

EPISOUTH PLUS REPORT 10/2013

THE EPISOUTH PLUS PROJECT

REPORT OF THE EPISOUTH PLUS FINAL CONFERENCE

Istituto Superiore di Sanità
Rome, Italy (20-21 November 2013)

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on behalf of the EpiSouth Network

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THE EPISOUTH NETWORK

EPISOUTH PROJECT (2006-10)

In occasion of the Year of the Mediterranean (2005), a number of countries that share the Mediterranean ecosystem and therefore have common public health problems, agreed to develop the project “EpiSouth”, whose aim was to create a framework of collaboration on epidemiological issues in order to improve communicable diseases surveillance, communication and training in the Mediterranean region and South-East Europe.

The Project “EpiSouth” started in October 2006 with the financial support of the EU DG-SANCO together with the Italian Ministry of Health and closed in June 2010.

As per June 2010, EpiSouth is a Network of 27 countries (9 EU and 17 non-EU countries plus 1 candidate to enlargement country). It is therefore the biggest inter-country collaborative effort in the Mediterranean region.

EPISOUTH PLUS PROJECT (2010-13)

A new phase of the EpiSouth Network activities has been approved and started on 15 October 2010 and, although it was expected to last until 15 April 2013, an amendment has been asked to extend the Project until December 2013

The new phase implies a shift of the Network’s activities to a wider approach. Building on the knowledge of regional gaps and needs identified during the first EpiSouth implementation in the fields of Epidemic Intelligence, Vaccine Preventable Diseases and Migrants, Cross Border Emerging Zoonoses and Training in field/applied epidemiology, the new EpiSouth Plus Project aims at contributing to the control of public health threats and other bio-security risks in the Mediterranean region and South-East Europe.

OBJECTIVE AND ORGANIZATION

The EpiSouth Plus project is aimed at increasing 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 the EpiSouth Network in the framework of the International Health Regulations (IHR 2005). The reinforcement of relations of trust in the region is an objective and an instrument in the scope of Project’s implementation.

Ensuring a successful response to this challenge requires a solid framework of collaboration and information exchange among the 27 participating Countries. To this purpose, Focal Points from each participating country have been appointed and asked for active involvement and collaboration in the project’s activities.

The project is organized in seven Work Packages (WP), jointly co-led by EU and non-EU countries. WP leaders work in strict contact with the corresponding WP Steering Team, while a Steering Committee, constituted by all WP leaders, and the Project General Assembly, constituted by all participants, are responsible for the general strategic decisions. Finally, an Advisory Board, constituted by representatives of the collaborating institutions and external experts, provide support for the revision of relevant documents and recommendations.

ACTIVITIES

Apart from three transversal WPs (i.e., WP1-Coordination; WP2-Dissemination; WP3- Evaluation) the project's activities are articulated in four WPs:

- 1) Establishment of a Mediterranean Regional Laboratories Network to facilitate common threats detection in the countries involved (WP4).
- 2) Promotion of common procedures in Generic Preparedness and Risk Management Plans among the countries involved (WP5).
- 3) Enhancing Mediterranean Early Warning Systems (EWS) and cross-border Epidemic Intelligence allowing alerts and Epidemic Intelligence information sharing among EpiSouth countries and developing interoperability with other European EW platform, especially EWRS, as forecast by the current EU legislation (WP6).
- 4) Facilitating IHR implementation through the production of a strategic document, with guidelines based on specific assessments for describing how national plans/legislations can interact with IHR requirements (WP7).

Abbreviations and Acronyms

AB	Advisory Board
BSL	Biosafety Laboratory
CB	Cross Border
CBRN	Chemical, Biological, Radiological, and Nuclear
CDC	Centers for Disease Control and Prevention (Atlanta)
CDTR	Communicable Disease Threats Report
CoE	Centres of Excellence
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EI	Epidemic Intelligence
DG DEVCO/EUROPEAID	European Commission Directorate Development and Cooperation- EuropeAid
DG SANCO	European Commission Directorate General Health and Consumer Protection
EAHC	Executive Agency for Health and Consumers
EPIS	Epidemic Intelligence Information System
EPREP	Generic Emergency Preparedness Plans
EQA	External Quality Assessment
EQC	External Quality Control
EU	European Union
EUROMED/UfM	Euro-Mediterranean Partnership/Union for the Mediterranean
EWRS	Early Warning and Response System
EWS	Early Warning System
FP	Focal Point
IFS	Instrument for Stability
IHR	International Health Regulations
InVS	Institut de Veille Sanitaire, France
IP	Institut Pasteur
ISCIII	Istituto de Salud Carlos III, Spain
ISS	Istituto Superiore di Sanità, Italy
Lab	Laboratory
MoH	Ministry of Health
MRLN	Mediterranean Regional Laboratory Network
PH	Public Health
PHEIC	Public Health Events of International Concern
PoE	Point of Entry
SC	Steering Committee
SE	Simulation Exercise
SHIPSAN	"Assessing The Usefulness of A EU Ship Sanitation Programme and Coordinated Action for the Control of Communicable Diseases In Cruise Ships and Ferries"
ST	Steering Team
VF	Vital Functions
WHO	World Health Organization
WHO EMRO	WHO Regional Office for Eastern Mediterranean
WHO EURO	WHO Regional Office for Europe
WHO IHR LYO	WHO International Health Regulations Lyon Office
WNV	West Nile Virus
WP	Work Package
WPST	Work Package Steering Team

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- II – List of presentations
- III – Questionnaire for the Conference's Evaluation



The present report is dedicated to all those who have inspired, participated, supported, financed and advised the EpiSouth Network. It is thanks to those experts that the implementation of the EpiSouth and the EpiSouth Plus Projects' activities was possible and that the Projects' results were achieved.

1. Introduction

The EpiSouth Plus Project Conference took place in Rome on 20 and 21 November 2013.

The Conference was hosted by the National Institute of Health (ISS) and organised by the Project Coordination Team at the Unit of Epidemiology of Infectious Diseases/CNESPS at ISS.

More than 120 participants attended the Conference.

Twenty-two among twenty-seven countries (81%) involved in the Network were present. Among them, nine were from South Europe (Bulgaria, Cyprus, France, Greece, Italy, Malta, Romania, Slovenia and Spain), seven from the Balkans (Albania, Bosnia and Herzegovina, Croatia, Former Yugoslav Republic of Macedonia, Kosovo, Montenegro and Serbia), four from North Africa (Algeria, Lebanon, Libya and Tunisia) and two from the Middle East (Israel and Turkey).

The concurrent Polio outbreak prevented the participation of the representatives of Palestine, Syria and Jordan.

Representatives of European Institutions and Agencies (DGSANCO, EAHC, DGDEVCO, ECDC, HPA), International Organisations (WHO EURO and WHO(IHR)-LYO) as well as networks and projects (like SHIPSAN) were also present. They attended the meeting as members of the Advisory Board, WPs co-leaders, invited speakers or guests.

Representatives of the National Institute of Health and Italian Ministry of Health opened the meeting and actively took part in it as members of the Advisory Board, chairmen and invited speakers.

This EpiSouth Plus Conference had a special meaning as it was the last occasion to gather all the EpiSouth Focal Points before the end of the Project on the 14 January 2014. Also for this the Conference was organised exclusively in Plenary sessions to promote sharing and discussion among participants.

