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This report is an abridged version of the report on the Meeting of the National Public Health Associations and Institutions in the Eastern Mediterranean Region held in Cairo in Cairo on 29–30 June 2015. The complete report is available at: http://applications.emro.who.int/docs/IC_Meet_Rep_2015_EN_16666.pdf

The need for strengthening the role of public health associations

The Eastern Mediterranean Region faces myriad public health challenges. It hosts the highest burden of refugees, migrant workers and displaced populations and political unrest and conflict are ongoing in several countries. Demographic and epidemiological shifts have resulted in an increased incidence of noncommunicable diseases in many countries, while communicable diseases remain as serious problems in others. This is all in addition to emerging health threats such as novel coronavirus, Ebola virus and antimicrobial drug resistance.

In this regard, the WHO Regional Office for the Eastern Mediterranean has identified five main priorities for the work of WHO in the Region during 2012–2016:

strengthening health systems and the pursuit of universal health coverage;

intensifying action to prevent communicable diseases, including poliomyelitis eradication;

scaling up actions to promote health, including maternal and child health;

preventing and controlling noncommunicable diseases;

providing special support to countries experiencing humanitarian crises.

Putting the priorities into context, WHO has been constantly updating its way of work to support member countries. However, WHO cannot deliver alone: its influence will remain incomplete without the engagement, cooperation and political will of the countries themselves. While WHO's principal partner is the Ministry of Health, responding to the ongoing challenges means that both WHO and the countries need to change their procedures. In this regard, WHO intends to extend partnership also to academic institutions and public health institutes and associations in order to address the regional priorities effectively and sustainably.

To facilitate this, the WHO Regional Office for the Eastern Mediterranean organized a regional meeting of national public health associations and institutions in Cairo on 29–30 June 2015. Participants included representatives from public health associations and institutes from 18 countries in the Region.

The meeting aimed to discuss ways of promoting public health in the Region through exchange of global and regional experiences and challenges, ways to strengthen networking and collaboration with associations and institutes, why public health associations and institutes have been unable to influence public health response in the Region so far. The objectives were to identify the barriers to the functionality of public health associations and institutes, develop recommendations to strengthen their roles in the national public health response in the Region, and explore options for support from WHO.

Barriers to the effective contribution of public health associations

There is a lack of clearly defined, standardized roles for public health associations and existing local partnerships are fragile. This absence impedes collaboration and prevents academic institutes and other bodies effectively contributing in public health response.

The discussions focused on three topics important for the Region:

the priority actions to promote public health,

how national public health associations can be strengthened,

what needs to be done for networking among public health associations and institutions.

There was strong consensus that the regional role of national and local public health institutes and associations has been limited and not well defined till now. Possible underlying causes of weak performance include the multidisciplinary nature of public health, which necessitates the engagement of non-health stakeholders; this is currently absent in the public health response. Related to this is the gap between the public health, clinical and non-health sectors, i.e. the lack of involvement of public health professionals. In addition, public health education is limited in the curricula of primary and secondary schools. There is also a shortage of multidisciplinary undergraduate and postgraduate public health courses to train health and non-health professionals on taking action in unstable political and emergency settings. Uneven political commitment and lack of “know-how”; overdependence on a single institution (mainly the Ministry of Health) that is not equipped to deliver all tasks and initiatives and to coordinate with other sectors; and limited public health human and financial resources also impede the inclusion and effective functioning of public health institutes and associations

Supporting measures

Among the steps identified towards strengthening public health in the Region were:

standardizing and harmonizing public health education across the Region, taking into account regional diversity and priorities;

strengthening intersectoral partnership and collaboration between public institutes and associations with clearly identified roles, mandates and responsibilities;

bringing priority stakeholders from outside the health sector into discussions (e.g. ministries of interior, finance and social affairs);

promoting a sense of ownership of health in the general population “public health is for the public”;

integrating public health leadership into formal public health education and capacity-building efforts;

integrating regional essential public health functions into public health education, including leadership, research and monitoring and evaluation of the national public health response process;

strengthening multidisciplinary public health capacities to deliver both regional and national priorities.

Actions needed

For WHO

Engage national public health associations and institutions in the work of WHO through relevant meetings and workshops, and improve regular communication and dissemination of guidelines, approaches and actions developed.

Review and strengthen public health curricula.

Dedicate more scholarships to public health. Map public health associations and institutions and apply essential public health functions.

Establish a regional and international roster and network of public health experts, associations and institutions.

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