Report on the

High-level expert meeting on health priorities in the Eastern Mediterranean Region

Cairo, Egypt
1–2 March 2012
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Introduction

1. A high-level expert meeting on health priorities in the Eastern Mediterranean Region was held at the WHO Regional Office for the Eastern Mediterranean, Cairo, 1–2 March 2012. The primary aim of the meeting was to discuss the health challenges in the Eastern Mediterranean Region, priorities for scaling up public health action and WHO’s response. On his appointment by the Executive Board, the Regional Director, Dr Ala Alwan, indicated that his term would have a strategic focus on health systems strengthening, on intensifying action to prevent communicable diseases including poliomyelitis eradication, on scaling up actions to promote health and prevent noncommunicable diseases, and on providing special support to countries experiencing crisis and requiring reconstruction of health systems. On taking up his appointment on 1 February 2012, he requested the development of working papers on health systems, communicable diseases, noncommunicable diseases, emergency preparedness and response, and maternal and child health. These papers outlined the current regional situation and challenges, current WHO response and gaps in WHO capacity.

2. At the WHO reform meeting held in Geneva, 27–28 February 2012, Member States identified five categories for priority-setting and programmes that broadly aligned with the same priorities, as follows: communicable diseases, noncommunicable diseases, promoting health through the life course, health systems, and preparedness, surveillance and response. In addition, Member States agreed criteria for priority-setting and programmes in WHO as follows: current health situation, needs of individual countries, internationally agreed instruments, existence of evidence-based cost-effective interventions, and the comparative advantage of WHO.

3. Participants in the high-level expert meeting were requested to review the working papers, and to advise on what additional challenges existed that had not been identified and gaps in WHO response. The specific objectives of this meeting were to agree on specific health challenges in each area of work, look at the gaps and see how WHO is currently responding, to identify where WHO is not delivering adequate support to countries and why, and to map the way forward. Sections 2-7 document the feedback of participants in this regard. Section 8 provides a conclusion and outlines the key areas for strategic action.

Health systems

Diversity of health systems and need for strengthening

4. Health systems across the Region are diverse in nature and form. There are various ways of categorizing health systems, but the most important, from a reform standpoint, is a categorization which enables a differentiation on the basis of a country’s health financing structure. In this respect the health systems in the Region can be divided into three categories—revenue-funded health models, publicly financed health models that are moving towards insurance, and mixed models where a paucity of public financing and a burgeoning private sector go hand in hand and which are illustrated by high out-of-pocket payments. With this as a backdrop, countries of the Region vary widely with regard to their needs, resources and priorities. Additionally, there is wide variation among and even within countries. Different tiers of government and health care make it difficult to make unified recommendations with regard to health system strengthening. It is imperative that WHO step up its capacity to be responsive to specific country needs and provide normative input that is relevant to each context.

5. There are some challenges that are common to most health systems. These include weak governance and weak participation of civil society and the private sector. These challenges underscore the need for participatory approaches and stepping up accountability systems, across the board.
6. In discussing health system strengthening, it is important to remember that health systems exist to serve health programmes, and that efforts cannot be undertaken in isolation. As well, health systems need to be prepared and should be resilient in the face of emergencies. Ultimately, the focus on health systems should lead to improvement in service delivery.

7. There is a clear need to enhance WHO capacity and technical expertise in health system strengthening. However, priorities differ according to the health and socioeconomic situation of countries and therefore different technical skills are needed to support different groups of countries. The Regional Office has worked with some countries to develop health system models but other countries had been left behind. WHO needs to address the gap in availability of expertise to respond to the increasing demands of Member States for technical support relating to health systems that is relevant to their individual contexts. WHO should identify a group of people that can help with health system planning.

**Health financing**

8. In many countries, out-of-pocket payments predominate as a means of financing health; reducing reliance on out-of-pocket expenditure should be one of the major goals in any effort to improve health systems. The other priority is to improve efficiency in use of resources. More efforts are also needed in the area of tracking resources. The issue of catastrophic health expenditures is important and calls for a fundamental rethink of health needs within primary health care. Linked to this is the need for creating social safety nets, which can help protect the vulnerable.