2. Objectives of the Conference

The EpiSouth Plus Conference was aimed at sharing and discussing:

- The main Project's outcomes after more than three years of activities;
- The preliminary results of the Project's Final Evaluation;
- The Project's Sustainability and future opportunities;
- The Project's Added value at National and Regional Level;

And to

- Strengthen the Network and the coordination between PH Epidemiologists and Heads of laboratory
- Share critical project's aspects with the Project's Advisory Board members and other international experts

3. DAY 1 – Wednesday 20 November

3.1 Opening Session

The President of the National Institute of Health, Dr Fabrizio Oleari, opened the Conference outlining the main sectors of research activities at ISS, explaining why the EpiSouth Project is considered so relevant for ISS and finally wishing fruitful working days to all the participants.

On behalf of Daniela Rodorigo, DG at the Italian Ministry of Health (Italian MoH), Dr Pasqualino Rossi, explained that the Italian MoH has supported since the beginning the EpiSouth Network's activities releasing funds which have been critical for allowing non-EU partner participation in the first years of activities and for consolidating specific activities in this last period of implementation.

They appreciated what the project has achieved and recommended that this should be not interrupted just because the project is going to terminate. This also because EpiSouth is, so far, the only Project in the context of the Union for Mediterranean (UfM) effort that is addressing the health sector. The aspects that it has addressed will be a priority also in the future strategic frameworks for research and public health of the European Commission and in the Italian semester of EU Presidency.

Silvia Declich, EpiSouth Project Leader, briefly presented EpiSouth and the aims and programme of the two-day Conference (see presentation 1: [S. Declich-Conference's programme and aims](#))

3.2 Strengthening Preparedness Planning in the Med Basin

This session was moderated by Frank Van Look (EC DG SANCO), who introduced the session stressing that many of the EpiSouth activities will have a continuation in other initiatives, so the fact that the project ends does not mean that the activities will end.

The session was dedicated to sharing and discussing the capacity building/training activities run in the context of EpiSouth by the ISCIII team in collaboration with the Serbian PHI. This process culminated in the implementation of a Simulation Exercise (SE) (see presentation 2: [M.R. Belizaire - The Simulation Exercise](#)), in October 2013, and in the preparation of the Emergency Preparedness Planning (EPREP) tool (see presentation 3: [V. Sizaire – The EPREP Tool](#)).

Lebanon and Greece reported their experience in the SE (see presentation 4: [N. Ghosn – The Simulation Exercise](#) and presentation 5: [R. Vorou – The Simulation Exercise](#))

Particularly relevant the two one-week trainings done in Belgrade, organized by the Serbian PHI for the non-EU Countries with the technical support of the ISCIII (see presentation 6: [D. Simic - EpiSouth Trainings in Belgrade](#)).

The SE was evaluated by an external evaluator who reported the evaluation results to the audience (see presentation 7: [C. Hadjichristodoulou – SE External Evaluation](#)). The Exercise was appreciated by all the participants and although some aspects should be strengthened, it was considered overall a success.

The final and detailed results of the Simulation Exercise Evaluation can be found in the final _Evaluation Report available in the EpiSouth Network website (http://www.episouthnetwork.org/sites/default/files/outputs/se_evaluation_report_final_30-11-2013.pdf).

Frank Van Look opened the discussion affirming that the SE can be considered really a success, considering the big number of partners involved and the issue of cross-border collaboration.

During the discussion the role of WHO-LYO and its involvement in the SE preparation phase was clarified, in order to explain why WHO-LYO could not take part in the SE implementation. The main identified problem appeared to be the lack of formal request of participation to the SE to WHO from EpiSouth. The technical support of WHO to the SE was however acknowledged.

The future dissemination and use of the EPREP Tool was also discussed and efforts should be done to make it available also to countries not involved in the EpiSouth Network.

Finally, it was discussed if the fact that the SE documentation and the EPREP Tool are in English might be a barrier and a limit to the Project's implementation. There was consensus on the fact that at National level it might be not a barrier, but the documents should be translated for the peripheral level. In any case it is an aspect that can be overcome, the importance is to continue this kind of exercise.

3.3 Cross Border Epidemic Intelligence (EI) and Event Based Surveillance (EBS) in the Med Basin

This session was moderated by Joseph Jansa, Head of Epidemic intelligence (EI) and response section - Surveillance and Response Support Unit ECDC, the institution which currently manages and moderates the EPIS for EpiSouth Platform. The session was dedicated at all the Project's strategies/outputs/activities to enhance and reinforce capacities on EI and EBS of EpiSouth Partners.

The secured platform, the e-web bulletins and the thematic notes (see presentation 8: [F. Belghiti-C. Giese - Sharing Alerts and Information](#) and presentation 9: [F. Riccardo - Emerging Health Threats in the EpiSouth Thematic Notes 2013](#)), the stages at InVS and ISS (see presentation 10: [F. Belghiti-C. Giese - EI stages at InVS](#) and presentation 11: [F. Riccardo - EI Stage Italy](#)), were presented to the audience. The participants to the stages reported their experience and its impact on their national activities (see presentation 12: [N. Ghosn - EI stage](#) and presentation 13: [M. Peri Markovich - Israeli EI stage at InVS](#)).

The session was completed by an overview of the new EC Decision on "Serious Cross Border threats to health" (http://ec.europa.eu/health/preparedness_response/policy/decision/index_en.htm) presented by Frank Van Look (see presentation 14: [F. Van Lock - EC Decision](#)).

Enhancing capacities to detect potential threats at national level before their spreading out of national borders was the object of the discussion. It appeared that the strategies and tools shared during the EpiSouth stages can be useful for threat detection at national and international level. The problem could be the shortage of dedicated staff, especially in small countries.

3.4 Mediterranean Regional Lab Network

This session was moderated by Antonino di Caro (National Institute for Infectious Diseases L. Spallanzani and EpiSouth Focal Point).

The session showed the process and the activities which lead to the consolidation of the EpiSouth Mediterranean Regional Laboratory Network and to the strengthening of diagnostic capacities for WNV and Dengue in the Laboratories involved (see presentation 15: [K. Victoir and G. Korukluoglu - Lab Network](#)).

Algeria and Libya representatives reported their experience in participating in the EpiSouth Lab activities (see presentation 16: [A. Hachid - Algeria Lab Network](#) and presentation 17: [O. R. Elahmer - Libya Lab Network](#)).

The discussion addressed the challenges faced by laboratories in the EpiSouth Region in developing diagnostic capacity to detect emerging novel Coronavirus in the Mediterranean Area.

In addition, some countries still have problems in diagnosing WNV and Dengue (for example B&H) because they lack appropriate equipment, primers etc. There is, therefore, a continued need for support in the framework of a Mediterranean Laboratory Network. It was underlined that some of the needs (as shipments of samples to the reference lab) can be also addressed by other Projects/Networks which have available resources.

Other challenges mentioned were the threats posed by bacteria and the critical issue of antimicrobial resistance. Participants agreed that EpiSouth could probably focus on antiviral resistance.

3.5 Facilitating IHR implementation in the Med Basin

This session was moderated by Pierre Nabeth (WHO-LYON and EpiSouth WP7 co-leader).

The work done by EpiSouth to facilitate IHR implementation was presented and in particular the Situation Analysis on coordinating surveillance at Points of Entry was illustrated (see presentation 18: [F. Riccardo - WP7 Strengthening IHR implementation](#)) also through the experience of Italy and Malta representatives who have taken part in the study (see presentation 19: [L. Vellucci - Italy PoE](#) and presentation 20: [M. A. Williams - Malta PoE](#)).

