

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

HIV/AIDS and STIs (HAS)

Regional Initiative to End the HIV Treatment Crisis in the Region

Concerned by the persistently low coverage of anti-retroviral therapy (ART) in the Region, the WHO Regional Office for the Eastern Mediterranean called, in February 2013, for a Regional Initiative to End the HIV Treatment Crisis in the Region. The Initiative aims at rapidly accelerating access to ART with the long-term vision of achieving universal coverage of HIV treatment by 2020.

With a view to advocating and mobilizing action by different stakeholders for ending the HIV treatment crisis in the Region, the WHO Regional Office convened three meetings in the third quarter of 2013. The meetings targeted an array of stakeholders in the HIV response, including Ministry of Health directors of communicable disease departments from selected countries, national AIDS programme managers, regional HIV experts, people living with HIV (PLHIV), civil society organizations and regional networks representatives and UN partner agencies.

At the first technical consultation held with civil society organizations on ending the HIV treatment crisis in Beirut, Lebanon, from 19 to 20 August, 2013, participants identified the role of civil society as increasing access to HIV testing, ensuring linkages to care and treatment and supporting people living with HIV for better adherence to treatment and retention in care. Their role being in advocacy, service delivery and expanding reach to marginalized groups and key populations at increased risk of HIV. Furthermore, civil society representatives identified key advocacy messages and defined their priorities for the coming two years.

A second meeting in the form of a regional workshop for the dissemination of new WHO consolidated guidelines on HIV treatment and care, was held in Casablanca, Morocco, from 9 to 10 September, 2013. It aimed at presenting the recently published WHO ARV guidelines. The new guidelines call for earlier treatment, with safe, affordable, and easier-to-manage medicines that have the dual benefits of keeping patients healthy and also reducing the risk of onward transmission of HIV. The new clinical, operational and programmatic guidance provided by the consolidated guidelines will greatly support the Region's efforts to accelerate access to HIV treatment. After lively discussion, participants prepared draft plans for country adaptation and roll out of new guidelines.

Participants at a third meeting entitled "Twenty-first intercountry meeting of national AIDS programme managers, held in Casablanca, Morocco, from 11 to 13 September, 2013, discussed the causes of slow progress made in accelerating HIV treatment and the strategies needed to overcome this crisis. The meeting also provided an opportunity to review and exchange experiences with the implementation of the regional framework for the elimination of mother-to-child transmission of HIV. Moreover, national AIDS programme managers were exposed to the experience of the government of Morocco and its civil society partners through site visits during the meeting.

Those visits illustrated the importance of partnership between civil society and government, and between the different types of service providers in order to achieve high quality of services for diverse population groups. The participants left the meeting with a set of recommendations for urgent and feasible action to be taken to accelerate HIV care and treatment in their countries.

Stop Tuberculosis (STB)

Coordination of technical support to Global Fund-supported countries

Technical support was provided to Yemen and Somalia in developing Phase 2 documents of their respective Global Fund to fight AIDS TB and Malaria grants. Support was also provided to Egypt to develop the interim new funding model documents. These funds will support the implementation of TB control activities in these countries for the period 2014–2015. Drug management missions were also conducted in Somalia, Morocco and Djibouti where national programmes were supported technically to calculate their drug needs. A training workshop on drug management was also conducted in Libya during the same period.

In-depth review of national TB control programmes

In-depth national TB control programme review missions were conducted in Egypt and in Djibouti. The mission to Egypt was conducted in April and aimed to evaluate national TB control programme performance in Egypt. Its objectives were to establish how the national TB control programme could:

- further scale up the involvement of all public and private providers in TB control activities
- ensure that TB surveillance was sensitive enough to include all TB cases in the country.

The answer to the first question will enable the national TB control programme to ensure universal access to TB services, including TB/HIV, through all TB care providers in line with the national guidelines and International Standards of TB Care (ISTC).

The answer to the second question will provide the baseline situation of the TB surveillance system in Egypt which will help in developing a work plan to scale up TB surveillance, and ultimately to be certified according to the global standards. This certification implies that the TB notification rate in Egypt can be considered equivalent to TB incidence.

Three governorates were visited namely: Cairo, Alexandria and Qalyubia. In each governorate, 1–2 TB management units were visited, along with 1–2 primary health care centres, health insurance organization clinics and university hospitals.

In Djibouti, the review mission took place in September. Diagnostic and treatment centres in four regions of the country were visited. All the components of the Stop TB strategy were evaluated to identify gaps and recommendations were made. The mission was followed by training on TB/HIV collaborative activities. The results of the two missions were used to update the 5-year national strategic plans in Egypt and Djibouti.

