

# EMPHNET AT 15

A JOURNEY OF GROWTH AND IMPACT  
TOWARD HEALTH SYSTEMS STRENGTHENING





# 2025 EMPHNET AT 15

## CONTENTS

Word from the Executive Director.....	04
Organizational Development.....	08
Guided by Values, Driven by Impact.....	12
Workforce Development.....	14
Research and Policy.....	24
Communication and Networking.....	32
Public Health Emergency Management .....	38
Routine Immunization and Polio Eradication .....	48
Non-Communicable Diseases.....	74
Biorisk Management.....	80
One Health.....	88
Maternal and Child Health.....	96
Partnerships and Prescence.....	102



Click the color buttons to access the report chapters





## WORD FROM THE EXECUTIVE DIRECTOR

I still remember the initial meetings we had with the countries more than fifteen years ago to discuss establishing an organization at the heart of the Eastern Mediterranean Region to serve its unique needs. I sat down with colleagues from the region and others from the international community, and we all recognized that existing country-tailored initiatives needed more investment at different levels, greater regional cooperation, and increased focus from the international community.

***As a result of these meetings, EMPHNET came to life in late 2009. A look back at the journey reveals how much we have accomplished and how we have indeed lived up to the purpose for which we were established.***

EMPHNET's initial focus was to be the prime supporter of Field Epidemiology Training Programs (FETPs) in the Eastern Mediterranean Region (EMR). Over the past fifteen years, the number of FETPs has impressively grown from only four to fifteen, a growth that

reflects not only an increase in numbers but also in impact.

EMPHNET recognized the immense and increasing challenges facing the region: conflict, economic strains, and climate change threats—issues too deeply interrelated to be addressed by a single solution. For this reason, it accelerated its efforts and expanded partnerships across multi-country, regional, and international levels to promote and apply innovative initiatives that encompass all aspects. EMPHNET thus began to

accelerate support across all areas of its work. Along with workforce development, it soon began to invest in technical assistance, research for informed policy, communication, and networking, relying on a team of experts possessing knowledge in key areas such as data management and analysis, monitoring and evaluation, various technical disciplines, program management, and capacity building, as well as complementary areas like logistics and knowledge management. While grounded

in science, evidence-based practices, and alignment with global strategic directions, we have always considered the unique characteristics of each country, province, and city.

A reflection on this journey highlights not only our technical growth but also our geographic expansion. While we remain committed to the EMR, we have extended our reach to Central Asia, the Far East, and Africa.

**In 15 years, our journey has been one of growth and**

**impact. We have worked hard to support the needs of countries by adopting an integrated approach that encompasses all the necessary components for success. Fifteen years have passed, with many more to come. We will continue this journey, maintaining our commitment to better health for the Eastern Mediterranean Region and the globe.**

**Dr. Mohannad Al Nsour**  
EMPHNET Executive Director

## CELEBRATING 15 YEARS

EMPHNET emerged as a nonprofit entity committed to advancing public health through workforce development, technical support, and collaboration. It partners with ministries of health, academic institutions, and global networks to strengthen field epidemiology, promote research, and respond to emergencies. With its regional scope and expanding reach, EMPHNET continues to grow as a trusted platform for building healthier, more resilient communities.



### 2009

EMPHNET is established as a nonprofit organization dedicated to strengthening public health systems and workforce capacity in the Eastern Mediterranean Region.



### 2016-2020

EMPHNET broadens its technical scope and forms strategic partnerships, expanding operations across most countries in the region.



### 2020-2024

EMPHNET plays a critical role in responding to the COVID-19 pandemic. It establishes the International Academy of Public Health (IAPH). It deepens its involvement in global health priorities by integrating One Health approaches.



### 2025

EMPHNET expands beyond the Eastern Mediterranean, extending its reach into Kyrgyzstan and Bangladesh, while also establishing additional country offices to deepen collaboration with Arab Gulf countries.

# ACTIVE PARTNERSHIPS AND PROJECTS



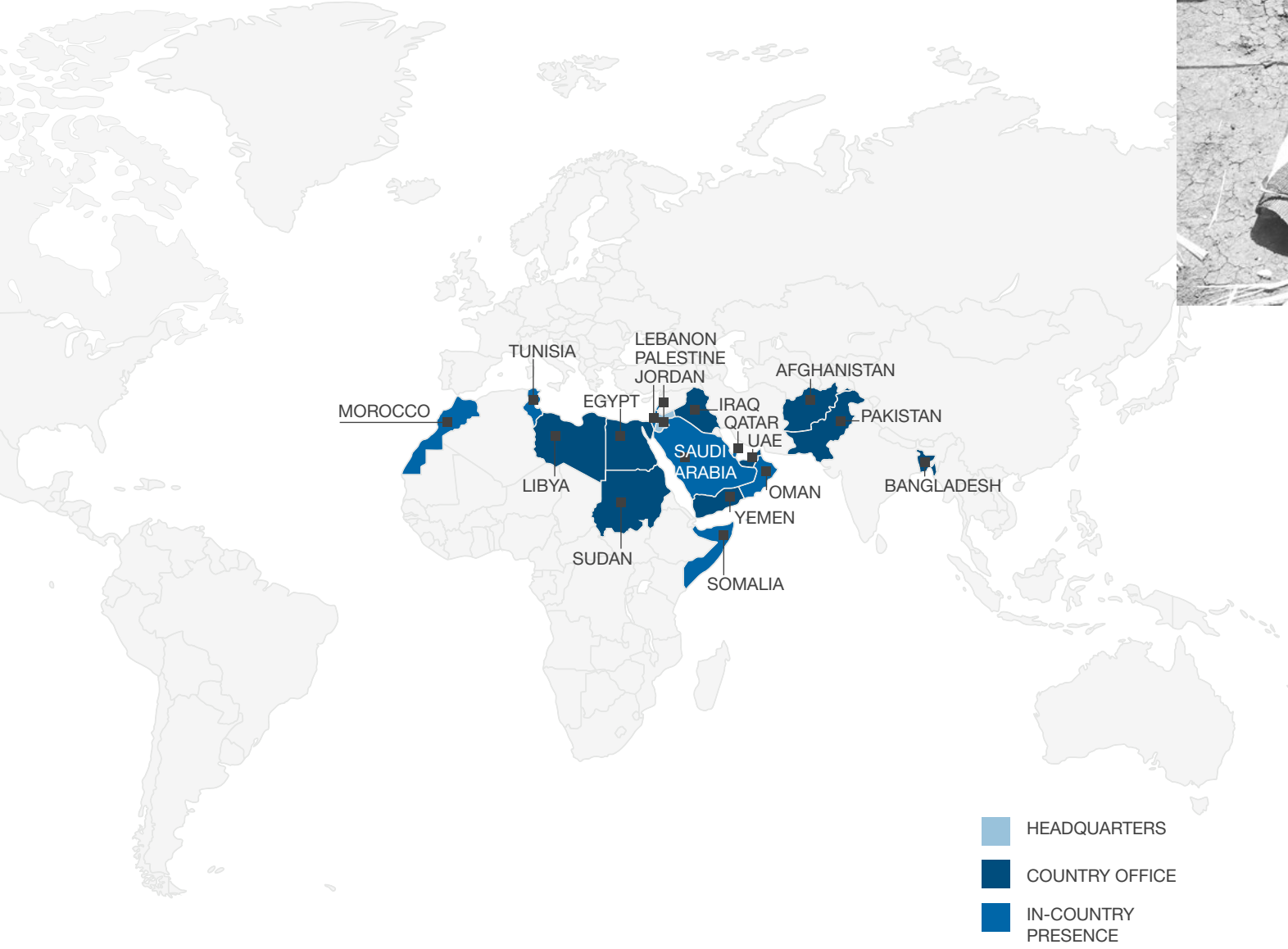
- Active Partnerships ● Public Health Emergency Management
- Workforce Development ● Biorisk Management
- One Health ● NCDs ● Women and Child Health
- Immunization ● Research



# ORGANIZATIONAL DEVELOPMENT

EMPHNET has evolved into an organization with units, departments, and centers that work seamlessly to achieve its mission. Central to this evolution were investments in several internal improvements and enhancements. Over the years, EMPHNET has established structured management processes that have strengthened its ability to oversee projects effectively, ensuring streamlined planning, execution, and resource management. Alongside this, the organization has focused on strengthening internal systems as well as quality management to reinforce compliance with regulatory and operational standards. It also has prioritized advancements in digital transformation and specialized technical capacities to expand its reach and impact.

## EXPANDING GEOGRAPHICAL REACH AND STRENGTHENING IN-COUNTRY PRESENCE



## INTERNAL GROWTH AND ORGANIZATIONAL DEVELOPMENT

### 3 Technical Centers Established

- Center of Excellence for Applied Epidemiology (CEAE) (2015)
- Public Health Emergency Management Center (PHEMC) (2018)
- Eastern Mediterranean Non-Communicable Disease Center (NCDsRC) (2022)

### Institutional Review Board (IRB) Established (2020)

- The IRB evaluates new research proposals to ensure ethical considerations are met, with a diverse membership that includes experts in public health, laboratory, veterinary, clinical, and community studies, along with legal and community representation.

### Business Automation System Put in Place

- Transitioning to a paperless environment that integrates all internal activities within a single system. This system enhances efficiency, accountability, and streamlined operations by automating workflows, reducing redundancies, and ensuring seamless communication across departments.

### Project Management Office (PMO) Established

- Comprising a team of project managers and officers who play a critical role in proposal development, project planning and implementation, and funds management.

### Quality Management Unit Established

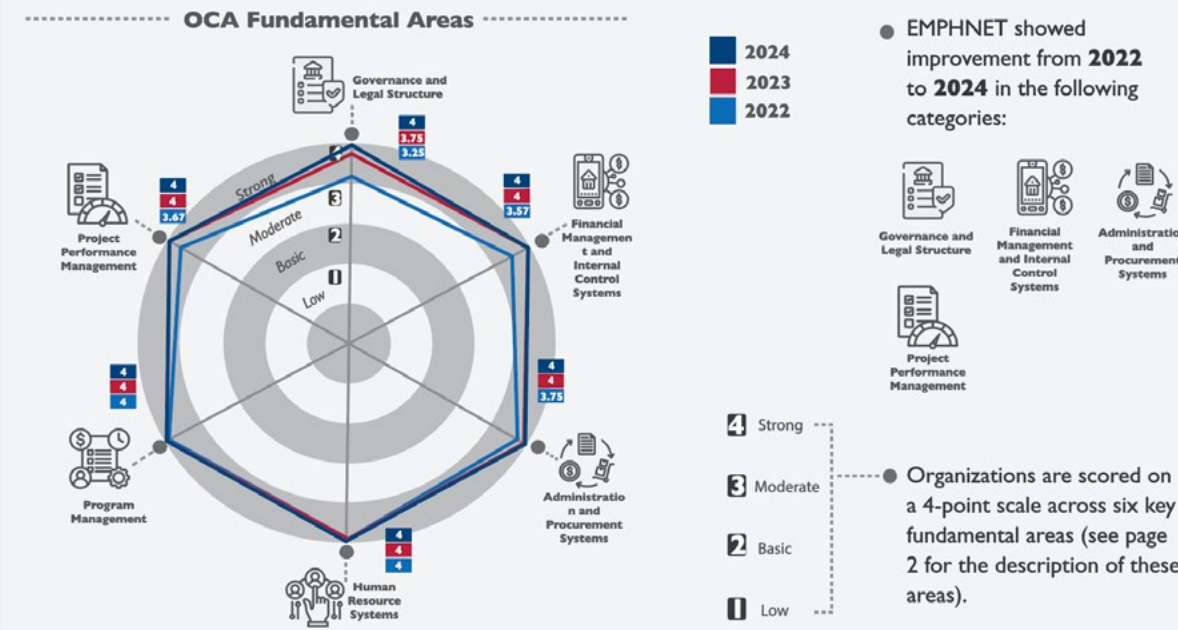
- Establishing a Quality Management Unit to ensure the implementation of standardized processes that enhance organizational performance. This unit plays a critical role in maintaining efficiency, consistency, and accountability across all operations by developing quality assurance mechanisms, monitoring compliance, and promoting continuous improvement.

#### Quality Management Cycle – Planning EMPHNET Documents

- |                   |                                |
|-------------------|--------------------------------|
| 02 Strategies     | 04 Guidelines                  |
| 02 Bylaws         | 03 Policies                    |
| 14 Manuals for HQ | 03 Manuals for Country Offices |



**EMPHNET underwent organizational capacity assessments between 2022-2024 conducted under MELA's Accelerator Program As part of USAID/Jordan's Monitoring, Evaluation, and Learning Activity (MELA)**



**A COMMITMENT TO VULNERABLE POPULATIONS AND WOMEN'S WELL-BEING**

Considering gender balance, with women making up **half of the team**.

Advancing women's leadership in programs and departments, particularly as senior management team members and leaders of the Board of Directors of the Field Epidemiology Training Programs (FETPs).

Offering extensive health insurance coverage for mothers and their children.

A Care Cancer Program provides specialized support for children of female employees and their husbands.

Dedicated to the well-being of our female staff through tailored health promotion activities.

Providing free annual breast cancer screening for our female employees.

Ensuring a safe workplace through policies that prevent harassment and protect children.



HQ @EMPHNET



Egypt @EMPHNET



HQ @EMPHNET

**INVESTING IN OUR PEOPLE:  
THE DRIVE BEHIND OUR IMPACT**

**✓ Fostering a Growth-Oriented Environment:**

→ **Continuous Professional Development:** Actively encouraging its employees to pursue postgraduate degrees and obtaining technical or project management certifications while continuing their employment. Many have successfully completed or are currently undertaking such programs, while also offering offers partial scholarships for employees participating in IAPH courses, EMPHNET's academic arm.

- 8 postgraduate degrees in public health have been pursued or are in progress,
- 5 employees have earned PMP certifications
- 20+ employees worked/are working towards various general certifications

→ **Internal Capacity Building**

**✓ Launching the Monthly Technical Day (MTD):**

To sustain internal technical capacities and promote collaboration and synergies among EMPHNET's departments and teams.

- 50+ Internal Monthly Technical Days conducted
- 40+ guest speakers featured from the region and internationally
- 40+ scientific presentations given





# GUIDED BY VALUES, DRIVEN BY IMPACT

At EMPHNET, our values, principles, and strategies are not mere statements on paper; they are the foundation that guides our actions and decisions. They are not abstract ideals, but practical tools that drive our mission forward and ensure that our impact on the ground is both successful and sustainable.



## COLLABORATION

Initiating **multi-sectoral collaborations** with the private sector, universities, and research centers.

Fostering **inter-country and regional collaboration** to enhance resource and knowledge exchange.

Strengthening **partnerships with international entities** to mobilize support for regional needs.

Advancing **One Health collaborations** to improve responses to interconnected challenges.

Strengthening **community collaborations** to empower populations in managing their health.



## HEALTH EQUITY

Ensuring the inclusion of **refugee, migrant, and internally displaced populations (IDPs), and other vulnerable populations** in health interventions.

Enhancing **community engagement** in service delivery, design, and implementation.

Prioritizing **conflict-affected countries** and underserved rural and remote areas.

Increasing the **region's representation and participation in global health discourse** through research, information dissemination, and networking.

Providing **logistic support to ensure the availability of essential resources**, including laboratory equipment and software, to stay updated with global advancements.



## INNOVATION

Promoting **innovative research methodologies** in public health, including implementation and operational research.

**Adapting global strategies** to align with country-specific contexts and address localized challenges.

Developing and introducing **tailored training programs that address national needs.**

Designing **innovative communication strategies** and interventions to effectively reach communities with the right message at the right time.



Somalia @EMPHNET



## EXCELLENCE

Incorporating **supportive supervision** into projects to assess progress, provide feedback, and ensure optimal performance while continuously **monitoring and evaluating** of projects for internal purposes.

Making significant investments in **the human power**, for professionals, general public, and local communities to effectively support national priorities.

Integrating **assessments** into all interventions and developing proposals based on collaborative evaluations with partner countries.

Ensuring **ongoing professional development** for internal staff to maintain up-to-date expertise.



## ACCOUNTABILITY

Ensuring that **strategic KPIs** guide progress, monitor performance, and identify areas for improvement.

Upholding **internal quality standards** outlined in manuals and policies, which are designed and enforced to ensure effectiveness, accountability, and high performance.

**Implementing measures and policies** that uphold managerial accountability, empower subordinates with a voice, and ensure fair consideration of all perspectives.



## PARTNERSHIP

Building **long-term partnerships** that strengthen public health systems to expand impact.

Establishing a **growing number of partnerships** to enhance regional and global reach.

Strengthening **communities through partnerships** that drive change at the grassroots level.

Developing a **diverse portfolio of partnerships** to address multifaceted health challenges.





Yemen @EMPHNET

## WORKFORCE DEVELOPMENT

From the early days of its establishment, EMPHNET prioritized support for workforce development in the region in response to critical challenges such as worker shortages, inadequate funding, and issues impacting the quality of education and training programs. Over the years, EMPHNET advocated for, designed, and implemented practice-based and inter-sectoral professional training tailored to the specific needs of the region. The organization also promoted online learning to ensure accessibility of knowledge and various learning resources to overcome physical or material constrictions. EMPHNET's efforts have had a documented impact over the last fifteen years, an impact promising to yield further positive outcomes in the future.

## A FOCUS ON

## PRACTICE-BASED TRAINING

### INVESTING IN FIELD EPIDEMIOLOGY TRAINING PROGRAMS (FETPS)

FETPs provide in-service training for public health professionals. Developed by the U.S. Centers for Disease Control and Prevention (CDC) over 40 years ago, FETPs are now present in more than 90 countries worldwide. At their core, they emphasize interventional epidemiology by applying epidemiological science to investigate public health threats in the field before they escalate into emergencies. What distinguishes FETPs is not only their learning-by-doing approach but also their focus on addressing pressing health threats, making them particularly suitable to threats affecting multiple countries in the region.

#### THE EMPHNET SUPPORT TO FETPS

##### EXPANDING FETPS IN THE EMR AND BEYOND



###### FETP Graduates

**8,442** graduates have been trained



###### Varied Training Modalities

**7** intermediate, **12** basic, and **5** advanced training modalities launched



###### Geographical Expansion

FETPs have been established in **9** new countries in the EMR, making the total **15** programs

##### EXTENDING VARIOUS FORMS OF SUPPORT TO FETPS



###### Strengthening Scientific Writing and Communication Skills

**5** regional workshops conducted on scientific writing, case study development, and manuscript writing.

**200+** FETP residents from the region participated in these scientific writing workshops resulting in the publication of **130** research papers and **45** teaching case studies.



###### Supporting Multi-National and Multi-Sectoral FETP Collaboration

Joining a global collaboration of FETP stakeholders from FETP networks, programs, and other stakeholders under the umbrella of Global Field Epidemiology Partnership GFEP.

Supporting the region's FETPs through the EMPHNET FETP Board of Directors.



###### Mobilization During Emergencies

Examples of Outbreak investigations Conducted

- The Crimean-Congo Hemorrhagic Fever (CCHF) outbreak in Iraq
- Measles outbreaks in Jordan and Sudan
- Anthrax investigations in Bangladesh
- Suspected cholera cases in Sudan
- Flood relief in Afghanistan
- Critical support during the armed conflict in Sudan
- Egypt FETP's deployments to mass gatherings at Hajj sites in Saudi Arabia and Iraq



###### Supporting Training Needs Assessment

Conducting Training Needs Assessment to identify the areas and topics required for countries to focus on before establishing their FETPs.







### EMPHNET FORMS OF SUPPORT TO ENSURE FETP SUSTAINABILITY

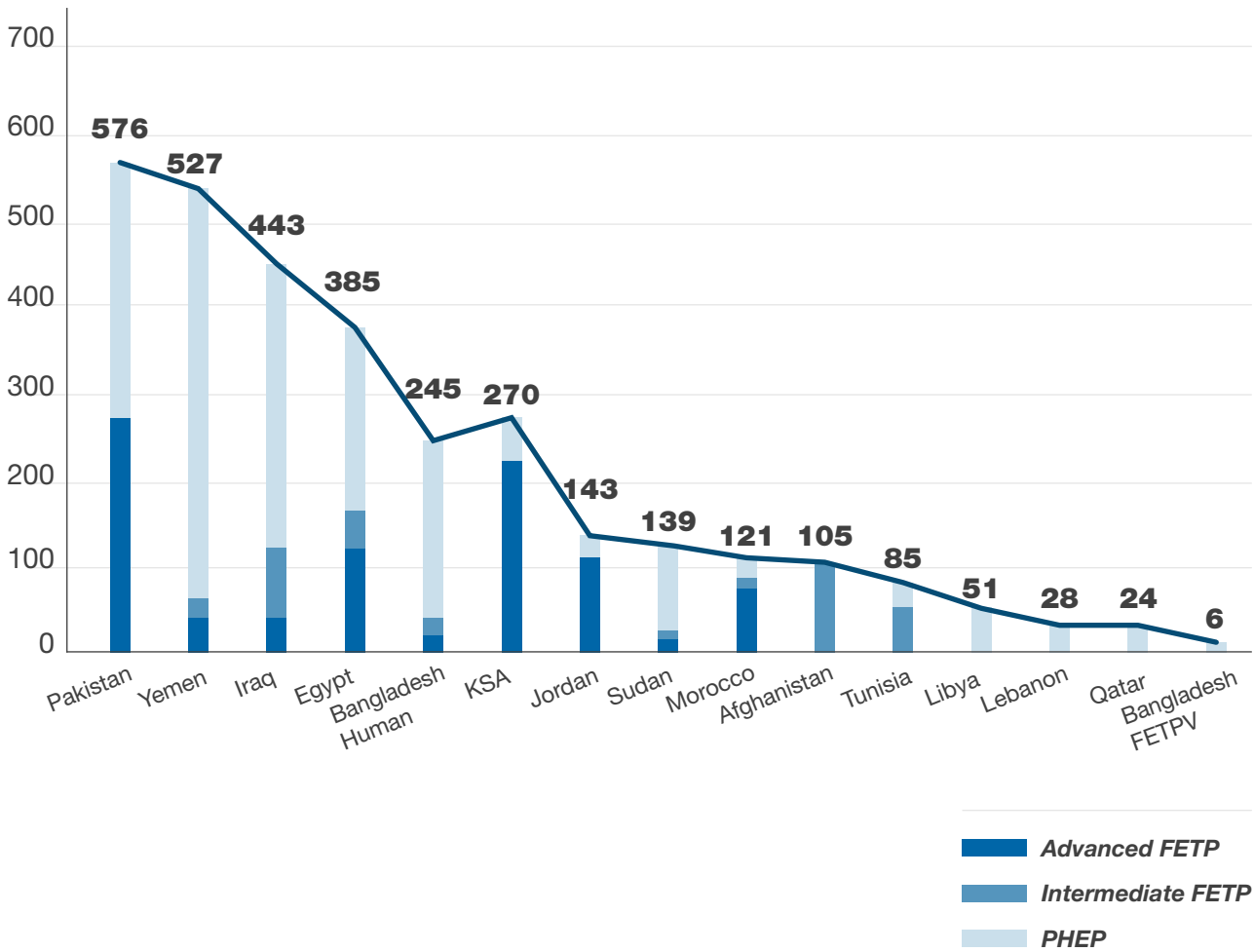
- 
Conducting workshops and developing sustainability frameworks tailored to EMR-specific challenges.
- 
Strengthening partnerships at both national and international levels.
- 
Monitoring and evaluation practices, aiming to refine FETP quality and align with global standards.

### DIVERSIFYING THE PROGRAMS OFFERED

Program	Level*	Countries
PHEP for Surveillance Polio Officers		Afghanistan, Lebanon Sudan, and Yemen
PHEP-WASH		Yemen
PHEP-Nutrition		Sudan
PHEP-One Health		Egypt, Bangladesh, Iraq
PHEP-COVID-19		Egypt, Lebanon, and Tunisia
FETP-One Health		Egypt
FETP Mental Health		Designed, not yet implemented

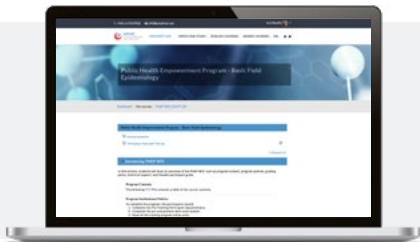
\*Levels
 Basic (3 months)
 Intermediate (One Year)
 Intermediate/advanced (two years)

### GRADUATES OF VARIOUS FETP MODALITIES IN THE EMR AND BANGLADESH



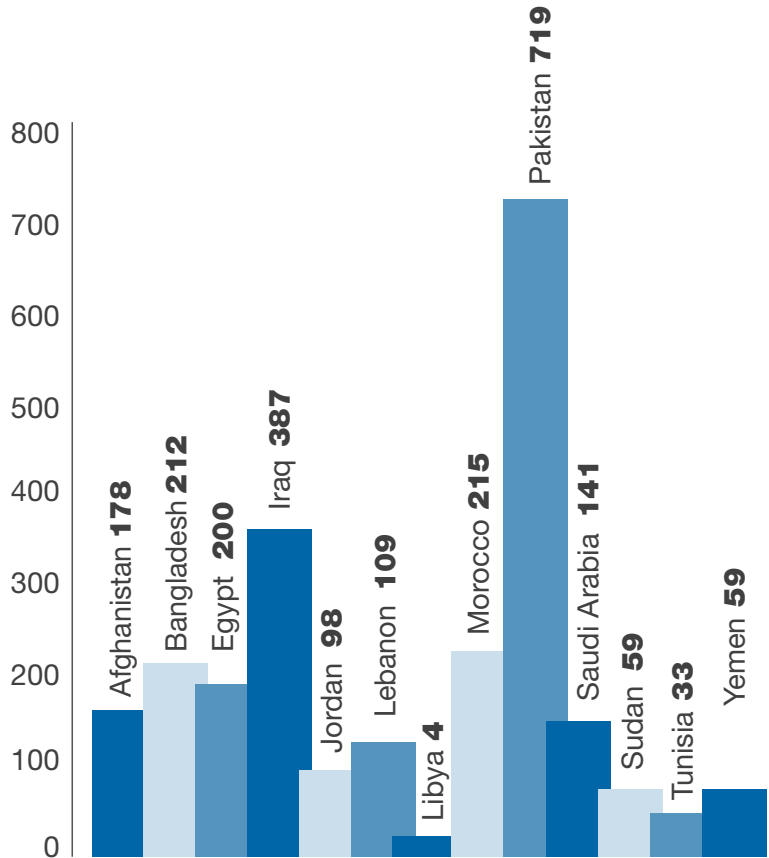
### DIVERSIFYING LEARNING MODALITY

**Launching the Blended Public Health Empowerment Program-Basic Field Epidemiology**








THE FETP IMPACT:

OUTBREAK INVESTIGATIONS CONDUCTED



OVERALL ACHIEVEMENTS FROM THE PROGRAMS' PERSPECTIVE

-  Serving as epidemiologists within national public health systems or working as experts with international/ regional entities.
-  Engaging in critical public health interventions and programs within their respective countries.
-  Attending international conferences and contributing to research production.
-  Advancing through career development opportunities within the field of public health.
-  Conducting public health research to generate evidence and solve public health problems.



NOTABLE RECOGNITIONS

**Egypt (2022), Morocco and Pakistan (2019), and Iraq (2024)** have achieved accreditation from TEPHINET for their FETPs.

**FETP Pakistan** receives the CDC Directors Award for Excellence in Epidemiology and Public Health Response twice (in 2016 and 2020).

**Yemen FETP** receives CDC Award for Disease Control Management (2023).

WHAT THE RESEARCH DOCUMENTS

FETP graduates in the EMR were well engaged in many field epidemiology activities including managing public health surveillance systems, surveillance data analysis, training public health professionals, and investigations on and response to outbreaks.

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

This review showed the substantial positive impact of FETPs on trainees and graduates, highlighting significant competency enhancements across different program modalities. The findings demonstrate notable improvements in skills and knowledge, active engagement in FETP activities, and advancements in field epidemiological functions.

Evaluation of Field Epidemiology Training Programs: A Scoping Review

FETP graduates played a key role in actions responding to COVID-19 including developing preparedness plans, supporting and evaluating the surveillance system to identify the gaps and needs, assessing the needs in health facilities for isolation rooms, case investigations, points of entry/ arrivals screening and follow-up, quarantine and isolation protocols, transferring cases, risk communication, and training on infection control.

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

PHEP appears to be an effective program for improving the public health workforce's skills and practices in epidemiological competencies in the EMR. PHEP strengthened the engagement of the graduates in most field epidemiology activities, especially during COVID-19.

Evaluation of the Public Health Empowerment Program in the Eastern Mediterranean region

The evaluation underscores the program's success in advancing public health training in the EMR. Blended learning models prove promising for future FETP initiatives, contributing valuable insights to public health workforce development. Positive outcomes and identified challenges provide a roadmap for continuous improvement.

Evaluation of the Blended Public Health Empowerment Program-Basic Field Epidemiology in the Eastern Mediterranean Region



Bangladesh @EMPHNET





The Y-FETP achieved its objectives through building national epidemiologic capacities, providing decision-makers with evidence-based data, and increasing awareness about public health issues.

**Yemen Advanced Field Epidemiology Training Program: An Impact Evaluation, 2021**

The Yemen FETP has been instrumental for the MoPHP during the COVID-19 epidemic preparedness and response. Through its dedicated staff, graduates, residents and trainees, the Yemen FETP has led the response through the WHO nine pillars of COVID-19 preparedness and response.

**Field Epidemiology Training Program Response to COVID-19 During a Conflict: Experience From Yemen**

The study highlighted the importance of FETP engagement and support during public health crises. SFETP residents and graduates played diverse roles in the various levels of public health emergency response to the crisis. However, Strategies to improve the deployment and retention of FETP residents are necessary to ensure their availability during crises. Overall, FETP has proven to be an asset in public health crisis management in Sudan.

**The role of the Field Epidemiology Training Program in the public health emergency response: Sudan armed conflict 2023**

The J-FETP has contributed significantly to improvements in surveillance systems, control of infectious diseases, outbreak investigations, and availability of reliable morbidity and mortality data in Jordan. Moreover, the program has supported public health and epidemiology in the Eastern Mediterranean Region. Best practices of the J-FETP can be applied to FETPs throughout the world.

**Jordan Field Epidemiology Training Program: Critical Role in National and Regional Capacity Building**

**FETP IMPACT ON CAREER ADVANCEMENT**

According to a questionnaire conducted by EMPHNET, graduates of the region’s Field Epidemiology Training Programs (FETPs) perceive these programs as catalysts for career advancement, providing leadership opportunities, professional networking, and recognition. FETP has played a significant role in shaping graduates’ career trajectories, with many advancing to leadership positions within national ministries of health and international organizations. The findings indicate that FETP effectively equips participants for diverse and high-impact roles in public health.

The majority of graduates from the advanced, intermediate, and basic programs perceived a positive impact of FETP on enhancing their careers and professional growth in the following areas:

**Dimension of Improvement**

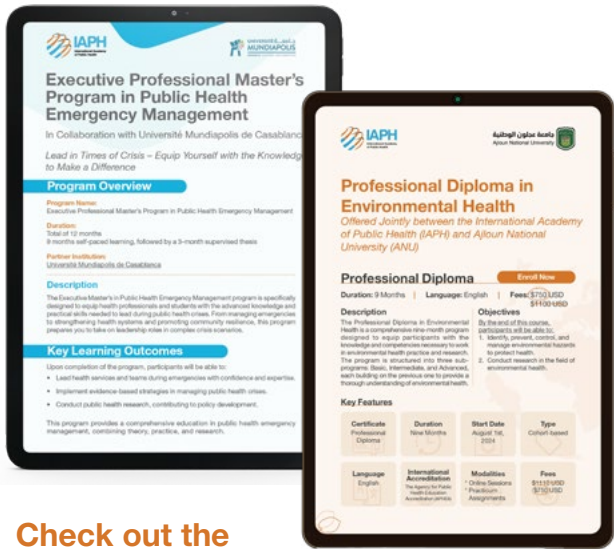
- Additional job responsibilities
- Better job opportunities
- Broadened scope of work
- Education and training opportunities
- Leadership and management opportunities
- Networking opportunities
- Professional advancement or promotion

**IAPH AS A MODEL OF PRACTICE-BASED RESIDENCY MODEL FOR PUBLIC HEALTH PROFESSIONALS**

In 2021, EMPHNET launched its academic arm, the International Academy of Public Health (IAPH) not as a mere addition to the number of public health educational institutions in the EMR, rather, as a unique entity in promoting a practice-led type of public health education based on a residency model. Its training programs and courses contrast with the conventional model of academic and theoretical education, which, though useful, is not in line with producing graduates with required competencies matching the current realities and challenges in the public health sector. IAPH offers diverse fields of study, programs, and courses that utilize learning methods and teach skills to be immediately applied in the field.

IAPH’s **39** experts in its scientific and specialty committees, overseeing program and course design and implementation, represent the global health community, with members from **Afghanistan, Algeria, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Sudan, Thailand, and Yemen.**

**1254+** professionals trained  
**52** courses/programs/diplomas available varying between self-paced and instructor led.



Check out the latest Professional Master’s and Diploma from IAPH

<https://bit.ly/3YqC1i8>



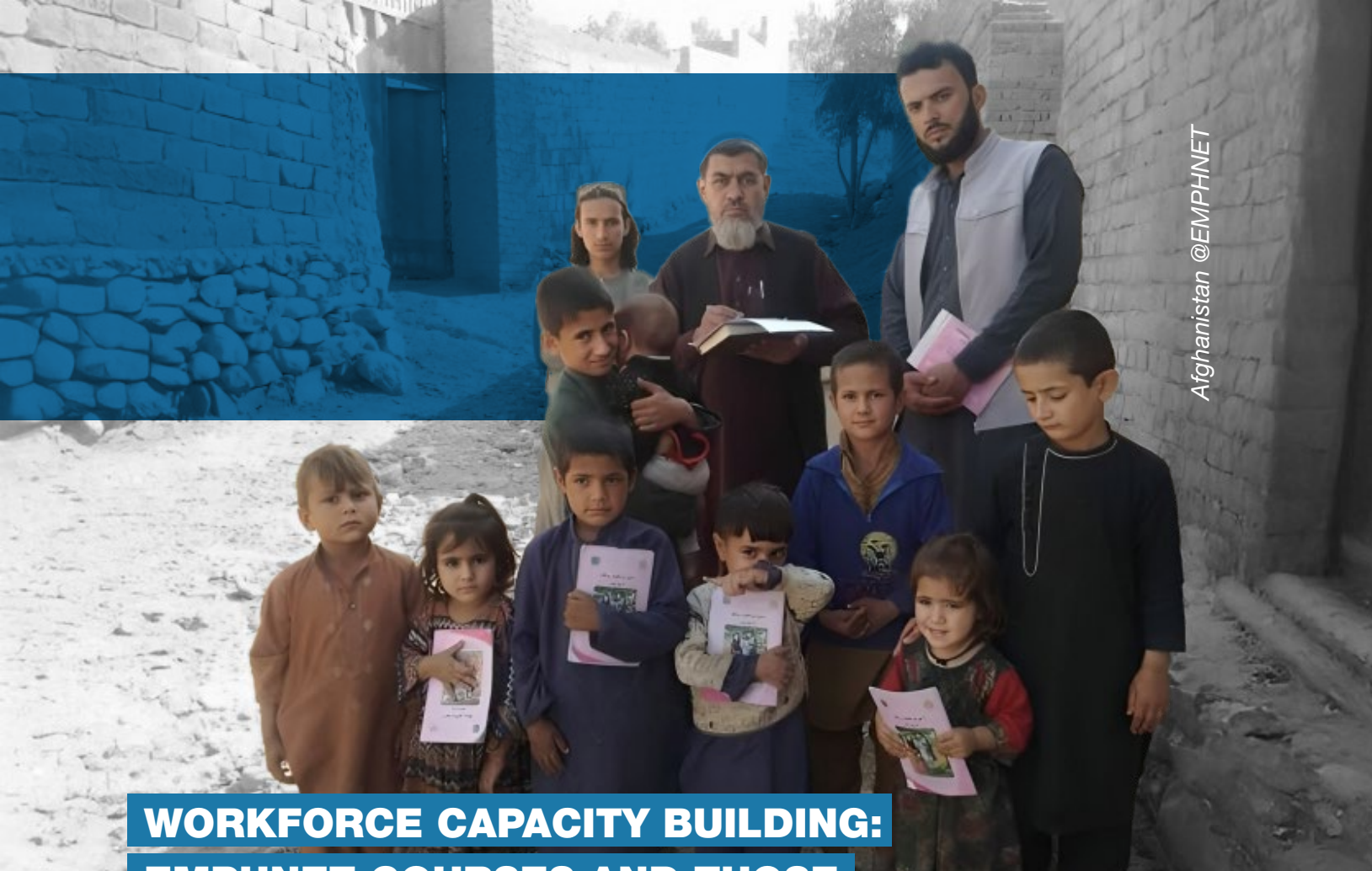
**IAPH’s accreditation stands as a testament to its sustained growth and commitment to excellence in public health education.**

Internationally Accredited and Recognized by



IAPH’s Learning Management System is also accredited by





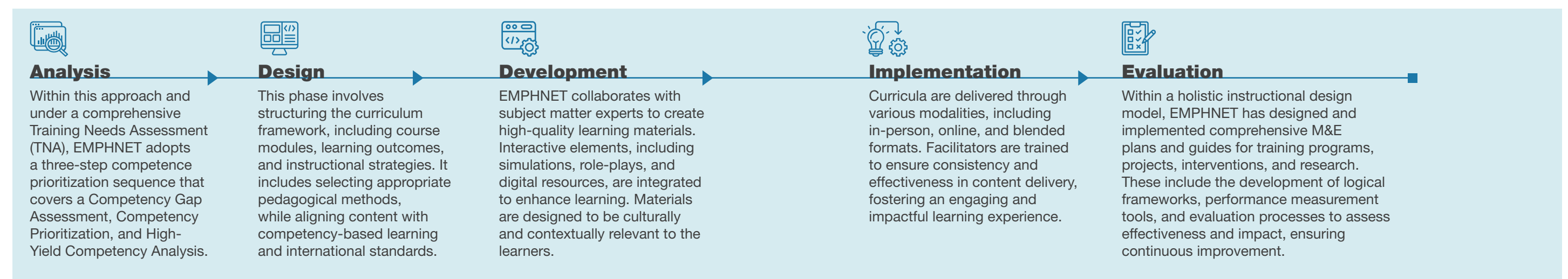
Afghanistan @EMPHNET

## WORKFORCE CAPACITY BUILDING: EMPHNET COURSES AND THOSE IMPLEMENTED BY OTHER ORGANIZATIONS

As specialists in curriculum development, EMPHNET planned, created, and delivered learning materials and experiences, both online and offline, in a way that made learning efficient, effective, and engaging.





## EMPHNET'S APPROACH TO CURRICULUM DESIGN

EMPHNET applies a systematic approach to curriculum design, ensuring that educational programs are responsive, evidence-based, and aligned with public health needs. This approach follows a structured framework, specifically the ADDIE model, which includes the following phases:



## EMPHNET E-LEARNING UNIT

EMPHNET set up its e-learning unit in the year 2022 to invest in the design and development of e-learning solutions tailored to the EMR and regions with similar health profiles. Through this unit, it is developing a diverse array of online courses, encompassing academic, professional development, and vocational training. These are hosted on its Learning Management System (LMS). Through its LMS, EMPHNET also offers services to organizations and networks interested in delivering impactful learning experiences.

-  **130+** self-paced learning hours hosted as online courses
-  **6** cohort based blended FETPs at both frontline and intermediate levels
-  **13** instructor-led case studies
-  **5000+** public health professionals in the EMR served by the EMPHNET LMS

## AREAS OF COURSES DEVELOPMENT

EMPHNET develops and delivers a wide range of high-quality training courses designed to build the capacity of the public health workforce in the region and beyond. These courses support self-paced, instructor-led, and blended learning formats, catering to professionals at various levels.

-  **Biosafety and Biosecurity**
-  **Routine Immunization Strengthening**
-  **Rapid Response Teams Training**
-  **Public Health Research**
-  **Field Epidemiology**
-  **One Health**







Gaza @EMPHNET

# RESEARCH AND POLICY

Since its establishment, EMPHNET has been dedicated to generating evidence through research and publications conducted in collaboration with its network of affiliated public health experts. The research produced is diverse, encompassing peer-reviewed literature, expert opinions, policy briefs, and other publications developed in collaboration with both academic and non-academic institutions. Additionally, EMPHNET provided opportunities for research dissemination, and it fostered relevant collaboration across various sectors.

## ACCELERATING RESEARCH PRODUCTION

### 150+ PEER REVIEWED PUBLICATIONS

Since its establishment, EMPHNET has been committed to advancing public health knowledge by contributing to peer-reviewed publications developed in partnership with regional experts. These publications address diverse and context-specific health priorities.

### TOPICS COVERED

- ▶ NCDs
- ▶ Surveillance
- ▶ Infectious Diseases
- ▶ Polio
- ▶ Emerging and Re-emerging Infections
- ▶ COVID-19
- ▶ Field Epidemiology
- ▶ Mass Gatherings
- ▶ Reproductive Health
- ▶ Mental Health
- ▶ Other topics

### ORIGINAL RESEARCH PUBLISHED

- ▶ Epidemiological
- ▶ Hospital-Based
- ▶ Cross-Sectional
- ▶ Case-Control
- ▶ Retrospective
- ▶ Analysis
- ▶ Descriptive
- ▶ Observational
- ▶ Systematic Review
- ▶ Scoping Review
- ▶ Interventional
- ▶ Case
- ▶ Study Protocol
- ▶ Prospective
- ▶ Cohort
- ▶ Impact Evaluation
- ▶ Analytical Review
- ▶ Bibliometric Analysis
- Editorial and Position Papers published as well*

### 50+ RESEARCH-BASED PROJECTS

EMPHNET has been committed to implementing research-based projects that address pressing public health challenges. These projects are designed to produce technical reports that provide actionable insights. In collaboration with regional experts, the projects span a range of health topics, and their outcomes contribute to the evidence base for informed decision-making in the region.

### TOPICS COVERED

- ▶ Primary Health Care
- ▶ NCDs
- ▶ Mental Health
- ▶ Infectious Diseases
- ▶ One Health
- ▶ Program Evaluations
- ▶ Surveillance
- ▶ Maternal and Child Health
- ▶ Immunization
- ▶ Mass Gatherings

### TYPE OF RESEARCH CONDUCTED

- ▶ Surveys and Assessments
- ▶ Evaluation Studies
- ▶ Applied and Implementation Research
- ▶ Laboratory Studies

### ENTITIES COLLABORATED WITH

- ▶ Universities
- ▶ Research Institutions
- ▶ International Organizations
- ▶ Non-governmental Organizations
- ▶ Private Sector
- ▶ Community Organizations





# BUILDING CAPACITIES IN RESEARCH

## BUILDING INDIVIDUAL RESEARCH CAPACITIES

- Conducting **10+** face-to-face scientific writing training workshops.
- 200+** professionals and FETP residents and graduates trained.
- Launching **6** self-paced courses available on EMPHNET's Learning Management System.
- Launching **+20** research-focused short courses, along with **3** programs and **2** fields of study, by the **International Academy of Public Health (IAPH)**.

Courses cover research methods, fundamentals of research, statistical software, biostatistics, stakeholder mapping, documentation and referencing, technology tools, and applied research.

Launching the **EMPHNET Electronic Library (EEL)** as a resource for researchers.

- 24** databases.
- 22** e-Journals.
- 28** e-books.

Launching multiple calls for Operational Research mini-grants focused on Polio and Immunization, NCDs, and COVID-19 response, and sponsoring **30+** mini-grant proposals.

Providing grants to support young researchers in **Afghanistan, Bangladesh, Iraq, Jordan, Morocco, Pakistan, Somalia, and Sudan** in operational and implementation research.

Extending beyond the training, with EMPHNET supporting **150+** articles covering:

- Case Studies
- COVID-19
- Field Epidemiology Training Programs (FETP)
- Infectious Diseases
- Mass Gatherings
- Noncommunicable Diseases (NCDs)
- Reproductive Health
- Surveillance

Supporting researchers from **9+** countries, including **Afghanistan, Egypt, Iraq, Jordan, Morocco, Pakistan, Saudi Arabia, Sudan, and Yemen**, along with regional studies.

## BUILDING TECHNICAL CAPACITIES IN IMPLEMENTATION AND OPERATIONAL RESEARCH

### ORGANIZATIONAL

EMPHNET launched the [Non-Communicable Disease Implementation Research toolkit](#) and a corresponding freely accessible online training program. The comprehensive toolkit and self-paced online training offer a structured approach to implementation research, helping users understand essential concepts and frameworks. It emphasizes the role of contextual factors in shaping the success of NCD interventions.

### INDIVIDUAL

EMPHNET supported mini-grants for operational and implementation research to strengthen the technical and research capacities of young researchers. By offering these grants, EMPHNET equips researchers with the tools and expertise needed to conduct impactful, field-based studies.

## IDENTIFYING RESEARCH PRIORITIES

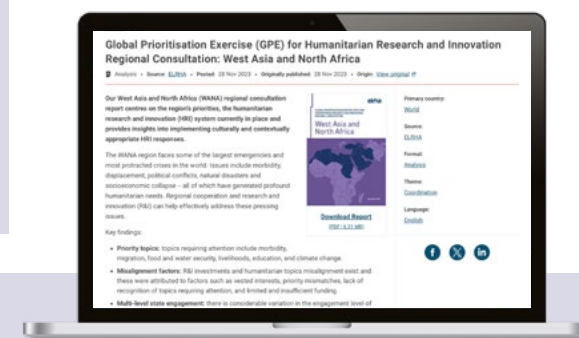
### GLOBAL LEVEL

EMPHNET supported a consortium from Deakin University and the American University of Beirut in regional and national consultations with diverse stakeholders to identify [humanitarian research and innovation priorities in West Asia and North Africa](#). As lead advisor for the prioritization exercises, EMPHNET provided guidance to consortium members and partners across all regions.

*The resulting recommendations called for strengthened coordination at national, regional, and global levels, guided by ethical frameworks, while emphasizing collaboration, knowledge exchange, and increased donor support.*

## FACILITATING PUBLIC HEALTH RESEARCH BY SUPPORTING ORGANIZATIONAL EFFORTS

EMPHNET facilitated the work of organizations conducting public health research by providing logistic support across countries, including **Jordan, Sudan, Lebanon, and Pakistan**, ensuring the smooth execution of studies in diverse national contexts.



### REGIONAL LEVEL

EMPHNET supported research initiatives aimed at identifying gaps in public health research within the region.

[Strengthening Public Health Research Capacity, Quality, and Productivity](#)

[Published Research on COVID-19 in the Eastern Mediterranean Region: A Bibliometric Analysis](#)

[Public Health Surveillance Systems in the Eastern Mediterranean Region: Bibliometric Analysis of Scientific Literature](#)



## STRENGTHENING SURVEILLANCE SYSTEMS

EMPHNET plays a key role in strengthening surveillance systems and health registries, recognizing them as vital sources of data for evidence-based research. By improving the accuracy and accessibility of these data systems, EMPHNET supports informed decision-making and enhances public health outcomes.

## KNOWLEDGE DISSEMINATION AND POLICY ADVOCACY

**8** EMPHNET Regional Conferences held where **1000+** abstracts were presented

Holding the **Regional COVID-19 Operational Research Symposium**, with **20** out of **80** submitted abstracts accepted and presented.

