HEALTH GOVERNANCE UNIT

STUDY VISIT

RESEARCH AND SURVEILLANCE FOR HEALTH

National Centre for Epidemiology, Surveillance and Health Promotion (CNESPS - ISS)

Rome, May 15, 2013
INTRODUCTION

The Health Governance Unit Project is a project financed in the framework of the Italian Egyptian Debt for Development Swap Program. The project originates from previous programs of the Egyptian Italian cooperation in the health sector. Its purpose is to support the health reform process in Alexandria Governorate by means of a specialized unit for health services organization, evaluation and research.

The project foresaw an initial phase of training in Health Governance. The course was planned and organized by the Italian National Institute of Health and carried out from May 2012 to February 2013, according to andragogic techniques (Problem-Based Learning). The training includes the study visit to selected Italian health services structures, in order to complete the path initiated with the residential course and deepen the issues related to the Health Governance.

The selection of the organizations for the study visit has been done in the light of the objectives stated for the HGU and the expected results of the project. It took into account also the demand expressed by the participants to the Health Governance Course in relation to the Italian experiences in quality of care, accreditation, evidence-based medicine and evidence-based healthcare, training and professional development of the health personnel.

The National Institute of Health of Italy (Istituto Superiore di Sanità - ISS) is the technical and scientific body of the Italian Health System. It carries out research, training, documentation and control in public health. The National Center for Epidemiology, Surveillance and Health promotion at ISS is on charge of developing and applying epidemiological and biostatistical methods to monitor and protect human health and to evaluate health services.

OBJECTIVES

The aim of the study visit is to lead the participants to a better understanding of the role of the health system in relation to health reform and people’s health, based upon the experience of the Italian National Health System.

Objectives of the study visit are:

- To deepen the main topics related to the structure, organization, functions and achievements of the Italian National Health System in its three levels: National, Regional, Local
- To illustrate successful Italian experiences as for health services accreditation, quality of care, evidence-based healthcare
- To take stock of recent evidence on effective strategies to improve the performance of the Governance Unit

More specifically, the visit to the CNESPS is focusing on issues concerning the surveillance of risk factors in the population and the support of the Center to evaluate health services.
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<th>Time</th>
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<tr>
<td>9:00 – 9:10</td>
<td><strong>Welcome address</strong></td>
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<tr>
<td></td>
<td><em>Dr. Giovanni De Virgilio</em></td>
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<td></td>
<td>Director, External Relations Office, ISS</td>
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<td>9:10 – 9:30</td>
<td><strong>Mission and organization of the National Institute of Health</strong></td>
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<td><em>Dr. Rita Ferrelli</em></td>
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<td>Researcher, External Relations Office, ISS</td>
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<td>9:30 – 10:15</td>
<td><strong>Research and surveillance for health: mission and organization of CNESPS, within the Italian health profile</strong></td>
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<td><em>Dr. Stefania Salmaso</em></td>
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<td>Director, CNESPS, ISS</td>
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<td>10:15 – 10:45</td>
<td><strong>The surveillance system of health determinants in children: OKkio alla SALUTE</strong></td>
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<td><em>Dr. Angela Spinelli</em></td>
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<td>Director, Unit of Woman, Child and Adolescent Health, CNESPS, ISS</td>
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<td><em>Dr. Paola Nardone</em></td>
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<td>Researcher, CNESPS, ISS</td>
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<td>10:45 – 11:15</td>
<td><strong>The surveillance system of health determinants in the adult population: PASSI</strong></td>
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<td><em>Dr. Gianluigi Ferrante</em></td>
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<td>Scientist, CNESPS, ISS</td>
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<td>11:15 – 11:45</td>
<td><strong>The surveillance system of health determinants in the population over64: PDA (Silvery Steps)</strong></td>
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<td><em>Dr. Bendetta Contoli</em></td>
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<td>Researcher, CNESPS, ISS</td>
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<td>11:45 – 12:15</td>
<td><strong>The surveillance of risk factors for cardiovascular diseases: CUORE project</strong></td>
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<td><em>Dr. Luigi Palmieri</em></td>
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<td>Senior scientist, Epidemiology of cerebro-vascular diseases, CNESPS, ISS</td>
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<td>12:15 – 12:45</td>
<td><strong>EPISOUTH: the network for controlling infectious diseases in South Europe and in the Mediterranean Area</strong></td>
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<td><em>Dr. M. Grazia Dente</em></td>
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<td>Researcher, Epidemiology of Infectious Diseases, CNESPS, ISS</td>
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<tr>
<td>12:45 – 13:00</td>
<td><strong>Comments and closing of the meeting</strong></td>
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PREMISES