Malaria Control and Elimination (MCE)

Sudan malaria programme performance review phase III for field evaluation, June 2013

Commissioned by the Federal Ministry of Health, in consultation with key stakeholders, the Sudan malaria programme performance review was coordinated and managed by the Public Health Institute (PHI), in conjunction with the national malaria control programme. The review consisted of four phases — phase I: partnership and planning; phase II: internal thematic desk review; phase III: joint programme field validation; phase IV: final report, follow-up of recommendations; updating policies, strategic plans and re-designing the programme.

The objectives of the review were to:

- review malaria epidemiology in the country (endemicity, seasonality, parasite prevalence, vector distribution);
- review the policy and programming framework

within the context of the health system and the national development agenda (programme organization, structure and management);

- review the current programme service delivery systems, their performance and challenges; including opportunities for integration of services for the Federal Ministry of Health;
- assess progress towards achievement of targets and document achievements, such as the Khartoum Malaria Free Initiative;
- define the next steps for improving programme performance and/or redefine the strategic direction and focus; including revision of the strategic plan and operational plans.

Phase III of the review was conducted with the participation of WHO headquarters, WHO Regional Offices for the Eastern Mediterranean and Africa and the Global Fund to Fight AIDS, Tuberculosis and Malaria, a national team and stakeholders. Phase III field evaluation was conducted in six states.

Field findings and recommendations were presented in a meeting attended by all stakeholders and an "aide memoire" summarizing the major findings and critical actions was developed.

The sixth meeting of the Regional Scientific and Technical Advisory Committee (STAC) of the WHO/EMRO/UNEP/GEF-supported project in Khartoum

The sixth STAC meeting was held in Khartoum, Sudan, on June 2013 to: present and review the status of the project activities on the demonstration of alternative vector control interventions to DDT; report on the status of the disposal of obsolete DDT and other pesticides in Morocco, Jordan and the Islamic Republic of Iran; identify challenges and constraints in the overall implementation of the project in countries of the Region; and recommend the way forward for timely implementation of the project.

The meeting was opened by Dr Anshu Banerjee, WHO Representative for Sudan, who delivered a message on behalf of Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. H.E. Mr Bahar Idris Abu Garda, Federal Minister of Health, acknowledged that health is now higher on the international agenda, particularly for the underprivileged, and is becoming a central issue in human development. His Excellency emphasized the importance of this project in identifying sustainable vector control interventions, which are crucial to achieving the targets of the Millennium Development Goals (MDGs).

Countries reported on the progress made in the



Participants in Sudan's malaria programme performance review

Joint EMRO/TDR Small Grants Scheme for Implementation Research in Communicable Diseases Call for applications for 2013–2014

The WHO Regional Office for the Eastern Mediterranean, in collaboration with the Special Programme for Research and Training in Tropical Diseases (TDR) is pleased to announce the call for applications of the Joint EMRO/TDR Small Grants Scheme for Implementation Research in Communicable Diseases.

The deadline for applications is **31 October 2013**.

<http://www.emro.who.int/tropical-diseases-research/tdr-infocus/smg-2013-2014.html>

Malaria Control and Elimination (cont.)

implementation of project activities and key findings were discussed and the mid-term review report of the project was presented. On the second day, participants visited one of the implementation sites in Gezira state in Sudan. On the final day, the committee and participating countries reached consensus on key recommendations highlighted in the mid-term review.

Neglected Tropical Diseases (NTD)

The Neglected Tropical Disease programme bids farewell to leishmaniasis Focal Point



Dr Jose Postigo, leishmaniasis Focal Point at the Regional Office since 2008, has moved to WHO headquarters to further his work for the global leishmaniasis control programme based there. Dr Postigo has greatly contributed to the work of WHO in leishmaniasis control in the Region through his dedication and hard work. He will be missed by Regional Office colleagues who wish him the best of luck and great success in his new role in Geneva.

South Sudan leads the charge to zero cases

The 96 cases of Guinea Worm reported in South Sudan during January–August 2013 is an 80% reduction in the number of cases compared to the 485 cases reported during the same period in 2012. The circumstances pertaining to one of the Guinea worm cases detected in Kauto, West Payam of Kapoeta East County, in June 2013, illustrate the thoroughness and dedication that are now hallmarks of the eradication programme.

