



# 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](mailto: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)

#### World AIDS Day 2013

On the occasion of World AIDS Day 2013, the WHO Regional Office launched a regional campaign to expand access to good quality treatment and care. The slogan of the campaign is "HIV Treatment Works: Treat More, Treat Better", which advocates expanding access to good quality antiretroviral therapy (ART). This campaign is within the framework of the regional initiative to end the HIV treatment crisis and in line with the global theme of "Getting to Zero: Zero new infections. Zero deaths from AIDS-related illness. Zero discrimination".

The campaign highlights the benefits of treatment for individuals where people living with HIV who receive the appropriate combination of antiretroviral medicines can lead normal lives. Furthermore, scaling up ART has public health benefits where treatment reduces the viral load of those receiving it, and thus limits the potential of onward transmission to others.

#### Advocacy for ending the HIV treatment crisis in the Region

Within the framework of the regional initiative to end the HIV treatment crisis, the WHO Regional Office launched, in collaboration with UNAIDS, a document entitled "Accelerating HIV treatment in the WHO Eastern Mediterranean and UNAIDS Middle East and North Africa regions". The launching of the document took place on 28 October 2013, at a side event during the 60<sup>th</sup> session of the Regional Committee for the Eastern Mediterranean (RC60) held in Muscat, Oman.

The document analyses the regional context and offers a tailored regional framework for a significant scale-up in treatment coverage. It is built on four pillars: creating demand for testing and treatment; investing in sustainable systems for HIV care; delivering results in an equitable manner; and committing to urgent action.

The low coverage of HIV treatment and its underlying causes were highlighted in the report of the Regional Director to the RC60. In their resolution on the Regional Director's report,

ministers of health recalled the previous RC57 resolution where they made commitment to achieving at least 50% coverage of HIV treatment by 2015; and requested the Regional Director to support the Member States in developing and implementing strategies and service-delivery approaches for rapid scale-up of HIV treatment.

### Malaria Control and Elimination (MCE)

#### Training workshops on surveillance for malaria control

The tracking of every case of malaria, as part of WHO's "Test, Treat, Track" approach, is essential to strengthen malaria surveillance in countries of the Region. Two training workshops on malaria surveillance took place in 2013.

The first workshop was conducted in September in Luxor, Egypt, for surveillance focal points from countries in the control phase, and the second workshop, held in November in Amman, Jordan, for countries in the elimination stage or with malaria-free status.

The objectives of the workshops were to:

- provide knowledge on surveillance systems relevant to malaria control;
- provide a better understanding of the appropriate approaches and tools specific to implementation, monitoring and evaluation of malaria surveillance in the control phase; and
- agree on priority actions for strengthening surveillance and information systems.

The WHO operational manual on disease surveillance for malaria control was the main training material using actual data from different levels of health facilities and programmes, in endemic countries of the Region, as well as offering practical

### Malaria Control and Elimination (cont.)

exercises and tools developed by the WHO Regional Office. The tools can be used as standalone material or be incorporated in national databases to facilitate analysis and interpretation of malaria surveillance data.

Among the recommendations included the need to reorient the surveillance system in low-transmission areas to reflect the epidemiological reality, as surveillance is still following the criteria of high-moderate transmission; and focus on aggregate cases and deaths but not conduct case investigation to measure imported cases.

Recommendations also included that training include the private sector, as it is a key provider in several countries such as Djibouti and Somalia; staff responsible for malaria information in health management information system be trained, and the operational manual translated into local languages for the training of all surveillance focal points at lower levels.

### Malaria programme review in Afghanistan, Islamic Republic of Iran, Pakistan and Yemen

The malaria control and elimination programme has jointly conducted four malaria programme reviews with partners such as the Global Fund, the Roll Back Malaria (RBM) programme and countries: Afghanistan, Islamic Republic of Iran, Pakistan and Yemen. These reviews assess achievements, progress and performance of national malaria control programmes, identify best practices, in addition to emerging critical issues and priority problem areas to inform future strategies and policies. The review proposes solutions to strengthen management, planning and implementation for scaling up the delivery of malaria control interventions to enhance the quality and impact of the programme.

