

**MECIDS (Middle East Consortium on Infectious
Disease Surveillance):
Cross Border Surveillance and Response in the
Middle East**

**"Surveillance Systems in Practice"
session at IMED 2009 • Vienna, Austria •
15 Feb 2009 at 8:30 AM,**

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Establishment of MECIDS 2003

**Public health professionals from the
Ministries of Health and academia of Jordan,
Palestinian Authority and Israel, convened
together by the USA based NGO (Search for
Common Ground) formed the **Middle East
Consortium for Infectious Disease
Surveillance (MECIDS)****





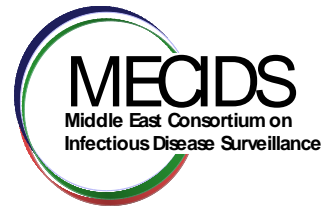
Palestinian Authority



Kingdom of Jordan



Israel



The Virus Does not Stop at the Checkpoints :

The initial basis for the endeavour was the **notion** that in the Middle East, **Public Health** (especially infectious diseases) has tremendous potential to serve as common ground for cooperation between nations in dispute



The Middle East



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Two WHO Regions

WHO EURO



WHO EMRO



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Mission by consensus

To facilitate cross-border cooperation in response to food-borne disease outbreaks - a common public health issue in the Middle East by:

- Choosing **Salmonellosis** and **Shigellosis** as target diseases
- Selection of a **regional data analysis unit** within the Cooperative Monitoring Center (CMC) Amman, Jordan
- Establishing a mechanism for **sharing data** among the national surveillance systems.



The intergovernmental partnership became effective on many levels:

1. **Harmonising diagnostic and reporting methodologies**
2. **Establishing common training programmes (capacity building =narrowing gaps between countries) for:**
 - **Salmonella Identification Workshop** for working with the same equipment and reagents (Becton-Dickinson and Company)-
 - **PFGE Training**
 - **Training epidemiologists and public health workers in MEPIET –(Middle East Programme Intervention Epidemiology Training)**



Interventional Field Epidemiology Course, September 8-9, 2004, Istanbul



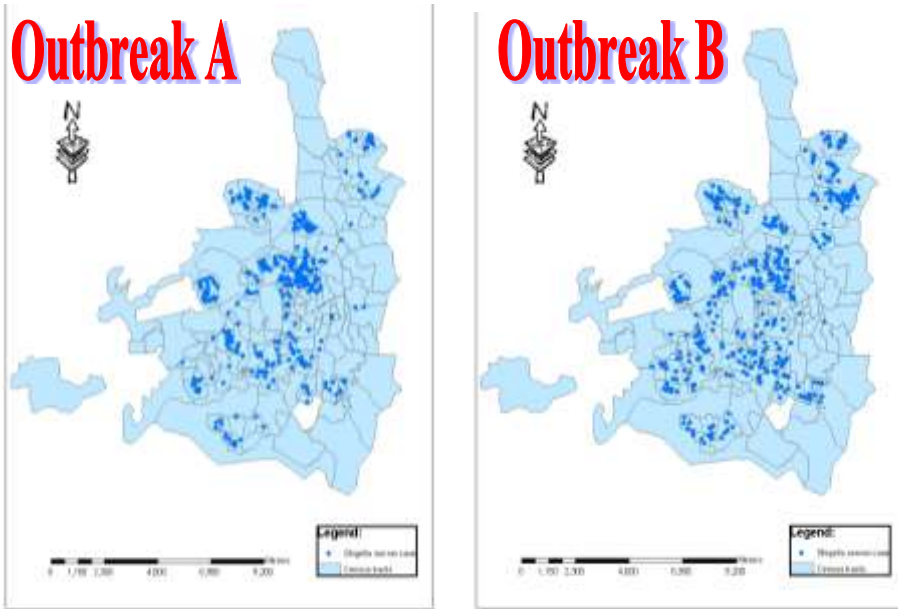
Palestinians, Israeli and Jordanian
preparing a common presentation

The intergovernmental partnership became effective on many levels (cont'):

3. Encouraging **data sharing** and analysis;
4. Improving **detection and control** of food-borne infectious diseases
5. Facilitating **cross-border communication** between laboratory technicians and public health officials
6. **Private/public partnership**

