



MINISTRY OF HEALTH



### *Report from the meeting*

## **BEST PRACTICES IN IMPLEMENTING THE INTERNATIONAL HEALTH REGULATIONS (IHR)**

*07-08 June 2018, Museum of Acropolis, Athens, Greece*

### **Key messages from the meeting include:**

Health security should remain a priority in all policies of the European Union.

Implementing IHR and complying with Decision 1082/2013/EC is about essential PH services capacities and functions. Studies show that investment in basic public health functions improve major indicators of health and social development outcomes (i.e. life-expectancy, mortality rate, human development index and corruption index).

A significant number of activities under Commission services in the health sector (DG SANTE, Chafea, ECDC) and beyond (DG Research, DG HOME, DG ECHO) aim to increase preparedness and build capacities in Member States for responding to the continuously emerging public health threats to improve health security for the European citizens. Sustainability and dissemination of networks, products and existing tools need to be improved.

Member states are making efforts to comply with Dec.1082/2013 and IHR. Examples of best practices from this conference can serve for MS who are in the process of implementation. Intersectoral collaboration and human resources remain the most common challenges.

Migration remains a significant challenge for a number of MS and activities addressing stakeholder needs should continue at European level.

The 2-day meeting was organized in a collaborative effort by the Hellenic Centre for Disease Control and Prevention (HCDCP/KEELPNO) and the Greek Ministry of Health with the European Commission (DG-SANTE, C3) and the Consumer, Health, Agriculture and Food Executive Agency (Chafea). Objectives of the meeting included:

- To present an overview of the current EU framework on cross-border health threats (Dec 1082/2013/EC) and the interconnection with IHR, 2005.
- To exchange experiences and discuss challenges in achieving interoperability of sectors in the framework of cross-border health threat response and IHR implementation.
- To disseminate the results of European Union projects Health Programmes in the field of health security.

- To derive lessons for Greek and EU public health authorities on revising national plans and improving IHR implementation procedures, along with key steps for Greece's roadmap towards a Joint External Evaluation

The meeting evolved through 5 sessions presenting a combination of European Commission, ECDC and WHO work and reports from EU- funded activities in the area of cross-border health threats. A short description of the presentations, which can be [accessed on the Chafea website](#), and the discussions are included in the conference report that follows.

*The conference report was drafted by Agoritsa Baka (ECDC), with the assistance of the Session Rapporteurs: K. Gkolfinopoulou (KEELPNO, Session 1), G. Gerolymatos (KEELPNO, Session 2), V. Raftopoulos (KEELPNO, Session 3), R. Vorou (KEELPNO, Session 4) and K. Mellou (KEELPNO, Session 5). It was critically commented, edited and approved by Antonis Lanaras (DG SANTE) and Cinthia Menel-Lemos (Chafea).*

The meeting started after short welcome notes by representatives from the Greek Ministry of Health and the European Commission.

The General Secretary for Public Health in Greece stressed the commitment of the Greek government to implement appropriately IHR and Decision 1082/2013/EC at all levels.

On behalf of the European Commission (EC) Mr A Lanaras (DG SANTE) noted that strengthening health security in the EU is of paramount importance in view of the emerging and re-emerging health threats. The implementation of the IHR is a key component of Decision 1082/2013 on serious cross-border threats to health from communicable diseases or other threats of biological origin but also from chemical, environmental and unknown threats. Strategic investments in capacity building are essential and this conference is expected to contribute to improved preparedness and response planning as part of a wider approach of strengthening health systems. Ms Lanaras closed his opening speech by re-iterating that reporting under Article 4 of 1082/2013 is an obligation for all Member States (MS).

### ***Session-1: Cross Border Health Threats and the Implementation of IHR***

*Chairpersons: Ioannis Baskozos, Secretary General for Public Health-MoH (GR), Antonis Lanaras, Directorate General for Health and Food Safety (DG SANTE), European Commission*

*Rapporteur: Kassiani Golfopoulou- HCDCP/KEELPNO (GR)*

The objectives of Session 1 included:

- *To provide an overview of the current EU framework on cross-border health threats and the interconnection with International Health Regulation (IHR)*
- *To introduce the monitoring and evaluation system adopted by WHO*
- *To provide a Greek perspective of response to health threats at the national and regional level.*

In the [first presentation Mr A Lanaras](#) (DG SANTE) presented the EU the EU health security framework under Decision 1082/2013/EU on serious cross-border threats to health from communicable diseases or other threats of biological, chemical, environmental or unknown origin. The presentation focused on the mechanisms and structures in place including the epidemiological surveillance network of communicable diseases and of related special health issues (AMR/HAI); the Early Warning and Response System (EWRS), which is instrumental in alerting and assessing health threats with a cross-border dimension. Particular emphasis was given on how Member States and the Commission consult each other within the Health Security Committee with a view to coordinating national responses to cross-border threats.

The European Commission (EC) through the Health Programme supports Member states to improve preparedness and response capacity-building activities, such as simulation exercises and trainings and co-financed Joint Actions.

The Joint Procurement mechanism to procure medical countermeasures is key in improving Member States' preparedness to serious cross-border threats to health and ensuring equitable access and more balanced prices to specific medical countermeasures such as pandemic influenza vaccines.

