

WHO-EM/RDO/006/E

Report on the

**Report of the second
meeting of the Technical
Advisory Committee
to the WHO Regional
Director of the Eastern
Mediterranean**

Cairo, Egypt
14–15 June 2014



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. INTRODUCTION

The Technical Advisory Committee to the Regional Director convened for the second time on 14–15 June 2014 at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt. The objectives of the meeting were to solicit the Committee's advice on:

- matters relating to the implementation and evaluation of WHO's strategic directions in the Eastern Mediterranean Region;
- measures to strengthen the capacity of the Regional Office and country offices in support of Member States;
- policies and strategies for the development of technical cooperation among and between countries of the Region.

Eleven members of the Committee attended the meeting, along with relevant staff of the WHO Regional Office for the Eastern Mediterranean. The meeting was chaired on a rotating basis by Dr David Heymann and Dr Walid Ammar (Day 1), and Dr Yagob Mazrou and Dr Mohammad Nicknam (Day 2). The Committee approved the agenda with the addition of an item on emergency preparedness and response. The programme of the meeting and the list of participants are attached in Annexes 1 and 2, respectively.

During the meeting, the members were requested to discuss a number of working papers that had been provided to them in advance of the meeting and to identify what additional challenges existed and advise on how WHO could best respond. Section 2 of the report documents the feedback of participants, by agenda item. Section 3 outlines strategic and operational recommendations for WHO based on the discussions of the Committee.

2. SUMMARY OF DISCUSSIONS

2.1 Follow-up of implementation of recommendations of the first meeting

The Committee acknowledged the efforts of the Regional Office in implementing the recommendations of the previous meeting.

It was suggested that more attention needs to be focused on how to approach health promotion where WHO has a leadership role and the health sector a stewardship role. There is need to ensure technical programmes are cross-cutting in relation to health promotion and in this context there needs to be clear direction on what is meant by concepts such as equity, social determinants of health and solidarity. WHO should make a distinction between programmes that attempt to integrate health promotion into daily work and those that attempt to bring health equity to the fore.

There is need to make greater use of the convening power of WHO at country level, and to build capacity and skills of WHO representatives to work across sectors.

A current challenge for WHO is to maintain routine activities and plans in a Region where emergencies and crisis are competing for resources and attention. The Committee suggested that discussions should take both situations (routine and crisis) into account in each session.

The Committee emphasized that more attention should be paid to engaging with academia, research institutes and collaborating centres to support ministries of health in identifying problems and in conducting implementation research.

2.2 Shaping the future of health in the Eastern Mediterranean Region 2012–2016: a preliminary progress report

The Committee reviewed the mid-term progress made by WHO towards achieving the commitments of the strategic directions laid out in 2012 for shaping the future of health in the Region. The Committee acknowledged the achievements to date and suggested further emphasis in the following areas.

The definition of universal health coverage needs to reflect that it is not only about strengthening health systems but also about strengthening leadership and governance. The work in universal health coverage should also be linked with that of other initiatives and groups whose values match those of WHO and who can support WHO, such as human rights, peace building and the economy. The case for investing in health needs to be brought back into focus.

A new approach needs to be taken to emergencies, given the chronic nature of the emergency situation in some countries and the numbers of displaced persons in many countries. Such an approach would take into account the need to build structures for the future and to prepare for long-term development impact.

In maternal and child health, the approach to working with countries with a high-burden of mortality in developing acceleration plans could be used for other initiatives. However, government commitment and the engagement of ministries of health are not sufficient if the commitment is not translated into concrete actions and if other relevant ministries are not convinced. The media and parliamentarians need to be brought on board as advocates and evidence needs to be provided that investment in health brings benefits. A resource mobilization strategy is needed that can attract funds from within the Region. Where there are quick wins to be made, these achievements should be demonstrated so as to attract attention and funding. Joint work with other partners should be strengthened and civil society and nongovernmental organizations must be engaged with properly to achieve the goals and promote accountability.

