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Report on the

Consultative meeting on development of a public health leadership programme and strengthening the network of academic institutions in the Eastern Mediterranean Region

Cairo, Egypt
13–14 December 2013



World Health
Organization

Regional Office for the Eastern Mediterranean

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1. INTRODUCTION

The WHO Regional Office for the Eastern Mediterranean held a regional consultative meeting on the development of a public health leadership programme and strengthening the network of academic institutions in the Eastern Mediterranean Region at the WHO Regional Office in Cairo, Egypt, on 13–14 December 2013 (see Annex 1 for the Programme). The consultative meeting was held to serve two purposes: first, to review the current public health situation in the Region, identify the priority public health challenges and discuss options for improving public health capacity, especially through strengthening public health leadership; and second, to review the role and potential of academic institutions in contributing to health system development in the Region and develop a roadmap of activities over the next biennium.

Based on these two purposes, there were seven objectives. These were to:

- undertake a rapid review of the current status of public health challenges in countries of the Eastern Mediterranean Region, identify those that require urgent attention and discuss options for responding to public health challenges in the Region
- consider options for strengthening public health leadership including the potential for development of a regional public health leadership programme
- exchange experiences and lessons from other regions about developing, enhancing and sustaining capacity for public health leadership
- develop a roadmap and action plan for the development of public health leadership programme
- present the rationale for, and evolution of, the Eastern Mediterranean Regional Academic Institutions' Network (EMRAIN), highlighting activities, achievements and challenges
- review successful experiences of regional and global partnerships and networks of academic institutions from other regions and distil lessons learnt
- develop a regional roadmap for reviving and sustaining a network of academic public health institutions to strengthen public health capacity during 2014–15.

The meeting was attended by national experts in academic public health education from 19 institutions representing 12 countries of the Eastern Mediterranean Region, along with WHO staff from the Regional Office and two temporary advisers from Australia and Switzerland (see Annex 2 for the List of Participants).

The meeting was inaugurated by Dr Ala Alwan, Regional Director for the Eastern Mediterranean, who, in his opening address, noted the challenges of public health in the Region and the need to prioritize and address them through leadership, team building and networking. WHO was not the only player in public health in the Region, but was known globally as the leading agency in this field and was keen to review its role and fulfil its mandate, he said. The meeting aimed to strengthen leadership capacity in public health in the Region and enhance networking of academic public health institutions. WHO wanted to learn from colleagues who had been practicing and teaching public health in the Region. The meeting was a timely event, he noted, because there was a big gap in capacity in public health in the Region that needed to be addressed. In this regard, changing the scope and function of public health as a result of the challenges in the Region, such as the emergence of new

diseases, health and trade, public health and crisis, health and bio-terrorism, health and foreign policy, and health as part of national and global security (health diplomacy), entailed a reform of the way public health professionals were trained and public health practiced. Another persistent problem was the dichotomy between health systems and academic institutions that needed an innovative approach towards resolving it, based on the rich experience in this Region, he said.

The Regional Director stressed that WHO was working in a cooperative rather than competitive way and there was a need to identify the specific role and contribution of WHO and to establish a working relationship with successful existing programmes and to evaluate how countries were benefiting from existing leadership programmes. Furthermore, WHO had identified five key priorities, but frequently there were severe limitations in the capacity of countries to address and make progress on certain areas of these priorities. In many areas, there was a clear strategic vision, but the technical know-how and the required capacity to address these challenges was sometimes lacking, he said. In this respect, an initiative to strengthen the capacity of WHO staff had been put in place and WHO was looking forward to building a programme of public health leadership in the Region, which would benefit from the work of WHO and its collaborating centres. Also, attention was needed to the retention of the leadership programme's graduates. It was important to ensure the commitment of governments and to involve them from the early stages, as soon as a vision was clear for the programme. Dr Alwan concluded that there was a need for a programme that built on previous and existing best-practices and was implementable, feasible and responded to the needs of countries. He emphasized his confidence that the discussions and exchange of experiences in the meeting would result in clear and feasible plans of actions to assist the countries of the Region in establishing and sustaining a leadership programme and in strengthening networking.

