

Report on the

**Joint coordination meeting of the Regional
Directors of WHO/EMRO and
UNICEF/MENARO in partnership with FAO,
UNAIDS, UNESCO, UNFPA and WFP**

Cairo, Egypt
20 February 2007



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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CONTENTS

| | | |
|-----|---|----|
| 1. | INTRODUCTION | 1 |
| 2. | TECHNICAL PRESENTATIONS | 3 |
| 2.1 | The Expanded Programme on Immunization and polio eradication..... | 3 |
| 2.2 | Nutrition | 6 |
| 2.3 | Maternal health | 7 |
| 2.4 | HIV/AIDS | 8 |
| 2.5 | Progress on the Millenium Development Goals | 9 |
| 2.6 | School health (FRESH initiative) | 10 |
| 2.7 | Avian influenza | 11 |
| 3. | GENERAL RECOMMENDATIONS | 12 |
| | Annexes | |
| 1. | LIST OF PARTICIPANTS | 13 |
| 2. | PROGRAMME..... | 15 |

1. INTRODUCTION

The annual joint coordination meeting of the Regional Directors of the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) and UNICEF Middle East and North Africa Regional Office (UNICEF/MENARO) in partnership with FAO, UNAIDS, UNESCO, UNFPA and WFP was held in Cairo, Egypt, on 20 February 2007. The meeting was attended by 29 participants and was co-chaired by the Regional Directors of WHO/EMRO and UNICEF/MENARO.

The meeting was opened by Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, who noted the strategic importance of this yearly event for streamlining and strengthening the effort of sister United Nations agencies in the Region. The new WHO Director-General had identified the key issues that would guide WHO's work in the coming years. One of these issues, health and security, would be the subject of the World Health Report 2007 and was of particular importance in the region. Crises and ongoing challenges with respect to reconstruction and rehabilitation in many countries around the region emphasized the need for all partners to continue to collaborate and to harmonize efforts. The Millennium Development Goals (MDGs) had become a major driving force behind national and international development policies. Maternal and newborn health was a priority issue for both WHO and UNICEF, yet progress to date was not satisfactory. Greater attention was also needed to the prevention of mother-to-child transmission of HIV/AIDS and to paediatric HIV care. In priority countries, joint planning and coordination was the key.

The risk of pandemic human influenza continued to be serious. Interagency collaboration was vital in order to support national preparedness plans, identify shared responsibilities, and ensure fair and equitable access to antiviral drugs and timely access to newly developed vaccines. Polio eradication could and should be achieved, but renewed commitment and involvement of all partners was necessary to complete the final, critical stage of polio eradication. Agencies had a shared interest in promoting adolescent health through school health programmes, and all should continue to support the joint initiative for Focusing Resources on Effective School Health and link it to existing relevant programmes in a systematic manner. He closed by saying that WHO welcomed United Nations reform as a way to strengthen mechanisms of working together. The pilot experience would be an opportunity for all sister agencies to come together and ensure alignment of programmes with country priorities, as well as to clarify the differences in mandates and to determine which specialized agencies should be included in planning and decision-making in relation to collaboration and cooperation at country level.

Dr Omar Abdi, UNICEF Regional Director for the Middle East and North Africa, drew attention to the strong coordination mechanism between UNICEF and WHO as a model of results-based collaboration. Priority challenges for collaborative work in the region included accelerating the reduction of maternal mortality, addressing malnutrition, and addressing the needs of and promoting healthy lifestyles among youth. Interagency coordination had been excellent during emergency response and relief activities in the region, most notably in Pakistan. However, more collaboration was needed in the area of preparedness, such as through joint missions to support countries in developing

preparedness plans. Preparedness plans should also include the identification of collaboration mechanisms, such as the cluster approach used in Pakistan.

Mr Abdul Muneim Abu-Nuwar, Director, UNFPA Country Technical Services Team for the Arab States, highlighted UNFPA's mandate as a fund that is guided by the work of WHO. Ways were being explored to enhance national leadership and community ownership of reproductive health initiatives as a priority for reducing infant and maternal mortality and accelerating progress towards achieving the MDGs. More data were needed on the prevalence of mother-to-child transmission of HIV/AIDS in the region in order to plan for evidence-based interventions. Another priority for collaboration was accelerating South-South cooperation among countries of the region.

Dr Abdel Moneim Osman, Director, UNESCO Regional Bureau for Education in the Arab States, noted that health was central to the work of UNESCO. Collaborative activities with regard to health issues had focused mainly on advocacy and knowledge sharing. In the Arab world, curricula had not been updated to address key health issues such as healthy lifestyles and HIV/AIDS. A priority for collaboration was to increase the health awareness and involvement of youth in health activities through curriculum development.

Mr Mohamad Al-Braithen, FAO Regional Representative for the Near East, referred to Millennium Development Goals 1, 7 and 8, which were directly related to FAO's mandate. The availability of food was a key issue; although the number of undernourished people had decreased in some areas of the region, it had risen in others. Many countries needed to allocate more resources to the agricultural sector. Promoting South-South cooperation was a priority; strong coordination mechanisms were very important in this regard.

Mr Philip Ward, Deputy Regional Director, WFP Regional Bureau for the Mediterranean, Middle East and Central Asia, noted the many examples of results-based partnerships in the Region. WFP was closely engaged with WHO and UNICEF. The key strengths of WFP were its networks and capacity to provide logistical outreach to remote communities; other agencies could make use of these networks to deliver interventions and services.

Mr Osama Tawil, UNAIDS Team Leader for the Middle East and North Africa, noted that in a coordination meeting held the previous week, partners had agreed to focus on several priority areas: prevention, particularly among youth; strengthening surveillance; addressing the social impact of AIDS. More support would be given to country-level work, where coordination was vital. There was also need to direct more attention to high-income countries of the region, along with those in complex emergency situations.

The opening remarks were followed by technical presentations on joint activities in the region. Each presentation included an overview of activities that took place in 2006 and a set of proposed joint activities for 2007. Brief discussions followed each presentation.

2. TECHNICAL PRESENTATIONS

2.1 The Expanded Programme on Immunization and polio eradication

As recommended by WHO/EMRO and UNICEF/MENA Regional Directors in their 2006 meeting, intense efforts were jointly deployed to mobilize funds to implement measles mortality reduction campaigns in priority countries. Around US\$ 3 million could be made available from the United Nations Foundation and the Centers for Disease Control and Prevention, Atlanta (CDC) to Somalia and south Sudan. In addition, an additional US\$ 3 million were recently committed from UNICEF headquarters and CDC to contribute to Morocco measles catch-up campaign planned for the last quarter of 2007.

In terms of GIVS (WHO and UNICEF Global Immunization Vision and Strategies for 2006–2015), joint efforts have been focusing on assisting countries in developing costed and comprehensive multi-year plans for the Expanded Programme on Immunization (EPI) in line with GIVS. Adequate plans were developed in Bahrain, Djibouti, Islamic Republic of Iran, Oman, Sudan and Yemen.

Regarding improving access to high quality, regular and sustainable routine immunization services, joint efforts were continued with a special focus on priority countries, through the GAVI Alliance Regional Working Group in particular. Four non GAVI-eligible countries benefited from this support: Iraq, Lebanon, Morocco and Syrian Arab Republic.

Achievements in routine immunization coverage made in 2005 at the regional level as well as country level (in particular in priority countries such as Iraq, Sudan and Yemen) were consolidated. In terms of new vaccine introduction, while hepatitis B vaccine is now a part of the routine immunization schedule in 20 countries (only Djibouti and Somalia do not include it), Hib vaccine uptake has been much slower, mainly because of lack of awareness and insufficient information about the disease burden. However, in 2006 some countries made the decision to introduce Hib vaccine in early 2007: Iraq, Libyan Arab Jamahiriya, Morocco, Palestine and Tunisia (re-introduction).

Taking into consideration lessons learned from Hib vaccine introduction, and in order to hasten country uptake of rotavirus and conjugate pneumococcal vaccines, the Regional Office established regional surveillance networks aiming at supporting countries in documenting disease burden relating to these pathogens so that decision-makers can take evidence-based decisions on whether to introduce the vaccine. In 2006 the bacterial meningitis and the rotavirus surveillance networks were strengthened and were extended to more countries, and the Pneumococcal Invasive Diseases Regional Surveillance Network was established.

Regarding measles elimination, 2006 was marked by successful measles mortality reduction campaigns conducted in Yemen, south Sudan and Somalia, which reduced the estimated annual measles deaths in the Region by 67.2% in comparison with 1999. The measles elimination strategy was fully implemented by all countries except three (Egypt,

Morocco and Pakistan) that are currently planning for conducting initial measles catch-up campaigns.

Proposed joint activities for 2007 are:

- EPI multi-year planning in line with GIVS
- Strengthening implementation of the RED (“reach every district”) approach
- Assisting GAVI-eligible countries in applying for GAVI phase 2 funding
- Supporting measles elimination
- Introducing new vaccines
- Supporting vaccine procurement and regulation
- Co-organizing the annual national EPI managers meeting, the GAVI Regional Working Group meetings (two) and the annual measles elimination meeting
- Coordinating efforts to improve the situation in south Sudan.

With regard to polio, the number of endemic countries has been reduced to four: Nigeria, India, Pakistan and Afghanistan. However, the number of cases in these countries doubled between 2005 and 2006, from 933 to 1842 cases. At the same time, outbreaks in re-infected countries (13 countries) receded. The number of cases in re-infected countries decreased from 1046 in 2005 to only 126 in 2006.

In the Eastern Mediterranean Region, Sudan and Yemen regained their polio-free status and in Somalia, the epidemic is coming under control (last case 8 December 2006). In Pakistan and Afghanistan, the two remaining endemic countries in the Region, transmission is limited geographically (mostly in security-compromised and border areas) and the genetic diversity of circulating virus is decreasing. No spread due to importations was reported in 2006 from any country.

Coordination is generally of high quality at all levels between main partners (national authorities, WHO and UNICEF and other United Nations agencies). At regional level, joint missions are taking place to observe campaigns and implement surveillance reviews and for Technical Advisory Group meetings (regional and in priority countries) and cross-border coordination meetings (especially Horn of Africa).

At country level, interagency coordination committees are meeting regularly and planning is conducted jointly. Polio eradication staff and facilities are extending support to EPI and other programmes. At headquarters level, weekly WHO/UNICEF teleconferences, with minutes shared with regional offices, address many issues related to vaccine cost and operational expenses. Coordination with other UN agencies, for example in Sudan and Yemen during the outbreaks, is carried out effectively.

The main challenge is the need to maintain strong political commitment in both polio endemic and polio free countries. The risk of importation is still high, considering population movements and virus circulation in endemic countries. The funds required to implement planned eradication activities need to be made available.

During discussions, it was stressed that although new vaccines can be costly, immunization remains the single most cost-effective intervention in the history of public health. Moreover, wide usage of a new vaccine will result in lower price, as in the example of hepatitis B vaccine. To ensure availability of a vaccine, its manufacturers need assurances of demand. Other agencies could have a role to play in promoting WHO's prequalification process for vaccine manufacturers.

To ensure polio immunization campaigns of the highest possible quality, sister agencies must not pull staff for other activities during campaigns. The mechanism of interagency collaboration is one of the strengths of EPI; another is its focus on measurable results. The RED approach was developed to address isolated sub-epidemics and is a success that should be built on in order to achieve high coverage everywhere. Countries need to allocate more resources towards immunization, and more generally towards preventive health.

Recommendations

EPI

- Advocate for country utilization of the WHO and UNICEF Global Immunization Vision and Strategies 2006–2015 (GIVS) as a main framework to reduce under-five mortality and achieve the targets of MDG 4. This includes:
 - Improving access to high quality, regular and sustainable routine immunization services
 - Ensuring equity between all population groups and localities.
 - Improving country capacity for decision-making on new vaccines introduction
- Advocate with national decision-makers for introduction of new vaccines into the national immunization schedule
- Advocate for increased national investment in immunization (financial, ownership and responsibility)
- Focus on resolving south Sudan–Sudan coordination issues relating to basic health care including EPI.