Holding the Regional Symposium on **Advancing Public Health Research: Showcasing FETP Projects and NCD-Focused Mini-grant Initiatives.**

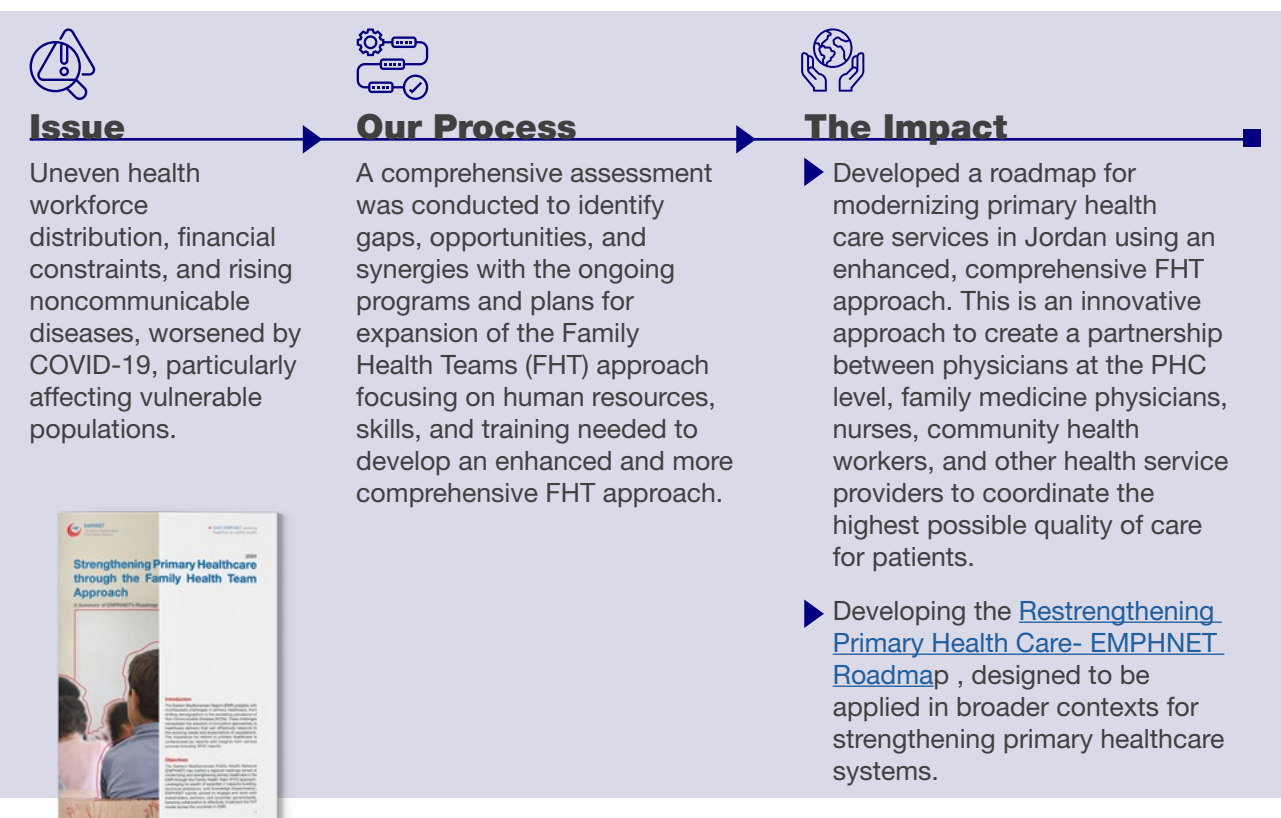
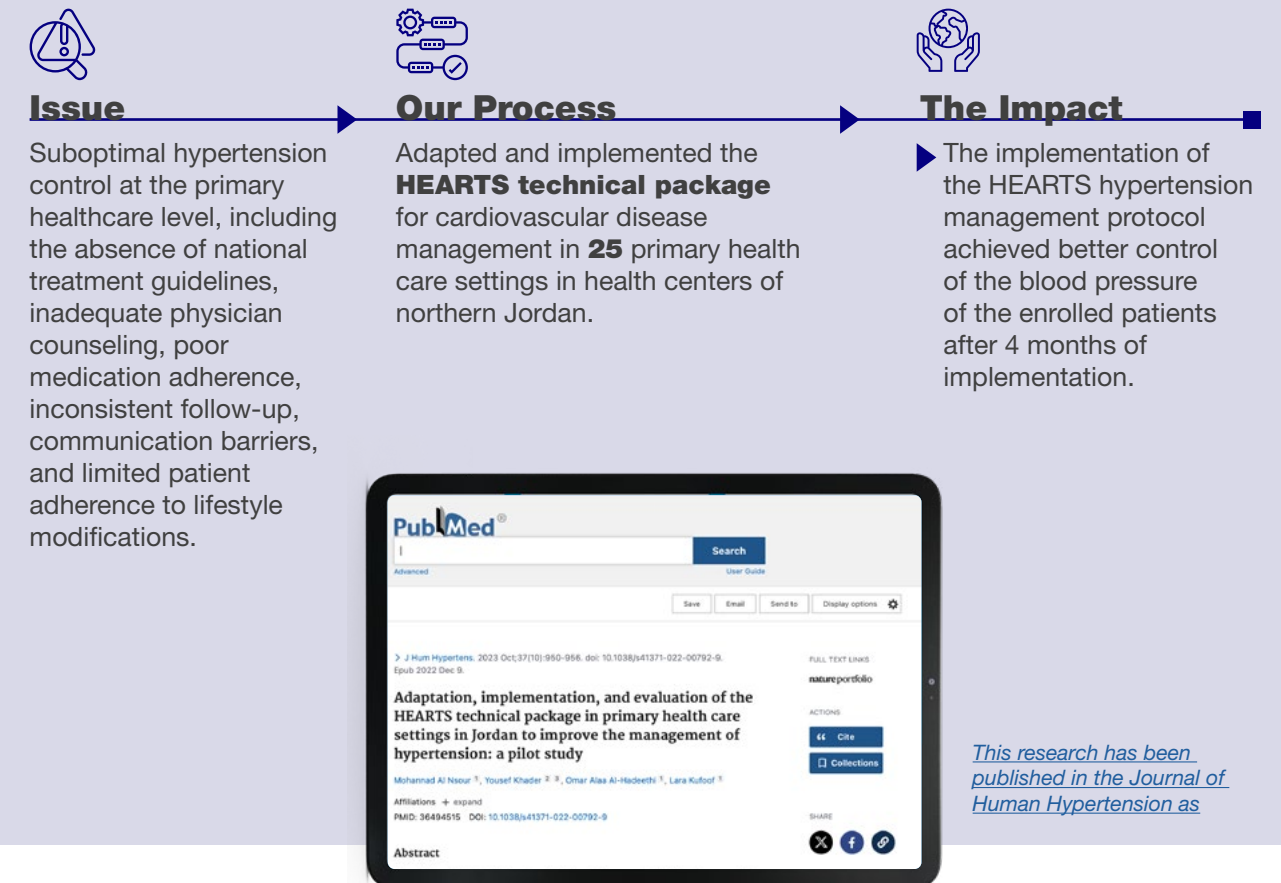


## ADDRESSING THE RESEARCH PRACTICE DISCONNECT THROUGH OPERATIONAL AND IMPLEMENTATION RESEARCH

EMPHNET has been leading high-quality implementation research (IR) and operational research (OR) in support of innovative solutions and cost-effective strategies to improve public health practice in the EMR. It is using IR to investigate the different factors affecting the use, uptake, and implementation of evidence-based public health interventions in real-life settings. It is also using OR to help in testing real scenarios of the implementation of programs and interventions. It is pioneering this effort alongside ministries of health, universities, research entities, and the private sector. To date, several projects have been completed, offering recommendations for better operations as well as alternative implementation of effective programs, strategies, and policies.


## EXAMPLES OF HARNESSING IMPLEMENTATION AND OPERATIONAL RESEARCH FOR REAL-WORLD IMPACT

### IMPLEMENTATION RESEARCH






OPERATIONAL RESEARCH




**Issue**

Limited data on HIV/AIDS and TB, widespread misconceptions fueling stigma, and challenges in disease burden assessment, underreporting and weak vital registration systems all remain key public health concerns in Jordan.




**Our Process**

Implemented operational research in Jordan in Amman, Irbid, Mafrqa, and Zarqa to understand the **knowledge, attitude, perception, satisfaction, and practices of TB and HIV interventions** in the country and to assess the **surveillance systems** for these diseases.




**The Impact**

- ▶ Recommended evidence-based results for interventions whereby Jordan's efforts can be directed to improve the National TB Program and KAP among care providers, patients with TB, and local communities.
- ▶ Provided evidence-based results for interventions to enhance HIV/AIDS-related KAP and to develop surveillance systems, healthcare providers' capacities, and screening, diagnosis, and management of HIV/AIDS.




**Issue**

Existing need to provide robust evidence regarding child and adolescent mental health situations to facilitate effective national policymaking in Jordan.



**Our Process**

A large-scale national school-based cross-sectional survey was conducted among children and adolescents in Jordan.



**The Impact**

Recommendations proposed adopting coordinated plans and programs to address multiple factors affecting children's and adolescents' mental health, while aligning with the prevailing culture.

DRIVING MULTI-SECTORAL COLLABORATION



UN Agencies



FETP Networks



Governments



Private Sector



Universities



Community-based organizations



Research Institutes



International Organizations



Zaatar @EMPHNET







Somalia @EMPHNET

## NETWORKING WITH OTHERS FOR COLLABORATIONS

EMPHNET is committed to network regionally and globally with Ministries of Health, regional, and international organizations as well as private sector and academic institutions to attract opportunities and partnerships that support investment in programs that support implementation of global, regional, and national health targets.

### EMPHNET is a member of the following network entities:

- ▶ Global Outbreak Alert and Response Network
- ▶ Public Health in the Arab World Network
- ▶ International Association of National Public Health Institutes
- ▶ The Global Alliance for Tobacco Control
- ▶ Global Field Epidemiology Partnership
- ▶ Epidemic Intelligence from Open Sources
- ▶ Pandemic Action Network
- ▶ Middle East, Eurasia, and Africa Influenza Stakeholders Network
- ▶ USAID/Monitoring, Evaluation and Learning (MEL) Activity
- ▶ AMR Multi-Stakeholder Partnership Platform
- ▶ Global Strategic Preparedness Support Network
- ▶ World Federation of Public Health Associations
- ▶ Global Health Council
- ▶ Regional Mental Health Coalition for Civil Society Organizations
- ▶ MENA HPV Coalition

# COMMUNICATION AND NETWORKING

EMPHNET works to strengthen capacities in the EMR for improved knowledge management. It creates avenues for the online and offline sharing of research findings, country-specific experiences, and diverse perspectives. It accelerates knowledge sharing through publication efforts and networking events like its biennial regional conference and its monthly webinars. It fosters knowledge exchange through its FETP Ambassadors Program and learning opportunities for young public health professionals and students through its Engage Internship Program. It prioritizes disseminating knowledge from the region on both regional and international platforms, and views this as an opportunity to provide insights from national researchers who have first-hand understanding of local challenges.

## EMPHNET, A NETWORK IN ITS OWN RIGHT

Over the years, EMPHNET has built a network of public health professionals and experts across the EMR to support program development and service delivery. Through this network, it has fostered communication and collaboration at inter-country, regional, and international levels, facilitating knowledge and experience sharing, identifying partnership opportunities, and strengthening coordination.



**8000+**  
FETP graduates



**1000**  
experts including

- Public Health Consultants and Researchers
- Laboratory Specialists
- Capacity Building Experts
- International and Regional Advisors
- Public Health Leaders



**15**  
FETPs across the EMR, as well as Bangladesh, facilitating cross-border collaboration in epidemiology, outbreak response, and disease surveillance



**A regional hub**  
that connects countries, experts, and stakeholders with international entities and inside the region



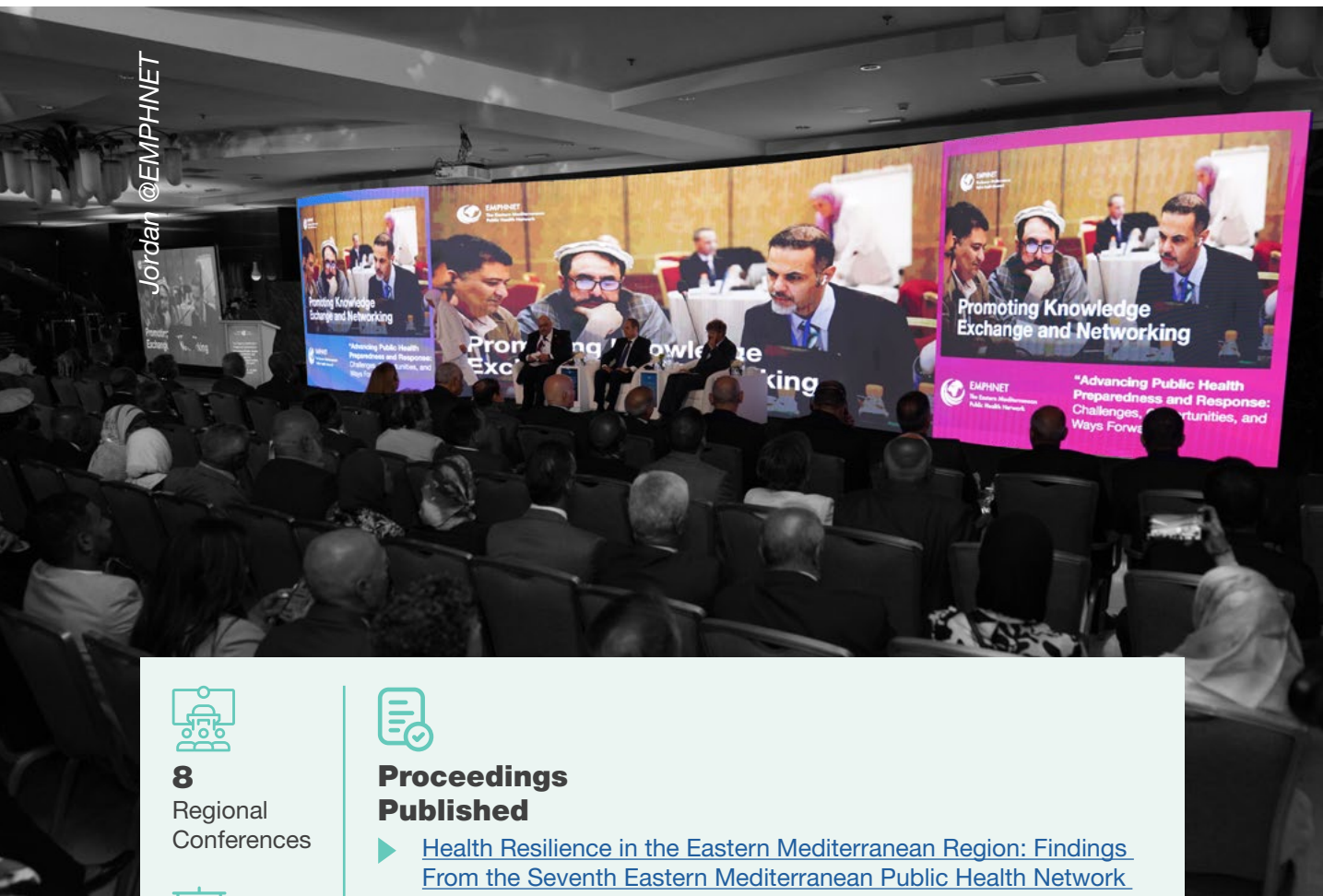
Jordan @EMPHNET





# THE EMPHNET REGIONAL CONFERENCE

EMPHNET’s biannual regional conference is an opportunity for public health professionals and field epidemiologists working in the EMR to exchange experience and be exposed to new ideas and perspectives. The event presents a platform to “showcase” achievements in research, outbreak investigations, assessments, and evaluations. In addition to public health networking, it provides the region with a special opportunity for demonstrating progress and innovation in applied epidemiology in several countries.



**8**  
Regional Conferences

**Proceedings Published**

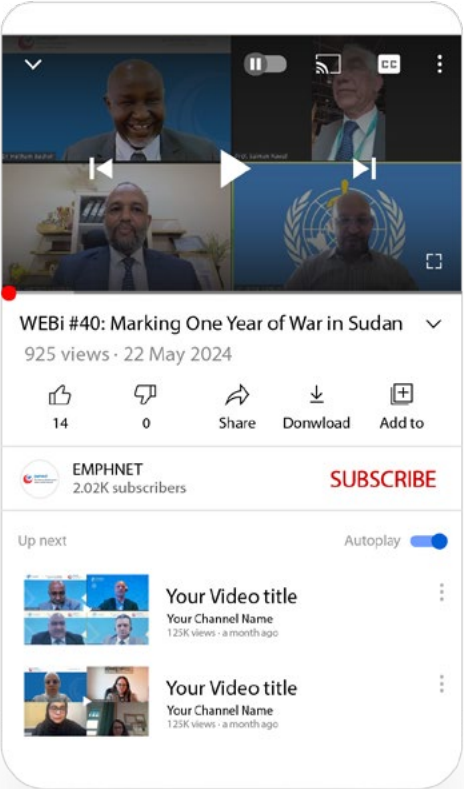
- ▶ [Health Resilience in the Eastern Mediterranean Region: Findings From the Seventh Eastern Mediterranean Public Health Network Regional Conference](#)
- ▶ [Sixth EMPHNET regional conference: innovative approaches to improve public health practice in the Eastern Mediterranean Region](#)
- ▶ [Networking for applied field epidemiology-Eastern Mediterranean Public Health Network \(EMPHNET\) Conference 2011](#)
- ▶ [Seventh TEPHINET Global Scientific Conference in Amman, Jordan, November 2012](#)
- ▶ [Highlights and conclusions from the Eastern Mediterranean Public Health Network \(EMPHNET\) conference 2011](#)

**800+**  
abstracts presented

**1600+**  
attendees

# EMPHNET WEBI SERIES

EMPHNET’s flagship series of webinars, “The EMPHNET WEBi Series” was launched on June 18, 2020.



**48**  
webinars

**6000+**  
attendees

**180**  
speakers

**11**  
webinar-based policy briefs

**80**  
experts facilitated

**10**  
topics

## SPECIAL EDITIONS OF THE EMPHNET WEBI SERIES

### Research-focused

- [Advancing Public Health Research and Showcasing FETP Projects and NCD-Focused Mini-grant Initiatives](#) (2024)
- [EMPHNET COVID-19 Operational Research Symposium](#) (2021)

### Advocacy for Emergencies

- [Hosting a special series under Navigating Challenges in Humanitarian Action: The Example of the Eastern Mediterranean Region](#) (2024)
- [International Campaign to Support the Health Sector in Sudan](#) (2024)



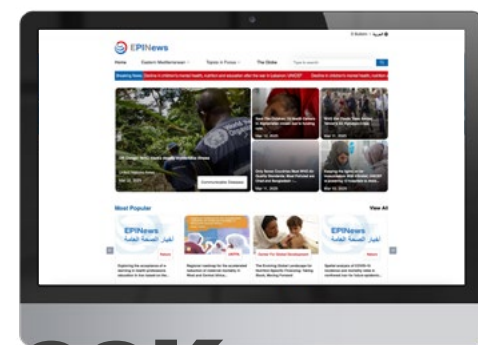


## EPINEWS

EpiNews was launched in 2023 as one of the few dedicated news aggregators focused on public health developments in the region. It curates timely updates on disease outbreaks, health policy changes, and epidemiological trends, providing valuable insights for health professionals and policymakers in the region. It serves as a valuable source for researchers, health reporters, the media, and anyone interested in public health issues across the EMR.

### TOTAL TOPICS COVERED ON EPINEWS

- Communicable Diseases
- Environmental Health
- Emergency Response
- Health Collaboration
- Non-communicable Diseases
- Digital Health & AI
- Outbreak Investigations
- Scientific Research
- COVID-19
- Emerging and Re-emerging Diseases
- Mental Health
- Maternal and Child Health
- Zoonotic Diseases
- Other



**38K**  
**ACTIVE USERS ON**  
**EPINEWS AS OF**  
**JULY 1, 2025**

## EMPHNET WEBSITE

The EMPHNET website functions as an essential resource hub on public health for the EMR and beyond. In addition to showcasing insights into the organization's impact on improving health outcomes in the region, it offers a wide array of tools and resources including training materials, research findings, and reports on key health issues



**70**  
Newsletters



**36**  
Bulletins



**10**  
Annual Reports

### EMPHNET'S WEBSITE IN SCIENTIFIC LITERATURE



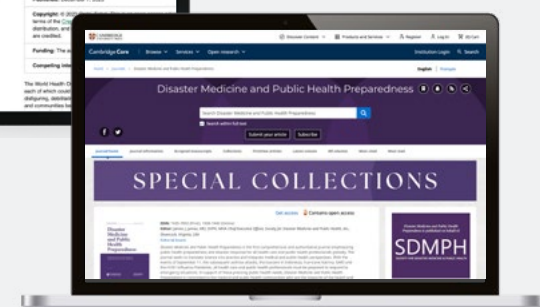
**Number of Publications Citing EMPHNET:**  
**10+** books, peer-reviewed articles, theses, and dissertations.



**Geographical Reach:**  
**22** countries.

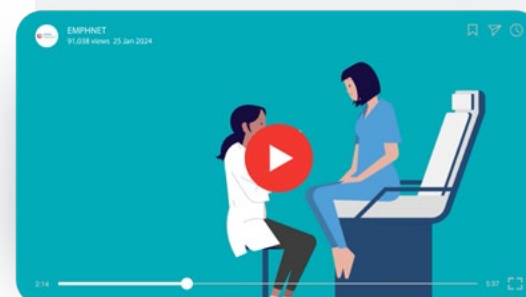
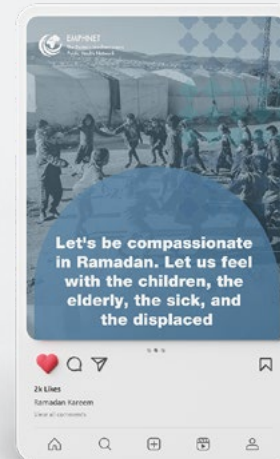
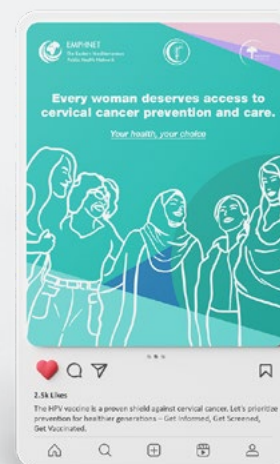


**Most Cited Topics:**  
Health Security, One Health, FETPs, Public Health Education, Immunization, Sexual and Reproductive Health.



## SOCIAL MEDIA

EMPHNET's social media platforms play a key role in advancing health promotion by providing timely, accessible information on public health initiatives and updates. These channels serve as a space to engage diverse audiences and raise awareness on positive health behavior.



**JOIN THE CONVERSATION**



## FETP AMBASSADORS PROGRAM

Launched in 2022, the FETP Ambassadors Program has been instrumental in increasing the visibility of FETPs across the region. The program recruits an Ambassador from each FETP who is responsible for showcasing the achievements of their respective country's program. Using a variety of communication channels, such as social media, newsletters, and scientific publications, Ambassadors promote the impact of FETPs, therefore fostering regional collaboration and sharing best practices.



**10**  
Currently, the program includes 10 ambassadors representing FETPs in **Bangladesh, Egypt, Iraq, Jordan, Morocco, Pakistan, Saudi Arabia, and Sudan.**







Palestine @EMPHNET

# PUBLIC HEALTH EMERGENCY MANAGEMENT

EMPHNET's comprehensive approach to emergency preparedness included building capacities for emergency preparedness and planning, strengthening public health management for mass gatherings, empowering rapid response teams (RRTs), and coordinating responses to major emergencies by facilitating the deployment of public health professionals. EMPHNET's contributions to public health emergency management have also been embedded within its broader focus areas. These contributions included conducting epidemiological and implementation research to inform decision-making, supporting FETPs and other public health workforce development initiatives, promoting health promotion and advocacy, and strengthening networks to enable knowledge sharing and regional cooperation.

