



Report of the fourth meeting of the Technical Advisory Committee to the Regional Director

1. Introduction

1. The Technical Advisory Committee to the Regional Director convened for its fourth meeting on 16–17 April 2019 at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt. The objectives of the meeting were to solicit the advice of the Committee on:

- matters relating to the implementation and evaluation of WHO's strategic directions in the Eastern Mediterranean Region, in particular implementation of WHO's new vision for public health in the Region, Vision 2023, and the development of related strategy for the period 2019–2023;
- 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;
- means to engage key stakeholders from the health and non-health sectors in order to promote the concept of "health in all policies";
- any other topics referred by the Regional Director.

2. Ten members of the Committee attended the meeting, along with relevant staff of the WHO Regional Office for the Eastern Mediterranean. The meeting was chaired by Dr Walid Ammar.

3. During the meeting, the participants were requested to discuss a number of working papers that had been provided to them in advance of the meeting, each of which was introduced with a presentation by a senior member of WHO staff in the Region. The discussions included identification of additional challenges that existed and advice on how WHO could best respond within the current context of the Region, which includes ongoing crises in a number of countries.

2. Recommendations

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

General

- WHO's trusted brand, regional authority and convening function are all great assets. The Organization should aim to leverage its considerable soft power to advance the Region's public health priorities on the regional and global levels.
- Internal WHO reforms and focus issues such as universal health coverage should not distract attention from crucial basic public health functions such as fighting communicable diseases, immunization and accelerating the reduction of child and maternal mortality.
- Mobilize contacts with parliamentarians, the media and other stakeholders to raise the salience of health issues on the policy agenda.
- The Regional Office should take additional advantage of academic talents and networks in the Region, including using the WHO Collaborating Centres and other high-level centres of academic expertise to ensure a strong evidence base for WHO activities.
- Assist in developing policy briefs in the Region, to offer effective, objective advice to policy- and decision-makers and parliamentarians.

- Reach out to other ministries in addition to ministries of health as well as additional partners, the private sector and civil society groups, while maintaining good relations with the ministry of health in each country. Mayors and other municipal authorities may be a particularly effective contact point for multisectoral impact at ground level.
- The Eastern Mediterranean Region countries may benefit from sharing experiences from other regions, for example the impressive work to expand health coverage in Rwanda.
- Recognize and respect the diversity of the Region, including diverse priorities and approaches among countries.
- Increase opportunities for networking and mutual learning among policy-makers and health professionals.
- Document and disseminate success stories (things that work) in the Region such as access to health services, maternal mortality reduction, community health work, and examples of effective systems and governance. Consider recognizing “champion countries” and Region-wide “ambassadors” for specific programmes.
- The Regional Office has an important role in defining the public health research agenda in the Region. Consider creative approaches such as putting out requests for proposals for research on specific issues of regional interest and possibly offering incentives to stimulate operational/implementation research in the Region. Grand Challenges Canada offers one interesting example.
- Work to engage young people in the Region. Develop a health leadership programme to expose them to public health issues. The Young Arab Voices and Young Med Voices programmes offer interesting examples of initiatives to develop participants’ advocacy skills.
- Address climate change as a priority.

Vision 2023 for the Eastern Mediterranean Region

- Systematically map resources, public health programmes and leadership programmes in the Region to identify strengths and gaps.
- Prioritize fragile and vulnerable countries. This is where most of the Region’s share of the GPW 13 targets and the Sustainable Development Goals can be met.
- Vision 2023 and its related strategies must emphasize enhancing transparency and good governance.
- Improved monitoring and evaluation is crucial. This should focus on outcomes rather than inputs or outputs – even if it is impossible to distinguish WHO’s contribution from those of other stakeholders in achieving country-level results.