Polio eradication

- Strengthen national political commitment to polio eradication, including allocation of national resources
- Improve routine immunization coverage (Djibouti, Sudan and Yemen)
- Intensify efforts to address poliovirus importations
- Ensure technical support to priority countries
- Optimize coordination between neighbouring countries (e.g. Horn of Africa)
- Ensure availability of required resources
- Adoption of immunization by the UN consortium as an important topic to:
 - Involve UN representatives in advocacy, e.g. inauguration of campaigns
 - Involve UN staff at country level in monitoring of campaigns
 - Avoid competing activities during immunization campaigns

- Help in security assessment and facilitate access
- Contribute financial resources.

2.2 Nutrition

Several joint activities were undertaken during 2006. Egypt and Yemen were identified for the introduction of the 'Ending Child Hunger Initiative', although progress has been slow. The Federal Ministry of Health in Sudan, with sustained support from WHO and UNICEF, finalized the national protocol for the management of severe malnutrition in children. A similar exercise is proposed for Afghanistan, Djibouti, Somalia and Yemen.

A regional training workshop to develop national capacity in nutrition planning and policy formulation was organized to enable Member States develop a coherent approach to the various national nutrition interventions. The workshop was attended by 12 countries from the Eastern Mediterranean/Middle East and North Africa region. A number of manuals and training modules were finalized during the reporting period. These include a handbook on iodine deficiency disorders, a training module on communication strategies to improve nutrition programme and a field guide on assessment of nutrition in emergencies.

The proposed activities for 2007 are a regional workshop to develop capacity in the introduction and dissemination of the WHO new growth curves in countries, which will be from 20 February to 1 March. In April a technical consultation will be organized to finalize the regional food-based dietary guidelines. Other activities are a regional technical consultation to review the flour fortification programmes in the region, a sub-regional training in the use of the new growth curves and a technical consultation on a sustainable vitamin A deficiency disorders control and prevention programme.

National nutrition programmes are often ad hoc in nature and lack clear goals, objectives and strategies. Economic uncertainties have produced a gradual reduction in the size of the national food baskets and a perpetuation of chronic malnutrition among young children, manifested through high prevalence rates of stunting. This situation is further compounded by the existence of a double burden of nutritional problems where under- and over-nutrition co-exist in different degrees. The national programmes for infant and young child nutrition are weak and the rate for exclusive breastfeeding has either stagnated or shown a decline. Wide prevalence of known and emerging micronutrient deficiencies afflict a large proportion of the population in the region. The highest political level in countries needs to recognize that malnutrition is the main underlying cause for morbidity and mortality among the population and that new and innovative approaches are required to address the emerging double burden of nutritional problems.

Discussions focused on the need for better progress. Data need to be highly disaggregated in order to pinpoint areas where malnutrition exists. UNFPA could help with data collection. An action plan should be developed by the nutrition subcommittee (WHO, UNICEF, FAO and WFP) that includes a segmented strategy specifying results and a time-line. Nutrition interventions should start with schools, and addressed through the curriculum and school activities.

Recommendations

- Develop a plan of action for nutrition in the region with specific activities for WHO, UNICEF, FAO and WFP.
- Support proposed joint activities for 2007.

2.3 Maternal health

Due to the intensified efforts made countries in collaboration with WHO and other concerned agencies, maternal health care delivery indicators have been significantly improved in the Eastern Mediterranean Region. However, the average maternal mortality ratio (MMR) in the same period was reduced by only 18.9% (from 465 to 377 per 100 000 live births). Accordingly, if the current trend in reducing maternal death continues in the years to come, the targeted reduction in MMR is not expected to be achieved by the year 2015. There are a number of significant challenges.

