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Regional Office for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
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Report of

The Regional Consultative Committee (thirty-second meeting)

Contents

1. Introduction

The Thirty-second meeting of the Regional Consultative Committee (RCC) was held in the Regional Office for the Eastern Mediterranean, Cairo, from 16 to 17 April 2008. Members of the RCC, WHO Secretariat attended the meeting. The agenda and list of participants are included in Annexes 1 and 2 respectively.

Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, welcomed the Committee, in particular the new members. He highlighted the role of the RCC in advising the Regional Office on technical subjects to be presented to the Regional Committee. He noted the increasing coordination with WHO at an organizational level and the recent progress in promoting the concept of "one WHO". The Regional Director drew the attention of the Committee to a number of issues of current concern in the Region. These included the impending problems nations would face as a result of climate change, the continuing challenges posed by complex emergencies and the threat of pandemic influenza. In this regard, he sought the views of the Committee in regard to the stockpile of antiviral medicines that had been established as a precautionary measure, at the request of Member States, the shelf-life of which would expire next year.

Referring to poliomyelitis eradication, he said that the situation was critical, and further resources needed to be mobilized to eradicate polio from the remaining areas and minimize the risk of re-emergence in areas that have achieved the target. He noted in this regard, the re-emergence of locally transmitted cases in a localized area in southern Sudan, for which an immunization campaign was about to start.

Maternal and newborn health, as priorities in the Region, required particular vigilance. Mortality was still high, he said, in areas of prolonged civil strife, but also in countries and areas where other health indicators had already been improved. Communicable diseases remained a priority in many countries. New vaccines were being introduced in the Region to control more childhood diseases (e.g. meningitis, *Haemophilus influenzae* B, *Streptococcus pneumoniae*, rotavirus). However, while high-income countries and low-income countries, the latter with support from the GAVI Alliance, had been able to introduce these new vaccines, the cost was proving unaffordable to middle-income countries. This was a problem that needed to be addressed.

The Regional Director referred to the increasing importance of partnerships for WHO, and the increasing dependence of WHO on extrabudgetary funds to implement its technical programmes. Even so, since most of the extrabudgetary funds available were for emergencies and polio eradication, there had been a shortfall of US$ 92 million in 2006–2007 affecting, in particular, implementation of planned activities in child and adolescent health, Making Pregnancy Safer and noncommunicable diseases. WHO's work addressed the priorities set by the Member States through the Executive Board and World Health Assembly. However, the priorities of individual countries also needed to be addressed. Finally, he drew attention to the subjects to be discussed on the agenda, in particular the growing problem of sexually transmitted infections which, among other things, had serious implications for the Region's continued ability to control HIV.

Responding to the opening remarks of the Regional Director, the Committee commented on two areas. First, in regard to the stockpile of antiviral medicines, a number of approaches were suggested: review of the stability studies to see whether expiry dates might be extended, although the precedent this might set would need careful consideration; call for a global meeting to review the situation of stockpile of medicine in the Region; use of the medicines to treat seasonal influenza, although this might create resistance and increased expectations from consumers; and discussing the issue with the pharmaceutical industry and collaborating in reaching a solution, keeping in view the continued need for such a stockpile. Second, in regard to the balance between regional priorities and the availability of funds, the Committee drew attention to the threat that increased reliance on extrabudgetary resources posed to the integrity of WHO, and the contribution of this to undermining national financial structures and allocations for health.

2. Follow-up on the recommendations of the thirty-first meeting of the Regional Consultative Committee

The Committee reviewed the report of the Secretariat on implementation of its recommendations at its 31st meeting. It noted the need to ensure continued follow-up at future meetings in areas where its recommendations continued to be valid.

3. Building bridges for research for health, policy and practice: changing views and needs for health research communication in the Eastern Mediterranean Region

Research for health can play a major role in identifying the best policies through which to channel efforts, in ensuring that vertical approaches do not fragment fragile health systems and in monitoring and evaluating progress. At the regional level a major strategic objective of research for health is to strengthen and formalize communication among programme managers, researchers, communication specialists, policy-makers and representatives of funding agencies. To design an effective research for health communication strategy at national or subnational level, stakeholders should include a variety of public and private sector agencies. In addition to addressing public health concerns, a communication strategy would prove to be beneficial to regional health researchers, government, public health care establishments and the health industry. The development of a sound strategy will provide coherence in research for health programme activities and help to direct health programmes towards attainment of the targets of the Millennium Development Goals.

Discussion

There is a paucity of research in the Region, particularly in low- and middle-income countries as too few resources are allocated to research, and when research is conducted, it is neither needs-oriented nor properly communicated to the policy-makers. However, when needs-based operational research is commissioned it has higher relevance to both policy- and decision-makers. The Region lacks a strong research culture and this needs to be developed and research findings more effectively disseminated in order that research is used as problem-solving tool to improve the health of communities and efficiency of care, focusing not only on medical issues but also on public health.

Medical schools and other health-related research institutes play a major role in research but much of this research is not health-oriented. Research for health also needs to be directed towards social issues. Although there is need for development of a communication strategy for research for health, this issue must be addressed after tackling the shortcomings in research itself: the need for greater budgetary allocations for research; the need for more training; the lack of motivation among researchers; the need for greater dissemination of research findings; and the gap between research conducted by acadaemia and research needed by decision-makers in the health system. Since decision-makers need to be involved in research planning, a communication strategy should emphasize the need to involve them from the very onset of the process.

Recommendations to the Regional Office

1. Revise the paper to focus on ways in which the health research data being produced in the Region can be used to inform effective health policy.
2. Advocate with Member States to ensure that national strategies for health research involve all interested and concerned stakeholders and include mechanisms to facilitate the use of research outcomes in the decision-making process.

4. Promoting nursing and midwifery development in the Eastern Mediterranean Region

Nurses and midwives are the main professional component of the “front line” staff in most health systems. Health workforce in crisis, the theme of World Health Day 2006 marked the beginning of a decade, until 2015, that will be devoted to addressing human resources development. WHO and

Member States made commitments to make human resources for health and its nursing backbone a strategic priority across the globe. Since the first meeting of the Regional Advisory Panel on Nursing, which took place in 1990 in Alexandria, Egypt, tremendous progress has been made in nursing and midwifery development both at the national and regional levels. The Region continues to invest in the development of nursing and midwifery resources as a critical component of health system and health services development. Efforts are being made to manage the crisis related to shortages in nursing and midwifery while trying to improve the quality of training of nursing and allied personnel in general.

To ensure quality and coverage of health care, there is an urgent need to re-examine the regional strategy on nursing and midwifery professions adopted by the Regional Committee in 1998, especially in terms of scaling up of the nursing workforce, provision of incentives and development of career schemes. Focus should be placed on workforce planning, educational reform with establishment of family health nursing education and services and advanced practice nursing, maximum utilization of roles, and positive practice environments with specific strategies for rapid scaling up of the nursing and midwifery workforce in countries in conflict and complex emergencies.

Discussion

Image is one of the most important constraints to scaling up nursing practice in the Region. While the titles and educational requirements of nurses vary among countries, their status is generally low. Low pay scales compound this situation by discouraging the retention of trained nurses, who migrate to other countries or to administrative positions because of financial reasons. Incentives are needed to retain nurses and should reflect the level of complexity of work. In some countries of the Region there is a shortage of male nurses, and more efforts are needed to have a gender balanced nursing workforce. Programmes are also needed to re-educate older nurses returning to the workforce, for example after raising a family. Nursing is one of the few careers where the graduates are ensured a position after graduation.

Although some small countries have a large ratio of nurses to population, most countries in the Region are deficient in nurses, both male and female. This is particularly true in low-income countries, where roughly half the regional population lives. This shortage is due in part to lack of nursing schools and teachers in the Region. In addition to establishing more nursing schools, programmes should be developed to train BSc nurses to teach nursing in order to build a cadre of nurse teachers. As well, more nurses need to be developed as leaders that can head nursing schools and work in ministries of health to raise the visibility of the nursing profession and help ensure strategic planning with regard to nursing and the health workforce.

Misuse of the nursing workforce exacerbates the shortage of nurses in the Region. In this respect the need for support staff must be recognized, along with the potential roles that nurses can play in delivery of health services, for example in the growing trend of nurse prescribing. Opportunities to shift tasks, such as from physicians to advanced practice nurses, should be examined from a primary health care perspective to determine where use of well-prepared nurses could facilitate timely access to health services. Both technical nurses that have been prepared in a 2.5-year programme, with the requirement of 12 years of general education and professional nurses prepared in a 4-year university programme are needed for delivering health services in many countries. It is important that nursing curricula are oriented towards community health needs.

Recommendations to the Regional Office

1. Review and update the present regional strategy for nursing and midwifery to address emerging issues related to nursing governance, education, practice and regulation with a focus on workforce planning, career schemes, improvement of salary scales to reflect adequate compensation and complexity of work, recruitment and retention, optimal utilization of skills, enhancement of the professional status of nursing, and creation of positive practice environments.

2. Develop strategies for rapid scaling up of the nursing workforce to address disparities in supply and demand, workforce migration and low proportion of national nursing workforce.

3. Establish family health nursing roles, educational programmes and service delivery structures and practice in which qualified family health nurses can perform their roles in collaboration with family physicians.

4. Enact regulatory mechanisms, including the establishment of nursing and midwifery councils, to protect the health of the public and ensure a safe and effective level of nursing care.

