



October 2017

**REGIONAL COMMITTEE FOR THE  
EASTERN MEDITERRANEAN**

**Sixty-fourth Session  
Islamabad, Pakistan, 9–12 October 2017**

**SIDE EVENT**

**G5 INITIATIVE**

**Objectives of the event**

The objectives of the event are to:

- update Member States on planned activities, activities conducted so far and to seek commitment to continue planned activities until mid-2018;
- brief Member States on recent developments in communicable disease outbreaks near and across borders;
- review the gaps in G5 mechanisms, scope and sustainability, and discuss options for the future.

**Background**

Group 5 comprises four countries (Afghanistan, Islamic Republic of Iran, Iraq, and Pakistan) and WHO. The Ministry of Health and Medical Education of Islamic Republic of Iran serves as the Secretariat of the G5 group. Since establishment of the G5 initiative in June 2005 many joint activities have been undertaken. The main focus of the group has been to address cross-border issues, particularly the prevention and control of communicable diseases.

**Cross-border surveillance**

The focus of work among the G5 has been to strengthen cross-border surveillance, including components of early warning systems (outbreak reports, interactive track-back maps and information on continuity of care, such as discharge summaries, care plans and assigned contact persons). However, cross-border collaboration can face multiple logistical barriers and have unintended negative consequences, particularly when there are interruptions across borders. Border areas should be the focus for disease control activities among the G5 given the high intensity of both the formal and informal movement of people and goods across borders. This is a particular challenge in the Region where remote border areas have weaker infrastructure that can impede the efforts of national disease control programmes.

Joint/simultaneous control activities or campaigns for prevention, such as vector control, vaccination campaigns, outbreak investigation, and deployment of mobile health teams could be further strengthened. The sharing of information also requires greater coordination and transparency (e.g. reports of monthly confirmed cases of malaria and transmission foci, and vector surveillance information). Exchanges and/or co-development of information education/behaviour change communication materials could be used to target specific populations in affected areas.

## Proposed activities of the G5, 2017–2018

During the side meeting at the 70th World Health Assembly, the proposed activities listed in Table 1 were endorsed by G5 members. Reports are available for those activities which have been conducted.

**Table 1. Planned activities among G5 countries, 2017–2018**

Subject	Country focal point	Decision point	Date	Venue
Mass gathering: 1. Public health issues (IHR) 2. Food safety 3. Emergency operation centres (border)	Iraq	1. Formal meeting every 6 months (Director-General level)	18–19 October 2017	Karbala
		2. Workshop on public health and food safety	20–21 September 2017	Kermanshah
Polio cross-border	Pakistan and Afghanistan	1. Formal meeting	10 July 2017	Kabul
		2. Formal side meeting/Regional Committee	October 2017	Islamabad
		3. Workshop on environmental surveillance	December 2017	Zahedan
Antimicrobial resistance	Islamic Republic of Iran	1. Regional meeting	3–4 July 2017	Tehran
		2. Workshop	February 2018	Tehran
		3. Side meeting	April 2018	Stockholm
Vector-borne diseases	Pakistan	1. Side meeting Regional Committee	October 2017	Islamic Republic of Iran-Pakistan
		2. Border meeting bi-monthly		
		3. Regional workshop on malaria eradication and formal meeting	September 2017	
Hepatitis B and C	Iraq (Baghdad)	1. Formal expert meeting	November 2017	Baghdad
		2. Workshop	February 2018	Tehran

## Challenges and potential solutions

**Core resources:** The G5 Secretariat needs to secure funds from Member States and/or WHO to undertake administrative support of its endorsed planned activities. Establishing a shared pool is suggested with concrete costing. The G5 Secretariat could also consider publishing an e-newsletter every 6 months.

**Activity funding:** The G5 Secretariat should make efforts to mobilize resources from different domestic sources and/or international agencies. Small amounts of funds could be earmarked to support G5 activities from the WHO biennial budget of the four countries. If agreed, these funds could support activities for the 2018–2019 biennium.

**Memorandum of understanding (MoU):** Many changes have taken place in global and regional health since the MoU of the G5 was charted in 2005. Hence, there is a need to review and revise the MoU to potentially expand its scope from cross-border surveillance to other areas, such as the Sustainable Development Goals, health systems, noncommunicable diseases, emergency

preparedness, etc. This would also provide an opportunity for other interested countries of the Region to join the initiative.

**Meetings:** The meetings of G5 focal points and preparatory meetings prior to World Health Assembly or regional committees are ad hoc. The G5 Secretariat with WHO's support should organize a video conference every three months to discuss plans, progress and ways to overcome bottlenecks. Hence, prior to the G5 side event at the 64th Regional Committee a preparatory meeting was held on 6 September to discuss the agenda and tailor it for relevance.

### **Expected outcomes**

- Consensus reached on the proposed funding mechanism for the G5 and planned activities for 2017–2018.
- Review and revision of the G5 MoU to enhance its scope and allow for the participation of other interested countries in the initiative.
- Commitment obtained to ensure timely sharing of relevant outbreak and surveillance information.
- Agreement reached on the need to organize regular tele- and video conferences among country focal points.

### **G5 focal persons**

Islamic Republic of Iran: Dr M.M. Gouya, Director, Communicable Disease Control, Ministry of Health and Medical Education of Islamic Republic of Iran

Afghanistan: Dr Wahid Majrooh, International Relations Director at the Ministry of Public Health, Afghanistan

Pakistan: Dr Mazhar Nizar, Head, Public Relations and Communications, Ministry of National Health Services, Regulations and Coordination, Islamabad

Iraq: Dr Ramzi Mansour, Head of International Relations Department, Ministry of Health, Iraq

WHO: Dr Jaouad Mahjour, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean