All through 2015, WHO continued to respond to the public health threats from emerging diseases and outbreaks. The year witnessed efforts to detect and contain diseases such as influenza A (H1N1)pdm09, Middle East respiratory syndrome coronavirus, cholera, dengue and viral haemorrhagic fevers in some of the most challenging settings.

The pandemic and epidemic disease programme of the WHO Regional Office in the Eastern Mediterranean intensified its efforts to provide strategic, operational and technical support to countries in the Region to detect, conduct risk assessments and respond rapidly to emerging infectious diseases and to prevent international spread of these diseases.

This photo story presents the highlights of the programme's major achievements in 2015.

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The year began with completion of the assessment to determine preparedness and readiness measures of countries of the Region to prevent, detect and respond to Ebola threats. 20 out of 22 countries in the Region were assessed involving over 100 staff and consultants. The assessment was conducted in six core capacities of public health systems that were needed by all countries to detect, respond and contain rapidly an outbreak of Ebola virus disease (EVD): leadership and coordination; public health measures at points of entry; surveillance and contact tracing; infection prevention and control; laboratory diagnosis; and risk communication. The assessment was carried out in a standardized manner using WHO assessment tools.

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Immediately after the assessment, a 90-day plan of action was finalized and implemented to support vulnerable countries between March and May 2015 to step up preparedness, readiness and operational response for EVD and also bridge some of the critical gaps identified during the assessment in preventing, detecting and responding to the threat of EVD importation. One of the areas addressed was to support vulnerable countries to establish their own incident command systems and coordination mechanisms and set up operational procedures for activation of their own national plans.

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The 90-day action plan included training of staff from vulnerable countries on essential infection prevention and control measures for management of patients, establishing treatment centres, putting on and taking off personal protective equipment, as well as practising triage. The training was conducted at the WHO Collaborating Centre for Infection Prevention and Control in Riyadh, Saudi Arabia, in May.

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The establishment of multidisciplinary rapid response teams to enhance surveillance and contact tracing in the event of an Ebola virus outbreak was another key area of the 90-day action plan for EVD. Training courses to establish rapid response teams with skills in contact tracing, field investigation and response were conducted in Sudan, Morocco, Jordan and United Arab Emirates. between April and May 2015.

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Risk communication, under the 90-day plan focused on developing specific plans and procedures to organize effective risk communication and social mobilization activities to mitigate the public health risk of Ebola. Workshops were conducted in Jordan, Oman and Sudan in April and May resulting in the establishment of the Eastern Mediterranean Risk Communication Network.

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Throughout the year, efforts continued to assess the public health risk associated with the continued transmission of Middle Eastern respiratory disease coronavirus (MERS-CoV) in the Region. Several missions were conducted to affected countries for assessment following reports of hospital outbreaks or community transmission. These regular assessments and on-the-ground advice prevented MERS outbreaks from escalating into an international public health emergency

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A cholera outbreak occurred in Iraq in September–October with the heightened risk of a spillover into neighbouring countries. As the health system remained fragile in Iraq owing to protracted conflict, the outbreak was difficult to contain. A massive operation was launched to step up public health measures to stop transmission and prevent further spread, including the launching of a mass oral cholera vaccination campaign covering over half a million people at risk.

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In view of the public health threats from MERS-CoV, efforts continued to conduct assessments of public health measures for preventing risk of international spread. During the hajj, a team was deployed in response to a request from the Ministry of Health of Saudi Arabia to ensure enhanced surveillance for early detection and response to any epidemic diseases, including MERS-CoV, among pilgrims. The hajj remained free of any spread of infectious diseases, which was a big relief for global health security.

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At the request of the government, a joint technical mission of WHO/the Food and Agriculture Organization of the United Nations (FAO)/World Organisation for Animal Health (OIE)/Centers for Disease Control and Prevention (CDC) in Atlanta and the United States Naval Medical Research Unit 3 (NAMRU-3) were conducted in March to assess the spike in human infections from avian influenza A (H5N1) in Egypt during March 2015. The mission, in addition to assessing the public health risk associated with the spike, provided short- and long-term recommendations to minimize the circulation of the virus in poultry, as well as reduce human exposure and transmission in humans from this highly pathogenic avian influenza virus.

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Towards the latter half of 2015, suspected viral haemorrhagic fever cases, including deaths, were reported from Darfur, Sudan. In response to a request from the Federal Ministry of Health, a team was deployed to support epidemiological investigation and outbreak response in very difficult and security-challenged settings. The outbreak was effectively contained through establishing essential public health measures.

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An international scientific meeting on MERS-CoV was held in Cairo, Egypt, to discuss and share new scientific evidence and identify remaining gaps in knowledge pertaining to the virus's origin, reservoir and modes of transmission. Participants of the meeting included experts in human and animal health from Jordan, Oman, Saudi Arabia and United Arab Emirates, in addition to representatives of international health agencies, such as Centers for Disease Control and Prevention, Atlanta; United States Naval Medical Research Unit 3 (NAMRU-3); Institute of Virology, University of Bonn, Erasmus Medical Centre in Nedtherland; Institute Pasteur, Mount Sinai Hospital, Toronto, Canada; China Faculty of Medicine; Chinese University of Hong Kong, the US Centers for Disease Control and Prevention (US-CDC); Food and Agriculture Organization of the United Nations (FAO); and World Organisation for Animal Health (OIE). Participants agreed to work together to translate the information that has been generated so far on the virus, into a set of evidence-based recommendations that aim at improving global preparedness for MERS-CoV.

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In 2015, a cohort of laboratory technicians working with ministry of health staff and partner organizations were trained and certified on International Air Transport Association regulations related to laboratory specimen collection, transportation, shipment of influenza and other pandemic prone respiratory viruses. This was part of activities related to the

Pandemic Influenza Preparedness (PIP) Framework and continued efforts to address biosecurity risks from novel influenza and other emerging respiratory pathogens.

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For years, risk communication has not been considered a priority in the public health agenda in many countries and has continued to remain under-funded. In 2015, Member States requested support to build capacity in risk communication. High-level officials from the Ministry of Health of Saudi Arabia participated in a risk communication workshop in August which was facilitated by WHO. This workshop led the way for the Ministry of Health to strengthen its national risk communication capacities for MERS and other epidemic-prone health threats.

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The first regional emergency communications network training was organized in Amman, Jordan, in December 2015. It was organized to prepare members of the network, as well as non-staff communications experts in the Region, to work together during public health emergencies. The training included a three-day simulation exercise using a newly developed scenario of cholera and novel influenza outbreaks in an internally displaced person camp in a country experiencing protracted crises.

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