

Summary report on the

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Meeting of the national public health associations and institutions in the Eastern Mediterranean Region

Cairo, Egypt
29–30 June 2015



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The Eastern Mediterranean Region faces myriad public health challenges. It hosts the highest burden of refugees, migrant workers and displaced populations and is entrenched in political unrest and conflict. Demographic and epidemiological shifts have brought increased incidence of noncommunicable diseases in many countries, while several communicable diseases remain as an unfinished agenda in others. This all comes in addition to emerging health problems such as coronavirus and Ebola virus and antimicrobial drug resistance.

In this regard, the WHO Regional Office for the Eastern Mediterranean has identified five main priorities for the work of WHO in the Region during 2012–2016: 1) strengthening health systems and the pursuit of universal health coverage; 2) intensifying action to prevent communicable diseases including poliomyelitis eradication; 3) scaling up actions to promote health including maternal and child health; 4) preventing and controlling noncommunicable diseases, and 5) providing special support to countries experiencing humanitarian crises.

Putting the priorities into context, WHO has been constantly updating its way of work to support countries. However, WHO however cannot deliver alone. The influence of the Organization will remain incomplete without countries' engagement, cooperation and political will. Responding to the ongoing challenges requires that both WHO and countries change the way business is done. From the countries' side, there is need for a more systematic public health movement of public health institutes and associations to help Member States to deliver their commitments and be accountable.

In this regard, and although WHO's principal partner is the Ministry of Health, the Organization intends to extend partnership to academic institutions, public health institutes and associations in order to address these regional priorities effectively and sustainably.

To facilitate such action, the WHO Regional Office for the Eastern Mediterranean organized a regional meeting of the national public health associations and institutions on 29–30 June 2015. Representatives from public health associations and institutes from 18 countries in the Region attended.

The meeting aimed at discussing ways to strengthen networking and collaboration with associations and institutes, and included an open and frank discussion as to why public health associations and institutes have been unable to influence public health response in the Region thus far. The objective was to diagnose the barriers and bottlenecks to the functionality of public health associations and institutes, developing recommendations and action points to strengthen their roles in the national public health response in the Region, and exploring options for support from WHO.

2. Summary of discussions

A pre-meeting rapid review highlighted the lack of clear roles and mandates of identified public health associations and the fragility of existing local partnerships and memberships. The lack of clearly defined and standardized roles of public health institutes/associations impedes collaboration, and does not allow academic institutes and other bodies to effectively contribute in public health response. Most public health associations are affiliated with public health institutes and/or headed by academic public health professors.

Working group discussions focused on three questions: 1) What are the priority actions to promote public health in the Region; 2) How can the national public health associations be strengthened in countries; and 3) What needs to be done for networking among public health associations/ institutions/forums in the Region?

There was strong consensus that the regional role of national and local public health institutes/associations has been limited and not well defined. Possible underlying causes of weak performance include the multidisciplinary nature of public health, which necessitates the engagement of non-health stakeholders, currently lacking in the public health response. Related to this is the gap between public health, clinical and non-health sectors, which translates into missing involvement of different public health professionals. As well public health education is poor in primary/secondary school curricula. There is also a shortage of multidisciplinary under- and post-graduate public health courses that train health and non-health professionals on taking action in unstable political and emergency settings.

Participants noted underlying causes of poor regional performance of public health associations and institutes, which included: uneven political commitment and lack of 'know-how'; overdependence on one institution, mostly the Ministry of Health, that is not equipped to deliver all tasks and initiatives and to coordinate with other sectors; and limited public health human and financial resources.

Among the steps identified towards strengthening public health in the Region were:

- good preparation of the upcoming generation;
- standardizing and harmonizing public health education across the Region, taking in account regional diversity and priorities;

- strengthening intersectoral partnership and collaboration between public institutes and associations with clear identified roles, mandates and responsibilities;
- bringing priority stakeholders from outside the health sector into discussions (e.g. Ministry of Interior, Finance and Social Affairs);
- promoting people's sense of ownership of health "*public health is for the public*";
- integrating public health leadership into formal public health education and capacity-building efforts;
- integrating regional essential public health functions into public health education including leadership, research and monitoring and evaluating of the national public health response process;
- advocating for multidisciplinary public health response and move from theory to action;
- strengthening multidisciplinary public health capacities to deliver the regional and national priorities.

3. Action points

Participants identified the following action points for WHO.

1. Engage national public health associations and institutions in WHO's work through relevant meetings and workshops, and improving regular communication and dissemination of guidelines, approaches and actions developed.
2. Review and strengthen public health curricula.
3. Dedicate more scholarships to public health. Map public health associations and institutions and apply essential public health functions.
4. Disseminate the work of public health associations as one of the themes of the Eastern Mediterranean Health Journal.

5. Establish a regional and international roster and network of public health experts, associations and institutions.
6. Build on the leadership programme and its integration in public health education, applying the identified regional public health functions.
7. Review the status of national essential public health functions and information dissemination in countries.

In the closing session, WHO agreed to share the summary report with all participants and ensure regular communication and information sharing on WHO priorities and public health initiatives. It was also agreed that the draft public health associations and institutes mapping tool would be shared with a core group of participants for their review and inputs on the design. The final product will be shared with all participants to share with their networks and complete the required information.



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