

The WHO Regional Office for the Eastern Mediterranean (Research Promotion & Development; Health Emergency Preparedness and IHR) and the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), in collaboration with the WHO Health Security Preparedness Department, are pleased to announce a Call for Applications on “International Health Regulations (2005) and Health security preparedness”.

Application deadline: no longer accepting submissions

Eligible countries: Afghanistan, Bahrain, Djibouti, Egypt, Iraq, the Islamic Republic of Iran, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, occupied Palestinian territory, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates or Yemen.

[Download a guide for applicants](#)

Background and rationale

Health emergencies pose significant risks to communities, organizations and governments across the world. Hazardous events create the risk of morbidity and mortality, interruption of essential health services, and wider uncertainty and economic disruption. Improving health security and [preparedness](#) can help avert these harmful, and often inequitable, impacts.

Operational and implementation research should be a key part of the design and review of preparedness programmes at country level. Yet there is a scarcity of research and development in IHR and health security / emergency preparedness, especially in the WHO Eastern Mediterranean Region, which can guide national and sub-national decision-making and the development of guidance for emergency preparedness at national, regional and global levels. The ongoing COVID-19 pandemic highlights the challenge of effectively measuring the presence of such capacities and the need for more research in these areas of work. Conducting more research can enhance capacity building operations in countries and facilitate a better understanding of how and why a given capacity, or a lack of capacity, affects preparedness for health emergencies.

The purpose of this call is to identify projects that will document, synthesize and disseminate

evidence of capacities for IHR (2005) implementation, health security and health emergency preparedness, as well as supporting the collaborative development and advancement of a preparedness research and development agenda.

Priority research areas

As pertains to the Eastern Mediterranean Region, key lessons learned from the COVID-19 response, with a focus on the following:

The changing landscape of global health security amid the COVID-19 pandemic.

The role of active and engaged communities to accelerate the implementation of IHR (2005).

Enhanced leadership and governance to improve IHR (2005) implementation and health security preparedness,

Innovative approaches for the implementation of IHR (2005) in conflict settings.

Prioritized approaches for health security preparedness.

Evaluating IHR (2005) implementation and health security preparedness at subnational levels.

Effectiveness and impact of public health and social measures, such as mask wearing, travel restrictions and physical distancing, on the trajectory of the epidemic.

Risk perception, behaviours and fatigue due to long-term implementation of social measures.

Innovations for the improvement of IHR (2005) with a focus on the following:

Methodologies to enhance compliance with IHR (2005) in relation to notification under IHR, including international travel in the context of the COVID-19 response.

Applications of IHR (2005) data to improve community surveillance.

Success examples to enhance notification under IHR (2005) and their implications.

Innovative approaches to enhance information sharing between IHR relevant sectors for early detection and rapid response to health emergencies.

Innovative approaches to engage civil society organizations to engage communities to strengthen health security preparedness.

Mobile applications to trace contacts of COVID-19 cases and control the outbreak.

Role of social media in combating COVID-19 infodemic.

Multisectoral coordination and collaboration with a focus on the following:

Best practices of multisectoral coordination and whole of society approach to improve IHR (2005) implementation and health security preparedness.

Best practices or mechanisms for coordination and collaboration with the private sector.

As appropriate and when data is included, it should be disaggregated at least by sex and age (and other social stratifiers such as ethnicity, social status or disability, as applicable) wherever possible.

Eligibility criteria

Applicants submitting proposals must be researchers or health professionals working in public health institutions under the umbrella of ministries of health, universities or research institutions, or nongovernmental organizations, from one of the following countries: Afghanistan, Bahrain, Djibouti, Egypt, Iraq, the Islamic Republic of Iran, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, occupied Palestinian territory, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates or Yemen.

Proposals may only be submitted in English.

Applicants should have a minimum of one publication in a peer-reviewed journal in the past 5 years.

Applicants must demonstrate experience in operational and/or implementation research. This might include, but is not limited to, evidence of having been trained in operational /implementation research and being able to conduct research independently. Such training could include the TDR Implementation Research Toolkit, the MOOC (massive open online course) on implementation research or another formal research training experience.

Experience working with national or local health programmes related to preparedness for health emergencies would be considered an advantage.

We are committed to equality, diversity and inclusivity in science. Researchers are encouraged to apply irrespective of gender identity, sexual orientation, ethnicity, religious, cultural and social backgrounds, or (dis)ability status.

Selection process

Proposals will be selected on a competitive basis. Scoring will be based on scientific merit and the public health impact of the project. Publications resulting from the supported projects and data are required to follow the WHO open-access policy and clearly refer to the Joint EMRO/TDR Scheme support, indicating the grant number.

Funds: US\$ 5000 to US\$ 10 000 per grant. Co-funding from domestic or other sources is encouraged.

Study duration: 1 July – 31 December 2021.

Application deadline: 25 June 2021 (closed)

Submission: The completed application form should be signed by all investigators and submitted using the e-TDR system.

Incomplete applications will not be accepted. Please include the current curriculum vitae/resumes of all investigators.

[Download the application form](#)

In case of questions/information related to administrative documentation, please contact:

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