Countries, such as Islamic Republic of Iran, have made excellent progress towards the elimination of both falciparum and vivax malaria over the last 10 years with the total number of cases reduced by more than 50% from 2001 to 2008 and again from 2008 to 2011. Locally transmitted cases are now concentrated in three out of 30 provinces which are located in the south-eastern part of the country and affected by extensive population movement across the border with Pakistan. Cross-border collaboration to control malaria in Baluchistan, Pakistan, would make elimination in Islamic Republic of Iran easily feasible and bring great benefits in building models and confidence for malaria control in Pakistan.

The programme will continue to invest in intersectoral collaboration, service provision adapted to different risk groups and operational research aiming to strengthen the prevention of reintroduction, as well as maintain a strong surveillance system and preparedness.

The malaria control programme of Afghanistan is on track to achieve Millennium Development Goals (MDGs) related to malaria. The coverage of key malaria control interventions is expected to reach universal coverage by the end of 2014. The malaria burden is decreasing, and in some provinces in north-eastern, northern and western regions significant reduction in falciparum malaria has been achieved. In view of the changes in epidemiology, the programme should be reoriented to elimination in these regions and acceleration and intensifying malaria control efforts in eastern and southern regions. Considering the great heterogeneity in malaria endemicity and risk in Yemen, there is a need to consider different approaches in line with epidemiologic realities. The country needs to focus on accelerating malaria control in the Tihama high-risk region, while at the same time support malaria elimination in the low-risk Hadramout region and Socotra Island. Yemen is gradually increasing its coverage of malaria interventions, but is still far below achieving universal access. It is slowly progressing toward achieving malaria-related MDG goals, and national and RBM objectives.

Pakistan has at present the largest population at risk of malaria in the Region. It reported 334 589 confirmed malaria cases in 2011, of which more than 70% were chronic infections due to *P. vivax*. To further facilitate the smooth implementation of malaria control service delivery, a new joint provincial and federal vision for malaria control and elimination needs to be supported by one simple and comprehensive malaria and integrated vectorborne disease policy document. Efforts need to be reoriented towards a malaria control strategy that combines elimination targets in low-transmission districts and accelerated control in moderate-high-transmission districts to achieve greater than 80% universal coverage by 2015 in Global Fund-supported districts.



**Community volunteers participate in a malaria control programme review in Afghanistan**

## Neglected Tropical Diseases (NTD)

### WHO certifies Somalia dracunculiasis free

Somalia and four other African countries have been certified free of dracunculiasis (guinea worm disease), as recommended by the International Commission for the Certification of Dracunculiasis Eradication (ICCDE) and approved by the Director-General.

WHO has certified a total of 197 countries, territories and areas free of this disease (<http://www.who.int/dracunculiasis/en>).

### Health managers of the Region discusses leprosy elimination measures

A three-day meeting held in Islamabad, Pakistan, was attended by leprosy programme managers of 10 different countries of the Region. The main objective of the meeting was to monitor the implementation of the *Global Enhanced Strategy for Further Reduction of the Disease Burden due to Leprosy 2011–2015*. Achievements in disease burden and updates on the implementation of the strategy from countries were reviewed. Discussions included challenges faced during strategy implementation and developing WHO enhanced global strategy 2016–2020 guiding principles. During the meeting, WHO Representative for Pakistan Dr Nima Abid thanked the Global Leprosy Programme for their technical support, and the Nippon Foundation and Sasakawa Memorial Health Foundation for their continuous support to leprosy efforts in the Region.

WHO, in close collaboration with its partners, intends to eliminate the debilitating disease in line with the global strategy. Elimination of leprosy is defined as prevalence rate of less than 1 case per 10 000 persons.

The WHO strategy for leprosy elimination aims to: ensure accessible and uninterrupted MDT services available to all patients through flexible and patient-friendly drug delivery systems; ensure the sustainability of MDT services by integrating leprosy services into the general health services and build the ability of general health workers to treat leprosy; encourage self-reporting and early treatment by promoting community awareness and changing the image of leprosy; and monitor the performance of MDT services, the quality of patients' care and the progress being made towards elimination through national disease surveillance systems.

A technical review meeting of the Yemen Schistosomiasis Control Project, jointly organized by the Yemen Ministry of Public Health and Population, the World Bank, the Schistosomiasis Control Initiative at Imperial College London and WHO took place from 25 November to 6 December 2013 at WHO's headquarters in Geneva, Switzerland, during which the first results of an impact evaluation assessment were presented.