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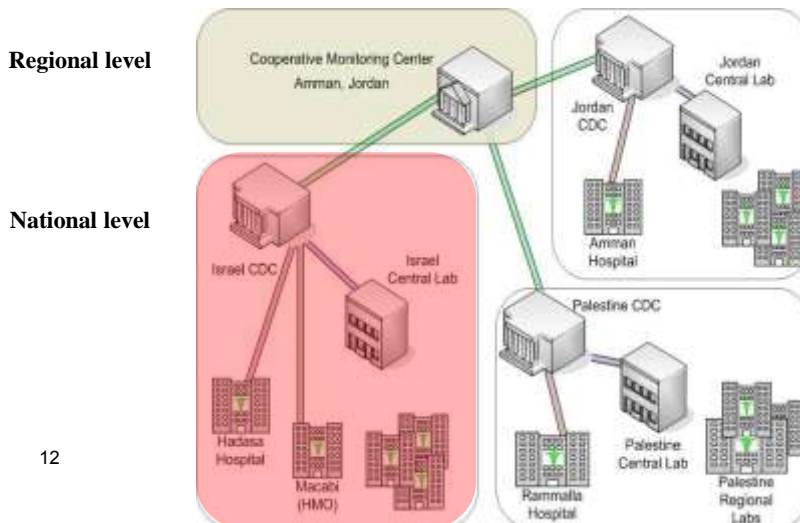




PHAD: Public Health Affinity Domain

Communication Among National Systems

Contribution of IBM



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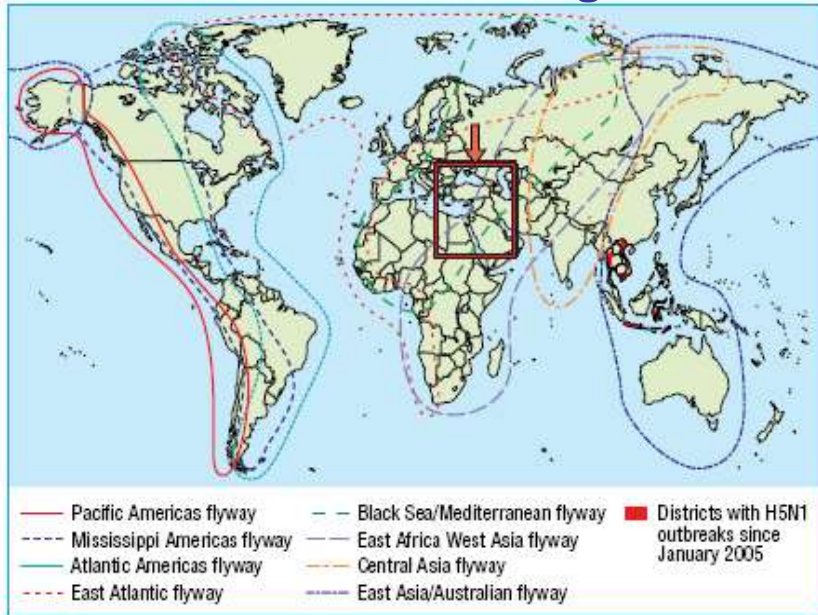
Follow the leader Avian Flu in the ME



17/2/06 Avian Flu in Egypt



>500M birds are crossingX2 the ME



Avian Flu in the ME 3/06



Regional collaboration in the Middle East to deal with H5N1 avian flu

Alex Leventhal, Assad Ramlawi, Adel Belbiesi, Ran D Balicer

In 2005-6 Arab and Israeli collaboration contained outbreaks of avian flu in the Middle East. This initiative shows how building relationships through joint efforts creates an infrastructure for cross border collaboration during emergencies


Recent emerging infectious diseases have changed the way that outbreaks are dealt with—from a mainly local approach to a regional and even global one. The importance of global collaboration orchestrated by the World Health Organization has been demonstrated during recent outbreaks of severe acute respiratory syndrome and avian flu.^{1,2}

We describe an example of Arab and Israeli collaboration in the Middle East on a public health issue. Cooperation between Israeli, Jordanian, and Palestinian veterinary and public health services contained outbreaks of H5N1 avian flu. The measures taken enabled these countries to avoid human infection, increased public confidence, and reduced potential adverse outcomes of the outbreaks. This success shows how building professional and personal

relationships through joint efforts for tackling common infectious diseases creates an infrastructure for cross border collaboration during emergencies.