Cross-border surveillance for communicable diseases needs to be strengthened through the use of subregional groups. Multisectoral committees need to be cross-disciplinary to avoid overlap and duplication of effort. To improve readiness for

implementation of IHR, country to country dialogue and experience sharing need to be promoted.

2.3 Noncommunicable diseases: how are we going to make a difference?

The Committee reviewed regional progress in the area of noncommunicable diseases and made suggestions for ways to accelerate the work in this area.

It was suggested that more focus needs to be placed on how to help countries move to action. Primary health care needs to be at the heart of the programme.

Noncommunicable diseases need to be higher on the social agenda, with advocacy for a cultural shift in dietary tastes and habits, lifestyle and attitudes to physical activity, starting with children and schools.

Efforts should be made to work with the food industry to implement the preventive “best buys”. Model legislation is needed to support countries in their efforts to reduce risk factors. There are gaps in political will and ability to address non-health sector-related issues. The concept of food security needs to be redefined to focus on quality and not just quantity.

The Committee emphasized that, as with other areas, reliable data are essential so that countries can see where they are in relation to others and what gains have been made.

It was noted that while countries need guidance, in return mechanisms are needed to encourage accountability. New approaches to advocacy, better engagement with civil society and getting other sectors involved are the way forward. There is a pressing need to develop measurable indicators to assess the progress countries will be making in implementing the regional framework and the recommendations of the United Nations General Assembly Political Declaration on prevention and control of noncommunicable diseases.

2.4 Universal health coverage: recent developments

The Committee reviewed WHO’s initiatives and activities in support of universal health coverage in the Region and suggested ways to take forward this work.

There is a continuing need to ensure the concept of universal health coverage is clear, and to maintain emphasis on health care delivery, primary health care, the district health system and a multisectoral approach, rather than only focus on financing and social insurance issues.

Monitoring is important for countries to see how they are progressing. Equity should be taken into account here so that gender differentials and coverage of the

needs of different population groups, for example adolescents and the poor, are monitored.

Early efforts need to be made to include the medical profession in universal health coverage, since successful implementation will depend on having the professionals on board.

It is essential to ensure national consensus on what universal health coverage means for each country. Political commitment and resources need to be assured, and ministries of finance and other key sectors are fully engaged and on board. It is equally important for civil society to be fully engaged in discussion and debate and in contributing to developing the right system for the country.

It was noted that efficiency and equity are often mixed up. A health financing strategy, with a safety net for the poor, is essential.

The Committee emphasized the importance of strong cost-effectiveness studies, as well as investment in generating evidence and information to help countries make decisions.

2.5 Strengthening public health in the Region: recent initiatives

Assessment of public health functions in ministries of health

An assessment of public health functions was piloted in one country, at its request, and will now be reviewed and refined for conduct in two other countries, also at their request. The exercise is considered a breakthrough, being the first time such an assessment has been done in a country in the Region and can be informative to WHO on the status of public health in Member States. To conduct the exercise, a set of 8 essential public health functions were identified as an assessment framework and a corresponding tool was developed. The exercise comprised 3 parts: a pre-assessment by WHO; completion of the tool by the country; and an in-depth external mission by an expert team, followed by a full report to the country. The Committee discussed the adequacy of the framework and options for expanding and institutionalizing such assessments.

The initiative was acknowledged as important. It was suggested that the assessment tool be made available as modules, which Member States could decide to use collectively or selectively in a self-assessment exercise. This could then be followed by external assessment but would give countries opportunity to improve beforehand.

Consideration could be given to bringing on board bilateral investors in the Region (e.g. DFID, USAID) to involve them in assessment and in identifying the way

forward. This might be linked with provision of funding based on the results of the assessment in a country.

The Committee noted that at least 13 countries of the Region are directly exposed to special challenges, such as conflict, fragility and displaced populations. How well institutions in the Region are prepared to respond to such challenges is an issue that needs to be brought in more clearly in the assessment tool.

