

Summary report on the

# Regional partners meeting on Zika virus infection

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21–22 April 2016



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## 1. Introduction

Zika virus became the latest threat to global health security when the Director-General of the World Health Organization (WHO) declared on 1 February 2016 that recently reported clusters of microcephaly and other neurological disorders in Brazil, which might be associated with the circulation of Zika virus in the Region of the Americas, constitute a Public Health Emergency of International Concern. Although Zika virus infection has not so far been reported in the WHO Eastern Mediterranean Region, it is important to note that the *Aedes* mosquitoes that transmit arboviruses, including Zika virus, are present in several countries. Indeed, a number of countries in the Region have reported repeated outbreaks of dengue, chikungunya and yellow fever in the past. Thus there is an urgent need to scale up appropriate public health measures to be able to detect and respond to any imported or locally transmitted Zika virus infection in the Region.

The WHO Regional Office for the Eastern Mediterranean convened two rounds of regional meetings in February 2016 to share up-to-date information on Zika virus with Member States, and discuss WHO support to countries in scaling up preparedness to respond to any outbreak(s) in the Region. As a result of these meetings, a preparedness plan was developed to improve prevention, detection and response to the spread of Zika virus in the Region. The plan highlighted priority actions in the following seven areas of work:

- leadership and coordination for enhanced preparedness and response capacities;
- actions at designated Points of Entry as required under the international Health Regulations (2005);
- risk assessment and surveillance systems;
- entomological surveillance and vector control;

- access to rapid and quality laboratory diagnostic testing;
- risk communication and community engagement;
- addressing knowledge gaps.

In this context, WHO Regional Office for the Eastern Mediterranean organized a meeting with its regional partners to discuss the plan, map partners' activities on Zika virus and explore possibilities for joint collaborative activities to rapidly enhance efforts to scale up preparedness measures for preventing the public health threat of Zika virus infection.

The meeting was attended by representatives from Avia-GIS; Blue Nile National Institute for Communicable Diseases; Egyptian Red Crescent; High Institute of Public Health, Alexandria University, Egypt; International Civil Aviation Organization/Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation; International Federation of Red Cross and Red Crescent Societies, Asia Pacific; International Organization for Migration; Lebanese University, Beirut, Lebanon; National School of Public Health, Rabat, Morocco; UNICEF Regional Office for Middle East and North Africa and Regional Office for South Asia; United Nations Population Fund; the Office of the United Nations High Commissioner for Refugees; United Nations Development Programme; Office for the Coordination of Humanitarian Affairs; World Food Programme; School of Public Health, Tehran University of Medical Sciences, Tehran, Islamic Republic of Iran; University of Science and Technology-Tropical Disease Research Center, Sana'a, Yemen; and United States Naval Medical Research Unit No. 3, Cairo, Egypt.

Dr Jaouad Mahjour, Director of Programme Management, opened the meeting and delivered opening remarks on behalf of Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. In his opening

remarks, Dr Alwan said that health emergencies recall the very basic tenets of public health: the capacity to detect in good time, prevent and respond rapidly, which should be part of health systems' preparedness to manage acute health threats. The importance of protecting global health security has never been as high as it is today. New pathogens are emerging and old ones have re-emerged including drug-resistant super-bugs – threats that do not respect international borders or any vulnerable communities. Accordingly, the very paradigm of emergency preparedness and response thinking is changing, demanding that response readiness be at its best at any given point in time. The Zika virus infection is yet another reminder that countries, irrespective of their level of development, must build, attain and maintain the set of core capacities required under the International Health Regulations (2005) to detect, prevent, and respond to such threats collectively.

Dr Alwan emphasized that while implementing appropriate public health measures to enhance preparedness for Zika virus in the Region, the support of WHO's partners would be critical. Protecting health security and vulnerable populations from the threat of Zika virus infection would be a shared responsibility; therefore a joint, coordinated, integrated and collaborative approach is needed to prevent the threat in the Region.

## **2. Summary of discussions**

### *Global update on Zika virus infection and involvement of partners*

Despite being slow to emerge, in the past few years Zika virus has rapidly spread to become a public health crisis. As the outbreak unfolds in the Region of the Americas, a growing body of knowledge and evidence points towards a causal relationship between Zika virus infection and newborn microcephaly and other neurological disorders.

WHO has developed a global response strategic framework that is organized under three areas: surveillance, response and research. The response framework is operationalized through an Organization-wide incident management system whose setup and functions are similar in the various regional offices. Globally, the amount of funds raised so far from donors to support WHO's strategic response framework for Zika virus is grossly insufficient. Efforts are therefore ongoing at the global level to bring in different partners and mobilize funds. Recently there has been a shift whereby partners need to be engaged using a predictive, coordinated and complementary approach, as they have different roles to play in complementarity with WHO.

