WORLD HEALTH ORGANIZATION
Regional Office for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
Bureau régional de la Méditerranée orientale

منظمة الصحة العالمية
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1. Introduction

The thirty-fifth meeting of the Regional Consultative Committee (RCC) was held in the Regional Office for the Eastern Mediterranean, Cairo, from 20 to 21 April 2011. Members of the RCC and the WHO Secretariat attended the meeting. The programme and list of participants are included in Annexes 1 and 2, respectively. Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, welcomed the members of the Regional Consultative Committee.

The Regional Director noted the uprisings and changes taking place in several countries which brought hope and opportunities. However, he also noted his concerns with the prevailing situation in the Region, which was particularly unsettling in the Libyan Arab Jamahiriya. WHO had called on the international community and donors to scale up the support and, most importantly, to ensure humanitarian corridors to provide access to basic needs and services to the most vulnerable populations. Medical personnel and equipment, medicines and water purification units were among the priority needs.

He drew attention to the economic recession and its adverse impact on financing of priority programmes. Different measures were being taken to address the resultant financial crisis in WHO, including efficiency measures, recruitment freeze and vulnerability assessment. There was evidence that some donors were shifting to bilateral rather than multilateral support to countries. Efficiency measures were being undertaken in the Regional Office to bring down costs, and three task forces had made recommendations on future priorities, core staffing needs and organizational structure.

Dr Gezairy closed by introducing the technical papers to be discussed by the Committee.

Discussion

The Committee expressed concern at the impact of the global economic crisis on health, and in particular on WHO's ability to address the health challenges and priorities, globally and regionally. With regard to the financial crisis in WHO, the Committee noted the concern of many observers at the apparent lack of an orderly process in financial contraction around priority areas and key strategic directions. There did not seem to be a clear link between WHO's stated priorities and restructuring. The tension between the objectives pursued by voluntary contributors and WHO's stated priorities and core functions was also of concern. The Regional Director was requested to highlight this concern with the Director-General. The Region should also raise its voice in this regard. At the same time, performance evaluation should be high on WHO's agenda. In this regard an in-depth review of the Regional Office, country offices and regional programmes to identify achievements, gaps and future directions was desirable. The subjects presented to the Regional Committee for discussion should take into consideration and highlight the budgetary implications of the strategies proposed. Papers submitted to the Regional Committee should be very clear in rationale and message and an appropriate revised format and preparation process could be considered.

It was noted that the recession also provided opportunity to boost coordination and pull together, both in countries and in WHO. There is need to mobilize resources and a task force to visit the countries, or other mechanism, could be considered to promote this. The interest of donors and partners in the Region should be studied and they should be approached in a systematic manner rather than on ad hoc basis. Now was the time to emphasize the cost-effectiveness and public health benefits of a comprehensive primary health care approach compared with a disorganized clinical approach, which was indeed more and more recognized by Member States. The Regional Director noted that insurance companies were good sources of health information but that new companies had little experience and were opting for the cheapest services. It was also a good time to develop the concept of spiritual health within the context of healthy lifestyles.

Recommendations to the Regional Office

1. Conduct an in-depth review of the Regional Office, country offices and regional programmes to evaluate performance and guide future strategy.

2. Establish a regional task force, including members from countries, to promote resource mobilization from within the Region.

3. Give consideration to including Member States and nongovernmental organizations in the development and presentation of Regional Committee technical papers.

2. Dengue: call for urgent interventions for a rapidly expanding emerging disease

Dengue fever is the most prevalent arboviral infection worldwide, with up to 40% of the world population living in endemic regions. About two-thirds of the world's populations live in areas infested with dengue vectors, mainly Aedes aegypti; and about two fifths of the world's populations are now at risk of getting the disease. Over the past three decades, dengue fever/dengue hemorrhagic fever has been rapidly expanding in the Region, with outbreaks of dengue fever documented in countries along the Red Sea coasts and in Pakistan. Surveillance is difficult to establish and to maintain because dengue fever is a complex disease, the symptoms of which are difficult to distinguish from other common febrile illnesses. Laboratories play a very important role in surveillance, not only in confirming cases but also in monitoring serotypes and strains circulating in the population. National commitment is a cornerstone for ensuring success and sustainability of the disease surveillance programme. Control of dengue is a collective responsibility of many relevant partners and not only of ministries of health.