Public health leadership programme

As an outcome of the first meeting of the Technical Advisory Committee, the Regional Office is developing a programme to develop public health leadership capacity in ministries of health in the Region. The Committee discussed details of the proposed programme including institutional arrangements and options for programme structure and duration.

The Committee noted that sustainability needs to be assured both in terms of quality and interest from Member States. It could be tied to assessment of public health functions in ministries of health and regional institutions/trainers should be involved; co-funding with ministries of health should be agreed. The terms “EMR health leaders” or “leadership” need to be prominent in the title.

Consideration should be given to whether to include health diplomacy for all participants or to introduce it at a later date; and field experience in countries, to see how the participants apply the skills gained during the programme.

It was agreed that 12 weeks was the preferred duration for the programme. There should be careful guided selection of the subject of study during the country phase; mentoring of participants during the country phase/paper development; and presentation in a final session to all participants. Attendance at Executive Board or World Health Assembly should include preparation of an analytical report on the experience.

The Committee suggested that consideration be given to adding to the selection criteria “commitment to serve for at least 2 years in the country after the programme”. Pre- and post-testing should also be conducted, as well as evaluation of the programme by the participants in terms of the benefit.

Trainees could be followed up by inviting them to participate in relevant WHO meetings, and possible delivery of a presentation during the Regional Committee.

2.6 Reinforcing health information systems: core indicators and regional strategy on civil registration and vital statistics

WHO's efforts to strengthen health information systems in the Region are directed towards two areas: the identification of core indicators for monitoring and evaluation of the health situation and health system performance; and development of a regional strategy on improving civil registration and vital statistics. The regional strategy was endorsed by the Regional Committee in 2013. A draft set of core indicators has been developed in consultation with Member States and partners and will be presented in a meeting in September 2014. The Committee discussed the appropriateness and potential impact of the draft indicators.

The Committee acknowledged the timeliness of the initiative and emphasized the importance of promoting use of the data as a tool for planning and decision-making and to classify/rank countries.

It was noted that national capacities will need to be built to conduct the studies. As well, research and research capacity-building in ministries of health (to enable linking field research and use of the results) are important. Donors should be involved to help ensure support for conduct of these surveys.

The Committee highlighted the need to include some economic indicators, and indicators related to emergency situations, as well as to assure inclusion of indicators that reflect well-being, particularly for women.

It was suggested that disaggregation of communicable disease data by district would be very helpful, especially for border areas.

2.7 Emergency preparedness and response

Countries in the Region are not immune to a range of hazards, both man-made or naturally occurring. At present no country in the Region is prepared to manage a coordinated, multisectoral response to a major emergency; for the majority of emergencies, to date the Region has depended on foreign aid and support. In order to move forward on health security and universal health care in the Region, self-reliance is a developmental imperative. Investment in emergency preparedness, response and recovery should advance at both country and regional levels. The Committee discussed key steps and challenges with regard to developing self-reliance.

It was proposed that emergency preparedness be added to the agenda of the forthcoming Regional Committee, including a review of the current situation, evidence for lack of preparedness, current funding situation from all sources and comparison with other regions.

The Committee stressed the need for intercountry planning and coordination for emergency situations, noting that WHO has a key role in facilitating such planning for the health sector. It emphasized also the importance of the regional emergency solidarity fund and suggested that it could be reconsidered, making use of the wealth of experience available inside WHO with regard to the special funds and with a view to sustainability, and perhaps including Member States in governance of the fund. Equally important is the need to maintain a regional logistics hub. It identified the need for a strategic approach to the wealth funds in the Region, including religious charitable foundations, which should include comprehensive communication and evaluation plans.

2.8 Global health security: implications for the Region

Global health security ultimately depends on the quality of national public health systems and requires international cooperation and governance. Communication with national health authorities in the Region indicates that to date 13 countries have requested an extension of the June 2014 deadline to have core capacities for IHR in place. The Committee discussed the challenges to full implementation of IHR in the Region.