Geopolitical circumstances in the Middle East

Jordan, the Palestinian Authority, and Israel border one another. The distance between the three capital cities is less than 80 km. Palestinians who live in all three countries have close family and commercial ties with each other. The citizens of these countries live as one “epidemiological family.”³

 See table on bmj.com

BMJ VOLUME 333 21 OCTOBER 2006 bmj.com

INTERNATIONAL HEALTH REGULATIONS



**Rights, obligations, & procedures
for WHO and States Parties.**

**Come into force on
15 June 2007 ***

*** A later date applies to States
which have submitted reservations.**

Summary points for controlling AI outbreak in poultry (Jordan, the Palestinian Authority, and Israel)

- **Coordinated cross country planning** helped mitigate a potential public health crisis due to multiple outbreaks of avian flu in an area of conflict
- **Building professional and personal relationships** through joint efforts on preparedness creates an infrastructure for cross border collaboration during emergencies

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Summary points for controlling AI outbreak in poultry (Jordan, the Palestinian Authority, and Israel)

- **Sharing and harmonising individual countries' preparedness plans** for pandemic and avian flu helped synchronise efforts during the Outbreaks
- **Cross country cooperation of veterinary and public health services** helped contain outbreaks of avian flu in Israel, Jordan, and the Palestinian Authority
- **Extensive and uniform measures** taken to tackle the outbreaks across the borders enabled the countries to avoid human infection, increase public confidence, and reduce adverse outcomes of the outbreaks

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Training and Workshops related to Pandemic of Influenza- cont' (**grant of the World Bank- for AI**)

- Risk communication workshop with WHO
 - Israeli, Jordanian and Palestinian conducted **National Table Top Exercises** on Avian and Pandemic influenza during 2007-2008
 - Draft **MOU** in a workshop concerning regional Pandemic of Influenza taking IHR into account
 - **Regional Table Top Exercises** with Jordanians, Israelis and Palestinians , September 2008 in which the MOU on cooperation on IHR in case of pandemia was tested
- (in cooperation with WHO headquarters, WHO/Euro and WHO office for Palestine, the RAND corporation)