Lal is the 11-year-old sister of a 9-year-old female and the sister-in-law of a 25-year-old female, both of whom also were detected in June 2013, and all three of whom were from the same home village of Achakar, in Kauto, West Payam (district). "LAL was detected in Namertiaba cattle camp (CC) in Lorus Etuko Boma (sub-district). She was detected as a suspect in Lokorwon CC where her family members became infected, but her worm did not emerge until her moving group had arrived at their next destination in Nameritaba CC area. Because all containment measures were put in place early, her case was deemed contained. LAL lost her ability to walk and programme officer James Kerebino and his porter Lino carried Lorika on their back for two days so that they could admit her at the mobile case containment centre located in Kuron Village. Both Lino and Kerebino were in a tremendous amount of pain upon their arrival...." Extract from report by Regional Coordinator Ms Isha Nirola.

(Source: South Sudan Guinea Worm Eradication Programme GW Wrap Up # 21)

Sudan intensifies its fight against schistosomiasis through large-scale treatment of school-age children

Sudan has launched its 2013 schistosomiasis campaign through large-scale treatment of school-age children in several of its 18 states. A total of six million praziquantel tablets donated by the German pharmaceutical company Merck KGaA through WHO are being delivered. Schistosomiasis is widely distributed in Sudan with more than 5 million people, mostly children, requiring treatment. Praziquantel is the recommended medicine for all forms of human schistosomiasis, and can be easily administered in peripheral health facilities, schools and communities.

WHO's strategy for schistosomiasis control focuses on reducing the disease through periodic, targeted treatment with praziquantel. This involves regular treatment of people in at-risk groups, particularly children.

The frequency of treatment is determined by the prevalence of infection. In high transmission areas, treatment may have to be repeated every year for a number of years.

http://www.who.int/neglected_diseases/sudan_intensifies_fight_against_schistosomiasis_2013/en/index.html

Yemen treats 9.6 million people for bilharzia and intestinal worms in two record-breaking 4-day public health campaigns

A total of 9 598 000 and 173 Yemenis, comprising adults and children, were treated for schistosomiasis (bilharzia) and soil-transmitted helminthiasis (intestinal worms) in two separate 4-day campaigns in March and May 2013, compared with a total of 1.9 million people treated during the whole of 2012.

The announcement was made during a technical review meeting of the Yemen schistosomiasis control project currently underway in Geneva, Switzerland. The large-scale treatment campaign involved around 30 000 health officials and community members in medicine distribution for the two campaigns in 263 districts of the country's 20 governorates. A total of 5.4 million school-aged children and 4.1 million adults were treated with 34 million tablets of praziquantel (for schistosomiasis) and albendazole (for soil-transmitted helminthiasis).

An update of the epidemiological status of schistosomiasis and soil-transmitted helminthiasis in Yemen has recently been completed by the Schis-



Students of El-Mussallamia school in Gezira during a schistosomiasis treatment campaign

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Neglected Tropical Diseases (NTD) (cont.)

tosomiasis Control Initiative (SCI) of Imperial College, London, United Kingdom (UK), and the University of Sana'a. Spurred by results of the project, the World Bank has approved to extend its support to the Yemen Schistosomiasis Project. The six-year project was launched in 2010 and is supported by a US\$ 25 million grant from the World Bank.



Minister of Public Health and Population supervises treatment of children in a primary school for bilharzia and intestinal worms

A joint MoPHP/World Bank/WHO/SCI technical review meeting of the Yemen Schistosomiasis Control Project took place in June 2013 at WHO headquarters in Geneva. The workshop was attended by delegates from Yemen's Ministry of Public Health and Population, led by the Deputy Minister for Primary Health Care, Dr Majid Al-Jonaid, as well as by the partners supporting the project, namely the World Bank and the SCI, Imperial College London, UK.

http://www.who.int/neglected_diseases/yemen_bilharzia_sth_2013/en/index.html

Immunization and Vaccines

Vaccines Preventable Diseases and Immunization (VPI)

Introduction of pneumococcal conjugate vaccine (PCV13) in Sudan

The Ministry of Health in Sudan with the support of the GAVI Alliance, WHO and UNICEF, decided to introduce PCV13 into the routine immunization programme after reviewing local surveillance data and WHO position paper recommending global use of the PCV vaccine. Sudan joined the Regional Surveillance Network for bacterial meningitis in 2007.

Some 1.3 million infants in Sudan have been targeted with PCV13 that has been included in the Expanded Programme on Immunization (EPI) and commenced on 1 August 2013. The vaccine will contribute to tackling three of the major killers among infants in Sudan - pneumonia, meningitis, and septicemia.

