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Regulations & Preparedness in the EU



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SHARP

Strengthened International HeAlth Regulations & Preparedness in the EU SHARP-Joint Action

WP8 - Training and local exercises, exchange of working practices

D.8.2 Final training report

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Summary

The JA-SHARP Work Package (WP) 8 - Training and local exercises, exchange of working practices- therefore aimed at strengthening the implementation of the International Health Regulations 2005 (IHR 2005) core capacities in the JA partner countries through cross-sectoral basic and advanced trainings.

In order to assess training needs and develop trainings the training needs assessment was done.

The method used to assess cross-sector training needs was a desk review. Available data and results of existing assessments were collected, analysed and mapped to better understand actual gaps in human resource capacity, including regional differences among the participating countries.

Data for all 26 SHARP JA participating countries were analysed and presented in Deliverable D.8.1.

The results of training needs assessment shown that the IHR capacities with the highest need for improving were Points of entry, Risk Communication, Chemical events, Biosafety and biosecurity, National health emergency framework, Surveillance, Human resources, Preparedness and response, Risk assessment, Antimicrobial resistance, and Case management capacity for IHR relevant hazards. Based on the results of the training needs assessment the curricula were developed for IHR Basic Training, 7 advanced trainings, 2 tabletop exercises, chemical and laboratory trainings.

In total, 21 workshops/trainings (2X2 IHR basic and 7 advanced trainings, 2 chemical trainings, 2 field exercises, 6 laboratory trainings), 3 national exercises, and 2 study visits were organised in on-line and on-site settings with total number of 943 participants (multiple participation of persons possible) from 31 countries (All 26 SHARP JA participation countries + Belgium, Taiwan, Cyprus, Iceland, and India).

The IHR Basic Trainings, 4 advanced trainings, 1 Tabletop exercise, Chemical trainings, and 3 Laboratory trainings were organised on-line, while 3 advanced trainings, 1 Tabletop exercise and 3 Laboratory trainings conducted face-to-face.

The target audience for the trainings were the public health professionals (junior or mid-career) from different sectors, actively involved in the implementation of IHR (2005) core capacities, risk communication experts, field epidemiologists from different sectors, laboratory experts, representatives of local, intermediate and national level authorities, National focal points (NFPs) for the International Health Regulations (2005), persons working at a competent authority at a country central level (Ministry of Health, National Public Health Institute or other) dealing with chemical safety, etc.

The trainings information was disseminated with support of WP2.

The evaluation has been done by WP3, and more information can be found in Deliverable D.3.2.

The sustainability options of the trainings developed within the SHARP JA are described in Deliverable D.4.2.

This report provides an overview over the training activities conducted within WP8. All reports of the respective trainings are provided in this Report.

Introduction

The Joint Action SHARP (Strengthened International Health Regulations & Preparedness in the EU) aims to strengthen preparedness in the EU against serious cross-border health threats and to support the implementation of the International Health Regulations (IHR) (2005). By consolidating the existing capacities of members and supporting improvement in those countries where IHR capability gaps exist, the JA SHARP contributes to ensuring a safer environment for all EU citizens.

The JA-SHARP Work Package (WP) 8 - Training and local exercises, exchange of working practices- therefore aimed at strengthening the implementation of the International Health Regulations 2005 (IHR 2005) core capacities in the JA partner countries through cross-sectoral basic and advanced trainings.

The WP consisted of the following tasks and sub-tasks:

- Task 8.1. Assessment of the cross-sectoral training needs in JA partner countries related to preparedness and IHR implementation
 - Sub-task 8.1.2 Compiling an inventory of existing IHR-related training activities and materials
- Task 8.2. Development of curricula for basic and advanced face-to-face and on-line training
- Task 8.3. Training implementation
 - Sub-task 8.3.1. Implementation of basic and advanced trainings
 - Sub-task 8.3.2 Secondments, study tours or internships to supranational organizations or other countries
 - Sub-task 8.3.3 Supporting low-GNI JA partner countries in the implementation of national exercises
- Task 8.4. WP8 activities coordination and implementation

The Joint Action and particularly WP8 was affected by the impact of the COVID-19 pandemic (travel restrictions, ban on mass gatherings), making deviations from the original planning unavoidable. Nevertheless, WP8 was able to achieve the set goals outlined in the above mentioned tasks and thus contribute to the achievement of the JA-SHARP objectives.