9. There is a need for WHO to provide technical guidance to countries based on the 2010 World Health Report on health system financing. The report recommends several critical actions to improve support for interventions, including increasing efficiency of revenue collection when allocating government budgets, improving access to social health insurance, and introducing innovative financing, such as increased tobacco and alcohol taxes, levies on air travel tickets and foreign exchange transactions.

**Health information systems**

10. Regular analytic assessment of health system performance is needed, such as through annual reviews linking performance with results. National health information systems need strengthening in the Region. Only a small number of countries report reliable and complete cause-specific mortality data and there is scarcity of standardized data on health risks and determinants. The data are often weak, irregular, fragmented and not given priority as an integral part of health surveillance systems. National capacity in epidemiology and surveillance is inadequate in most countries. Priorities for action in this area are strengthening of civil registration systems including reliable data on cause of death, regular health examination surveys, and strengthening data on health facilities and health system performance. There is also potential for improvements in the area of health informatics. There is need for WHO to develop consensus on technical guidance and set up a road map for strengthening health information systems. As well, WHO needs to be at the forefront of health system performance assessment in countries. Linked to this is the issue of apex health information institutions; creation and designation of such institutions would be a “quick win” for WHO.

**Service delivery**

11. More attention should be given to primary health care and expanding coverage with essential health interventions. In some countries, absence of referral links renders primary health care under-utilized, with the bulk of the responsibility for such care falling on the tertiary level. Primary health care represents a continuum of care across the life-cycle and health system. The family health model needs to be promoted
as the principal approach to strengthening primary health care with the development of benefit packages tailored to the different tiers of countries in the Region.

12. Lack of private sector engagement, harnessing and regulation is an important issue that constrains the ability of health systems to leverage their outreach. The private sector and non-state entities provide the bulk of care in most countries with mixed health systems, in some cases as much as 70%–80%, yet it remains largely unregulated. WHO needs to provide greater support for such regulation.

13. The production and fair distribution of adequately trained primary health care professionals is a major gap in most countries. Several countries have been successful in developing effective models for training of primary care professionals and family physicians. Learning from regional and international experience is a priority in addressing this gap. The successful primary health care experience in the Islamic Republic of Iran can be a major source of learning. Developing concrete guidance on the preparation and continuing capacity-building of primary health professionals is a priority for WHO. Community-based platforms should be further explored. There are many successful regional examples of community-based initiatives in rural areas, but to date they have not addressed the urban poor.

Access to essential technologies

14. The Region faces a number of constraints in access to essential technologies, such as medicines, vaccines and devices, including lack of data on access to these technologies at the primary health care level in some countries and weakness of regulatory and quality control. In this respect, WHO needs to deliver support to Member States in: strengthening national regulatory authorities so that they are adequately resourced and staffed to inspect facilities and products and to assure quality; adopting approaches to improve access, such as generic policies and social marketing of generic essential products through the private sector; improving public procurement; separating the prescribing and dispensing; controlling wholesale and retail mark-ups through regressive mark-up schemes; and exempting essential products from import tax and value-added tax.

15. WHO needs to go beyond diagnosing the gaps to develop a full set of solutions for strengthening health systems, linking actions to the local context. WHO also needs to be more proactive in engaging in the national health reform processes and expand the scope of its in-country engagement to pre-empt reform, which many times does not come branded as “health reform”. There are examples of many ‘health’ reform initiatives that deeply impact health systems, but that were neither led by the health sector nor labelled as such.