Infection with the pneumococcus is a major cause of morbidity and mortality worldwide. In Sudan, the incidence of pneumonia among under-five children is 19% and it represents 27% of hospital admission causes. Pneumonia is also responsible for 10% of hospital deaths among under-five children, and is the second major cause of death after septicemia. Introduction of PCV13 represents a major step forward in Sudan's efforts to improve the health of future generations and achieve MDG 4.

Comprehensive review of the Expanded Programme on Immunization (EPI) in Yemen

The Ministry of Public Health and Population of

Yemen with the support of WHO Regional Office and the Country Office conducted a comprehensive review of the EPI in July 2013. The review assessed different areas of the EPI systematically using the regional assessment protocol. The review was conducted in five governorates by an external reviewer and an internal reviewer. The findings were presented in a meeting held on 20 July 2013 in Sana'a, chaired by H.E. Minister of Health, Dr Ahmed Alansi, and attended by Dr Majid Al Junaid, Deputy Minister of Health, senior staff from the Ministry of Public Health and Population, partner agencies and EPI review and effective vaccine management teams.

The review revealed that EPI in Yemen is generally strong. There is a strong political commitment at all levels and good EPI plans, including advocacy plans, concrete microplans at the health facility level with sound plans for outreach activities. Human resources at various levels are generally adequate. Data accuracy is of high quality. Rotavirus vaccine was successfully introduced in August 2012. Polio supplementary immunization activities had high coverage with good quality microplans. Interviews with clients showed satisfaction with routine immunization services. The review showed a need for the implementation of the advocacy plans at governorate and district levels; timely release of adequate funding for operational activities to the districts; further strengthening of supervision activities; monitoring of surveillance performance indicators at all levels; and strengthening of the adverse events following immunization surveillance system.

Yemen's strong vaccine management system

With the rising cost of new vaccines and greater storage capacity required at every level of the cold chain, countries must maintain lower stock levels, reduce wastage, accurately forecast vaccine requirements, and prevent equipment break-downs. This requires a consistently high standard of supply chain management, which can only be achieved if all of the links in the supply chain comply with current good storage and distribution practices.

The Ministry of Public Health and Population supported by the WHO Regional Office and country office conducted an effective vaccine management assessment in July 2013 in order to identify the key strengths and weaknesses in the nine different areas of vaccine management at the four levels of the vaccine supply chain (primary, regional/provincial, district and service delivery levels) and makes recommendations to address any weaknesses. The nine areas (criteria) of vaccine management are: vaccine and commodity arrival procedures; vaccine storage temperatures; cold and dry storage capacity; buildings, cold chain equipment and transport; maintenance; stock management; effective distribution; good vaccine

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Vaccines Preventable Diseases and Immunization (VPI) (cont.)

management practices and information systems and supportive management functions.

A total random sample of 57 sites (23 districts, 11 provinces and 23 health facilities) plus the central store were selected using the effective vaccine management site selection tool; the selected sites were assessed for their vaccine management practices and 12 month -period records were reviewed using the effective vaccine management assessment tool.

The overall score for Yemen was 81.4%, which was above the standard required score of 80%, and this demonstrates that they had a good vaccine management practices. The central store scored 84%; the provincial level 84%, the district level 82% and the service delivery levels 86%.

Vaccines Regulation and Production (VRP)

Second regional meeting for strengthening vaccine pharmacovigilance in the Region: strengthening vaccine safety communication

This workshop aimed to build vaccine safety communication capacity of national regulatory officials and EPI programme managers by piloting a newly developed a WHO vaccine safety communication training package.

WHO piloted a newly developed training package on vaccine safety communication responding to the voiced need of the regional countries to prepare regulatory officials and EPI staff for communication challenges following the introduction of new vaccines and potentially emerging pandemics. The project was initiated by the WHO Global Vaccine Safety team and the WHO Regional Office, in collaboration with WHO Department of Communications, as well as external communication experts from institutions, such as UNICEF India and the London School of Hygiene and Tropical Medicine.

At the end of the three-day training, participating national officials agreed to participate in an evaluation exercise assessing current progress in developing national communication plans at regulatory or EPI level. In follow up to the workshop, input from participants will update the pilot training package which will be further reviewed by WHO and partners and shared with regional colleagues for further adaptation to their regional contexts

(Source: WHO Global Immunization News, May 2013 issue).