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5. Mona Mohamed Kamal Zaki Eldeeb, MRI, Alexandria University, Egypt

6. Eman Elsayed Hassan Ali Aboelkhair, MRI, Alexandria University, Egypt

7. Gihane Ibrahim Khalil Ibrahim, MRI, Alexandria University, Egypt

8. Ramaz Ahmed Hussien Ahmed Ebeid, MRI, Alexandria University, Egypt

9. Bassem Ahmed Kabbary Mohamed Elsayed Elsherbini, MRI, Alexandria University, Egypt
10. Layla Mohamed Ragab Abdelaziz, MRI, Alexandria University, Egypt
11. Elham Fetouh Mohamed Morsy Elsayed, MRI, Alexandria University, Egypt
12. Amr Aly Saber Abd Elkholek, MRI, Alexandria University, Egypt
13. Rosaline Mounir Naguib, MRI, Alexandria University, Egypt
14. Basma Hussein Mohamed Mersal, MRI, Alexandria University, Egypt
15. Ahmed Mohammed Abdelghany Yonis, MRI, Alexandria University, Egypt
16. Marie Habib Demian Guirguis, MRI, Alexandria University, Egypt
17. Rania Mohamed Hassan Youssef Elsharkawy, MRI, Alexandria University, Egypt
Health Threats Preparedness and Early Warning in the Mediterranean Basin: the EpiSouth Network

Maria Grazia Dente - Episouth Project Coordinator
Communicable Disease Epidemiology Unit
National Institute of Health, Italy

The Health Governance Unit Project – ISS study visit – 15 May 2013
Background

The EpiSouth network was established in 2006 to “Create a framework of collaboration on epidemiological issues and communicable diseases control in the Mediterranean region”

The network worked four years (2006-2010) focussing on:

- Cross-border epidemic intelligence
- Vaccine preventable diseases and migrants
- Cross-border emerging zoonoses
- Training in field/applied epidemiology
From an European project... (9 EU Countries)

... to a Mediterranean Network (27 Countries: 9 EU, 17 non-EU and 1 acceding)
The Countries expressed the need to shift Network’s activities to a **wider approach**, building on the knowledge and the regional gaps and needs identified in the 1\(^{st}\) phase General Objective to **increase the health security in the Mediterranean area and South-East Europe by enhancing and strengthening the preparedness to common health threats and bio-security risks at national and regional levels in the countries of EpiSouth Network in the framework of the IHR implementation**
EU Partners in EpiSouth Plus

1. **ITALY**
   - Institute of Health, Rome;
   - Local Health Unit, Turin;
   - General Hospital, Padua;
   - National Institute of Infectious Diseases, Rome;
   - CINECA, Bologna;

2. **FRANCE**
   - Institute Pasteur, Paris;
   - Institut de Veille Sanitaire, Saint Maurice Cedex

3. **SPAIN (Istituto de Salud Carlos III, Madrid)**;

4. **BULGARIA (National Center of Infectious and Parasitic Diseases, Sofia)**;

5. **CROATIA (Institute of Public Health) as acceding country**

6. **CYPRUS (Ministry of Health, Nicosia)**;

7. **GREECE (Hellenic Centre for Disease Control and Prevention, Athens)**;