#### *Regional plan for enhancing preparedness*

The regional preparedness plan for Zika virus needs to be more inclusive, highlighting the roles and functions of all partners in its implementation, while respecting the mandate and interests of partner agencies as well as promoting the need for greater synergies. Issues that need to be addressed in the plan include the human rights perspective on reproductive health issues such as family planning and emergency contraception. The plan also needs to address vulnerable groups in the Region such as nomadic communities. The UN Resident Coordinator system can be particularly useful in reaching out to non-health sectors, governments and parliamentarians as well as communities and faith-based organizations.

Public health interventions against the threat of Zika virus may work better if cooperation from governments is ensured. One way of effectively achieving this is by actively engaging in-country institutions, such as universities and research institutions, in the implementation plan.

*Engagement of regional partners*

Regional partners can contribute effectively to the areas highlighted in the preparedness plan, including conducting joint country missions and creating more vigorous resource mobilization activities with joint proposals, concept notes, etc. While it may be a challenge to raise funds specifically for Zika virus, this can be circumvented by intertwining activities for Zika virus infection with other community-level activities in which partners are engaged, such as: water, sanitation and hygiene programmes; preparedness for natural disasters; refugee health; community-based health programmes; ongoing dengue control campaigns; and other similar programmes.

Challenges are anticipated in countries where health-care services are delivered predominantly by the private sector as, at times, this sector is reluctant to get involved in disease surveillance and reporting activities. Partners also advised that when conducting sentinel surveillance for birth defects, it is important not only to identify children, but also to identify mothers who may need support.

With regard to vector control measures, partners noted that complex emergencies in the Region have increased the impact of infectious diseases, especially by affecting vector control activities and thus making the work of controlling disease and various outbreaks complicated. Vector-borne diseases were noted to be common in communities with poor access to ready water sources, and in those that practice extensive water storage in containers. Although some countries use fogging as a vector control method, it was noted that this was not the most effective way to control vectors. It was also vital to adhere to proper pesticide management procedures, including safe disposal of expired pesticides. Partners observed that other important players in vector control activities such as Food and Agriculture

Organization and International Organization for Migration should be involved when vector control activities are being planned.

Many partners showed great interest in assisting in risk communication and community engagement activities as well as advocacy at various levels regarding Zika virus. Risk perception in communities is low, therefore innovative approaches are needed to engage local communities to prevent and control the threat of Zika virus. Non-health sectors such as agriculture and civil society must also be engaged. The opportunity exists to design a cohesive joint risk communication framework with a definitive plan of action, materials, resources and community mobilization plan.

Several partner institutions can play a significant role in training activities for Zika, especially in the areas of surveillance and response. In addition, information on Zika virus needs to be integrated in the training curriculum of health care workers, especially midwives.

### *Knowledge gaps*

A number of knowledge gaps exist on the transmission and circulation of Zika virus that need to be addressed to improve regional preparedness. There is a need to conduct serological studies in the Region to establish whether Zika virus already exists, and a need for precise information on vector presence. Further research is required on the occurrence of microcephaly and other congenital birth defects in the Region, including neurological disorders that might have been associated with the circulation of arboviruses in the past. Such information needs to be collected from hospital registries, medical registries and other birth registration systems. Sociologists and anthropologists should be included in any research work and should undertake community-level psychosocial analysis so as to advise on the kind of messaging given to

different groups. Other possible areas of research include: economic and social impact of Zika; effects of Zika on health systems; active searches for *Aedes albopictus*; cost-benefit analyses of vector control; and different methods of advocacy and community engagement.

The critical importance of ensuring national preparedness and response plans for Zika virus also extends to those non-citizens residing within state territories. Specific mobile population groups such as migrant workers and irregular migrants may be more vulnerable due to their limited access to/awareness of health and welfare services, living/working conditions and legal status.

### **3. Points for action**

Following on from the group work, a draft joint work plan was developed. In addition, the meeting concluded with action points for WHO and partner agencies.

- WHO was requested to take the lead in finalizing the joint work plan, including costing and an appropriate timeline for implementation. The activity components of the plan to be finalized by partners in collaboration with WHO technical leads.
- Partner agencies were requested to identify a relevant focal point in each area of work within their organization to facilitate implementation of the joint work plan.
- A formal communication to be requested from the WHO Regional Director for the Eastern Mediterranean for sending to all heads of partner agencies (along with the meeting report) referring to the joint work plan. The letter would emphasize taking a joint coordinated approach for response to the threat of Zika virus infection in the Region through collaboration among the partner agencies.

- A Technical Working Group to be formed from the partner agencies to enable regular communication and effective coordination in order to ensure implementation of the joint action plan. An advocacy meeting could also be considered with regional partners to raise awareness on the threat of Zika virus and risk to the population.
- WHO to facilitate conducting operational research in order to address some of the critical knowledge gaps.



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