

DCD Bulletin

Department of Communicable Diseases

DCD Bulletin

This quarterly bulletin presents important news, events and announcements from programmes of Department of Communicable Diseases in the World Health Organization (WHO) Regional Office for the Eastern Mediterranean. For details, please contact dcd@emro.who.int inserting "DCD Bulletin" in the subject line.

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The Fourth Vaccination Week in the Eastern Mediterranean Region, which coincides with the second World Immunization Week, will be celebrated during 24-30 April 2013. This year, Vaccination Week in the Region will be launched under the theme "Stop Measles Now!"

Programme news (HIV, TB, malaria and tropical diseases)

HIV/AIDS and STIs (HAS)

Ministers of health urged to end the HIV treatment crisis

The WHO Eastern Mediterranean Region is facing an HIV treatment crisis. In 2011, antiretroviral therapy (ART) coverage did not exceed 14%, by far the lowest coverage globally. "More than 85% of people living with HIV, who need life-saving antiretroviral therapy, do not receive it. This treatment crisis calls for strengthening HIV control strategies and programmes in the Region," said Dr Alaa Alwan, WHO Regional Director for the Eastern Mediterranean. In a letter to all ministers of health of Member States in the Region in March, Dr Alwan alerted them to this serious situation. He further urged them to provide strong leadership and political commitment. WHO is calling for a regional initiative to End the HIV Treatment Crisis in the Region with the aim of achieving universal coverage of HIV treatment by 2020.

Regional ART coverage in 2011: 12%

PLHIV on ART
23305



Source: Towards universal access: progress report. WHO, UNAIDS, UNICEF (2007, 2008, 2009, 2010, 2011)

Stop Tuberculosis (STB)

World TB Day celebrated as a day of hope

On 24 March, the WHO Eastern Mediterranean Region celebrated World TB Day.

Several activities were organized across the Region to draw attention towards a preventable and treatable disease which continues to affect millions of people worldwide. Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, on the occasion, urged all partners to work together to fight tuberculosis (TB). "We know what to do, we know we can defeat tuberculosis, we know we can save unnecessary suffering caused by tuberculosis in our countries. With this conviction, let us commit ourselves to do better, and more, in our fight against tuberculosis" he said. This year, World TB Day was celebrated with the slogan "Stop TB in My Lifetime".

Consultation on planning ambulatory and community-based models for MDR-TB management

A multi-country consultation on planning ambulatory and community-based models for multidrug-resistant TB (MDR-TB) management was organized in Cairo in March. The aim of the workshop was to introduce a planning tool kit and relevant resources for participants from different countries. It also provided an opportunity to share experiences and best practices on planning community-based management of MDR-TB. MDR-TB is a challenge for TB control programmes in the Region particularly in Afghanistan, Egypt, Iraq, Morocco, Pakistan, Somalia, South Sudan, Sudan, Tunisia and Yemen.

New TDR short-term grant for research available

A new short-term grant scheme designed to bridge strategic gaps in research capacity and knowledge management is available from the Special Programme for Research and Training in Tropical Diseases (TDR). The aim of the grant scheme is to help researchers and health professionals increase their contribution to disease control. The grant was developed to support the new strategic plan for TDR, which places an emphasis on intervention and implementation-related research, and research capacity strengthening, in order to improve the health of those burdened by infectious diseases linked to poverty.

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TDR (cont.)

The deadline for submission of proposals is 12 May 2013. The grant can support projects with a budget of up to US\$ 50 000. For more details see: [TDR grants](#)

Malaria Control and Elimination (MCE)

Tenth intercountry meeting of national malaria programme managers held

The tenth intercountry meeting of national malaria programme managers of all countries in the Region was held in February in Sharm El Sheikh. The meeting aimed to review regional progress and the challenges being encountered in malaria control and elimination. The meeting also provided opportunities to update participants with new developments on prevention, diagnosis and treatment. Priorities for 2014–2015 were discussed and agreed. Among the recommendations, it was highlighted that malaria care services should be scaled-up towards 100% coverage of all suspected cases in all health facilities including those managed by community and private services.