2. TECHNICAL PRESENTATIONS

2.1. Leadership for public health: an international perspective

Dr Robert Moodie

The mistakes and errors made by public health leaders have negative and grave consequences on patient and population health outcomes, and contribute to making the work of other's less effective. Despite this, the majority of public health professionals who are involved in leadership positions have little or no training in management and leadership. There are several reasons that make public health leadership unique and different compared to other types of leadership in the health field or other disciplines. Public health problems are massive in scale and affect millions of people across the globe. They are dynamic, ever expanding, involve numerous stakeholders, have complicated causes and are impacted by politics. Despite this, health leaders are usually presented with ambiguous or insufficient data when defining public health problems and their solutions. In addition, public health leaders are required to deal with the increased cost of health care, reduced funds for health programmes and competition over scarce resources. Moreover, their task is further challenged by globalization and its consequences, including the flow of capital, health workforce and patients. In addition, the "public" nature of public health necessitates that public health leaders be prepared for

complex and stressful situations, where they are under continuous scrutiny and criticism by supporters, opponents, stakeholders and the media. Needless to say, they also act against powerful industries, including the food, alcohol and tobacco industries, which further complicates things.

The belief that leaders are born is a myth. In fact the opposite is true: leaders are made rather than born. Epidemiology, communication, information, leadership and management of resources are the main skills and attributes required by employers. The skills required of leaders can be grouped into the categories of vision and mission, communication, technical skills and emotional intelligence. The American Association of Schools of Public Health defined the competencies required by public health leaders as: demonstrates team building, negotiation and conflict management skills; demonstrates transparency, integrity and honesty in all actions; uses collaborative methods for achieving organizational and community health goals; applies social justice and human rights principles when addressing community needs; and develops strategies to motivate others for collaborative problem solving, decision-making and evaluation. Does training on leadership work? Results from research in this area have shown that training can introduce a positive impact in terms of leadership effectiveness at the personal, organizational and community levels. This impact is also reflected in the wider field of public health.

2.2 Leadership for public health programme in the Eastern Mediterranean Region

Dr Sameen Siddiqui

One definition of leadership is that it is creativity and commitment in action. Another definition is that leadership is the ability to see the present in terms of the future while maintaining respect for the past. Leading is in part a visionary endeavour that requires the fortitude and flexibility necessary to put vision into action, and the ability to work with others and to follow when someone else is the better leader.

The justification for creating a leadership development programme in the Region is that leadership that upholds the values and principles of public health is a critical determinant of health development and that lack of political will is fundamental to the under-performance of the health system, yet most of the existing public health training programmes emphasize the acquisition of technical skills and overlook leadership competencies. Effective leadership in public health is therefore needed. The Regional Office developed a health leadership development programme in the 1990s to cultivate leadership potential among promising mid-level managers working in ministries of health. However, sustaining the programme remains a challenge due to its high cost and a lack of national ownership.

The aim of the leadership development programme is to develop public health leaders with expertise in developing and evaluating national health policies and plans, and to promote health as an integral approach to sustainable development, and global health as a foreign policy issue requiring skills in health diplomacy. The programme is expected to graduate 10 to 15 public health leaders annually. The expected outcome is enhanced leadership capabilities in nationals who can influence national policies and strategies, and improved visibility and

impact of regional public health leaders on the global public health stage. The expected risks include a lack of institutional capacity to offer a quality programme, the difficulty in finding good facilitators and enough qualified coaches and mentors, the inappropriate nomination of candidates, a lack of seriousness among participants and the quality of the programme dropping following the first two rounds.

