



# 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 [emrgdcd@who.int](mailto:emrgdcd@who.int) inserting "DCD Bulletin" in the subject line.

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## Programme news

### Preparedness and readiness measures for Ebola Virus Disease (EVD) stepped up

In response to the resolution of the Sixty-first session of the Regional Committee (EM/RC/61/R.2), a rapid assessment of the countries' capacity to deal with a potential importation of Ebola virus disease (EVD) was carried out in 18 countries in the Region. The objectives of this assessment were to assess the level of preparedness and readiness measures for EVD, to identify critical gaps or areas of concern for stepping up national preparedness, and to recommend urgent remedial measures to mitigate risk of importation and spread of EVD. The assessment covered six critical areas namely leadership and coordination, capacity at the points of entry, surveillance, and contact tracing, infection prevention and control, laboratory services and risk communication using a standardized method and checklist.

The assessments confirmed the pressing need to improve preparedness and readiness measures in several areas such as enhancing response capacity including rapid response teams and infection control programs; establishing adequate disease surveillance systems supported with laboratory diagnostic capacity, in particular for zoonotic pathogens; developing national multisectoral all-hazards preparedness plans; and harmonizing requirements for capacities at points of entry with efficient links between points of entry and the national surveillance and response systems.

The assessment findings are now being used to develop a 90-day action plan to address the key gaps in each of the six functional areas assessed in order to step-up preparedness and readiness measures for EVD. It is expected that through such concrete and action oriented efforts, country's public health capacity for detection, assessment, preparedness and response to Ebola or any other emerging infectious disease will be considerably improved as per the requirement of the International Health Regulations (2005).

### HIV, TB, malaria and tropical diseases

#### HIV/AIDS and Sexually Transmitted Infections (HAS)

##### ToT-Basic knowledge of HIV and stigma reduction in health care settings

Stigma and discrimination in health care settings by health care providers against people living with HIV (PLHIV) are clearly identified as key barriers to the delivery and utilization of quality health services. Accordingly, the WHO Regional Office developed a regional training course consisting of four training modules on basic knowledge of HIV and stigma reduction in health care settings. The training modules target general health care providers: doctors, nurses, and administrative and support staff.

The training course is designed to be adapted at the country level and to be used for capacity-building and skills development of health care workers to alleviate the reasons for stigma and discrimination against PLHIV. In this respect, the Regional Office organized a regional training of trainers from 9 to 11 December 2014 on basic knowledge of HIV and stigma reduction in health care settings. Participants of the course will now conduct the training in countries. The workshop gave participants the opportunity to familiarize themselves with the training package, receive training on key considerations for conducting the training and to draft workplans for implementation of the training course in respective countries.

Participants from Egypt, Islamic Republic of Iran, Kuwait, Libya and Lebanon, as well as WHO secretariat from Egypt and Sudan attended the training workshop.

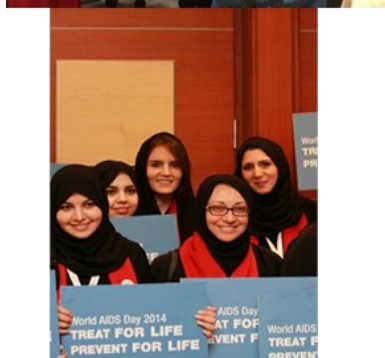
## HIV/AIDS and Sexually Transmitted Infections (cont.)

### World AIDS Day - 1 December 2014

This year, the Regional Office marks World AIDS Day under the slogan "HIV treatment controls the virus. Treat for Life. Prevent for Life". This is a call for action so that every individual living with HIV can enjoy the highest attainable level of health through life-long access to good quality HIV care and treatment.

This is possible today. Antiretroviral therapy (ART) has become less toxic, easier to administer and easier to take. People living with HIV who take ART in the right combination of medicines can control the virus and bring it down to undetectable levels. This keeps the immune system strong enough to fight opportunistic infections and cancers. So people living with HIV can now live long, healthy and productive lives.

In order to mobilize the public to interact over social media to promote the campaign's message, participants in World AIDS Day events were encouraged to take a photo with the slogan and share on social media platforms.