The global strategy for control of vectors emphasizes functional surveillance, preparedness, and selective integrated mosquito control with community and intersectoral participation. In the absence of a safe, effective and economic vaccine, vector control is the only method available to prevent and control the disease. Source reduction (elimination of larval habitats) through community participation is the fundamental strategy for sustainable, long-term control. However, full participation of communities will take time, since it is based on behavioural change. A functional surveillance system, with a sentinel component, must be laboratory-based and proactive in providing early warning of an epidemic. The importance of self-reliant, sustainable, multisectoral community-based interventions in controlling Aedes mosquitoes needs to be emphasized, in addition to measures taken by the Ministry of Health. Legislative support is essential for the success of dengue control programmes.

Discussion

The following points were made. Many of the strategic approaches proposed to tackle dengue fever are common to many diseases. It is important not to seem to be encouraging the development of vertical programmes and approaches but to emphasize an integrated disease control strategy and public health approaches, including risk assessment and avoidance, health and environmental education, and medical professions education. Regionally relevant family and community-based approaches and advocacy for behaviour and lifestyle changes are key points in this regard. The concept of integrated stratified health programming for priority diseases can also be considered. WHO's partners are sometimes inclined to promote common strategies at the expense of regional needs. The current problem faced by the Region with dengue fever is perhaps influenced by the global approach to malaria control which emphasizes case control over vector control and it is important to look into this.

The lack of adequate epidemiological information on dengue fever is a challenge that requires continued strengthening of national health information systems. There is need to review the

disease surveillance and forecasting methodology for dengue fever, and to consider innovative and population-based methods. Human resources capacity is still deficient in the areas necessary to tackle dengue fever, in particular the area of entomology. The regional MSc course established in this area is a step forward but access to it can be widened also to non-degree oriented tailored trainings. Diagnosis of dengue fever is costly and treatment inadequate in the Region. Greater focus is needed on development and production of low cost diagnostic tools within the Region and on continuing improvement in blood banking. There are specific areas where research is needed.

A full analysis of the regional situation is needed to establish the gaps in countries and enable countries to target and prioritize investments. This can also include looking at why intersectoral and intrasectoral collaboration does not function well in many countries. The strategic message to Member States needs to be strengthened so that they will have a very clear idea of the interventions that have proved effective, and how and where they might be implemented, whether at community, university or governmental level.

Recommendations to the Regional Office

1. Identify innovative means and/or alternative approaches to actively involve and empower communities in prevention and control of dengue fever, including vector control through well designed interventions on health education, health promotion as well as other relevant interventions that increase community awareness of public health and promote behaviour change.
2. Highlight the need for collection of better data on the extent of the spread of the disease, through the conduct of serosurveys, promotion of research on febrile illnesses and development of innovative active surveillance systems, such as integrated stratified public health surveillance systems.
3. Utilize surveillance and other relevant data on dengue to demonstrate the burden of the disease, including the catastrophic expenditures incurred during outbreaks by families and ministries of health for diagnosis, treatment and management, as well as other related negative economic impacts and to ensure appropriate ranking of prevention and control of dengue among other competing public health priorities.
4. Emphasize the development of centres of excellence for viral haemorrhagic fevers, including dengue fever, to further strengthen research activities in the Region and to manufacture low-cost diagnostic kits.
5. Emphasize the need to train more medical staff and students on clinical management of dengue fever/dengue haemorrhagic fever and for blood banks in affected countries to keep adequate supplies of platelet concentrates to save lives.
6. Emphasize also the need to strengthen tailor-made trainings on entomology and vector control.
7. Conduct SWOT analysis by country to identify gaps.

3. Scaling up EPI in the Eastern Mediterranean Region to achieve the global, regional and national targets

An estimated 1.2 million children aged under five years died in 2008 in the Eastern Mediterranean Region, with more than 20% of these deaths attributed to diseases for which effective vaccines are currently available. The past few years have witnessed remarkable

improvement in the routine vaccination coverage in several countries of the Region, and the regional average DTP3 coverage reached more than 88% in 2010. In addition, the Region achieved 93% reduction of measles mortality between 2000 and 2008. Introduction of new life-saving vaccines has also gained momentum in the past few years, with introduction of Haemophilus influenzae type B (Hib) vaccine in 18 countries, pneumococcal vaccine in 8 countries and rotavirus in 3 countries.

Despite this progress, approximately 1.9 million infants did not receive their third dose of DTP vaccine in 2009, and the number of children who were not fully vaccinated as per the national immunization schedule is even higher. The target of measles elimination by 2010 was not achieved and the progress in reducing measles mortality is threatened unless measles control efforts are sustained. New vaccine introduction constitutes the major challenge, especially for the low–middle income countries. In 2010, Hib vaccine was not offered to 34% of the annual birth cohort, and only 7% and 4% of infants in the Region were born in countries that offer pneumococcal and rotavirus vaccines, respectively, in the national immunization programme.

