Research Paper

The fifth EMPHNET Regional Conference 2016 Spring Forward with recommendations under the theme “Regional contributions to global health development”

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ABSTRACT

The Eastern Mediterranean Public Health Network (EMPHNET) recently held their Fifth Regional Conference from the 6th to 8th of December, 2016 in Marrakesh, Morocco. This short communication reports on highlights and conclusions from the conference which consisted of pre-conference workshops and joint day activities with the Mediterranean Programme for Intervention Epidemiology Training (MediPIET), scientific abstract presentations in plenary sessions and posters and roundtable discussions. The pre-conference workshops were focused on Field Epidemiology Training Program (FETP)-Frontline, Biorisk analysis in research and innovative surveillance. The joint day brought together experts from EMPHNET and MediPIET in the opening ceremony and in a special roundtable highlighting the synergy of regional public health efforts. A total of 144 abstracts from 15 countries were presented from various tracks including surveillance system, outbreak investigation, antibiotic resistance, respiratory diseases, hepatitis and human immunodeficiency virus (HIV), vaccine preventable diseases, non-communicable diseases, zoonotic and vector-borne diseases, maternal health and child health among others. Roundtable discussions were dedicated to public health networking, rapid response teams, global health security, viral hepatitis, leadership and management, biorisk management, and polio eradication.

Keywords: Fifth conference, FETP, EMR, regional, networking, communicable diseases, non-communicable diseases, contributions, development.

INTRODUCTION

The Eastern Mediterranean Region (EMR) has made progress in public health which can be considered as an important contribution to global health development. For example, Yemen has successfully reduced the Schistosomiasis infection levels in the past six years (WHO, 2013) and is now on the verge of eliminating it, together with being very close to halting lymphatic Filariasis transmission as well. Another notable example is the solidarity and world-commitment that Morocco showed during the 2014 Ebola epidemic where the country launched a rigorous preparedness response plan and control measures for Ebola (Maghreb Arab Press, 2014).

To support similar success and draw attention to timely public health challenges, the Fifth EMPHNET Regional Conference was conducted in collaboration with the Morocco Ministry of Health (MOH) from December 6th to 8th, 2016 in Marrakesh, Morocco. The conference under the theme “Regional Contributions to Global Health Development” addressed regional efforts that are improving health conditions in developing and emergency-
affected countries, and how these efforts are being capitalized on and advocated for around the world.

**PRE-CONFERENCE WORKSHOPS**

One day prior to the conference launching, three workshops that focused, each, on a single topic were conducted. The pre-conference workshops were facilitated by experts from the respective fields, attended by interested conference participants and titled FETP-Frontline in EMR, Biorisk Analysis in Research for Public Health Scientists, and Innovative Surveillance and Epicore.

**CONFERENCE OVERVIEW**

The program was composed of a combination of topics presented by experienced public health professionals as well as, field investigators from different arenas including those affiliated with Field Epidemiology Training programs (FETPs). A wide range of topics was covered throughout the conference activities. Roundtable discussions were dedicated to public health networking, rapid response teams, global health security, viral hepatitis, leadership and management, biorisk management, and polio eradication.

More than 150 participants from 20 different countries attended the Fifth EMPHNET Regional Conference in Marrakesh. The participants came from MOHs, academic institutions, World Health Organization (WHO), the United States Centers for Disease Control and Prevention (CDC), and other entities. Within the three days, participants presented 19 posters during one poster session and 73 abstracts during 21 plenary sessions. Recorded videos for authors who were not able to attend the conference were also played during the plenary sessions. Additionally, seven pressing topics were given prominence during roundtable discussions which resulted in tangible recommendations for public health in the region.

**EMPIDNET-MediPIET joint activities: Opening ceremony and roundtable**

The conference was launched with a joint opening ceremony with the Mediterranean Programme for Intervention Epidemiology Training (MediPIET) which was collaboratively holding its Second Annual Scientific Conference in Marrakesh. During the opening ceremony, Professor Abderrahmane Maaroufi from the Morocco MOH, Dr. Mohannad Al from EMPHNET, Dr. Yves Souteyrand from WHO, Dr. Kashef Ijaz from CDC, Dr. Karl Ekdahl from European CDC, Dr. Frank Van Loock from European Commission and Mr. Jose Jaime de Domingo from MediPIET accentuated the work being done by each organization and how existing collaborations capitalize efforts across borders.

The two scientific speakers Dr. Ahmed Rguig from Morocco MOH and Dr. Silvia Binofrom Albania Institute of Public Health talked about the role of FETPs, MediPIET fellows and health networks in recent outbreaks and emergencies of international concern. The following joint roundtable discussion entitled “creating synergies between regional public health networks: together for better health protection” explored sustainable ways for strengthening public health systems and facilitating deployments to overcome public health threats while promoting trust and avoiding duplications.

**ABSTRACT PRESENTATION**

The expert review process resulted in accepting a total of 144 abstracts from 15 countries in various tracks including surveillance system, outbreak investigation, antibiotic resistance, respiratory diseases, hepatitis and human immunodeficiency virus (HIV), vaccine preventable diseases, non-communicable diseases, zoonotic and vector-borne diseases, maternal health and child health among others.