Strengthening health system resilience and facilitating recovery in protracted humanitarian emergencies

- Emergencies offer an opportunity to “build back better”, change mindsets and rethink aspects of health provision. It is not necessary to wait for an emergency to end before starting work on this; policy-makers and leaders should be proactive.
- Health and public health needs assessments are essential to identify needs based on real-life situations and real data.
- Competencies for work in emergencies have been developed for nursing schools and should also be developed for other health-care professionals.
- More effort should be made to engage communities in risk assessment and planning, including the creation of national and subnational risk maps and recovery plans.
- Ensure that refugees and internally displaced people are fully included in health system planning and service provision. In this regard, it is more helpful to speak of “mainstreaming” than “integration”.
- An interesting research approach may be to focus on “what went right”, i.e. countries and instances where emergencies did not occur even though the prerequisites seemed present. This approach is already being used to offer a fresh perspective on patient safety at the health-care institution level.

- Capacity-building is necessary to strengthen the ability of the health workforce to deal with post-emergency psychological trauma.
- Develop stronger relationships with universities in the Region. Collaborate on implementation of the new framework for action on health system recovery in emergencies, to try to integrate recovery into the education of future health professionals.
- Document and disseminate success stories in humanitarian response and health system recovery.
- Coordinate work with other stakeholders. Define roles and job descriptions, oriented to delivering agreed results.

Achieving better prevention and control of communicable diseases

- Communicable diseases remain very important in the Region, and are a global health security threat. Recent large-scale outbreaks of measles and cholera, among other diseases, are of particular concern. It is in everyone's interest to deal with the unfinished agenda and ensure adequate resources to tackle them.
- Publicize gaps identified through joint evaluation exercises (JEEs) and push for resources to fill them. Aim to increase regional solidarity and sharing of financial and other resources.
- Promote an integrated approach to addressing communicable diseases in primary health care.
- Many communicable diseases are due to social determinants of health and so there is a strong need to work with other sectors.
- Establish two new advisory committees in the Region to galvanize action on (1) communicable diseases and antimicrobial resistance and (2) infection control.
- Expand WHO's role in communications and advocacy, e.g. the risks associated with antibiotics abuse. Also enhance high-level advocacy among parliamentarians and other decision-makers to encourage health security and compliance with the International Health Regulations (2005).
- Consider promoting the creation of regional CDC (Centres for Disease Control and Prevention), similarly to the African CDC.
- Consider pooled purchasing of vaccines, especially for low- and middle-income countries and as several countries are now graduating from Gavi funding.

New approaches to addressing preventable maternal deaths

- A plan is needed to accelerate the reduction in preventable maternal deaths in the Region, to build on previous successes and sustain results.
- Preventable maternal deaths are strongly linked to social determinants of health including, among other things, social and cultural norms around early marriage, pregnancy and abortion. Encourage applied research in this area to identify effective interventions customized to regional needs and context. Country offices should encourage countries to implement and follow up on high-level commitments already made.
- Every country should have a maternal mortality surveillance committee or similar mechanism mandated to investigate and document causes of maternal deaths, and work on preventing them and properly managing risk factors.
- Focus on preventable maternal deaths in countries facing emergencies, which account for almost 65% of all preventable maternal deaths.
- Diabetes is a high risk factor for maternal and child morbidity and mortality in the Region. All pregnant women should be tested for it.

Strengthening actions towards universal health coverage

- Emphasize the investment case for universal health coverage at the upcoming regional meeting of ministers of health and ministers of finance.
- Encourage countries to train more health economists in the Region.

- Involve communities in defining packages of essential services.
- As well as defining essential services that should be provided, consider identifying services that should not be provided because they are not effective or cost-effective.
- Increase efforts to help countries strengthen governance.
- Encourage, document and disseminate innovative approaches to expanding access to health care.

The NCDs epidemic – ways forward

- Promote examples of effective multisectoral action to address NCD risk factors from other regions, for example the successful introduction of “sin taxes” in Thailand.
- Make more use of Regional Committee and other Governing Bodies mechanisms to report on progress in and by Member States, thereby helping to ensure accountability.
- Encourage more work on behavioural change in the regional context, to identify the best ways to modify behaviours.
- Investigate why interventions that have been shown to be effective are still not being implemented in the Region.
- Explore possible “win-win” partnerships with key industry stakeholders, in particular the food and pharmaceutical industries, while being careful to avoid conflicts of interest.