8. **MALTA (Ministry of Health, Valletta)**;

9. **ROMANIA (Institute of PH, Bucharest)**;

10. **SLOVENIA (Institute of Public Health, Ljubljana)**
1. ALBANIA, Tirana (Institute of Public Health);
2. ALGERIA, Alger (National Institute of Public Health);
3. BOSNIA & HERZEGOVINA (Ministry of Civil Affairs, Sarajevo; Ministry of Health and Social Welfare, Banja Luka, Republic of Srpska; Public Health Institute, Mostar, Federation of B&H);
4. EGYPT, Cairo (Ministry of Health and Population);
5. FYROM–Former Yugoslav Republic of Macedonia, Skopje (Institute for Health Protection; Clinic of Infectious Diseases);
6. ISRAEL (Center for Disease Control, Tel Hashomer; Ministry of Health, Jerusalem);
7. JORDAN, Amman (Ministry of Health);
8. KOSOVO UNSCR 1244, Prishtina (National Institute of Public Health);
9. LEBANON, Beirut (Ministry of Public Health);
10. LIBYA, Tripoli (Infectious Diseases Department Tripoli Central Hospital)
11. MONTENEGRO, Podgorica (Institute of Public Health);
12. MOROCCO, Rabat (Ministry of Health);
13. PALESTINE, Ramallah (Ministry of Health);
14. SERBIA, Belgrade (Institute of Public Health);
15. SYRIA, Damascus (Ministry of Health);
16. TUNISIA, Tunis (Ministry of Health);
17. TURKEY, Ankara (Ministry of Health; Refik Saydam National Hygiene Center);
18. MECIDS-Middle East Consortium on Infectious Disease Surveillance;
19. WHO-IHR International Health Regulations Coordination, Lyon, France
Collaborating Institutions in EpiSouth Plus

1. ECDC-European Centre for Disease Prevention and Control, Stockholm, Sweden;
2. EUROPEAN UNION DG SANCO Public Health Directorate, Luxembourg;
3. EUROPEAN AGENCY FOR HEALTH AND CONSUMERS, Luxembourg;
4. EUROPEAN UNION EuropeAid, Brussels, Belgium;
5. MOH-Ministry of Health, Rome, Italy;
6. WHO-EMRO Regional Office for Eastern Mediterranean, Cairo, Egypt;
7. WHO-EURO Regional Office for Europe, Copenhagen, Denmark;
8. SHIPSAN- Ship sanitation project
9. SEEHN- South East Europe Health network

http://www.episouthnetwork.org/
Objectives

i. Establishment of a Mediterranean Regional Laboratories Network

ii. Promotion of common procedures in Generic Preparedness and Risk Management

iii. Enhancing Mediterranean Early Warning Systems and cross-border Epidemic Intelligence

iv. Facilitating IHR implementation
Capacity Building for Generic Preparedness and Risk Management

Enhancing the **preparedness capacity in facing threats** and the **interoperability and intersectoral collaboration** of countries’ preparedness plans to fit the IHR requirements and to ensure multi-country harmonic and prompt response

**WP leaders:**

*Spanish Instituto de Salud Carlos III*

*Institut National de Santé* Publique of Algeria

Institute of Public Health of Serbia "Dr Milan Jovanović Batut"

**WP Steering Team:**
Capacity building process

- Core-Capacity Assessment (training needs)
- Two Workshops (sharing experiences) & Four Trainings (strengthening capacities)
- Emergency Preparedness & Response Plan development (doing)
- Simulation Exercise (performing)
Core-Capacities Assessment objectives

- To determine the **early response capacity** of the PH Institutions in EpiSouth region for Public Health Events of International Concern (PHEIC)

- To assess the **core capacities to be reinforced**

*Public Health Preparedness And Response Core Capacity Assessment*

Main results of the Assessment

21/27 countries responded

- Most of the countries faced a PHEIC since 2009
- Just 30% in the region have generic plans of preparedness and response
- Countries have basic infrastructure for detection and response (surveillance), however essential gaps detected (coordination at national level, research protocols, job descriptions)
- Priority needs for training identified: risk assessment and response assessment