The meeting recommended that existing microscopy services should be sustained, upgraded and expanded to provide reliable diagnosis, except where rapid tests are clearly more cost-effective because of epidemiological and operational factors. A mechanism for regular training of microscopists especially in eliminating and malaria-free countries should be developed as expertise is being lost due to the low malaria incidence. Malaria managers and partners of all participating countries were urged to develop a plan on insecticide resistance management.

Intercountry meeting of national malaria programme managers of HANMAT and PIAM-net countries

The malaria managers meeting was followed by the intercountry meeting of national malaria programme managers from HANMAT and PIAM-Net countries, which have ongoing *Plasmodium falciparum* malaria transmission. The meeting updated participants on the monitoring efficacy of antimalarial medicines and the status of

artemisinin resistance. It also provided an opportunity to share new therapeutic efficacy data from the sentinel sites and plan for the next round of therapeutic efficacy studies. The meeting ended with recommendations for all countries to: review

and update their antimalarial drug policy; continue and strengthen monitoring in vivo efficacy of first and second line drugs and other potential drugs; and consider inclusion of all annual *Plasmodium falciparum* cases due to the reduction of cases in several sites in countries controlling malaria.

Global Fund launches new funding model

The Global Fund to Fight AIDS, Tuberculosis and Malaria announced its new funding model in February. The new funding model will replace the previous yearly call for funding applications by the Global Fund. The new model is expected to be more flexible, simpler and more strategic, targeting countries with high disease burden and low resources. The new funding model will be implemented in two phases: Phase 1, a transitional phase, which started 28 February 2013; and Phase 2, full implementation of the model, which will start in January 2014.

In Phase 1, 50 countries and 4 multi-country regional programmes have been selected to pilot the new funding model. In the WHO Eastern Mediterranean Region, four countries have been selected under the interim applicant category. These are Egypt, Pakistan (for TB funding), Sudan and Yemen (for malaria funding). Details of new funding model are available at [The Global Fund to Fight AIDS, Tuberculosis and Malaria](#)

Neglected tropical diseases

Cutaneous leishmaniasis among Syrian refugees

Cutaneous leishmaniasis (CL) is highly endemic in the Syrian Arab Republic where two forms of the disease exist, anthroponotic and zoonotic. In 2010–2011 there was an average of around 40 000 cases/year of anthroponotic CL and 10 000 cases/year of zoonotic CL reported. With the presence of Syrian refugees in Lebanon, where CL is sporadic and is mainly caused by *L. infantum*, the Ministry of Health is facing an urgent need to deal with the sudden increased number of cases. A request for support was made to WHO for specific medicines and 10 000 ampoules of Gluncatime were provided from the emergency stock.

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Participants of 10th Inter country meeting of national malaria programme managers

Neglected tropical diseases (cont.)

Given the high number of CL cases occurring in the country, it is important to highlight that not all patients require treatment with antimonials. Those with less than four lesions, lesions less than 4 cm, lesions that are not potentially disfiguring or disabling, and lesions due to *L. major* or self-curing lesions can be treated by washing lesions and wound dressing only. It is also important for those infected with *L. tropica* to cover the lesions (wound dressing) to decrease transmission.

Immunization and Vaccines

Somalia to introduce pentavalent vaccine

Somalia will be receiving funding from the GAVI Alliance for pentavalent (DPT-HepB-Hib) vaccine. The vaccine will be introduced in the Somali Expanded Programme of Immunization in April. This will be a breakthrough for the Eastern Mediterranean Region, as Somalia and South Sudan are the only remaining countries supported by GAVI Alliance that have not yet been able to introduce this essential vaccine. A comprehensive plan of action for vaccine introduction in the country has already been developed with the support of WHO and partners. The plan includes activities essential for successful introduction including training of health staff, timely supplies of vaccine, logistics and social mobilization.

Consultation on the pooled vaccine procurement initiative

A consultation meeting on the Pooled Vaccine Procurement (PVP) initiative was held in Cairo in March. The aims of the consultation were to brief stakeholders on the Initiative and discuss the details of the planned PVP system. The consultation also explored collaboration on the technical and legal documentation required to establish and execute the system. The consultation concluded with the development of an action plan to establish procedures to meet the immediate requests of the interested Member States in the Region. The consultation was attended by members of the Eastern Mediterranean Region PVP Internal Working Group and legal, procurement and immunization experts from Centers for Disease Prevention and Control (CDC) and WHO.