[Dr N Kandel \(WHO-HQ\)](#) followed by presenting an overview of the requirements of [International Health Regulations \(IHR- 2005\)](#) adopted by 196 countries. The process of

annual self-assessment implies the use of a step-wise approach in a multi-sectoral partnership framework. The Monitoring and Evaluation Framework includes

- Annual reporting by the MS through the SPAR electronic tool
- After-action reviews (in case of actual events/crises)
- Exercises (SIMEX tool)
- Joint External Evaluation (JEE). This is undertaken by WHO and international public health (PH) experts with the use of [JEE-tool \(Ver.2\)](#) and will, hopefully, result for the country in a revised National Action Plan for Health Security.

[Mr M Ciotti \(ECDC-PHC\)](#) then presented the process and various outputs of risk assessment employed at the ECDC, including daily and weekly reports, rapid risk assessments (RRAs), Epi updates and Annual reports. ECDC supports stakeholders in outbreak investigation. Current cross-border health threats monitored by the ECDC include the Ebola outbreak in DRC, the Nipah virus outbreak in India, measles, dengue, cholera and West Nile Virus internationally, as well as a number of foodborne outbreaks.

[Dr S Tsiodras \(NKUA-HCDCP\)](#) presented examples of response by the Greek Public Health authorities to a number of health threats with international implications in the last 10 years including avian and pandemic influenza, emerging vector borne diseases like West Nile fever and *P. vivax* malaria and the increased migration flows since 2015 until now.

[Dr V Diamantopoulos](#) (Public Health Director, Region of Peloponnese) closed the session with a short intervention presenting the local experience of handling health threats of potential international concern, such as malaria, West Nile virus (WNV) and Zika infection at the local level.

## ***Session 2: Emerging, Chemical, Biological and Radiological (CBRN) Threats***

*Chairpersons: Giannis Kapakis, Secretary General for Civil Protection-Ministry for Citizen Protection(GR), Vassiliki Karaouli, Director for Public Health-MoH (GR)*

*Moderator: Agoritsa Baka (ECDC)*

*Rapporteur: Gerasimos Gerolymatos- HCDP/KEELPNO (GR)*

*The objectives of Session 2 included to provide:*

- *an overview on the EU action plan for CBRN threats, and*
- *lessons learned and deliverables from activities and projects financed in this area with valuable results for the Health Sector.*

[Mr W Wojtas \(DG HOME\)](#) started the session with a presentation on the [EU Action Plan against CBRN threats](#). In a changing world, where there are concerning signs about the use of CBRN agents by terrorist groups, the Commission has adopted the EU CBRN Action plan 2010-2015 and a 2017 Counter Terrorism package with the following objectives:

1. Reducing the accessibility of CBRN materials
2. Ensuring a more robust preparedness for and response to CBRN security incidents
3. Building stronger internal-external links in CBRN security with key regional and international EU partners
4. Enhancing our knowledge of CBRN risks

Ms M. Fanos (DG SANTE) followed presenting the key outcomes from the tabletop exercise "Chimera" which was played around a multi-dimensional threat (hybrid), bringing together experts from public health, civil protection and security sectors to consider the coordinated crisis response to cross-border threats facing European Union (EU) Member States, caused by a hybrid threat.

[Dr V Possenti \(ISS-IT\)](#) followed presenting the results from the EU co-funded project "[ASSET: Action plan on Science in Society related issues in Epidemics and Total pandemics](#)", funded through the FP7 Science-in-Society tool. The project run from 2013-2018 with the main objective to engage and involve the community in preparedness for responding to outbreaks. The project's main outcomes include recommendations:

- Enable a participatory two-way dialogue with the public
- Open access to scientific information
- Tackle gender and ethics issues and unsolved scientific questions, and finally provided a
- Mobilization and Mutual learning Plan for Community Participation.

Two presentations followed describing the experience in the framework of the Joint Action [\(JA\) EMERGE "Efficient response to highly dangerous and emerging pathogens at EU level"](#).

[Prof. R Grunow \(RKI-D\)](#) on behalf of the coordinating institute presented the work performed in the JA for the efficient management of Group 3 and 4 dangerous pathogens through a network of laboratories and experts in the EU. The main aim of the JA was to increase EU laboratory capacities (under Dec 1082/2013/EC & IHR) and improve preparedness, ad-hoc monitoring, timely notification, alerts on emergent and re-emergent cross border threats supported by linking laboratory data and performing external Quality Assurance (QA) exercises and training.

In this framework [Prof. A Papa \(AUT- GR\)](#), head of the National Reference Centre for Arboviruses & Hemorrhagic Fever viruses, which participated in the EMERGE network, presented the Greek experience. She stressed the fact that laboratory, clinicians and public health personnel collaborate throughout all phases of response to an outbreak, especially in the case of an emerging pathogen, offering the example of the emergence of West Nile Virus (WNV) in Greece in 2010. Joint Actions and similar projects offer the opportunity to improve laboratory preparedness for dangerous pathogens, to exchange of knowledge with many laboratories in Europe and worldwide.

In the short discussion that followed, it was pointed out that Public Health preparedness should continue to be a vital part in the EU security framework. Such issues can be covered under both public health and research tools and the health sector public authorities in general should take up and benefit from the different existing results from past and on-going EU actions and financing instruments.