Pictures posted via social media on the occasion of World AIDS Day from the Regional office, Saudi Arabia and Kuwait

## Malaria Control and Elimination (MCE)

### Second regional training course on malaria case management

The Regional Office conducted a second regional training course on malaria case management from 22 to 29 November 2014 in Wad Medani, Sudan. The training aimed to improve participants' knowledge, skills and competence to better understand the basis of malaria diagnosis and treatment, planning and implementation of malaria case management services, and formulation of antimalarial treatment policy; and to pilot a newly developed e-learning module developed by the Global Malaria Programme on case management for implementation on a large scale. This was the first course in which these e-learning materials have been tested.

In addition, the course aimed at enabling and equipping delegates to run similar courses in their own countries or institutions hereafter. Participants came from Afghanistan, Egypt, Iraq, Morocco, Pakistan, Somalia, Sudan and Syria. A pre- and post-test demonstrated the effectiveness of the training.

### First training workshop on integrated vector management (IVM) at subregional level in Pakistan

A six-day subregional IVM training workshop was held from 28 October to 2 November, 2014, in Islamabad, Pakistan. The training was attended by 19 participants from Pakistan and Afghanistan and 10 observers from postgraduate institutions. This was the first training workshop on IVM at subregional level in Pakistan. The training intended to build the capacity of participants, who attended technical presentations on new approaches to applying the already available IVM methodologies and technologies and also innovative ones. Groupwork was encouraged and participants adopted analytical approaches in order to apply the five key elements of IVM to their own field experiences and local evidence to arrive at their own appropriate IVM strategies.

### Second regional malaria elimination training course

The Regional Office conducted a second regional training course on malaria elimination for 23 participants from 12 countries of the Region, in Tunis, Tunisia, from 3 to 13 November 2014 using the draft participant and facilitator guides

## Stop Tuberculosis (STB)

### The fourth meeting of the regional Green Light Committee (rGLC)

The fourth meeting of the rGLC was held from 15 to 17 December 2014 in the Regional Office in Cairo. It was attended by regional members and two consultants working in tuberculosis (TB) multi-drug resistance (MDR).

During the meeting, MDR-TB management implementation 2013–2014 was reviewed with a focus on Pakistan and Egypt, and the reports for monitoring missions to Morocco, Somalia, and Tunisia were revised with recommended action to consultants and countries. The regional guidance for strengthening the TB laboratory network was discussed and the final version will be ready by March 2015.

A session was devoted to identifying ways to build country partnerships to support the fight against MDR-TB using local resources. Lastly, regional GLC new constituency membership and the mechanism for the selection of new members was discussed.

### Malaria Control and Elimination (cont.)

piloted in other WHO regions. In addition, the experiences of Saudi Arabia and Islamic Republic of Iran as part of feasibility assessment was shared with participants. The teaching methodology was participatory with emphasis on groupwork. Participants were from countries at different stages of malaria elimination and prevention of reintroduction.

### Integrated Vector Management (IVM) workshop in Djibouti

The Regional Office with the support of the Global Environment Facility (GEF) Djibouti oversaw an IVM workshop in Djibouti from 25 to 26 November 2014. The key objectives of the training were to: recognize the important locally-prevailing vectors of human disease; review current vector control policies and institutional arrangements; make use of relevant information to address the current situation; and propose new policy options and institutional arrangements in favour of IVM. A total of 20 selected participants attended representing the Public Health Institute, military police, gendarmerie nationale, Union Nationale des Femmes de Djibouti, Comité santé Balbala, Direction des régions sanitaires, Office de la Voirie, Direction des Etudes, Planification et Coopération Internationale and nongovernmental organization Bender Djedid. Participants made clear their concepts on the various components of IVM by discussions in light of the practical in-service experiences they brought from different sectors.

### A review mission of the national malaria programme in Saudi Arabia

A review mission of the national malaria programme in Saudi Arabia was organized by the Regional Office from 5 to 15 December 2014. The review team visited the malaria programme and health facilities in some endemic areas in Asir and Jazan Regions, including border areas with Yemen and also in Riyadh (as a malaria-free setting). The political commitment and substantial input of the Government to embark upon implementation of a national malaria elimination programme in 2004 resulted in a great reduction of malaria in the country to the level of only 34 local cases in 2013 confined to two regions – Jazan and Asir. Reducing the heavy burden of malaria has been facilitated by large-scale implementation of socioeconomic development in various parts of these regions and will contribute to further development in the region, particularly in tourism and trade. It has been observed that the risk of malaria continues in the border areas of the two regions with Yemen due to illegal and legal population movement although this has been decreasing in the last 2 years.