Communicable diseases

16. A number of important challenges directly affect the prevention and control of communicable diseases in the Region. These relate to the need to strengthen: national capacities for surveillance to detect outbreaks, characterize disease transmission patterns, evaluate prevention and control programmes, and project future health care needs; early warning systems to detect emerging and reemerging diseases outbreaks and capacity for outbreak investigation to respond to current and future emerging threats; the capacity of public health laboratory networks including in the human-animal interface area; infection control programmes and measures, in particular with regard to reporting of nosocomial infections and drug-resistant infections; public education programmes to develop, evaluate and promote prevention and control strategies for communicable diseases; and professional capacity, in particular with regard to the areas of epidemiology and laboratory, and very high turnover which results in a continued drainage of trained professionals.
17. Countries, with technical support from WHO, need to establish integrated disease surveillance systems to improve effectiveness and efficiency of public health surveillance and response functions, and also to synergize other public health services and functions including public health laboratories in order to detect, confirm and respond to public health threats and events in a timely manner.

18. Greater investment is needed by countries in their EPI programmes, availing all resources including vaccines to reach all the target populations. Particular attention needs to be given to improving reporting systems and data quality, establishing well functioning national immunization technical advisory groups (NITAG) and taking necessary measures to secure sustainable access to all required adequate vaccines and technologies, including developing a pooled vaccine procurement system.

19. Based on the recent deliberations of the Strategic Advisory Group of Experts on Immunization (SAGE), Afghanistan and Pakistan will revise their emergency action plans aiming at poliomyelitis eradication in near future. Strong political commitment, active community engagement and a comprehensive communication strategy to increase demand for immunization, including for poliomyelitis, are among the elements needed for success.

20. To achieve the MDG6 targets in the Region, countries will need to scale up HIV, tuberculosis and malaria programme activities in the coming three years. In this regard, countries need to improve case detection and notification, to strengthen surveillance systems, to increase laboratory capacities and to develop new strategies and service-delivery models to increase coverage of high-risk populations with decentralized sustainable preventive and care services.

21. All States Parties in the Region, with WHO technical assistance, should take the opportunity offered to extend the deadline for implementation of the International Health Regulations to June 2014, in order to develop and implement comprehensive multisectoral plans to achieve and sustain all capacities required for implementation of the Regulations, including those related to points of entry, food safety, zoonotic events, chemical events and radiation emergencies.

**Noncommunicable diseases**

22. Following the Political Declaration of the General Assembly on the Prevention and Control of Noncommunicable Diseases, WHO needs to act promptly, to deliver on the mandate given to the Organization by the Declaration, particularly in building its own capacity for developing technical guidance to countries in the three pillars of noncommunicable disease strategy (surveillance, prevention and health care). The declaration provides unprecedented vision, normative clarity and a clear time-frame for action.

23. The road map is very clear with an exact timeline. By end 2012, WHO needs to develop global monitoring targets, by end 2013 all countries should have multisectoral noncommunicable disease plans and programmes, and the progress countries will make will be reviewed at the level of the General Assembly in 2014.

24. A much higher priority should be given by the Regional Office to noncommunicable diseases, including a higher level of staffing.

25. WHO should support countries in building institutional capacity and competencies to engage with different stakeholders.

26. Donors need to be convinced and encouraged to fund noncommunicable disease interventions.
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27. A higher level of advocacy based on concrete data and sound evidence is needed to strengthen the commitments of policy-makers in Member States to tackle noncommunicable disease risks and determinants, particularly in relation to preventing tobacco use and addressing unhealthy dietary patterns. Implementation of the Framework Convention on Tobacco Control and the MPOWER measures should be scaled up and as a good example of primary prevention. Intersectoral action should be replicated for fast food and sugar and salt reduction.

28. More focus is needed on secondary prevention, especially improving access to essential medicines.

29. While more collaborating centres are needed for their expertise and the support they can offer in research and capacity building, there are few well resourced centres in the Region at present. Also the process of designation is complex and long. Knowledge hubs offer a faster simpler route to building up capacity in the Region in the first instance.

30. WHO should place more emphasis on championing, facilitating and engaging beyond ministries of health which requires competencies other than public health skills.

31. The way forward in the forthcoming regional consultation is to look at the three pillars of the global noncommunicable disease strategy (surveillance, prevention and health care) and identify core actions for each of the three pillars, what exists in countries and the gaps, and what needs to be done to address the gaps. An annual report on where each country is would keep everyone informed.