- Lack of national policies that reflect long-term direction and ensure sustained commitment, coupled with difficult economic circumstances and competing priorities and insufficient resources to implement maternal health programmes and interventions.
- Poor health care delivery systems including inadequate capacity of human resources and high turnover of health providers.
- Barriers that hinder disadvantaged people from utilizing available health services including lack of quality services, distance from services, lack of emergency transport, lack of or poor referral services, cost of services, high illiteracy rates, accompanied with poor community awareness about life-saving facts and practices in pregnancy and childbirth.
- Poor availability and use of relevant data in decision-making, planning, monitoring and evaluation.
- Gender-based discrimination that makes women more prone to gender-based violence and lack of decision-making power in reproduction and health.

During discussion, it was stressed that maternal health is part of the mandate of all agencies, and that collaborative activities should capitalize on the strengths of each agency. Solutions will not be found in the health sector alone; efforts must also address social, economic and environmental determinants. Maternal health must be addressed at the smallest unit of the community in each country. Governance remains an important issue; in this respect the role of United Nations agencies is to provide national authorities with firm evidence and transparent advice. In supporting countries, UN agencies should move away from projects towards joint partnership in a national programme and should focus on countries with high maternal mortality.

Recommendations

- Conduct high-level advocacy to build upon the expressed political commitment in maternal and newborn health towards accelerating progress.

- Expand intracountry and intercountry collaboration and coordination among concerned partners to pool resources and avoid duplication of efforts.
- Build on joint successful experiences such as the “averting maternal death and disability” project, essential newborn care course and strategic partnership programme.
- Extend the Regional Network for Making Pregnancy Safer to further advocate for maternal and neonatal health and exchange lessons learned from countries of the region.

2.4 HIV/AIDS

Interagency coordination and collaboration was further strengthened in 2006. Joint activities of WHO and UNICEF in support of the implementation of ‘Prevention of Mother to Child Transmission’ (PMTCT) were implemented as planned. PMTCT country assessment missions to Sudan and Yemen were carried out in early 2006, followed by support for the establishment of PMTCT services in these countries in a complementary manner. A regional workshop on policy, strategic and technical aspects of PMTCT implementation in the diverse epidemiological and socioeconomic situations of countries was held in June 2006. The outcomes of country assessments and this regional workshop fed into a ‘Strategic guide for PMTCT implementation in the EMR/MENA’, which will be published in 2007.

However, particularly with regard to PMTCT and paediatric HIV care, the capacity at the Regional Offices of UNICEF and WHO and the available funds remained inadequate in view of the increasing need for advocacy and technical support. In order to enable WHO and UNICEF HIV focal points in countries to better support national AIDS programme activities, a planning and coordination meeting of WHO and UNICEF staff has been suggested for 2008.

Collaborative activities on HIV prevention for most-at-risk adolescents included media activities at the occasion of the World AIDS Day in many countries, the finalization and dissemination of the UNICEF-led regional Harvard Study on young people’s sexual and reproductive health and rights in Arab States and Islamic Republic of Iran and the WHO-led study on adolescents health in Tunisia, Oman, Islamic Republic of Iran and Syrian Arab Republic. Still more studies are needed to overcome the scarcity of data on sexual behaviour of youth.

Little progress has been made with regard to access to reproductive and sexual health services for non-married and young married youth in most countries. Life-skills based health education for youth, which has been shown to be most effective in promoting healthy behaviour, is still underdeveloped in the Region.

In 2006, five additional countries (Egypt, Djibouti, Jordan, Morocco, Tunisia) managed to secure funds for national HIV/AIDS programmes through the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), increasing the number of countries receiving GFATM funds to 11. Some of the countries have had problems with the timely

implementation of GFATM-supported activities and require considerable technical support. There is a need for WHO, UNICEF and other UN agencies to improve their coordination and collaboration in supporting countries to build the necessary implementation capacity. UN agencies should observe programme implementation closely to identify bottlenecks and technical assistance needs at an early stage.

Discussions focused on the importance of national ownership of efforts in HIV/AIDS prevention and control. In countries where the governance function is weak, vulnerability to negative outside influence is greater. The most successful country programmes have one national plan of action for HIV/AIDS at country level, to be supported by various partners according to their mandate. Coordination among agencies is particularly important to ensure consistency of messages and to prevent competition at country level. Agencies should also give priority to improving national data collection with regard to HIV/AIDS.