### Neglected Tropical Diseases (NTD)

#### Fourteenth national programme managers' meeting on leprosy elimination in the Region

The WHO Regional Office organized a regional meeting for national leprosy programme managers from 29 to 30 October 2014 in Rabat, Morocco. The objectives of the meeting were to provide an update on the epidemiological situation of leprosy at global and national levels, and on innovations in prevention strategies; to review progress and challenges of implementation of the "Enhanced Global Strategy for Further Reducing the Disease Burden due to Leprosy (2011–2015)", in countries of the Region in 2014 and outline the action plans for 2015; and to discuss potential solutions to implementation obstacles in 2014 and outline 2015 plans.

The meeting was attended by participants from Egypt, Morocco, Saudi Arabia, Sudan and Yemen, in addition to representatives from AID to Leprosy Patients (ALP) in Pakistan and World Concern in Somalia. The opening session of the meeting was attended by Mr Yohei Sasakawa, Chairman of The Nippon Foundation and WHO Goodwill Ambassador for Leprosy Elimination. Each country presented the activities carried out in 2013–2014 and an action plan for 2014–2015.

The Region remains a low endemic region for leprosy as it accounts for about 1% of the global leprosy burden and all of the EMR countries have reached elimination as a public health problem target (that is less than 1 case per 10 000 people) at national level. A few countries (Egypt, Pakistan, Sudan and Yemen), however, need to reach this target at district level. The main recommendation of the meeting was that national control programmes concentrate their efforts on subnational elimination, i.e. elimination of leprosy in districts with a high leprosy burden or 'hot spots' in countries that have not achieved elimination target at district level.

A symposium entitled "Middle Eastern regional symposium on leprosy and human rights" preceded the regional meeting. The symposium was organised by the Nippon Foundation and Sasakawa Memorial Health Foundation, in coordination with WHO and the Ministry of Health of Morocco.

During the symposium delegates were reminded of Mr Sasakawa's substantial contribution to reducing the stigma around leprosy and fostering a better understanding of patient's rights. The appeals of his foundation to the UN largely contributed to the adoption in 2010 by the UN



Participants of the second regional malaria elimination training course in Tunis, Tunisia.



Participants of the fourteenth meeting national programme managers' meeting on leprosy elimination

### Neglected Tropical Diseases (cont.)

General Assembly of resolution A/RES/65/215 and accompanying principles and guidelines on “Elimination of stigma and discrimination against persons affected by leprosy and their family members. During an overview of the regional leprosy situation, it was recognized that while tremendous progress has been made in our Region to reduce the number of new cases, efforts to address the disease’s social aspects have often lagged behind and many patients still experience stigma associated with the disease.

It was recommended that WHO and ministries of health activate the mobilization of different stakeholders to collaboratively address social consequences to leprosy patients and their families due to stigma, where discrimination remains a challenge.

### Training workshop for programme managers of neglected tropical disease programmes in the Region

WHO and Research Triangle Institute International (RTI) organized an in-country training workshop for programme managers of neglected tropical disease programmes in the Region, in Hammamet, Tunisia, from 15 to 19 December 2014.

The training aimed at transferring technical knowledge and skills to the programme managers to enable them to finalize or update their neglected tropical disease plans in order to guide implementation, monitoring and evaluation of programmes in their respective countries. The training was facilitated by regional and international facilitators.

The training covered areas in the management of neglected tropical disease and covered several diseases. Countries were also better able to define their follow-up training needs in accordance with their national plans.

## Immunization and Vaccines

### Vaccines Preventable Diseases and Immunization (VPI)

#### Hib vaccine now available in all national immunization programmes in the Region

The 18 November marked a major achievement in the history of immunization programmes in the Region following the introduction of the *Haemophilus influenzae* vaccine (Hib) in the Islamic Republic of Iran, at a ceremony attended by the President of Islamic Republic of

Iran Hassan Rouhani. The Hib vaccine is now included in all national immunization programmes in the Region and offered to infants free of charge. This remarkable achievement paves the way for the introduction of new vaccines and for the targets of the Expanded Programme on Immunization (EPI) to be reached.

This important milestone was celebrated during the last day of the twenty-eighth intercountry meeting of regional EPI managers on 19 November 2014, in the presence of EPI managers of all countries, chairpersons of national immunization technical advisory groups, members of the regional technical advisory group and global partners – UNICEF, the GAVI Alliance, the Centers for Disease Control and Prevention – and members of the WHO secretariat from headquarters and the Regional Office.