32. The monitoring frameworks need to include assessment items in the same way that the MPOWER framework for tobacco control does.

**Maternal and child health**

33. Among the six WHO regions, the Eastern Mediterranean Region has the second highest maternal mortality rate and is reported to have made the lowest rates of reduction. WHO needs to scale up its work in this area and should clearly focus on the priority countries where the burden of mortality is high, which have specific and complex situations and conditions that affect health outcomes, and where the Integrated Management of Child Health approach is not reaching vulnerable and hard-to-reach children. These countries need individual assessment, strong advocacy for change, tailored approaches based on what is known to work, and targeted support based on WHO's comparative advantage, best use of resources and complementarity with other actors. The UN Secretary-General’s focus on women offers a unique opportunity to access additional support and resources.

34. WHO needs to ensure an integrated approach, joining up the different streams relating to maternal and child health care. These include the health system, social determinants of health, immunization, nutrition, communicable diseases and noncommunicable diseases, as well as ensuring collaboration and synergy between the three levels of the Organization. A two-pronged approach, that looks both at social determinants of health and at health and programmatic interventions, should be followed.

35. WHO needs to address maternal and child health in a comprehensive way, promoting a primary health care approach that also takes into account the role of the private sector in the Region. It needs to be firmly placed within the context of the continuum of care and take into account adolescent health and development and related issues, such as quality of care, prenatal and preconception care, early marriage and HIV. There are examples of success in the Region, such as the progress in mortality reduction Egypt. These experiences should be documented, shared and lessons drawn. At the same time support needs to maintained to ensure continued progress.
36. The health information system is crucial and WHO needs to draw attention of Member States to the need for strong vital registration and surveillance, in order to be able to measure and show impact of interventions and progress. The chain of events that leads to death is as important as cause of death in identifying the impediments to reduction of mortality. It should also support independent surveys.

37. Capacity-building in all countries remains crucial and WHO should review its approach to this. Maldistribution of human resources and lack of public health training is a major problem for health systems in the Region and is a crucial issue for improving maternal and child health care in low-income and some middle-income countries.

38. WHO presence at country level is not currently sufficient to have major impact on maternal and child health outcomes and should be stepped up. Better use should be made of the resources available to WHO, in collaboration with partners and stakeholders, as well as of the capacity and knowledge collectively available.

**Emergency preparedness and response**

39. The main challenges for emergency preparedness and response in the Region relate to the need for: effective health emergency preparedness plans in all countries; tested and efficient health emergency response plans and mechanisms; intercountry and regional collaboration mechanisms and agreements; and a clear legislative base and human and financial resources to assure sustainability.

40. Three important actions for countries and WHO are to: implement the emergency response framework recently endorsed by the Executive Board; establish a preparedness and readiness framework; and build risk assessments systematically into the Country Cooperation Strategies.

41. There is need for high level governmental commitment, such as a high emergency management committee under the leadership of the head of the government (for example, as is the case in Egypt).

42. The area of emergencies should be closely embedded in the health system approach, both as a way of insuring the system against adverse effects but also as a way to ensure prompt recovery of the health system in the post-crisis period. The recovery agenda should be linked with what is being done in response.

43. There is need for up-to-date emergency plans which are tested through simulations on a regular basis. They must be supported by training and other capacity-building measures at community level. In case of major emergencies, it is imperative to have response teams available to be mobilized in 24 hours.

44. The role of volunteers is important and increasing. They should be integrated into both country and regional preparedness and response plans. Guidance on how to organize volunteers in emergencies is available.

45. There is need to consider the whole spectrum of emergencies including biological, natural, Societal and technological emergencies. Preparedness for nuclear emergency has been widely ignored in the Region and more attention should be given to this area.

46. WHO needs to examine successful experiences and document and build on these, such as the Pakistan earthquake (2005), Lebanon war (2006) and the recent preparedness programme in Oman (2010/11).
Consideration could be given to establishing a major emergency observatory to monitor, assess and inform on this important area.