Health Security and Regulations

Pandemic and Epidemic Diseases (PED)

World Hepatitis Day: Know it. Confront it.

World Hepatitis Day was celebrated on 28 July 2013 across countries in the Region under the slogan, "This is hepatitis. Know it. Confront it". The day aimed to raise public awareness on the risk and burden of viral hepatitis for individuals and communities and strengthen prevention and control efforts of viral hepatitis and its related disease in the Region. A Global Policy Report for the Prevention and Control of Viral Hepatitis was published including a detailed analysis of viral hepatitis situation prevailing in the Region.

The report is available at:

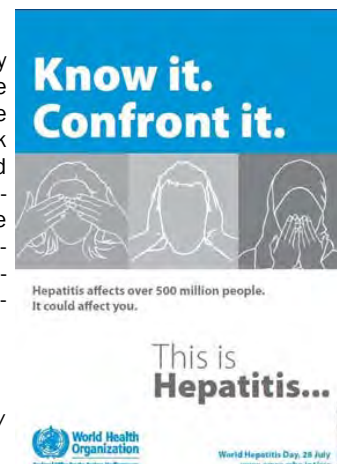
http://www.who.int/csr/disease/hepatitis/global_report/en/index.html

Laboratory capacity for detection of Middle East Respiratory Syndrome coronavirus (MERS-CoV) infection enhanced in all countries

As part of global public health preparedness for MERS-CoV, support was extended to all countries in the Region to build laboratory diagnostics capacity to detect MERS-CoV infection using a molecular test. Three rounds of training were conducted for laboratory personnel from the countries in the region on testing and detection of MERS-CoV assay following appropriate bio-safety and good laboratory practices. US-NAMRU-3 in Cairo and the national influenza centres of Oman and Jordan hosted these trainings between July to August with support from the Centers for Disease Control and Prevention (CDC), USA.

Epidemic readiness for the Syrian refugees scaled up in northern Iraq

As the current humanitarian crisis in Syria poses a grave risk of epidemics among Syrian refugees displaced in the neighbouring countries of Iraq, Jordan, Lebanon and Egypt, a comprehensive epidemic readiness plan has been put in place in northern Iraq by the WHO country office with support from the Regional Office. As part of this plan, an epidemic risk assessment was carried out in July followed by a detailed risk assessment for cholera and other epidemic diarrhoeal diseases by WHO and the International Centre for Diarrhoeal Disease Research during the same month. A training course on infection prevention and control was also conducted for the health facilities in Kurdistan region. A detailed mission then followed to establish an early warning system for disease outbreaks in the Domiz and other camps that



Epidemic risk assessment as part of the epidemic readiness plan for the Syrian refugees in Northern Iraq

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have been set up for the displaced Syrian refugees in the Kurdistan region.

International Health Regulations (IHR)

Meetings of the IHR Emergency Committee concerning MERS-CoV

Cases of MERS-CoV have been reported regularly to WHO since 2012. In order to take an independent expert view of the situation and to be prepared for any further action, should it be required, the Director-General convened three meetings of the International Health Regulations Emergency Committee on 9 July, 17 July and on 25 September 2013. The Emergency Committee comprises international experts from a variety of relevant disciplines and all regions of WHO, their task is to provide expert technical advice to the Director-General in accordance with the IHR.

The committee unanimously decided, based on the current information and using a risk-assessment approach, that the conditions for a public health emergency of international concern (PHEIC) have not at present been met. Members of the Committee did offer technical advice for consideration by WHO and Member States on a broad range of issues and emphasized the importance of strengthening surveillance; continuing to increase awareness and effective risk communication concerning MERS-CoV; supporting countries that are particularly vulnerable, especially in sub-Saharan Africa; increasing relevant diagnostic testing capacities; continuing with investigative work; sharing information in a timely manner in accordance with the IHR and ensuring ongoing active coordination with WHO.

Assessment of surveillance functions at points of entry July 2013, Oman

An assessment of surveillance functions at points of entry and level of coordination with national surveillance was conducted in Oman between 1 and 4 July, 2013. The mission aimed to contribute to the improvement of early detection of public health events in the Region through studying the coordination of surveillance between points of entry and national surveillance systems and the use of data provided by all types of sources, in Oman as it is one of the countries in the Region with a strong surveillance system. The following has been studied during the visits: surveillance activities at national level and at points of entry; the exchange of information between points of entry and the national surveillance system; and the existing event-based surveillance functions. This experience will be used to revise and modify WHO draft guidance documents that have been developed on surveillance activities between points of entry and the national surveillance system and establishing event based surveillance.