There are several challenges facing the scaling-up of immunization programmes in the Region. The structure and managerial capacity of national immunization programmes are inadequate and there is need for stronger programme capacity at the central and peripheral levels. Government allocations for immunization programmes are relatively low, and the financial resources needed for the evolving demands of EPI, including introducing costly new vaccines and implementing the measles elimination strategy, have not been met. In addition, the current vaccine procurement and regulation system in several countries is not adequate and there is a need for stronger mechanisms that ensure vaccine quality and security.

Discussion

The following points were raised. Affordable vaccine procurement mechanisms are important, especially for middle-income countries that are not eligible for GAVI support. More emphasis is needed on pooled vaccine procurement and on building national and regional vaccine production capacity; WHO’s supportive role should be highlighted in this regard. Focus is also needed on missed opportunities for immunization and the role of primary health care. There is potential value in integrating all child health and development interventions, including vaccination, into one programme. Advocacy is vital for raising awareness and needs to be targeted not only towards decision-makers but also to the general public, especially mothers, in order to increase demand for vaccination. Quality and safety, including safe injection and disposal, need also to be highlighted. Introduction of new vaccines needs to take into consideration routine vaccination coverage in countries.

National immunization technical advisory groups need to be strengthened through expanding membership and providing members with regular information on coverage figures, GAVI updates and other relevant issues. The capacity and status of national EPI managers also need to be strengthened, and linkages drawn to the United Nations Global Strategy for Women’s and Children’s Health, the Global Immunization Vision and Strategy and the Decade of the Vaccine.

The current unrest in the Region has had impact on immunization programmes, including the accumulation of susceptible populations and the potential for outbreaks. Monitoring and evaluation need to be improved in order to obtain reliable coverage figures, including third party monitoring by credible academic institutions through population-based surveys. Improving the reliability of reporting is prerequisite to strengthening routine immunization and to introducing new vaccines. Innovative strategies and ways to ensure implementation of national policy at district level are needed, particularly to avoid missed opportunities to maximize the coverage

Safe injection and safe disposal of syringes need to be considered in improving the quality assurance for immunization programmes.

Recommendations to the Regional Office

1. Elaborate on the strategies for reaching the unreached in remote and challenging areas through enhancement of district level action to improve coverage and adequate monitoring and evaluation systems.
2. Emphasize the need to strengthen regional fund-raising, including advocating for greater support from high-income countries to help low-income countries in the Region, and to expedite implementation of the pooled vaccine procurement system.
3. Highlight the role of WHO in providing technical support for building regional capacity for vaccine production.
4. Emphasize the need to engage with the media and to strengthen information, education and communication programmes.
5. Highlight the need to strengthen the capacity of national immunization technical advisory groups, and to ensure independence of these groups and adequate sharing of information with all members.

4. Strategic directions for research for health: scaling up in the Eastern Mediterranean Region

Research for health provides the knowledge required to understand the concerns as well as the effectiveness and efficiency of various health services and the future needs of the health sector in general. Health research is needed not only to understand diseases but to understand other determinants of health including, but not limited to: education, poverty, gender, human rights and environmental changes. Yet, health research is still underfunded in many areas, and does not necessarily address the needs of people. Furthermore, research is often at early risk of financial cuts in economic recession, despite the fact that it has long-term benefits and is an investment in health.

The Region is undergoing a transitional phase, characterized by political, social, economic, demographic and health changes as well emergencies, both natural and man-made, and demands for greater involvement in decisions affecting services. High-income countries in the Region suffer from a high and increasing burden of noncommunicable diseases and injuries. Low-income and middle-income countries are facing a double burden of disease, characterized by rise in the burden of noncommunicable diseases and injuries with a persisting burden of communicable diseases and malnutrition. A new strategic direction is needed for the Region in the support for, and the utilization of, research to improve health through utilizing the evidence to align with continued challenges in the Region, taking into consideration ethical values. Acknowledging that the “Organization” is composed of the Secretariat, Member States and partners at the regional level, collaboration and cooperation is needed to implement such strategic directions.