## STRENGTHENING EMERGENCY MANAGEMENT CAPACITY: EMPHNET'S ROLE IN ADVANCING RAPID RESPONSE TEAMS (RRTS)

Recognizing RRTs' pivotal role as interdisciplinary and multisectoral teams providing services essential to public health emergency response, EMPHNET launched the Rapid Response Teams Initiative in 2012 through which it made substantial contributions to enhancing RRT capacities. EMPHNET trained thousands of responders from various EMR countries who were enabled with knowledge and skills to effectively manage emergencies both within their own countries and across borders during numerous outbreaks and other public health events.

### THE APPROACH TO RRT CAPACITY BUILDING

EMPHNET adopts a cascade training approach to strengthen RRT capacity across different levels, while ensuring teams are also prepared for immediate deployment in response to public health events.

- ▼ **Training of Master Trainers** at the national level.
- ▼ **Subnational Training** by master trainers.
- ▼ **Refresher Training** to reinforce knowledge and skills.
- ▼ **Training** delivered based on country need/request.

### RRTS IN ACTION



**1500+**

**RRT members trained** from Afghanistan, Egypt, Iraq, Lebanon, Libya, Jordan, Morocco, Oman, Pakistan, Palestine, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, UAE, Ukraine, and Yemen.



**80%**

of emergencies in relevant countries saw the mobilization of trained RRTs.






EMPHNET ensures customization of the RRT training curriculum to align with the specific context of each country. This customization ensures that the training is responsive to unique public health challenges and enhances the effectiveness of RRTs in managing public health emergencies.

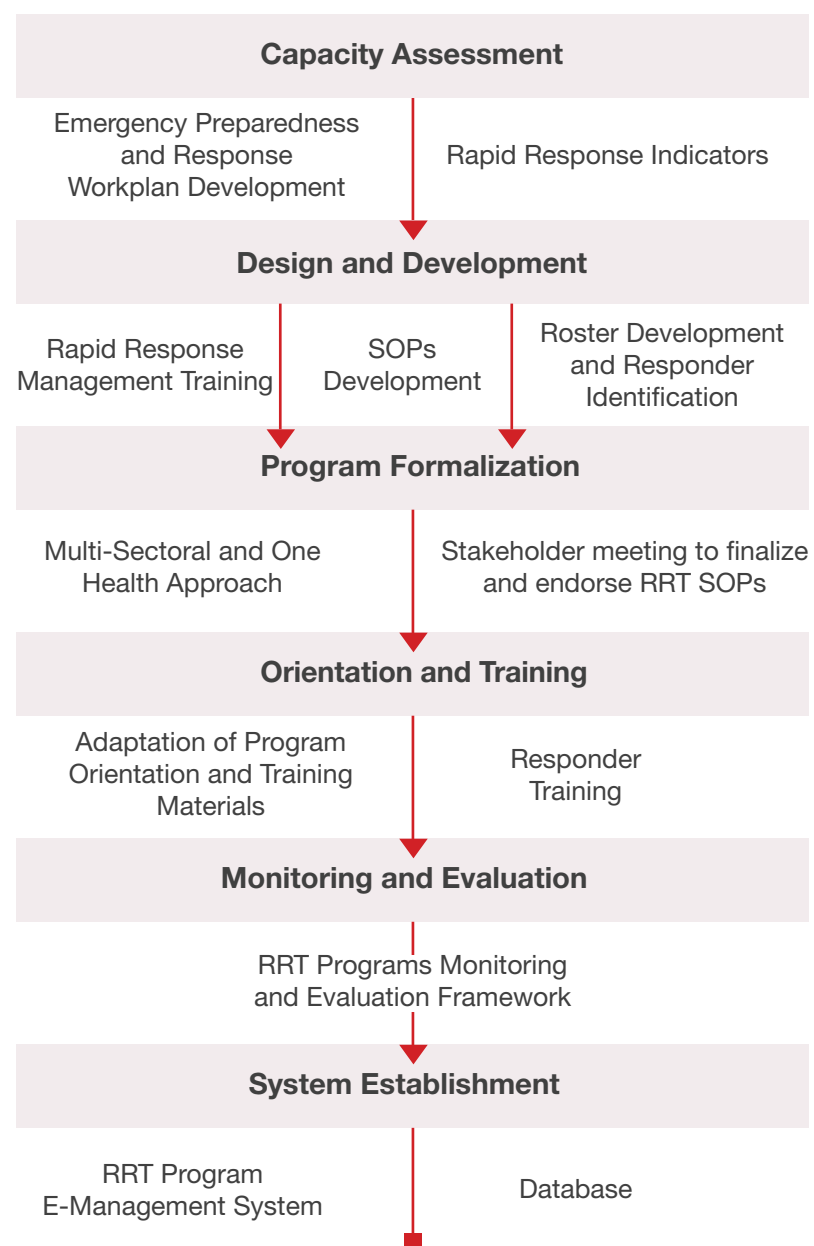
- ▶ **WASH Rapid Response Team (RRT) in Yemen** to combat cholera outbreaks.
- ▶ **RRT in Iraq** incorporating bioincidence components to address biorisk management issues.
- ▶ **RRT for COVID-19 Response** to combat the pandemic.
- ▶ **RRT in Sudan** integrating components of nutrition and environmental health to address respective challenges.
- ▶ **Customized All-Hazards RRT Training** tailored to country contexts in Egypt, Morocco, Jordan, Saudi Arabia, Tunisia, Iraq, and Pakistan.
- ▶ A customized form of RRTs to support Afghanistan, Somalia, and Yemen in **addressing polio and other vaccine-preventable disease outbreaks.**

*Examples of RRT training curricula customized to country context*

- ▶  RRT Management Systems established in **7 countries: Egypt, Iraq, Jordan, Morocco, Pakistan, Saudi Arabia, and Tunisia.**

Beyond building a roster of individual RRT members, EMPHNET has also addressed the need for more strategic RRT leadership and a more systematic approach for RRT building within the overall national emergency framework. Since 2019, EMPHNET has been actively supporting several countries in establishing and institutionalizing Public Health Rapid Response systems and programs within their public health emergency response frameworks. These efforts aim to ensure a systematic and standardized approach to forming and managing RRTs. It is guided by the “U.S. Centers for Disease Control and Prevention Staff for the Establishment and Management of Public Health Rapid Response Teams for Disease Outbreaks.”

## EMPHNET ADOPTS A STEPWISE APPROACH TO INSTITUTIONALIZING RRTS NATIONALLY

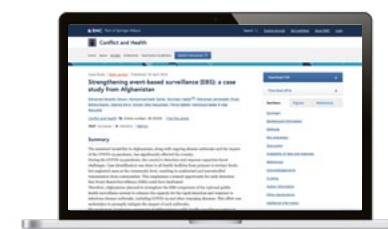


## ENHANCING AND EXPANDING DISEASE SURVEILLANCE CAPACITIES

### SUPPORTING EARLY WARNING AND RESPONSE THROUGH EVENT-BASED SURVEILLANCE (EBS) INTEGRATION

Over the past few years, EMPHNET has supported ministries of health in several EMR countries to enhance disease surveillance and Early Warning and Response (EWAR), particularly in Event-based surveillance (EBS). It is supporting ministries of health in targeted countries to adjust communicable disease surveillance systems to emergency situations and facilitate early reporting, detection, and, consequently, response. EMPHNET is also supporting investments in integrated disease surveillance (IDS) systems that incorporates EBS, to collect and analyze potential public health risks from sources outside routine surveillance systems.

EMPHNET's support is based on a deep understanding of country needs, derived from comprehensive assessments conducted in collaboration with national authorities and key stakeholders. Examples of such assessments that have been publicly released are presented in the published papers (to the right). These publications highlight areas requiring targeted support to strengthen early warning and response capacities, while also contributing to the global discourse on public health surveillance.



### LOCATIONS COVERED UNDER EBS IN TARGETED COUNTRIES



**Afghanistan: 7**  
provinces: Kabul (one zone), Herat, Kandahar, Nangarhar, Badakhshan, Balkh, and Bamiyan.



**Libya: 5**  
municipalities: Derna, Ghat, Musrata, Hay Alandalous and Soug Aljoma.



**Egypt: 10**  
governorates: Aswan, Damietta, Ismailia, Luxor, Matruh, Menoufia, New Valley, Red Sea, Sohag, and Suez.



**Morocco: 3**  
regions: Casablanca, Rabat, and Tangier.



**Oman: 2**  
governorates: Al Sharkia and Dakhelia.



**Lebanon: 7**  
governorates: Beirut, Mount Lebanon, Bekaa, Akkar, North, South, and Baalback.



**Sudan: 2**  
states: Khartoum and White Nile.

### EMPHNET ASPECTS OF SUPPORT FOR EBS IN TARGETED COUNTRIES

- ▶ **Development of technical documents:** EBS guidelines, SOPs, supervision checklists, and M&E tools.
- ▶ **Capacity building for EBS:** focal points, surveillance officers, and frontline personnel at subnational and community levels.
- ▶ **Supervisory visits conducted** and Monitoring of generated surveillance reports.

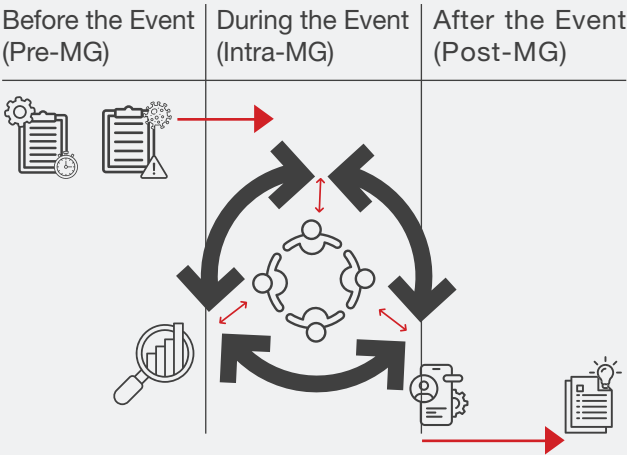




# REAL-TIME SURVEILLANCE OF INFECTIOUS DISEASES DURING THE ARBA'EEN MASS GATHERING IN IRAQ

Since 2016, EMPHNET has been supporting the Iraq Ministry of Health in strengthening preparedness and response capacities for the Arba'een Mass Gathering (MG). This collaboration has led to the development of an enhanced and effective real-time syndromic surveillance system, powered by mobile technology and linked to a centralized server where real-time data from all governorates is aggregated. This system has significantly improved preparedness and rapid response capabilities, enabling evidence-based decision-making to safeguard the health of communities participating in the gathering.

## The Three-Phase Operational Framework for Mass Gathering Events



Collaborative multi-sectorial involvement, functional C3 (Command, control, and communication) mechanisms, availability of financial, time, human, and other resources (i.e., conducive environment).

EMPHNET developed its Technical Guide titled “[Collaborative Public Health Interventions during MG Events in the Eastern Mediterranean Region](#)” to inform mass gathering interventions regionally based on its decade-long experience in Iraq.

# STRENGTHENING PUBLIC HEALTH EMERGENCY MANAGEMENT SYSTEMS

To strengthen governance, enhance institutional capacity, and promote evidence-based decision-making within governmental agencies, EMPHNET has led and supported the development of key strategic and operational documents that guide effective policy implementation and accountability mechanisms. Support was made to the development of policies, operational plans, accountability frameworks, assessment reports, and SOPs for governmental agencies.

EMPHNET has been strengthening Emergency Operations Centers (EOCs) by enhancing their operational capacities, promoting efficient information management systems, and fostering multi-sectoral coordination to improve public health emergency preparedness and response. This support stems from EMPHNET’s recognition of the vital role EOCs play in the effective mobilization of resources, management of information, and coordination and control of health-related emergency operations and activities.



**25** documents developed to support emergency systems.  
**83.3%** endorsed or operational.



- Jordan**
- ▶ Orienting governorate focal points on the Jordan EOC when it was established in 2014.
  - ▶ Promoting stakeholder engagement.
  - ▶ Conducting tabletop exercise on incident command system (ICS).



- Pakistan**
- ▶ Developing a Capacity Building and Enhancement Framework and the Capacity Building and Enhancement Plan.
  - ▶ Developing a training database to centralize records, manage, and track training at national and provincial levels, serving as a reference for deploying trained personnel in public health emergencies.
  - ▶ Building capacities of EOC national and provincial staff on ICMS and risk communication.



- Sudan**
- ▶ Initiating the Incident Command System.
  - ▶ Developing the Incident Action Plans.
  - ▶ Testing federal EOC system during real response operations.
  - ▶ Guiding and training emergency staff during response on the Incident Command System.





## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

For the last fifteen years, EMPHNET has capitalized on the potential of participatory emergency response, particularly in empowering community engagement in conflict-affected countries in the region. It supported national entities in expanding the community's role to encompass priority areas, including infectious disease surveillance and immunization services, in addition to the established areas to accommodate the growing needs, various access limitation, and insufficient funding facing public health emergency response.

Within RCCE, EMPHNET has also prioritized risk communication to inform communities of the dangers facing them and take necessary protective and preventive measures.

### Partnership for Accelerated COVID-19 Testing (PACT)

**Countries targeted**  
Egypt, Morocco, and Somalia.

**800** CHWs were trained under the PACT initiative on contact tracing, community awareness about COVID-19, and support for overall surveillance efforts.

### Gaza's EMPHNET Community Health Champion Program (ChampNet).

**300+** community health volunteers trained on essential skills and knowledge to support official public health response at the community level.

**203M** populations targeted.

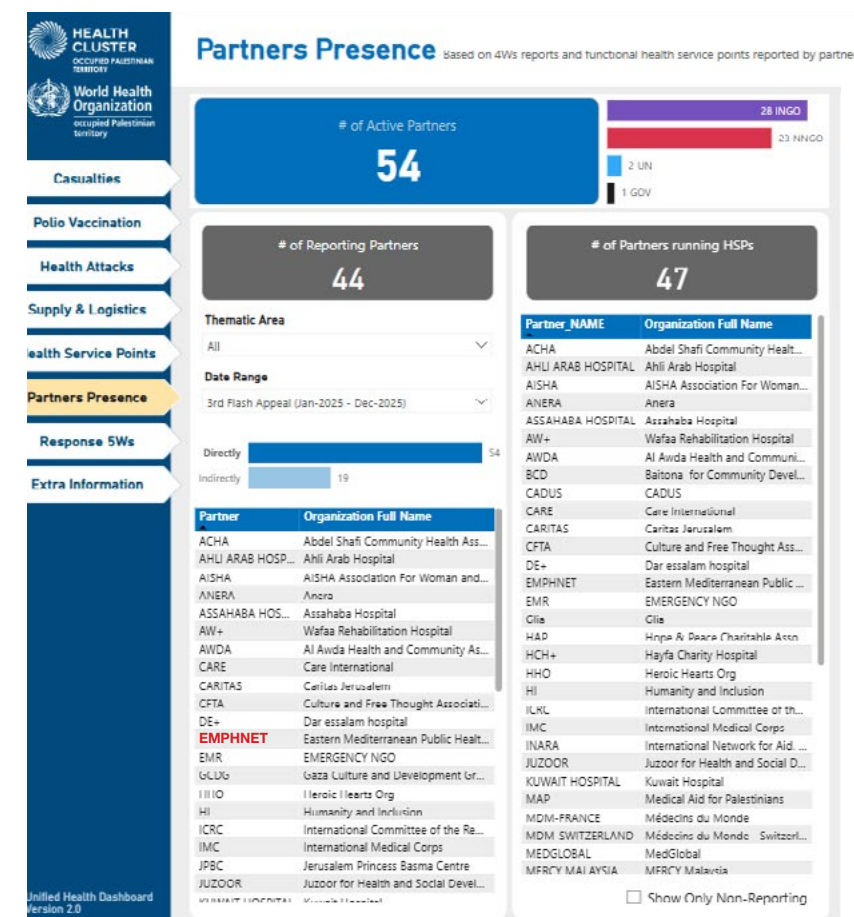
**180,000+** households visited during CHW field deployments.

→ Bolstering community-based surveillance reaching, vulnerable communities, conducting household visits, and identifying suspected COVID-19 cases.

→ **5000+** women, children, and adult men reached through awareness sessions conducted on health awareness, community mobilization, vaccination post campaign monitoring, addressing malnutrition, and counseling on breastfeeding.



Gaza @EMPHNET



EMPHNET's Contribution to the Gaza Health Cluster Response

**Volunteers for Vector Control (V4V)** in Kassala, Sudan to control mosquito populations through Larval Source Management and a unique model engaging household members to conduct indoor mosquito breeding control within their own homes.

**300** volunteers trained.

→ Volunteer-led indoor control **guidelines** developed.

**Digital reporting tool** developed to enable real-time data collection and communication.



Sudan @EMPHNET







## EMPHNET SUPPORTED REGIONAL COVID-19 RESPONSE EFFORTS, FOCUSING ON STRENGTHENING CAPACITIES, PROTECTING COMMUNITIES, AND ENSURING THE CONTINUITY OF ESSENTIAL HEALTH SERVICES

-  **Response for Vulnerable Communities**
-  **Maintaining Immunity Against Vaccine-Preventable Diseases**
-  **Sharing Experience and Exchanging Knowledge**
-  **Promoting Equity of Vaccine Distribution**
-  **Contributing to Health Systems' Resilience**
-  **Promoting Equity of COVID-19 Vaccine Distribution**

COVID-19 Response



## EMPHNET'S COLLABORATIVE NETWORKS AND STAKEHOLDER ENGAGEMENT FOR STRENGTHENING GLOBAL HEALTH PREPAREDNESS AND RESPONSE

- ▶ **Global Sustainable Preparedness Support Network (GSPN)**
- ▶ **RRT Global Network**
- ▶ **Global Outbreak and Response Network (GOARN)**
- ▶ **JEE Alliance**
- ▶ **COVID-19 Vaccines Global Access**
- ▶ **War, Conflict, and Health Alliance**

Stakeholder Engagement



© WHO/GOARN/Antoine Tardy

As part of its stakeholder engagement and advocacy efforts, EMPHNET has contributed to global initiatives aimed at strengthening public health emergency management, while creating attention for emergency needs at regional and broader levels.



**24+**  
emergency  
bulletins  
published



**5+**  
webinars  
conducted



**9**  
Joint External  
Evaluation (JEE)  
missions supported



Launching the **International Campaign to Support the Health Sector in Sudan** and the **Public Health Forum for Gaza**







Egypt @EMPHNET

# ROUTINE IMMUNIZATION AND POLIO ERADICATION

Since its establishment, EMPHNET has actively sought to support national immunization programs across all their components. The focus has been on empowering each component equally, rather than prioritizing one at the expense of others. Of course, prioritization was necessary for each country, tailored to its specific needs. This approach was based on thorough assessments and careful analysis of each country's situation.

## POLICY AND EVIDENCE-BASED DECISION MAKING

### STRENGTHENING THE GOVERNANCE AND FUNCTIONALITY OF NITAG

EMPHNET has supported National Immunization Technical Advisory Groups (NITAGs) in their role as independent bodies composed of technical experts providing evidence-based advice to ministries of health and immunization programs. This support strengthens NITAGs' capacity to inform immunization-related policies while also complementing the international efforts of the Strategic Advisory Group of Experts on Immunization (SAGE) and the regional work of the Regional Immunization Technical Advisory Groups (RITAGs).



Iraq @EMPHNET

### FORMS OF EMPHNET SUPPORT TO NITAGS



#### Planning

- ▶ Supporting the development of NITAG improvement plans for 6 countries: **Afghanistan, Iraq, Jordan, Libya, Morocco, Oman, Saudi Arabia, and Tunisia.**
- ▶ Monitoring progress of implementation of improvement plans.
- ▶ Issuing supporting SoPs, guides, other required templates to support implementation of improvement plans.



#### Capacity Building

- ▶ Conducting regional and country-level training workshops for NITAG members.
- ▶ Conducting country-level training workshops for **Iraq, Sudan, and Yemen.**

### THE WAY FORWARD FOR PERTUSSIS

EMPHNET and partners established a regional platform to enhance pertussis control through surveillance and maternal immunization, culminating in a published systematic review on infant disease burden and the impact of maternal vaccination in the Eastern Mediterranean.






# ACCELERATING RESEARCH FOR DECISION MAKING

EMPHNET supports research production for immunization by generating evidence that informs national policies and strategies. It facilitates research to address immunization challenges in targeted countries. The evidence produced is used to guide targeted interventions and improve program outcomes.


## ASSESSMENT OF COVID-19 VACCINATION UPTAKE AND PRIORITIZING INTERVENTIONS TO INCREASE ACCESS AND DEMAND FOR VACCINES



### Methods Used


Qualitative and quantitative data collection.

Social listening was used to assess the effect of rumors and misinformation on vaccine hesitancy.




### Countries

**5 targeted:** Jordan, Lebanon, Oman, Pakistan and Afghanistan.




### Results

The study uncovered significant challenges, including low vaccination rates among females, limited trust in the COVID-19 vaccine, accessibility issues, and a notable gap in dose administration.



### Outcome

**Pakistan** was selected to be targeted in demand generation activities, targeting young women and Female Health Workers (FHWs).



Results of the assessment informed an intervention implemented to increase vaccine confidence in Peshawar, Pakistan

### Population Targeted

Women (aged 18-24), including pregnant and lactating women (PLWs)

### Intervention Implemented

Trained **300** FHWs on improved advocacy and communication skills to combat vaccine hesitancy and increase vaccine acceptance among women.

Strengthened social support from **community leaders**.

### Outcome

Based on baseline (analyzing existing vaccination data, disaggregated by age and gender) and endline evaluations.

- Data from the Department of Health KP and Expanded Program on Immunization Management Information System (EPIMIS) highlighted improvements in both COVID-19 and routine Expanded Program on Immunization (EPI) vaccinations across **25** union councils (UCs)

Based on Key Informant Interviews (KIs) with stakeholders, including health workers and community influencers.


- Revealed enhanced knowledge and willingness to vaccinate, particularly among PLWs and females aged 18-24.
- Training of FHWs significantly improved their knowledge and attitudes towards COVID-19 vaccination and routine EPI, contributing to the overall success of the intervention.

Based on Monitoring Visits

- The effective conduct of advocacy sessions by trained health workers, leading to increased vaccination uptake in the community.



## RAPID ASSESSMENT ON PUBLIC-PRIVATE ENGAGEMENT IN AFGHANISTAN



### Methods Used

Qualitative and quantitative data collection.

Participatory method to see perspectives from all stakeholders.



### Target

**40** public and private health facilities in Paktya province where conflict makes access easier to private than public providers.



### Needs Identified

- The need to build capacities of both private and public providers.
- The need to strengthen project evaluation and monitoring.
- The need to enhance coordination mechanisms between provincial and national levels.
- The need for strengthened community role, citing the role of influencers, community elders, mass media, and community health workers.
- Specific needs related to logistics and equipment.



Results of the assessment informed the following intervention

The intervention was designed to address the absence of a private sector reporting system, underreporting, misalignment of immunization IEC materials with NEPI guidelines, and weak or non-existent supportive supervision and feedback mechanisms.

Conducted **6** regional training workshops on data quality, reporting, and early detection and notification for **90** private health facility staff who regularly provide immunization services.

Supported the development and distribution of IEC materials to all private health facilities involved in immunization services.

Supported provincial EPI teams to conduct **225** supportive supervision visits at the provincial level covering five provinces.