Priority should be given to the four response pillars outlined in the paper in order to revitalize and operationalize them: a network of experts; a regional emergency solidarity fund; a regional logistics hub for crisis response; and a monitoring mechanism.

There is need for a clear and precise approach to mobilization of resources and also to managing unsolicited offers and donations, together with the necessary mechanisms for accountability and transparency.

With regard to preparedness, consideration could be given to revisiting the results of a global survey conducted in 2006 to see what can be scaled up in engaging with countries.

WHO reform and management

Planning framework

The comments raised were broadly in line with the consensus of the WHO reform meeting on programmes and priority-setting, at which Member States indicated that a set of broad categories would be preferable to 13 strategic objectives and recommended development of a new general programme of work by 2014.

The regional planning process might benefit from a bottom-up approach with detailed planning at country level using the country cooperation strategies to inform regional and global planning. Strategic planning and evaluation currently is artificial. Planning should start with what needs to be done at country level and resources aligned to support those actions. This would simplify the planning process. At present planning is both top-down and bottom up, based on the strategic objectives and MTSP, which may now become superfluous. How to translate the needs of countries into operational planning is thus a key issue.

WHO needs to address how it will incorporate principles relevant to today’s world into its strategic thinking, given that the Constitution was drawn up in a different era and is not planned for revision. It must also continue to address the disconnect between its global health mandate and the limited resources it receives in relation to that. Currently, WHO generally aligns its work based on the funds available, rather than what needs to be done to support Member States and promote global public health. It should look at what would be needed to ensure independent financing that is not subject to influence or bias from elsewhere.

Operational planning needs to be better aligned. While the Country Cooperation Strategy and Joint Programme Review Missions are sound conceptually, the experience needs to be reviewed to ensure more effective implementation and consistency.

Member States are vulnerable to the agenda of donors, whose interests are not always aligned with national priorities. WHO needs to focus on its comparative advantages and identify with countries which national objectives it can best support technically and which should be left to other agencies. It also needs to review its approach to resource mobilization and accessing bilateral funding, and look at more innovative financing mechanisms. At the same time it could be more effective in its current use of resources, build on cost-effective approaches, and build greater flexibility into how it uses available resources.
56. At present WHO has identified many priorities and this is confusing for Member States. Many areas are underfunded and national human resources are lacking to implement all WHO’s priorities. At the same time WHO, which coordinates international health work in emergencies and poliomyelitis, should not hesitate to take the lead among UN entities and donors in other relevant fields. It should build on its strengths in providing technical support to Member States, its normative work and its ability to convene stakeholders at global, regional and national level.

57. One of the identified goals of the reform process is strengthening of country offices. There is great scope for engaging the support of governments and other UN agencies in strengthening country offices.

58. A review and logical categorization of the different types of countries in the Region needs to be conducted to determine the type and level of support that is needed from WHO. Criteria such as income-level of the country concerned as well as disease burden should be considered. The single model currently in place may not be appropriate to address the varying needs.

**Staffing**

59. Innovative means of strengthening country office capacity may be explored, for example, by exploring a wider range of partnerships with local institutions and collaborating centres.

60. Strong leadership and the most competent staff are needed in country offices, since mistakes at this level cannot be overcome. Decision-making cannot be delegated to this level if the competence and capacity are not available.

61. Although rotation is embedded in WHO policy, it is not put into practice. Managers need to be rotated more both to enhance their skills and to promote knowledge sharing. Technical staff often remain in position longer than is effective for WHO as an ‘expert’ resource.

62. The principles of knowledge management and information sharing are not being exploited. Review of how WHO shares and enhances knowledge would increase effectiveness and credibility.

63. Some large country offices have many staff and the cost-effectiveness of this needs to be ensured.

64. Restructuring of the Regional Office is needed to address the identified gaps and to take advantage of synergies wherever possible.

65. The perceived difficulty in addressing underperforming staff needs to be addressed. There are a number of staff who are not necessarily best placed for the shift in the global health architecture.

