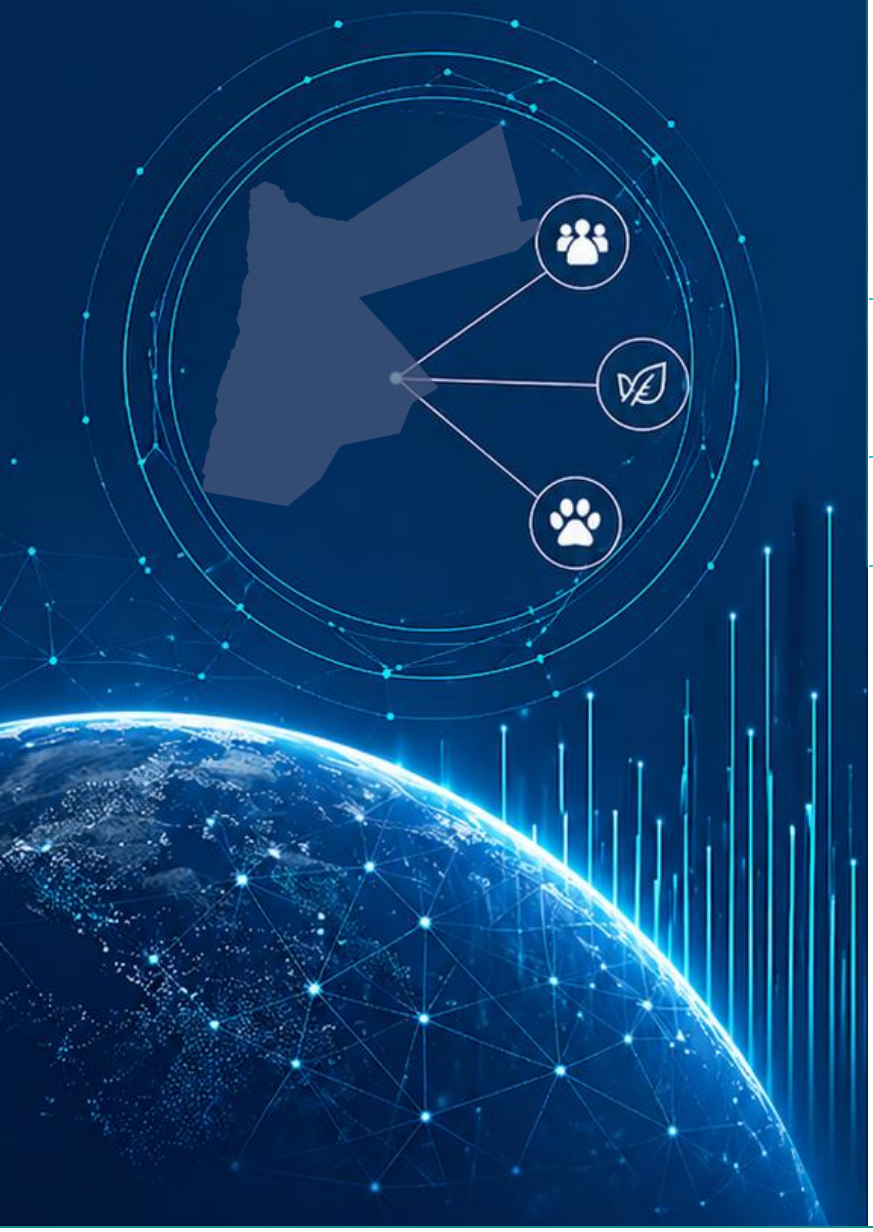
POLICY BRIEF

# Strengthening National Public Health Institutes in the Eastern Mediterranean Region: Priority Actions for Resilient Health Systems and Health Security

**Jordan Center for Disease Control** · August 2026



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المركز الوطني لمكافحة الأوبئة والأمراض السارية

Issue

**2026 / 02**

Classification

**Public**

Topic area

**Public Health Systems**

## KEY MESSAGES AT A GLANCE

| 1 | 2 | 3 |
|---|---|---|
| **Current Situation** | **Performance Barriers** | **Policy Options** |
| National Public Health Institutions (NPHIs) are pivotal to health security, emergency preparedness, surveillance and evidence-based policy making. Yet, their performance could be constrained by complex, interlinked barriers that collectively weaken national preparedness and response capacities. | In the Eastern Mediterranean Region (EMR), these barriers are mainly in areas of governance and organizational frameworks; financing and resource allocation; workforce and capacity building; data, surveillance, and infrastructure; coordination, multisectoral collaboration, and communication; as well as political, cultural and social influences | Priority policy option should focus on adopting robust legal frameworks clarifying and reinforcing NPHIs' mandates, developing diverse and sustainable financing mechanisms, Institutionalizing competency-based workforce frameworks, and embedding risk communication and community engagement into routine operations |

## WHY THIS MATTERS NOW

National Public Health Institutes (NPHIs) are central to global health security, leading surveillance, outbreak response, and evidence-based policymaking to protect population health. However, their effectiveness is often limited by fragmented governance, unstable financing, workforce shortages, weak data systems, and poor cross-sector coordination.

