

Progress report on building resilient communities for better health and well-being in the Eastern Mediterranean Region

Introduction

1. In October 2021, the 68th session of the WHO Regional Committee for the Eastern Mediterranean adopted resolution [EM/RC68/R.4](#), endorsing the roadmap on building resilient communities for better health and well-being in the Eastern Mediterranean Region. The Committee requested the WHO Regional Director to report on progress in implementing the roadmap to the Regional Committee at its 70th and 72nd sessions. This final report describes an overview of the progress made since October 2021, with a focus on work since the last progress report in October 2023, according to the different strategic directions of the roadmap.

Progress update

Engaging community and civil society representatives in governance structures

2. Technical and financial support was provided to establish community health committees in Morocco, Oman, Pakistan and Tunisia. In Morocco and Tunisia, societal and community dialogue has been strengthened by creating and implementing appropriate modalities and channels, as well as using the outcomes in strategic planning and decision-making to develop tangible examples of progress.

3. A series of regional and country capacity-building workshops has been conducted to train key individuals and establish linkages between civil society organizations (CSOs) and community committees. This includes training workshops organized by the Urbanlead initiative, in collaboration WHO and ministries of health, to enhance governance capacities to promote health and well-being at national and city levels.

4. The WHO Healthy Cities Programme has been implemented as a multisectoral platform for social and health development at the national level. It encourages community engagement, needs assessments and planning efforts at the local level, enabling communities to take an active role in their health and well-being. Notable achievements have been recorded in Bahrain, the Islamic Republic of Iran, Kuwait, Oman, Pakistan, Qatar, Saudi Arabia, Tunisia and the United Arab Emirates. The Regional Healthy Cities Network website serves as a practical and user-friendly repository for sharing experiences and approaches to community engagement and interventions.

Mapping existing communities, networks, practices and resources

5. A regional mapping exercise was conducted to identify active CSOs and nongovernmental organizations, outlining their mandates and areas of work. The results have been compiled in a database to support the development of new initiatives. Additionally, CSOs have been mapped in three districts in Pakistan (Gilgit, the Islamabad Capital Territory, and Kotli) with information collected on their primary areas of work and potential contributions. There are plans to extend similar mapping efforts to other districts.

6. Community needs assessments for health services have been carried out in the Islamic Republic of Iran, Pakistan and Tunisia. A tool for assessing community health needs and assets was developed

and piloted in the Islamic Republic of Iran and Pakistan, and a review of the relevant literature published.¹

Establishing links and building trust with communities and civic institutions

7. Technical and financial support has been provided to establish community health committees, cofunded by the Swiss Agency for Development and Cooperation, in Morocco, Palestine and Tunisia. These committees consist of diverse participants, including municipality representatives, community leaders and other stakeholders. Regular societal and community dialogues and forums are held to exchange knowledge about community engagement interventions and their outcomes in several countries in the Region, including Bahrain, Kuwait, Morocco, Pakistan, the Syrian Arab Republic and Tunisia.

Enhancing collaboration and coordination for effective interventions

8. A report on community-based engagement for a coordinated response and health outreach to flood-affected populations in Pakistan has been developed to support community-based responses in emergencies. Such responses leverage the collective capacity of community health responders, including what are known in Pakistan as lady health supervisors and lady health workers, as well as local nongovernmental organizations and CSOs. The response interventions entailed equipping community health responders to conduct targeted engagement with flood-affected communities to raise awareness, map vulnerable households and make referrals for additional health care, as required, and supporting community outreach and mobilization in response interventions across multiple health areas such as water, sanitation and hygiene, vector control, and mental health and psychosocial support (MHPSS).

9. WHO's contribution to the Sudan conflict response included guiding the development of the Sudan Health Response Plan from a risk communication and community engagement (RCCE) perspective, identifying key areas for support. This involved fostering collaboration with CSOs for essential health interventions in immunization and noncommunicable diseases, alongside the integration of risk communication messages with the delivery of vital health supplies to affected communities.