Gerardo Priotto, WHO-LYON, stated that the work done by EpiSouth will be further valorised in the context of the WHO Points of Entry (PoE) Guidance. He explained how this process, started with an expert meeting in Lyon in July 2012 that highlighted a gap in coordination of surveillance at Points of Entry, led to WHO's decision of drafting a Global Guidance on this topic. Dr Priotto also shared with the audience the objectives and contents of the Guidance which will be ready for testing at country level in the incoming months (see

presentation 21: [G. Priotto - WHO Guidance PoE](#)). In the Guidance also best practices/show cases from the Countries on integrated surveillance between Central Health Systems and PoE will be reported, including the EpiSouth cases analysed in the Situation Analysis. Gerardo Priotto noted that EpiSouth has the merit of having raised awareness on this priority at PoE and now WHO will address this globally.

The discussion addressed the problem of possible overlapping with other Networks and Institutions working on IHR aspects. However the Guidance are focusing on the very specific issue of communication/transfer of surveillance data between National Surveillance System and PoE (how, which kind of data/information etc). Even the Unit at the WHO Office in Lyon that is dealing with PoE is not addressing the specific aspect of communication dealt by the Guidance. Experts from the Network are also involved and specifically one expert who was working in the past for ShipSan.

It was clarified by Italy that not all the airports in Italy authorised by the Ministry of Health for risk assessment procedures, are also designated airports as per WHO-IHR requirements. Instead, all the Ports reported in the presentation (refer to presentation 19) are both authorised and designated ports. Contacts tracing can be a problem due to the lack of collaboration of the Air Companies, which are often reluctant to provide the passengers' lists.

3.6 Final Evaluation Preliminary results

This session was moderated by Cinthia Menel Lemos (EC EAHC, EpiSouth Plus Project Officer and member of EpiSouth Advisory Board). She introduced herself and as she has followed this project since its negotiation phase and throughout its implementation, she was very pleased to learn about the very good results and relevant documents produced by the project.

C. Hadjichristodoulou, shared with the audience the objectives, methodology and preliminary results of the Final Evaluation of the Project carried out in October-November 2013 (see presentation 22: [C. Hadjichristodoulou - Final project evaluation](#)). The results were preliminary because many Focal Points had still to fill in the questionnaire and the response rate at the moment is quite low (around 25%).

The analysis of the project's documentation available showed that all the outputs were achieved as per the set process indicators. More complex to evaluate the achievement of the outcomes, because some of the expected Deliverable will be accomplished during this last phase of project's implementation. Of the ten planned deliverables, seven were accomplished and three in progress. The partners found them excellent or satisfactory in quality.

Minor delays, maximum one month, were found in the accomplishment dates of the activities towards the planned schedule.

Regarding the compilation of questionnaire there is a difference between the response rate of EU and non EU (very low) countries and if this might be an indicator of less commitment of non-EU and can be an issue for discussion.

Although the low response rate is a limitation, the answers to the questions show that more than 60% of the responders appreciated the work done by EpiSouth in the different sectors of activities.

However, a dissemination gaps exist, some of the financing Institutions responders to the interviews were not aware about the Deliverables produced by the Project. This aspect should have been addressed, maybe through the dissemination of success stories as recommended in the conclusions of the project's mid-term evaluation.

Several ideas were reported in terms of sustainability, but this would be discussed in detail during the dedicated session on the second day of the Conference.

The final and detailed results of the Project evaluation can be found in the final Evaluation Report available in the EpiSouth Network website (http://www.episouthnetwork.org/sites/default/files/outputs/final_evaluation_report_episouth_website_1.pdf)

Two external experts not involved in EpiSouth were invited to the Conference and were asked to give their personal comments on the main positive and critical aspects related to EpiSouth.

Daniel Reynolds, head of International Relation Dept. and PH emergency Federal Public Service Health in Belgium, raised the issue on the extent of involvement of the EpiSouth Network in risk management issues, beside risk assessment. How much the Network helps to take decisions in an uncertain environment.

He also pointed out the complexity of the management of the Network and its stakeholders, including risks for duplication and overlapping, which can hamper the future sustainability.

Finally, regarding the needs to improve lab capacity and competences, he was not sure that the Episouth approach is the most efficient way as, in his view, National capacity development should not be a task of a Network, but of Governments, while quality assurance and collaboration on protocols and procurement is a role of a Network.

Roger Cook, consultant expert in microbiology and then chemicals (also as UN weapons inspector), and long time for Public Health England (emergency response dept.).

He felt tangible enthusiasm and congratulated the network participants for sustaining the project and going through activities in such a difficult time for the Region.

He stated that the positive outcomes the Network come through loud and clear. The produced tools are actually very flexible and could be tailored to almost any country, in particular the Simulation Exercise had an excellent evaluation. Even if some commented about the short time to act, confusing at the beginning, TC did not work, not enough info etc., it should be said that this happens in other SE and in real life. People liked to have more, and this is a good signal. The only thing of SE that is unreal is the time compression and that takes time to get used to.

Media were not fully considered in the SE, the presence of the media can be very intrusive. Sometimes even posing as victims. He suggested to be aware that in a real event media can be a problem.

The lab network and EQA are both on the positive side, and can be considered strong points.

Negative aspects Dr Cook mentioned were the huge amounts of documents, as key pieces of info are often enough. He commended the bulletins and the regular info that came out (including the graphics).

He pointed out the inevitability of duplication between Episouth and EWRS and that is something that would need to be refined so that double reporting is not an issue. Similar to what occurred between the EWRS and ECDC.

He finally argued "what next ?..., how do you maintain good parts?. Couldn't do everything, now added value aspects should be focused on". The Network's contacts and succession planning/substitutions should be considered. "Where does the ownership lie?"

The moderator thanked the evaluator and the experts and encouraged the EpiSouth focal points to give their view on what are the main results at country level and how they think the network could be sustained.

The discussion was particularly rich and articulated for this Conference's session and a synthesis of the participants' contributions is reported below.

N. Ghosn (EpiSouth FP, Lebanon) affirmed that to maintain the lab network is crucial to enable case confirmation.

R. Vorou (EpiSouth FP, Greece) felt that the use of EPIS for EpiSouth should be consolidated for the sharing of information among the partners and that the training should be continued in the Mediterranean area. Contact details of the network and the directory of labs (exchange opinions and samples) as well as other directories of Human PH and Veterinary PH should be maintained.

M.G.Dente (Italy and Project coordination) wanted to underline the difficulties, in terms of evaluation, in comparing the EpiSouth Secured Platform during the two phases of the Project, and this should be considered in the final evaluation. In fact, the 1st EpiSouth Platform is compared with the new one in the ECDC/EpiS environment and this created some misunderstandings in the compilation of the Evaluation questionnaires.

As coordination and participants the aspects underlined by both the experts were appreciated. Reynolds observed that it was chosen to build a network in the most difficult way. But this was actually asked. When the project was discussed with the Commission it was stressed that nothing existed in the Mediterranean

area. In fact different regions were covered by WHO and the EU was creating connections between MS, but the Mediterranean area was not covered as a whole.

And even relating to risk assessment and risk management it is correct that a strong coordination is needed between these two functions in EpiSouth as well as it is needed at national level in each country of EpiSouth.

These are aspects that the project tried to address with the different WP. The risk of overlapping/increase country reporting burden was mentioned by both the experts. At least by WHO, the networks are a recognized support for IHR implementation and EpiSouth tried to complement and not to compete. The same with interoperability and EWRS, with the help of the EC and ECDC. This is still in progress and EpiSouth did not succeed in all, but the project was implemented considering all the aspects mentioned by the experts.

D. Reynolds recognised the great achievement with WHO which took in account the work done by EpiSouth for the WHO guidance on PoE. He added that this does not occur very often.

