United Nations
FP	Family Planning	UNHCR	The UN Refugee Agency
GOARN	Global Outbreak Alert and Response Network	UNICEF	United Nations Children's Fund
GHSA	Global Health Security Agenda	USAID	US Agency for International Development
IHR	International Health Regulations	WHO	World Health Organization
IOM	International Organization for Migration	VPDs	Vaccine-preventable Diseases
J-CAP	Jordan Communication, Advocacy, and Policy	WHO-EMRO	World Health Organization-Eastern Mediterranean Regional Office
MediPIET	Mediterranean Program for Intervention Epidemiology Training		
MOE	Ministry of Education		



The Evolution of EMPHNET

The Eastern Mediterranean Region (EMR) has seen more than its share of turmoil and tribulation in one form or another throughout contemporary history. For decades, the region has been a center of political unrest, war, and both man-made and natural disasters. Most recently, the advent of the Arab Spring in late 2010 spread like wildfire through the EMR countries, causing major insurgencies and civil wars in Iraq, Libya, Syria, and Yemen that still continue today. Add to this the major earthquakes that have hit Pakistan and Afghanistan in the last five years. All of these factors have created an excess of unprecedented public health challenges to the already burdened health care systems.

Despite the ongoing efforts undertaken by governments to improve health outcomes, the increasing population growth together with the escalating health needs make it difficult for governments to bring about positive gains. Therefore, it becomes crucial to look for sustainable strategies to counteract the increasing challenges and to introducing new health initiatives and programs to offset staggering improvements in health outcomes. With that into spotlight, some countries such as Egypt, Jordan and Saudi Arabia began establishing Field Epidemiology Training Programs (FETPs) in the EMR as far back as the late 1980s, and a decade later, the impact of these FETPs started to become apparent. Ministries of Health (MOHs) across the region started to take notice and they, along with other key stakeholders, began to deem the work of FETP graduates as instrumental in creating a dedicated public health workforce able to respond to the region's pressing public health needs. Most important, the FETPs created a monumental shift in public health practice as acknowledged by regional and international experts.

By the end of the first decade of the 21st century, the work of the FETPs became deeply rooted in public health practice. Consequently, the need for an organization to connect, coordinate, and support FETP residents and graduates was identified. This entity would place all FETPs in the region under its umbrella so that FETP residents and graduates would work together in realizing the vision for securing better public health for the people of the EMR. It was this vision that led to the establishment of the Eastern Mediterranean Public Health Network (EMPHNET).

In the beginning, EMPHNET started out by supporting only three FETPs in Jordan, Saudi Arabia and Egypt. Today, we have expanded that support to include FETPs in Iraq, Morocco, Yemen, Pakistan, and Afghanistan.

Over the past couple of years, our scope has expanded beyond supporting FETPs, where we manage and

support projects designed to tackle pertinent public health problems in the region. We continue to focus on building capacities in the areas of applied epidemiology while responding to health emergencies that afflict the region. In doing so, we collaborate with international organizations, MOHs, civil society and the private sector to contribute to better health outcomes in the EMR.

Throughout the past five years, our efforts even expanded to reach beyond the EMR to countries like Ukraine, Liberia, and Guinea. Born to respond to a need, we evolved by continuously re-shaping our strategy, and expanding our mission to respond to existing, anticipated, and new public health challenges as they arise. Every year has seen notable milestones contributing to the shape of where we are today.



2010

Achievements

- EMPHNET Begins Operations
- EMPHNET Discusses Establishing an FETP in Yemen
- EMPHNET Establishes FETP in Iraq
- EMPHNET Joins CDC's NCD Mission in Jordan
- EMPHNET Conducts Needs Assessment Survey for FETPs in the Region

2011

Achievements

- Y-FETP is Officially Established with EMPHNET's Support
- EMPHNET and CDC Sign Collaborative Agreement for Strengthening FETPs
- EMPHNET Launches NCD Project
- EMPHNET Conducts Study on Direct Cancer Fund

2012

Achievements

- EMPHNET Expands its Team
- EMPHNET Becomes a Member in Global Outbreak and Alert Response Network (GOARN)
- EMPHNET Launches RRT Initiative
- EMPHNET hosts 7th TEPHINET Global Scientific Conference

2013

Achievements

- EMPHNET Participates in Regional Public Health Conference
- EMPHNET Launches Its Five-Year Strategy
- EMPHNET Participates in Regional Meeting on Cancer Control

2014

Achievements

- EMPHNET Gets Involved in Polio Eradication Efforts
- EMPHNET Launches Its Internship Program
- EMPHNET Launches Research Unit
- EMPHNET Partners with Biosafety Engagement Program (BEP)

2015

Achievements

- EMPHNET Signs Cooperative Agreement to Implement Activities with BEP
- EMPHNET Launches Center of Excellence for Applied Epidemiology
- EMPHNET Signs Cooperative Agreement to Eradicate Polio and Strengthen Routine Immunization in EMR
- EMPHNET signs agreement for Global Health Security Partner Engagement: Expanding Efforts and Strategies to Protect and Improve Public Health Globally



Our Vision

Better health for people in the Eastern Mediterranean Region.

Our Mission

To prevent and control diseases, to conduct multidisciplinary research, and to translate research into practice in the EMR by strengthening and expanding applied epidemiology capacity, and working jointly with similar associations, networks and organizations.

Our Values

These are the values that drive our efforts and inspire all of our actions every day.

Partnership

We have a steadfast commitment to being a good partner focused on building productive, collaborative, trusting and beneficial relationships with governments, health organizations, and communities.

Collaboration

Our contribution to global health is increased through collaboration. We recognize that shared goals and mutual support lead to greater success than trying to go it alone.

Excellence

Excellence guides our pursuit of finding solutions to the regional challenges affecting global health issues and our persistent commitment to overcoming those challenges.

Innovation

We are dedicated to seeking opportunities that introduce creative solutions to health challenges in an effort to attain successful results.

Competence

Competence describes our performance, and we are committed to maintaining the highest standards of performance and adhering to the principles of continuous quality improvement.

Accountability

We deliver measurable results and create positive impact through our work. We are committed to maintaining effective and efficient governance.

Health Equity

We believe health is a fundamental right of every person and this belief is the driving force behind everything we do. We advocate for public health policies and programs that promote fairness, social justice, and cultural awareness.

Enabling Forces

We believe that our knowledge and commitment to the region is the force leading to our success. Over the years, our strong relations with the countries allowed us to support countries regardless of whether these countries have an FETP or not.

We have also worked diligently at fostering strong partnerships with major stakeholders like the U.S. Centers for Disease Control and Prevention (CDC), the Biosafety Engagement Program (BEP), World Health Organization (WHO), the United Nations International Children's Emergency Fund (UNICEF), and other regional and international organizations. With such strong partnerships, we have been able to create an expanded network of public health experts ready to share knowledge and experience, and build capacities of public health professionals. Our regional workshops and conferences provided us with a networking platform to exchange knowledge and build capacity.

Additionally, we promote the use of innovative solutions such as using mobile data collection tools, aligning ourselves with the advancement of social media, and advancing public health through communication.