WHO Regional Office and EMPHNET training workshop to pilot test the IHR training toolkit for epidemiologists, August 2013, Jordan

In order to raise awareness and understanding of the IHR and their implementation, WHO has developed over recent years a wide range of guidance and initiatives. These initiatives have targeted professionals currently in function and in roles central to implementation of the IHR. It is however important to ensure that this common understanding of the IHR framework reaches out to other important targets in relevant sectors and persists over the long term, with upcoming generations of public health leaders and managers. To respond to these needs, WHO has developed the first IHR training toolkit targets institutions providing training to current and future epidemiologists. WHO Regional Office, in collaboration with EMPHNET, conducted a training workshop between 20 and 24 August, 2013 in Amman, Jordan, to pilot test these materials. Epidemiologists enrolled in the field epidemiology training programmes and national IHR focal points from Afghanistan, Egypt, Iraq, Jordan, Morocco, Pakistan, Sudan, United Arab Emirates and Yemen participated in the workshop. This workshop represented fruitful collaboration between WHO and EMPHNET and it was agreed to continue such collaboration to support IHR implementation in the Region.

Subregional training on the diagnosis and detection of MERS-CoV, September 2013, Jordan

A subregional training workshop on diagnosis and detection of novel coronavirus was carried out between 16 and 19 September in Amman, Jordan. Virologists from national influenza centres of Afghanistan, Bahrain, Iraq, Kuwait, Syria and Yemen participated in the training. The aim of the training was to train participants on the use of real-time polymerase chain reaction (RT-PCR) technique for diagnosis and detection of MERS-CoV and to improve quality of laboratory-based surveillance.

IHR assessment and advocacy mission to Qatar, September 2013

An IHR assessment mission was conducted in Qatar in September 2013. The mission met the national authorities to strengthen communication with the IHR focal point, to assess national capacities, including those at points of entry, and support the government in developing a plan of action for IHR implementation to meet the deadline of June 2014.

Besides meetings the mission visited field sites, including health and veterinary laboratories in Doha, the international airport of Doha, Ras Lafan and Messaied ports and Abu Samrah ground crossing to assess current IHR capacity requirements. An advocacy workshop was carried out on

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the last day of the mission to raise awareness of the IHR among different stakeholders and to present the findings and main recommendations of the assessment.

Health Risk Management

Bahrain reviews national plan for health emergency risk management ensuring an all hazards approach

The Ministry of Health of Bahrain has reviewed its national plan for emergency risk management with all other sectors optimizing the national response capacity. With technical support from WHO, the Ministry organized a workshop inviting almost over 40 participants from different sectors, including Civil Defense, Ministry of Environment, Ministry of Interior, Ministry of Planning, hospitals, primary health care, the private sector, Armed Forces hospitals and the Nursing Association to review the national plan. Based on analysis of existing situation in terms of the country's current capacity and priorities, the national plan was reviewed ensuring multisectoral support for health emergency response. The International Health Regulations (IHR 2005) core capacities have been integrated in strengthening emergency preparedness to consolidate risk management from an all hazards point of view. To ensure the utmost support in the review process the WHO mission included experts from the WHO Regional Office, headquarters, Asian Disaster Preparedness Center and Qatar. The review was conducted under the direct support of the Under Secretary Dr Aysha Mubarak. The review outcome was then presented to H.E. the Minister of Health Sadiq Al Shehabi.

Iraq scales up emergency preparedness to address health challenges in crisis, including support to humanitarian operations in Syria

Based on a request from the Ministry of Health, WHO conducted a 4-day crash course on public health emergency management to support the crisis management capacity of the health sector in Iraq. The course was focused on the real-time need within the country considering its existing complexities in regard to the influx of Syrian refugees in the country. The course offered customized topics for the different levels of the health sector managers taking into account the safety security concerns of health facilities, workforce and the communities. While focusing on the immediate crisis management aspects supporting refugee health issues, the course also addressed the longer term issues related to emergency risk management in health sector alluding to the International Health Regulations (2005) and mass casualty management. Over 45 participants attended the course from Anbar, Dohuk, Rasafa, Erbil, Sulaimaniyah and Baghdad .

Upcoming events

World AIDS Day, 1 December 2013

Every year on 1 December, WHO and partners mark World AIDS Day. This year's theme is HIV Treatment Works! Treat More. Treat Better.

The objective this year is to promote treatment as a life-saving intervention with the potential to reduce transmission.

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