#### More than 11 million children vaccinated in measles/rubella campaign in Yemen

A national measles/rubella vaccination campaign was conducted in Yemen from 9 to 20 November 2014, in which 11 161 314 children from 9 months to 15 years were vaccinated with measles/rubella vaccine. The coverage rate was 98%. In spite of political unrest and insecurity in areas, vaccination teams were able to gain access to all areas through discussions with local communities and community leaders.

Detailed micro-planning was done at the health facility level, including timetables and maps for every mobile team. Operational rooms at central and governorate level were established before and during the campaign and were functional 24 hours a day.

Special plans were prepared for high-risk groups at the health facility level, including mainly refugees, internally displaced persons, marginalized people and refusals. More than 103 000 were vaccinated from these groups.

The campaign was an opportunity for the country to collect information on acute flaccid paralysis (AFP), measles/rubella, adverse events following immunization (AEFI) and follow-up on refusals and vaccination among high-risk groups.

Around 68 suspected cases of measles/rubella were reported and investigated. Monitoring of adverse events during the campaign was established through the teams and the other health facilities. No severe cases were reported and only 47 cases of moderate adverse events were reported ranging from mild swelling to mild allergy.



Children vaccinated during the national measles/rubella campaign in Yemen

## Vaccines Preventable Diseases and Immunization (cont.)

### Yellow fever mass immunization campaign in Sudan

Sudan is situated in an ecological risk zone for yellow fever. *Aedes egyptai* is present in almost all states, and neighbouring countries/areas are recognized as having a high risk of yellow fever. With population movement to and from these countries there is a high risk of a yellow fever outbreak. In addition, the deforestation, urbanization, population movement and climate change are among the factors which resulted in at least four outbreaks of yellow fever in Sudan in the past. In the absence of a cure for yellow fever, vaccination is the most important preventive measure, which provides protection for 30–35 years or more.

In order to protect its population from this deadly disease, Sudan has initiated a yellow fever mass immunization campaign in the country. The target has been 30 million people from 9 months to 60 years in all states of the country. The campaign has been planned to be implemented on three phases starting from December 2014 until mid 2016. Phase one of the campaign, covering seven states with an estimated population of over 7 million was launched on 30 November 2014 by H.E. the Federal Minister of Health. The Government of Sudan has shown strong commitment for the campaign by committing US\$ 4.765 million (approximately 20%) from its own resources out of the US\$ 23.282 million estimated operational costs. With the successful completion of this campaign and subsequent inclusion of the yellow fever vaccine in the routine immunization programme Sudan is likely to eradicate this disease as a public health problem.

## Health Security and Regulations

### Health Risk Management (HRM)

#### Gulf Cooperation Council (GCC) countries meet to discuss all hazard emergency preparedness and response plans for health sector

A workshop was held in Bahrain for member countries of the GCC in December 2014 to discuss all hazard emergency preparedness and response planning for health sector. The workshop discussed the current status at country level in regard to planning for emergency preparedness and response integrating an all hazards approach and also provided hands-on training in planning.

All participating countries have reviewed their existing emergency preparedness national plan and response. Countries have also developed a roadmap for materializing the national plan upon return to their

respective countries. All seven countries highlighted the need for capacity development of the health workforce on emergency risk management in their plans.

### International Health Regulations (IHR)

#### IHR Review Committee grants second IHR extension

In its Geneva meeting from 13 to 14 November 2014, the IHR Review Committee on second extensions for establishing national public capacities recommended the granting of an extension until 2016 to all States Parties that had requested it. The Committee concluded that the current Ebola virus disease (EVD) outbreak had underscored the importance of having strong national and local capacities in place to rapidly detect, respond and take preventative measures to contain a serious public health threat; and that the implementation of the IHR should now advance beyond simple “implementation checklists” to a more action-oriented approach to periodic evaluation of functional capacities. Implementation of the IHR is a dynamic, ongoing process that must be continually assessed, maintained and strengthened by all States Parties.

Under paragraph 1 of Articles 5 and 13 and Annex 1 of the IHR 2005, all State Parties are required to ensure having certain core capacities in place within five years of entry into force for the respective State Party. Eight State Parties had met the IHR requirements by 2012 or by the first extension which expired in June 2014, while 13 requested a second extension until June 2016, supported by justification for the extension and new IHR implementation plans.



Participants of the all hazards emergency preparedness and response planning workshop along with the Under Secretary of MOH, Bahrain Dr. Ayasha Mubarak

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