SUPPORTING OPERATIONAL RESEARCH IN PRIORITY AREAS

In 2019, EMPHNET launched the EMR Operational Research Studies Mini-grants opportunity targeting FETP residents and graduates and other public health professionals in priority EMR countries to build a knowledge base intended for improving national health systems in general and EPIs and COVID-19 response in particular.

Operational study proposals were accepted for this grant and were implemented with technical, logistic, and financial support from EMPHNET.

Operational Studies Selected and Awarded

- Sudan**  
Measles Immunization Status of Post-Chemotherapy Pediatric Cancer Survivors Attending the Follow up and Out-Patient Clinics of Alamal Tower.
- Morocco**  
Evaluation of the Moroccan National Immunization Technical Advisory Group.
- Iraq**  
Assessment of Immunization Session Practices in Primary Healthcare Centers- Baghdad Province, Iraq, 2019.
- Pakistan**  
Assessment of personal protective equipment (PPE) related SARS-COV 2 infection among the health care workers in COVID-19 isolation wards of major hospitals in District Peshawar, Khyber Pakthunkhwa Province, Pakistan.
- Sudan**  
Evaluation of Multisectoral Approach for COVID-19 Pandemic in Sudan: Structure, Management processes, Outcome, and lessons learnt.
- Somalia**  
Evaluating the Impact of COVID-19 in Somalia: Perspective from Health Professionals and Displaced Populations.

EMPHNET also conducted various forms of research to produce reports and published peer-reviewed papers to provide valuable insights.

Research Type Conducted

- Interventions Evaluations
- Serosurveys
- KAP Studies
- Secondary Data Analysis
- Surveillance Evaluations



STRENGTHENING SURVEILLANCE: ENSURING DATA IS AVAILABLE FOR ACTION

EMPHNET has been supporting surveillance systems through strengthening data collection, analysis, and reporting mechanisms. This support enables countries to improve vaccine delivery and respond more effectively to outbreaks, EMPHNET also worked to strengthen the integration of surveillance data into decision-making in order to improve immunization coverage on the ground.

STRENGTHENING CONGENITAL RUBELLA SYNDROME (CRS) SURVEILLANCE SYSTEMS IN AFGHANISTAN AND EGYPT

EXPANDING CRS SURVEILLANCE IN AFGHANISTAN

Through a prospective CRS surveillance study conducted at three sentinel hospitals in 2018, EMPHNET supported the initiation of a CRS surveillance system across the country.

EMPHNET SUPPORT

- Capacity building for doctors and surveillance officers on case detection, quality of samples, sample collection and transportation, testing procedures and proper storage and use of the Rubella reagents.
- Conducting Supervisory Visits
- Supporting the data collection, processing, cleaning and analysis.

CRS surveillance was expanded to all 7 provinces in Afghanistan.

ESTABLISHING CRS SURVEILLANCE IN EGYPT

In 2017, EMPHNET assisted Egypt MoHP in establishing a CRS surveillance system.

EMPHNET Support for Establishing CRS Surveillance in Egypt

- Identifying ten sentinel surveillance sites.
- Developing CRS surveillance guideline.
- Reviewing the guidelines, TORs, and procedures.
- Preoperating of the surveillance system that included training clinical staff on surveillance, training of sentinel site and lab staff, conducting sensitization orientation and site advocacy visits.

CRS SURVEILLANCE PROGRAM IN EGYPT ACTIVITIES

- Identification and reporting of all CRS suspected cases.
- Case investigations.
- Keeping a record of storage and shipment of specimens; laboratory testing and confirmation.
- Final case classification.
- Return of results and CRS cases' follow up.

Outcome

Perform early treatment and intervention for identified cases and prevent transmission and outbreaks.





## STRENGTHENING AFP SURVEILLANCE

Since 2017, EMPHNET has partnered with ministries of health to enhance the surveillance of acute flaccid paralysis (AFP), measles, and other vaccine-preventable diseases (VPDs) across various countries. Intensive capacity-building efforts targeting surveillance officers have contributed to strengthening surveillance systems and improving performance in key AFP surveillance indicators.

### MOROCCO

#### 2017

**37** master trainers trained in a ToT on AFP and VPDs surveillance.

**263** participants from **78** provinces from **12** regions (Fes-Meknes, Draa-Tafilalet, Marrakech, Beni Mellal Khenifra, Souss-Massa and Guelmim, Tanger-Asial, Laayoune- Saket El Hamra, Oriental, Rabat, Casablanca- Settat and Dakhla Oud Ed- Dahab) trained in sub-national training.

» The Non-Polio AFP rate (NPAFP) per **100000** population below the age of **15** reached the regional standard of **2.1** in 2019 in comparison with **1.3** and **0.73** in 2017 and 2015, respectively.

#### 2018

» These gains have been reinforced with continuous capacity building efforts for **51** AFP/VPD Surveillance focal points and **40** FETP graduates to support the AFP surveillance.

### IRAQ

#### 2021 - 2022

**20** participants trained in a ToT Workshop on AFP surveillance.

**153** technical officers trained in cascade training sessions at the district level.

» **53** detailed epidemiological investigations of Hot AFP & **0** dose cases conducted.

**53** immunization coverage surveys conducted.

### EMPHNET SUPPORTED SURVEILLANCE REVIEWS IN COLLABORATION WITH PARTNERS AND STAKEHOLDERS

 IRAQ  
2022

 MOROCCO  
2021

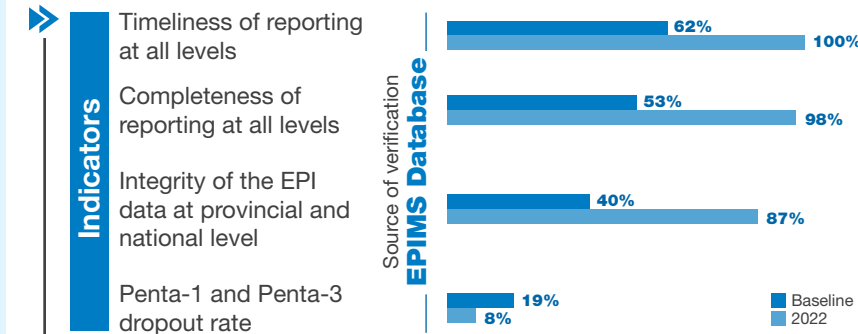
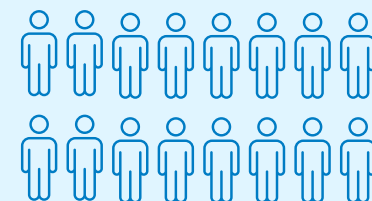
EMPHNET regularly supports internal and external surveillance reviews in collaboration with partners and stakeholders to strengthen regional disease monitoring, inform public health strategies, and guide evidence-based decision-making.

## IMPROVING DATA QUALITY FOR EFFECTIVE IMMUNIZATION PROGRAMS

### AFGHANISTAN

EMPHNET recognizes that data quality is the cornerstone of a successful immunization program, and for the past six years it has provided significant support to MoPH in Afghanistan to improve the quality of EPI data. This support has included one for the development of an access-based EPI database, the integration of the EPI database with the Health Information Management and Information System (HIMIS) database, and the recent transition from an offline to an online database to enhance real-time data access and analysis. EMPHNET has also conducted comprehensive data management and data usage training sessions for all sub-national EPI workers, equipping them with the necessary skills to effectively manage and utilize immunization data at the local level. These initiatives have significantly strengthened the data infrastructure and its utilization for better decision-making in immunization programs across the country.

**674** trained participants from the south, southeast, north, west, and northeast regions.



Afghanistan @EMPHNET

### SUDAN

Efforts have been made to enhance the accuracy and improvement of routine immunization data at the subnational level in Sudan.

- » State review meetings conducted for **18** states.
- » Field visits were conducted to **600** health facilities.





## EPI WORKFORCE DEVELOPMENT

EMPHNET spearheaded training initiatives to build EPI workforce capacity in targeted countries, particularly addressing unique contextual challenges. EMPHNET focused on equipping immunization workers with the necessary skills to reach underserved populations, including those in security-compromised areas, refugee camps, and Internally Displaced Person (IDP) camps. One example is the design and implementation of the Public Health Empowerment Program-Surveillance for Polio Officers (PHEP-SPO) in Sudan and Yemen. EMPHNET also supported training in specific topics, such as AFP surveillance, to enhance early detection capacities. Additionally, it integrated supportive supervision into its initiatives to ensure that health workers receive guidance, voice concerns, and maintain professional communication channels.

### EMPHNET'S APPROACH TO WORKFORCE CAPACITY BUILDING

- ▶ Conducting EPI Manager Meetings
- ▶ Carrying out Training Needs Assessments (TNAs)
- ▶ Identifying Gaps
- ▶ Implementing Capacity-Building Activities
- ▶ Providing Supportive Supervision
- ▶ Holding Review Meetings with MoH and other stakeholders

Workforce Capacity Building Approach

### SPECIALIZED TRAINING PROGRAMS: LAUNCHING THE PUBLIC HEALTH EMPOWERMENT PROGRAM-SURVEILLANCE FOR POLIO OFFICERS (PHEP-SPO)

The Public Health Empowerment Program-Surveillance for Polio Officers (PHEP-SPO) was created as a special version of the Public Health Empowerment Program (PHEP). It was customized for polio and immunization surveillance officers and was developed to empower the EPI workforce with skills in public health surveillance, management, and leadership.



Palestine @EMPHNET

### THE PUBLIC HEALTH EMPOWERMENT PROGRAM-SURVEILLANCE FOR POLIO OFFICERS (PHEP-SPO)

SUDAN YEMEN

**Participants:** Polio surveillance officers.

**Focus:** Auditing and reviewing routine immunization data, active case finding, supportive supervision, and community mobilization.

**Outcome:** 7 cohorts in Sudan and 3 in Yemen.

**Impact:** For its implementation between 2017 and 2019, an independent evaluation revealed the following positive aspects of the program, as per trainee and stakeholder perceptions

- ▶ Knowledge and skills improvement.
- ▶ Localization and conversion of theory into practice.
- ▶ Flexibility allowing for participation from several localities.
- ▶ Well-developed and structured to cover important elements.

### EMPHNET EXPANDED THE IMPLEMENTATION OF PHEP-SPO IN MORE COUNTRIES IN THE REGION

LEBANON 2022

2 cohorts

25 graduates

AFGHANISTAN 2024

1 cohort

30 participants



Lebanon @EMPHNET

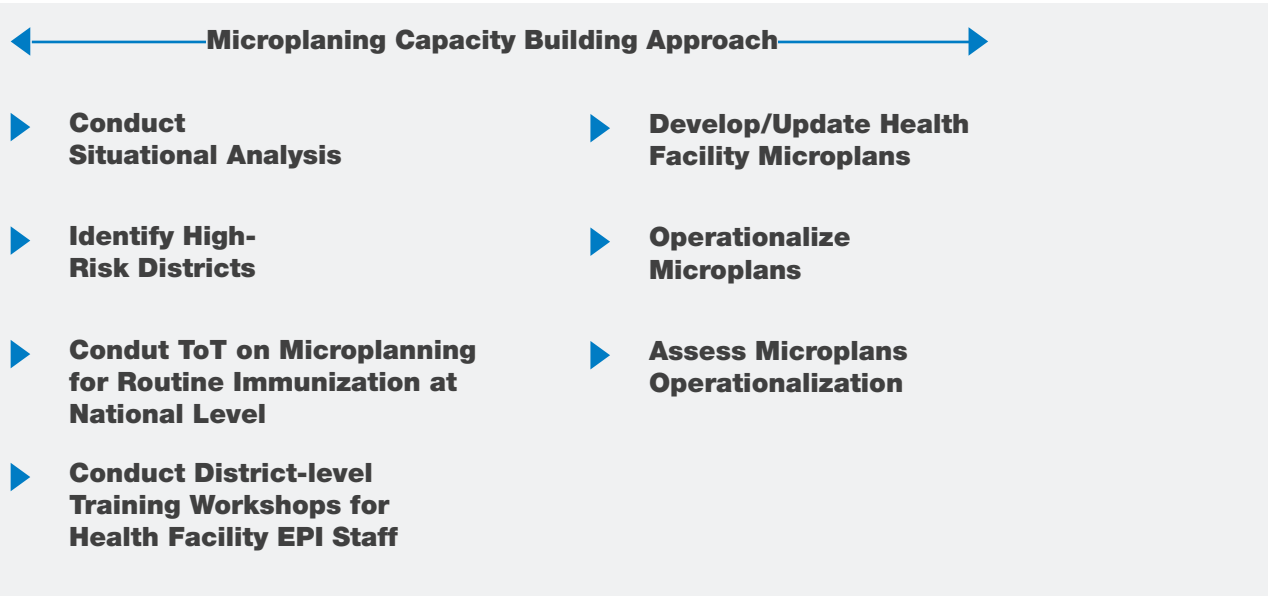




MICROPLANNING

Since 2016, EMPHNET has been a key contributor to improved routine immunization (RI) microplanning in several countries across the EMR. An initial collaboration with immunization programs in this area was first implemented in Jordan at a modest scale and was then expanded to Iraq. More successful implementation followed in more at-risk countries, where EMPHNET supported investments in microplanning to improve coverage among hard-to-reach communities.

EMPHNET’S APPROACH TO SUPPORTING CAPACITY BUILDING FOR MICROPLANS DEVELOPMENT



HIGHLIGHTS

**IRAQ**  
2016-2019

**1,340** EPI staff trained at the district level from the country’s **18** provinces.

**JORDAN**  
2017

**25** participants from **12** governorates.

**11** training workshops for **244** EPI staff at health facilities.

**SUDAN**  
2021 - 2023

Geographical Expanse: **188** localities in **18** states.

**415** immunization officers trained in a ToT workshop.

**18** states developed respective microplans.

**500+** EPI district officers were targeted for review meetings.

**YEMEN**  
2022

**20** EPI staff trained in a ToT Workshop.

**600+** participants trained in the cascade training.

**SOMALIA**  
2022

**25** EPI state officers trained in a ToT Workshop.

**60** participants at health facility level workshops from Galmudug and Jubaland provinces.

One compiled microplan for **4** prioritized districts in Galmudug and another for **4** prioritized districts in Jubaland.

**50** EPI officers received training on a revised validation tool and used it to assess **16** health facilities.

**PAKISTAN**  
2021 - 2022

**101** EPI staff and Lady Health Workers trained in a ToT workshop in Balochistan and Khyber Pakhtunkhawa.

**3,700+** vaccine providers trained in the district-level targeting **79** districts.

Micro plans developed for targeted health facilities.

Experience shared on the engagement of Lady Health Workers and policy recommendations generated.





POLIO ASSETS  
TRANSITIONING

In Egypt and Iraq, EMPHNET supported ministries of health in optimizing utilization of national polio program assets to strengthen immunization efforts and address challenges in areas with low immunization coverage, particularly concerning measles and other VPDs. With a focus on AFP and fever and rash surveillance, this collaboration also sought to enhance the sustainability of polio essential functions and performance indicators in the targeted governorates.

EGYPT

2017-2019

**Governorates:** Matrouh, Red Sea and Aswan.

**183** EPI staff and **126** community focal points (CFPs) trained to benefit from polio assets activities in measles elimination.

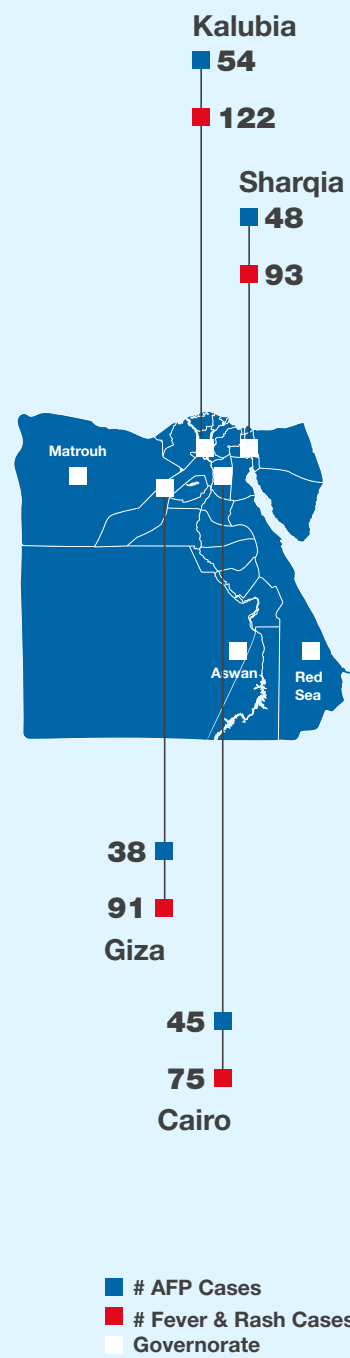
**1032** health workers trained to enhance surveillance for AFP and fever & rash cases in all districts.

**474** CFPs highlighted the importance of vaccination for children and the importance of reporting VPDs particularly AFP and fever and rash cases.

Community leaders conducted **12** awareness sessions in mosques, community centers and schools.

limited-scale, active case search and vaccination coverage surveys conducted for AFP cases to include fever and rash cases conducted by CFPs and HCWs from the three-targeted governorates. The percentage of the reported AFP cases by CFPs was **2.9%** between January and December 2018 and **21%** during the period between January and June 2019.

AFP and Fever and Rash Cases reported in Egypt between January – June 2021



2020-2021

**Governorates:** Cairo, Giza, Sharqia, and Kalubia with a focus on high population density governorates, and slums.

**214** EPI staff trained in ToT training workshops for governorate teams.

**489** surveillance officers trained and **460** community focal persons trained in district-level cascade trainings.

Micro surveys for AFP and Fever and Rash cases conducted.



Egypt ©EMPHNET

IRAQ

2020

**Provinces:** Baghdad Al-Kerkh, Baghdad Rasafa, Anbar, and Ninewa.

**119** EPI and communicable disease surveillance focal points trained in ToT workshops.

**35** district-level training workshops conducted for **406** participants.

**30** coverage micro surveys conducted on fever and rash cases.

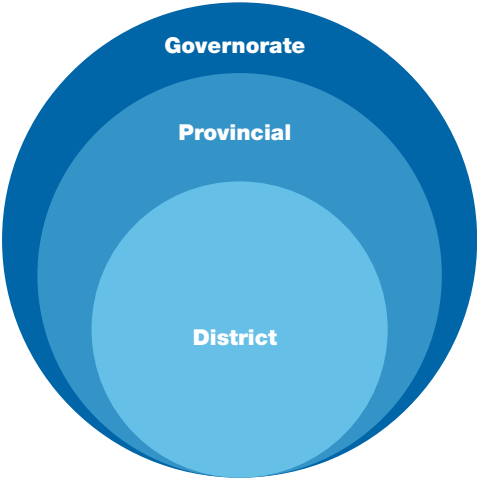
**30%** of surveyed children were either unvaccinated or did not complete their vaccination, with rates ranging from 18% in Ninewa to 38.6% in Baghdad Al-Kerkh.



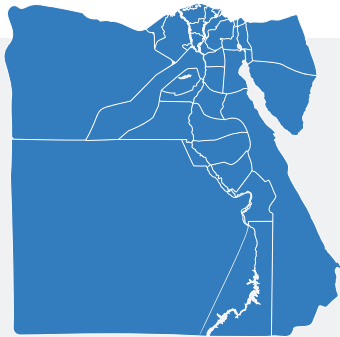


# BUILDING CAPACITIES FOR IMPROVED PERIPHERAL SERVICE DELIVERY

As part of its support for EPI workforce development, EMPHNET conducted training needs assessments to identify gaps across countries, with a focus on the district level. Findings guided targeted capacity-building efforts, including tailored workshops and on-the-ground support to strengthen peripheral service delivery.



## EGYPT



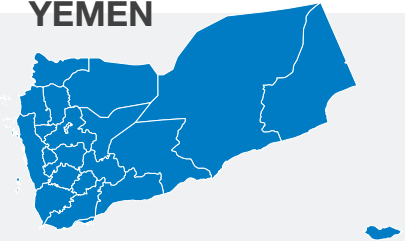
■ 2016  
**Topic** Variety of EPI Components (Routine immunization, vaccine handling and cold chain, preparing for vaccination sessions, safe injection in vaccination, registration, record keeping and surveillance).  
**30** master trainers trained in a ToT workshop.  
**5579** frontline health workers trained from **175** districts in **18** governorates.

■ 2021  
**Topic** VPDs Surveillance.  
**60** EPI staff trained in a ToT Workshop.  
**29** districts targeted in 3 governorates (Al Fayoum, Al Menia, and Assuit).  
**58** immunization and surveillance officers trained.  
**649** health units' staff targeted.

■ 2022  
**Topic** Improving Performance of the Immunization Program.  
  
**4187 EPI staff trained**  
  
**8 Governorates:** Cairo, Damiatta, Ismailia, Suez, Beheira, Port Said, Al Dakahlia and Algharbia.

■ 2022  
**Topic** VPDs Surveillance  
  
**≈7200** EPI and surveillance staff trained from districts and health centers.  
  
**Governorates**  
Alexandria, Kafr El Shikh, Giza, Qena, Luxor, Aswan, Cairo, Damiatta, Ismailia, Suez, Beheira, Port Said, Al Dakahlia and Algharbia.

## YEMEN



■ 2016  
**Topic** RI Refresher Training.  
Low-coverage districts in **9** governorates targeted.  
**329** vaccinators and health workers trained.

■ 2017  
**Topic** AFP surveillance in high-risk districts.  
**18** officers from central and **12** governorate levels trained.

## AFGHANISTAN



■ 2021  
**Topic** COVID-19 Infection Prevention and Control.  
  
**3** provinces targeted (Nangarhar, Laghman, and Parwan).  
  
**22** health workers trained at the national level in a ToT workshop.  
  
**297** vaccinators trained at roll-out provincial training.

■ 2023  
**Topic** incentivizing EPI staff.  
  
A national incentivization workshop for **51** EPI managers, supervisors and provincial team members from **34** provinces on Standard Operating Procedures (SOPs) and implementation guidelines for an incentivization process.

■ 2023  
**Topic** interpersonal communication for immunization.  
  
**5** provinces targeted: Paktya, Paktika, Khost, Parwan, and Nangarhar.  
  
**382** vaccinators trained, out of whom where **85** female vaccinators.

## IRAQ



■ 2021-2023  
**Topic** immunization in practice (IIP) and interpersonal communication.  
  
**14** provinces targeted (previously received microplanning training in the last two years) Baghdad Al-kerkh, Karbala, Wasit, Diyala, Misan, Kirkuk, Thi-Qar, Muthana, Babel, Diwaneya, Najaf, Ninewa, Basra, and Baghdad Rasafa.  
  
**35** EPI managers trained in a ToT workshop.  
  
**123** district-level training workshops conducted for  
  
**2690** EPI focal points and vaccinators.

■ 2021  
**Topic** enhancing vaccination delivery: standardizing procedures to prevent programmatic errors and adverse events following immunization (AEFI).  
  
**2** Governorates targeted: Thi Qar and Kerbala.  
  
**659** vaccinators and supervisors trained.

■ 2023-2024  
**Topic** Injection Safety and Immunization Waste Management. Nearly all governorates covered: Missan, Dahouk, Thi Qar, Alanbar, Karkouk, Diyala, Al Dewanieyeh, Babel, Al Basra, Salah Eddin, Nienwa, Al Sulaimanieh, Al Muthana, Kurbala, Al Najaf, Baghdad AL Karakh, Erbil, Wasit, Baghdad AL Rassafa.  
  
**38** EPI staff trained in ToT workshops.  
  
**2989** EPI staff trained at the provincial level in **180+**workshops.





# SUPPORTIVE SUPERVISION

EMPHNET has invested in supportive supervision (SS), recognizing that, unlike didactic instruction, SS fosters two-way communication between mentors and mentees. Through this approach, mentors provide guidance on best practices, offering constructive feedback and positive reinforcement in a relaxed environment. This supportive framework motivates health workers to improve their performance and excel in their roles.