2.3 Network of public health academic institutions: global lessons and experiences

Dr Fred Paccaud

As in other fields of health workforce, there is a shortage of public health professionals that is likely to get worse in the coming decades. Part of the problem relates to the structures and the activities of schools of public health. Challenges stem from the diversity, magnitude and the rapidity of the developments in public health since the Second World War. Specific aspects of public health education that require attention include collaboration across academic schools, including mutual recognition of credits, developing a common educational framework and having joint seminars. Another important aspect is collaboration between academic schools and practice-oriented institutions. All these networking activities have to be managed and developed by institutions at the national as well as at the international level. In terms of the latter, the Association of Schools of Public Health in the European Region (ASPHER) is trying to address this issue.

2.4 Working with and supporting regional public health networks

Dr Samir Jabour

Networks are needed for various reasons such as better implementation of programmes and higher standards, cross-learning, self-critique, sharing of best practices, gaining critical perspectives, links to other networks with overlapping social causes and global participation. Since 1997, many changes have occurred in the Region and at global level that have led to greater networking. These changes include new public health approaches, more experience in collaboration, stronger academic institutions, more global integration and more social mobilization. These has been a driving force for the establishment of more regional networks such as the Association for Medical Education in the Eastern Mediterranean Region (AMEEMR), the Choices and Challenges on Changing Childbirth (CCCC) regional research network, the Eastern Mediterranean Association of Medical Editors (EMAME), the Eastern Mediterranean Public Health Network (EMPHNET) and the Eastern Mediterranean Region Academic Institutions Network (EMRAIN), among others. Past or struggling networks include the Arab Forum for Social Sciences and Health (AFSSH), the Eastern Mediterranean Approach to Noncommunicable Diseases (EMAN) and the Evidence-Informed Policy Network (EVIPNet). This is in addition to many professional associations and other country-based networks such as the Sudan Infectious Diseases Network (SIDN).

The regional networks face many challenges including lack of shared philosophy, deficient interactions between network members, funding constraints, a lack of inclusive coordination and participation, a lack of systematic evaluation, and an unclear or variable

impact on policy and practice. An institutional capacity-building framework (such as Health Systems 20/20) can be utilized for strengthening regional networks.

The ways to strengthen networking in the Region include:

- agreeing on a new contract
- jointly developing and implementing a programme of work on jointly-agreed priorities
- mobilizing resources
- convening periodic reviews of progress and impact
- reaching out to institutions in least developed countries
- engaging WHO collaborating centres
- providing technical assistance to countries
- developing capacity (pre-service and in-service) and advocating for public health and policy change
- developing, adapting and implementing networking tools
- generating evidence (especially through operational and implementation research), promoting knowledge translation into policy and utilization in practice, carrying out pilot programmes and tracking progress.

2.5 The Eastern Mediterranean Region Academic Institutions Network for public health

Rima Afifi

The Eastern Mediterranean Region had the second highest indicators for maternal and infant mortality in 2012, after the African Region, and came second to the European Region in prevalence of overweight. The Region also experiences huge variability in public health indicators between different countries. At the same time, the Region ranks lowest in terms of research productivity. Within this context, academic public health institutions are badly needed to fill this gap through educating the public health workforce, conducting action-oriented research and providing relevant public health services.

Establishment of a network for these institutions is justified for many reasons. This includes to decrease isolation, create synergies, share expertise, strengthen voices in the Region and internationally, enhance relevance and impact, standardize education of public health professionals, and make a difference in public education and research. Internationally, there are many active like-minded associations in all regions of WHO. EMRAIN was established in 2010 and includes 11 public health institutions and three collaborators. The vision and mission of EMRAIN stress commitment to excellence in public health education research and being an active partner for health system development. The main purpose of EMRAIN is to enable the collective voice of academic public health institutions, by working together, to become a respected player in public health and health systems policy reform at the regional level. EMRAIN also works on strengthening individual institutional capacities at the regional level. Furthermore, the network seeks to create a sustainable platform for dialogue among all partners concerned with public health and health system strengthening, especially policy-makers. The core working areas for EMRAIN are education and training, and research

and practice, in the field of public health. The priority areas of its work are noncommunicable diseases, complex emergencies, strengthening health systems, emerging infectious diseases, maternal and child health and nutrition. EMRAIN has had many achievements since its inception and a clear plan for the next two years has been developed.