The Committee pointed out that the institution of national IHR focal points is not working well. Established lines of reporting are not always followed, or these individuals may have a peripheral position that makes it difficult for them to influence the Ministry of Health or to engage other sectors. Where national focal points are responsive, gaps in other areas of the system hinder their efforts.

The Committee emphasized the need to review regional experiences with IHR in the past two years and take action on lessons learnt.

2.9 Role of civil society in health

Discussions at regional level have highlighted the need for engagement with civil society, especially in areas such as noncommunicable diseases and maternal and child health. At the same time, an important issue currently under review at global level is WHO's engagement with non-state actors. The main risks of working with such actors is the influence they can have on WHO's work. The Committee discussed ways to engage civil society and possible measures to ensure policy alignment and protect against undue influence.

There is a need to determine in what areas the participation of civil society organizations can support the work of WHO. It was suggested that WHO could develop targeted toolkits to build capacities specific to different categories of civil society, e.g. journalists, artists, youth, rights activists etc, to encourage peer education and community awareness. WHO could also support the development of coordinated civil society networks to support health goals.

The Committee noted there are ways to engage with the many good nongovernmental organizations, including professional and consumer associations, in the Region in a way that supports government, including tripartite projects and programmes, provided there are clear agreements for working and if possible a legal framework for participation at different levels of government. The draft framework for engagement with non-state actors should be added to the agenda of the forthcoming Regional Committee.

It was noted that nongovernmental organizations can be well studied, carefully selected and made accountable. The private sector can also be used but the mode of collaboration must be clear and free of conflict of interest. The Committee cautioned against excluding working with genuine non-state actors because of difficulties in achieving an agreement. Efforts to set the boundaries for engagement should continue.

2.10 Health diplomacy

A regional seminar on health diplomacy was first conducted in 2012 in response to pressing need for stronger regional presence in global discussions on health and on other issues with a potential impact on health. The seminar was received enthusiastically by officials of ministries of health and foreign affairs alike, and two more seminars have since been conducted for a growing range of participants. The Committee discussed ways to expand the experience as well as the engagement of key actors.

The Committee acknowledged the initiative as timely and emphasized the importance of participant selection. Missions of Member States to the United Nations in Geneva are a key target group for training, as they are frequently called upon to support delegations to global health forums.

It was suggested that special topics could be selected for seminars according to forthcoming international events and forums related to health. The development of good policy briefs and fact sheets would be useful to support delegates in such forums. A package of information on basic health issues linked to diplomacy could also be prepared for foreign missions.

Possibilities for future expansion were noted, for example to the economic sector and the military. Certain aspects of health diplomacy could also be integrated into academic curricula, such as for political science.

3. RECOMMENDATIONS

The Technical Advisory Committee made the following recommendations for WHO's work in the Region.

1. In order to accelerate outcomes in the five strategic priority areas:

- a) include the social determinants of health in the work of all technical programmes;
 - b) strengthen engagement with academic institutions and non-health sectors whose support is essential for moving forward in some of these areas;
 - c) strengthen the skills of WHO representatives and country office staff to enable them to work effectively across sectors and make use of the convening power of WHO at country level to bring relevant sectors to the table;
 - d) place greater emphasis on capacity-building and training of health professionals, as well as stimulating operational and implementation research
2. Provide regular periodic reports on achievements in the five priority areas, with accountability measures for Member States and evaluation of the impact of interventions on health outcomes.
 3. In order to ensure implementation of maternal and child health acceleration plans stays on track, strengthen work with other partners, media, civil society and parliamentarians, focusing on feasible high-impact interventions (“low-hanging fruit”), and ensure maternal and child health is included in all emergency appeals.
 4. Develop a robust resource mobilization strategy from regional donors and Member States, make better use of the media to disseminate messages and stimulate potential donors, explore the use of “special envoys” to promote WHO’s work, monitor the status of resource mobilization and issue periodic reports which include sources of funds.
 5. Strengthen cross-border surveillance for communicable diseases through the use of subregional groups.
 6. In order to promote work in prevention and control of noncommunicable diseases:
 - a) use the opportunity of the comprehensive review and assessment of implementation of the United Nations Political Declaration, at the UN General Assembly in July 2014, to encourage scale up of multisectoral action in Member States;
 - b) support accelerated action to ensure that the Region is on track and eventually meets the global voluntary targets for 2025;
 - c) place greater focus on integrating prevention and control in primary health care;
 - d) learn from models and best practices across the Region including in healthy cities;
 - e) establish links with forums for youth and other groups to promote participation in prevention and control efforts;