Generic Preparedness plans must be improved in the region.
Capacity building
Workshops & Trainings

- **SHIPSAN Trainet- Athens, Jan 2011**
  - Port Health Officers on ship sanitation inspection
- **1st Module - Madrid: workshop & training, Feb 2012**
  - EPREP, Communication, Simulation Exercise
  - Training session on spatial analysis
- **2nd Module Madrid: workshop & training, March 2013**
  - EPREP, Communication, Simulation Exercise
  - Training session on risk assessment
- **Two one-week training in Serbia: April - May 2013**
  - Outbreak Investigation and Spatial Analysis of Surveillance Data: Cluster Data Analysis
- **SHIPSAN Joint Action training Oct. 2013**
Enhancing Mediterranean Early Warning Systems (EWS) and cross-border Epidemic Intelligence

allowing alerts and Epidemic Intelligence information sharing among Episouth countries and developing inter-operability with other European EW platforms, especially EPIS and EWRS, as forecast by the current EU legislation

WP leaders:
French Institut de Veille Sanitaire & MECIDS-Middle East Consortium for Infectious Diseases Surveillance- Israel, Palestine & Jordan

WP Steering Team:
Epidemic Intelligence (EI) for EpiSouth

- Not all countries have expertise nor resources to develop full-fledged EI; avoiding duplication
- Detection of potential health threats through the use of formal & informal sources (eg. Media)
- Process → Tailored to EpiSouth needs
  - Identification of primary signals
  - Detection and selection of relevant signals
  - Analysis - Validation & Communication
e-Web (Weekly epidemiological bulletin)

- 245 e-Web (as of 4th Dec. 2012)
- 808 events reported
- 92 topics;
- 135 geographic areas
- Increased countries’ involvement
The FIFA 2010 World Cup in South Africa, Health risks and public health implications, May 2010

1. INTRODUCTION

The Republic of South Africa is the 25th largest country in the world (1.2 million km²) with nearly 50 million inhabitants. It is located at the southernmost region of Africa, with a long coastline along the South Atlantic and the Indian oceans. This geographical situation provides a generally temperate climate, although the low altitude north-eastern regions bordering Mozambique and Zimbabwe have a tropical climate. Weathers (May to July) are generally mild and dry. National parks are a major tourist attraction in South Africa. The most visited sites are the Kruger Park (North east, Mozambican border) and the Table Mountain National Park (South West) (cf. figure 1).

1.1 OVERVIEW

The Haj pilgrimage is among the world’s oldest and most important spiritual events. The pilgrimage last month (22 August to 10 September) had, for the first time, been attended by women. Around 3 million pilgrims arrived by air and land over 20 days. Pilgrims can perform the pilgrimage for the first time at will. Over 100,000 accommodation queries received during the month of Ramadan were dealt with on a first-come first-serve basis.

2. SOUTH AFRICA 2010 FIFA WORLD CUP

The 19th edition of the FIFA World Cup (FIFA 2010 WC) will be held from 11 June to 11 July 2010 across the country 64 matches will be played in Johannesburg, Cape Town, Durban, Durban, Nelspruit, Polokwane, Port Elizabeth, Pretoria and Rustenburg (figure 2). Some 350,000 visitors and participants are expected.

3. West Nile virus circulation in the EpiSouth countries and neighbouring areas (Hungary and Russia)

- Since the beginning of August 2010, 7 EpiSouth countries have reported West Nile virus (WN) outbreaks.
  - 300 human WN infections have been reported in 6 countries: Greece, Israel, Spain, Italy, Romania, and Turkey. For Greece and Turkey, these WN human infections are the first ever reported in the country.
  - 4 countries reported equine WN cases: Greece, Italy, Morocco and Spain.