2.6 Views of participants on public health institutions' networking

Mohi Eldin Magzoub

A survey was conducted by WHO on the networking of public health education institutions in the Region to elicit the views of participating institutions on educational networking, research networking, health services provision networking, and identifying the antecedents, attributes, barriers and benefits of networking. A modified Delphi method was used in two rounds of data collection, with an open-ended qualitative questionnaire designed and distributed to 23 institutions in the Region. In the first round, participants were provided with statements on each subject area and invited to modify, edit, delete, accept or add to the statements. In the second round, the participants' responses were grouped into categories for each subject and sent to all participants for modification, addition and editing. Of the 23 invited institutions, 19 participated in at least one round, representing public health institutions from Egypt, Iran (Islamic Republic of), Iraq, Lebanon, Morocco, Pakistan, Saudi Arabia, Sudan, Syria, Tunisia and United Arab Emirates. The total responses ranged from 45 to 65 for each subject area of the questionnaire, with 2–4 average responses from each participant.

The major findings of the study included the following. In the area of educational collaboration, participants highlighted the importance of sharing external supervisors and examiners and collaboration in building the capacity of teaching staff in different areas such as educational leadership and advances in public health. In the area of research collaboration, participants suggested establishing a list of regional public health research priorities, building regional capacity in research ethics, sharing research technology such as laboratories, sharing research findings through a regional research database, and providing best evidence from regionally-conducted research for decision-makers. In the area of health services provision collaboration, participants proposed ensuring that graduates have the needed knowledge and skills to contribute to health services at leadership and policy levels, exchanging experiences of working with policy-makers and sharing best practices in health system reform. In conclusion, many activities can be conducted through establishing regional networks in public health in the areas of education, research and policy support. Successful networking needs strong commitment, clear vision and anticipated benefits to participating members. Political support and institutional recognition can also be achieved through networking.

3. BRAIN STORMING SESSIONS

3.1 Responding to public health capacity challenges in countries of the Eastern Mediterranean Region

Participants were invited to identify and discuss public health challenges. A consensus was reached on grouping the challenges into four main areas: raising the profile of public

health, improving the quality of public health education and training, addressing the dichotomy between teaching and practice, and investing in public health research. Solutions were then suggested, as outlined below.

Raising the profile of public health

- Celebrate and highlight the successes of public health in the Region.
- Document the impact of good public health practice through research.
- Prepare public health graduates that are capable of generating and communicating the relevant evidence required by policy- and decision-makers.
- Bring to light the relationship between clinical medicine and public health, using “clinical epidemiology” as a point of entry.
- Target the recruitment of excellent candidates to work in the field of public health, through advocacy and role-modelling.
- Promote the concept that public health in practice is everyone’s business and is not only limited to public health specialists.

Improving the quality of public health education and training

- Consider innovative and advanced approaches to public health such as the “theory of knowledge for public health” (3 × 4 approach).
- Design public health curricula to align with the relevant and needed competencies and skills.
- Carry out regular impact assessment of public health training.
- Introduce evidence-based interventions on change management to break the resistance of some professors to introducing new programmes and curricula.
- Develop attitudes and inculcate public health values to produce a cadre of professionals who believe in the “public good”.

Addressing the dichotomy between teaching and practice

- Establish joint committees to improve public health through education and good practice by bringing different partners and stakeholders together to liaise and discuss issues.
- Establish a joint appointment system of professors in academia and public health leaders and administrators, to enhance understanding, collaboration and joint initiatives.
- Do not limit collaboration between academia and health systems to teaching, but extend it to planning and evaluation in order to influence health policies.

