

Infectious Disease Surveillance: Middle East Regional Cooperation

**October 31 – November 2, 2002
Istanbul, Turkey**

Summary

At the end of October in Istanbul, Search for Common Ground convened a meeting of 13 Egyptian, Israeli, Jordan and Palestinian health professionals to promote regional cooperation on infectious diseases surveillance and associated research and training.

Participants included both governmental and private health professionals- epidemiologists, medical doctors, and public health specialists-as well as experts in regional affairs.

Participants agreed that the twin aims of cooperation are to reduce the region's vulnerability to disease outbreaks, whether natural or caused by a biological weapon; and to provide ways for health professionals to build trust and confidence across national lines.

All present recognized that they share a common problem: namely, that infectious disease, no matter what the cause, can do great damage to the Middle East. There was general acknowledgment that viruses and vectors do not stop at checkpoints.

As a result, participants agreed that efforts should be made to develop, harmonize, and, where appropriate, standardize methods for detection, reporting, processing, and dissemination of infectious disease surveillance data. To pursue this goal, they agreed to form the Middle East Consortium on Infectious Disease Surveillance (MECIDS).

MECIDS will be a grouping of non-official, international, and academic participants from Egypt, Israel, Jordan and Palestinian Authority.

Activities carried out through the consortium will include capacity building for laboratories, other facilities and personnel, multinational research and development, data harmonization and standardization, and data sharing. MECIDS participants begin immediately to design and implement cooperative projects on food-borne diseases and West Nile Virus.

The spirit of the meeting was very positive"-more than exciting" said an Israeli public health specialist. A Palestine microbiologists added" I expected more difficulty in finding common ground. People were professional around the table. We are one epidemiological family. We are brothers & sisters in blood". A Jordanian, who head a disease surveillance institute, noted, "We're talking about creating mechanism for working together".

Overview of Discussions

The meeting began with presentation on the current state of Egyptian, Israeli, Jordanian and Palestinian infectious disease and health monitoring, along with the challenges they faced. In each place, there is an existing system for reporting specified disease to the Ministry of Health, based on both syndromes and laboratory diagnoses.

Everyone found that they had similar reporting systems that were adapted from World Health Organization guidelines .All shared the challenge of getting private sector physicians, hospitals, and clinics to report data. Food borne disease emerged as a concern for Israeli, Jordanians, and Palestinians, while the Egyptians were more concerned about blood- borne diseases.

There were three presentations providing information on alternative types of monitoring system. A former emergency planning official from New York City described New York's System to monitor daily health indicators by tracking the number of ambulance calls, deaths, sales of certain medications, and other similar data on daily basis and assigning epidemiologists to follow up and learn the exact cause of the problem.

A second presenter from Jerusalem described a health surveillance project under way in the West Bank. In this system, on- governmental organizations conduct regular surveys of both households and health care providers to monitor the supply of and demand for health care. The is designed to adapt to unique circumstances that make monitoring difficult and to provide data that can be policy makers.

A third presenter from Sandia National Laboratories in New Mexico described a computer- based, syndromic reporting tool designed to facilitate rapid communications between epidemiologist (public health officials in local public health jurisdictions) and health care providers (especially physicians, physician assistants and nurse practitioners).

Agreement to Cooperate

In the course of the meeting, participants stressed the need for building infectious disease surveillance capacity, with an emphasis on personnel, laboratories and other facilities, and international networking. They decided that the group should constitute itself as the Middle East Consortium on Infectious disease surveillance (MECIDS) , whose aim is to encourage cooperation on disease surveillance needs that are not being met by existing system. They recognized that project should take into account the need for responding to current and future crises. Bases on these principles, the group reach the following agreement.

Objectives: MECIDS should endeavor to address the challenges to creating monitoring system, which include

- Joint Research
- Capacity building
 - Laboratories / Facilities
 - Personnel
 - Technology
 - Baselines
- Logistics and contingency plans
- Funding
- Political
- MECIDS will seek participation and support from governments, international organization, on- governmental organization (NGOs), academic institutions, and the private sector.
- Participants are committed to building a sustainable organization and sustainable projects.
- Diseases of concern include but not limited to food-born diseases, blood-borne diseases, and influenza-loke diseases

Immediate Next Steps

The working groups will launch MECIDS by developing small projects that can be implemented rapidly, as well as an action plan for implementing larger projects. Working group leaders will

complete project proposals no later than December 1. The whole group will convene in late February to deliver progress reports.

MECIDS

The Middle East Consortium on Infectious Disease Surveillance (MECIDS) was created in November 2002 on the basis of recommendations made by participants of a Search for Common Ground meeting on regional cooperation on disease surveillance in the Middle East.

MECIDS is a non-governmental consortium, with an aim of eventually becoming a registered NGO.

In order to promote long-term health, stability and security in the region, health and medical professionals from Egypt, Israel, Jordan and the Palestinian Authority agreed to form Middle East Consortium on Infectious Disease Surveillance (MECIDS).

Search for Common Ground (SFCG) will provide staff support to MECIDS, including an executive director who will facilitate communication among consortium members, set and monitor deadlines for action, to secure funding, and perform other functions as needed.

Search For Common Ground

For twenty years, search for common ground (SFGG), an international non-governmental organization, has been working to transform the way the world deals with conflict: away from adversal confrontation, toward cooperative solutions. In 1995 we went into partnership with the European Center for Common Ground in Brussels. Our common philosophy is captured best in a slogan coined by a leader of South Africa National Congress. To resolve conflicts peaceably, he said, parties must "understand the difference" and act on the commonalities."

SFGG began in 1982 with two employees, a handful of supports, and commitment to transforming the field of conflict resolution. This remains our goal, but now we have more than 375 staff members and programs in or with fourteen countries: Angola, Burundi, Democratic Republic of Congo, Greece, Indonesia, Iran Liberia, Macedonia, Middle East (with offices in Jerusalem and Amman). Morocco, Sierra Leone, Turkey, Ukraine, and the USA. Thousands of people are directly involved in our programs, and we reach millions more through our media projects.

Search for Common Ground is engaged in a long-term process of incremental. No matter how ambitious our goals, we know we can only move forward one step at a time. So we make long-term commitments. We seek cross-cultural integration of indigenous and international concepts of conflict prevention. We work with partners on the ground to strengthen local capacity to deal with conflict.

Common Ground "toolbox" contains a wide variety of techniques, ranging from such traditional means as mediation and facilitations like common ground media, athletic exchanges, and community organization.

We appreciate that people and nations will always act in their perceived best interests, but that everyone's best interest is served by solutions that maximize the gain of those with a stake in the outcome. Today's problem -whether ethnic, environmental, or economic- is too complex and interconnected to be settled on an adversarial basis.

We believe that non-governmental organizations like our can-and should- play a key role in complementing and supplementing the work of governments and multilateral organizations, and that close cooperation improves the chances for successful conflict prevention and resolution.