The analysis, conducted in selected sentinel districts, shows that infection levels collected from 2000 individuals have fallen by more than half since the beginning of the project, from 20% at baseline to 8%, with less than 4% harbouring severe infections. These accomplishments have been certified by an independent assessment conducted by an external auditing firm. Both urogenital schistosomiasis due to *Schistosoma haematobium* and intestinal schistosomiasis due to *Schistosoma mansoni* are prevalent in Yemen. More than 3 million people are estimated to be infected and at least three quarters of a million suffer from severe, chronic morbidity.

The health authorities in Yemen have distributed more than 18 million doses of praziquantel to treat schistosomiasis (bilharzia) during the past 3 years, using over 45 million tablets.

Dr Majid Al-Jonaid, Yemen's Deputy Minister for Primary Health Care, said that the plan was to accelerate their campaign against bilharzia and they had the means and will to end that long cycle of suffering caused by this preventable infection. Dr Lorenzo Savioli, Director, WHO Department of Control of Neglected Tropical Diseases, said that achievement reflected the commitment of the Government of Yemen and the dedication of stakeholders, particularly the World Bank and the Schistosomiasis Control Initiative.

<http://www.who.int/schistosomiasis/news/yemen-bilharzia-infection/en/index.html>



**Dracunculiasis eradication campaign conducted in a disease-affected village**



**Distribution of schistosomiasis treatment by the National Schistosomiasis Control Project in Yemen**

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

### Immunization and Vaccines

#### Vaccines Preventable Diseases and Immunization (VPI)

##### Intercountry meeting on measles/rubella control and elimination

This meeting from 17 to 20 November 2013 in Amman, Jordan, was attended by national Expanded Programme on Immunization managers, national officers for measles surveillance and laboratory surveillance, partner organizations including the Centers for Disease Control and Prevention (CDC), GAVI Alliance and UNICEF, the members of the Regional Technical Advisory Group (RTAG), experts from the Regional Validation Committee (RVC) and the chairpersons of the National Immunization Technical Advisory Groups (NITAGs). The objectives of the meeting were to:

- review countries' progress towards achieving the regional measles elimination target
- review and follow up on implementation of the different components of regional strategy for measles elimination
- review and update the national plans for strengthening measles and rubella elimination and control programme.

After reviewing the global and regional updates towards measles elimination, progress in achieving and sustaining high population immunity against measles and rubella was highlighted. Maintaining low measles incidence, high population immunity and strong case-based surveillance were discussed and supported by presentations from countries in the elimination process or close to elimination. Measles outbreaks in Syria and other neighbouring countries were also discussed.

The meeting also included a session on enhancing rubella and congenital rubella syndrome control and elimination in the Region, in which progress, challenges and the next steps were discussed with the Member States. In addition, a session on the Polio Eradication Endgame strategy was included, and discussions on strengthening routine immunization and introduction of the inactivated poliovirus (IPV) vaccine.

National immunizations programmes are recommended to adopt policies and relevant operational plans to "catch-up" with the children who miss the first dose of MCV and ensure that all children receive two doses of MCV by 2 years of age.

The meeting was followed by a one-day meeting of the RTAG on immunization. They discussed progress towards measles elimination in the Region and decided not to further postpone the measles elimination target in the Region to keep the momentum and enhance the commitment of decision-makers.

The scaling up of the use of the rubella vaccine and setting a regional target for rubella/CSR elimination by 2020 was discussed, in addition to establishing a regional verification commission, developing regional guidelines for the documentation and verification of measles and rubella elimination, enhancing the introduction of IPV in the context of Polio Eradication Endgame strategy, and strengthening NITAGs to achieve national EPI targets through collaboration with educational institutions.

##### Important milestone for the pooled vaccine procurement (PVP) initiative in the Region

During RC60, in Muscat, Oman, a session on the PVP initiative was held in which Member States were briefed by WHO and UNICEF supply division on progress during 2013 and the important steps taken to respond to the request made by Member States. In June 2013, a technical intercountry workshop for the establishment of a PVP system was held in which comprehensive feedback was provided by countries participating in the initiative and country-specific action plans were developed. Acknowledging the challenges of middle-income countries on sustainability and access to affordable prices, especially on new and under-utilized vaccines, Member States have shown their strong commitment to the PVP initiative and resolution (EM/RC60/R1) which urges Member States of middle-income countries to participate in the PVP system.

The system is expected to strengthen immunization programmes by creating a communication, coordination and cooperation platform throughout the Region. This system will be based on country ownership, solidarity, trust and support, sustainability, transparency and mutual learning.