### ***Session 3- Interoperability of sectors in the framework of preparedness for health emergencies***

*Chairpersons: Konstantinos Pardalis, Ministry for Shipping (GR), Massimo Ciotti, ECDC*

*Moderator: Mika Salminen, THL (Finland)*

*Rapporteur: Vasilios Raftopoulos, HCDCP/KEELPNO (GR)*

*The objectives of Session 3 included:*

- *To outline the framework and activities for generic preparedness planning in the EU*
- *To present experience from EU Member States/ EEA and accession countries about their challenges in the implementation of IHR and/or national planning.*

This hallmark session of the 2-day meeting started with [a presentation by Ms M Fanos \(DG SANTE\) on EU actions on preparedness, response and crisis management](#). She stressed that Art 4. of Decision 1082/2013/EC aims at ensuring adequate coordination between Member States (MS) to improve preparedness and response planning; promoting interoperability between their plans; addressing the intersectoral dimension of preparedness and response planning and supporting the implementation of the IHR core capacity standards. The European Commission (EC) has prioritised a number of areas on preparedness including:

- Coordination with MS (through the Health Security Committee (HSC))
- Cross-sectoral capacity building, exchange of knowledge and best practices
- Re-engineering of the EWRS
- Review of country reporting
- Access to medical countermeasures
- Improving laboratory capacity
- Preparedness at points of entry to the EU

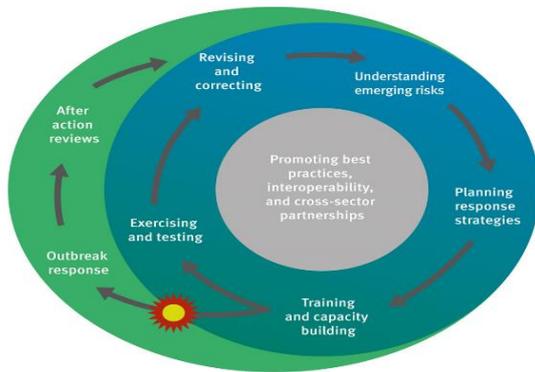
In this framework, a number of exercises and workshops are being organised and multiple Joint Actions are financed through the Health Programme (*[SHIPSAN ACT](#) (on standardising Ship Sanitation), [EMERGE](#) (on a network of high security PH laboratories), [Healthy GateWays](#) (on preparedness and action at points of entry (air, maritime, ground crossings)), JAV (on vaccinations), [JAMRAI](#) (on antimicrobial resistance), and in 2018 preparedness and IHR implementation including laboratory strengthening).*

[Ms M Vanderford \(former WHO Director for Communications\)](#) followed pointing out that Emergency Risk Communication (ERC) is a crucial PH intervention within the IHR framework and it is operationalized in the JEE tool. She described the building blocks of risk communication and the need to communicate overcoming/acknowledging uncertainty and its implications for the public. A 5-step [WHO ERC Capacity Building Training Package](#) is available and several countries have piloted it until now. Finally, she advised that new challenges (new technologies, climate change, terrorism attacks) should be considered as a future priority for capacity building exercises.

[Ms I Look \(DG ECHO\)](#) presented the work of the Civil Protection Mechanism and the [Emergency Response Coordination Centre \(ERCC\)](#). The European Response Capacity is based on pre-committed response capacities from the MS for EU missions, with the financial support of the EC undergoing an agreed Quality Assurance/certification process. Finally, she also presented the recently established European Medical Corps, which includes Public Health experts, mobile laboratories, medical evacuation capacity, assessment & coordination experts, logistical support teams and emergency medical teams. The European response to the ongoing (2018) Ebola outbreak in Democratic Republic of Congo (DRC) was outlined as an example as well as the capacities to respond to a CBRN incident. Outstanding issues remain the capacity for medical evacuation, the sharing of burden of medical costs for critically ill patients (e.g. burn patients) and the patient data protection.

The session then proceeded with MS presentations on their experience in implementing IHR and their challenges.

- **ITALY:**



[Dr P Parodi \(MoH, Italy\)](#) presented the experience of Italy with two significant Chikungunya virus outbreaks (2007 & 2017), a vector-borne disease transmitted via *Aedes albopictus* (Tiger mosquito). The response to these crises involved intersectoral collaboration among multiple authorities and a number of outreach communication projects. These outbreaks presented a good example of After-Action reviews in Italy and resulted in modifying the national contingency planning and response.

Figure 1: The cycle of planning, response and revision for preparedness to respond to public health threats. (source: ECDC)

- **FRANCE:**

[Mr Thierry Paux \(MoH, France\)](#) presented the experience of intersectoral collaboration in France, where health threats are handled in a joint operations centre (CORRUSS) at the national level in collaboration with representatives from involved ministries. The high level of political commitment was evident throughout the presented structures of crisis management and response; the prime minister chairs a crisis inter-ministerial committee. The French experience places emphasis on written SOPs and MoUs between the involved ministries, traceability of decisions and quality assessment.

- **PORTUGAL:**

[Dr P Vasconcelos \(MoH, Portugal\)](#) presented the experience of the Portuguese authorities with a focus on the limitations of the self-assessment exercise for IHR implementation. A number of exercises at the PoE were implemented which resulted in better overall picture and intersectoral collaboration, however brought down the reported percent of implementation in the WHO questionnaire. Dr Vasconcelos also stressed the need for synergy between reporting for WHO and EC, linking the self-assessment for IHR and the Art. 4 questionnaire under Decision 1082/2013/EC.

