



DCD Bulletin

Department of Communicable Diseases Prevention and Control

DCD Bulletin

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

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

HIV/AIDS and Sexually Transmitted Infections (HAS)

Twenty-second intercountry meeting of national AIDS programme managers

WHO convened the twenty-second intercountry meeting of regional national AIDS programme managers in Cairo from 8 to 11 September 2014. The meeting was attended by national AIDS programme managers and stakeholders including civil society, UN organisations, the Global Fund to Fight AIDS, Tuberculosis and Malaria, people living with HIV and other experts in the field.

The objectives of the meeting were to: review efforts in scaling-up the HIV response; share experiences in implementing new approaches and guidelines; strengthen capacity for monitoring and evaluation; and introduce new WHO consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations at higher risk of HIV exposure.

Most HIV epidemics in the WHO Eastern Mediterranean Region are concentrated in key populations. Understanding these populations and reaching them with accessible services is key to stopping the increase of HIV in the Region.

To address these epidemics, tools and experiences from WHO and different countries were presented. Different approaches to increasing treatment coverage and setting targets for treatment were addressed.

Participants discussed translating these targets into reality, focusing on the treatment cascade, from choosing the testing strategy, to improving retention in care and preventing drug resistance. Sessions on monitoring and evaluation looked at measuring performance at each step.

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, joined the meeting and discussed the concerns of participants. He stressed the need for good data to support

political advocacy and expressed his commitment to getting civil society more involved in the HIV response and health policy in general.

Global Fund-related issues and the current crises in the Region, especially in the Syrian Arab Republic and neighbouring countries, and the consequences for HIV programmes were discussed in separate satellite meetings.

Stop Tuberculosis (STB)

Global consultation to finalize WHO guidelines on TB elimination in low TB burden countries

WHO, together with the European Respiratory Society (ERS) and other partners organized a meeting in Rome, Italy, on 4-5 July 2014 to develop a framework for countries with low tuberculosis (TB) incidence (< 100 TB cases per million population). Two countries from the Eastern Mediterranean Region attended, namely Oman and Saudi Arabia.

The framework sets out priority interventions required for these countries to progress first towards "pre-elimination" (< 10 cases per million) and eventually to the elimination of TB as a public health problem (< 1 case per million). TB epidemiology in most low-incidence countries is characterized by a low rate of transmission in the general population, occasional outbreaks, a majority of TB cases generated from progression of latent TB infection, a high degree of concentration in certain vulnerable and hard-to-reach risk groups, and challenges posed by cross-border migration. A common health system challenge is that political commitment, funding, clinical expertise and general awareness of TB diminishes as TB incidence falls.



Twenty-second intercountry meeting of national AIDS programme managers



Twenty-second intercountry meeting of national AIDS programme managers

Stop Tuberculosis (cont.)

The framework presents a tailored response to these challenges, grouped into eight priority action areas:

- 1) ensuring political commitment, funding and stewardship for planning and essential services;
- 2) addressing the most vulnerable and hard-to-reach groups;
- 3) addressing special needs of migrants and cross-border issues;
- 4) undertaking screening for active TB and latent TB infection in TB contacts and selected high-risk groups, and providing appropriate treatment;
- 5) optimizing the prevention and care of drug-resistant TB;
- 6) ensuring continued surveillance, programme monitoring and evaluation and case-based data management;
- 7) investing in research and new tools; and
- 8) supporting global TB prevention, care and control.

Finalizing the framework for TB in complex emergencies

A second meeting of the writing committee took place in Amman, Jordan, during 22–25 September 2014 at which the draft framework for TB control in complex emergencies was finalized. It is estimated that more than 270 million people live in countries with complex emergencies. Of these, more than 20 million are refugees or displaced people. Complex emergencies are usually related to political conflicts or natural disasters and are characterized by a breakdown of public services, including those for health, poor logistic networks, destruction of infrastructure and disruption of societal relations. In such an environment, the public and social services that cover essential needs such as access to safe water, basic foods or sanitation become inaccessible for a large portion of the population.

In addition, these populations often suffer from malnutrition and have an increased burden of communicable diseases. This is particularly pronounced among vulnerable populations, such as children, women and socially-disadvantaged individuals.