Recommendations

- Organize in 2008 a planning and coordination meeting for WHO/UNICEF staff of priority countries – Afghanistan, Djibouti, Egypt, Pakistan, Somalia, Sudan, Yemen.
- Mobilize resources for capacity-building in PMTCT and paediatric care through the “Six country initiative on MMR reduction”.
- Publish the joint WHO/UNICEF Regional Strategic Guide for PMTCT implementation.
- Conduct a joint review of paediatric care implementation and access in the region.
- Conduct regional training on the Inter Agency Standing Committee “Guidelines on HIV/AIDS interventions in Emergency Settings”
- Share information on planned country missions on a regular basis between agencies and within agency programmes.
- Build consensus among United Nations agencies on a strategy for coordinated support to GFATM grant implementation (RD’s consensus statement).

2.5 Progress on the Millenium Development Goals

The Regional Office has selected Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Palestine, Somalia, Sudan and Yemen as MDG priority countries. These countries were selected based on the prevalence of high adult and child mortality rates, unsatisfactory MDGs health indicators, low socioeconomic status and the presence of complex emergencies. Trend analysis indicates that most of the priority countries are far behind achieving MDGs if the current pace is maintained.

Analysis of feedback received at the beginning of 2007 from Iraq, Jordan, Morocco and Sudan about progress towards achieving the targets of the MDGs shows good involvement of United Nations Country Teams (UNCTs) in monitoring MDGs. The countries requested more support from UN agencies in assisting them in the following areas: partnership development, advocacy, resource mobilization and in-depth assessment of the causes for the slow progress towards MDGs.

Challenges include the following:

- Inadequate political commitment and government ownership;
- Severe poverty and complex emergencies in some countries;
- Inefficiencies of the health system in relation to accessibility, efficiency, sustainability and accountability;
- Insufficient resources (human, financial and materials);
- Rapid turnover of trained staff;
- Low literacy rate and awareness on health;
- Inadequate coordination between major stakeholders (governments, civil society, UN agencies, donors);
- Lack of reliable and up-to-date data;
- Weak monitoring, supervision and reporting.

Discussions centred on the need for stronger commitment and coordination at country level. Although many strong collaborative activities have taken place, there are also many examples of fragmented efforts, both among sister agencies and among other donors. While further advocacy is needed to strengthen political commitment, agencies must also monitor national follow-up and the flow of resources in order to evaluate the level of national ownership. By pinpointing resource needs, UN agencies can target areas for support. Targeted support with a strong presence should be provided to Djibouti, where other elements for success are present.

Recommendations

- Establish a regional interagency team (including ESCWA) to plan the joint operational activities based on local needs and capacities.
- Identify a regional interagency pool of resources to implement collaborative projects.
- Arrange a joint visit of the RDs to the priority countries to increase high level political commitment.
- Require UNCT to report annually on the progress towards achieving targets of the MDGs.
- Update the indicators for achieving health-related targets of the MDGs.
- Improve monitoring and tracking resource flows.
- Give more attention to strengthening community participation.
- Support Djibouti in developing a national programme for achieving health-related targets of the MDGs.

2.6 School health (FRESH initiative)

FRESH is an interagency initiative (UNESCO–UNICEF–WHO–World Bank–UNAIDS) for Focusing Resources on Effective School Health. The overall goal of FRESH is to make schools healthier for children, children more able to learn, and Education For All more likely to be achieved. FRESH has four core components: school health policies; water, sanitation and the environment; skills-based health education; and school-based health services.