5. Encourage development of advanced practice nursing at the primary, secondary, and tertiary level of care to ensure timely and accessible service to users, especially vulnerable groups.

5. Regional strategy for the prevention and control of sexually transmitted infections 2009–2015

The Global Strategy for the Prevention and Control of Sexually Transmitted Infections (STI) 2006–2015 was developed in response to resolution WHA53.14 (2000) and complements the WHO Global Reproductive Health Strategy. The Strategy was endorsed by the Fifty-seventh World Health Assembly and will contribute to the attainment of international development goals and targets (WHA57.12). Based on the global strategy, a regional strategy for the prevention and control of STI (2009–2015) is currently being developed and takes into account the diverse epidemiological, cultural and socioeconomic situations of countries in the Region. This strategy is being developed through a consultative process with public health experts, clinicians and scientists from the Region and aims to provide a framework through which to guide accelerated efforts for the prevention and control of STI at regional and national level. Some of the benefits expected from implementation of a regional strategy include: improved information on STI trends and risk behaviour; strengthened approaches and interventions to break the chain of transmission and to reduce mortality and morbidity as a result of STIs; and the application of special approaches and more interventions to effectively reach at-risk populations.

Discussion

The magnitude of the burden of STI is not well known in most countries of the Eastern Mediterranean Region due to the limited STI surveillance in the Region. Existing data are from small-scale studies only and WHO acknowledges its own estimates of the burden are an underestimation of the problem. Studies have shown that people with STI present at private, and not public, health facilities as a result of stigma and accordingly regional data on the extent of the problem are not being collected. It is important that services for the prevention and control of STI are integrated into primary health care to address these issues and the problem of high-risk groups. It is essential that a STI situation and response analysis in the countries of the Region is now conducted.

It is the first time a regional strategy on the prevention and control of STI has been formulated and it is important that more emphasis is given in the strategy to prevention, particularly in light of religious and cultural considerations. The Committee warned of the dangers of isolating religious leaders who may perceive unintended connotations in the language of the strategy, such as ‘safe sex’, which may be seen as promoting sex outside of marriage. It is imperative that the approach heeds the response of religious leaders as their involvement in the dissemination of educational messages is critical. The strategy can be used as an advocacy tool to raise people’s awareness, in a similar way that the issue of HIV and the development of the HIV strategy did few years earlier.

Research is needed on the global trend of marriage at later ages, as this is contributing to increasing rates of STI, and school health education should highlight the benefits of marriage, including marriage as a health determinant, to young people. Early (at the age of 18 or above), mature marriage will be protective, where both partners are STI and HIV uninfected, non-risk taking and absolutely faithful. Premature marriage may in particular put girls and young women at increased risk of STI and HIV. While patterns of sexual behaviour in the Region remain largely traditional, the internet is increasingly

exposing young people, in particular, to issues of which previously they have been largely unaware. The importance of involving non-health sectors and of good reproductive health education for all age groups was also highlighted.

Recommendations to the Regional Office

1. Assist countries to conduct STI situation and response analysis in countries to base STI programme on reliable STI data.
2. Build on protective religious and cultural values and practices for the prevention of sexually transmitted infections in the Region including the value of faithfulness. This subject is well formulated in the regional strategy on strengthening the role of the health sector response to HIV/AIDS and STI and could be followed in the regional strategy for prevention and control of STI.
3. Involve non-health sectors partners and stakeholders in the response to sexually transmitted infections, according to the setting. These can include other government sectors, such as education, as well as the private sector.
4. Adapt prevention approaches within existing strategies such as reproductive health education according to the needs of different population groups, such as youth, women and most-at-risk-population groups, in the regional strategy.
5. Ensure that national STI policies are in line with ethical standards, human rights norms and protective cultural and religious values, in particular respecting the principles of non-discrimination and non stigmatization and equity in access to STI prevention and care services.

6. Improving hospital management and autonomy

Hospitals are important and costly components of health systems world wide. Globally and regionally hospitals absorb around 50%–70% of total government health expenditure, employ an important workforce both in numbers and in technical expertise and make extensive use of expensive sophisticated biomedical technology. Hospital performance is perceived as low or moderate in the Region based on quantitative indicators, with huge variations within the country, as manifested by low bed occupancy rates, long stays, frequent unnecessary follow-up appointments, misuse of diagnostic facilities and medical errors.

To deal with the low performance, many countries of the Region have piloted various forms of hospital autonomy. Some experiences in the Region ended at the pilot stage with ambiguous results, and some are still being piloted successfully. Several countries are revisiting the approach. Many countries pinpoint weak hospital management as one of the causes of low performance. Evidence gathered by the Regional Office indicates that hospital management often lacks clarity in linkage to the overall health system, and is not comprehensively positioned as a subsystem of health system governance.