The problem of TB is exacerbated in these circumstances due to the dual hazards of an increase in the vulnerable population and the collapse of health services leading to suboptimal TB care and control services. The interruption of the TB drug supply often results in irregular drug

intake by TB patients and leads to an increase in treatment defaulting, a low cure rate, a higher number of patients with TB relapse and an increased risk of drug-resistant TB developing. In some humanitarian crisis settings, the response of the international community may involve many nongovernmental organizations that provide a wide range of care services to the affected populations, including for TB. In such situations, it may not always be possible to provide sound TB care and control services as a result of suboptimal TB diagnostic procedures, inappropriate TB treatment regimens, poor patient adherence to treatment and inadequate measures to monitor and evaluate TB patients. The framework for TB control in complex emergencies attempts to address these challenges.

Malaria Control and Elimination (MCE)

Regional training workshop on integrated vector management

Countries in the Eastern Mediterranean Region have committed themselves to adopt and implement integrated vector management (IVM) for improvement in sustainable, environmentally-sound and cost-effective vector-borne disease control interventions.

In order to respond to the problem of inadequate competencies in IVM in countries, WHO organized a six-day training workshop on IVM in Cairo, Egypt, during 16–21 August 2014. The training course aimed to: enhance the skills of country programmes to conduct entomological surveillance and IVM for all endemic and emerging vector-borne diseases; encourage mobilization and efficient utilization of resources for implementation of IVM activities; and strengthen intra- and intersectoral collaboration and partnership for effective and efficient implementation of an IVM strategic plan in each country. Participants attended from Djibouti, Egypt, Islamic Republic of Iran, Jordan, Morocco, Sudan, Syrian Arab Republic and Yemen.

The WHO core curriculum on IVM was used as the training model. An evaluation of the course indicated that it was very well-received by participants. The training, being the first of its kind in the Region, provided invaluable lessons learnt for replicating the training for other countries and at country level.

Malaria Control and Elimination (cont.)

Sixth intercountry meeting of national malaria control programme managers from HANMAT and PIAM-Net countries

The spread of resistance to antimalarial drugs is a major challenge. Monitoring the therapeutic efficacy of antimalarial medicines is critical to generating information for evidence-based malaria treatment policies in the Region. In 2013, a gene for artemisinin resistance (the K13 gene) was discovered. Recent studies have shown that artemisinin resistance is likely to be spreading and emerging independently, making “containment” of the problem more complex.

Currently, artemisinin resistance is limited to the South-East Asia Region. The risk of further spread and emergence of artemisinin resistance can be reduced by scaling-up diagnostic testing and removing monotherapies and sub-medicines that do not meet quality standards from global markets, following the recommendations outlined in the Global plan for artemisinin resistance containment. For this to be achieved there needs to be updated quality information on antimalarial drug treatment efficacy for policy-makers.

WHO has been given the mandate to coordinate the tracking and mapping of the K13 gene. It has established two subregional networks for countries endemic with falciparum malaria: the Horn of Africa Network for Monitoring Antimalarial Treatment (HANMAT) comprising Djibouti, Saudi Arabia, Somalia, Sudan and Yemen from the WHO Eastern Mediterranean Region, and Eritrea, Ethiopia and South Sudan from the WHO African Region, and the Pakistan-Islamic Republic of Iran-Afghanistan Malaria Network (PIAM-Net) comprising these three countries from the WHO Eastern Mediterranean Region. These networks aim to ensure the continuous monitoring of the therapeutic efficacy of antimalarial medicines using the updated WHO protocol.

The sixth intercountry meeting of the network members was held at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, on 13–14 August 2014. The meeting provided an important occasion for disseminating information and updating antimalarial drug monitoring mechanisms and treatment policies in countries.

Immunization and Vaccines

Vaccines Preventable Diseases and Immunization (VPI)

Countries in the Region prepare for introduction of IPV in the routine immunization schedule

Extensive efforts are being made by all concerned parties towards achieving the global goal of interrupting the circulation of wild polio virus by 2014. To this effect, the Polio Eradication and Endgame Strategic Plan 2013–2018 was developed and endorsed by Member States at the World Health Assembly in Geneva, Switzerland, in May 2013.