A number of joint activities were conducted in 2006, despite the emergency in Lebanon which hindered implementation due to travel restraints and change of dates and venues. Activities focused on elaboration or adaptation of training manuals into Arabic, and regional and national capacity building. The following activities are proposed for joint collaboration in 2007:

- Regional workshop to develop Arabic media scripts and guides on health awareness and HIV/AIDS prevention (Sana'a, Yemen, May 2007, UNESCO lead agency);
- Production and dissemination of the FRESH CD-ROM in Arabic: a compilation of case studies on national/regional school health strategies and activities in the Arab region, in addition to FRESH Tools (UNESCO lead agency);
- First Regional Conference on health promoting schools: launching of the regional network (Damascus 3–5 September 2007, WHO lead agency);
- FRESH second Regional Youth Forum on Health Awareness and Community Development (Sousse, Tunisia, November 2007, UNESCO lead agency).

WHO EMRO, in close cooperation with CDC, is organizing in June 2007 training on the Global School based Student Health Survey (GSHS) for countries wishing to join the survey (Planning/implementation workshop) or that completed their survey to analyse its results (Analysis/reporting workshop). Joint support for countries wishing to join in the survey should be considered.

During discussions, Bahrain was highlighted as one of the first countries to implement the action-oriented school health curriculum. This was a very successful experience that could be documented and shared with other countries. The joint initiative is an excellent opportunity for delivering messages to schoolchildren; however more human and financial resources are needed, along with mechanisms for monitoring and evaluation.

Recommendations

- Support proposed joint activities.
- Evaluate and document the experience of Bahrain in implementation of the action-oriented school health curriculum.
- Support the FRESH initiative and identify ways to expand implementation.

2.7 Avian influenza

There are many issues related to the current outbreaks of avian and preparedness for human pandemic influenza that deserve immediate attention. One of these is further improvement of the current national preparedness plans. United Nations organizations need to be prepared to deploy timely and efficient response teams to affected countries whenever needed. As well, countries of the region vary considerably in their surveillance and response capacities in both veterinary and human public health services. There is need to continuously strengthen capacities at both regional and national levels for epidemiological and laboratory surveillance of influenza. These capacities are also crucial for successful implementation of International Health Regulations (2005). There is need to maintain the

high-level transparency shown by affected countries and promote sharing of information and outbreak communication activities. More than one country in the region is asking for technical and financial support to produce influenza vaccine for both poultry and humans.

Partnership of UN organizations in coordination with other international partners has been quite successful so far. The regional offices of WHO, FAO, UNICEF, WFP together with the WHO collaborating centres NAMRU-3 and CDC, conducted a series of training activities, joint assessment and response missions. Agencies shared technical reports and worked together to produce information, education and communication (IEC) materials. Joint training activities were conducted, along with media interviews that helped build trust between national health authorities and people.

During discussions, it was noted that the region is particularly vulnerable to zoonoses due to high animal movement between countries. With regard to avian influenza, United Nations agencies have a mandate to support the poorest segments of society, and should advocate with national authorities to offer compensation to individuals raising poultry. Well-planned compensation schemes will help protect the poor and will encourage accurate reporting. Countries also need help in mobilizing resources to support vaccination and compensation in order to avoid diverting resources away from other important public health efforts.

Recommendations

- Continue collaboration through the Secretariat hosted at WHO/EMRO.
- Nominate a focal person for each UN agency.
- Develop a joint communication strategy.
- Create a joint avian influenza response team, and pool some resources.
- Support countries to establish lines for production of influenza vaccines (humans and poultry) and to secure additional funding.

3. GENERAL RECOMMENDATIONS

Calendar of events

UNICEF distributed a list of activities scheduled to take place in 2007. WHO distributed a list of intercountry meetings scheduled for 2007. It was noted that sharing calendars is not synonymous with joint planning, and that coordinated planning needs to be strengthened.

General recommendations

- Share the report of the meeting with country representatives of WHO, UNICEF and other agencies for information and follow-up.
- Continue efforts by EMRO and MENARO to coordinate joint visits for RDs and technical staff.
- Review country level collaboration and partnership in the next meeting (2008).