The 5 Components Contributing to Our Network's Growth

Five Enabling Forces

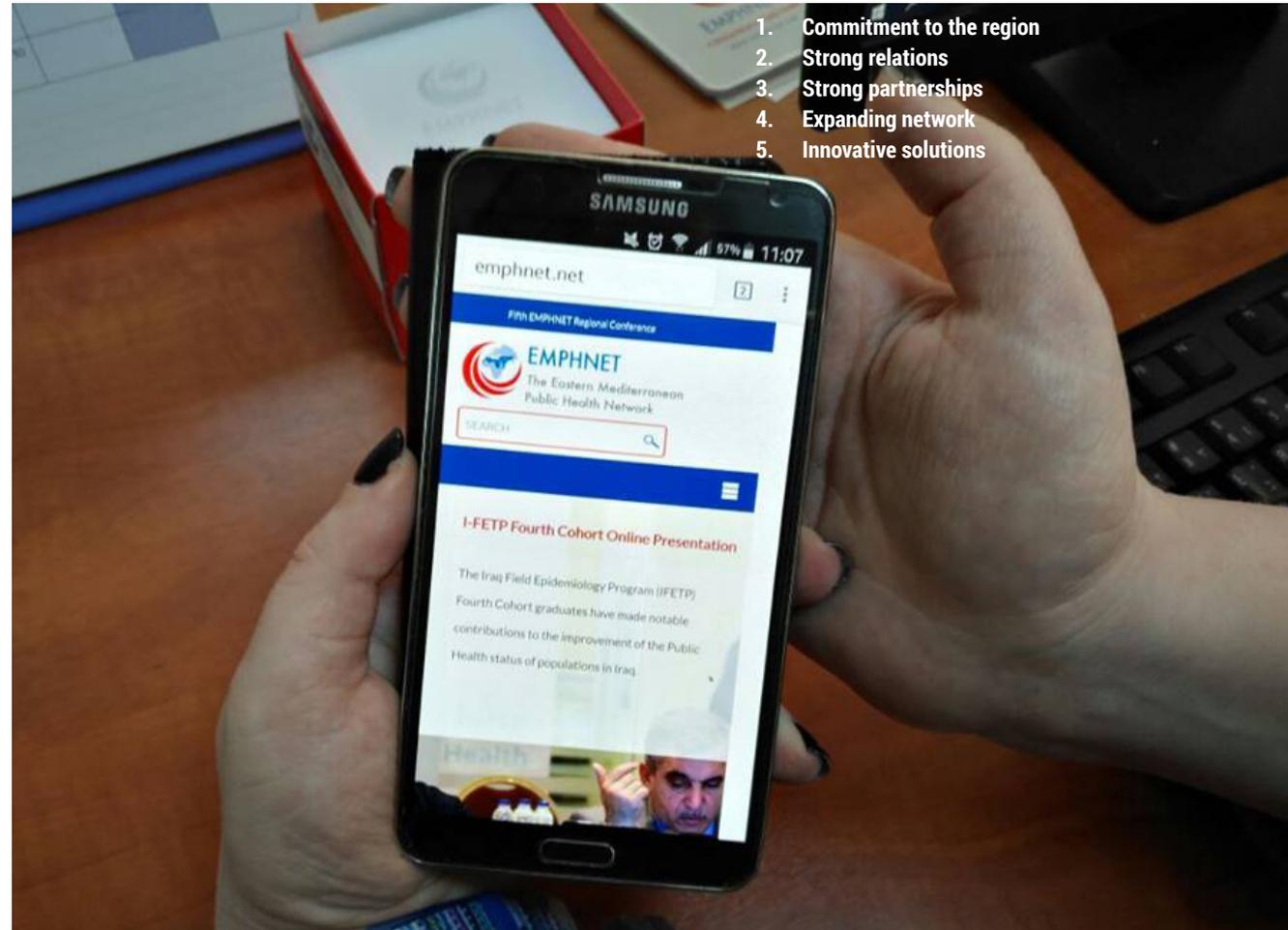
1 Internship opportunities offers students experience in public health.

2 Social Media allows easier and faster information sharing.

3 Regional Workshops offer networking opportunities.

4 Newsletter allows sharing of FETP news and accomplishments.

5 Experts' database facilitates resource use.



1. Commitment to the region
2. Strong relations
3. Strong partnerships
4. Expanding network
5. Innovative solutions



Five Ways We've Grown

Five Years of Networking and Knowledge Exchange

At EMPHNET, we recognize the important roles that networking and knowledge exchange play in the advancement of public health. We believe that networking provides a favorable environment for public health professionals from different fields to come together, share their experience and knowledge, and achieve the shared goal of securing better public health for communities. This is why we focus on building a network to capture collaboration between field epidemiologists, experts and partners. We network to bring together FETP residents, graduates and public health professionals to enhance commitment and response to public health threats, and at the same time raise the value of collective competence by sharing information of interest and learning from each other. Through our network, we strive to engage new countries where we collaborated with the CDC in establishing new FETPs in Morocco, Yemen and Iraq. We also developed a roster of experts in several focus areas, such as Polio and Rapid Response.

Believing that the fastest way for advancement is through learning from both past experience and the experience of others, we place a high value on knowledge exchange. Therefore, these past five years have been about creating opportunities for exchange whether through our regional conferences, regional workshops, or our online resources and social media.

Exchange Through Partnership

Building on our position as a pronounced network for FETPs and public health professionals in the EMR, we signed our first cooperative agreement with the CDC in 2011. Through this agreement, we have worked to strengthen the skills of public health professionals in applied epidemiology, rapid response, non-communicable diseases, data analysis, scientific writing, management, and much more.

Our focus over the last five years was on supporting governments to improve their public health systems in the region. Through our partnership with the CDC, we collaborated with MOHs in identifying and addressing training needs for public health professionals. In doing so, we have assisted countries in their effort to strengthen their public health workforce, improve their disease surveillance systems, address the epidemiologic transition from infectious to non-communicable disease and cope with the double burden of infectious and non-communicable disease.

To implement the plans stipulated in our partnership agreements, we have worked with MOHs in leveraging their efforts to investigate and respond to outbreaks or unusual health events. We also worked with non-government organizations (NGOs), international agencies, the private sector, and institutions of higher education, both regionally and internationally, to promote public health and applied epidemiology. As a result, we continue to provide FETP graduates and residents within our member countries, as well as professionals at large, with technical assistance in public health. We also contributed to strengthening the capacity of public health officers to achieve better management of public health services while also drawing on other expertise from the MOHs in their countries.

Believing that partnerships brings us closer to achieving public health for the people of the EMR, we received an award in 2014 to support U.S. Department of State (DOS), Bureau of International Security and Nonproliferation, Office of Cooperative Threat Reduction's (ISN/CTR) Biosecurity Engagement Program (BEP) to implement activities that aim at ensuring safe, secure, and sustainable bioscience capacity while reducing global biological threats and, thus, catapulting us into the field of Global Health Security.

BEP uses technical resources and experts from U.S agencies, universities, international organizations, and Non-Governmental Organizations (NGOs) - including EMPHNET - in order to meet its core objectives to advance biosecurity and biosafety, disease detection and control, and scientist engagement. As an implementing partner for BEP, we support to this day activities in the area of bioscience capacity, public health in mass gatherings, rapid assessment and investigation of outbreaks of suspicious origins, security of biological samples, and response to emerging and re-emerging infections by building capacity of public health professionals in relevant topics.