The plan has four objectives; of these, objective 2 seeks to hasten the interruption of all poliovirus transmission and help build a stronger system for the delivery of other lifesaving vaccines though:

- optimizing the contribution of the Global Polio Eradication Initiative (GPEI) to strengthening routine immunization services in countries
- introduction of at least one dose of inactivated polio vaccine (IPV) in all countries using oral polio vaccine (OPV)
- switching from trivalent OPV (tOPV) to bivalent OPV (bOPV) in mid-2016.

In line with the recommendations of Strategic Advisory Groups of Experts (SAGE) on Immunization, and as per the Strategic Plan, the countries of the Eastern Mediterranean Region that have yet not included at least a single dose of IPV in their routine immunization schedules are planning to introduce it at the latest by the end of 2015. In addition, countries will switch from tOPV to bOPV by mid-2016, before the eventual withdrawal of OPV by the end of 2020.

Currently, of 22 countries in the Region, 10 are not using IPV in routine immunization. These are Afghanistan, Djibouti, Pakistan, Somalia, Sudan (six GAVI-supported countries) and Egypt, Iran (Islamic Republic of), Iraq and Morocco (four middle-income countries).

Among the GAVI-supported countries in the Region, Afghanistan, Pakistan, Sudan and Yemen are approved for support for the introduction of IPV. Yemen plans to introduce IPV in December 2014, Sudan in February 2015 and Afghanistan and Pakistan in mid-2015. Somalia is awaiting the



The introduction of IPV to the routine immunization programme, Tunisia

outcome of its application to GAVI, while Djibouti plans to apply for GAVI support in the January 2015 round and will be introducing IPV in routine immunization before the end of 2015.

Among middle-income countries in the Region, Tunisia successfully introduced IPV in routine immunization in September 2014, at six months of age, after fulfilling all the required preparations (satisfactory cold chain capacity, health worker training and updating immunization cards). Iraq plans to introduce IPV in early 2015, while Egypt, Islamic Republic of Iran and Morocco plan to introduce IPV by mid/end 2015.

Therefore, by the end of 2015, all the countries in the Region are expected to have at least one dose of IPV in their routine immunization schedules in line with SAGE recommendations and the planned targets.

Health Security and Regulations

Pandemic and Epidemic Diseases (PED)

Pandemic Influenza Preparedness Framework rolled-out

The implementation of activities under the Pandemic Influenza Preparedness (PIP) Framework kicked off recently in the Region. The PIP Framework brings together countries, industry, other stakeholders and WHO to implement a global approach to pandemic influenza preparedness and response. The Framework aims to strengthen pandemic influenza preparedness in countries, particularly through laboratory and epidemiological surveillance capacity-building activities. Seven countries in the WHO Eastern Mediterranean Region, namely Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Morocco and Yemen, have been identified as recipients of the Partnership Contribution funds that support the activities of the Framework.

Public health preparedness for MERS-CoV and Ebola stepped up

Currently, the two biggest global public health emergencies are the Middle East respiratory syndrome coronavirus (MERS-CoV) in the WHO Eastern Mediterranean Region and Ebola virus disease in the WHO African Region, both of which pose a threat to global public health security. While the outbreak caused by MERS-CoV has killed over 300 people and affected half of the countries

(11 out of 22) of the Region since its emergence in 2012, the current outbreak of Ebola is by far the largest and first multi-country outbreak of the disease ever reported.

In view of these threats, two back-to-back regional workshops were organized in Casablanca, Morocco, from 3 to 5 September and Muscat, Oman, from 14 to 18 September to enhance surveillance, step up measures for early detection and improve health preparedness for an effective response. All countries in the Region attended the two workshops.

Risk communication materials: protect yourself against Ebola and MERS-CoV

A number of risk communication materials have been produced to demonstrate simple preventive measures to avoid Ebola virus disease and MERS-CoV. The materials including leaflets and posters are presented in a clear and easy to understand way using graphic visual representations to provide valuable preventive messages for the general public, travelers, pilgrims and health care workers. A short animated video film has also been produced on MERS-CoV targeting Hajj pilgrims, the general public and health workers and is available in three languages: Arabic, English and French. The materials have been distributed widely through various social media sites such as Facebook, Twitter and YouTube.