- **Fyrom:**

[Ms S Duvlijs \(MoH, Fyromacedonia\)](#) presented the experience of their intersectoral approach in implementing IHR, starting already in 2007 until now. This involved the creation of advisory bodies to the Minister, but also a Rapid Risk Assessment Team and a Rapid Risk Response Team of experts and the development of specific protocols for response. Fyrom has also performed exercise at the international airport (PoE). Challenges outlined included the need for continuous capacity building and training, the maintaining of laboratory capacity and the coordination among sectors.

- **NORWAY:**

[Ms K Nygård \(FHI, Norway\)](#) presented the experience from Norway, which has created a National IHR committee and a National Network of PoE. In addition, regular exchange of experience happens among the Nordic countries (NO, SE, FI, ICE) through a biannual Nordic IHR meeting. The risk of complacency was stressed in the absence of major events, and the need for continuous evaluation of preparedness. Finally yet importantly, Norway, embracing the fact that national preparedness depends on global preparedness,

has launched a 5-yr programme (in collaboration with the Norwegian MoFA) to support four low GDP countries in IHR implementation according to country needs and priorities (Malawi, Palestine, Moldova and Ghana). Training and transfer of knowledge to increase capacity in field epidemiology, laboratory capacity and surveillance.

- **SWEDEN:**

[Ms K Brolin Ribacke \(PHAS, Sweden\)](#) presented the Swedish approach to One Health issues, which by definition require intersectoral collaboration with Agriculture, Veterinary and Food Safety authorities. In addition, the PHAS collaborates with civil protection for national emergencies as a rule, and develops contacts with the military for collaboration when they are on heightened alert.

- **BELGIUM:**

[Dr Luc Tsachua \(SPF Sante Publique, BE\)](#) presented the experience of the Belgian public health authorities going through a JEE in 2017. The process was described as definitely time consuming and requiring intensive effort, especially due to the multiple levels of administration in Belgium. However, very useful experience to improve interpersonal collaboration within Belgium and with international partners. In addition, the JEE identified strengths and areas for improvement. Belgian authorities are in the process of writing a National Action Plan for better implementation of IHR based on the recommendations issued in the JEE final report.

- **NETHERLANDS:**

[Dr D Ooms \(RIVM, The Netherlands\)](#) presented the designation of PoE Category A and B according to IHR in the Netherlands, which was followed by developing core capacities at the official PoE (Schiphol Airport), such as: holding/quarantine areas, guidelines, medical centre and liaison for PH authorities. Multiple trainings and simulation exercises were executed since 2011. During the Ebola Outbreak in W. Africa (2014-2016) the Netherlands organized multiple successful medical evacuations. Collaboration between PH and aviation stakeholders was essential, as well as continuing training and exercises.

- **CROATIA:**

[Dr A Simunovic \(CIPH, Croatia\)](#) presented the process in Croatia for the implementation of IHR from the development of legal framework to the early warning and response algorithm, the appointment of official PoE and the development of collaboration with Agriculture and Veterinary services. Crisis communication and coordination in Croatia is through the Civil Protection Command Centre.

- **SERBIA:**

[Dr V Jovanović \(NIPH, Serbia\)](#) presented the work currently underway in Serbia to implement IHR. The surveillance network is operational and Serbia has developed ties to the ECDC and is participating in several JA. However, intersectoral collaboration and human resources (trained personnel) remain a challenge.

- **FINLAND:**

Dr M Salminen (THL, Finland) presented the comprehensive security approach, an obligation to cooperate across sectors included in legislation, which has been adopted by Finland. Preparedness is based on enhancement of normal time services and functions and follows a 4-year cycle of updating risk assessment at a national level. Finland actively participated in the production and piloting of JEE, Ver. 2. In addition, Dr

Salminen presented [recently published data from the analysis of JEE results globally](#), which show that incremental increase of 0.1 in the JEE score is associated with an average 11% gain of Quality Adjusted Life-years /100,000 population.

Underlined at every opportunity and in the discussion that followed the country presentations, was the fact that implementing IHR is about essential PH services capacities and functions.

The first day of the conference finished with a short speech by the Minister of Health of Greece, Mr Andreas Xanthos, who stressed the importance of IHR for health security at global level. He went on to state that "*An effort is made to upgrade and strengthen health services in Greece by implementing critical reforms with a focus on primary care, prevention and public health policies, aiming at covering universally the health needs of all residents in Greece.*" Mr Xanthos stressed again his commitment to implement fully IHR in Greece and wished to all participants a fruitful 2-day meeting.

## **Day 2 - 8. June 2018**

### **Session- 4: Tools for Core Capacity Building**

*Chairpersons: George Saroglou, Emer. Prof. NKUA (GR), Nirmal Kandel, WHO HQ*

*Moderator: Paula Vasconcelos, MoH (Portugal)*

*Rapporteur: Reggina Vorou- HCDCP (GR)*

*The objective of Session 4 was to provide information to the participants on existing guidance, activities and tools created by agencies and projects financed by the Commission that can be useful for core capacity building.*

The session started with a presentation from [Mr M. Ciotti \(ECDC\) with the presentation of activities on preparedness](#) for MS capacity building and the available tools developed and available by the ECDC, which include:

- [ECDC country preparedness activities 2013-2017](#)
- [Report on One-health approach to preparedness](#)
- [Public Health Emergencies: core competencies for EU MS](#)
- [Handbook on Simulation Exercises](#)
- [Tool for the prioritisation of infectious disease threats](#)
- [Operational guidance on Rapid Risk Assessment methodology](#)
- [Cross-sectoral Biorisk Awareness courses](#)
- [PH Emergency Preparedness courses](#)
- [The HEPSA \(Health Emergency Preparedness Self-Assessment\) tool](#)
- [Preparedness planning for respiratory viruses in EU Member States](#)
- [Case studies on preparedness planning for polio in Poland and Cyprus](#)
- [Literature review on community and institutional preparedness synergies](#)
- [How communities can collaborate with institutions during public health emergencies: Case studies focusing on tick-borne diseases](#)

The session continued with a round table where a number of projects past and on-going presented their deliverables, which can all be used for core capacity building under IHR at the MS level:

- [Dr S Declich \(ISS-IT\)](#) presented “From [EpiSouth](#) to [MediLabSecure](#)” the results of three projects from 2006-2018, which connected EU, Mediterranean and Black Sea countries with the aim to increase health security by enhancing and strengthening the preparedness to common health threats, following a One Health approach. The projects worked on integrated surveillance, multisectoral risk assessment and early case detection of arboviral diseases delivering multiple workshops, training modules, EQAs and tools.
- [Dr N Mavroidi \(MediPiet\)](#) presented the on-going project [MediPiet: Mediterranean Programme for Intervention Epidemiology Training](#). The project runs since 2014 connecting 18 EU, Mediterranean and Black Sea countries following the model of the EPIET-MS-Track fellowship and focusing on capacity building in field epidemiology, at the institution and country level. More than 300 PH professionals have been trained until now, while the next phase requires the sustainability of the existing networks.
- [Dr M an der Heiden \(RKI-Germany\)](#) presented the project [AIRSAN](#) (2013-2015), which employed an intersectoral public private (PP) approach with the aviation sector. The project produced a number of guidelines for crew and PH authorities on risk assessment on-board aircrafts and for contact tracing involving air travel. In addition, a training tool has been developed to support countries in the implementation guidance with case studies from Ebola virus diseases, norovirus, MERS and more recently Zika. A communication platform with aviation stakeholders is still alive.
- [Mr M Dávila Cornejo \(MoH-Spain\)](#) presented the results of three projects from 2006-2016 culminating with the [EU JA SHIPSAN ACT](#), with the aim to promote health on board ships and improve response to health emergencies from communicable diseases, chemical events or radiological events. The projects have developed a series of guidelines: manual for integrated ship inspections, guidelines for chemical and radiological incidents on-board ships and undertaken multiple trainings, hands-on workshops and tabletop exercises. The [EU SHIPSAN ACT Information System \(SIS\)](#) includes currently more than 15,000 ship sanitation certifications and >300 registered ship inspectors.
- [Ms V Mouchtouri \(University of Thessaly-GR\)](#) presented the planned work for the [JA Healthy Gateways](#), which will run from 2018-2021. Twenty six (26) MS are going to collaborate to improve capacity at points of entry (PoE) to respond to health emergencies, with emphasis on preparedness, trainings and tabletop exercises at PoE (air, maritime and ground crossing). The project supporting intersectoral cooperation by promoting implementation of MoUs among different sectors at PoE and will work on the EU external borders, in collaboration with FRONTEX.

The session was completed with the presentation of [Ms A. Tzikou a PH professional](#) from the regional health authority of South Aegean Islands (Rhodes) on the experience in Greece from the regional level. She stressed the importance of training in the framework of the SHIPSAN ACT project tailored to the role and mandate of trainees and the benefit of participation in the European community of practitioners. She also mentioned the need for sustainability of activities.

In the discussion that followed it became clear that the EC is continuously funding projects involving EU, neighborhood and enlargement countries, which have produced significant work and created networks of PH professionals. Multiple activities have been working at increasing core capacities for IHR implementation, many times involving

intersectoral collaboration in line with the EU priority for considering Health in all policies (HiaP) approach. However, significant gaps were identified, including:

- limited dissemination and use of the project products,
- poor documentation of the impact of past and on-going projects on preparedness and capacity building,
- maintenance and sustainability of the networks and/or platforms,
- poor streamlining of the funding public health and research in order to avoid duplications and use resources appropriately at national and EU level.

### **Session 5: Migration and Public Health**

*Chairpersons: Jonathan Suk, ECDC, Agapios Terzidis, HCDCP (GR)*

*Rapporteur: Kassiani Mellou, HCDCP (GR)*

*The objectives of Session 5 included:*

- *To provide updates on the current situation of migration flows in Greece and Europe in general.*
- *To present information on activities, past and on-going projects focusing on migration and Public Health financed by the Commission.*

The session started with a presentation on the situation of migrants in Greece by [Dr A Terzidis \(HCDCP-GR\)](#), stressing the fact that despite the decreasing number of arriving migrants, large numbers of migrants are stranded in the East Aegean islands, including a significant number of unaccompanied minors.

Migrants/refugees have direct access to health care services in Greece; however many logistics issues still exist as the MoH and government health services are taking over NGO activities in camps. Main issues include the coordination for continuity of health care, adequate human resources and lack of intercultural mediators.