Exchange Through Membership

To further our efforts in outbreak investigations and rapid response, we officially became a member of the Global Outbreak and Alert Response Network (GOARN) in May 2012. A year later, we started serving on GOARN's steering committee.



Established in the year 2000, GOARN provides technical collaboration within existing institutions and networks. It pools human and technical resources to rapidly identify, confirm, and respond to outbreaks of international importance. Today, GOARN is an operational framework that links together expertise with an international community that is constantly on alert for the threat of outbreaks. As a member of its steering committee, our role has been to share an established approach for responding to outbreaks at the provincial, national, and regional levels. In steering committee meetings, network opportunities are abundant so we have the chance to communicate with other institutions and explore engagement in response activities at the global level, such as contributing to future training and development in areas of rapid response. This is especially true given that we play a significant role in public health training.

Exchange Through Internship

Furthering the strength of our belief in knowledge exchange, we believe in the impact that an ambitious team of interns may have on our work. We launched our internship program in 2014 to benefit interns by giving them the knowledge we could provide and to strengthen their skills and become part our future public health workforce.

Since the launch of our internship program we have had seven interns join our team, participating anywhere from six to nine months and receiving practical, hands-on training in areas of communicable disease, non-communicable disease, health security, applied epidemiology and research, and outreach and emergency response to advance their expertise.

In the spirit of knowledge exchange, we offer internship and research opportunities to students of public health education programs from across the globe. Our internship structure inherently places significant responsibility, trust and independence on interns, avoiding the constraints of more rigid internship structures, and instead creates a space for self-driven, mentored growth.

Five Years of Contributing Towards Building a Dedicated Public Health Workforce

We have always believed that skills and knowledge acquired through capacity building is crucial in building a public health workforce able to address the public health challenges of the region.

Whether solely or collaboratively, through the capacity building initiatives that EMPHNET has implemented, our goal is to effectively address emerging challenges in public health and support public health professionals in the advancement of their careers. This is why we coordinate with partners, MOHs, and educational institutions to ensure that public health officers, FETP residents, and graduates go out in the field armed with the skills they need to provide better health for the people in their communities.

Training FETP Residents and Graduates

Over the past couple of decades, and especially within the last five years, FETPs throughout the EMR have been working with their respective countries' MOHs along with other partners to strengthen national and local public health systems and build the capacities of field epidemiologists.

As part of a global workforce development CDC initiative, FETPs receive two-year full-time training that combine classroom instruction and field assignments. FETPs across the EMR follow the global FETP training focus where field epidemiologists are trained with the necessary skills to collect, analyze and interpret public health data and use results for action. Putting their training into practice, FETP graduates work in the field where they conduct epidemiologic investigations and field surveys, evaluate surveillance systems, perform disease control and prevention measures, and report their findings to decision- and policy-makers.

When we began our operations in 2010, the EMR was home to established FETPs in Jordan, Saudi Arabia, Pakistan and Egypt only. However, over five years we have managed to work with the CDC in establishing new FETPs in Yemen, Iraq, Morocco and Afghanistan, all of which are contributing to meeting priority public health needs of their countries.

As a network, EMPHNET has contributed significantly over the past five years to the capacity building of FETP residents and graduates. Based on our belief in the significance of the work that the programs have, we continue to grow our network to support FETP residents and graduates.

20% of our training beneficiaries during the last two years are FETP residents and graduates

Source:
EMPHNET's Training Database

Going Beyond FETPs

In the year 2010 we provided only three training sessions, and at the time, these were directed only towards FETP cohorts. For year 2015 - 2016, however, we were training a wider target group offering up to 23 workshops a year. The various training sessions we have offered include surveillance, biosafety, biosecurity, brucellosis surveillance, Polio eradication, routine immunization, implementing International Health Regulations (IHR) Toolkit, Ebola response, outreach and emergency response, public health ethics, and rapid response as well as research techniques and scientific writing. This growth in volume merited the establishment of a Center of Excellence towards the end of 2015 which, today, serves as the planning body for all training sessions provided by EMPHNET.

Afghanistan, Bahrain, Bangladesh, Egypt, Guinea, Iran, Iraq, Jordan, Lebanon, Liberia, Libya, Morocco, Oman, Pakistan, Palestine, Saudi Arabia, Sudan, Somalia, Tunisia, UAE, Ukraine, and Yemen

Beneficiary Countries

By broadening our scope over the last two years, we managed to reach a good number of public health professionals besides FETP residents and graduates. We also managed to widen the range of countries benefitting from capacity building activities across the region and beyond, reaching 22 countries. More than 75% of these activities were made possible through support from CDC and BEP.

Five Years of Research and Data Management

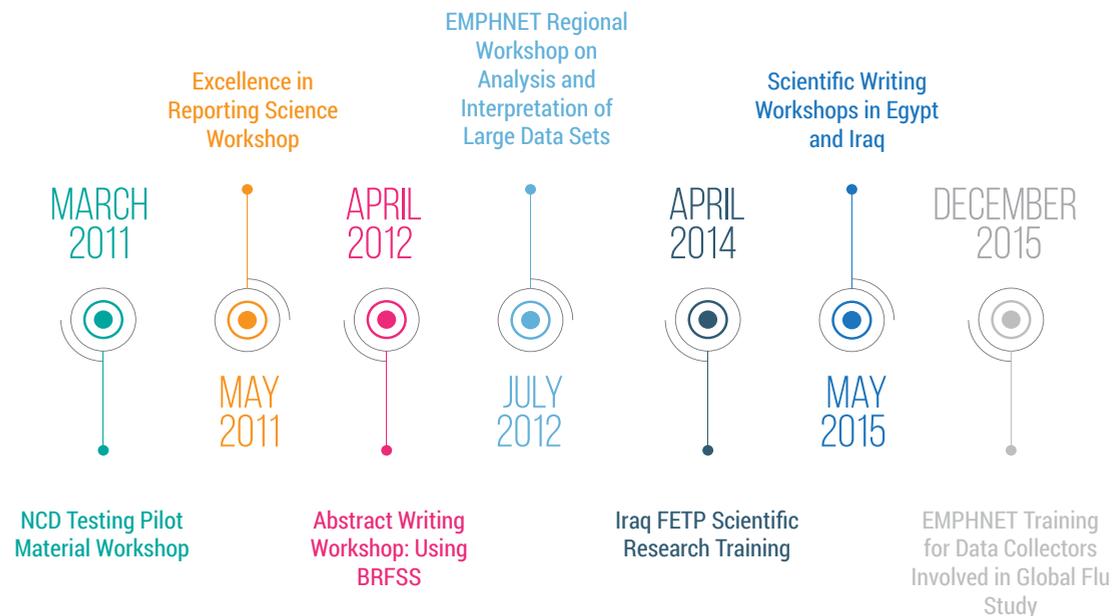
EMPHNET Establishes a Research Unit

Since 2010, we have been contributing to research studies to inform public health professionals. In 2014, we consolidated our research efforts by establishing a Research and Information unit dedicated to research and information sharing. This unit was to oversee all research involvement by EMPHNET and to support projects, ministries and entities in conducting studies relevant to their work. Its launch reflects our belief that research is important for generating evidence to support policy and program development.