C. Martin Pando (Spain, WP5 co-leader) commented that since beginning of EpiSouth she has heard about duplication and overlapping but, as it was underlined by a participant during a workshop, duplication and overlapping do not have the same meaning. It has to be assessed whether it is worse to have overlapping or gaps. Probably it is necessary to have a certain overlap.

She also said that building trust cannot be funded and this was reached because of an excellent management from coordination, a good governance that enabled ownership among all partners, building it in a horizontal fashion, with a lot of effort in involving EU and non EU in the management. If the EpiSouth Network disappears there will be a big impact on PH activities in the Region and for this the experience acquired needs to be maximized and used, it would be silly to lose the network not only for stakeholders but also for the partners.

S. Declich (Italy, Project leader) thanked the external experts because they have raised important points and it is important to get comments from outside. Regarding the added value of EpiSouth for the single country more will be described during the incoming session of tomorrow when the DGs of some countries' institutions will report about the national impact of EpiSouth in their experience.

In terms of network, she recognized that the EpiSouth network was larger than any of the geo-political entity foreseen by the current policies and current assessments. Probably EpiSouth was ahead of any policy especially eight years ago when it was written. For example the EC Neighbourhood Policy was still in development. Seven years ago, during the first EpiSouth Meeting, the non EU countries were asking why they were called to participate in a Network of EU countries.

During the last years many things have changed, the Mediterranean countries for many reasons are closer, in commerce, transports and even in the Public Health sector.

However EpiSouth is just a project with 2 phases, is not a programme, and it is going to terminate before any Mediterranean Programme includes health in their aims. For example the Union for Mediterranean does not tackle health. Tomorrow there will be a session on sustainability and future sectors of opportunity for partners. EpiSouth as such cannot continue but it will develop into new things building from what has been built to now.

P. Nabeth (WHO Lyon, WP7 co-leader), supported what was said by M.G. Dente and D. Reynolds regarding the networks complementarity with WHO, although at the beginning in WHO networks were considered as competing with IHR reporting. Now in EURO and EMRO it is clear that complementarity and promotion of EpiSouth in WHO was supported. This is not the case in all regions. Evidence should be built on the experience of EpiSouth to document what was done thanks to EpiSouth that would have been more difficult to achieve only through WHO. It is not enough to say that a network has been built, but it has to show how this is helping communication. Paper/s and documents should be produced and disseminated to show why the collaboration between WHO and networks is important and why they are complementary and not competing.

K. Victoir (France, WP4 co-leader) argued on the issue raised by D. Reynolds, related to the lab capacity building as a mandate of the Government rather than Networks. She said that especially for emerging health threats, lab people need to speak the same language through the harmonization of tools, to be addressed by capacity building, which could be a role of the Networks.

G. Koruklouglu (Turkey, WP4 co-leader) agreed with K. Victoir, and stressed importance of lab in Turkey, as probably in other countries, and their role in Early Warning.

F. Simon Soria (Spain, former WP5 co-leader and present EpiSouth FP), stressed that implementation process needs a learning period and sharing experiences. Thanked everybody who have taught him during the workshops, project meetings, lab workshops and the simulation exercise how to implement IHR and face threats and preparedness. If Spain has learned something it is thanks to EpiSouth Network's activities which have exposed Spain to different perceptions and practices.

A. Petrakova (ECDC representative) argued that many times when discussions are about networks, many positive aspects are underlined but often the sustainability is questioned.

She is therefore happy to see how many results and achievements have been reached, even towards sustainability.

Firstly, to set and consolidate a network needs enthusiasm, knowledge, experience. It needs also human drivers. There are in this room people without whom EpiSouth could not have worked because it is challenging to put different priorities, culture sensitivities, health systems and health policies together. Without a network it is not possible to have activities, of course there could be sub-networks/sub-communities under the big Network, but this is needed to implement the activities in the several sectors.

Secondly, capacity in the area of communicable disease preparedness and response in participating countries is strengthened after seven years. If you count how many different people participated it is a pool of people that use experiences and knowledge for the benefit of the community and share it. Produced documents in English might be translated for the benefit of the Countries when appropriate.

Thirdly relation to ECDC on Epis for EpiSouth, J. Jansa is now responsible and there is a need for improvement that should be done with the EpiSouth partners in the light of the current legislation.

We should learn from what has been done and recognise that EpiSouth has been a big challenge for coordinators, for the different funding bodies, different budgets and reporting requirements, times and structures.

She concluded thanking on behalf of ECDC for the close collaboration and patience and she confirmed ECDC's availability in collaborating especially in those sectors of EpiSouth where a collaboration is already in place (WP6/Epis for EpiSouth Platform and WP5/Trainings in the Med area).

S. Riva (EC DGDEVCO), encouraged the Focal Points to fill in the evaluation questionnaire, as it is important for the funders to understand strengths and weaknesses also for future experiences.

EC/DG DEVCO appreciated the amazing work of coordination. Not many projects are as complex as this. She thanked S. Declich and M.G. Dente for the difficulties they faced.

Simonetta underlined that putting together different regions is not an easy exercise and she thanked all partners, especially non EU, for understanding the difficulties and participating.

DG DEVCO learned from this Project, as it is difficult to manage such complexities, and it will be seen in the tomorrow session on sustainability that DEVCO has decided to finance a future initiative, which will make use of this network, but focussed on specific activities. Simonetta thanked the external experts and concluded hoping to continue collaboration in different projects.

F. Van Lock (EC DGSANCO), said that although S.Riva said it all, an allegory could be used for EpiSouth. This project, which started some seven years ago, made track with a few wagons and the EC provided the fuel to move the wagons ahead. As it continued new wagons and seats were added to accommodate the non-EU Countries, WHO and other stakeholders (although the EU MS were unfortunately only ten out of twenty seven). It was difficult... and the evaluation will help us to see where to go and what wagons to keep. Also FP should provide their view on this. Tomorrow we will see what can be realistically kept. The fuel is limited and the train/s should be steered towards the benefit of the countries/region.

C. Menel Lemos (EC EAHC) found the discussion very interesting and relevant and added that tomorrow the discussion on sustainability and impact at country level will continue.

R. Vorou (Greece, EpiSouth FP) reminded that during the first three years of Project's implementation, all participating countries contributed to prioritise the zoonoses to be addressed by EpiSouth (WNV, Rabies, brucellosis and Leishmaniosis) and WNV later became an emerging disease in the Mediterranean Basin. The same happened for brucellosis and rabies and may happen for leishmaniosis. As S. Declich said, EpiSouth was really able to anticipate the priorities for the area, it was ahead many initiatives.

C. Menel Lemos (EC EAHC) closed the session.

4. DAY 2 – Thursday 21 November

4.1 Sustainability for EpiSouth Vital Functions and Future sectors of activities

This session was introduced by S. Declich and moderated by G. Nicoletti (Italian MoH and Italian FP EAHC).

M.G. Dente presented the EpiSouth strategy and assessment to ensure Project's sustainability after its end (see presentation 23: [M.G. Dente - The sustainability process](#)).

K. Victoir discussed the new proposal to be financed by EC DGDEVCO which will involve some of the reference laboratories involved in the EpiSouth Med Lab Network (see presentation 24: [K. Victoir - DEVCO new lab](#)).

N. Ghosn reported to the audience the feasibility process aimed at setting up the MedEpiet Project (Training on Field Epidemiology in the Mediterranean Basin) to be financed by EC DGDEVCO (see presentation 25: [N. Ghosn - MediPIET](#)).