- ▶ Meeting with EPI managers to review activities and set priorities.
- ▶ Supervisors prepare a “supervisory checklist” containing priority issues which they must observe and record.
- ▶ A team of supportive supervisors are trained.
- ▶ Supervisors plan the details of regular supportive supervision visits: location, frequency, duration, and objectives.
- ▶ Supervisors conduct the supervisory visit where they collect information, provide feedback, conduct on-the-job training, and record results.
- ▶ Supervisors follow up on the visit.

Supportive Supervision Approach

## AFGHANISTAN 2016 - 2023

**Regions:** Eastern, Central, North, Northeast, West, and South.

**10,000+** supportive supervision visits by central and provincial teams supported in **16** provinces and **700+** EPI health staff trained in supportive supervision.

**Initiated innovative ways for supportive supervision:**  
**1)** remote monitoring.  
**2)** the engagement of community leaders as a third-party monitor.

## IRAQ 2016-2024

Nearly all governorates covered.

**494+** participants trained in supportive supervision.

## SUDAN 2021

**States** White Nile, Khartoum, Gedarif, South, North and West Darfur, West and South Kordofan

Conducted supportive supervision and on-job training to states and locality EPI teams in the targeted states.

## SOMALIA 2022 - 2024

**56** EPI supervisors trained in a ToT workshop.

**80** participants trained in district-level rollout training.

Large-scale, intensive supportive supervision sessions performed covering **23** districts and **96** health facilities in the states of Galmudug, Southwest, Puntland, Hirshabelle, and Banadir.

Supervisors fostered partnerships with local leaders to bolster support for immunization efforts and address logistic or social challenges that might hinder vaccine uptake.

## YEMEN 2016-2022

**139** Supervisors trained in ToT workshops in Aden and Sana’a.

**100+** participants were trained in district-level rollout training.





# ENHANCING COUNTRY POLIO AND VPDS OUTBREAK PREPAREDNESS AND RESPONSE IN OUTBREAK COUNTRIES

2022


To prevent, detect and respond to VPD outbreaks according to country-specific needs, EMPHNET worked closely with MoHs and country partners to support WPV and circulating vaccine-derived poliovirus (cVDPV) outbreak response and preparedness.




## AFGHANISTAN

 **104** trained as RRTs  
**20** RRTs deployed.

## SOMALIA


 **140** EPI and RRT district officers trained.

## SUDAN

 **1** national preparedness and response action plan developed.

 **18** participants representing different stakeholders attended the endorsement workshop.




## YEMEN

 **58** trained as RRTs.




# EXPANDING OUTREACH IMMUNIZATION EFFORTS TO SERVE REMOTE COMMUNITIES

EMPHNET implemented outreach immunization sessions, conducted intensified immunization activities, and provided vaccines at fixed centers and outreach sites to increase immunization coverage, expand reach, and vaccinate unimmunized children in high-risk areas in targeted countries.



## IRAQ 2020-2021

-  In two high risk provinces (Diyala and Diwaniya) to mitigate the harmful effect of COVID-19 on immunization coverage.
-  **489** outreach immunization sessions conducted across **7** districts of Diyala, providing **15629** doses of different vaccines to unimmunized children. Diyala MoH contributed to the increase in immunization coverage of all given vaccines and immunization outreach sessions were accepted by the public and increased the demand.
-  **256** outreach immunization sessions were conducted across the 5 districts of Diwaniya, providing **16733** doses of different vaccines. unimmunized children, and women of childbearing age.


## EGYPT 2022

-  **6** frontier governorates targeted: Aswan, Red Sea, New Valley, Matrouh, North Sainai and South Sainai.
-  **456** outreach immunization sessions conducted.
-  Around **7500** children vaccinated through these outreach activities.

## SUDAN 2021

-  **States targeted:** White Nile, Khartoum, Gedarif, South, North and West Darfur, West and South Kordofan.
-  Support preparation, implementation, monitoring, and evaluation of all Polio SIAs campaigns.

2022

-  Supporting designing of the home visit manual and distribution of **4,000** copies during orientation sessions conducted to EPI officers from **18** states.





# COMMUNITY-BASED APPROACHES

## SURVEILLANCE

### YEMEN

Since 2017, the Yemen Ministry of Public Health and Population (MoPHP), with support from EMPHNET, has been engaging communities in its efforts to strengthen the national immunization program and curb the spread of communicable diseases, particularly polio and other VPDs. Through a community-centered approach, the MoPHP and EMPHNET have involved community members in detecting and reporting AFP and VPD cases while also promoting awareness among caregivers about the critical role of vaccinations.



**2018**

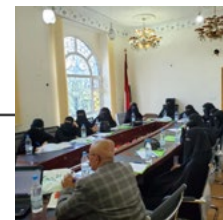
**401** surveillance officers and 347 Community Health Volunteers (CHVs) trained in **54** districts across four regional hubs.



**2019**

#### IMPACT

Independent evaluation showed that Non-Polio AFP rate in children  $\leq 15$  years and the Adequacy Rate have increased in Yemeni districts where community members were trained.



**2020**

Project expands to train **356** volunteers and **57** surveillance officers in **57** districts across **11** governorates.



**2022-2023**

**594** community volunteers trained across **22** districts in **20** governorates, in additional areas focused on communication and awareness.



**2023-2024**

**300** community members and **249** community health workers trained.

**45** health awareness sessions conducted.



**2024**

#### IMPACT

**2000+** cases reported, encompassing suspected measles, suspected neonatal tetanus, and acute flaccid paralysis.

National VPDs Booklet for Community Health Volunteers launched.

### SUDAN

EMPHNET supported Sudan FMoH as part of polio transition efforts. It started a project titled “AFP Community-Based Surveillance Legacy with a Focus on Measles and other VPDs Surveillance and Supplementary Immunization” to use existing polio assets in the form of community-based networks to achieve high population immunity for measles and other VPDs among the high-risk groups.



**2019-2020**

**218** EPI officers, state surveillance officers, and locality surveillance officers trained from **18** states targeted.



**2024-2025**

**286** community informants were trained in 6 states: River Nile, Nothern, Kassala, Gedaref, Red Sea, and Gezira.

**183** supervisory visits conducted.



**2019-2025**

#### IMPACT

The CBS system has been successfully implemented nationwide and is now operational, providing valuable public health insights despite challenging circumstances in Sudan.

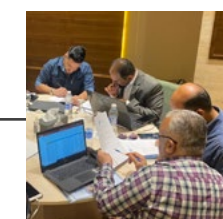
### IRAQ

One of EMPHNET’s initial collaborations with Iraq’s MoH on AFP and VPD surveillance initially focused on targeting AFP/VPD surveillance focal points at the provincial and district levels, as well as major hospitals in five selected provinces. It was later expanded by incorporating community-based surveillance training to local communities to enhance AFP, measles, and other VPD surveillance.



**2018**

**34** surveillance personnel trained in a ToT workshop, followed by cascade training for **176** surveillance officers and hospital focal points at the district level across **5** selected provinces: Anbar, Karbala, Salah Al-Din, Ninewa, and Al-Muthanna.



**2021-2022**

**6** AFP/VPDs surveillance officers trained in a master training.

**41** community members trained at the district-level from **3** provinces: Najaf, Muthanna, and Anbar.



**2022**

#### IMPACT

CBS focal points contributed to detecting missed AFP, measles, and tetanus cases.





## LEBANON

Since 2017, EMPHNET has been supported the Ministry of Public Health in establishing CBS for AFP in border provinces, aiming to enhance early detection and reporting of suspected cases. This collaboration has leveraged community involvement to improve surveillance and enable timely public health response.



### 2022

**Provinces:** Baalback, Akkar, Tripoli, Mount Lebanon and Beirut, Zahle.

**21** Epidemiological Surveillance Unit at MoH (ESUMoH) officers from central, provincial and district levels trained in a ToT Workshop.

**5** training sessions and **1** refresher training on CBS for Non-Governmental Organizations (NGOs) were conducted for **124** participants and community informants.

Supported the ESUMoH in the finalization of the CBS reporting form on DHIS-2.

Designed, translated, and developed educational brochures for community informants.



NPAFP rate (per 100,000) increased in **4** out of **6** targeted governorates between February and June 2023. For instance, it increased from **3.1** to **5** in Mount Lebanon, **0** to **4.1** in Akkar, **0** to **5.7** in Beirut and **0** to **10.1** in Baalback-Hermel. 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.



## HEALTH PROMOTION



### AFGHANISTAN 2022

**450** religious leaders oriented to support immunization outreach and mobile activities.

**500+** community elders and religious leaders oriented on immunization importance and benefits.



### PAKISTAN 2024

Engaged mothers in community-owned efforts toward overcoming vaccine refusal and hesitancy.

**50** awareness sessions for community engagement conducted in Karak district, Khyber Pakhtunkhwa Province.

**20** ladies' health workers from each union council engaged to support awareness sessions.

A celebration event organized, with awards given to mothers from the nine councils.



### SOMALIA 2024

► Social mobilization in nomadic settlements in Gedo region involved **30** community health volunteers (CHVs) and **60** community members (CM) conducting door-to-door visits to educate the community on immunization and health-seeking behaviors.

► **80** nomadic households visited for active case finding.

► Reaching **10,344** people (**5,713** females and **4,631** males).

► conducted **4** integrated outreach sessions in Belet-hawa, Elwak, Dollow, and Bardere districts, vaccinating **68** children, including **28** zero-dose children with all antigens.

► Supported **4** community dialogue sessions at Bardere, Belet-hawa, Dollow, and Elwak districts.



### IRAQ 2019

Piloted Appreciative Inquiry (AI) to Increase Coverage to 100%

**2** high-risk districts targeted.

Local communities and resources mobilized.

Verification of collected data concluded that the AI succeeded in reaching all targeted children for BCG and Hexa1 vaccines.

The engagement of local communities in the AI contributed to reaching full immunization in the targeted districts.





# COMMUNICATIONS

EMPHNET has been dedicated to enhancing immunization communications to ensure that accurate information is delivered to the right communities at the right time. This commitment is central to addressing vaccine hesitancy, whether driven by complacency, rejection, or other barriers. At the heart of EMPHNET’s approach was a commitment to tailor each communication intervention to the unique needs of each country. These interventions have been carefully designed, based on strategic planning or in-depth assessments to ensure that they are relevant and effective in overcoming specific challenges.

## DEVELOPMENT OF EPI COMMUNICATION STRATEGIES 2017



Strategy Development	Advocacy and Adoption	Capacity Building
Collaborated with MoH and engaged national and international stakeholders, including the Ministry of Education, religious authorities, public health programs, and academia.	Supported advocacy efforts for the endorsement, adoption, and implementation of the strategy, including provincial planning.	Trained community volunteers on interpersonal communication and vaccine hesitancy while integrating communication components into EPI capacity-building initiatives.

EMPHNET Support for EPI Strategy Development

## REACHING COMMUNITIES THROUGH DIFFERENT COMMUNICATION CHANNELS

- IRAQ**  
2021  
**30** billboards installed across **18** provinces.  
**1,890** public health centers received large posters.  
**4,000** private centers and health facilities received small posters.

2022  
Supported the development of infodemic management guidelines to address misinformation and disinformation, and examine determinants of vaccine uptake, hesitancy, and prevalent concerns hindering polio eradication, control, and elimination of other VPDs.

- AFGHANISTAN**  
2016-2019  
In rural areas with minimal access to media, innovative and culturally acceptable communications were utilized. Following this intervention, knowledge, attitudes, and practices improved on vaccine protection improved from **24%** to **74%**.
- 2023  
Developed voice messages distributed free of charge
- Developed pictorial messages and distributed them to community and religious leaders, who shared them during Friday prayers, funerals, weddings, and other gatherings in targeted provinces.

## ENHANCING VACCINE SUPPLY CHAIN AND COLD CHAIN MANAGEMENT

Through collaborations with ministries of health, key partners, and stakeholders, EMPHNET supported vaccine, cold chain, and logistics management by strengthening supply chain systems, enhancing cold chain capacity, and building the skills of health workers through training and technical assistance.

- 2019**  
Supporting UNICEF in introducing a web-based Vaccination Supplies Stock Management Application in Iraq.

- 2019**  
Supporting UNICEF and the WHO in conducting a Cold-Chain Equipment Inventory Assessment in Iraq.



Yemen @EMPHNET







Zaatar @EMPHNET

# NON-COMMUNICABLE DISEASES

NCD control and prevention were among the first areas EMPHNET supported, under which the organization focused on empowering communities and promoting health to prevent and control NCDs. EMPHNET also prioritized research, drawing on evidence from its projects to generate context-specific scientific insights. Another critical area of NCD support for EMPHNET has been policy and governance, where it worked to support integrating NCD priorities into national health strategies and frameworks while promoting UHC as essential to NCD prevention and management.

## BEHAVIORAL CHANGE COMMUNICATION

EMPHNET supports Behavior Change Communication (BCC) as a strategic approach to encouraging individuals and communities to adopt healthier and more sustainable practices. Through its initiatives, EMPHNET promoted targeted communication strategies that enhanced awareness, influenced attitudes, and drove positive health behaviors.

## DATA-DRIVEN RISK MESSAGING AGAINST SMOKING AND COVID-19

EMPHNET united with the CDC and Vital Strategies, in a regional campaign Against Tobacco and COVID to raise awareness of the harms of smoking, especially during the COVID-19 pandemic. Together, EMPHNET worked with ministries of health, NGOs and academic institutions in Egypt, Iraq, Jordan, and Palestine. EMPHNET supported the development and dissemination of country-tailored and culturally appropriate mass media risk messages to educate about the harms of tobacco and promote smoking cessation, especially to reduce morbidity and mortality from the virus.

## COMMUNITY-BASED INTERVENTION PACKAGES TO ENHANCE THE SALT INTAKE REDUCTION IN JORDAN

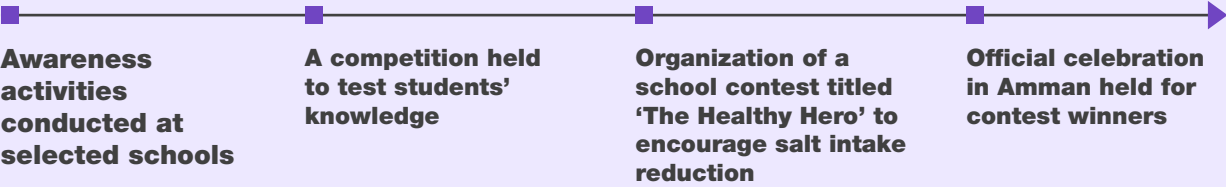
In several governorates across Jordan, including those hosting Syrian refugees, EMPHNET collaborated with the Ministry of Health and other stakeholders to support an enabling environment for salt intake reduction within both host and refugee communities. Guided by a Knowledge, Attitudes, and Practices (KAP) study, large-scale awareness sessions were conducted in schools, accompanied by the distribution of health promotion materials.

*Intervention relied on insights from **EMPHNET KAP study Salt intake- Related Knowledge, Attitudes, and Practices** which showed that Jordanian adults have limited knowledge around salt intake and their practices of high salt intake are inappropriate.*





SALT REDUCTION IN JORDAN: COMMUNITY IMPACT



Schools targeted in Amman in a health promotion activity for adolescents

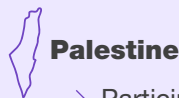
15 schools targeted in Amman

4000 posters distributed in health centers and public and private schools in 5 governorates: Ajloun, Amman, Ramtha, Karak, and Jarash

SMOKING AND COVID-19: IMPACT AND REACH OF DATA-DRIVEN MESSAGING



- 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.



- 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.



- 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 Arba'een religious pilgrimage for three more days.



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

The Campaign 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.

POLICY AND GOVERNANCE

Over the years, EMPHNET has supported advocacy and knowledge translation as essential tools for bridging the gap between knowledge generation and policy. By fostering collaborations and partnerships for evidence-informed decision-making, EMPHNET also, sought to contribute to impactful changes in addressing the burden of NCDs.

THE NCD CAPACITY ASSESSMENT AND PLANNING (N-CAP) PROCESS

EMPHNET, in collaboration with the Global Health System Strengthening Team at the US Centers for Disease Control (US CDC) and the International Association of National Public Health Institutes (IANPHI), developed the Noncommunicable Disease Capacity Assessment and Planning (N-CAP) Process. This initiative aimed to help ministries of health, and other governmental and non-governmental stakeholders, to assess, prioritize, and plan how to enhance public health functions to enable countries to more effectively respond to the NCDs epidemic. To facilitate the use of this valuable resource by countries and public health organizations, EMPHNET supported the development of the freely accessible N-CAP Process Facilitator and Recorder Training Course.

	<b>Jordan</b>	<i>Focus</i>	NCD Data-to-Action	<b>2021</b>
	<b>Iraq</b>		Coalition Strengthening	<b>2022</b>
	<b>Pakistan</b>		NCD Surveillance	<b>2023</b>
<i>The Implementation of N-CAP in the EMR</i>				

Launching the EMPHNET Technical Guide on NCDs: Highlighting Core Focus Areas for Tackling NCDs in the EMR

NCDs Research

- Training in NCD-epidemiologic and implementation research methods.
- Supporting the implementation and evaluation of NCD projects and initiatives.

NCDs surveillance, prevention, management, and control

- Developing a roadmap for strengthening NCD priority areas.
- Building the capacity for NCD surveillance, prevention, management, and control.
- Supporting countries to implement the WHO 'Best Buys'.

Strengthening primary healthcare to respond to the burden of NCDs

- Supporting integration of NCDs in primary care.
- Improving NCDs management and control.

Digital technology to tackle NCDs

- Digital health strategies to reduce common NCD risk factors, improve the management of common NCDs, and adherence to medications.
- Strengthening and developing NCDs registries.

Providing resources, tools, and opportunities to support NCD initiatives

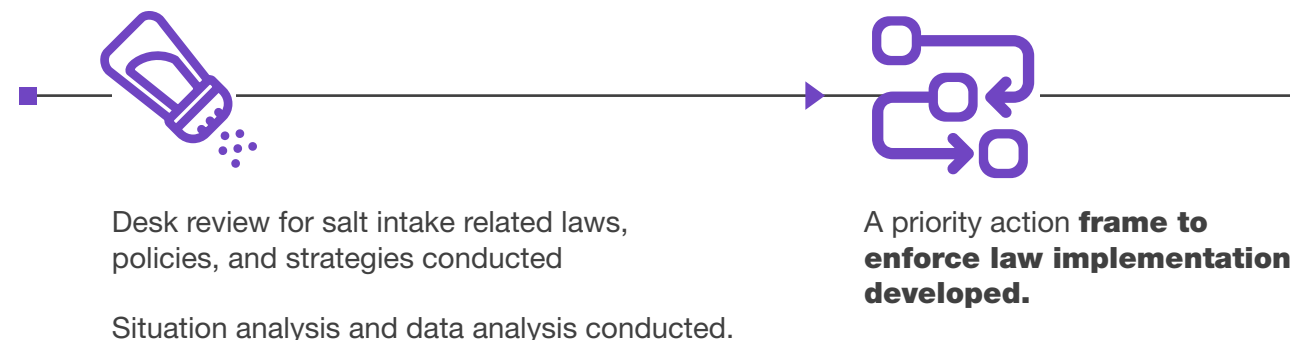
- Internship Program "Engage", EMPHNET WEBi Series, Symposium and Biennial Conference.
- GHD|EMPHNET Electronic Library (EEL).
- Mini-grants.





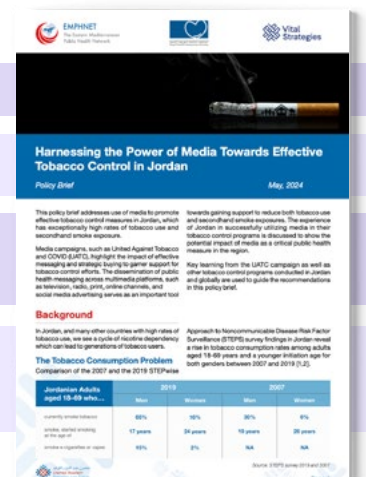
## SUPPORTING ENFORCING THE LAW IMPLEMENTATION TO ENHANCE SALT INTAKE REDUCTION IN IRAQ

EMPHNET supported the Iraq Ministry of Health and its partners, particularly in achieving objectives related to governance within the national strategy for preventing and controlling NCDs. This support focused on strengthening national capacities, leadership, and governance structures to effectively prevent and control NCDs.



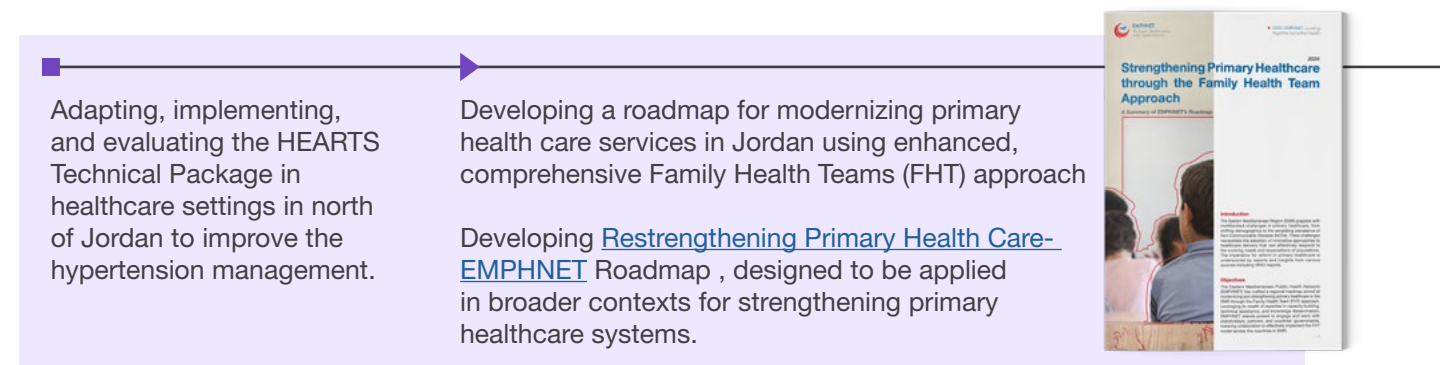
### POLICY BRIEFS PUBLISHED

- [NCDs Capacity Assessment & Planning \(N-CAP\) Tool](#)
- [United Against Tobacco and COVID Factsheet](#)
- [Diabetes in the Eastern Mediterranean Trends, Risks, and Prevention](#)
- [Harnessing the Power of Media Towards Effective Tobacco Control in Jordan](#)

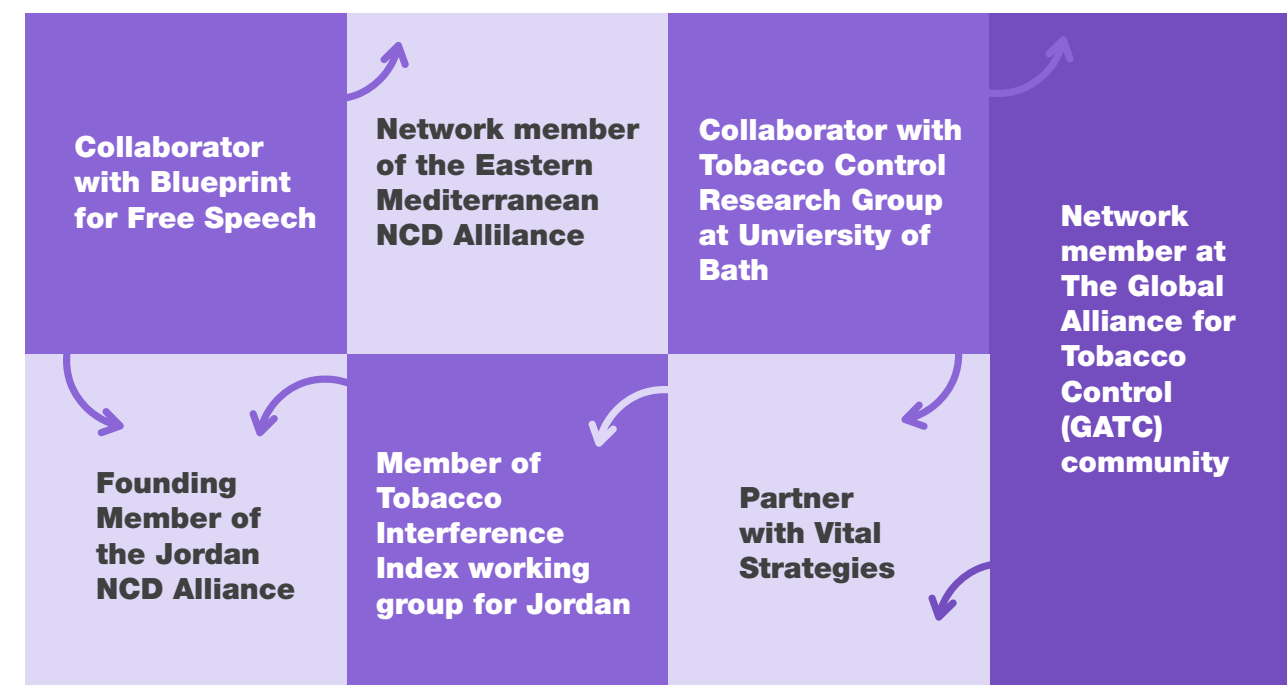


## INNOVATIVE APPROACHES FOR NCD MANAGEMENT

EMPHNET has embraced innovative approaches for NCD management, particularly by promoting multidisciplinary models of care to support more effective, sustainable, and cost-effective NCD management across the region.