Our Research and Information unit developed its scope and succeeded in providing technical support to several projects in the region. These activities were to serve as the prelude to future activities to come, where EMPHNET at a later stage was to get more involved in mobile data collection, automating data collection methods, and using technology to analyze data. Key projects handled under this scope included;

- Support International Medical Corps (IMC) in conducting a Mental Health Study among Syrian Refugees in Jordan.
- Support the United Nations High Commissioner for Refugees (UNHCR) in Jordan in conducting Jordan Valley Rapid Health Assessment.
- Support the MOH in Jordan in evaluating the Polio immunization campaigns in Jordan.
- Partner with Abt Associates in conducting the Infant Burden Influenza in Jordan.
- Support the Jordan Communication, Advocacy, and Policy (J-CAP) Project to perform data cleaning, analysis and report writing of a baseline survey for a 5-year USAID-funded project.
- Support research mini grants for the Mass Gathering project in Iraq by providing training on research methodology, data analysis and report writing.
- EMPHNET's Research and Information unit has participated in preparatory sessions and it contributed to the report drafting process by offering technical feedback and input. The unit was successful in assuring new work opportunities as seen in the school health project conducted in 2014 and the Mass Gathering project in Iraq.

In addition, our belief in the importance of research drives us to continue training FETP residents, graduates and public health professionals on developing their research skills. The first of these training sessions was conducted in 2011, when we trained public health professionals across the region on scientific writing. We then held other training workshops over the years covering research topics such as abstract writing, the analysis and interpretation of large data sets, data collection and scientific writing.



Five Years of Casting Opportunities



EMPHNET seeks to identify opportunities that can leverage countries' efforts to expanding and advancing public health. In doing so, we bring into focus areas that need strengthening in order to attain better health outcomes.

For example, in 2014, we co-organized a series of orientation workshops in Jordan targeting Jordan's MOH directors and officers, helping the latter establish Emergency Operation Centers (EOCs) in Jordan. We worked in collaboration with the CDC, the Civilian Research and Development Foundation (CRDF), and the Crises Management Unit of the MOH in orienting major players and decision makers on functions of the EOC, highlighted by the need to increase Jordan's capacity in the field of emergency response.

During the same year, we worked in a collaboration with Iraq MOH, BEP and the CDC to implement a one-year Mass Gathering project. This project was designed to ensure better public health during Iraq's mass gathering events by training on research and use of evidence for decision making purposes. As such, we supported the implementation of eight field study research projects by public health officers from Iraq, together with mentors from the Iraq MOH. To ensure that the findings of these projects bring about positive change, results from these studies were presented to high level Iraqi Officials in a Policy Brief meeting hosted in Baghdad in March 2015. The four-day meeting was attended by Iraq MOH officials, where recommendations to improve public health during Mass gathering were presented based on evidence from the research. Tackled topics included: readiness of healthcare facilities during the

mass gathering, satisfaction of attendees with healthcare services, event burden on health facilities, common risk factors, and syndromic surveillance of communicable diseases. As a new opportunity and way of addressing public health needs, the approach was well received and will be repeated in addressing future challenges, especially since we worked closely with the implementers at developing their scientific writing skills and worked on preparing manuscripts for publishing the work.

In 2015, and in the aftermath of the Ebola Virus Disease outbreak, EMPHNET, together with the BEP started implementing a project titled Promoting Security of Biological Samples and Sustainable Sample Management in West Africa. In particular, the project targeted West African countries including Guinea and Liberia. Implemented in two phases, the project promoted the security of pathogen samples in the event of biological incidents and supported secure and sustainable management of Ebola sample collections. The project also integrated training in responsible science alongside technical discussions of sample shipping and transportation to meet the International Air Transport Association (IATA) shipping standards.

Furthermore, we recognized the public health challenges brought on by brucellosis. Both Iraq and Jordan have a high disease burden from brucellosis cases. Even though Jordan has made great strides in the fight against brucellosis over the past decade, there has been a recent eruption in the number of human brucellosis cases especially in the Karak and Mafraq governorates. Therefore, in 2015 we started working with MOHs of Iraq and Jordan on a year-long project to implement a national brucellosis diagnostic testing strategy as an opportunity to improve the surveillance of human brucellosis.

Other opportunities continue to surface as we continue to support countries in identifying pressing public health needs and challenges. We continue to align our work with these opportunities and seek new initiatives to influence public health in the region.

Five Years Utilizing Technology

Over the last five years, we made efforts to increase our visibility in a variety of ways. First, we launched our newly featured website at www.emphnet.net. The new website provides a platform for FETPs, field epidemiologists, experts, international contractors, donors, partners, public health professionals, the media, and our staff to share knowledge and to catch up on the latest news of EMPHNET and its partners. Furthermore, we created accounts on main social media networks (Facebook, Twitter, Google+, and LinkedIn) to further increase our visibility and engagement.

We have also published 20 editions of our quarterly newsletter to date which is distributed online to all of our members so they can receive all the latest news from both EMPHNET and country programs.

Additionally, we also worked on strengthening media relations in order to ensure strong coverage of our news and developments. We now have media coverage for our events in the different media channels, whether it is press, audio or video, or on social media networks.

Finally, recognizing that visibility is an important component of our success, we expanded our communications department, secured smoother internal communication and documentation with the launch of an online-based Document Management System, and appointed a team of IT officers and specialists to ensure the smooth running of our internal networks and our IT systems.





Five Years, Five Working Areas

Five Years Working in Applied Epidemiology and Research

As part of a multidisciplinary approach to public health capacity building, we integrated health information technology with new research and data collection opportunities. We recognized the important role that research plays in addressing public health problems, so we worked at facilitating use of modern technology in research application. We helped in the development and use of information technology responsive to research needs by integrating the use of tablets to bring about real time data collection.

Within this working area, we trained FETP residents and graduates throughout the region, in areas related to International Health Regulations (IHR), outbreak investigation, rapid response, mentorship, bio-risk management, mass gathering, health informatics, and non-communicable disease. In the last five years, we collaborated in the establishment of new FETPs in Iraq, Yemen, and Morocco and shared countries in graduating hundreds of FETP graduates.

Five Years Working on Communicable Diseases

By working in the area of communicable diseases, we engaged in initiatives for building capacity in the prevention of infectious diseases, early detection of biological and chemical threats, and rapid response.

Working to Eradicate Vaccine Preventable Diseases (VPDs)

While the EMR has made remarkable progress toward eliminating VPDs, vaccine coverage is still lacking, and the deteriorating security situation in some EMR countries adds to the challenge of implementing routine immunization programs, thus hampering achievement of national targets. Therefore, with strong commitment to improving immunization efforts in the region, we worked with countries in building capacities of service providers at different service provision levels in routine immunization and surveillance, with specific focus on Polio eradication.