- Among the 17 EpiSouth countries who provided information, on time, on their West Nile surveillance system.
  - 7 countries have permanent human surveillance system and 5 have seasonal surveillance system.
  - 7 countries maintain permanent equine surveillance system and 3 have seasonal surveillance.
  - For bird surveillance, only France maintains a permanent surveillance. Three countries have seasonal surveillance Italy, Palestine and Jordan.
  - 5 countries have neither human nor equine surveillance. To date, these countries never reported West Nile cases (Table 1).

- Information is still expected for 10 EpiSouth countries.

- Areas at risk:
  - According to information provided, areas considered at risk for West Nile within each EpiSouth country vary.
  - Areas at risk for WN virus are areas which are located on main migratory routes (cf. eMERS website).
  - For instance, areas considered at risk can be:
    - The whole country (e.g. Israel, Palestine, Egypt, ...)
    - Areas located on the Mediterranean shores (e.g. the Eastern part of Tunisia, Sousse and Gabès, Sousse East, Algeria, and Eastern France, some areas of Italy, etc.).
    - Areas bordering major river / wet areas (e.g. for Romania, districts bordering the Danube river).

- Capacities laboratory (cf. Table 1):

  Among the 12 responding countries, 1 has not identified a reference laboratory, 2 have identified a reference lab that cannot currently perform West Nile testing, 1 has an external reference lab, 0 have a national WN reference laboratory.

- Given the current situation and the intensification of West Nile virus circulation in neighbouring areas, some countries (e.g., Malta and Syria) are considering the implementation of an epizootiological surveillance.
Support in crisis: The A(H1N1) pandemic

- **Source of data:** EpiSouth countries

- **Data collected:**
  - Confirmed cases
  - Case definition and case management
  - Deaths / severe cases
  - Transmission, circulation intensity
  - Imported VS local cases

- **Confirmed cases forwarded to ECDC** (esp. Middle-East, North African region)

- **Descriptive analysis on a weekly basis**

- **Information shared with the network:**
  - Daily bulletin (the first 2 months);
  - Twice a week (intermediate period)
  - Weekly bulletin (until the end)
West Nile

- Since 2010 close monitoring (eweb and Thematic notes)
- Contribution from FPs and country laboratory contacts
- Excellent Response rate and countries’ feedback
- Coordination with WP4-laboratory
- **WN data analysis: 2010-2011-2012**
  - Number of countries with WNV Surveillance increased
  - Cumulative number of countries affected increased
  - Viral circulation more intense in the Eastern part of the Mediterranean
  - Persistence of the transmission over 3 season dynamic
From International EI to EpiSouth cross-border EI

2 components for a progressive build up

- Build on trust
- Provide useful information to stimulate information sharing
- Secure confidentiality

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<th>EpiSouth cross-border</th>
<th>International E.I.</th>
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<td>Events INSIDE EpiSouth region</td>
<td>Events OUTSIDE EpiSouth region</td>
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Mainly restricted (Public if country clearance)

Mainly Public
The EpiSouth Early warning platform (confidential)

- Secured web site (confidential)
- To share national alerts /confidential information
- Operational since November 2009
- Accessible to
  - EpiSouth FP (NPHI, MoH)
  - Majors Stakeholders: WHO, ECDC, EC
- Complements existing systems: WHO, EU/ECDC
Postings on EpiSouth secured platform

- **142 Alerts/postings** (As of 4th December 2012)
  - 130 in EpiSouth countries → **92%**
  - 12 in non EpiSouth countries → **8%**

- **39 health topics**

![Graph showing secured platform posting by topics Nov. 2009-Nov. 2012]

- **A(H1N1)**: 21%
- **Vectorborne other**: 16%
- **Malaria**: 9%
- **WNV**: 22%
- **Foodborne**: 8%
- **VPD**: 6%
- **Other**: 18%

**All Vectorborne diseases 46%**
Postings on EpiSouth secured platform

- Summer pick classically observed
  - Vector borne diseases
  - Increased travel
- NO expected baseline for Early warning
Stage on Epidemic Intelligence