Investing in public health research

- Improve capacities for planning and implementation of public health research.
- Establish a dialogue between public health providers, educators, leaders and research funders to identify a list of research priorities that respond to the need of the health system and the community.

- Ensure that the results and findings of public health research are well utilized to influence policy- and decision-making; one way of doing this is by commissioning a study to document success stories.
- Train researchers in different aspects of research methodology, including research management, good proposal writing, data collection, data analysis and interpretation of results, writing scientific manuscripts, and dissemination to relevant stakeholders.
- Build the institutional capacity of institutional review boards and education and research centres.
- Promote training in qualitative research methods to address the questions of “how” and “why”.

3.2 Strengthening networks of academic institutions

Participants discussed how to establish networks that function properly and deliver outcomes. They identified key challenges and criteria for establishing functional networks.

Network challenges

- Governance issues.
- Funding issues.
- Lack of a clear description of the role of main partners and/or individuals (delineation of roles and responsibilities).
- Competitive relations between different partners.

Criteria for establishing functional networks

- Establish networks of institutions instead of networks of individuals and select strong institutions to lead and provide leadership for these initiatives.
- Recognize that WHO is unable to fund everything, although WHO (and development partners) can provide a “stamp of approval” and may provide seed money to start the ball rolling for credible networks.
- Involve committed and devoted individuals as “champions” who can connect people and produce results.
- Utilize lessons learnt and good practices, such as: the need for good leadership; involvement of government structures such as academic institutions, health authorities and others related sectors; passing success on from one generation to the next; relying on different sources of funding; and engaging a panel of experts.
- Ensure network executives have good managerial skills with a clear vision and a good monitoring and evaluation plan.
- Establish capacity-building programmes for network structures such as resource mobilization.

4. WORKING GROUPS

Participants were divided into three groups and invited to outline a programme for public health leadership development in the Region, taking into consideration the following points: the expected terminal competencies of the programme, the programme mission/vision and objectives, quality monitoring, accreditation, funding opportunities, programme design and structure including major content, selection criteria of participants (entry requirements into the programme), teaching/learning methods and mode of delivery, participants' assessment, faculty, programme duration, participating institutions and implementation planning.

The groups agreed on the following mission, vision and objectives.

Mission

To prepare leaders in the Eastern Mediterranean Region to the highest standards of competency, capable of spear-heading teams responding to the Region's public health challenges.

Vision

To assess and improve the health of the Eastern Mediterranean Region's populations, through knowledgeable, skilled and effective leadership.

Objectives

- To provide state-of-the-art training to Eastern Mediterranean Region mid-career health professionals in public health leadership.
- To prepare Eastern Mediterranean Region trainers capable of training key mid-career professionals and public health policy-makers.
- To address leadership priorities in the Eastern Mediterranean Region.
- To advocate changes to key health policy-makers.

The groups referred to the Nossal Institute for Global Health, University of Melbourne, Australia, group of competencies, which are classified into six domains comprising: vision and decision; communication; managing people; technical skills; emotional intelligence 1 and 2. Other competencies could include: exhibits moral dimensions; represents a role model to public health teams; tolerant of cultural diversity; innovative; and prepared for and knows how to coordinate a public health response during/after emergencies, crises and disasters. The group opted for the World Federation for Medical Education model, which is based on nine areas for quality improvement and accreditation. The process extends for two distinct rounds, including a self-study report and external visit, and ends with a comprehensive report for further development of the programme.

The funding opportunities suggested by the groups encompassed two options including direct and indirect funding. Direct funding includes: fees that cover tuition, running costs,

travel, living and a per diem; sponsorship of programme participants (by employer or other); and funding from funders such as UN agencies and international organizations.

The following modules for the programme were proposed.