In the Eastern Mediterranean Region (EMR), which includes 22 countries and territories with nearly 745 million people, these challenges are intensified by political instability, humanitarian crises, and fragile health systems. NPHIs across the world vary in autonomy, structure, and institutional maturity, highlighting the need for country-specific approaches rather than adopting uniform models. Decisions on governance, surveillance systems, and service delivery should reflect national contexts, including geography, population needs, and resource constraints.

Addressing these barriers requires both institutional reforms and stronger regional and global collaboration to support knowledge sharing, capacity building, and context-sensitive best practices. In the EMR particularly, strategies must account for the region’s unique political, social, and economic conditions.

Strengthening NPHIs through sustainable financing, greater autonomy, multisectoral engagement, and tailored policy reforms is essential for improving health system resilience and long-term global health security.

## POLICY PROBLEM

Drawing on global evidence and EMR-specific experiences, barriers and policy options were mapped across six interconnected domains: governance and organizational frameworks; financing and resource allocation; workforce and capacity building; data, surveillance, and infrastructure; and coordination, multisectoral collaboration, and communication. Each domain is further influenced by pervasive political, social, and cultural factors, which collectively weaken national preparedness and response capacities and limit the ability of NPHIs to effectively deliver essential public health functions across the EMR

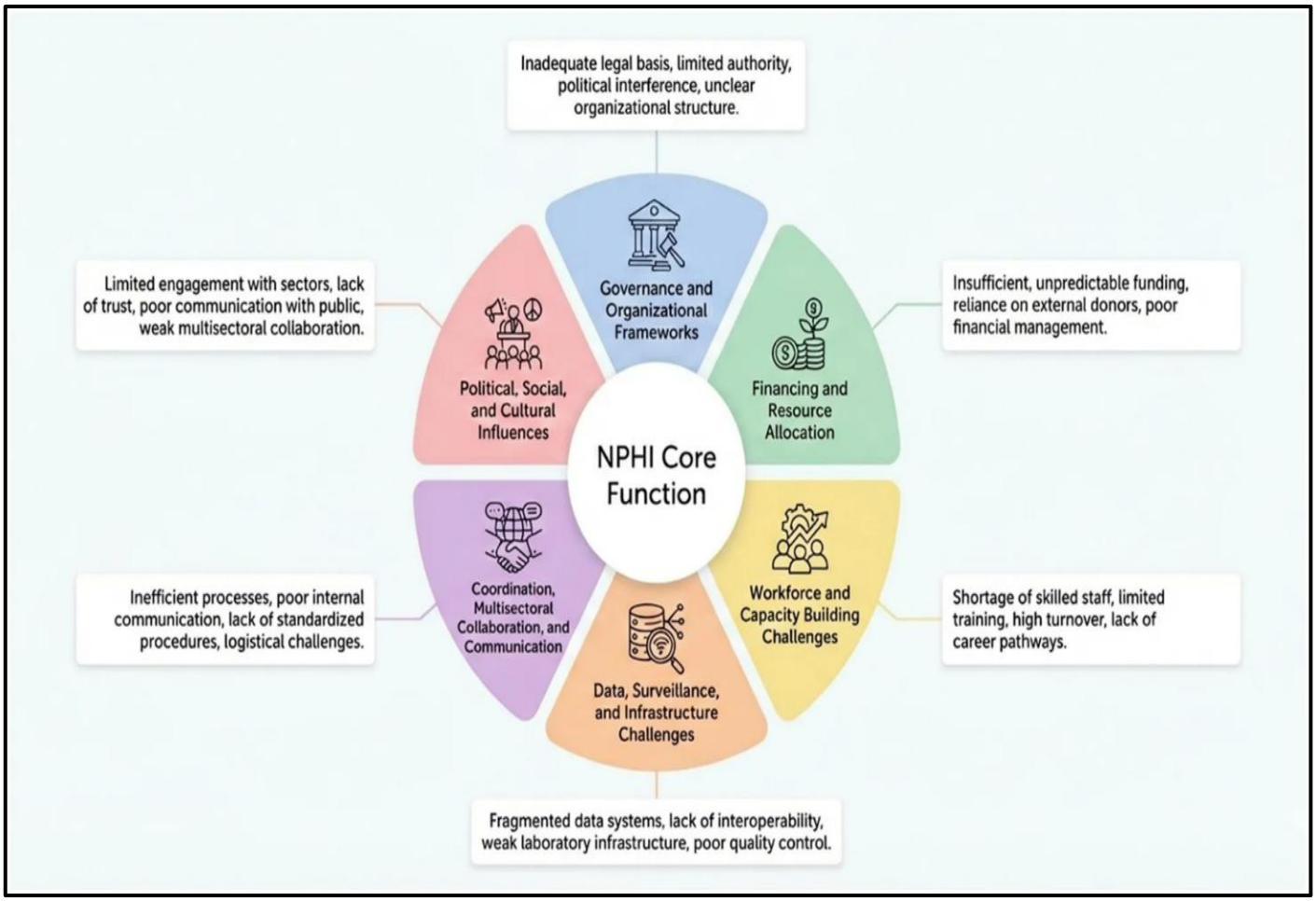


**Figure (1):** Barriers to the effective performance and long-term sustainability of National Public Health Institutes (NPHIs)