##### Immunization financing assessment in Pakistan and Sudan

Pakistan and Sudan were the two countries in the Region which defaulted in their co-payment share under the GAVI co-financing policy for 2012 for new and underused vaccines support. They are two out of 12 countries globally facing difficulty in reaching immunization financial sustainability.

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

Five countries in the Region were required to co-finance the supply of new vaccines under GAVI support; the other three being Afghanistan, Djibouti and Yemen.

Consequently, the Regional Office, in collaboration with WHO headquarters, and in discussion with other partners, including GAVI and UNICEF, provided technical support to Pakistan and Sudan to undertake situation analysis of immunization financing and recommend actions for strengthening immunization financing so as to avoid such a situation in the future. In Pakistan, DTP-HepB-Hib (pentavalent vaccine) and traditional vaccines for routine immunization are procured under self-procurement through the Government's own procurement system. The Government spent US\$ 7.4 million to co-finance new and underused vaccines in 2013, compared to US\$ 3.6 million in 2012. The EPI and Regulations and Coordination (MoNHSRC) officials at the Ministry of National Health Services have reported no lack of financial resources.

The key recommendations for Pakistan were to develop feasible policy options, align the immunization financing system to the devolution of the EPI, start a formal process of transferring vaccine, injection supply and cold chain expenditures to regular budgets and develop an alternative plan of EPI management capacity-building at the federal and provincial levels. In Sudan, the main reasons for default were improper budgeting for rotavirus vaccine, which was not included in the 2012 budget; the budgeted amount was in local currency and with devaluation it became grossly insufficient. According to the Sudan national immunization policy 2012, the country recognizes that the national programme is almost completely dependent upon external aid while the Government's contribution is limited to salaries and a minimum share for operational costs.

Sustainability of co-financing of GAVI new and underused vaccines support in the future is weak because the existing budgetary practice is not sufficient to secure necessary co-financing amounts considering the shrinking fiscal space and competing public health priorities, and economic instability, including devaluation of the Sudanese Pound against the US Dollar.

The financial sustainability of the national immunization programme differs from the original vision due to economic challenges, high dependence on external funding and concerns about the affordability of new expensive vaccines. Therefore, financial sustainability strategies need to be rethought involving a broader range of stakeholders from the

Federal Ministry of Health and the Federal Ministry of Finance.

#### Consultant training workshop on effective vaccine management assessment

This training workshop was held from 5 to 10 October in Luxor, Egypt, and attended by 19 participants from the Region and some country offices. The workshop objectives were to train a group of potential consultants on how to conduct a systematic review of immunization supply chain in countries of the Region using the different effective vaccine management tool kits and developing an evidence-based improvement plan for improving vaccine management and cold chain using the methodologies promoted by the effective vaccine management approach. During the training, pre- and post-tests were conducted to identify and address knowledge gaps. Also, field visits were organized to a district vaccine store and four health facilities, and hands-on data entry, analysis and presentation was included. Participants showed willingness to participate in future effective vaccine management assessments in the Region.



**Participants at the consultative training workshop on effective vaccine management in Luxor, Egypt**

## Health Security and Regulations

### International Health Regulations (IHR)

#### Meetings of the IHR Emergency Committee on MERS-CoV

The fourth meeting of the Emergency Committee on Middle East Respiratory Syndrome (MERS-CoV) was convened by the Director-General under the International Health Regulations (IHR 2005) on 4 December 2013. Members of the Emergency Committee and two expert advisors participated in the meeting. States Parties which reported recent cases of MERS-CoV participated in the meeting and provided an update of recent development on MERS cases in their countries. Based on a risk assessment of current information, it was the unanimous decision of the Committee that the conditions for a public health emergency of international concern have not at present been met. The Committee, however, reinforced its previous advice for consideration by WHO and Member States and emphasized the need for investigative studies, including international case-control, serological, environmental, and animal-human interface studies, to better understand risk factors and the epidemiology; further review and strengthening of such tools as standardized case definitions and surveillance and further emphasis on infection control and prevention.

For the full WHO statement:

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### International Health Regulations (IHR) (cont.)