Annex 1

LIST OF PARTICIPANTS

FAO (Food and Agriculture Organization of the United Nations)

Mr Mohamad Al-Braithen, Regional Representative for the Near East

Mr Talib Ali, Regional Animal Production and Health Officer

UNAIDS (Joint United Nations Programme on HIV/AIDS)

Mr Oussama Tawil, Director, Regional Support Team for the Middle East and North Africa

UNESCO (United Nations Educational, Scientific and Cultural Organization)

Mr Abdel Moneim Osman, Director, Regional Bureau for Education in the Arab States

UNFPA (United Nations Population Fund)

Mr Abdul Muniem Abu-Nuwar, Director, Country Technical Services Team for the Arab States

UNICEF (United Nations Children's Fund)

Mr Omar Abdi, Regional Director, Middle East and North Africa Regional Office

Dr Mahendra Sheth, Regional Health Adviser

WFP (World Food Programme)

Mr Philip Ward, Deputy Regional Director, Regional Bureau for the Mediterranean, Middle East and Central Asia

Mr Luay Bassil, Senior Programme Adviser

WHO (World Health Organization)

Dr Hussein A. Gezairy, Regional Director, Regional Office for the Eastern Mediterranean

Dr M. H. Khayat, Senior Policy Adviser to the Regional Director

Dr M. H. Wahdan, Special Adviser (Poliomyelitis) to the Regional Director

Dr Abdelaziz Saleh, Special Adviser (Medicines) to the Regional Director

Dr Ghada Hafez, Adviser (Gender and Women Development) to the Regional Director

Dr Mohamed A. Jama, Deputy Regional Director

Dr A. Assa'edi, Assistant Regional Director

Dr A. Seita, Acting Director, Communicable Diseases Control

Dr H. Madi, Director, Health Promotion and Protection

Dr A. Abdellatif, Acting Director, Health Systems and Services Development

Dr S. Bassiri, Regional Adviser, Planning, Monitoring and Evaluation

Dr K. Bagchi, Regional Adviser, Nutrition

Dr R. Mahaini, Coordinator, Family and Community Health

Dr S. Farhoud, Regional Adviser, Child and Adolescent Health

Dr A. Joukhadar, Regional Adviser, Health Education

Dr G. Riedner, Regional Adviser, AIDS and Sexually Transmitted Diseases

Dr S. Youssouf, Regional Adviser, Vaccine Preventable Diseases and Immunization

Dr H. El Bushra, Regional Adviser, Surveillance, Forecasting and Response

Dr E. Mohsni, Medical Officer, Vaccine Preventable Diseases and Immunization
Dr N. Teleb, Medical Officer, Vaccine Preventable Diseases and Immunization
Ms Catherine Foster, Editor

Annex 2

PROGRAMME

Tuesday, 20 February 2007

- | | |
|---------------|---|
| 8:30 – 9:30 | Opening Ceremony for the Regional Workshop to Develop Regional Capacity in the Introduction and Dissemination of the WHO New Growth Curves in EMR Member States – WHO EMRO / Regional Directors |
| 9:30 – 10:30 | Opening remarks for RDs' meeting / Regional Directors |
| 10:30 – 10:45 | Follow up of general recommendation of last meeting / Dr Mahendra Sheth |
| 10:45 – 11:00 | EPI and Polio / Dr E. Mohsni |
| 11:00 – 11:10 | Nutrition / Dr Mahendra Sheth |
| 11:10 – 11:40 | Discussion |
| 11:40 – 11:50 | Maternal health / Dr R. Mahaini |
| 11:50 – 12:00 | Pan Arab Initiative for Addressing Maternal and Neonatal Mortality and Morbidity Reduction / Mr Abdul Moneim Abu Anwar |
| 12:00 – 12:10 | HIV/AIDS and prevention of Mother to Child Transmission / Dr G. Reidner |
| 12:00 – 13:30 | Discussion |
| 13:30 – 13:40 | Progress on MDGs / Dr A. Assa'edi |
| 13:40 – 13:50 | FRESH – School Health / Dr A. Joukhadar |
| 13:50 – 14:30 | Discussion |
| 14:30 – 14:40 | Avian influenza / Dr H. El Bushra |
| 14:40 – 15:00 | Discussion |
| 15:00 – 15:30 | Calendar of Events / All Agencies |
| 15:30 – 16:00 | Wrap up and Closing Remarks / Regional Directors |