1. Introductory module
 - Introduction to public health, social determinants of health and the role of public health.
2. Communication module(s)
 - Delivery of health messages to the public, students and policy-makers.
 - Assessment and data presentations.
 - Risk communication skills.
 - Ability to mobilize human and other resources and team building.
 - Negotiation skills.
 - Leadership style.
3. Decision-making module
 - Situation analysis.
 - Monitoring and evaluation.
 - Critical thinking and problem solving.
4. Strategic planning module
5. Policy-making, policy process and governance module
6. Ethics and values in public health
7. Mobilization and management of resources module
8. Conflict resolution module
9. Electives module

The groups proposed that the structure and design of the programme should be based on field and case studies, practical exercises and a period for internship. The duration should be either an extended part-time programme over 12–16 months or a solid full time programme of 4–6 months. Mid-career level candidates with 4–6 years of experience in public health, in addition to one year managerial experience, should be eligible to be nominated for the programme. Candidates should be admitted to the programme based on passing an interview and a well written personal statement expressing interest.

Teaching/learning methods for the programme proposed by participants included, for phase 1, short block courses, followed by on-the-job work, case-studies (no lectures), small groups of up to 15–20, and peer assessment as a learning tool. Phase 2 should involve short term internships in organizations or jobs that require leadership. Mentoring will be important in both phase 1 (on-the-job) and phase 2. In terms of the programme faculty, they should have a track record in leadership (possibly in public health/health) and training. The faculty should consist of core faculty members, visiting faculty (leaders), and mentors and coaches. Visiting faculty should include some from outside the health field.

Discussion

Participants noted the challenge of graduate retention after completion of the programme. Interventions suggested to prevent dropout and sustain retention included developing selection criteria, having a short duration for modules and implementing the programme in phases that suit the busy schedules of participants. Participants also observed that financial resources could be allocated by governments to ensure their commitment and the sustainability of the initiative. It was felt that the programme should consider candidates from a wide variety of backgrounds including from nongovernmental organizations, the private sector, international organizations and academia, and not restrict them to ministry of health staff.

Additional competencies were suggested by participants were engaging in development of social and health policy and maintaining and improving competency (the regional guide for accreditation of health professions education could be added as a reference). The participants suggested more contents as separate modules or as part of the already proposed modules, such as strengthening research capacities and an opportunity to undertake research. Communication and the appropriate use of information were also discussed. The differences between general leadership and specific leadership was also discussed. Strategies were suggested for more appropriate implementation of the programme, such as building strong partnerships with ministries of health and creating a mentorship system that includes faculty from ministries of health and academia. Establishing a network to link graduates of the programme for continuing support and feedback, and utilization of their expertise as trainers, was also proposed. It was suggested that implementation should be done jointly and the responsibility should be distributed equally among different stakeholders. The programme should be piloted in an institution, acting as a role model, and then rolled out to other institutions and potentially replicated at the global level eventually. Some participants argued that leadership is a skill within a profession, and not a professional discipline in itself, so should not be restricted to degree level, but could also be offered as a certificate.

5. RECOMMENDATIONS AND ACTION POINTS

Participants proposed recommendations and action points to address the challenges identified during the meeting.

To Member States

1. Public health research should be invested in with a focus on operational research.

Action points

- Enhance the use of research in public health policy- and decision-making.
 - Establish strong capacity-building programmes in public health research utilizing existing institutional and expert networks.
 - Develop working papers for research in the five regional priority areas.
2. Education and training in public health, beyond medical education, should be invested in.

Action points

- Establish standards for inter-professional education and training.
- Establish continuing professional development programmes and on-the-job training in public health to improve the competence of public health practitioners.
- Involve institutes of nursing and other health professions.
- Involve sectors beyond health such as education, media and local government.

To Member States and WHO

3. The profile of public health in the Region should be raised through enhancing commitment, changing mindsets and addressing its marginalization.