## RESEARCH OVERVIEW

### Methodology

This policy brief is informed by an evidence-informed narrative synthesis of selectively identified peer-reviewed literature, documented case studies, and regional reports examining barriers and policy actions related to performance and long-term sustainability of NPHIs across six interconnected domains. The research was conducted by Jordan Center for Disease Control (JCDC), and published in a peer-reviewed journal in 2026.

### Scope

**Regional & National Public Health Systems**

With a particular focus on NPHIs in the EMR

**Barriers to NPHI Performance**

Barriers affecting NPHI performance and sustainability across six interconnected domains

**Priority Policy Actions**

For strengthening resilient health systems and health security

## PRIORITY POLICY ACTIONS

| | |
|---|---|
| **1**<br>**Strengthening the legal and governance foundations of NPHIs.** | **Action**<br>Enacting or updating dedicated NPHI legislation that clearly defines mandates, reporting lines, and accountability mechanisms. |
| | **Key components**<br>• Specify the institute's role as the national hub for public health intelligence and risk assessment<br>• Formalize its seat on high-level inter-ministerial bodies responsible for health security and health system reform |
| | **Expected outcome**<br>Reduction of mandate overlap, mitigation of the risk of ad hoc restructuring and providing NPHIs a stable platform from which to coordinate implementation across the health system. |

| | |
|---|---|
| **2**<br>**Developing diverse and sustainable financing mechanisms** | **Action**<br>Implementing reforms in public financing and administrative rules |
| | **Key components**<br>• Establish protected domestic budget lines for core NPHI functions (surveillance, laboratories, field epidemiology, and risk communication)<br>• Link budget lines to medium-term expenditure frameworks rather than short annual cycles<br>• Simplify procurement procedures for emergency and laboratory supplies<br>• Creating flexible mechanisms to retain critical technical staff |
| | **Expected outcome**<br>Reduced over-reliance on time-limited, donor-driven projects that fragment implementation |
| **3**<br>**Trust-building and risk communication** | **Action**<br>Institutionalizing of social listening, risk communication and community engagement mechanisms. |
| | **Key components**<br>• Work with civil society, professional associations, and local leaders to co-design messages and feedback channels<br>• Dedicate units or teams within NPHIs for analyzing social media trends, community feedback, and behavioral insights. |
| | **Expected outcome**<br>Social trust, reduced misinformation, and increased acceptability of NPHI-led interventions across diverse social groups. |
| **4**<br>**Building capable and stable workforce** | **Action**<br>Building national public health competency frameworks. |
| | **Key components**<br>• Define minimum staffing standards<br>• Inform competency-based career pathways with clear progression criteria, appropriate remuneration, and protected time for continuing professional development<br>• Provide applied training programs in field epidemiology and laboratory sciences with post-training follow up |

**Expected outcome**

Strengthened workforce stability, institutional capacity, and long-term sustainability of essential public health functions through competency-based workforce development and retention mechanisms.

## IMPLEMENTATION CONSIDERATIONS

| Political commitment | Context-specific reforms | Financial sustainability | Equity and inclusion |
|---|---|---|---|
| Requires sustained alignment and coordination across relevant ministries and other stakeholders | Institutional models and reforms should reflect national governance realities, socioeconomic conditions, and health system capacities rather than replicating external models. | Dedicated domestic financing mechanisms are essential to reduce donor over-dependency and short-term funding cycles. | Policies should address the needs of displaced populations, informal settlements, and rural communities to ensure equitable access to public health services, surveillance and preparedness capacities |

## CONCLUSION

NPHIs are expected to deliver multiple public health functions, yet, their function is hindered by a range of systemic and operational barriers. Addressing these barriers through context-specific and sustainable policy actions can strengthen scientific independence, predictable financing, workforce development, multisectoral coordination, and institutional resilience, ultimately enhancing prevention, preparedness, detection, and response capacities across the EMR and beyond.

## REFERENCE

Mukattash TL, Zayed DK and Al-Tammemi AB (2026) Strengthening National Public Health Institutes for resilient health systems: evidence to inform policy and decision makers in the Eastern Mediterranean region. Front. Public Health 13:1745722. doi: 10.3389/fpubh.2025.1745722

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This policy brief summarizes the key evidence, conclusions, and policy options presented in the referenced scientific paper to support dialogue and informed decision-making, while emphasizing the need to adapt them to national contexts and priorities.