Our work in this area started in 2014, when we organized a Polio Training Workshop for Iraq by working with the WHO, UNICEF, and the CDC. The workshop focused on polio eradication, more specifically strategies for outbreak response; while also gaining a global overview on the Global Polio Eradication Initiative. Presentations and discussions touched on Acute Flaccid Paralysis; active surveillance; micro planning; monitoring; routine immunization; and communication. Between 2014 and 2015, we conducted two workshops to build a roster of Polio consultants who will be armed with the skills they need to be deployed to polio endemic areas. Additionally, by the end of 2015, we launched a five-year Polio eradication and Routine Immunization project in collaboration with the CDC, whereby we started working with countries at building capacities of public health professionals capacities across the EMR to eradicate polio and strengthen national routine immunization programs.

We also worked with the Jordan MOH to provide training to public health professionals on the Rotavirus vaccine following the introduction of this vaccine into the immunization program at Syrian refugee camps in Jordan. We also supported a CDC project for mobile data collection for immunization programs, by training professionals from the MOH in the north, south, and central parts of the Kingdom in the use of modern technology in collecting immunization data in hard to reach areas.

Working to Eradicate Emerging and Re-Emerging Diseases

As part of strengthening communicable disease control, we worked on combatting emerging and re-emerging diseases by strengthening the capacity of public health and veterinary workers identify, report, and manage such diseases. Through our interventions we have worked to define the spectrum of disease severity (extent of virus transmission), detecting change in incidence of infection, improving case definitions, identifying sources of infection, identifying opportunities to improve isolation during patient care, and determining the risk factors underlying the transmission of these diseases among susceptible population.

In this context, we worked to support the implementation of a post-Hajj preparedness study for MERS-CoV in Jordan in 2013. We shared the results of the study with the relevant authorities at the national and regional level so that the information can be used for decision-making, policy revision and improved regional capabilities. In addition, we supported Jordan's MOH in conducting a training workshop on data collection, the collection of naso-pharyngeal samples, and testing of laboratory specimens. These efforts were later used for the establishment of a model site for severe acute respiratory-tract infections (SARI) surveillance at Zarqa Hospital in Jordan.

Other Communicable Diseases

In line with our pro-active approach to combat public health challenges affecting the region and the world at large, we got involved in response efforts undertaken in response to the Ebola crisis.

In May 2015, we collaborated with the WHO to hold a five-day Ebola Virus Diseases (EVD) Rapid Response Teams (RRT) regional workshop in Amman. Thirty-Five participants attended the event including; epidemiologists, laboratory experts, prevention and control specialists, and experts of veterinary epidemiology from Syria, Jordan, Palestine, and Libya. The training was designed to build the capacity of participants at national levels, enabling them to effectively investigate and respond to the cases and outbreaks of EVD. The sessions provided an understanding of the role of rapid response teams, covering topics relevant to epidemiological assessments of outbreaks, case definition and clinical assessment of cases, sample collection, environmental risk assessment, risk communication, and EVD infection prevention and control in health facilities. Adding a new feature to its sessions and EMPHNET's training in general, this workshop included a simulation exercise with presentations and field work designed by the WHO.

Working in the Area of Non-Communicable Diseases (NCDs)

As defined by WHO-EMRO the NCDs, commonly known as chronic or lifestyle-related diseases, include cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. These diseases are the world's biggest killers and are a leading cause of death in the EMR. WHO's reports show that 1.7 million people in the region die from these four diseases alone, and yet many of these deaths could be prevented through simple lifestyle-related changes and cost-effective interventions. In 2012, the WHO reported that NCDs claimed over 57% of all deaths. Future projections show that there will be an alarming increase in the prevalence of NCDs in 2025, unless serious action is taken.

However, we realized that, in the EMR, reducing the prevalence of such diseases does come with its own set of challenges. Health systems, in most EMR countries focused in the past on the provision of crucial services for mother and child health and infectious diseases, yet all countries in the region, rich and poor, face the challenge of responding to NCDs. Within such conflict, health systems are left unprepared with a pressing need to bridge these gaps.



In this domain, and towards the end of 2012, EMPHNET supported the Higher Population Council in projecting the prevalence of NCDs risk factors for the Jordanian youth population for the years 2007-2050. This study was undertaken to present health planners, decision makers, and researchers with evidence for the need to strengthen the public health system by addressing future disease threats that influence the quality of life in Jordan.

In responding to the need to tackle the rising burden of NCDs, we collaborated with the CDC and the Jordanian MOH to introduce the NCD track to FETP in Jordan. This was a CDC initiative in an attempt to broaden the scope of FETPs and bring the focus of NCDs to FETP residents. With that in mind, we collaborated with the CDC in launching the NCD physical activity project in Ajloun governorate in Jordan. The project started in 2012 with the purpose of increasing community involvement, improving health awareness, facilitating physical activity and good nutrition, and maximizing counseling opportunities regarding the most common NCDs.

Seven health centers in Ajloun were supported by furnishing with NCD counseling rooms and physical activity equipment. Center staff were also trained in physical activity and nutrition counseling, fostered by a tracking system for following up NCD patients. Additionally, we supported these centers in holding wellness day activities, healthy kitchen, healthy walks and group counselling sessions, while providing nutrition guides and health education material.

Within the scope of this area, EMPHNET collaborated with the WHO-EMRO in developing an NCD surveillance curriculum to assist in preparing a roster of experts that can advise countries in moving forward with their commitments to the NCD Global Action Plan. The curriculum was designed to introduce the NCD Global Monitoring Framework and the 25 indicators across the three focus areas of outcomes, risk factors and national systems response that are needed to prevent and control NCDs.

Working in the Area of Global Health Security

Recognizing the worldwide trend of focusing on global health security, we have increased our involvement in this area, by engaging in initiatives that enhance regional preparedness in preventing, detecting and responding to international disease threats.

To ensure better public health for the people of the EMR, we have started initiatives that promote the implementation of the Global Health Security Agenda (GHSA). Our ultimate aim has been to contribute to preventing and controlling the spread of infectious diseases and improving biosecurity and biosafety practices in laboratories.

In March 2012, we participated in an inter-country meeting for discussing the WHO International Health Regulations (IHR). The meeting was held in Beirut, Lebanon and organized by WHO-EMRO. Including IHR Regional Focal Points, the meeting aimed at identifying the gaps and challenges encountered when applying the IHR (2005). Our role in supporting IHR's core capacities was defined through our contributions to strengthening communicable diseases surveillance, outbreak investigations, epidemiological studies, rapid response, and control of communicable disease at the source. This meeting was followed by a series of IHR Toolkit training sessions in which EMPHNET collaborated with several organizations to train public health professionals in the EMR.

Furthering our efforts to build capacities in areas of relevance to Global Health Security, we launched our Rapid Response Teams (RRT) Initiative in late 2012. The RRT initiative today follows a mandate of rapid assessment, investigation and response to outbreaks, with RRT members prepared and ready for deployment at the regional level. Therefore, in the event of natural or man-made crises, RRT members will be deployed to affected countries upon the request of the countries' MOH and in collaboration with other regional stakeholders. Since the launch of this initiative, we have been conducting training sessions targeting health professionals across the region and providing them with the skills they need to provide the effective response needed for such events. We also worked with countries in the region in preparing national and subnational RRTs that can be put to function in case of outbreaks.