All the risk communication products on MERS-CoV are available at :

<http://www.emro.who.int/surveillance-forecasting-response/surveillance-infocus/information-posters-on-mers-cov.html>

The risk communication materials on Ebola are available at:

<http://www.emro.who.int/surveillance-forecasting-response/emerging-diseases/ebola.html>

Health Risk Management (HRM)

WHO joins regional campaign on children and disaster risk reduction

WHO has joined a campaign with the International Organization for Migration (IOM), Save the Children International, United Nations Children's Fund (UNICEF) and World Vision to raise awareness on the impact of disasters on children in the Middle East and North Africa. Children in nine countries were selected to talk about how they are affected by disasters and conflict, and their stories will be shared with governments to



Risk communication materials on Ebola and MERS-CoV

Health Risk Management (cont.)

ensure their contribution to national policies and actions on disaster risk reduction.

At least 1800 children and youth were consulted in different countries in the Middle East and North Africa, where they were given the opportunity to express how their lives have been affected and can be improved amidst disasters, climate change and forced displacement as a result of conflict.

The regional consultations were led by the Children in a Changing Climate Coalition comprising Save the Children International, UNICEF and World Vision. The Coalition is a global one that brings together leading child-focused research, development and humanitarian organizations, each with a commitment to sharing knowledge, coordinating their actions and working with children as agents of change. IOM is also participating in the consultations, and WHO is taking the lead in the area of health in the context of the different emergencies in the Region.

Children, adolescents and youth in the region are among those highly vulnerable to the impact of natural and climate-induced hazards. Aside from being exposed to natural disasters, children are also affected by violence, conflicts, severe food insecurity and other forms of deprivation.

“Being displaced is the worst disaster ever,” said one 14-year old Libyan boy from Tawergha who lives in a camp for internally-displaced persons.

Many children in the camp said that living conditions there were bad, which affected their participation and performance at school.

“Psychologically we are completely depressed,” said one 12-year old girl.

Despite the challenges, however, many children agreed that this experience has made them eager to learn and develop their capacities so that they can help rebuild their towns and country in the future when peace is restored.

“This initiative aims to encourage decision-makers to recognize the role that children and young people can play in defining disaster risk reduction and climate change adaptation priorities, so that national and regional concerns include those defined by the children and youth themselves. It also highlights that children and adolescents, girls and boys, are affected differently by both natural and human-induced hazards, including conflicts, which have long-term consequences for the resilience of children to shocks and stresses, both physically and mentally,” said Dr Jaouad Mahjour, Director, Communicable Disease Prevention and Control, WHO Eastern Mediterranean Region.

The messages from the children and young people were presented at the Second Arab Conference on Disaster Risk Reduction held

in Sharm El Sheikh, Egypt, on 14–16 September 2014. It is envisioned that these messages will also contribute to the post-2015 Hyogo Framework for Action at the World Conference on Disaster Risk Reduction in Sendai, Japan in March 2015.

The focus of these efforts is to: 1) equip institutions to meet the longer term needs of the younger generation; 2) introduce legislative and policy reforms, and coordination mechanisms, to align national priorities with international children’s rights standards; 3) link humanitarian and development approaches to support learning, protective environments and broadened opportunities for children; and 4) provide durable solutions for the resettlement of vulnerable children and their families.

Planning exercises are rolled out in the Region to support Member States to scale-up health sector emergency preparedness and response

It was revealed during the International Health Regulations (2005) stakeholders’ meeting in December 2013, that in the area of the “preparedness” core capacity, the priority of most Member States is either to develop or to review the existing national plan for health emergency preparedness and response integrating an all-hazard approach. To respond to such a critical need of Member States, four workshops were planned, clustering the countries into four different groups based on their exposure to different hazards. Two of the workshops took place in Amman, Jordan, on 11–19 August 2014, involving 11 countries.