[www.who.int/mediacentre/news/statements/2013/mers\\_cov\\_20131204/en/](http://www.who.int/mediacentre/news/statements/2013/mers_cov_20131204/en/)

#### Investigation mission to the MERS-CoV to Qatar

The IHR 2005 have provided the legal framework for the response to MERS-CoV. The IHR national focal point notified WHO of a patient who had been diagnosed with MERS-CoV. Soon afterwards, a farm worker who worked on a farm owned by the patient was also found to have infection with the virus and WHO was requested to provide support in investigating these two cases. A team from WHO and the Food and Agriculture Organization of the United Nations (FAO) was deployed immediately to Qatar between 19 and 29 October to assist the Supreme Health Council of Qatar to assess and investigate the possible exposure that may have resulted in the MERS-CoV infected cases and to advise on appropriate public health measures to limit further spread of infections. This event represented a great opportunity to discover the source of MERS-CoV and understand the exposure that results in infection. Animal and food samples were collected for testing for MERS and results revealed the confirmation of the first case of MERS-CoV in three camels in a barn herd in Qatar, which is linked to two confirmed human cases who have since recovered. Furthermore, a study protocol on sero-epidemiology survey to evaluate exposure and risk factors for human cases of MERS-CoV to determine those that are related to infection was developed during the mission.



**MERS-CoV investigation mission in Qatar**

#### Laboratory quality management systems workshop

A two-day workshop organized jointly by the WHO country office in Egypt, WHO Regional Office and WHO in Lyon was held from 6 to 7 November in Cairo, Egypt. The objective of the workshop was to discuss, establish consensus and develop an action plan for addressing the findings and recommendations of recent assessment missions. The participating laboratories included the Central Public Health Laboratory in Cairo, Alexandria Fever Hospital, Alexandria Food Laboratory, Imbaba Fever Hospital, Port Said Fever Hospital, and Port Said Food Laboratory. The laboratories presented individually the results of their assessments and outlined their action plans to address any gaps identified. Discussions were held collectively as to how to best proceed with a unified, supportive and strategic approach to the implementation of laboratory quality management in these laboratories with a view to further expanding to other laboratories in Egypt.



**Participants of the workshop on ship inspection and issuing ship sanitation certificate in Doha, Qatar**

#### Second regional stakeholders meeting to review the implementation of the IHR in the Region

The Regional Office organized the second IHR stakeholders meeting from 12 to 14 December 2013 in Amman, Jordan, to review progress made after the Rabat meeting in November 2012 and to identify strategies to fill in existing gaps. The meeting was successful in bringing together stakeholders from national, subregional, regional and global levels to support IHR implementation. Participants were representatives from different ministries and sectors, including the ministry of health from 20 Member States, partners including FAO, International Atomic Energy Agency (IAEA), *International Civil Aviation Organization* (ICAO), Global Outbreak Alert and Response Network (GOARN), national centres for atomic energy, INFOSAN focal points, WHO collaborating centres for infection control and IHR implementation (US CDC) and donors participated in the meeting. The roles and responsibilities of global, regional and national partners in providing technical support and in fostering intersectoral collaboration within countries and among countries have been reinforced to improve and maintain core capacities and gaps identified in capacity requirements and the required activities to meet these at country level. A regional plan has been developed to address the gaps in meeting IHR obligations by Member States.

#### Subregional training workshop on establishing national external quality assurance system (NEQAS)

The Regional Office, with the support of headquarters, conducted this training from 22 December 2013 to 2 January 2014 in Muscat, Oman, to introduce quality managers and officers from health laboratories to the development and operation of a NEQAS, compliant with international standards to achieve the highest level of accuracy and reliability, and to build and strengthen laboratory quality management capacity as a step towards obtaining international recognition. The two-week training was designed and delivered by Oman Central Public Health Laboratory to participants from Egypt, Pakistan and Yemen.

#### Health Risk Management

##### Commemorating International Day for Disaster Reduction (IDDR)

This year's IDDR focused on highlighting the key contributions that people living with disabilities can make to reduce the risk of disasters in their communities and build resilient societies. As part of the celebration to mark the day, the chamber

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### Health Risk Management (HRM) (cont.)

orchestra, consisting of 40 women with visual disabilities, performed a number of classical music pieces. Artwork by young people with intellectual disabilities from the Special Abilities Group of Resala Organization was also on display.

According to WHO, more than a billion people, about 15% of the world's population, are estimated to live with some form of disability and more people will acquire a disability at some time in their life because of physical injury, disease or ageing. However, persons with disabilities are rarely thought of as possible contributors to their communities and therefore are not usually included in either disaster planning or recovery projects.