J. Jansa discussed how ECDC intends to consolidate the use of the EpiS for EpiSouth Platform also considering the new EC Proposal on Serious cross border threats to health (see presentation 26: [J. Jansa - ECDC-EPISOUTH Rome 16 Sep 2013](#)). He also informed about the recent tender launched by ECDC which also addresses the management of the EpiS for EpiSouth Platform.

M.G. Dente shared with the audience the ECDC Framework on monitoring Migrant Health and infectious diseases, which is going to be developed by the Unit of Epidemiology of Communicable Disease-CDU (CNESPS/ ISS) in partnership with the Reggio Emilia Local Health Unit, in coordination with ECDC and with the support of other relevant Institutions.

It is expected to involve also some EpiSouth Countries especially for what is related to "Provide an overview of migration inflows to the EU/EEA and how the numbers and mix of migrants is expected to impact infectious disease transmission, migrant health assessments and screening practices/policies in the EU/EEA in the coming 5-10 years" (see presentation 27: [M.G. Dente - ECDC Tender MoMiH](#)).

G. Nicoletti was positively surprised by the fact that the sustainability assessment was started before the end of the project, as this rarely happens. Moreover some further developments of EpiSouth are already on the table and the EC colleagues will appreciate this. Many things were not covered and doors may be open to further possibilities.

The discussion was mostly dedicated to the Migrant Health issue, with appreciation for addressing this critical sector expressed by many participants.

M. Anthony Williams affirmed that Migrant health would be a good area for bi-multilateral sharing of info, best practices and policies especially for health screening looking at methodologies and best policy practices, and IHR might facilitate information sharing. Regarding the EpiS for EpiSouth Platform, FP might benefit from training, maybe following example of WHO that created self administered online modules for Annex II.

S. Begic (Montenegro) asked/hoped for the development of common interventions in the Framework (also with schedules and activities) to be the same for the countries in the Region receiving migrants.

J. Jansa shared the point related to training, ECDC implements many training activities, for example next January there will be a training with partners on EW. Online training could be useful. The stages done at InVS were good and this example should be followed.

M.G.Dente said that it is requested to have something to provide indications for countries coping with the migration inflow. This is the aim of the Framework. Common indicators and screening procedures are needed. This is the idea of the Framework, this process is at the beginning and the very preliminary Framework will be shared also to see if the suggested indicators are acceptable at national level. It is not needed to produce too many additional indicators but rather systematize what is already available.

Only what is secured in terms of funds has been reported, however other ideas are under discussion with WHO EURO who is working on these aspects in the Mediterranean area. The two aspects of Emergency and Routine migration follows should be addressed.

C. Menel Lemos reported that EC DG Research has funded a "Pull and Push project" involving EUMS and North African Countries, details on migration paths and related risks. EAHC is funding a project with IOM that is doing assessments in EU countries in the Med area in detention centers (health status and assistance provided) to prepare trainings for health professionals to improve the quality of the service delivered. It is important to work together. Other specific projects develop screening protocols for migrants especially HBV, but also HIV and TB, looking at ethically viable screening settings.

S. Declich reported that the team at the CDU is in the SC of the IOM of one of the Work Packages, and that IOM is not only aware of ECDC Framework but will be invited to be part of the Advisory Board of the project. Also this came from the experience of EpiSouth due to the interest in migration in the first phase. The strength of this was to consider together EU and non EU countries as part of a migration system and that both sides are receiving migrants.

C. Martin Pando is glad that some very interesting projects will be implemented and recommended a strong coordination/collaboration also by exploiting what was built up by EpiSouth.

C. Barbara (Malta, lab network) said that a Network is a strong point for small states as Malta, a lot of screening and specially parasites for which Malta has not experience. It would be useful that national microbiology FP compile a EU reference laboratory network for rare diseases. Once compiled this should be shared with other countries.

G. Nicoletti closed the session.

4.2 ROUND TABLE with countries Directors, EC, and WHO on: EpiSouth Added Value at National and Regional Level

This session was moderated by S. Salmaso as F. Cicogna could not attend due to health problems. The DGs from the Institutes of Public Health of Serbia (D. Ilic), Montenegro (B. Mugosa), FYROM (S. Memeti) and Italy (S. Salmaso) discussed the added value and the impact of EpiSouth in their respective countries (see presentations/speeches: 28: [D. Ilic - Added value for Serbia Final Conference](#), 29: [B. Mugosa - Montenegro](#), 30: [S. Memeti - FYROM-Macedonia Epi South added value](#) and 31: [S. Salmaso - Italy and EpiSouth added value](#))

C. Menel Lemos said that in her role of project officer she learned a lot. It was the first time that EC EAHC has worked with so many EU institutions including ECDC (lab, training). One among the major result is the EPREP tool, quite good technically and very useful and in line with implementation of the EU Health Security Initiative. All the Countries/Health Authorities should have access to the EPREP tool, not only those involved in EpiSouth.

The SE is unique, because such large involvement of Countries was never heard of. The SE strategies and the evaluation should be published. The med lab network is a major achievement, even if three years are not enough and it is to be consolidated. There is space for collaboration between the EU/ECDC lab Networks and EpiSouth Lab Network. She gave insights on the new health programme (see presentation 32: [C. Menel Lemos - Health programme 2014-2020](#)).

S. Riva confirmed that DEVCO plans to finance network lab, training MedEPIET and IHR with WHO through a contract signed in summer. Some activities are worth being continued. The center of excellence (CoE) initiative should be considered by non EU countries for applying with proposals to be financed by DEVCO. DEVCO gives priority for next year to regional initiatives with more than one CoE region, and EpiSouth covers three regions, so proposals can be submitted covering all the three CoE regions or separately by single CoE Region.

F. Van Lock said that he was at SANCO when EpiSouth Plus was discussed and when the focus on preparedness and SE was requested. He is grateful for exceeding expectations. The SE was a success, it did not cover all cross-sectoral aspects, as it is known how much it is complicated, but effort was made and the method tested. The network itself is an achievement. Heads of states would have difficulties in sharing the information that EpiSouth members are sharing. It is as well an achievement that this was possible across a number of policy lines, across a number of political areas and difficult political frames through the scientific lines.

Work in the commission and agency was done to take priority areas forth.

Current health threats such as Polio and MERS or simple tourist related and food related events like VTEC outbreak in Germany show the need for the link with the risk management side.

Notwithstanding the direction towards which the new decision on CBRN risks to health and the opening to EWRS of management side in the Countries point, still political endorsement is missing and the risk assessment is not connected to the management of actions.

Can this be institutionalized? There are no means, not in time of austerity. A number of strategies might be available. The upcoming Italian Presidency and the migrant issue that is high on the political agenda could be proper hooks for political endorsement. The political environment is difficult, but EU neighborhood, UfM, EuroMED, Health Programme, CoE can help. All with limitations. DG enlargement may provide bilateral agreement for activities but not for the whole Med region.

A number of tracks created by EpiSouth have been guaranteed by ECDC and DGDEVCO, the challenge is to make all this connected also with other funded activities without competition (funding mechanisms like those mentioned by DEVCO and EAHC are competitive and do not cover the whole Med area), and visible in the political agenda. Even if the EpiSouth project ends in a couple of months, the tracks set down by EpiSouth should make all the involved participants proud.

C. Montagna (EpiSouth FP, Italy) stressed that from this experience it was learned that EU and non EU countries are inevitably called to collaborate to face common health threats, so EC should think of a cross cutting frame for a unique contract that can cater both for EU and non EU partners.

R. Feghali (Lab Lebanon): reported that before EpiSouth they had no means to test Dengue and WNV despite they knew the diseases were present in other countries nearby. During EpiSouth the Lebanese Lab Staff were trained and reagents given and EQA for Dengue done. The same will be done for WNV. It took one week of training and collaboration of colleagues to set up two tests that are important for the country.