Health security and regulations

Pandemic and epidemic diseases

Experts meet to discuss novel coronavirus infection

A consultative meeting on novel coronavirus infection was held in January at the WHO Regional Office in Cairo. The meeting was attended by participants from Jordan, Saudi Arabia and Qatar as well as from WHO Collaborating Centres, and international research and public health agencies. The meeting significantly contributed to the gathering together of the latest scientific and public health understanding of the novel coronavirus based on the available information. It also helped in identifying critical knowledge gaps in understanding the current risk and the additional steps needed to improve knowledge and narrow the research gap.

South Sudan conducts epidemic risk assessment

South Sudan recently completed an epidemic risk assessment for meningitis with technical support from the Department of Communicable Diseases and the Intercountry Support Team, West of the WHO Regional Office for Africa based in Burkina Faso. The assessment was conducted in February–March. South Sudan, like its neighbour Sudan, has experienced epidemic meningitis. South Sudan and Sudan are the two countries in the Eastern Mediterranean Region which fall within African meningitis belt. It is expected that in October 2013, South Sudan has planned to begin vaccination of all its at-risk population with meningitis conjugate vaccines in three phases by the year 2015 hoping to realize the end of meningitis in the country.

Cholera vaccination campaign in Maban county, South Sudan

A mass vaccination campaign for oral cholera vaccines has successfully been conducted at Maban refugee camp in South Sudan. The campaign was part of a pre-emptive strategy to prevent cholera amongst an estimated 160 000 refugees who fled to South Sudan from its neighbouring country Sudan. The Department of Communicable Diseases participated in a field mission in January to monitor the quality of this campaign.

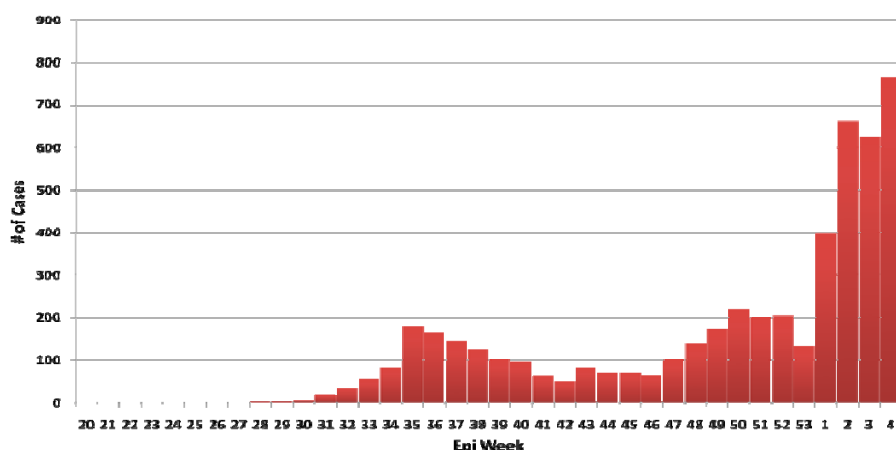


Mothers queue to get their children vaccinated in South Sudan

Pandemic and epidemic diseases (PED) (cont.)

Hepatitis E outbreak in South Sudan: Close vigilance continued

The Department of Communicable Diseases has continued to work closely with government and partners in South Sudan to maintain close vigilance on the progression of the hepatitis E outbreak that erupted in the refugee camps in Maban county in July 2012. As the outbreak continues to spread amongst the refugee population causing over 6300 infections, including 121 deaths, up to 16 February, the Department has continued to provide technical support for improving surveillance, case management and hygiene promotion to interrupt transmission.



Number of hepatitis E cases per week during the recent outbreak in Maban county, South Sudan (08 July 2012–30 January 2013)

Department of Communicable Diseases team visits Pakistan to advocate for capacity enhancement



A Department of Communicable Diseases team carried out an IHR assessment mission in Pakistan in February. The mission aimed to establish communication with IHR focal points and assessing the core capacities required under IHR. The mission also assisted the national authorities to develop a plan of action to implement IHR capacity requirements. The mission met several stakeholders including senior officials at the federal and regional level associated with health as well as from the agriculture, environment, industry and trade, food and drug agencies, justice, points of entry and civil aviation sectors. Pakistan will submit a plan of action for IHR implementation capacity to obtain a two year extension by 15 June 2014.