Given the lack of data on disability issues, in August the United Nations Office for Disaster Risk Reduction (UNISDR) launched the first survey of people living with disabilities and disasters. The survey aims to collect information on the specific needs of persons living with disabilities and how they cope with disasters. "Inclusion saves lives" was one of the key messages on display during a video presentation by UNISDR at the event. With this in mind, a Joint UN Statement on Disability and Disasters was released during the event, in which UNISDR, WHO, the United Nations Development Programme (UNDP), the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and the United Nations Population Fund (UNFPA) declared their full commitment to scale up efforts for the inclusion of persons with disabilities in all policies and programmes aimed at addressing disaster risk reduction and humanitarian situations, regardless of the nature of hazards.

(Guidance Note on Disability and Emergency Risk Management for Health  
[http://apps.who.int/iris/bitstream/10665/90369/1/9789241506243\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/90369/1/9789241506243_eng.pdf))

(Regional UN Joint Statement on Disability [http://www.unisdr.org/files/35019\\_regionalunjointstatementondisabilit\[1\].pdf](http://www.unisdr.org/files/35019_regionalunjointstatementondisabilit[1].pdf))

### International experts meet to support 'learning' on health emergency risk management in the Region

An expert consultation was held from 25 to 26 November 2013 in Jordan to discuss the best possible way to support training and academic courses on health emergency risk management. The experts highlighted that the development of human resources should be put in the conceptual framework which needs to be situated in a wider learning strategy to develop the optimum and right kind of profiles required for managing emergency risks on the ground.

Over 30 experts from different international academic and professional institutions, including Harvard University, Johns Hopkins University, Asian Disaster Preparedness Center, CDC Atlanta, King Saud University, Tehran University, Mohammad University Hospitals, Cairo American University, McGill University, Chinese University in Hongkong, Eastern Piemonte University, Loughborough University, George Washington University, Karolinska Institute, Public Health England, experts working on the frontline from the Philippines, Sudan, Afghanistan and Oman participated in the consultation. A curriculum framework was developed based on competencies required on the ground for managing emergencies of both national and international concern through all phases like prevention, preparedness, response and recovery. A working group was formed to support the actions in line with the framework in the Region.

### MENA Disaster Risk Reduction (DRR) network meets to offer recommendation to HFA 2

MENA regional DRR focal points met to discuss the Hyogo Framework for Action 2 (HFA2) to scale up DRR efforts in the Region. The regional network suggested that the DRR framework should be legally binding focusing on DRR for resilience, including a strong monitoring and evaluation mechanism. The Arab Platform for DRR would be used in steering this discussion with countries. This legal instrument would aid in ensuring DRR is cross-cutting across the sectors. Recommendations would be offered from the Region to be reflected in the HFA 2 for better coordination and underscoring specific areas of work.

The network strongly recommended that the current HFA focal point mechanisms need to be amended for better outcomes ensuring optimum leadership at national level. The regional network concluded with the need to highlight that as part of the new DRR framework, the UN (represented through UN Resident Coordinators and UN Country Teams) and other development partners should commit and provide better coordinated, consolidated, global leadership and accountability to facilitate more action on DRR and speak with "One Voice". This necessarily improves integration of DRR, climate change adaptation and humanitarian work. It also avoids duplication of efforts at country levels and supports a



**The Chamber Orchestra of Al Nour Wal Amal Association playing a classical music repertoire to celebrate International Day for Disaster Reduction (IDDR) at WHO Regional Office.**

### Health Risk Management (HRM) (cont.)

coherent comprehensive national and local DRR framework.

#### First consultation on developing a comprehensive protocol for health emergency risk assessment

A two-day consultation was held from 27 to 28 November 2013 to brainstorm on the health emergency risk assessment process with the objectives to review the existing mechanisms/practices for risk assessment and develop a set of actions that facilitate/support health emergency risk assessment.

The consultation was inaugurated by the Director of the Regional Centre for Environmental Health Actions Dr Basel Al Yousfi who highlighted the need for such comprehensive methodology for the health sector to complement and support other sectoral risk assessment, including environmental health. It was attended by experts from the Region and from various reputed academic institutions and WHO country offices and headquarters, whose erudite inputs were instrumental in developing the first draft of the protocol.

A roadmap was developed to continue the activity and a working group was formed to support the implementation of the roadmap for developing health emergency risk assessment protocol.