**Funding**

66. Currently only 10 countries provide around 80% of WHO’s total resources, comprising both regular budget and extrabudgetary resources. Most WHO regions also receive voluntary resources from regional and local donors who give priority to their regions, rather than to the global budget. This is not happening in the Eastern Mediterranean Region and the Regional Committee may need to consider why this is the case, given that it would benefit the Region.

67. Some countries have funds available to support health on a bilateral basis and it would be worth looking at why these resources are not channelled to WHO, or at least why WHO is not informed about them, and raise awareness of the potential added value for doing so.
68. The trust fund mechanism available to countries could be made better use of, given that it enables a country to pool its own funds for the broad purpose of receiving support from WHO, and once set up reduces national bureaucratic procedures for implementing national activities. Management of trust funds needs to be efficient. Lessons learnt should be documented to share with other interested countries.

69. WHO can work more closely with countries to support cost-effective use of the funds they receive from all sources, including voluntary funds.

70. Greater clarity and awareness-raising is needed for countries and donors on the level of support cost levied on voluntary funds, as this is often a source of confusion. WHO has commissioned an independent study of the cost of administering voluntary contributions. WHO’s ability to implement and not return funds raises reputational/credibility concerns – this will have an impact on the willingness of donors to increase funding to the Organization.

Security

71. WHO has been unable to implement UN security standards in some countries due to government restrictions.

Accountability

72. Efficiency is essential to attracting resources. Productivity, accountability, efficient use of funds and transparency are essential to credibility and attracting donors. WHO has sometimes fallen short in these areas.

73. Consultants provided to countries for technical support are not always the experts in their field and this raises issues of credibility, and results in wasted resources and recommendations that sometimes are not, or cannot, be implemented. Evaluation of experts needs to be assured.

74. High-income countries may be willing to pay WHO a fee for access to a roster of world experts, and this could be a source of revenue that would in turn help other counties.

75. Conditions set by donors do not always lead to the most efficient use of resources. WHO needs always to ensure that funds can be implemented in the most cost-effective manner before accepting.

Governance

76. Member States of the Region are missing opportunities to contribute to global discussions on WHO reform, governance and global health. Ways need to be found to encourage Member States to take part in such discussions.

The way forward

77. The discussions highlighted a number of challenges for the Region and gaps in WHO’s response to complement those already noted in the working papers. Many of the issues cut across the nature of WHO’s collaborative work with Member States and its approach to support for health development. The following areas, in particular, were identified as priorities for WHO in the Region.

- Acknowledgement of the existence of the private sector, finding better ways to engage and integrate its work into a well regulated health system, and providing guidance to countries on the role and regulation of the private sector.
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- Emphasis on developing clear guidance to countries on building effective health information systems, including comprehensive surveillance, both public and private sector, vital and civil registration, health surveys, and management information.
- Better engagement with the national health reform/development planning process, including beyond the health sector, and promoting regular health system performance assessment.
- Capacity review and development, both for the Regional Office and country offices, to ensure delivery of support for health system strengthening that will have positive impact on all areas of work, and that is relevant to the diversity of health systems in the Region.
- Focus on reducing gaps in equity and moving towards universal health coverage by reducing out-of-pocket payments and catastrophic health expenditures.
- Continued focus on the unfinished agenda for communicable diseases, vaccine-preventable diseases, outbreak management and strengthening implementation of the International Health Regulations.
- Assignment of higher priority to maternal and child care and Millennium Development Goals 4 and 5 and clear focus on priority countries where the burden of mortality is high and which have specific and complex situations and conditions that affect health outcomes.
- Commitment to quick action on the United Nations high-level political declaration on prevention and control of noncommunicable diseases and a higher level of priority and staffing to this area of work.
- Improved collaboration with, and use of the potential, of collaborating centres, and promotion of the concept of knowledge hubs to support capacity building and knowledge sharing.
- Greater focus on strengthening national capacity in public health, especially with regard to managers of national programmes.
- Resource mobilization, seeking innovative financing mechanisms and more use of funds in trust.
- Ensuring efficiency and accountability to enhance WHO credibility.
- Ensuring strong presence in countries and coordination with other United Nations agencies.
# Annex 1. Programme