Action points

- Document and celebrate success stories including the impact of good public health interventions.
- Identify “best buys” in strengthening public health in the Region.
- Enhance the image of public health and raise awareness among the public about public health.
- Introduce elements of health diplomacy into public health education and practice to raise its profile.

To EMRAIN

4. The Eastern Mediterranean Region Academic Institutions Network (EMRAIN) should be strengthened.

Action points

- Start with a small “coalition of the willing” and expand gradually through identifying joint research priorities in line with the five key regional priorities and by modernization of public health curricula.
- Focus on expanding the network gradually, while engaging policy-makers and other stakeholders in dialogue.
- Develop products to show the credibility of the network and mobilize resources.
- Consider developing a paper on public health in mass gatherings.
- Open up membership of the network and invite, and advocate for, institutions to join.

To WHO

5. The quality of public health education and training in the Region should be improved.

Action points

- Undertake a situation analysis of the status of public health education and identify gaps.

- Collaborate with institutions and network of experts to reform public health education based on the identified gaps and shortcomings.
 - Bring the subject of public health education and training to the attention of policy-makers.
 - Review and enhance the role of WHO collaborating centers in support of the programme of work of WHO along the five key priority areas.
6. The dichotomy between teaching and practice should be addressed.

Action points

- Review and disseminate existing experiences from countries of the Region, such as the Islamic Republic of Iran.
 - Undertake further analysis and review of the dichotomy and come up with practical propositions.
7. A regional public health leadership programme should be developed.

Action points

- Develop an outline and content of a public health leadership programme for Eastern Mediterranean Region countries, grounded in earlier work and the feedback received during the consultative meeting, and share widely with experts in the field.
- Advocate with countries on the importance of a leadership programme and bring it to the Regional Committee, as appropriate.
- Establish a technical working group to be responsible for programme development (including programme aims, design, structure, duration, selection and evaluation), with members drawn from WHO and regional and international institutions and experts.
- Include technical competencies in the programme based on the five identified regional priority areas.
- Identify and engage with reputable institution(s) to develop a public health leadership programme.
- Organize a follow-up meeting to finalize elements of the programme prior to its launch.

Annex 1**PROGRAMME****Friday, 13 December 2013**

08:00–08:30 Registration

Opening session08:30–08:45 Address by Dr Ala Alwan,
Regional Director, WHO/EMRO

08:45–09:00 Introduction of participants

09:00–11:00 Brain storming: public health challenges and capacity in
countries of the Eastern Mediterranean Region *Moderated by Dr Ala Alwan*11:00–11:30 Brain storming: responding to public health capacity
challenges in countries of the Eastern Mediterranean
Region11:30–13:30 The Regional Office's response to public health capacity
challenges: reviving a leadership for public health
programme *Dr S. Siddiqi***Leadership for public health**13:30–14:15 Leadership for public health: international perspective
followed by discussion *Dr R. Moodie*14:15–17:30 Introduction followed by group work: leadership
development programme for public health in the Eastern
Mediterranean Region *Dr F. Al-Darazi***Saturday, 14 December 2013**08:30–10:30 Group presentations: leadership development
programme for public health followed by discussion**Strengthening network of academic institutions**10:30–10:50 Network of public health academic institutions: global
lessons and experiences *Dr F. Paccaud*10:50–11:30 Collaborating and supporting public health networks
followed by discussion *Dr S. Jabbour*11:30–11:45 Perceptions on public health from academic institutions
of the Region *Dr M. Magzoub*11:45–12:50 The Eastern Mediterranean Region Academic
Institutions Network for public health *Dr R. Affifi*12:50–14:00 Introduction: strengthening the network of academic
institutions in the Region *Dr S. Jabbour*

14:00–15:00 Group work f

15:00–16:00 Group presentation followed by discussion

Closing session16:00–16:15 Messages and recommendations of the meeting *Dr F Al Darazi*

16:00–17:30 Reflections from Dr Ala Alwan

Annex 2

LIST OF PARTICIPANTS

EGYPT

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