S. Declich said that today some replies have been given to the questions posed by Reynold yesterday. The SE has been deemed a success by all, probably because the Spanish team was able to built up the SE with all the aspects addressed during the years, the trainings on preparedness, the platform, the PoEs needs of communication with surveillance, the lab needs of collaborations with injects from the Pasteur Institute. It was not just further training but it gave all of us the impression that the work being done in the past seven years makes sense. What has been done will be used in real life and for this the Spanish team and its capacity has to be thanked.

M.G. Dente wanted to stressed what reported by the Lab FP from Lebanon, one week training and EQA has enabled them to provide diagnosis for Dengue. Especially in period of resources restrictions, as the present one, it has to be appreciated that relatively exiguous resources were enough to make an added value. Lebanon is now able to do something that was not possible before. This should be considered.

F. Simon Soria said that the good words for the SE made them proud. The SE would not have been possible without the work of all the WP and at the end of the SE it became clear that it was successful at identifying gaps. Identification of gaps should be an ongoing work because addressing gaps helps at strengthening our systems. In Spain the SE was useful to do this.

C. Hadjichristodoulou remembered that Mid term added value should be described. All success stories should be collected to finalize evaluation in relation with the objectives and the outcome indicators.

C. Martin Pando added thanks to all for contributions throughout the years. The SE was the last step of a process. Not possible to do a yearly SE and also meaningless, a SE has the role of evaluating and testing how skills and plans have improved and how to continue to improve them. Possible because we have exchanged and discussed a lot. All proud because we have made this possible.

A. Petrakova thanked for the final discussion. Many ECDC staff worked with EpiSouth and they learned a lot. It has been valuable to listen to the needs expressed and the next steps that will be negotiated. Congratulations to the coordination team.

S. Declich thanked all and closed the session.

4.3 Closing Remarks

G. Nicoletti on behalf of Italian Ministry of Health DG said that there is room at Italian MoH for this project's activities in the future MoH notwithstanding austerity. Moreover Italy decided to co-finance European activities that have a strong national priority and this could be the case of the tracks set by EpiSouth. It is not always easy to find the appropriate mechanisms but it is possible and this coordinating group has proved to be quite skilled.

As final remark, he underlined the ongoing debate at EU level which poses EU and non-EU countries in a competing and conflictual light. EpiSouth showed from a new perspective the potential that Mediterranean countries can have when working together for the benefit of both EU and non EU countries, as for example in the sector of threats to health.

S. Salmaso hoped that these topics will be focus of special meetings in the forthcoming Italian Presidency. She thanked the participants, saying that this Conference was not an usual workshop, but a working experience, integral part of EpiSouth activities. EpiSouth was so successful that it has been taken over by institutions such as ECDC as other CD networks in EU.

Networks work thanks common willingness to work together beyond formality. Once the process is institutionalized this enthusiasm and participation and the feeling of building something together might be lost. She hoped this will not happen with EpiSouth. Also the institutions which will take in charge some sectors of EpiSouth should promote the continuation of this good feeling which cannot be replaced by laws and official decisions.

S. Declich underlined that also on the basis of the experience reported by S. Salmaso, when projects finish and networks are institutionalized, the relationships between colleagues survive and can be exploited. The situations will be different but what has been built beside the tools, the platform etc. are the knowledge and the trust. She concluded saying that the aims set for this Conference have been accomplished: the main outcomes, sustainability, future opportunities and added values have been shared and discussed (see presentation 33: [S. Declich - Conference closing](#)).

The closing speech of the European Commissioner for Health and Consumer Policy, at the Cypriot Presidency Conference on Cross border health threats in the EU and neighbouring countries (Nicosia, Cyprus, 05 July 2012) said that the International Health Regulations are a key tool to help build capacities at global level to cope with future threats. And EpiSouth was also mentioned "... in the area of communication several platforms are already in place. These include: the EpiSouth plus network, linking partners in neighbor countries with the European information system for health threats..."

Probably these seven years have breached beyond the technical level. As mentioned by P. Nabeth in the resolution 23 of WHA 2012, there is a request to strengthen secretariat to support activities and networks

among which EpiSouth is mentioned in the report of the DG annexed to the resolution. EpiSouth should be proud of this, this experiment has been successful also in arriving to the political level.

Finally she thanked the coordination team and the scientific secretariat, administration staff at CNESPS and administration staff at Central ISS for the management of the complexity of the project. Without them it would have been impossible and a lot was learned together.

She thanked all the focal points and laboratory contact points and she expressed gratitude to the person who, in 2004, had the vision to imagine a Mediterranean effort: Germain Thinus (EC DGSANCO) and to all the funders. Thanks to all of you.

5. Conclusions

Being this the final Conference for the EpiSouth Plus Project, many critical and sensitive issues had to be addressed and discussed: level and quality of the achievements, impact at national and regional levels, lessons learned, level of appreciation of the members of the EpiSouth Network, of collaborating Institutions, of EC DGs involved, sustainability.

In synthesis it was recognised that EpiSouth Plus was a very complex Project, that absorbed a lot of managerial resources to ensure the coordination of all the stakeholders involved and to comply with the administrative requirements of the several co-financing Agencies involved. However, on the other side, the achievements reached in the Project's sectors of activities (Work Packages-WPs) were considered relevant by all the stakeholders (being them participants, collaborating Institutions or financing Agencies).

The capacity building process, implemented with the coordinated contribution of all the Project's WPs, has been possible by addressing concomitantly several sectors (Laboratory, Field Epidemiology, Early Warning and Preparedness, WHO-IHR2005) with a Regional Mediterranean vision. The significance of the Network has emerged increasingly clear and this has facilitated the building of trust between countries and the sharing of information and practices on the basis of reciprocal credit.

The countries have increasingly participated to the identification of priorities for actions and this has enhanced their sense of ownership and consequently consolidated the credibility of the Network.

Not surprisingly therefore, EpiSouth was also able to report on Mediterranean Region needs in international contexts and to support the IHR WHO implementation in the Mediterranean Countries.

It has been highlighted that some processes should be consolidated and should become part of policy lines to ensure their future sustainability. This has been in part addressed by the approval of new relevant Projects (i.e. DEVCO MedLab and DEVCO MedEpiet) and by the endorsement and inclusion of EpiSouth outputs in institutional initiatives (i.e. the WHO Global Guidance on Surveillance at PoE). These are *per se* a recognition of the fertile substrate created by EpiSouth, but still further efforts are needed.

EpiSouth was conceived to contribute to the operative development of the policy framework for Health Security outlined by the European Commission. Albeit some challenges and limits, the Project has been able to increase partners' awareness and competencies on some relatively new concepts and domains (epidemic intelligence, cross-border health threats, inter-sectorial preparedness etc.), and to provide inputs for critical and fragile aspects/gaps to further focus on.

Now the challenge will be to valorise and further develop what has been done so far. This will be a task for all the partners and the stakeholders involved.

6. Main results of the Conference's Evaluation

The evaluation questionnaire (annex III) was distributed on the last day of the Conference, when the number of participants registered was 90. Since the number of questionnaires collected was 50, there is uncertainty about the opinion of 44% of last day participants (response rate 56%).

In the following description of results, we refer to the number of last day responders as denominator.

The opinions “strongly agreed” or “agreed” were matched together (as considered positive outcomes).

The overall evaluation of the meeting is positive. In general the proportion of answers "agree" and "strongly agree" always exceeds 74% of the total questions collected.