Dr Terzidis went on to present the results of the project "[CARE- Common Approach for Refugees and other migrants' health](#)", a 12 month project between 2016-2017 run by a consortium of countries facing significant burden from migration flows at the time (Italy, Greece, Malta, Croatia, Slovenia). The project explored the issues of:

- An integrated health care model for migrants, with proposed tools, processes and protocols
- Monitoring of migrant/refugee health status through an application, which can enhance continuity of care.
- Development of a communicable disease monitoring system in order to detect outbreaks early. A ready-made package for syndromic surveillance was produced which is available to apply in emergencies and is still operating in the Greek reception and accommodation centres.
- Public health planning promoting integrated PH plans
- Training of health professionals and other stakeholders involved with migrants/refugees (e.g. social workers, transcultural mediators, volunteers, law enforcement personnel, etc)
- Awareness raising targeting the public to discuss concerns and disperse misconceptions about refugees/migrants health.

Currently, Greek health authorities are running projects to strengthen the national health infrastructure in order to respond comprehensively to the urgent situation emerging by

the refugee crisis in mainland Greece (Attica, Northern and Central Greece) after the closure of the Greek – FYROM borders and the EU – Turkey agreement (March 2016).

The project "[PHILOS – Emergency health response to refugee crisis](#)", is co-financed by the European AMIF and aims at:

- reinforcing the capacity of the public health system and enhancement of the epidemiological surveillance structures to cover all the stranded migrant population,
- providing on-site healthcare and psychological services to the target population through coordinated and well-targeted operational actions, and
- strengthening and financial support of NHS structures (primary health care and emergency medical services) especially in the areas hosting accommodation centres.

The currently operating project will be extended with the aim to target mental health, maternal-child health, immunizations, NCDs and vulnerability assessments in the migrant/refugee population.

At the time of the meeting, major concerns of the PH authorities remained the management of unaccompanied minors and the increasing influx of migrants/refugees through the northern land border with Turkey (Evros).

[Ms E Val \(IOM\)](#) followed, presenting a number of projects with the International Organisation for Migration (IOM) as co-ordinator or collaborating partner in the area of migration, including:

- "[EQUI-Health: Fostering health provision for migrants, the Roma and other vulnerable groups](#)" (2013-2016), the project focused on identification of needs by stakeholders through the national situation analysis reviews, training of health professionals and border officers on Migrant health and cultural competency, in the Southern EU countries.
- [Re-Health](#) (2016-2017) and [Re-Health2](#) (2017-2019) are direct grants for the development of the migrant Personal Health Record in electronic form and for piloting in six EU Southern and Western Balkans countries. The e-PHR is flexible, compiles all family members in the same folder and uses ICD10 coding. At the time of the meeting, more than 12,000 health examinations have been entered in the e-PHR database, especially used in cases of refugee relocations.
- [MIG-H Training](#) (2017-2019) is a tender to further develop, pilot and evaluate the training material for trainers and for trainees complementing available training modules created under [EquiHealth](#) and [Migrant and Ethnic Minority training](#) package.
- Training on Migration Health (2018-2019) is a tender for the provision of training for first-line health professionals, law enforcement officers and social workers working at local level with migrants and refugees and training of trainers.

It was stressed that IOM developed a dedicated data protection manual conformant to IHR and the EU Data protection legislation, including the new GDPR, in order to protect the migrant/refugees information in the database. At the time of the meeting, the system is piloted in Cyprus, Greece, Croatia, Italy and Serbia, and there are plans to expand.

[Prof D Lopez Acuna \(Andalusian School of PH, ES\)](#) presented the results of the project "[SH-CAPAC: Supporting Health Coordination, Assessments, Planning, Access to Health](#)

[Care and Capacity Building in Member States under Particular Migratory Pressure](#)". The project conducted surveys and qualitative research with multiple stakeholders throughout the whole health system analysis, to produce 19-country profiles and the following main recommendations:

- A coordinated health response to the migration flows is needed, supported by contingency planning. Intersectoral collaboration is paramount.
- Traditional separation between migrants and refugees is blurred. Many migrants do not live in camps or accommodation centres.
- Strengthening the country health systems is paramount; migrant care should be undertaken through the national health system of the receiving country and not through specialised clinics.
- Access to health care and continuity of care are essential (logistics, language, mediation) in migrant health. Sexual and reproductive health is consistently neglected. A better model for migrant health is needed.
- Training of health care providers and other stakeholders in PH aspects, intercultural skills and development of migrant-friendly health services is needed (e-learning available with 19 modules from the SH-CAPAC project).
- The public and the media maintain a false concept of migrants as a health threat. Misconceptions need to be corrected continuously.

The session finished with a short intervention by Dr I Nikopoulos (Region of Epirus-GR), who described his own experience as a regional PH director in managing the needs of migrants/refugees in his region. He mentioned a number of environmental health issues, risk communication issues and the continuous need for coordination at all levels.

In the discussion that followed it was clear that the issue of migration flows remains a high concern for the Greek and other European authorities and that the need for coordination remains at all levels, including the streamlining of funding to the affected regions and/or MS.

### **Session 6: Conclusions and Lessons to Learn**

*Chairpersons: Theofilos Rosenberg, President HCDCP and Antonis Lanaras, DG SANTE, European Commission*

*The objectives of Session 6 included:*

- *To provide the key points discussed in each session of the 2-day meeting*
- *To present the roadmap of Greek authorities to a Joint External Evaluation on IHR implementation*

The 2-day meeting ended with Session 6 in which the key points from [Sessions 1-5](#) were presented in succession.

Drawing key points and best practices from each session a Roadmap for Greek Authorities to a JEE in the near future was presented by Prof T Rosenberg (President HCDCP and Greek IHR Focal Point).