The leaders of MECIDS

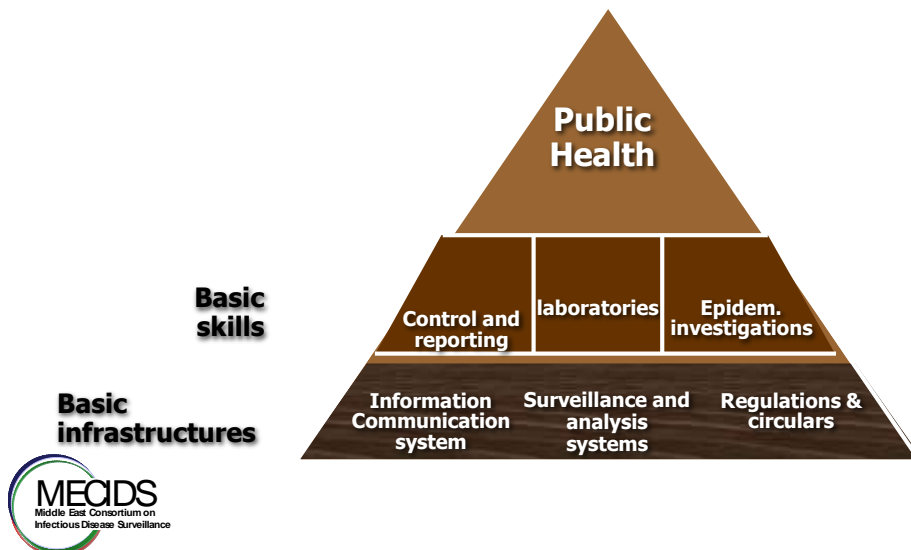


In summary

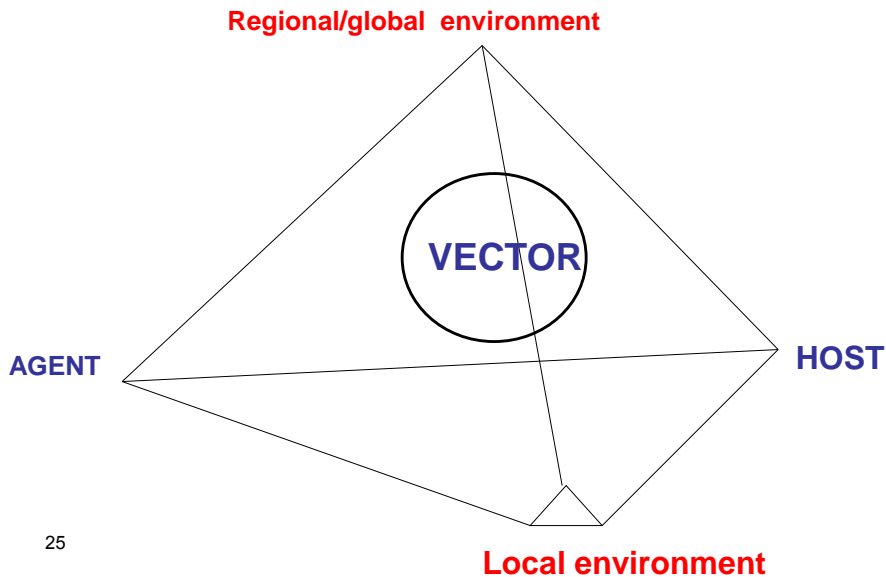
MECIDS is a viable regional network that has far exceeded its set up goals and demonstrated great potential to expand its scope through inclusion of different communicable diseases and other countries of the region as well.



Infrastructure and skills Precondition for proper response

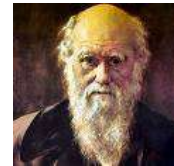


Regional/global epidemiological triangle

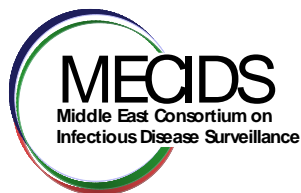


Charles Darwin:

“It is not the strongest of the species that survive, nor the most intelligent, but the most adaptable to change”



“The concept of living in
one epidemiological family”



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Thank you!



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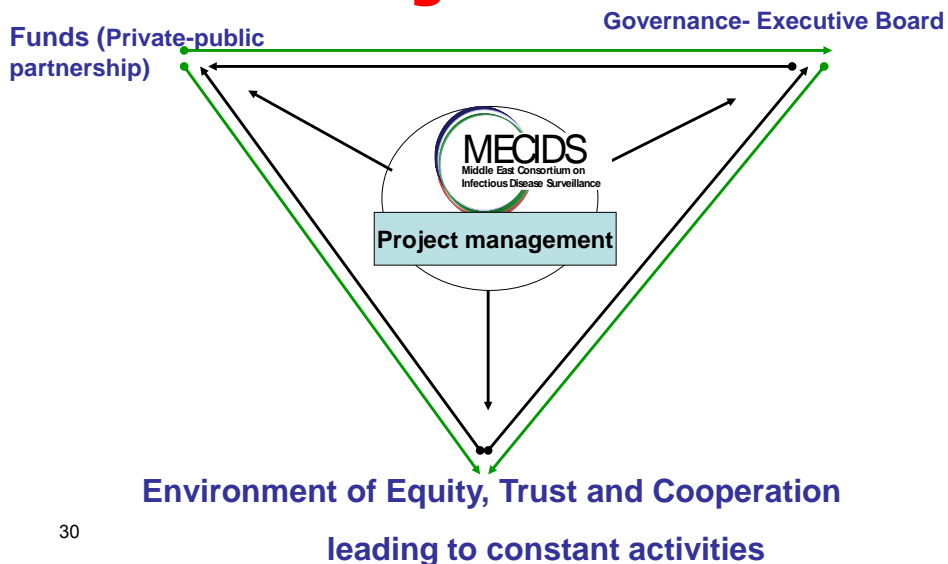
Left- over

MECIDS now has the “start-up” infrastructure and capacity building ability for:

- **Surveillance data-sharing**
- **Emerging and re-emerging diseases**
- **Dealing with biological terrorism**
- **Publishing scientific papers**



The triangle of success



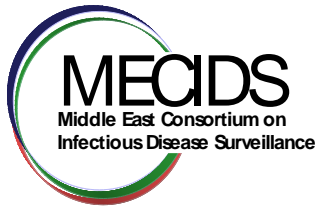
The Future

From a threat to opportunity:

- **The next challenge: Pandemic influenza**
- **Plans have been shared – national exercises are conducted**
- **Regional table-top exercise in March 2008 also to test the results of IHR-Pandemic flu workshop**

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Goals of MECIDS:

- **Capacity building (narrowing gaps between countries)**
- **Multinational research and development**
- **Data harmonization and standardization**
- **Data sharing**