### Public Health Laboratories

#### WHO biorisk management advanced trainer programme

The training was proposed and conducted by the Global Capacities, Alert and Response (GCR) team in WHO headquarters for selected countries of the Region and was held in October 2013 in Amman, Jordan. Five countries participated: Afghanistan, Bahrain, Jordan, Lebanon and Libya. The objective of the workshop was to create a pool of trainers to train, guide and advice on biorisk management in their respective countries and/or Region. The course introduced the new concept of biorisk management, which combines risk assessment, risk mitigation, and performance systems. It targeted professionals in biosafety, biosecurity training and education. The course gave participants an opportunity to employ a robust methodology to identify and control the biosafety and biosecurity risks of bioscience laboratories. In addition, the course included a cutting-edge training component based on the latest science and theory behind accelerated and adult learning to build the knowledge and skills of participants to train and educate others in the biorisk management community. Participants were empowered with the skills, tools, and confidence

to advice and guide on sustainable biorisk management that will ultimately reduce the threat of infectious disease in local laboratory environments.

#### Biorisk management (BRM) and WHO infectious substances shipping training (ISST)

Two workshops were organized from 17 to 21 November 2013, in collaboration with WHO headquarters and the WHO country office in Egypt. The courses were conducted in English and Arabic. The biorisk training was proposed and conducted by the GCR team in headquarters for Egypt trainees involved in biorisk management and infectious substances shipment. The objective of this workshop was to guide and advise on biorisk management. The course introduced the new concept of biorisk management, which combines risk assessment, risk mitigation, and performance systems. It targeted laboratory technical/science staff and biosafety officers. The course gave participants an opportunity to use a robust methodology to identify and control the biosafety and biosecurity risks of bioscience laboratories. Participants were empowered with the skills, tools, and confidence to advise and guide on sustainable biorisk management.

The training was followed by a 2-day course on WHO ISST, which aimed to train and certify shippers of infectious substances against applicable international transport regulations. The course is recognized by the air transport authority, International Civil Aviation Organization (ICAO) and the International Air Transport Association (IATA). The training targeted personnel responsible for shipping infectious substances to empower them with the skills, tools and confidence to advise on proper shipping of infectious substances.

#### Consultative meeting to develop a strategic public health laboratory plan

This meeting was held from 9 to 11 December 2013 in Amman, Jordan, to develop an outline of a public health laboratories strategic plan for use by Member States to develop national sustainable strategies to improve laboratories in a cross-cutting manner for better preparedness and surveillance of a response to epidemic-prone diseases and other potential public health emergencies on international concern. A discussion on a strategy for safe blood transfusion was also included. This consultation was attended by experts in laboratory medicine, public health laboratories, clinical laboratories, epidemiology and blood safety. Global and regional public health laboratory strengthening strategies and public

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**Public Health Laboratories (PHL) (cont.)**

health laboratories situation in the Region were presented. At a country level, the status of public health laboratories in Egypt, Jordan and Oman were examples from the Region. Action-oriented guidance for strategic planning; challenges, needs and priorities in blood safety and self-sufficiency; and monitoring and evaluation were discussed. Participants agreed upon a vision for the strategy. In the Region, health laboratory services are comprehensive and sustained to report safe, accurate, timely and reliable test results for use in clinical and public health settings. The recommended strategic plan will be presented for review and adoption at the Sixty-first Session of the Regional Committee for the Eastern Mediterranean for implementation in Member States to achieve the goals through prioritization of strategic plan activities.

**Subregional workshop on ship inspection and issuing ship sanitation certificates**

Under the scope of the European Union Contribution Agreement with WHO for "Strengthening Health Security at Ports, Airports and Ground Crossings", and in collaboration with the Government of Qatar, the WHO Regional Office convened a workshop on ship inspection and issuing of ship sanitation certificates, under the framework of the IHR from 10 to 14 November 2013 in Doha, Qatar. The workshop provided training to port health officers from 10 countries of the Region – Bahrain, Islamic Republic of Iran, Iraq, Kuwait, Oman, Pakistan, Qatar, Saudi Arabia, United Arab Emirates, Yemen – following the WHO learning programme on ship inspection and issuance of ship sanitation certificates. The training was developed by WHO teams on ports, airports and ground crossings and health resources development and training, and delivered by these teams, as well as from international experts from Greece, Spain and the United Kingdom and WHO secretariat.

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