With regard to the Meeting Programme, 94% of the responders considered the overall meeting positive, the time dedicated to each activity adequate (84%) and able to give a better idea of the status of the project activities (88%).

The only thing that is less valued is the judgment of “My participation to the meeting was useful with respect to the project development”, for which the percentage of “agree” or “strongly agree” is the lowest observed (74%).

In general each session has been evaluated positively.

The session on Early warning systems and epidemic intelligence collects the highest percentage of "agree" and "strongly agree" for the items “Interesting” (92%) and “Useful with respect to the project development” (94%).

Instead, regarding “Relevant in a global prospective” the session on Strengthening preparedness planning in the Mediterranean Basin collects the highest percentage of "agree" and "strongly agree" (90%).

The other sessions were always appreciated at least by the 83% (session on evaluation) of participants.





EPISOUTH PLUS PROJECT

Network for the Control of Public Health Threats
in the Mediterranean Region and South East Europe

FINAL CONFERENCE AGENDA

Rome, 20-21 November 2013



Pocchiaro Conference Room
Istituto Superiore di Sanità
Viale Regina Elena, 299

This 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.

This 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.



DAY 1: WEDNESDAY 20 NOVEMBER 2013

8.30-9.00 : REGISTRATION

PLENARY SESSIONS

9.00-9.30

- Welcome by Italian Authorities (*D. Rodorigo*, DG of the Italian Ministry of Health and *F. Oleari*, President of the National Public Health Institute-ISS)
- Conference's programme and aims (*S. Declich*)

9.30-10.30 Strengthening Preparedness Planning in the Mediterranean Basin

Moderator: Frank Van Lock/DG SANCO

- The Trainings (*C. Martin Pando and D. Simic*)
- The EPREP Tool (*V. Sizaire*)
- The Simulation Exercise (*M.R. Belizaire* and the EpiSouth Representatives from Lebanon and Greece)
- SE Evaluation (*C. Hadjichristodoulou*)

10.30-10.45 Discussion



10.45-11.15 Coffee Break





EpiSouth Plus Project: Final Conference, 20-21 November 2013

11.15-12.05 Cross Border Epidemic Intelligence (EI) and Event Based Surveillance (EBS) in the Mediterranean Basin

Moderator: Josep Jansa/ECDC

- Sharing Alerts and Information (*F. Belghiti and C. Giese*)
- Emerging health threats: 2013 Thematic notes (*F. Riccardo*)
- The EI/EBS Stages (*F. Riccardo and F. Belghiti* and the involved EpiSouth Countries: Montenegro, Morocco, Israel, Lebanon, Palestine, Italy)

12.05-12.20 Discussion

12.20-13.05 Mediterranean Regional Lab Network (MRLN)

Moderator: Antonino Di Caro/INMI

- Laboratories' needs assessment, capacity building and future needs (*K. Victoir and G. Korukluoglu* with representatives from the EpiSouth Med Regional Lab Network: Algeria and Libya)

13.05-13.20 Discussion



13.20-14.20 Lunch





14.20-15.10 Facilitating IHR implementation in the Mediterranean Basin

Moderator: Pierre Nabeth/WHO IHR

- Facilitating IHR implementation: the work of EpiSouth (*F. Riccardo*)
- The National experiences on coordinating surveillance at Points of Entry (EpiSouth Countries/IHR NFP: *L. Vellucci/Italy, M. Anthony Williams/Malta*)
- The WHO Points of Entry Guidance (*G. Priotto*)

15.10-15.25 Discussion



15.25-16.00 Coffee break

ROUND TABLE

16.00-17.00 Project Final Evaluation

Moderator: Cinthia Menel Lemos/EC EACH and Simonetta Riva/EC DG DEVCO

- Final Evaluation Preliminary results (*C. Hadjichristodoulou*)
- Round table (*A. Petrakova, R. Cook, D. Reynders, F. Cicogna, P. Rossi, F. Van Lock and EpiSouth Focal Points*)

17.00-17.30 Discussion



18.00 Welcome Cocktail





DAY 2: THURSDAY 21 NOVEMBER 2013

PLENARY SESSION

9.30-10.30 Project's Sustainability and possible future sectors of activities

Moderator: Giovanni Nicoletti/Italian MoH and Silvia Declich/ISS

- Sustainability for EpiSouth Vital Functions (*M.G. Dente and M. Fabiani*)
- Future sectors of activities for the EpiSouth Partners
 - Lab development/Biosecurity (*K. Victoir*)
 - MediEpiet (*N. Ghosn*)
 - EW and EpiS for EpiSouth (*J. Jansa*)
 - Migrants Health (*M.G. Dente*)

10.30-10.45 Discussion



10.45-11.15 Coffee Break





Episouth Plus Project: Final Conference, 20-21 November 2013

ROUND TABLE

11.15-12.15 **Episouth Added Value at National and Regional Level**

Moderator: Francesco Cicogna/Italian MoH

Countries Directors: D. Ilic-Serbia, B. Mugosa-Montenegro, S.
Memeti-FYROM, S. Salmaso-Italy

EC DG SANCO: P. Van Lock

EC EAHC: C. Menel Lemos

EC DG DEVCO: S. Riva and J. Galabru

WHO EURO: G. Rodier (tbc)

WHO EMRO: D. Samhoury and J. Mahjour (tbc)

12.15-12.45 Discussion

PLENARY SESSION

12.45-13.00 Closing Remarks (*G. Ruocco, DG of the Italian Ministry of Health, S. Salmaso, Director CNESPS-National Public Health Institute-ISS and S. Declich, National Public Health Institute-ISS*)



13.00 "Arrivederci" Lunch





SPEAKERS AND CHAIRPERSONS

Anthony Williams M. - Port Health Medical Services - Floriana, Malta
Belghiti F. - InVS - S. Maurice, France
Belizaire M.R. - Carlos III Health Institute (ISCIII) - Madrid, Spain
Cicogna F. - MoH - Rome, Italy
Cook R. - London, United Kingdom
Di Caro A. - National Institute for Infectious Diseases L. Spallanzani - Rome, Italy
Declich S. - National Public Health Institute (ISS) - Rome, Italy
Dente M.G. - National Public Health Institute (ISS) - Rome, Italy
Fabiani M. - National Public Health Institute (ISS) - Rome, Italy
Galabru J. - EC DG DEVCO - Brussels, Belgium
Giese C. - InVS - S. Maurice, France
Ghosn N. - MoH - Beirut, Lebanon
Hadjichristodoulou C. - University of Thessaly - Larissa, Greece
Ilic D. - Institute of Public Health "Dr Milan Jovanovic Batut" - Belgrade, Serbia
Jansa J. - ECDC - Stockholm, Sweden
Koruklouglu G. - Public Health Institute - Ankara, Turkey
Mahjour J. - WHO EMRO - Cairo, Egypt
Martin Pando C. - Carlos III Health Institute (ISCIII) - Madrid, Spain
Memeti S. - Institute for Public Health - Skopje, FYROM
Menel Lemos C. - EC EAHC - Luxembourg
Nabeth P. - WHO IHR - Lyon, France
Nicoletti G. - MoH - Rome, Italy
Mugosa B. - Institute of Public Health - Podgorica, Montenegro
Oleari F. - National Public Health Institute (ISS) - Rome, Italy
Petrakova A. - ECDC - Stockholm, Sweden
Priotto G. - WHO IHR - Lyon, France
Reynders D. - Federal Public Service Health - Brussels, Belgium
Riccardo F. - National Public Health Institute (ISS) - Rome, Italy
Riva S. - EC DG DEVCO - Brussels, Belgium
Rodier G. - WHO EURO - Copenhagen, Denmark
Rodorigo D. - MoH - Rome, Italy
Rossi P. - MoH - Rome, Italy
Ruocco G. - MoH - Rome, Italy
Salmaso S. - National Public Health Institute (ISS) - Rome, Italy
Samhuri D. - WHO EMRO - Cairo, Egypt
Simic D. - Institute of Public Health "Dr Milan Jovanovic Batut" - Belgrade, Serbia
Sizaire V. - Carlos III Health Institute (ISCIII) - Madrid, Spain
Van Lock F. - EC DG SANCO - Luxembourg
Vellucci L. - MoH - Rome, Italy
Victoir K. - Institut Pasteur - Paris, France