Community engagement in health

- Engage communities more actively in shaping local needs and desired services. They are a source of knowledge and potential solutions, not just service recipients.
- Invest in capacity-building to give community members the skills they need to engage successfully in policy and service development.
- Establish monitoring and evaluation mechanisms to capture community engagement over the long term. Document and disseminate examples of effective engagement.

Annex 1

List of participants

Members of the Technical Advisory Committee

Dr Rowaida Al-Maaitah
Jordan University of Science and Technology
Advisor to HRH Princess Muna Al-Hussein for Health and Development
and Vice President of the National Woman's Health Care Center
Amman
JORDAN

Dr Maha El-Rabbat
Former Minister of Health and Population
Executive Director, Middle East and North Africa Health Policy Forum
Cairo
EGYPT

H. E. Mr Ali Khalfan Al Qutaiti*
Head of the Health and Environment Committee
Majlis Al Shura
Muscat
OMAN

H.E. Dr Bassel Hamoud Al-Sabah*
Minister of Health
Ministry of Health
Kuwait City
KUWAIT

Dr Walid Ammar
Director-General
Ministry of Health
Beirut
LEBANON

Dr Mostafa Brahimi
Parliamentarian
Deputy Head of Social Sector
Moroccan Parliament
Rabat
MOROCCO

Dr Jeffrey Braithwaite
Professor of Health Systems Research
Founding Director, Australian Institute of Health Innovation
Director, Centre for Healthcare Resilience and Implementation Science
President Elect, International Society for Quality in Health Care (ISQua)
Sydney
AUSTRALIA

Dr Abdallah Daar
Emeritus Professor of Clinical Public Health; Global Health; and Surgery
University of Toronto
Toronto
CANADA

Dr Tim Evans*
Director, Health Nutrition and Population
Human Development Network
The World Bank
Washington D.C.
UNITED STATES OF AMERICA

Dr Mohamed Abdi Jama
Former Assistant Director-General WHO
Independent Consultant
Mississauga
CANADA

Dr Bagher Larijani
Professor of Endocrinology
Deputy Minister for Medical Education, Islamic Republic of Iran
Head of Endocrine and Metabolism Research Institute
Tehran University of Medical Science
Tehran
ISLAMIC REPUBLIC OF IRAN

Dr Ziad Memish
Professor and Senior Consultant in Infectious Diseases
Alfaisal University
Riyadh
SAUDI ARABIA

Dr Sania Nishtar*
Founder and President
Heartfile
Islamabad
PAKISTAN

Youth Representative
Nuran Khaled Al-Gohary
International Pharmaceutical Students' Federation (IPSF)
Cairo
EGYPT

WHO Secretariat

Dr Ahmed Al-Mandhari, Regional Director for the Eastern Mediterranean

Dr Abdallah Assa'edi, Senior Adviser to the Regional Director

Dr Rana Hajjeh, Acting/Director of Programme Management and Director, Department of Communicable Diseases, Prevention and Control (DCD)

Mr Hatem Adel El Khodary, Director, Administration and Finance (DAF)

Dr Maha El-Adawy, Director, Department of Health Protection and Promotion (DHP)

Dr Zafar Mirza, Director, Department of Health, System Development (HSD)

Dr Arash Rashidian, Director, Department of Information, Evidence and Research (IER)

Dr Asmus Hammerich, Director, Noncommunicable Diseases and Mental Health (NMH)

Dr Richard Brennan, Acting Director, Department of Health Emergencies (WHE)

Dr Ahmad Basel Al-Yousfi, Director, Centre for Environmental Health Action (CEHA), Amman

Dr Rayana Ahmed Bou Haka, Manager, Country Focus Support

Mr Jaafar Jaffal, Regional Adviser, Planning, Budget, Monitoring and Evaluation

Dr Ruth Mabry, Technical Officer, Regional Director's Office

Other relevant staff according to agenda item.

* Unable to attend.