Streamlining listening and community feedback to ensure two-way communication

10. To streamline listening and community feedback, a robust regional social listening system was established, leveraging tools such as the WHO Early AI-Supported Response with Social Listening (EARS) tool and Talkwalker, alongside other publicly-available resources. This system has provided timely data analysis and informed listening reports during various emergencies across the Region, integrating social discourse with epidemiological data to guide public health measures. Reports are shared with key internal and external stakeholders, including incident management support teams (IMSTs), countries and an interagency working group. However, WHO's subscription to the Talkwalker platform has now expired due to financial constraints.

11. To strengthen capacities in tackling misinformation and disinformation, regional infodemic management training was initiated, equipping professionals from Afghanistan, Bahrain, the Islamic Republic of Iran, Jordan, Kuwait, Oman, Pakistan and Qatar with essential skills. Furthermore, the regional RCCE and infodemic management (RCCE-IM) interagency working group was revitalized in September 2023 and under WHO's chairmanship in late 2023, convened five times in response to emergencies, including the Morocco earthquake, Libya floods and the conflict in the Gaza Strip. This broadened the group's scope and yielded substantial outputs, including a comprehensive RCCE-IM resource repository, refined mental health messaging and standardized templates for national RCCE-IM plans. As part of this revitalization, joint social listening reports were developed with the United

¹ Ravaghi H, Guisset AL, Elfeky S, Nasir N, Khani S, Ahmadnezhad E et al. A scoping review of community health needs and assets assessment: concepts, rationale, tools and uses. BMC Health Serv Res. 2023 Jan 17;23(1):44. doi:10.1186/s12913-022-08983-3.

Nations Children's Fund (UNICEF) in response to conflicts and humanitarian situations in the Region. The working group now operates with a rotating chair system between WHO, UNICEF and the International Federation of Red Cross and Red Crescent Societies (IFRC), ensuring optimization of strategies through monthly meetings.

12. A significant example of streamlining listening and feedback is the comprehensive response to the earthquake in the Syrian Arab Republic and Türkiye in February 2023. This involved developing a social listening approach to identify community needs and receptiveness, enabling the generation of biweekly social listening reports in collaboration with WHO headquarters and the WHO Regional Office for Europe. These insights were rigorously integrated into the three-level IMST structure, directly contributing to and guiding public health decisions. This approach complemented holistic community health responders' training and a digital campaign, ensuring that tailored support and information reached those displaced by the disaster.

13. In Sudan, biweekly social listening and media monitoring has been initiated to capture health-related concerns. The findings provide crucial insights for emergency response strategies, which are shared with the IMST to inform their actions.

14. The regional risk communication and community engagement framework has been updated. The original framework was developed in 2019 but was updated in response to the experiences, lessons learned, and good practices identified from the response to the COVID-19 pandemic.

Localizing community engagement approaches

15. Healthy city, village and university initiatives are being used as platforms for localizing community engagement. They rely on community engagement approaches, involving community representatives as active members of multisectoral committees at the city, village and educational facility levels. In addition, community health committees have been established at the district level in Morocco, Oman, Pakistan and Tunisia.

16. WHO developed guidance on MHPSS in the Gaza Strip in close collaboration with the Gaza MHPSS Technical Working Group, intended for use by community health workers and volunteers. Similarly, WHO developed tailored mental health messages for conflict-affected communities in the neighbouring countries to Palestine, tested with sample communities for resonance and adapted for local contexts. Additionally, concise public health guidelines were collaboratively developed for flood-affected communities in Libya, leveraging social listening to address their specific needs. Other initiatives have included piloting community conversation kits in collaboration with the IFRC and authoring an in-depth analysis for a journal on the Returning to School Safely post-COVID RCCE initiative, which provided multilingual, contextually-adapted resources that addressed the health-related aspects of returning to school, including psychosocial effects, and bridged digital divides to ensure accessible educational materials for diverse stakeholders.

17. WHO's ongoing efforts in Sudan include developing localized risk communication messages addressing identified health risks. Messaging has addressed health topics such as cholera prevention, protection against vector-borne diseases, measles awareness and safety measures for extreme heat conditions, integrated with the delivery of vital health supplies to affected communities.

Building the capacity of communities and civil society and providing support to maximize community participation

18. A training package on enhancing community engagement and empowerment has been developed. The training package is aligned with the regional framework for community engagement and will support countries in developing national and subnational strategies for community empowerment and engagement.

19. Community health committee/facility member training has been undertaken in the Islamic Republic of Iran, Oman and Pakistan. Capacity-building of community engagement committees at the municipality level has been conducted through the Urbanlead initiative on the best ways to engage communities and create evidence for better planning, with the engagement of academic partners at the national level (this is a global initiative with regional participation from the Islamic Republic of Iran and Tunisia).

20. A training package on key public health issues for community-based workers and volunteers was updated and used to train master trainers in Libya. As part of efforts to build capacity and maximize community participation, a holistic community health responders' training course was developed and deployed across six Syrian cities following the earthquake in February 2023. This initiative, developed in collaboration with the IFRC and the Syrian Arab Red Crescent, addressed critical health issues from water, sanitation and hygiene to mental health, and emphasized chronic disease management and referral systems, directly contributing to equipping frontline responders in affected communities.

21. In a concerted effort to build capacity and enable community participation, training on community awareness and engagement for mpox was conducted in May 2023 in Beirut, Lebanon. This joint cross-departmental initiative involved nearly 30 participants from six countries, representing community-based organizations, nongovernmental organizations and regional networks. The training aimed to increase awareness among at-risk populations, encourage safer practices and enable communities to actively participate in the mpox response. Support was also provided for a knowledge, attitudes and practices study on mpox among high-risk groups in the Middle East and North Africa to inform interventions and message refinement.

22. Further enhancing capacity-building, training was conducted in Idleb, north-west Syrian Arab Republic, following a surge in suspected meningitis cases in July 2023. This training, aimed at enhancing the technical capacities of frontline workers, included detailed presentations on RCCE, focusing on coordination, partner engagement, behavioural insights and establishing community feedback mechanisms. Complementary social media awareness campaigns were also developed, reinforcing the effort to empower communities in the response.

Advancing evidence-based and innovative interventions

23. With WHO support, a community-based qualitative research project was piloted in Hay Helal, an informal settlement in Tunis, Tunisia, to assess community needs and design a strategic response plan. WHO is mobilizing resources to support the response plan.

24. A series of global/regional conferences were held in Qatar (October 2023), Oman (October 2024) and Kuwait (February 2025), to exchange knowledge and experiences in community engagement interventions and outcomes. Participants included focal persons from countries of the Eastern Mediterranean Region and other WHO regions, international experts, academics and representatives from other United Nations agencies, including UNICEF and the United Nations Human Settlements Programme (UN-Habitat).

Documenting and communicating linkages between improved public health outcomes and community-based programmes

25. A template was designed to document community-based programmes and interventions and was used to collect good practices during the COVID-19 pandemic.

26. Good practices in community engagement and examples of how communities play active roles in health and well-being were collected.

27. To promote the documentation of community-based programmes and public health outcomes, the WHO Regional Office is working with country offices to capture their experiences and disseminate lessons learned. An example is the case study developed with the WHO Iraq country office on their successful Crimean-Congo haemorrhagic fever RCCE campaign, describing the campaign's multifaceted approach and tangible impact in mitigating the outbreak, building community trust and fostering resilience. The case study is now published online² and the Regional Office is reaching out to other country offices to encourage similar documentation of their experiences to facilitate knowledge exchange across the Region.

Way forward

28. This is the final progress report as stipulated in resolution EM/RC68/R.4. A virtual pre-Regional Committee technical session will be held in the week before the 72nd session of the Regional Committee. This progress report will be discussed along with the regional road map, and the discussion is expected to lead to recommendations on the way forward.

² Crimean-Congo haemorrhagic fever in Iraq: a risk communication and community engagement success story [website]. Cairo: WHO Regional Office for the Eastern Mediterranean; 2025 (<https://www.emro.who.int/cpi/news/crimean-congo-haemorrhagic-fever-in-iraq-a-risk-communication-and-community-engagement-success-story.html>, accessed 8 August 2025).