Accepted abstracts raised important issues related to the evaluation of surveillance systems and their effectiveness in providing information to decision makers, seasonality of infectious diseases, risks of multi-drug resistant bacteria among different populations, patterns of transmission in respiratory diseases, effective models in primary health care for different HIV sub-populations, immunization strategies against measles and eradication efforts against poliomyelitis.

These abstracts also revealed important information related to the prevalence of diabetes mellitus, prevention strategies for colorectal cancer and breast cancer, the incidence of zoonotic diseases among different subpopulations such as internally displaced population, the extent of female genital mutilation problem and the rate of severe acute malnutrition programs.

Presented abstracts were evaluated by attending experts and this resulted in awarding the author of the best oral presentation and best poster presentation with a fully covered opportunity to attend another public health conference. Moreover, winners of this year’s photo contest with the theme of Public Health Through your Lens and of the writing contest with theme of Voices from the Field were recognized during the closing ceremony of the conference.

**ROUNDTABLE DISCUSSIONS**

The roundtable discussions were hosted by a wide range of expert panelists who presented on the focused topic of the discussion and a moderator who raised controversial questions to trigger audiences’ knowledge exchange and
experience sharing. The different roundtables sessions were titled: Equipping and mobilizing rapid response teams to rise to current challenges, global health security, viral hepatitis, leadership and management: a critical link in public health workforce and institutions development, responsible conduct of science within regional biosecurity policies and capacities and polio eradication.

CONCLUSION

The conference met the primary objectives of showcasing the public health accomplishments and contributions of EMR, encouraging the exchange of ideas and co-ordination among stakeholders and engaging cross sectoral workforce in producing recommendations for approaching regional and global health concerns. Moreover, the conference presented a unique opportunity for FETPs from the Mediterranean region to present their prominent work and network with other international professionals.

At the heart of action on global health security is a commitment to protecting the health of each community and bridging initiatives of all geographical and political regions. Hence, EMPHNET will continue to present similar exchange opportunities for public health professionals in the region. The next EMPHNET regional conference is planned for 2018 in Jordan.

RECOMMENDATIONS

Conference participants and expert panelists provided many insights for moving forward. The following recommendations resulted from the abstract presentation and roundtable discussions and are directed to the various stakeholders involved in improving public health capacities and impact in EMR:

1) Improve national and regional health emergency preparedness and response capacities by promoting collaborations under the One-Health concept;
2) Utilize multi-disease data management system platforms for vector-borne diseases;
3) Advocate for more national political commitment for global health security through an active involvement of different stakeholders in the multi-hazard preparedness and response planning;
4) Support countries that completed IHR JEE to develop a road map and annual action plans to address JEE identified gaps;
5) Use the outcomes of country IHR JEE to guide a well-coordinated and synergetic partners support to countries in the Region;
6) Advocate for the establishment of a national mechanism (for example, multi-sectoral committee) that monitor the effective implementation of the required priority IHR capacity strengthening activities as a response to IHR JEE findings and recommendations;
7) Expand FETP programs in EMR to include non-MOH health related stakeholders involved in global health security by adapting different levels of applied epidemiology training to country priorities and needs in public health;
8) Identify methods to link the function of FETP programs with indicator- and event-based surveillance systems;
9) Offer more training opportunities on safe and secure transportation of valuable biological material and on conducting and communicating risk assessments;
10) Help countries of the Region analyze the viral hepatitis situation and develop adequate national action plans to reach the global hepatitis targets by 2021;
11) Sustain commitments towards polio eradication and secure required resources and stronger performance of vaccination mobile teams specially, during conflict, bans and complex emergencies;
12) Increase the number of managers in the global public health workforce to improve operational efficiency and ensure better health care delivery;
13) Raise HIV awareness of women, integrate HIV information and counseling into reproductive health services, promote women empowerment, and address misunderstandings of religious teachings and legal loopholes like in Egypt;
14) Enhance early cancer detection programs among high risk groups, and help countries develop relevant national prevention strategies;
15) Conduct large scale survey among internally displaced persons in different Iraq regions and provide psychological support accordingly;
16) Set standards for basic services and a list of basic medical supplies and medications for mobile clinics servicing during Mass Gathering in Al Najaf Al Ashref province in Iraq;
17) Help MoH Iraq develop a standardized operation procedure and conduct periodic monitoring for the Electronic Integrated Disease Surveillance System (EIDSS);
18) Help Yemen develop and implement awareness raising campaigns on routine and outreach immunization services;
19) Involve all stakeholders during the adoption and implementation of new national policies, and provide training and refresher courses to physicians on the Anti-Malaria Case Management Guideline that was recently released in Yemen;
20) Introduce behavioral change communication program in the urban area of Kerachi in Pakistan related to knowledge gaps and contraceptive methods;
21) Provide regular awareness campaigns on routine vaccination in Sujawal district and Hyderabad district, and strengthen vaccine preventable disease surveillance and capacity building of health facility staff in Khyber Pakhtunkhwa and Sindh province in Pakistan;
22) Strengthen periodic campaigns of measles in Kunar in Afghanistan and routine immunization outreach services
for the surrounding area.

REFERENCES


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