Multi-stakeholder workshop held on IHR implementation in Sudan



A national multi-stakeholder workshop on IHR was held in Sudan in February. The workshop aimed to enhance national capacities to manage and respond to public health events required under IHR. Stakeholders from different ministries, departments and organizations participated in the workshop. The participants were sensitized about available tools for assessment, strengthening the capacity requirements, rules and obligations of IHR focal points, and the importance of coordination. The workshop ended with the identification of gaps and corrective actions to address the gaps, and the development of an updated version of national IHR plan of action.

International Health Regulations (2005)



With the support of WHO, the 194 States Parties to the International Health Regulations (IHR) have been implementing these global rules to enhance national, regional and global public health security. This section of the DCD Bulletin describes the progress made by Eastern Mediterranean Region countries towards IHR implementation and WHO technical support in this.

Building the capacity requirements at Points of Entry for Iraq and Jordan

A training workshop to build the capacity requirements of surveillance and response at IHR Points of Entry (PoE) for Iraq and Jordan was conducted in March in Amman. The workshop aimed at raising awareness of the participants about the capacities required for implementation of IHR and the role of the authorities at PoE. The workshop also sensitized participants about IHR implementation during mass gatherings. The participants were introduced to tools to be used for assessing and evaluating the capacity requirements. Representatives from different stakeholder groups from Iraq and Jordan participated in the workshop.

International Health Regulations (2005) (cont.)

IHR assessment mission visits South Sudan



An IHR assessment mission was conducted in South Sudan in February by a Department of Communicable Diseases team. The mission met national authorities to develop communication with the IHR focal point, assess national capacities and assist the government in developing a plan of action for IHR implementation. Besides meetings, the mission visited field sites including health and veterinary laboratories in Juba, the international airport and Nimule ground crossing to assess current IHR capacity requirements.

Bahrain progressively moves towards implementation of IHR

A legal public health advisor has been recently assigned with the task of reviewing the current legislation, identifying IHR functions and provisions that are not covered in the current legislation and drawing up recommendations on the required modifications of national legislation for IHR implementation. An IHR focal point has already been nominated by the national authorities. An algorithm for events investigation, verification and notification was recently developed and national guidelines for specimen collection, storage, transporting and testing inside and outside Bahrain has been outlined. A website on IHR activities has already been launched.

Kuwait establishes a high national committee for IHR implementation

A high national committee for IHR implementation was recently established in Kuwait with representatives from different sectors and headed by the Minister of Health. The committee will facilitate and monitor the implementation of IHR in the country. Kuwait is in the process of developing a plan for the training of human resources working in the designated Points of Entry to build capacity. The country is also exploring the establishment of a database for Points of Entry and an electronic-based surveillance system supported by an early warning function.

Activities to strengthen IHR implementation in Qatar

The Qatari Ministry of Health has developed a draft IHR Ministerial Decree which gives a legal platform to the IHR focal point. The Decree will be presented to the Cabinet for final approval. A coordination and collaboration mechanism between the IHR Focal Point Committee and the National Health Committee for Disaster Preparedness has been recently formulated to ensure implementation of IHR for all hazards.

Morocco restructures surveillance system for effective IHR implementation

Morocco has started the restructuring of the country's epidemiological surveillance system to switch to a more modern system involving a network of stakeholders using new information and communication technologies. This move is expected to lay the ground for establishing an epidemic intelligence system supported by an early warning functionality.

Upcoming events

25 April 2013
Invest in the future, defeat malaria



World Malaria Day, 25 April

World Malaria Day will be celebrated across the Region with the global theme of "Invest in the future. Defeat malaria". More details are available at [World Malaria Day](http://www.worldmaliariaday.org)

Vaccination Week, 24–30 April

Vaccination Week aims to promote the use of vaccines. This year, Vaccination Week in the Region will be launched under the theme "Stop Measles Now!"

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