Further, our contribution to global health security extended beyond the region where we build national capacity for disease detection and outbreak response in Ukraine. We collaborated with the CRDF to conduct a training session titled Rapid Assessment and Investigation of Outbreaks of Suspicious Origins. Held in November 2015, the session targeted public health officials working within the Ukraine's national health system, by highlighting ways to identify and investigate disease outbreaks, with a particular emphasis on identifying potential malicious use of biological agents. More specifically, this training focused on famous incidents with biological and toxic agents while going over the steps taken during outbreak investigation. This workshop was part of a project implemented in collaboration with the CRDF for Ukraine.

Additionally, we recently signed a partner engagement award with the CDC to expand efforts and strategies to protect and improve public health globally by working with Pakistan authorities in strengthening their emergency operating center.

Working in Outreach and Emergency Response

As the Syrian conflict evolved into a massive humanitarian crisis, EMPHNET joined the response efforts in Jordan and in Syria's other neighboring countries. It conducted activities in line with the goals of the Syrian crisis health sector response through the implementation of trainings, field studies and assessments. We continue to engage in activities which support the MOH in Jordan meet the health needs of the Syrian refugee population. In doing so, EMPHNET collaborated with UNICEF in rendering school health activities in the Syrian refugee camps in Jordan, and has set up a health post in Zaatari refugee camp in Jordan whereby selective health services are provided in collaboration with the MOH, mainly immunization.





Five Years, Five Conferences

Our regional conferences present opportunities for field epidemiologists and public health professionals from across the region to exchange knowledge and share their work. Together, participants address public health issues of national and regional concerns. It is an important platform for maximizing skills among field epidemiologists working to serve their countries, and it is with this understanding that we hosted four regional conferences to date with the fifth to be hosted this year.

EMPHNET's First Regional Conference

The First EMPHNET Regional conference reflected our success and was hosted in Amman less than a year since our establishment in 2010. Our main aim at that time was to provide a platform for FETPs to exchange experiences, thus establishing ourselves as a linking hub for FETPs in the EMR. This conference was conducted in collaboration with the Training Programs in Epidemiology and Public Health Interventions Networks (TEPHINET) and the Jordanian Public Health Association.

EMPHNET's Second Regional Conference

For the Second EMPHNET Regional Conference, we collaborated with TEPHNET to hold a regional in Egypt, Sharm Al Sheikh. Held in December 2011, the event included 130 epidemiologists and public health experts from the region and other countries. It provided a valuable platform for the exchange of experiences between FETP residents, graduates and experts in the region, the enhancement of FETPs capacity in the region, and the development and support of training workshops for FETPs residents and graduates where it included three pre-conference workshops on NCDs, Pandemic and Emergencies: Ethics Planning and Response, and Epidemiological Methods in Humanitarian Emergencies.

EMPHNET's Third Regional Conference

Our Third Regional Conference was held in Marrakesh, Morocco in December 2013 under the theme of Public Health Surveillance in the 21st Century. The conference was held to highlight global public health issues with particular emphasis on communicable and non-communicable diseases that are prevalent in the EMR. The overall objective of the conference was to provide FETP residents, graduates and other interested public health professionals with a forum for sharing experience and research in specific areas of public health. The event included four pre-conference workshops, six round table discussion sessions, 28 oral presentation sessions, and 2 poster presentation sessions. There were 176 participants representing Afghanistan, Egypt, Iraq, Jordan, KSA, Pakistan, Morocco, Sudan, Yemen, and UAE. Attendees also included representatives from CDC, TEPHINET, WHO, the World Organization for Animal Health (OIE), and Georgetown University.

EMPHNET's Fourth Regional Conference

Our Fourth EMPHNET Conference was held in September, 2015 in Aqaba, Jordan. Its theme, Public Health in the Region: Challenges and Opportunities brought both regional and international public health experts to an environment that allowed for exchange of knowledge and experiences from 12 countries. Additionally, the conference featured four pre-conference workshops, and three round-table discussions. The pre-conference workshops covered were: Promoting 'Cradle to Grave' Security of Biological Samples, Contemporary Issues on Public Health in Emergency, Polio Eradication in MENA Region: Experience and Challenges, and Innovative Surveillance and EpiCore. The sessions 100 oral and 31 poster presentations.

EMPHNET's Fifth Regional Conference

Scheduled to be held in Marrakech, Morocco December of 2016, EMPHNET's Fifth Regional Conference carries the theme Regional Contributions to Global Health Development. Within this theme the conference will address efforts undertaken by FETPs to improve public health in their countries. We are proud to announce that we received a total of 303 abstracts from FETP residents, graduates, and other health professionals from 20 different countries. After an expert review process, we have accepted a total of 144 abstracts from 15 countries for oral and poster presentations. The accepted abstracts cover topics related to cancer, hepatitis, human immune deficiency virus, maternal health, non-communicable diseases, outbreak investigations, respiratory diseases, surveillance systems, vaccine-preventable diseases, and zoonotic and vector borne diseases.





Five Strategies for Our Way Forward

EMPHNET recognizes the significance of economic and geopolitical factors in shaping the health of a population and in influencing health development. Over the past five years, these factors have affected public health development in the EMR significantly, resulting in abundant concern over potential public health threats. One of the major means for addressing such concerns is through building capacity within countries to improve surveillance and outbreak response. Improved detection and surveillance will allow countries to avert uncontrolled spread of infections and employment of measures to respond to these threats effectively.

Accordingly, strengthening prevention of, detection of and response to public health emergencies in countries of the EMR will continue to occupy our future agenda at EMPHNET. We will renew our support to offer assistance in this area and will seek new collaborative opportunities to meet this pressing need. We will fortify collaboration to assist countries in strengthening their public health systems and advance commitment to IHR implementation. In addition, we will continue to pursue partnerships that will bring benefit to countries in the region, especially in the area of workforce development.

We believe that it is time to give the region a global voice. In working with partners and stakeholders, we need to identify areas which the region can contribute to global health, particularly the GHSA. In this regards, we foresee our role as a catalyst in bringing the attention of countries to actions needed to achieve global health security. We see an essential role for EMPHNET in promoting cooperation and partnership between countries in confronting priority public health issues that threaten global health security. More importantly, we believe that we hold a responsible role in fostering commitment to global health security by raising awareness and promoting effective measures to translate commitment to actions.

As such, EMPHNET will adopt the following five key strategies to influence regional efforts undertaken to promote global health security:

Supporting Workforce Development. EMPHNET will continue to support the FETPs and will work at establishing new programs in the region. EMPHNET will also expand its training programs to extend beyond applied epidemiology by including other public health areas, such as: emergency management, antimicrobial resistance, leadership and management, biosafety and biosecurity, research and scientific writing. We are hoping to have these trainings standardized and introduced to the region in an attempt to increase the contribution of the region to global health security.

Investing in Networking. EMPHNET's work is centered around networking. Therefore, we plan to expand our network and enhance its function to include other public health professionals in addition to the FETP residents and graduates. We will work at strengthening our network to serve as a reference and a roster of experts that can support public health in the EMR. We foresee EMPHNET as a network that will facilitate knowledge exchange at the country, regional and global levels.