### EMPHNET ENGAGEMENT WITH STAKEHOLDER: FOR NCDs



### RESEARCH FOR NCDs

- **23 publications**
- **NCDs Mini Grants Initiative** launched to accelerate the application of scientific methods and evidence and the translation of scientific evidence into action
- Establishing the **Eastern Mediterranean NCDs Research and Prevention Center (NCDsRC)**
- **5+ Research-projects** covering mental health, NCD risk factors, community engagement, and mental health among vulnerable communities most notably refugee populations and women





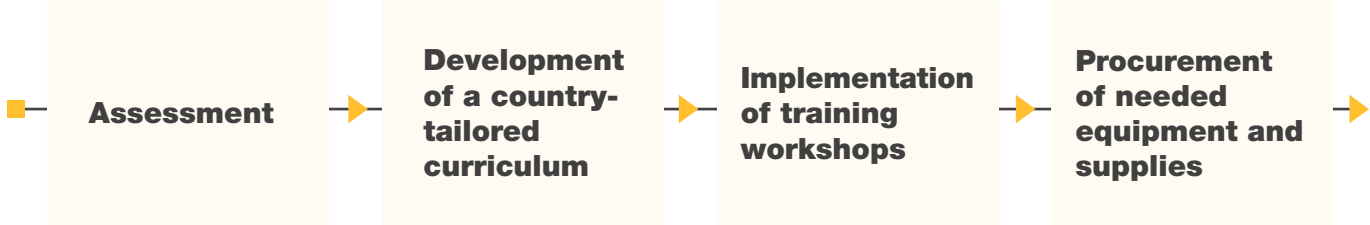
# BIORISK MANAGEMENT

EMPHNET’s commitment to workforce capacity building, infrastructure enhancement through SOPs and systems, and fostering networks aligns seamlessly with the core components of biorisk management. By equipping professionals with the knowledge and skills to handle biological risks, EMPHNET strengthens capacities in risk assessment, mitigation, and safety practices. The development of SOPs and robust systems ensures secure and efficient handling of biological materials, reinforcing safety and containment measures. Through networking efforts, EMPHNET promotes collaboration, information exchange, and coordinated responses across sectors, enhancing preparedness and resilience. Together, these efforts drive EMPHNET’s mission to support effective and sustainable biorisk management systems.



## CAPACITY BUILDING: COUNTRY-LEVEL INITIATIVES

EMPHNET contributed to a series of workforce development efforts at national and regional levels. In the last fifteen years, the areas covered were principles of biosafety and biosecurity, sample management, infectious waste management, and chemical safety. It developed a biorisk management training curriculum; designed and implemented training workshops; and provided access to online educational resources. EMPHNET also shared relevant resources among partners and developed a follow-up mechanism to ensure the implementation and sustainability of gained knowledge at facility level.



EMPHNET’s Approach to building laboratory capacities in biorisk management

### WITHIN THE EMR

Building capacities in biosafety and biosecurity best practices in 7 countries: **Afghanistan, Iraq, Jordan, Libya, Morocco, Tunisia, and Yemen.**

### BEYOND THE EMR

Training of trainers to strengthen laboratory professionals’ biosafety and biosecurity practices in public and private laboratories at the national and subnational levels in **Kyrgyzstan.**

### TAILORED TRAINING CURRICULUMS DEVELOPED AND IMPLEMENTED IN 4 COUNTRIES: IRAQ, LIBYA, TUNISIA, AND YEMEN

While this training curriculum was tailored to country needs, it encompassed

Philosophy of Risk Management	General Laboratory Design Features	General Laboratory Safety Guidelines	Biosecurity
Roles and Responsibilities within an Institution	Pathogen Hazards: Risk Group Definitions and Risk Assessment	Bio-Risk Assessment and Management	Laboratory Design: Containment Levels 1-4
Biosafety Cabinets (BSCs)	Biohazardous or Infectious Waste & Regulated Medical Waste	Disinfection and Sterilization Personal Protective Equipment (PPE)	Good laboratory Practice (GLP)
Spill Procedures	Laboratory Emergencies	Preparing for a Power Failure in the Laboratory	Shipping Infectious Substances
Laboratory Associated Infections (LAIs)	Occupational Health and Medical Surveillance (accident and incident reporting)	Blood-borne Pathogens Program and Exposure Control Plan, and	Dual use and Bioethics

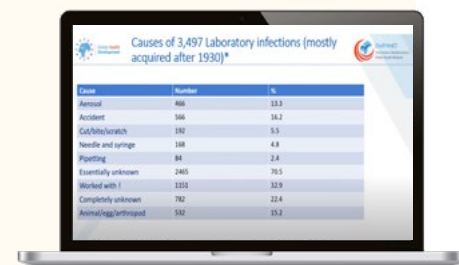




## OFFERING ONLINE BIORISK MANAGEMENT COURSE FOR THE MENA REGION

2017

EMPHNET offered its Online Biorisk Management Course. Targeting professionals from the MENA region, the course's participants were professionals who included biosafety officers, biorisk management officers, scientists, and researchers.



## SUPPORTING INITIATIVES OF STANDARDIZATION: EXAMPLES FROM IRAQ

2024

EMPHNET furthered its investments in laboratory workforce development to prevent the misuse or unsafe handling of weaponizable biological material in Iraqi laboratories. EMPHNET supported candidates from academic, health, and agricultural sectors in preparing for the International Federation of Biosafety Associations (IFBA) Professional Certification Exams in Biorisk Management and Biosecurity.

2021

EMPHNET in collaboration with Iraqi Ministry of Health / Central Public Health Laboratories (CPHL) and Total Quality Management Unit also supported the calibration of lab equipment to fulfill ISO 15189 requirements.

## CAPACITY BUILDING:

## MULTI-COUNTRY INITIATIVES

### LIBYA AND TUNISIA

2019

EMPHNET supported the MENA Regional Biorisk Management Symposium to collaboratively enhance biosecurity capacity at high-priority biological facilities. As part of this effort, EMPHNET conducted two inter-country workshops in close coordination with the Tunisia Ministry of Environment and Local Affairs and Libya's NCDC and Ministry of Health. These workshops targeted public and animal health laboratories, aiming to build and implement effective Biorisk Management (BRM) systems, train new laboratory personnel on biosafety and biosecurity best practices, and support the development of BRM regulations and legislation.

## ENHANCING LABORATORY INFRASTRUCTURE:

## COUNTRY LEVEL INITIATIVES

Strengthening laboratory infrastructure is crucial for effective biorisk management, ensuring laboratories are equipped to safely handle, identify, and mitigate biological hazards. For this reason, EMPHNET has supported the enhancement of laboratory capacity in this area, focusing on improving safety protocols, providing necessary equipment, and fostering best practices to minimize risks and ensure a robust response to potential biological threats.

### Afghanistan

2021

Developing the **SoPs for packaging, transport and safe disposal of reagents**. Made available in English, Dari, and Pashto, the SoPs were developed in collaboration with the Ministry of Public Health/Directorate Diagnostic Services, the Central Public Health Laboratory (CPHL), the Central Veterinary Diagnostic and Research Laboratory (CVDRL), and the Vaccine Production Directorate.

#### Topics covered

- 🦠 Zoonotic diseases
- 🌐 Transboundary animal diseases
- 🐔 Poultry farm biosecurity
- 🧪 Lab biosafety and biosecurity
- 🌱 One health approach in the battle against antimicrobial resistance

### Libya

2022

Biowaste management SOPs and guidelines were developed in collaboration with Georgetown University and the Libyan National Committee on Biosafety and Biosecurity and the National Centre for Disease Control.

#### Topics covered

- 🗑️ Handling of Health Care Waste
- 📦 Waste identification and Segregation
- 🚚 Handling and Collection of Healthcare Waste
- 📦 Waste Storage and Transportation
- 🏭 Waste Treatment and Disposal

### Jordan

2022

An effective inventory management software system was established at priority life science facilities in four laboratories based in Amman and affiliated with the Ministry of Health, Ministry of Agriculture, and the Royal Scientific Society (RSS), through a collaboration with CRDF Global.

2021

In collaboration with the Middle East Scientific Institute for Security, EMPHNET conducted a comprehensive situational analysis of organizational, national, and international data on **existing incident reporting procedures, policies, and gaps**. Based on this assessment, a plan was developed to support the continuous capacity building at the organizational level in incident reporting systems. This initiative aimed to ensure a quality response within 24 hours of any incident, whether major or minor and to assist in finalizing incident reporting policies and procedures.

2016

In collaboration with the Ministry of Health, EMPHNET launched the **National Biorisk Management Guidelines** to serve as a framework for biosafety and biosecurity measures that can be implemented in laboratories throughout Jordan.





## STRENGTHENING INFRASTRUCTURE: MULTI-COUNTRY INITIATIVES

EMPHNET has supported projects that involve collaboration across multiple sectors and countries, with a strong emphasis on strengthening laboratory infrastructure. This approach underscores the importance of cross-border and cross-sector cooperation, which significantly enhances the exchange of knowledge, skills, and experience. It also fosters more efficient use of resources and facilities, enabling laboratories to leverage complementary strengths and specialized capabilities.

### LIBYA AND TUNISIA

2021

#### Building Multisectoral and Cross-border Networks for the Surveillance, Detection, and Response of Potentially Weaponizable Pathogens

In collaboration with the Georgetown University Center for Global Health Science and Security (CGHSS), and in partnership with human and animal health official entities in Libya and Tunisia, efforts were made to enhance multisectoral coordination for the surveillance, detection, and response to priority transboundary diseases and especially dangerous pathogens.

Development of a **systems-map defining nodes of communication** and coordination between Libyan and Tunisian stakeholders for five priority transboundary diseases.

Development of a **methodology** using tools and frameworks to improve **communication and effective engagement** for cross-border surveillance and outbreak investigation.

Development of a **framework and supporting implementation tools used to facilitate information exchange** for robust and efficient surveillance, detection, and outbreak investigation of especially dangerous pathogens.

*Outcomes of Libya–Tunisia Cross-border Disease Surveillance Collaboration*

#### Building Regional Capacity for Safe and Secure Management of Samples Containing Weaponizable Pathogens

In partnership with CGHSS, EMPHNET supported the establishment of an effective and sustainable systems for managing inventories sample containing potentially weaponizable pathogens in high-risk laboratories located in Libya and Tunisia.

Developed an **inventory system to secure pathogens samples across 10** Libyan and Tunisian public and animal health laboratory facilities, track and consolidate dangerous pathogens, and minimize the risk of misuse.

Fostered **networking of biosecurity expertise** between the two countries.

Facilitated capacity building and long-term sustainment of the new secure systems.

Built a network of experts to further sustain the systems and advance efforts to secure pathogens regionally.

### JORDAN AND MOROCCO

2022

#### Enhancing Laboratorians' Ability to Identify, Safely Handle, and Control Biological Toxins

In an inter-country collaboration, EMPHNET, in partnership with MESIS, supported capacity building of laboratory technicians in the detection of “low effort” toxins, as well as in their safe handling, control, disruption, and attribution, particularly with respect to Abrin, Ricin, and Botulinum. This initiative involved strengthening infrastructure through the development of structured SoPs, promoting the exchange of best practices, conducting training workshops, and providing the necessary laboratory equipment.

Developed and customized a toxin handling **SoPs** available in Arabic and French.

Fostered **knowledge exchange at the inter-country level, mainly through the workshops** conducted on low effort” toxins (i.e., Abrin, Ricin, and Botulinum) detection, disruption, and attribution.

### MIDDLE EAST, NORTH AFRICA, AND EURASIA

#### Establishing the Invasive Bacterial Disease Surveillance Network in Africa, Middle East, and Eurasia: Meningitis and Septicemia Mapping Network (MenMap)

EMPHNET, in collaboration with Sanofi Pasteur spearheaded the establishment of the Meningitis and Septicemia Mapping Network (MenMap). This regional network aims to bolster the understanding and management of vaccine-preventable Invasive Bacterial Diseases (IBDs) in the Middle East, North Africa, and Eurasia.

##### MenMap Contributions



**3**  
Countries  
Involved



**16**  
Hospitals  
Participating



**93**  
Healthcare  
Professionals Trained



**90.1%**  
of confirmed  
cases found  
*Streptococcus  
pneumoniae*  
to be the  
most common  
pathogen



**2,104**  
Suspected  
Cases Enrolled



**191  
(9.1%)**  
Confirmed Cases



**<1 Year**  
Top Age Group  
Affected, represents  
**35.5%** of total cases

### STRENGTHENING BIOSAFETY AND BIOSECURITY IN WEST AFRICA

In 2016, EMPHNET’s work in West Africa with support from the US Biosecurity Engagement Program focused on promoting the secure and sustainable management of biological samples, especially those related to Ebola, and reduce the risk of misuse by supporting safe laboratory practices in Liberia and Guinea.

##### EMPHNET’s Support

- Conducted field assessments
- Developed and delivered training workshops on “cradle to grave” sample security
- Provided training on a sample tracking software system to improve inventory management
- Emphasized responsible research and compliance with international standards, including IATA certification for infectious substance shipping.





**Safeguarding Biosafety and Biosecurity: A Regional Consortium**

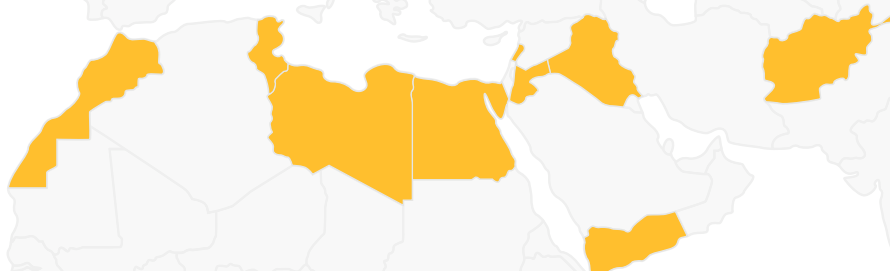
Established with support from EMPHNET, the Regional Consortium for Biosafety and Biosecurity is dedicated to safeguarding the biosecurity and biosafety of public and private laboratories in North Africa. Its goal is to enhance awareness and develop techniques mitigating biological risks associated with biological agents and toxins. This initiative also focuses on improving laboratory infrastructure and other forms of biological capacity-building assistance in Libya, Tunisia, and Morocco.

**The Consortium’s Activities**

-  Contributing to the development of more effective public health systems and biosafety/ biosecurity measures in North African countries.
-  Building risk awareness and risk mitigation techniques in North Africa related to biological agents and toxins.
-  Reducing access to dangerous infectious agents and other materials of dual use.
-  Developing and establishing common protocols across partner countries and linking guidelines and capacities to international standards and frameworks, including development of Terms of Reference.

**LOGISTIC SUPPORT FOR  
ENHANCED DISEASE DETECTION**

Over the years, EMPHNET has provided comprehensive logistic support and essential equipment to strengthen the infrastructure of central public health laboratories across multiple countries. This support included the provision of modern laboratory equipment and the integration of inventory management software to ensure effective tracking and maintenance.





# ONE HEALTH

EMPHNET has been actively working to promote the implementation of One Health in the EMR and beyond by addressing key challenges such as the lack of a trained workforce, gaps in multi-sectoral communication and coordination, and the absence of standardized frameworks to facilitate operationalization. Through One Health strengthening, EMPHNET aimed to enhance the region's capacity to combat endemic health issues effectively. EMPHNET's efforts in this regard have been especially accelerated in recent years in response to the growing need for effective One Health implementation in targeted countries.

## POLICY AND GOVERNANCE

To enhance the practice and implementation of One Health at the regional level, EMPHNET relied on producing guiding documents and frameworks. These operational guides aim to provide practical, region-specific frameworks that enhance the capacity of countries to address complex health challenges. In addition, EMPHNET has been working to support research and the evidence it generates, recognizing their critical role in the effective implementation of One Health at the regional level.



## LAUNCHING “TOWARD THE IMPLEMENTATION OF THE ONE HEALTH APPROACH IN THE EASTERN MEDITERRANEAN REGION: AN OPERATIONAL GUIDE”

2022

The primary goal of this regional One Health operationalization guide is to serve as a transformative mechanism in the EMR, aiming to improve the health of humans, animals, and their shared environment through strengthened One Health governance and policy, multisectoral engagement, effective liaison, communication, collaboration, coordination, research, and capacity building.

### REGIONAL OPERATIONALIZATION OF THE ONE HEALTH: EMPHNET'S FOCUS ON KEY COMPONENTS



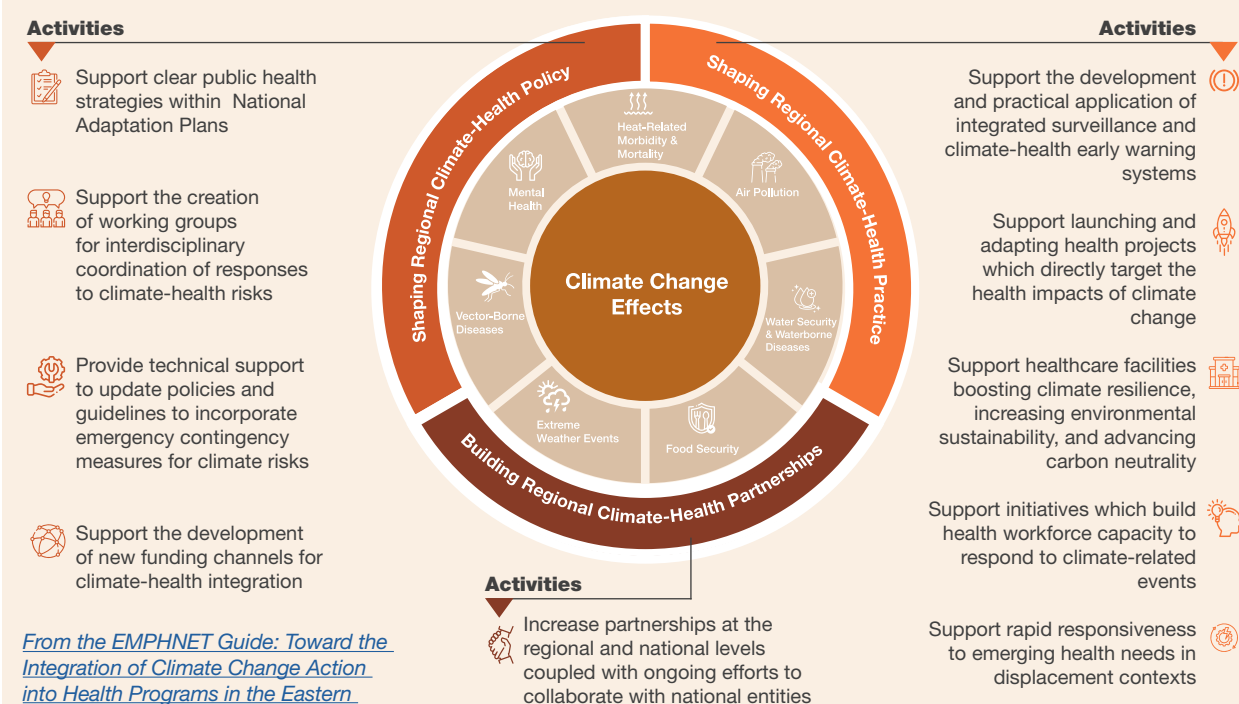
- Governance, Legal Framework
- Coordination, Communication, Collaboration
- Capacity Building on One Health
- Data Sharing and Exchange
- Risk Communication, BCC, Community Engagement

[Read the Guide](#)

## LAUNCHING “TOWARD THE INTEGRATION OF CLIMATE CHANGE ACTION INTO HEALTH PROGRAMS IN THE EASTERN MEDITERRANEAN REGION: AN OPERATIONAL GUIDE”

2023

This is a practical, region-specific framework for integrating climate change risks, hazards, and actions into public health policies and programs. This operational framework supports national and local health adaptation planning based on a comprehensive understanding of the public health risks posed by climate change across the region and the existing gaps hindering progress in health sector adaptation.





## COORDINATED SURVEILLANCE FOR ONE HEALTH

EMPHNET contributes to One Health collaboration by supporting the development and integration of multisectoral surveillance systems both within the region and beyond. It works to foster coordination and collaboration across the human, animal, and environmental health sectors, focusing on priority areas and shared threats.

### IN ANTIMICROBIAL RESISTANCE (AMR)

#### SUPPORTING THE PARTNERSHIP FOR AMR SURVEILLANCE EXCELLENCE (PARSE)

In 2020, EMPHNET joined a multi-regional and multi-country collaboration to assess AMR surveillance capacities across four regions: East and Southern Africa, Southeast Asia, South Asia, and West Africa.

##### EMPHNET'S ROLE IN SUPPORT OF PARSE IN SOUTHEAST ASIA



Supported the development of common protocols and SOPs for AMR surveillance by mapping and assessing capacities in **Afghanistan**.



Provided feedback to **Pakistan** and **Bhutan** in the process of drafting their proposed protocols and SOPs.

#### SUPPORTING SURVEILLANCE FOR AMR IN BANGLADESH

2022-2023

EMPHNET, in collaboration with the Bangladesh Livestock Research Institute (BLRI), conducted active surveillance in poultry farms and adjacent premises to understand the burden and ecology of AMR in the country. An online dashboard was developed to share the surveillance findings of this project as well as other ongoing AMR surveillance conducted by the BLRI AMR reference laboratory.

##### SUPPORT PROVIDED TO STRENGTHEN ONE HEALTH SURVEILLANCE FOR AMR IN BANGLADESH



Conducting risk-based AMR surveillance of *Enterobacteriaceae* in farms and the environment interface.



Monitoring the burden and pattern of AMR with a focus on extended spectrum beta-lactamase (ESBL) producers, carbapenem and colistin resistance.



Determining of genomic resistance pattern of multi-drug resistant pathogens through next generation sequencing.

#### FINDINGS FROM THE AMR SURVEILLANCE RESULTS



Higher prevalence of targeted pathogens in layer poultry farms and surrounding environment indicated a **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 members were **not well aware of antibiotic resistance**.



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

### IN RESPONSE FOR CONTROLLING ANTHRAX

2022-2023

EMPHNET supported the Bangladesh Department of Livestock Services (DLS) in implementing a One Health surveillance and response initiative in the anthrax-endemic district of Meherpur. This effort was led by a multidisciplinary working group comprising representatives from the DLS, Chattogram Veterinary and Animal Sciences University (CVASU), the Institute of Epidemiology, Disease Control and Research (IEDCR), and development partners.