The increasing calls for equity and high expectations for a better life and improved health call for more research to guide the process and to rationalize the effective use of limited resources accountably. Promoting and enabling a culture and environment of research is necessary to plan, design, conduct, disseminate, utilize and translate research findings into health policy and interventions. The Regional Office is centrally positioned to serve as an active health convener to call for collaboration and sensitize all stakeholders on health information, research and innovation for the purpose of health development. The strategic directions provide a flexible framework to

align research for health within the Regional Office and with Member States and partners to better meet the needs and priorities of the Region, especially for countries going through social, economic, demographic and political change and transition.

Discussion

The Region needs to develop a stronger research culture and to demystify health research. Regional examples of success stories and best practices in conducting research can be disseminated to create a much needed paradigm shift. Policy-makers need to be persuaded that health research is a priority area, and different modalities for conducting research examined. Research mapping can be conducted to identify the type of research that has been undertaken and is being undertaken in the Region, in both the private and public sectors, and to determine if the results of research are being used and to identify areas for further research. Such mapping would be a first step to producing a regional plan for research for health. The Eastern Mediterranean Region ranks as one of the lowest in terms of health research output and greater focus is needed on impact, output and knowledge translation.

Clear areas for research need to be highlighted within an analytical framework, rather than merely a list of research subjects. Four or five key specific areas could be identified, for example, for medical research councils, and cross-cutting research areas identified for WHO collaborating centres and other institutions. General areas of research could include communicable diseases, road traffic injuries, mental health, occupational health, integration of services, the health care delivery model and its impact on primary health care, violence and poverty. At country level, advocacy is needed for innovation within ministries of health, strengthened management, governance and accountability of research for health and participation of civil society in research.

It is necessary to identify who will be responsible for conducting research – academia alone or academia in collaboration with health care providers – and to identify methods of training these researchers. There is a need to scale up capacity-building. Medical and health professional schools are not always producing high-quality research and the quality of research papers is often poor as researchers do not have the tools to conduct research of the highest quality. After identifying the goals and the research teams involved in research projects, standards and targets need to be set and the needs of countries determined. Health research can be encouraged through the issuing of awards and honours. Indicators, based on international standard methods to evaluate research, need to be specified to evaluate the quality of research for health being conducted in the Region.

Recommendations to the Regional Office

1. Encourage development of a stronger research culture, for research in general and research for health in particular.
2. Highlight regional examples of success stories and best practices in conducting research in order to advocate for research for health.
3. Continue documenting research that is being conducted and has already been conducted in the Region and identify who is conducting this research in both the public and the private sector.
4. Identify the obstacles to consistent production of high quality research and areas for capacity-building.
5. Address capacity-building challenges and produce a plan, including necessary areas of research, to scale up multisectoral efforts for research for health in the Region.

6. Advocate the use of standard indicators to evaluate the production and quality of research for health produced in the Region.

7. Assess what is needed by countries in terms of the setting of priorities and governance of research.

5. Human resources for health in the Eastern Mediterranean Region: a time for concerted action

Human resources for health are increasingly appreciated as the single most critical asset for health systems. Research has shown the positive correlation between the density of health workers and improvement of population health outcomes. The increasing recognition of the importance of health workers as major drivers for health systems and for improving population health outcomes has created a favourable global environment to address human resources for health shortcomings. The global drive to accelerate progress towards achieving the Millennium Development Goals is further augmenting this momentum by mobilizing considerable scientific, technical and financial resources to support evidence-based development of human resources for health action worldwide. The Region has a low average density of human resources for health and a diversity of challenges and shortcomings. Countries have an opportunity to initiate concerted remedial action with regard to human resources for health, based on a regional strategy which provides a framework to guide comprehensive, consistent and sustainable development of human resources for health.

Discussion

Aspects of the health workforce such as skills, performance and distribution need to be highlighted. More emphasis should be placed on primary health care, and on the role of community health workers, auxiliary personnel and the entire health care team in service delivery. Attention also needs to be given to exploring ways to make physicians more responsive to the needs of the community and to develop and maintain their interest in primary health care. Planning for health workforce production needs to take into consideration the specific context of the country, including the prevailing morbidity, labour market needs, nature of health system and the incentive schemes. Such factors also have an impact on production and training modalities for the health workforce. More focus is needed on skills such as leadership, critical thinking, communication and team-building. Workforce retainment and social accountability also need to be addressed.

The typology of human resources for health needs to be clarified. The Global Health Workforce Alliance, for example, has identified three categories of health worker: community health workers, mid-level health workers and ancillary/management personnel, although this does not take into account other health professionals or volunteers. Other important issues relevant to human resources for health performance include delivery platforms, community support and team building. The concepts of “task shifting” versus “task sharing” need to be addressed in the context of setting time limits for certain roles and functions according to needs at the time, and preferably use of the task sharing option when those roles and functions are not required any longer.