• At Institut de Veille Sanitaire - France
• With the WP6 team at the International department
• For 1 week (5 days) – 2 people simultaneously
• March – April 2013

• Programme:
  – Train to use specific software/tools for signals detection
  – Signal Selection and in depth information research
  – Participate to daily round table
  – Weekly epidemiological bulletin elaboration; alert posting
Establishment of a Mediterranean Regional Laboratories
Network
to facilitate common threats detection in the countries involved

WP leaders:
French Institute Pasteur &
Turkish Public Health Institution

WP Steering Team:
Laboratory needs assessment

- Identification of priority areas for Lab Network
- Assessment of candidate laboratories capacities (minimum requirements) for Lab Network
- Assessment of needs among laboratories Network
Identification of priority areas for lab network

- Sending of a Questionnaire to define the priority areas for the Region (Aug. 2011)

  West Nile virus, Biosafety and Dengue

  - first questionnaire (27 countries) to select the Lab to be included in the EpiSouth Lab Network as per set minimum requirements (Lab that are a reference for Dengue and West Nile or the Lab of Virology which are dealing with these pathogens if no specific reference laboratories exist);

  - second questionnaire to assess the needs of the selected lab;
Trainings

i) One-week training on Dengue/Biosafety at Institut Pasteur, Paris (July 2012)

ii) One-week training on WNV at ISCIII, Madrid (June 2013)
More capacity building activities

1. Set up an Evaluation Quality Assessment for Dengue and West Nile for the Lab who request it

2. Have « onsite » training
   • Countries requesting field visits
   • Countries offering expertise

3. Stages at the Institut Pasteur or at another identified Institute
Facilitating IHR implementation

Improve capacities required by IHR (2005) in the EpiSouth region, identified among those considered as priorities by the Network

WP leaders:

Italian National institute of Health & World Health Organization Lyon office

WP Steering Team:
IHR (2005) Resolution – 65th WHA

- The 65th WHA … requests the DG to build and strengthen the capacities of WHO to perform the functions entrusted to it, through strategic health operations that provide support to countries, regional and trans-regional networks of States Parties in detection, reporting, …

65th WHA - Implementation of the IHR (2005) - Report by the Director-General

- In 27 Mediterranean and south-eastern European countries, there is a continuing effort to establish a network of laboratories, promote common procedures in preparedness and risk management, enhance early warning systems and coordinate surveillance and response for public health emergencies at points of entry.
Capacity Building Activities for IHR

- Data analysis and Report on IHR implementation in the EpiSouth Region based on WHO DATA


- A situation analysis of PoE in selected EpiSouth countries
Networking

- Project Meetings
- Project Steering Committee and WP Steering Team Meetings
- Co-leadership
Lessons Learnt

The approach based on countries expectations and regional needs has facilitated countries’ interest in participation.

The organization adopted with WP Steering Teams has enhanced co-ownership of participant countries.

The decision of co-leading activities has enhanced the sharing of responsibilities and empowered co-leaders in the specific activities and in general.
Lessons learnt from networking capacity building

- Networking increased and facilitated working relationships between the shores of Mediterranean Sea and enhanced the EpiSouth Network’s capacity of sharing knowledge and info without reservation.
- In fact, appropriate capacity building and strong networking are proven to be efficacious in creating the conducive and capable environment that is critical for addressing specific global and trans-regional threats which may have both an impact on public health and a destabilizing effect.
Acknowledgements

The EpiSouth-Plus project is co-funded by the European Union DG SANCO/EAHC and DEVCO/EuropeAid together with the participating national partner Institutions.

The financial support of the Italian Ministry of Health and ECDC is also acknowledged.

The Project is led by The Italian National Institute of health and counseled by an Advisory Board composed by EC, ECDC, WHO and other international experts.

The contents of this presentation are the sole responsibility of the authors and can in no way be taken to reflect the views of the European Union.