VENUE

Pocchiaro Conference Room
Istituto Superiore di Sanità
Viale Regina Elena, 299 - Rome, Italy

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Annex II

1. Presentation 1: S. Declich-Conference's programme and aims
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 1 declich conferences program and aims 0.pdf>)
2. Presentation 2: M.R. Belizaire - The Simulation Exercise
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 2 - belizaire simulation exercise 0.pdf>)
3. Presentation 3: V. Sizaire – The EPREP Tool
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 3 sizaire eprep tool 0.pdf>)
4. Presentation 4: N. Ghosn – The Simulation Exercise
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 4 ghosn episouth lebanon se 0.pdf>)
5. Presentation 5: R. Vorou – The Simulation Exercise
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 5 vorou se episouth greece 0.pdf>)
6. Presentation 6: D. Simic - EpiSouth Trainings in Belgrade
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 6 simic episouth trainings in belgrade 0.pdf>)
7. Presentation 7: C. Hadjichristodoulou – SE External Evaluation
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 7 hadjichristodoulou se external evaluation 0.pdf>)
8. Presentation 8: F. Belghiti- C. Giese - Sharing Alerts and Information
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 8 belghiti - giese cb alerts information sharing 0.pdf>)
9. Presentation 9: F. Riccardo - Emerging Health Threats in the EpiSouth Thematic Notes 2013
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 9 riccardo emerging health threats in the episouth thematic notes 2013 0.pdf>)
10. Presentation 10: F. Belghiti-C. Giese - EI stages at InVS
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 10 belghiti-giese ei stages at invs 0.pdf>)
11. Presentation 11: F. Riccardo - EI Stage Italy
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 11 riccardo ei stage italy 0.pdf>)
12. Presentation 12: N. Ghosn - EI stage
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 12 episouth ghosn ei stage 0.pdf>)
13. Presentation 13: M. Peri Markovich - Israeli EI stage at InVS
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 13 israeli ei stage at invs 0.pdf>)
14. Presentation 14: F. Van Lock - EC Decision
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 14 van lock ec decision 0.pdf>)
15. Presentation 15: K. Victoir and G. Korukluoglu - Lab Network
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 15 senza foto victoir korukluoglu lab network.pdf>)
16. Presentation 16: A. Hachid - Algeria Lab Network
(<http://www.episouthnetwork.org/sites/default/files/outputs/pres. 16 hachid algeria lab network .pdf>)

17. Presentation 17: O. R. Elahmer - Libya Lab Network
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 17_elahmer_libya_lab_network.pdf)
18. Presentation 18: F. Riccardo - WP7 Strengthening IHR implementation
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 18_riccardo_wp7_strengthening_ihr_implementation.pdf)
19. Presentation 19: L. Vellucci - Italy PoE
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 19_vellucci_italy_poe.pdf)
20. Presentation 20: M. A. Williams - Malta PoE
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 20_williams_malta_poe.pdf)
21. Presentation 21: G. Priotto - WHO Guidance PoE
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 21_priotto_who_guidance_poe.pdf)
22. Presentation 22: C. Hadjichristodoulou - Final project evaluation
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 22_hadjichristodoulou_final_project_evaluation.pdf)
23. Presentation 23: M.G. Dente - The sustainability process
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 23_mg_dente_the_sustainability_process_fin.pdf)
24. Presentation 24: K. Victoir - DEVCO new lab
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 24_victoir_devco_new_lab.pdf)
25. Presentation 25: N. Ghosn - MediPIET
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 25_ghosn_medipiet.pdf)
26. Presentation 26: J. Jansa - ECDC-EPISOUTH Rome 16 Sep 2013
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 26_jansa_ecdc_episouth_rome_16_sep_2013.pdf)
27. Presentation 27: M.G. Dente - ECDC Tender MoMiH
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 27_mg_dente_ecdc_tender_momih.pdf)
28. Presentation 28: D. Ilic - Added value for Serbia Final Conference
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 28_dr_ilic_added_value_for_serbia_final_conference.pdf)
29. Presentation 29: B. Mugosa - Montenegro
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 29_dr_mugosa_montenegro.pdf)
30. Presentation 30: S. Memeti - FYROM-Macedonia Epi South added value
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 30_dr_memeti_fyrom-macedonia_epi_south_added_value_0.pdf)
31. Presentation 31: S. Salmaso - Italy and EpiSouth added value
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 31_dr_salmaso_italy_and_episouth_added_value.pdf)
32. Presentation 32: C. Menel Lemos - Health programme_2014-2020
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 32_menel_lemos_health_programme_2014-2020.pdf)
33. Presentation 33: S. Declich - Conference closing
(http://www.episouthnetwork.org/sites/default/files/outputs/pres. 33_declich_conference_closing.pdf)

Annex III



EpiSouth

Network for the Control of Public Health Threats
in the Mediterranean Region and South East Europe

Final Project Conference - Rome, 20-21 November 2013

Annex III

Evaluation form

1 = Strongly Disagree	2 = Disagree	3 = Average	4 = Agree	5 = Strongly Agree
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Meeting program					
My overall rating of the meeting is positive	1	2	3	4	5
The time dedicated to each activity was adequate	1	2	3	4	5
I have a better idea of the status of the project activities	1	2	3	4	5

Referring to each plenary sessions, I found the presentation:

1 Status of project activities

- Interesting	1	2	3	4	5
- Useful with respect to the project development	1	2	3	4	5
- Relevant in a global perspective	1	2	3	4	5

2 Supporting integration between lab and epi surveillance

- Interesting	1	2	3	4	5
- Useful with respect to the project development	1	2	3	4	5
- Relevant in a global perspective	1	2	3	4	5

3 early warning systems and epidemic intelligence

- Interesting	1	2	3	4	5
- Useful with respect to the project development	1	2	3	4	5
- Relevant in a global perspective	1	2	3	4	5

4 The who guidance for the points of entry (POE)

- Interesting	1	2	3	4	5
- Useful with respect to the project development	1	2	3	4	5
- Relevant in a global perspective	1	2	3	4	5

5 The organization of a table top simulation exercise (SE)

- Interesting	1	2	3	4	5
- Useful with respect to the project development	1	2	3	4	5
- Relevant in a global perspective	1	2	3	4	5

6 The Episouth mid-term evaluation (MTE)

- Interesting	1	2	3	4	5
- Useful with respect to the project development	1	2	3	4	5
- Relevant in a global perspective	1	2	3	4	5

Which core activity you would consider essential for the sustainability of the project?

Logistic					
The meeting was well organized (places, accommodation, travel..)	1	2	3	4	5
The information received before the meeting was adequate	1	2	3	4	5
The meeting materials were useful	1	2	3	4	5

Participation					
I actively participated to the meeting	1	2	3	4	5
My participation to the meeting was important for its results	1	2	3	4	5
My knowledge on the project has improved	1	2	3	4	5

Any other comments