The presented roadmap for Greece included the following important points:

- Greece and the Greek PH services are responding to multiple health threats (nationally and regionally), similarly to the PH sector at the European and global levels.
- High-level political commitment is needed for the IHR implementation in Greece. Contingency plans at local/regional/national levels need to be developed and/or updated.
- Greece needs to participate and honour the obligation to report at the European and international level.
- Interoperability and intersectoral collaboration should be priority at all levels through MoUs. The Greek IHR focal point should become a 24hr/7d operational team.
- A National intersectoral Committee supporting the function of IHR NFP is a necessity.
- Continuous investment is needed in human resources for the PH sector. Support in resources for detection of threats is needed (surveillance and lab capacity, including for the detection of dangerous pathogens). Collaboration with other MS may be needed.
- Training and awareness raising for other sectors and/or levels on IHR implementation is paramount.
- WHO, European Commission and ECDC have developed a number of tools available to Greece for preparedness and capacity building. Networking in a sustainable way will facilitate their use by Greek authorities.
- Expert assistance and use of existing tools can be combined to organise a SIMEX/tabletop exercises, as has been successfully performed in other countries. SIMEX is a useful way to test plans and discover gaps.
- Last but not least, implementing the IHR is about supporting and developing essential PH services capacities and functions.

Prof T Rosenberg and Mr A Lanaras on behalf of the Hellenic CDC and the European Commission respectively, closed the 2-day meeting stressing the need for strengthening public health services and capacities and thanking all present for their participation.

## Glossary

AMIF	Asylum, Migration and Integration Fund
AMR	Antimicrobial Resistance
AUT	Aristoteleian University of Thessaloniki
CBRN	Chemical, Biological, Radiological, Nuclear
Chafea	Consumer, Health, Agriculture and Food Executive Agency
DG ECHO	Directorate General for European Civil Protection and Humanitarian Aid Operations
DG HOME	Directorate General for Home Affairs
DG SANTE	Directorate General for Health and Food Safety
DRC	Democratic Republic of Congo
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EEA	European Economic Area
EPIET	European Programme on Intervention Epidemiology Training
EQA	External Quality Assurance
ERC	Emergency Risk Communication
ERCC	Emergency Response and Coordination Centre
EVD	Ebola Virus Disease
EWRS	Early Warning and Response System
GDP	Gross National Product
GDPR	General Data Protection Regulation
HAI	Healthcare Associated Infections
HCDCP	Hellenic Centre for Disease Control and Prevention (also KEELPNO)
HiaP	Health in All Policies
IHR	International Health Regulations
IOM	International Organization for Migration
ISS	Instituto Superiore di Sanitá
JA	Joint Action
JEE	Joint External Evaluation
MERS	Middle East Respiratory Syndrome
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoU	Memorandum of Understanding
MS	Member States
NCD	Non Communicable Disease
NFP	National Focal Point
NHS	National Health System
PH	Public Health
PHR	Personal Health Record
PoE	Points of Entry
PPP	Public Private partnership
QA	Quality Assurance
RKI	Robert Koch Institute
RRA	Rapid Risk Assessment
SIMEX	Simulation Exercise
SoP	Standard Operating Procedures
SPAR	Sate Parties Annual Report
WHO	World Health Organization
WNV	West Nile Virus

# BEST PRACTICES IN IMPLEMENTING THE INTERNATIONAL HEALTH REGULATIONS (IHR)

07-08 June 2018

Acropolis Museum  
Athens, Greece

## Agenda

Day 1- 7 June 2018

9:45 – 11:05

### SESSION 1

Cross-border health threats and IHR implementation

**The EU health security framework on serious cross-border health threats**

*Antonis Lanaras, Crisis management and preparedness in health, DG SANTE, European Commission*

**The WHO vision for the implementation of IHR - monitoring and evaluation, the Joint External Evaluation (JEE) tool Ver2.0,**

*Nirmal Kandel, Core Capacity Assessment, Monitoring & Evaluation at World Health Organisation, Headquarters (WHO)*

**Current cross-border health threats,**

*Massimo Ciotti, Country Preparedness and Support, European Centre for Disease Prevention and Control (ECDC)*

**The role of HCDCP in the management of health threats,**

*Sotirios Tsiodras, Univ. of Athens-HCDCP, Greece*

**The Greek experience: monitoring IHR implementation,**

*Vasileios Diamantopoulos, Administrative Region of Peloponnese, Greece*

11:30 – 13:00

### SESSION 2

Emerging, Chemical, Biological and Radiological (CBRN) Threats

**Preparedness against CBRN threats – EU Action Plan**

*Wiktor Wojtas, Terrorism and radicalization, DG Migration and Home Affairs, DG HOME, European Commission*

**Public Health Laboratories and IHR -Efficient response to highly dangerous and emerging pathogens at EU level Joint Action**

*Roland Grunow, Robert Koch-Institut (RKI), Germany*

**Challenges in Public Health: Motivating the community - the ASSET Project**

*Valentina Possenti, Istituto Superiore di Sanità (ISS), Italy*

**The Greek experience: laboratory preparedness**

*: Anna Papa, Aristotle University of Thessaloniki, Greece*

14:00 – 17:50

### SESSION 3

Interoperability of sectors in the framework of preparedness for health emergencies

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**EU actions on preparedness and response planning**

**Margherita Fanos**, Crisis management and preparedness in health, DG SANTE, European Commission

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**Crisis communication in the framework of preparedness for health emergencies**