- f) assess causes of failure to implement interventions and discuss actions to address constraints impeding implementation;
 - g) expand the concept of nutrition security to include both quantity and quality of nutrition.
7. Strengthen work on practical approaches to family practice as a key means of moving towards universal health coverage.
 8. Establish a regional consortium of independent institutions to work with WHO on public health functions in the Region; and analyse the results of the pilot assessment of public health functions in one country and refine the methodology and the tool, before generalizing the experience in other Member States.
 9. Conduct the proposed public health leadership programme over a 12-week period, including attendance at meetings of WHO governing bodies.
 10. In order to strengthen quality of data received from Member States:
 - a) place emphasis on national capacity-building for data generation, quality assessment, analysis, dissemination, use for policy development and evaluation;
 - b) advocate for institutionalized health examination surveys with regular periodicity and provide support to Member States with commitment to conduct them.
 11. In order to promote country resilience for emergency preparedness and response:
 - a) include the subject on the agenda of the Regional Committee;
 - b) promote and lead intercountry planning and coordination for emergency situations;
 - c) revisit the concept of, and approach to, the emergency solidarity fund and develop a strategic approach to resource mobilization, including comprehensive communication and evaluation plans;
 - d) establish the regional hub for emergency logistics and build regional capacity for emergency management.
 12. Review regional experiences with regard to implementation of the International Health Regulations in the past two years and take action on lessons learnt.
 13. Continue to explore ways to engage with civil society and to advocate with Member States to make better use of the capacities to promote health within civil society.
 14. Continue to promote capacity-building for health diplomacy in the Region, including developing policy briefs and fact sheets that can inform people on relevant issues.

Annex 1**PROGRAMME****Saturday, 14 June 2014**

09.00–09.30	Opening session Process, objectives, expected outcomes Introduction of participants Adoption of the agenda	<i>EM/RDTAC2/1</i>
09.30–10.30	Follow-up on recommendations of the first meeting of the Technical Advisory Committee	<i>EM/RDTAC2/2</i>
11.00–12.00	Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO 2012–2016: a preliminary progress report 2012–2014	<i>EM/RDTAC2/3</i>
12.00–13.30	Noncommunicable diseases: how are we going to make a difference in our Region?	<i>EM/RDTAC2/4</i>
14.30–15.30	Universal health coverage: recent developments	<i>EM/RDTAC2/5</i>
15.30–17.00	Strengthening public health in the Region recent initiatives Assessment of public health functions in ministries of health Public health leadership programme	<i>EM/RDTAC2/6</i> <i>EM/RDTAC2/7</i>

Sunday, 15 June 2014

09.00–10.30	Reinforcing health information systems: core indicators Regional strategy on civil registration and vital statistics	<i>EM/RDTAC2/8</i> <i>EM/RDTAC2/9</i>
11.00–12.30	Global health security: implications for the Region	<i>EM/RDTAC2/10</i>
13.30–15.00	The role of civil society in health	<i>EM/RDTAC2/11</i>
15.00–16.00	Health diplomacy	<i>EM/RDTAC2/12</i>

Annex 2

LIST OF PARTICIPANTS

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Relevant staff according to agenda item



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