The quality of health care services is affected by shortage of both specialists and generalists. Countries need to be able to forecast trends and future needs in human resources. Successful experiences within and outside the Region, such as the Iranian experience with medical education, need to be shared. Standards for graduates need to be emphasized, along with the establishment of mechanisms for follow-up of graduates by training institutions. Countries need to give greater consideration to community-oriented medical education and the team approach.

The development of regional and national human resources for health observatories has been crucial for collecting information and generating evidence on the health workforce and can be highlighted.

Recommendations to the Regional Office

1. Include, in addition to the density of human resources for health, other qualitative aspects of human resources for health such as the skills, performance and social accountability of the workforce.
2. Promote community-orientated medical education and community health workers and auxiliary workforce personnel, who are essential in service delivery and community outreach, based on current evidence.
3. Highlight the need for planning for production of human resources for health to take into consideration the specific context and needs of the country.
4. Refer to the epidemiological transition, the change of morbidity profile within the population of the Region and the impact of changes in disease trends on the production and training of human resources for health.
5. Emphasize the need for training of health workforce to focus on generic skills such as leadership, communication and team building and should be challenge oriented and encourage critical thinking and innovation.
6. Refer to the regional experience in addressing the human resources for health information gap through national and regional human resources for health observatories.
7. Refer to good practices and experiences within and outside the Region, such as integration of primary health care in health professional education and use of monitoring mechanisms to maintain linkages between training institutions and graduates.

6. Mental health and substance abuse strategy for Eastern Mediterranean Region

Mental health and its problems are a public health issue inextricably linked to quality of life, productivity and social capital. Mental, neurological and substance use disorders are universal, affecting all social groups and ages, contributing to 14% and 12 % of the burden of disease globally and regionally, respectively. World Health Assembly resolution (WHA55.10) calls on Member States to provide support to the WHO’s global action programme for mental health which resulted in the launch of the mhGAP programme in 2010, which calls for enhancement of political commitment and development of policy and legislative infrastructure. The discussions on resolution EM/RC57/R.3, adopted in 2010, were also explicit in requesting development of an overarching mental health strategy to guide the response of Member States to promote mental health and provide for integrated efforts for prevention, treatment and rehabilitation of persons with mental, neurological and substance use disorders .

The regional strategy proposed provides a foundation for development of national strategies and action plans. The strategic components include: strengthening leadership and governance of mental health systems, scaling up the integration of mental health into primary health care, strengthening specialist mental health services, prioritizing services for vulnerable persons, prevention of mental, neurological and substance use disorders and promotion of mental health, and enhancing local research for the generation of evidence and promoting its operationalization.

Discussion

The problem of mental health is becoming an increasingly important issue in the Region as a result of conflict, natural disasters and political turmoil. However, mental health services are failing the populations they are meant to serve. Violence is a reality in the Region and countries need specific information about the long-term impact of violence. In countries such as Palestine and Afghanistan mental health problems are becoming a pandemic and as many as 60% of children are experiencing psychosocial disturbance. Early childhood development is important for mental health and greater investment is needed in mental health of mothers and children.

The Region lacks an adequate number of psychiatrists and most mental health professionals are concentrated in and around main cities. The need therefore is for innovative approaches to deal with the problem. These include building up the capacity of all health professionals for provision of mental health services integrated within general health care, and developing community-based interventions to provide for care of mentally-ill persons in least restrictive settings. Building public–private partnerships and developing partnerships with nongovernmental organizations, making effective use of the media in educating people, greater emphasis on spiritual health, and incorporation of mental health in school health curriculums can be effective for promotion of mental health and prevention of mental ill health. There are a range of issues in the Region that need to be addressed to close the gap between what is needed and what is available to reduce the burden of mental health disorders. Health professionals working in the primary health care system could be provided with mental health skills as, despite concerns, there is a growing body of evidence to show that many mental health issues can be dealt with effectively by non-specialists and the majority of those seeking mental health services do not require pharmaco-therapeutic interventions, which represents only one of many interventions to treat mental health problems. Sharing of experiences of countries in the Region may be helpful in this regard. Legislation is also needed in many countries to protect the rights of vulnerable population groups, mentally-ill persons and their families.

The issue of mental disorders may be dealt with separately from substance use disorders. However, inextricable causative linkages between the two exist. These are dealt with together in the international classification systems and mental health systems are generally responsible for provision of substance abuse services in member states of the Region. In addition, mental disorder is a predisposing factor to substance abuse and visa versa.