Commitment to Partnership. We will continue to strengthen our collaboration with partners underlining the need to identify new partnership opportunities that will bring about broader engagement. We will also

work at promoting partnership between EMR countries in issues of concern to the region such as polio eradication, cross border disease and IHR implementation, in an attempt to translate regional commitment to global health security into action. In this domain, we will work closely with the WHO, CDC and BEP at exploring actions to address priority public health problems in the EMR. With this in mind, we will partner with countries to explore sustainable ways for strengthening public health actions in support of global health security. We aspire to become the hub for regional public health partnership with a commitment to faster progress towards more effective public health in the region.

A Wider Scope. We commit to continue building capacities to support strengthening of public health professionals. In doing so, we hope to introduce online learning as a cost-effective learning platform for reaching a wider range of audience. In addition, we will expand our current efforts in public health research to make it more systematic with a vision of pioneering in operational research and field studies in the EMR. Broadening our scope to include research will allow us to become a prominent global health entity whereby we become recognized as a learning platform for global health academic programs. Along these lines, we will continue to invest in using modern technology to support research and information management.

Optimizing Resources. EMPHNET believes that there is a need to maximize the use of the currently available resources. We will work at bridging the knowledge gap barrier by translating training material and other resources into Arabic language and other languages. Doing so will allow us to train a wider range of public health personnel in the region, while maximizing the uptake of knowledge.





رئيسي الثاني للبرنامج التدريبي للريفيات الحقلية Y-FETP
و حفل تخرج الفوج الثاني
في 29 فبراير 2016 م صنعاء - الجمهورية اليمنية



Annex

List of Trainings Conducted and Supported by EMPHNET from 2010 to 2015

YEAR	TITLE	LOCATION
September 2010	Public Health Surveillance in Mass Gatherings Workshop	Jordan
November 2010	Training of First Iraq FETP Cohort	Iraq
February 2011	Public Health Surveillance in Mass Gatherings Workshop	Morocco
March 2011	Iraq FETP Development Workshop	Iraq
March 2011	NCD Testing Pilot Material Workshop	Jordan
May 2011	Excellence in Reporting Science Workshop	Jordan
May 2011	Training of Trainers in Reaching Diverse Audiences Workshop	Jordan
August 2011	New FETP Resident Advisor Orientation	Atlanta
February 2012	Yemen FETP First Training	Yemen
March 2012	Focal Points Workshop	Egypt
March 2012	Yemen Field Site Supervisor Training	Yemen
March 2012	WHO Lyon, CDC, PN-ME Foodborne Diseases Training Workshop	Jordan
March 2012	Leadership and Management Training with Focus on Team Building	Jordan
April 2012	Abstract Writing Workshop: Using BRFS	Jordan
May 2012	Second Iraq-FETP Mentors and Field Supervisors Training Workshop	Iraq
June 2012	Iraq FETP Third Outbreak Investigation Workshop	Iraq
July 2012	EMPHNET Rapid Response Teams Training in the Eastern Mediterranean Region	Jordan
July 2012	EMPHNET Regional Workshop on "Analysis and Interpretation of Large Data Sets"	Jordan
August 2012	2nd Leadership and Management Training Focus on Team Building	Jordan

YEAR	TITLE	LOCATION
September 2012	EMPHNET Regional Vital Registration Training for FETPs in the Eastern Mediterranean Region.	Morocco
January 2013	Yemen FETP Two Weeks Training	Yemen
April 2013	Outbreak Investigation and Response Training Workshop	Abu Dhabi
April and May 2013	Three Training Courses Conducted for Health Care Providers	Jordan
May 2013	Screening Training Course in Yemen	Yemen
September 2013	Egypt FETP Introductory Course for Nineteenth Cohort	Egypt
September 2013	Tajik-Afghan Regional FETP Stakeholders' Workshop	Afghanistan
October 2013	Iraq FETP Outbreak Investigation Capacity Building Workshops	Iraq
April 2014	Iraq FETP Scientific Research Training	Iraq
April 2014	WHO GOARN Meeting	Jordan
May 2014	Nutrition Workshop	Jordan
June 2014	EMPHNET Regional Public Health Ethics Training	Jordan
June 2014	EMPHNET Sub-Regional Rapid Response Teams Training Workshop	Jordan
August 2014	EMPHNET Workshop Titled "Public Health in Emergencies" for Iraq FETP Residents	Jordan
August 2014	Iraq FETP Training to Conduct Independent Assessment of Polio Activities in Iraq	Iraq
August 2014	Iraq FETP - Emergency response (IDP) for TOTs	Iraq
September 2014	EMPHNET and WHO-EMRO NCD Experts' Workshop	Egypt
October 2014	Introduction to Public Health in Mass Gatherings Workshop	Iraq
November 2014	EMPHNET Supports Mentorship Workshop	Jordan

Annex

YEAR	TITLE	LOCATION
November 2014	EOC Orientation Sessions	Jordan
December 2014	EMPHNET Workshop on Severe Acute Respiratory Illness (SARI)	Jordan
January 2015	Rapid Assessment and Investigation of Outbreaks of Suspicious Origin Workshop	Jordan
February 2015	EMPHNET Polio Outbreak Investigation and Response Workshop to build Roster of Experts	Jordan
March 2015	EMPHNET Mass Gathering Policy Brief workshop	Iraq
April 2015	The Rapid Response Training	Jordan
April 2015	Workshop for U.S. Department of State visitors with presentation on regional health issues/biosecurity	Jordan
May 2015	EMPHNET Holds Round Table Discussion on Preventing Emerging and Re-emerging Infectious Diseases	Jordan
May 2015	Iraq Mass Gathering Scientific Writing Workshop	Jordan
May 2015	Emerging and Re-emerging Diseases Workshop	Egypt
May 2015	EMPHNET Holds Ebola Virus Disease RST Workshop	Jordan
June 2015	EMPHNET Facilitates a MediPIET Session on Humanitarian Crises and Mass Gatherings	Jordan
June 2015	Egypt Scientific Writing Workshop	Egypt
August 2015	IHR Toolkit for Epidemiologists Training	Jordan
September 2016	"Cradle to Grave" Security of Biological Samples (EMPHNET's 4th Regional Conference, Pre-Conference Workshop)	Iraq
October 2015	Workshop on "Promoting 'Cradle to Grave' Security of Biological Samples" (Pre-conference)	Jordan
October 2015	Workshop on "Contemporary Issues on Public Health in Emergency" (Pre-conference)	Jordan
October 2015	Workshop on "Polio Eradication in MENA Region: Experience and Challenges" (Pre-conference)	Jordan
October 2015	Workshop on "Innovative Surveillance and EpiCore" (Pre-conference)	Jordan

YEAR	TITLE	LOCATION
October 2015	Molecular Diagnosis and Subtyping of Brucellosis Training	Morocco
November 2015	Rapid Assessment and Investigation of Outbreaks of Suspicious Origins Training	Ukraine
December 2015	EMPHNET and CRDF Workshop on "Rapid Assessment and Investigation of Outbreaks of Suspicious Origins"	Ukraine
December 2015	EMPHNET Training for Data Collectors Involved in "Global Flu" Study	Jordan
December 2015	EMPHNET Series of Cholera Awareness Trainings at Zaatari Camp	Jordan
January 2016	Training for Immunization Teams and Supervisors Working in Jordan	Jordan
January 2016	EPI Data Analysis Workshop	Jordan
February 2016	EMPHNET Workshop to Promote Security of Biological Samples	Jordan
February 2016	EMPHNET Preparatory Meeting for the Rapid Response Teams Initiative	Jordan
February 2016	International Health Regulations Toolkit for Epidemiologists Training	Ukraine
February 2016	Promoting Security of Biological Samples from Cradle to Grave Training	Morocco
March 2016	National Rapid Response Teams Training	Ukraine
March 2016	Immunization Teams Training	Jordan
March 2016	Routine Immunization and Polio Irradiation Workshop	Jordan
March-April 2016	Applied Epidemiology Course for Health Professionals from the Region	Jordan
April 2016	National Training on Rapid Detection and Response	Egypt
May 2016	Serosurvey Training	Jordan
May 2016	Promoting "Cradle to Grave" Security of Biological Samples Training Course	Morocco
May 2016	Dual Use, Bioethics and IATA Training Course	Morocco

Focus on NCD Activities

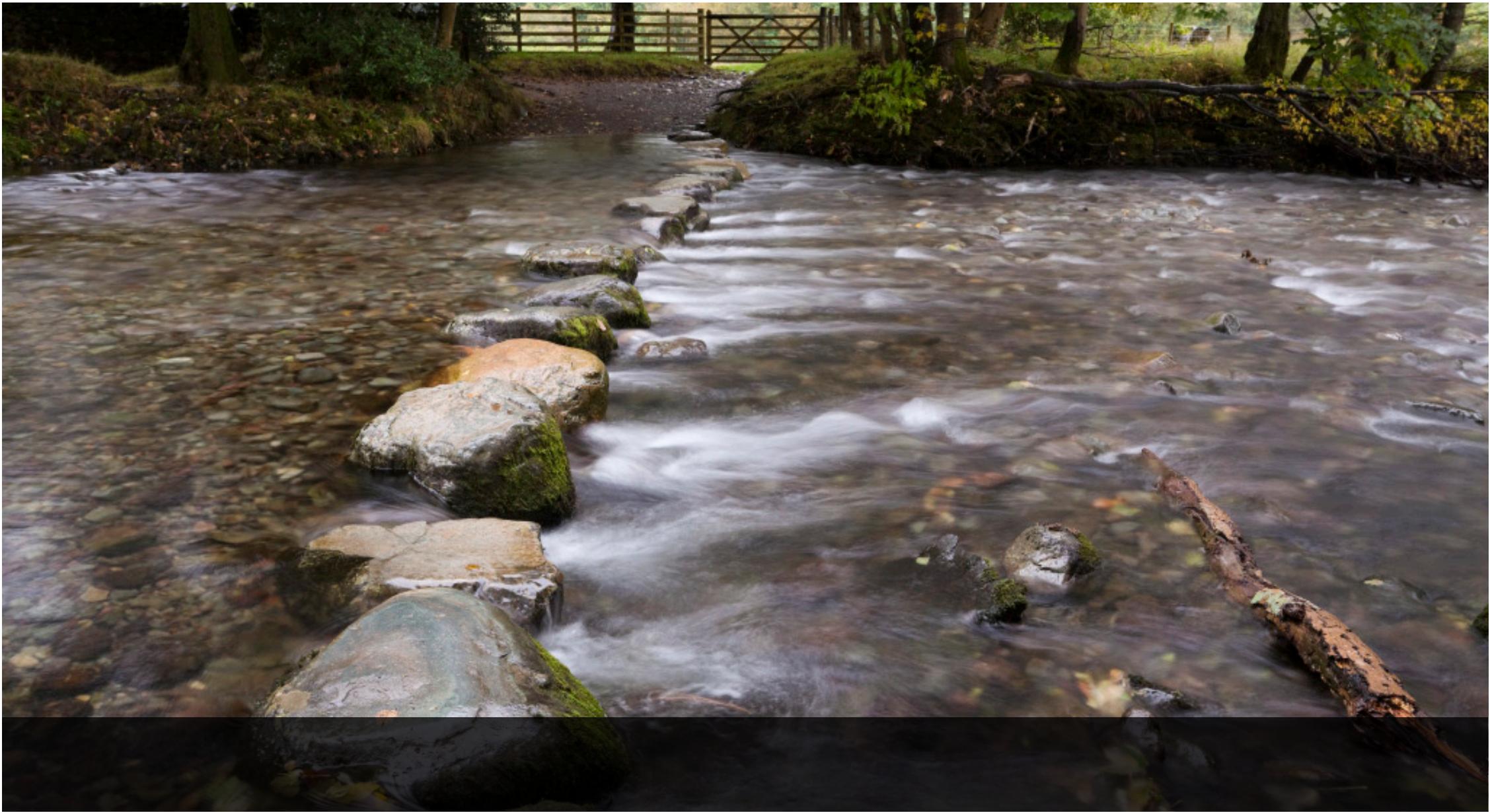
TITLE OF WORKSHOPS	DATE	NUMBER OF PARTICIPANTS*	PLACE
PA Counseling Training	29-Mar-12	16	Ajloun
Abstract Writing workshop	1-2 Apr 2012	9	MOH
Refresh data analysis	27-28 June 2012	7	Amman
Interpretation of large data sets	8-12 July 2012	30	Amman
PA and Nutrition Counseling	19-Sep-12	40	Ajloun
PA & Chronic disease training	26- 29 Oct 2012	22	Ajloun
PA Counseling Training	26-27 Sep 2012	26	Ajloun
PA & Chronic Diseases training	27-29 Apr 2013	24	Ajloon
Nutrition Counseling	13-14 May 2013	23	Ajloun
PA Counseling Training	5-6 May 2013	16	Amman
Nutritional Counseling	26-27 May 2013	26	Amman
Physical Activity counselling	Oct 2013 – 2 days	24	Amman
Software Training	Jan 2014 - 1 day	24	Ajloun
Computer training	Feb 2014	24	Ajloun
Nutrition Counselling	May 2014 – 2 days	32	Amman

Other NCD Activities before 2012 NCD Project

ACTIVITI	DATE
EMPHNET Joins CDC-NCD Mission in Jordan	December 2010
NCD Pilot Testing by the Division of Public Health Systems and Workforce Development at the CDC for developing NCD training for the FETP	March 2011

Research Projects conducted by EMPHNET and Country Programs

RESEARCH STUDY	DATE
Quality of Life; Cancer Survivors in MENA Region (Breast Cancer, Colorectal Cancer, and Leukemia)	September 2011
NCD Survey in Egypt	April 2012
EMPHNET conducted a Health Assessment for the Displaced Syrian Refugees in the Jordan Valley (JV).	June 2014
Mental Health assessment for the Syrian Refugees in Jordan.	June 2014
Post-Polio Campaign Evaluation.	June 2014
"Non Communicable Disease Health Facility Survey" by WHO, Jordan MoH, and EM-PHNET	September 2014
EMPHNET and RHAS Investigate School Health in Jordan	Study conducted from 2012 to 2014
Infant Burden Influenza in Low- and Middle-Income Countries and the Potential of Prevention through Influenza Vaccination	November 2015



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