**Thursday, 01 March 2012**

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<tr>
<td>09:00 - 09:20</td>
<td>Opening remarks, objectives, review of the provisional programme and an introductory remarks of the WHO reform</td>
<td>Regional Director</td>
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<tr>
<td>09:20 – 09:30</td>
<td>Current organizational structure and an outline of the Medium Term Strategic Plan and biennial plan of EMRO for 2012/2013</td>
<td>Deputy Regional Director</td>
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<td>09:30 – 11.30</td>
<td>Key messages on the current status of health system strengthening in the Region followed by open discussion</td>
<td>Director Health Systems and Services Development</td>
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<td>12.00 – 14.00</td>
<td>Key messages on the current status on communicable diseases control in the Region followed by open discussion</td>
<td>Director, Communicable Disease</td>
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<tr>
<td>15.00 – 17.00</td>
<td>Key messages on the current status on noncommunicable diseases followed by open discussion</td>
<td>Director, Health Protection and Promotion</td>
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**Friday, 02 March 2012**

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<th>Time</th>
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<tr>
<td>09.00 – 11.00</td>
<td>Key messages on the current situation of maternal and child health followed by open discussion</td>
<td>Director, Health Protection and Promotion</td>
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<tr>
<td>11.00 – 12.30</td>
<td>Key messages on emergency preparedness and response in the Eastern Mediterranean Region followed by open discussion</td>
<td>WHO Representative/Libya</td>
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<td>14.00 – 15.30</td>
<td>Key messages on managerial issues in WHO/EMRO followed by open discussion</td>
<td>Director of Administration and Finance, and Head of Country Office, Palestine</td>
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<td>15.30 – 17.00</td>
<td>General discussion</td>
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<td>17.00 – 17.30</td>
<td>Conclusion and closure of the meeting</td>
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Annex 2. List of participants

Dr Nasr El Sayed, Minister’s Assistant for Preventive Affairs, Primary Health Care and Family Planning, Ministry of Health and Population, Cairo, Egypt

Dr Walid Ammar, Director General, Ministry of Public Health, Beirut, Lebanon

H.E. Dr Ahmed bin Mohamed bin Obaid Al Saidi, Minister of Health, Ministry of Health, Muscat, Oman

Council Khalfan bin Habib Al-Omairy, Deputy Head of Omani Mission to the Arab Republic of Egypt, Cairo

Mr Issa bin Abdullah Al-Alawi, Head of Minister’s Office, Ministry of Health, Muscat, Oman

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Dr Ziad Memish, Assistant Deputy Minister for Preventive Medicine, Ministry of Health, Riyadh, Saudi Arabia

H.E. Dr Abdiaziz Sheikh Yusuf, Minister of Health, Ministry of Health, Mogadishu, Somalia

Dr Zulfiqar Bhutta, Toronto, Canada

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Dr Jouad Mahjour, Director, Communicable Disease Control, WHO/EMRO
Dr Haifa Madi, Director, Health Protection and Promotion, WHO/EMRO
Mr Raul Thomas, Director, Administration and Finance, WHO/EMRO
Dr Ibrahim Abdul Rahim, Acting Director, Health Systems and Services Development, WHO/EMRO
Dr Ambrogio Manenti, Programme Planning, Monitoring and Evaluation
Dr Sameen Siddiqi, WHO Representative, Lebanon
Dr Samir Ben Yahmed, WHO Representative, Libya
Mr Anthony John Laurance, Head of WHO Office in Jerusalem
Ms Jane Nicholson, Programme Manager, Editorial, Graphics & Publishing Support
Ms Catherine Foster, Editor, Editorial, Graphics & Publishing Support
Mrs Salwa Ibrahim, Administrative Officer, Regional Director’s Office