Recommendations to the Regional Office

1. Highlight the need to strengthen public education and advocacy through media campaigns and to integrate emotional and psychological health components in the school health programmes in order to counter the stigma and discrimination associated with mental health and substance abuse.

2. Emphasize the importance of integrating the mental health and substance abuse components into general health care services, especially primary health care, and of building the capacity of all health personnel supported by the specialist personnel and services through training, supervision and referral support.

3. Highlight the impact of war, conflict and disasters on the mental health of children and adolescents in the components of the regional strategy pertaining to development and provision of care for vulnerable population groups.

4. Highlight the issues of maternal and child health, including parental skills training, in the strategic component on prevention of disorders and promotion of mental health.

5. Include the need to foster community-based models of care employing a multidisciplinary approach in order to ensure humane and cost-effective care for mentally ill persons.

6. Emphasize the need for Member States to promulgate/update mental health legislation to ensure that the provisions of the United Nations Convention on the Rights of Disabled are reflected in order to safeguard the rights of persons with mental disorders and disabilities.

7. Subjects for discussion during the 36th meeting of the Regional Consultative Committee (2012)

- Spiritual dimension of health
- Early childhood development
- Primary health care; what is missing
- Health in all policies
- Genetic disease and public health
- Active aging and responsiveness of primary health care to changing needs
- Social determinants of health
- Accelerated health programmes to address health priorities
- Health during crisis, disaster and conflict (mass casualties)
- Health promotion and communication technology
- Health-related Millennium Development Goals – accumulated evidence and remaining challenges
- Urban health and community-based initiatives
- State of health insurance in the Region
- Effects of violence on mental health
- Vaccines — needs, procurement, pooling and strengthening of national regulatory authorities
- Noncommunicable diseases

Annex 1

Agenda

1. Opening remark
2. Dengue - A rapidly expanding emerging disease in the Eastern Mediterranean Region: call for urgent interventions
3. Scaling up EPI in the Eastern Mediterranean Region to achieve the Millennium Development Goals, global and regional targets
4. Strategic Directions for Research for Health: Scaling up in the Eastern Mediterranean Region
5. Human resources for health in the Eastern Mediterranean Region: A time for concerted action
6. Mental health and substance abuse strategy for Eastern Mediterranean Region
7. Subjects for discussion during the 36th meeting of the RCC (2012)

Annex 2

List of participants

Members of the Regional Consultative Committee

Professor Mamdouh Gabr, Secretary-General, Egyptian Red Crescent Society, Cairo, Egypt

Dr Alireza Marandi, President of the Iranian Academy of Medical Sciences, Member of the Parliament and Professor of Pediatrics and Neonatology and Chairman of the Board of Trustees, Society of Breast Feeding, Teheran, Islamic Republic of Iran

Dr Abdul Rahman Al Awadi, President, Islamic Organization for Medical Sciences, Kuwait

H. E. Dr M. Jawad Khalife*, Minister of Public Health, Ministry of Public Health, Beirut, Lebanon

H.E. Mr Ejaz Rahim, Former Federal Minister for Health, Government of Pakistan, Islamabad, Pakistan

Dr Omar Suleiman, President, Development Action Now (DAN), Director Development Technology and Services International (D'TASI), Khartoum, Sudan

H.E. Dr Mohamed C. Biadillah*, Former Minister of Health, Rabat, Morocco

H.E. Dr Saad Kharabsheh, Former Minister of Health, Amman, Jordan

Dr Zulfiqar Bhutta, Professor of Paediatrics, Department of Paediatrics, The Aga Khan University, Karachi, Pakistan

Professor Koussay Dellagi*, Director of the Centre for Research and Scientific Intelligence on Emerging Infectious Diseases in the Indian Ocean (CRVOI), Tunis, Tunisia

Dr Ali Jaffar Mohamed, Adviser Health Affairs, Supervising the Directorate-General of Health Affairs, Ministry of Health, Muscat, Oman

Professor Peter Hansen, Former Commissioner-General, UNRWA, Diplomat-In-Residence, Fordham University, New York

*Unable to attend

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Dr H.A. Gezairy, Regional Director

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Dr A. Assa'edi, Deputy Regional Director

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Dr M. H. Wahdan, Special Adviser (Polio) to Regional Director

Dr H. Madi, Director, Health Protection and Promotion

Dr J. Mahjour, Director, Communicable Diseases Control

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