Developing **the national animal health outbreak investigation guideline**.



Developing a **One Health outbreak investigation guideline**.



Setting up an enhanced passive surveillance.

Integrated the anthrax surveillance module in Bangladesh Animal Health Intelligence System (BAHIS) to capture data from three sentinel sites of Meherpur, with the other districts' data captured through the broader BAHIS module.



**11,901** animals vaccinated in Gangni sub-district of Meherpur.



**20** awareness campaigns conducted for **760** people in the same district.

*Forms of support provided by EMPHNET to strengthen one health surveillance and response for controlling anthrax in Bangladesh*





IN SURVEILLANCE FOR BURKHOLDERIA PSEUDOMALLEI IN BANGLADESH

2024

EMPHNET launched a one-year project to establish an environmental surveillance system aimed at detecting *Burkholderia pseudomallei* in Bangladesh. Given the absence of a national surveillance program for environmental samples, this initiative was crucial for identifying the bacteria in soil, pinpointing environmental sources and assessing exposure risks. The data collected was analyzed and compiled into a comprehensive report to serve as a valuable resource for stakeholders, policymakers, and field workers. Ultimately, the project aimed to raise awareness about *B. pseudomallei* and its role in melioidosis, a disease that has been endemic in Bangladesh since 1988.



**1365** samples collected and tested from **12** districts: Brahmanbaria, Chattogram, Cox’s bazar, Cumilla, Feni, Gazipur, Gopalganj, Kishoregonj, Manikganj, Pabna, Sherpur, and Tangail.



One soil sample from the Kishoreganj district tested positive using conventional PCR.

No soil or water samples tested positive in RT-PCR.

IN LABORATORY-BASED SURVEILLANCE FOR BRUCELLOSIS

2016-2022

Using the One Health approach to engage stakeholders from the human and animal health sectors, EMPHNET collaborated with the ministries of health, agriculture, and relevant research entities to strengthen the diagnosis and prevention of brucellosis, a highly prevalent zoonotic disease posing a potential biothreat in the region.

JORDAN

Focused on 3 endemic areas: East Amman, Karak, and Mafrq

- ✓ **+400** professionals trained
  - Trained clinicians and veterinarians on case definition, clinical signs and symptoms, modes of transmission, and treatment.
  - Trained public health and veterinary laboratory workers on relevant diagnostics: Rose Bengal, Serum Agglutination Test, ELISA.

- ✓ **Introduced** ELISA into provincial public health laboratories and PCR into the Central Public Health Laboratory and Central Veterinary Laboratory.

- ✓ **New communication protocols established and adopted** to enhance communication channels between the field and laboratories and between animal and human health sectors.



**Enhanced communication channels** between animal and human health sectors.



**Improved laboratory diagnostic capacities** at human and animal levels.



**Increased awareness** on brucellosis transmission, prevention, diagnosis, and treatment.



**Determination of brucellosis incidence rates, risk factors, and the bacteria genotypes.**



IRAQ

EMPHNET joined the Ministry of Health and Ministry of Agriculture in strengthening surveillance, diagnostics, and control of brucellosis through establishing molecular testing of the disease.

Focused on 4 governorates: Babel, DIALA, Maysan, and Wasit

- ✓ **183** human health and animal health laboratorians trained in diagnostics: Rose Bengal, ELISA, and PCR.
  - 95** clinicians and **16** veterinarians trained on case definition.
  - 8** personnel from the Surveillance Units at ministries of health and agriculture trained on data entry and analysis using Epi Info.
- ✓ **Established epidemiological communication** between human and animal sectors.
- ✓ **Introduced ELISA into provincial public health laboratories** and PCR into the Central Public Health Laboratory and Central Veterinary Laboratory.
- ✓ **Sample transport procedures established** from the periphery to Central Public Health Laboratory and the periphery to Central Veterinary Laboratory.

**Brucellosis burden determined in targeted provinces.**



PAKISTAN

The government’s National Agricultural Research Council (NARC) and the National Health Institute (NIH), with support from EMPHNET, initiated the surveillance of animal brucellosis to decrease transmission to humans.

Focused on Islamabad’s Sohan and Tarlai Union Councils

- ✓ **15** Veterinarians and officers trained on Case definition, symptoms, sample collection, and treatment and Rose Bengal and milk ring test (MRT)
- ✓ **6** Laboratory Technicians.
  - 4** from NARC and **2** from NIH on diagnostics (ELISA and PCR).

**Integrated brucellosis sentinel surveillance sites in Islamabad’s Tarlai and Sohan union councils into the country’s existing surveillance system**





## CAPACITY BUILDING AND TRAINING



Co-developing the “**Regional Curriculum Framework for One Health Professional Training Program**”.



Integrating of One Health into **FETP curricula**, developing specialized One Health FETPs, and creating unique One Health training Modules.



Fostering synergies within FETPs for a **One Health Community of Practice in Bangladesh**.

## COMMUNITY ENGAGEMENT AND SUPPORT

### ELIMINATION OF ONCHOCERCIASIS IN YEMEN

2021-2023

In 2021, EMPHNET joined Yemen’s national effort by supporting the Ministry of Health in conducting a round of Mass Drug Administration (MDA) of Ivermectin to eliminate Onchocerciasis (a parasitic disease) in endemic districts across 8 governorates through a house-to-house campaign. Continuing this effort, EMPHNET introduced a new strategy in 2023 that emphasized community engagement to distribute Ivermectin through health facilities in targeted districts. Female community volunteers were trained to visit and mobilize eligible populations to receive treatment at the nearest health facilities.

#### FIGURES

	Targeted	Reached	Completion
Governorates	8	8	100%
Districts	41	35	85%
Villages	9,125	7,694	84%
Trained Female Health Volunteers	1,000	1,000	100%
Eligible Population	1,065,203 visited by female volunteers	875,206 received treatment in health facilities	82%



**193,586**  
households visited  
by female community  
volunteers



**2,230,473**  
administered  
tablets



**209,261**  
referral cards  
distributed

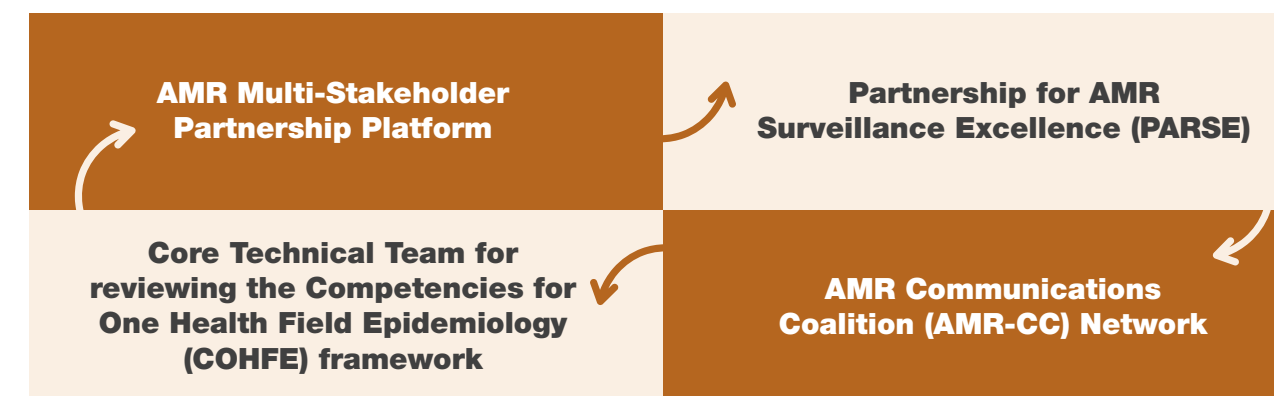


**340**  
health facilities  
accredited for treatment



Somalia @EMPHNET

### EMPHNET ENGAGEMENT WITH STAKEHOLDERS: FOR ONE HEALTH







Gaza @EMPHNET

# MATERNAL AND CHILD HEALTH




Driven by a commitment to sustainability, EMPHNET initially supported maternal and child health through health systems strengthening (HSS). Over time, its interventions became more targeted, with an increasing focus on projects and services that promote maternal and child health. The organization prioritized evidence generation for informed decision-making, leveraging both research and enhanced disease surveillance to tailor its support to specific needs and foster effective collaboration with local health authorities. Additionally, it placed strong emphasis on community engagement, particularly involving women in the design and delivery of essential services, ensuring that interventions are both relevant and effective.

## DATA SYSTEMS AND UTILIZATION

### THE JORDAN MATERNAL MORTALITY SURVEILLANCE AND RESPONSE SYSTEM (JMMSR)

In collaboration with the Ministry of Health and between 2016 and 2021, EMPHNET worked with the USAID’s Health Service Delivery (HSD) to establish and support the Jordan Maternal Mortality Surveillance and Response System (JMMSR) implementation. Jordan’s MOH has adopted the Maternal Mortality Surveillance and Response (MMSR) system to improve maternal health and save the lives of mothers who die due to pregnancy and childbirth complications each year.

#### FORMS OF EMPHNET SUPPORT TO THE JMMSR

-  Supporting JMMSR’s Capacity Building Program.
-  Supporting Technical Coordination Meetings.
-  Providing Technical Support for the Implementation and Sustainability of the JMMSR System.

#### LIST OF SHORT-TERM AND INTERMEDIATE OUTCOMES OF THE JMMSR PROJECT 2016-2020

Short-term and Intermediate Outcomes	Strategic Framework & Long-term Goals
Technical assistance provided in the development, review, and finalization of technical documents.	Enhance and standardize the flow of information for maternal death identification.
A comprehensive JMMSR training program developed.	Build and enhance the capacity of the health system in Jordan to effectively implement the JMMSR system.
Leading the facility maternal death review and household verbal autopsy and corresponding data collection.	Ensure complete documentation and proper flow of information of maternal deaths at all administrative and technical levels.
Designing and developing an electronic management information system (IS) that would capture all data related to maternal deaths.	Support analysis of causes of death, associated and preventable factors, in addition to producing indicators for monitoring.

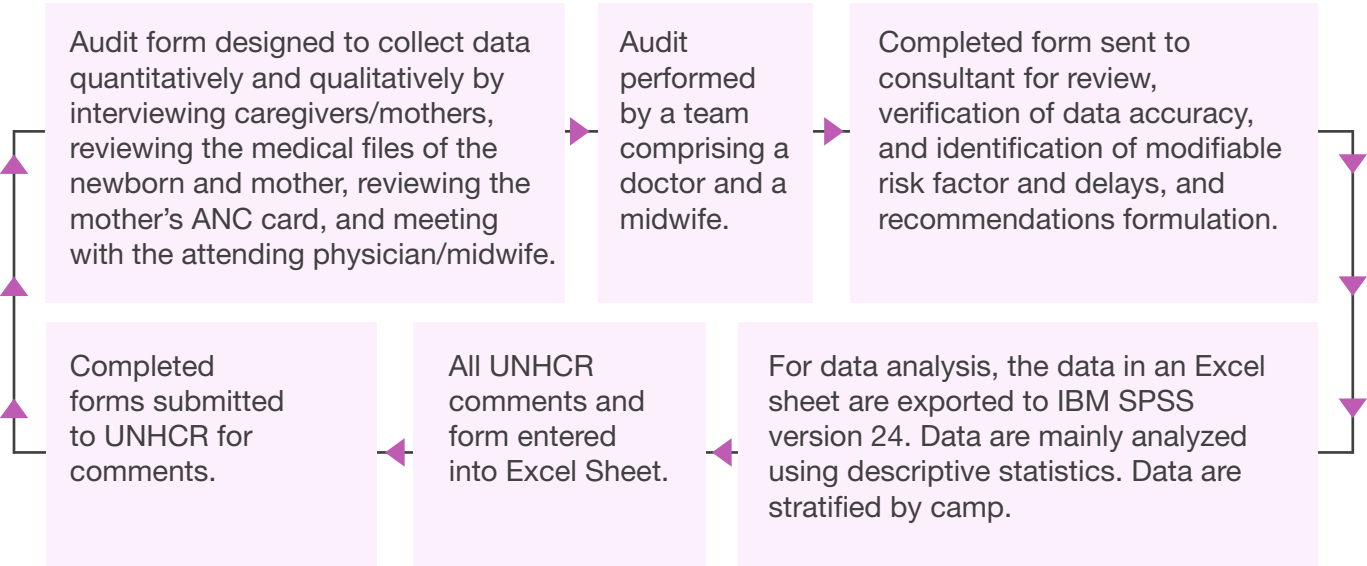




# NEONATAL MORTALITY AUDITS IN ZAATARI AND AZRAQ REFUGEE CAMPS, JORDAN

Since 2016, EMPHNET has been supporting the UNHCR in conducting neonatal mortality audits in two refugee camps: Azraq and Zaatari to systematically capture information on the number and causes of all neonatal deaths and the potential avoidable factors linked to these deaths.

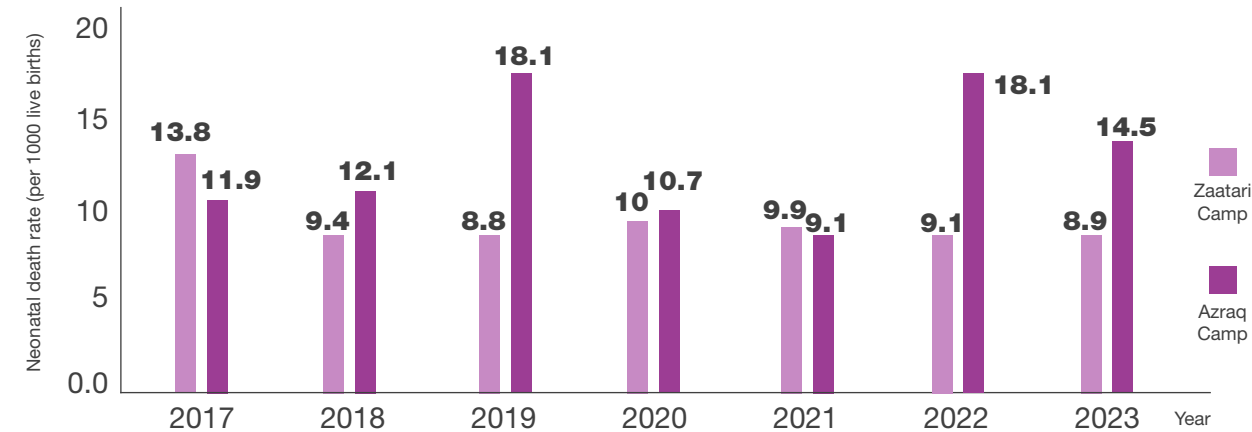
## METHODOLOGY ADOPTED



All information of the audit are kept confidential

## NEONATAL MORTALITY RATE PER 1000 LIVE BIRTHS IN ZAATARI AND AZRAQ CAMPS

2017-2023



### RECOMMENDATIONS RELEASED

Implement community-based interventions to generate and sustain the community's interest in the services offered by the healthcare delivery system and to improve their health-seeking behaviors.

Invest in capacity building programs for health care providers in refugee camps.

Strengthen partnership and collaboration among healthcare providers, NGOs, and community representatives.

# EMPOWERMENT IN COMMUNITY SERVICE DESIGN, DELIVERY, AND UTILIZATION

## INFORMING INTERVENTIONS

### 2018-2020

Developed, translated, and locally adapted a low-intensity **psychosocial intervention package** for improved use of sexual and reproductive health services among adolescent girls and young women within refugee communities. This was a project, SEEK Trial, guided by the principles of community-based participatory research.

**Country:** Jordan, Lebanon, Turkey

### 2019-2022

**Supported qualitative research on community views** of family planning accessibility for Syrian refugees and vulnerable host communities, as detailed in the paper [Midwives and Women's Perspectives on Family Planning in Jordan: Human Rights, Gender Equity, Decision-Making, and Power Dynamics](#).

**Country:** Jordan

## CO-IMPLEMENTING INTERVENTIONS

### 2018-2020

Undertook a project to consolidate community engagement to enhance vaccination acceptance in high-risk districts in Pakistan. Efforts focused on addressing gender-based disparities by empowering women as advocates for vaccination.

Involved Lady Health Workers in **50** advocacy sessions with community leaders and influencers to address misinformation regarding vaccines and worked to build trust within the community.

**Country:** Pakistan

### 2018-2020

Trained vaccinators in interpersonal communication skills to address accessibility barriers and enhance community trust

**150+ female vaccinators** have been engaged.

**Country:** Afghanistan

### 2018-2020

Introduced community engagement to distribute Ivermectin for onchocerciasis elimination

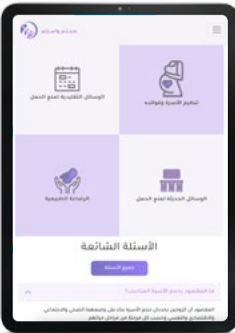
**1,000** trained female volunteers visited **193,586** households.

**Country:** Yemen

## USING INNOVATIVE APPROACHES TO SCALE UP SERVICE DESIGN AND DELIVERY

Developed a **Digital Integrated School Health Data Management System** for Syrian Refugee Student Health Records in Jordan.

Using a participatory approach, EMPHNET supported the **digitalization process** to enhance the accessibility of family planning services for Syrian refugees and vulnerable host communities.





ACCELERATING HEALTH PROMOTION

2016-2017

Scaling Up Integrated School Health (ISH) in government schools and Makani informal education centers in Syrian Refugee Camps in Jordan.

Building the capacities of staff from the MoH and the MoE as well as outreach teams from NGOs and CBOs in the areas of providing quality school health services and managing the school health program.

32 health education training workshops for Makani facilitators and 50 for the school teachers on critical health messages to Syrian refugee children and youth. The workshops covered a range of health education topics.

80% of school teachers trained from 41 schools.

326 facilitators were trained, the majority of whom were Syrian volunteers .

~12,500 students received health messages through health education awareness materials, communication with the parents, and health campaigns in its first phase.

Country: Jordan

2022-2024

CERVICAL CANCER SOCIAL MEDIA CAMPAIGN

Meta Total Reach 1,886,847

X (Previously Twitter) Views 5031

Meta and LinkedIn Impressions 3,553,002

CERVICAL CANCER AWARENESS SESSION CAMPAIGN

Engaging 70+ participants, including representatives from local NGOs, CSOs, and the local media, to develop evidence-based recommendations and strategies.

1000 medical students attended

Medical students engaged 5000+ viewers on social media

Country: Jordan

Gaza @EMPHNET

2024-2025

EMPHNET established a network of about 300 volunteers who are/have been trained in various health-related fields, including health promotion, service delivery, and mental health counseling.

Support provided by these volunteers included health awareness, community mobilization, vaccination post campaign monitoring, malnutrition screening and treatment, and counseling on breastfeeding.






Country: Palestine





# PARTNERSHIPS AND PRESCENCE

## PARTNERS AND COLLABORATORS

-  **300+** international entities.
-  **4** entities in Africa.
-  **18** entities in North America.
-  **14** entities in Asia.
-  **7** entities in Europe.

## ENGAGEMENT ACROSS SECTORS

-  **Governmental Entities**
-  **Associations/ Foundations**
-  **Associations/ Consortiums**
-  **Civil Society Organizations**
-  **Non-governmental Organizations**
-  **Academic Institutions/ Research Centers**
-  **UN Agencies**
-  **Private Sector**
-  **Global Networks**

**NOTABLE RECOGNITION**

EMPHNET received the **UN Interagency Task Force and the WHO Special Programme on Primary Health Care Award (2022)**.

**NOTABLE PARTICIPATION**

EMPHNET was granted the status of “**non-member state actor and observer**” within the World Health Organization (WHO) Eastern Mediterranean Regional Committee to actively participate in the committee's high-level discussions, while contributing to the development of health policies pertaining to the region (2024).

**NOTABLE ENGAGEMENT**

EMPHNET has been a longtime member of the GOARN Steering Committee (2013-Present).

Dr. Mohannad Al Nsour elected Chair of the Global Outbreak Alert and Response Network (GOARN) Steering Committee (2024).



## PARTNERS AND COLLABORATORS

### 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) MultiStakeholder 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)

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
→ Merch 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

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)

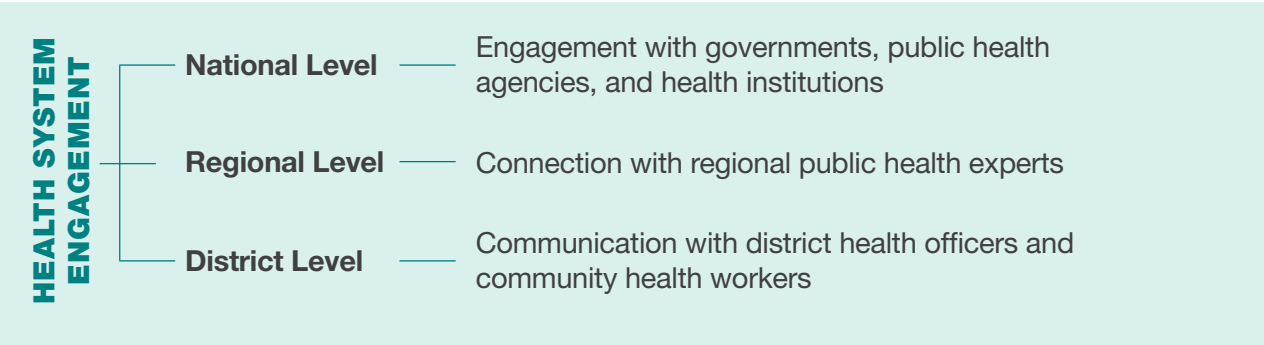
AFRICA

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

BUILDING PARTNERSHIPS

ACROSS THE HEALTH SYSTEM

EMPHNET actively engages a broad spectrum of stakeholders to foster partnerships that drive programs, projects, initiatives, and interventions addressing priorities at all levels.



FORMS OF ENGAGEMENT

WITH OUR PARTNERS

<b>Ministries of Health and Other Government Entities</b>	→ Official correspondence, joint meetings, technical consultations, policy dialogues
<b>Regional Organizations</b>	→ Regional forums, virtual conferences, and multilateral coordination meetings
<b>International Organizations</b>	→ Strategic partnerships and collaborative projects
<b>Academic Institutions</b>	→ Joint research initiatives, workshops, training sessions, and academic publications
<b>Private Sector Entities</b>	→ Public-private dialogue platforms and joint projects
<b>Civil Society Organizations</b>	→ Community outreach events and collaborative campaigns





# PARTNERS AND COLLABORATORS OF THE INTERNATIONAL ACADEMY OF PUBLIC HEALTH (IAPH)

- Building Foundation for Development
- Institute for Family Health (IFH)
- University of Birmingham
- Mundiapolis University
- Center for Science and Technology at Jordan University for Science and Technology
- Field Medical Foundation-Aden
- National Company for Training and Employment
- Rabat Collaborating Center
- Aden International German University
- University of Science and Technology-Aden
- Sustainable Development Foundation
- Aden University
- Ahfad University for Women
- Ajloun National University
- Al Bayt University
- Alamein International University
- Emory University
- Faculty of public health of royal college -FPH
- The University of Memphis
- Health service academy (HSA)
- Ibn Sina University for Medical Sciences
- Jordan Medical Council
- Alamin International University
- The International Association of National Public Health Institutes (IANPHI)
- Mohammed VI University of Sciences and Health -UM6SS Agreement
- Public Health Practice, LLC (PHP)
- University of leeds
- Himmetna Initiative
- Medical Technology and Laboratory Society
- Hadramout University
- Federal Ministry of Sudan
- RAK Medical and Health Sciences University
- Abu Dhabi University “ADU”
- Yale School of Public Health
- Abu Dhabi University
- The Oval Office Group





# WORKING TOGETHER FOR BETTER HEALTH.



**EMPHNET**

The Eastern Mediterranean  
Public Health Network

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## **GHD|EMPHNET: Working Together for Better Health**

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

**JOIN THE CONVERSATION**