**Marsha Vanderford**, former WHO Director of Communications, USA

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**European Civil Protection and Humanitarian Aid Operations and the role of the new Medical Corps**

**Iivi Luuk**, Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), European Commission

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**14:45 -17:30**

**Implementation of IHR, Processes and challenges: Member States case studies**

Moderator: **Mika Salminen**, Terveystieteiden tutkimuskeskus ja hyvinvoinnin laitos, National Institute for Health and Welfare, Finland

["The challenge of vector-borne diseases: the Italian experience in improving preparedness"](#), **Patrizia Parodi**, DG for Health Prevention, Ministry of Health, Italy

["French experience on interoperability between the health sector and other sectors"](#), **Thierry Paux**, Direction Générale de la Santé, Ministère des Solidarités et de la Santé, France

["Experience gained in Portugal"](#), **Paula Vasconcelos**, Directorate-General of Health, Portugal

["The experience gained in Former Yugoslav Republic of Macedonia"](#), **Sotirija Duvlis**, National Institute of Health Protection, Former Yugoslav Republic of Macedonia (FYROM)

["Experience from the implementation of IHR in Norway"](#) ,

**Karin Nygård**, Norwegian Institute of Public Health (Norway)

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["The experience gained in Sweden"](#),

**Kim Brolin Ribacke**, Public Health Agency of Sweden, Sweden

[Experience gained in Serbia](#),

**Verica Jovanovic**, Institute of Public Health of Serbia, Serbia

[The experience gained in Belgium](#),

**Luc Tsachoua**, Federal Public Service Health, Food Chain Safety and Environment, Belgium

Lifesaving lessons of investing in IHR core public health capacity

**Mika Salminen**, THL, Finland

[Implementation of the IHR, specifically on the international airport Schiphol](#)  
**Daisy Ooms**, Communicable Disease Control Public Health Agency, Netherlands

[Experience implementing the IHR](#)

**Aleksandar Simunovic**, Croatian institute of public health, Croatia

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**Round Table discussion**

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<b>18:00 - 19:00</b>	<b>OPENING CEREMONY</b>
	<b>MINISTERS, PRESIDENT HCDCP</b>
	<b>EUROPEAN COMMISSION (DG SANTE)</b>
	<b>Kind participation of the Cretan Union of New Smyrna</b>

## Day 2 – 08 June 2018

9:00 - 9:15

### Summary from Day 1

*George Saroglou, National and Kapodistrian University of Athens (Greece)*

9:15 – 11:00

## SESSION 4

### Tools for Core Capacity Building in the Member States

**Public health emergency preparedness: Core competencies for EU Member States, Massimo Ciotti, Country Preparedness and Support, ECDC**

#### Round Table: Capacity Building in Europe

- [From EpiSouth to Medilabsecure](#)  
*Silvia Declich, Istituto Superiore di Sanità (ISS), Italy*
- [MediPIET-](#)  
*Nikoletta Mavroidi, Greece*
- [AirSAN](#) (Coordinated action to control infectious diseases transmission on the aircrafts)  
*Maria an der Heiden, Robert Koch-Institut (RKI), Germany*
- [SHIPSAN ACT](#) (the impact on maritime transport of health threats due to biological, chemical & radiological agents, including communicable diseases)  
*Miguel Dávila Cornejo, Ministerio de Sanidad, Servicios Sociales e Igualdad, Spain*
- [JA Healthy GateWays](#) (Preparedness and action at points of entry)  
*Barbara Mouchtouri, University of Thessaly, Greece*

#### The Greek experience: core capacities

*Amalia Tzikou, Administrative Region of South Aegean, Greece*

**Synergies, experiences, gaps identified, missing tools, future plans: Plenary moderated panel discussion**

11:45 – 13:00

## SESSION 5

### Migration and Public Health

**Migratory flows and overview of the situation, CARE and PHILOS projects in Greece,**

*Agapios Terzidis, HCDCP, Greece*

**Fostering health provision for migrants, the Roma, and other vulnerable groups (EQUI -HEALTH) and Health Assessment Direct grant agreement (RE-HEALTH)**

*Elena Val, International Organisation for Migration (IOM)*

**Supporting Health Coordination, Assessments, Planning, Access to Health Care and Capacity Building in Member States under Particular Migratory Pressure - Project SH-CAPAC**

*Daniel Lopez Acuna, Andalusian School of Public Health, Spain*

**The Greek experience: Migrant health, risk assessment and response**

*Ioannis Nikopoulos, Administrative Region of Epirus, Greece*

14:00 – 16:00

## SESSION 6

### Conclusions and Lessons to Learn

Chairpersons:

- *Theofilos Rosenberg, President HCDCP*
- *Antonis Lanaras, DG SANTE, European Commission*

**Key points from Session 1: Cross-border threats and the implementation of IHR**

*Agoritsa Baka, ECDC*

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**Key points from Session 2: Emerging and CBRN Threats**

*Dimitrios Iliopoulos, HCDCP, Greece*

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**Key points from Session 3: Interoperability of sectors in the framework of preparedness**

*Christos Hadjichristodoulou', University of Thessaly, Greece*

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**Key Points from Session 4: Tools for Core Capacity Building**

*Nikoletta Mavroidi, Greece*

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**Key Points from Session 5: Migration and Public Health**

*Chrysoula Botsi, HCDCP, Greece*

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**A roadmap to Joint External Evaluation for Greece**

*Theofilos Rosenberg, President HCDCP, Greece*

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