

## Eastern Mediterranean Region 2025 Annual Report

### Introduction

The Eastern Mediterranean Region (EMR) Pfl-GI network is coordinated by Professor Murad Khan (Aga Khan University, Karachi, Pakistan), with Ms Warisha Zahid serving as Regional Assistant. The leadership team welcomes Dr Marjan Fathi (Iran University of Medical Sciences, Tehran, Iran) as newly appointed Regional Co-Coordinator, whose expertise and regional presence are anticipated to meaningfully strengthen the network's reach in the coming year.

The EMR network currently spans 14 countries with established contacts: Afghanistan, Egypt, Iran, Iraq, Jordan, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Tunisia, and the United Arab Emirates. Efforts to establish links in the remaining countries of the region — including Kuwait, Sudan, Syrian Arab Republic, Palestine, Djibouti, and Yemen — remain a priority for network expansion.

### Achievements

#### Dissemination Activities

##### Conferences and Workshops

Professor Murad Khan represented the EMR network at the IASP World Congress 2025, contributing as a workshop facilitator, symposium presenter, panelist, session chair, and oral presenter across several sessions spanning suicide prevention, data systems, and LMIC-focused approaches. Professor Khan also participated in the Partnerships for Life Pre-Congress Workshop.

##### Meetings

The EMR network held monthly online meetings throughout 2025, providing a regular forum for communication across country representatives. Attendance has been variable, reflecting the realities of coordinating across a geographically and politically diverse region: differences in time zones, competing clinical and professional commitments, and geopolitical instabilities affecting some member countries — notably Iran and Lebanon — have at times limited full regional participation.

##### Communication with Country Representatives

Significant groundwork was undertaken in 2025 to map and consolidate the regional contact network. Active contacts have been established across 14 countries, with ongoing efforts to extend reach to the remaining countries in the region. Ms Warisha Zahid was appointed National Representative for Pakistan within IASP, further strengthening the network's presence and institutional anchoring in the region.

### Advocacy, Policy and Research

No formal advocacy, policy, or research activities were undertaken through Pfl-GI partnerships during 2025. These areas have been identified as priorities for development in the coming year.

## Challenges

The EMR network continues to operate in one of the most contextually complex regions globally. Three challenges in particular have shaped the network's work in 2025 and will require sustained attention going forward.

### Extending Reach to Countries

Despite concerted outreach efforts, meaningful links have not yet been established in six countries within the region: Kuwait, Sudan, Syrian Arab Republic, Palestine, Djibouti, and Yemen. Ongoing conflict, political instability, and limited institutional infrastructure in several of these countries present significant barriers to engagement. Building these connections remains a core priority, and the planned in-person regional workshop is expected to create new opportunities for outreach.

### Decriminalisation of Suicide and Self-Harm

In several countries across the EMR, suicide and attempted suicide remain criminalised under national law. This represents a significant barrier to help-seeking, open discourse, and the development of evidence-based prevention strategies. It also limits the ability of network representatives to advocate openly within their national contexts. Decriminalisation is identified as a critical advocacy gap for PfL-GI in the region, and engagement with relevant policy processes will be explored as the network's advocacy capacity develops.

### Absence of Robust Surveillance Systems

The absence of comprehensive and standardised surveillance systems for suicide and self-harm across much of the EMR remains a foundational challenge. Without reliable data, it is difficult to establish the true burden of suicide in the region, monitor trends, or evaluate the impact of prevention efforts. Strengthening data infrastructure and advocating for the development of national surveillance systems represents both a research priority and an advocacy opportunity for the network in the years ahead.

## Conclusion

2025 was a year of consolidation for the EMR PfL-GI network — strengthening its contact base, regularising communication structures, and welcoming new leadership. The network enters 2026 with clear priorities: deepening engagement with existing country representatives, extending outreach to countries where links have not yet been established, and moving into more substantive advocacy and research activity.

A key milestone planned for 2026 is the organisation of the first in-person regional workshop, proposed to be held at Aga Khan University, Karachi, with Egypt and Morocco identified as alternative venues depending on funding and regional conditions. This event is expected to significantly enhance cohesion and collaborative momentum across the EMR network, and to open new pathways for collective action on the advocacy and research challenges identified above.