The objectives of the workshops were to discuss the current status at country level in regard to planning for emergency preparedness and response, integrating an all-hazard approach, and to provide hands-on training on planning. Three participants from each country were nominated to attend the workshop including representatives from national civil defense organizations and national programmes for International Health Regulations (2005) and emergency preparedness and response.

Also discussed in the workshops was all-hazard emergency preparedness and response for health (including at pre-hospital and hospital stages). All participating countries reviewed their existing national plans for emergency preparedness and response and in some cases developed a framework. Participants also developed a roadmap for completing the national

(Continued on page 6)



The regional campaign on children and disaster risk reduction logo

plan upon their return to their respective countries, and a monitoring mechanism for the planning process was discussed.

In the coming months, two more workshops will be organized and technical support will be provided to the remaining countries of the Region in developing and reviewing their national emergency preparedness and response plans.

The Second Arab Regional Conference on Disaster Risk Reduction recommends that health is highlighted in the post-2015 development framework

The Second Arab Conference on Disaster Risk Reduction was held in Sharm El Sheikh, Egypt, on 14–16 September 2014, jointly organized by the Egyptian government, South Sinai Governorate, the United Nations Office for Disaster Risk Reduction (UNISDR) Regional Office for Arab States and the League of Arab States. It aimed to provide a forum for Arab governments, policy-makers, planners, academia, civil society and development experts to highlight the progress of disaster risk reduction efforts and review the implementation of the Hyogo Framework for Action 2005–2015 in the Arab world. The conference consolidated recommendations for the post-2015 framework, highlighting the situation and priorities of the Arab region in disaster risk reduction including in the areas of health and education.

At the event, a Joint Statement was issued by the UN system prepared by those agencies working in support of Arab populations to reduce disaster risks and build resilience under the Hyogo Framework for Action, the International Strategy for Disaster Reduction (ISDR) and the Arab Strategy for Disaster Risk Reduction 2020.

The Joint Statement outlined 13 critical priorities to be included in the Hyogo Framework for Action successor agreement and reaffirmed the commitment of the UN system to support Arab States to achieve resilient and sustainable development under a post-2015 framework for disaster risk reduction, in particular where its agencies and programmes have a comparative advantage.

The Joint Statement complements the Joint Statement by the UN system delivered at the First Preparatory Committee Meeting for the third UN World Conference on Disaster Risk Reduction, held on 14–15 July 2014, in Geneva.

The Joint Statement can be found here:

http://www.unisdr.org/files/36370_unjointstatementarabrp2014finalvers.pdf

Public Health Laboratories (PHL)

Completion of the first professional certificate programme in laboratory leadership and management

Participants from nine countries in the Region have recently completed the first professional certificate programme in laboratory leadership and management, participating in the final workshop held in Casablanca, Morocco, from 21 to 23 September 2014. Participants and their mentors were drawn from clinical and public health laboratories in Egypt, Iraq, Jordan, Lebanon, Morocco, Oman, Pakistan, Qatar and Yemen.

The certificate programme was created by the International Training and Education Center for Health at the University of Washington in Seattle, Washington, USA. The nine-month long professional development programme was implemented across the Middle East and North Africa in partnership with WHO. Participants were recruited through ministries of health and selected by the University and WHO.

The programme, designed for mid-career laboratory managers and directors, aimed to teach leadership and management skills, enabling participants to make substantive and impactful improvements to their home laboratories. The programme consisted of a 10-day long in-person training course in January 2014 followed by four courses delivered online. In addition to the coursework, participants developed and implemented a project aimed at improving their laboratory's operations.

The final workshop was an opportunity for participants to present their projects and discuss their progress and challenges with their colleagues, mentors and programme faculty. Their projects addressed critical laboratory capacity issues such as organization and management, documentation and records management, and biosafety and biosecurity improvements among other areas, and included comprehensive laboratory assessments. Overall, the programme was very successful with 80% of participants completing it and making impactful improvements in their laboratories.



Participants of the first professional certificate programme in laboratory leadership and management

Public Health Laboratories (cont.)

As a result of the programme, participants have created a professional association, the Eastern Mediterranean Society for Laboratory Management, and a website is to be created to facilitate the networking of laboratory professionals in the Region.

For further information

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