Discussion

Improving hospital management and promoting hospital autonomy were acknowledged as valid approaches for strengthening performance of hospitals. However, this needs to be tackled within the context of the health sector as a whole, including the need for greater efficiency within the public sector. Care must be taken to ensure that cost analysis and performance improvement are not misinterpreted as exercises in cost-cutting.

While it is acknowledged that the Region is moving towards greater private sector involvement in health care provision, the Committee expressed deep concern about the effect of this uncontrolled growth on equity. Many countries should put more effort on management skills necessary to improve public sector performance to play the major role in health service provision especially to the vulnerable groups. It remains important to emphasize the role of the government in regulating the health system, including hospitals.

The Committee emphasized the need for a clear definition and understanding of 'autonomy' and to change the language of autonomy from reflecting private sector modality to improving public sector performance regarding accessibility, quality, efficiency, cost containment and community participation. True autonomy implies that it is a tool for better performance and quality care in the public owned sector by allocating specific budget within which to work and has decision-making power over all aspects of the running of the hospital including decision relating to staffing, purchasing and contracting out, as well as bearing the attendant responsibilities.

Since many countries in the Region have large poor populations, low insurance coverage, and high levels of public subsidy of health care, it is important to be able to offer a model that takes all these factors into account, as well as offering greater efficiency and improved standards of care. Experience shows that public hospitals autonomy can hurt poor and disadvantaged if not properly planned. Safeguards also need to be in place for those population groups not covered by insurance.

Recommendations to the Regional Office

1. Promote the social responsibility of public hospitals service provision in order to protect equity particularly for marginalized, poor and vulnerable population groups.
2. Promote the participation of hospitals in the Region in using the Performance Assessment Tool for Quality Improvement in Hospitals (PATH) as a tool for collecting data on their performance, identifying how they are doing in comparison to their peer group, benchmarking performance and initiating quality improvement activities.
3. Support assessing past and ongoing experiences of hospital autonomy to generate sufficient evidence of its impact on accessibility, quality, efficiency, cost containment and community participation. These studies should take into consideration the regional context.
4. Advocate initiation of research in pilot projects of contracting out both clinical and non clinical services to formulate evidence-based national policies and strategies.
5. Develop necessary expertise in hospital management (concentration on costing, cost analysis, financial management, human resource management, auditing in general and technical auditing in particular, skills in physical planning, etc.).

7. Subjects for discussion during the thirty-third meeting of the RCC (2009)

- Road and traffic accidents
- Antimicrobial resistance in the Region with particular focus on tuberculosis
- Climate change and health in the Region
- New vaccines and the future of the Expanded Programme on Immunization and vaccine development in the Region
- Noncommunicable disease in the Region with particular focus on cancer
- Mental health and children
- Food security and nutrition
- Early childhood development
- International health cooperation and partnerships for health and the future of financing global public health priorities

Annex 1

Agenda

Follow up on the recommendations of the 31st meeting of the Regional Consultative Committee

Building bridges for research for health, policy and practice: changing views and needs for health research communication in the Eastern Mediterranean Region

Promoting Nursing and Midwifery Development in the Eastern Mediterranean Region

Regional Strategy for the Prevention and Control of Sexually Transmitted Infections (STI) 2009–2015

Improving hospital management and autonomy

Subjects for discussion during the 33rd meeting of the RCC (2009)

Annex 2

Members of the Committee

Professor Mamdouh Gabr	Secretary-General, Egyptian Red Crescent Society, Cairo, Egypt
Dr Alireza Marandi	Member of Parliament and Professor of Pediatrics and Neonatology, Chairman of the Board of Trustees, Society of Breast Feeding, Teheran, Islamic Republic of Iran
Dr Abdul Rahman Al Awadi	President, Islamic Organization for Medical Sciences, Kuwait
H. E. Dr M. Jawad Khalife*	Minister of Public Health, Ministry of Public Health, Beirut, Lebanon
H.E. Mr Ejaz Rahim	Federal Minister for Health, Government of Pakistan, Islamabad, Pakistan
Dr Omar Suleiman	President, Development Action Now (DAN), Director Development Technology and Services International (D'TASI), Khartoum, Sudan
H.E. Dr Mohamed C. Biadillah	Former Minister of Health, Rabat, Morocco
H.E. Dr Saad Kharabsheh	Former Minister of Health, Amman, Jordan
Dr Zulfiqar Bhutta*	Professor of Paediatrics, Department of Paediatrics, The Aga Khan University, Karachi, Pakistan
Professor Koussay Dellagi*	Director, Pasteur Institute of Tunisia, Tunis, Tunisia
H.E. Dr Ali Bin Jaffer Suleiman	Adviser, Health Affairs and Supervising the Directorate General of Health Affairs, Ministry of Health, Muscat, Oman
Professor Peter Hansen	Former Commissioner General, UNRWA, Diplomatic-in-Residence, Fordham University, New York

* Unable to attend

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