This report provides an overview over the training activities conducted within WP8. All reports of the respective trainings are provided in this Report.

An assessment of training needs (Task 8.1) was conducted to form the basis of the training activities to be implemented within WP8. The method used to assess cross-sector training needs was a desk review. Available results of existing assessments were collected and mapped to better understand actual gaps in human resource capacity, including regional differences among the participating countries. Data sources included the Preparedness and Response Planning Progress Report under

Decision 1082/2013/EU (Article 4), the ECDC Capacity and Training Needs Assessment, WHO Joint External Evaluation reports, and the State Party Self-Assessment Annual Reporting (SPAR) tool. The training needs assessment was a crucial prerequisite to design, develop and implement training programmes. The results of analysis, comparison and integration of data obtained from relevant sources identified the following areas with the greatest needs for development and/or improvement:

- Points of entry
- Risk Communication
- Chemical events
- Biosafety and biosecurity
- National health emergency framework
- Surveillance
- Human Resources
- Preparedness and response
- Risk assessment
- Antimicrobial resistance
- Case management capacity for IHR relevant hazards

Additional training needs were identified in:

Central Europe

- Food Safety

Southern Europe

- Radiation emergencies
- Zoonotic events and the human-animal interface

Methodology

The training needs assessment (TNA), together with the inventory of existing trainings (sub-task 8.1.2) formed the basis for the development of curricula for basic and advanced face-to-face and on-line training within WP8. All identified areas were integrated in the planning of the content of the workshop or as a specific workshop or training on the topic.

After the selection of the topics of the trainings to be developed, the institutions to organise the trainings were identified and contacted. The preparation of on-site trainings (Basic IHR training) started but due to COVID19 pandemic had to be transformed to the on-line training. It required additional time and resources for implementation. Other trainings curricula were developed and implemented in line with the epidemiological situation.

In total, the curricula were developed for IHR Basic Training, 6 advanced trainings, 2 tabletop exercises, chemical and laboratory trainings.

Results

WP8 was particularly affected by the impact of the COVID-19 pandemic (travel restrictions, ban on mass gatherings), leading to adjustments to the originally planned training activities. Trainings that were originally conceptualized as on-site trainings had to be restructured and adapted to fit into an online training context, while further trainings had to be developed as online formats in the first place during the height of the pandemic. Only towards the end of the acute phase of the pandemic, WP8 was able to deliver on-site trainings as well. Nevertheless, evaluation results proved that the conducted trainings were of high quality and contributed to strengthening capacities of public health professionals in the JA-SHARP partner countries.

21 workshops/trainings (2x2 IHR basic and 7 advanced trainings, 2 chemical trainings, 2 field exercises, 6 laboratory trainings), 3 national exercises, and 2 study visits were organised in on-line and on-site settings with total number of 943 participants (multiple participation of persons possible) from 31 countries (All 26 SHARP JA participation countries + Belgium, Taiwan, Cyprus, Iceland, and India).

The list of trainings conducted

- 2 training cycles (with 2 trainings) of the 5-module IHR Basic Online-Training (2020 - 2021, 2022)
- Online- training on In(tra)-Action Reviews (IAR) in an Online Setting (June 2021)
- Online Tabletop exercise on Risk communication – “Vaccination Exercise” (June 2021)
- Online Workshop on In(tra)- and After-Action Reviews (June 2022)
- Online-training on Simulation Exercises (September 2022)
- International Tabletop Exercise Points of Entry – Control Measures, Contact Tracing (December 2022, Athens, Greece)
- Public Health Disaster Recovery Training (May 2023, Belgrade, Serbia)
- Workshop on Public Health Surveillance – lessons learned from COVID-19/Public Health Emergencies Detection and Surveillance (July 2023, Lisbon, Portugal)
- Training on the EU Common Ship Sanitation Database – Digital tool for supporting International Health Regulations implementation at Points of Entry (September 2023, Athens, Greece)
- Chemical Safety and Chemical Threats (June 2022 and 2022, online)
- 6 laboratory trainings (2020-2022)
- National table top exercises (June 2022, April 2023, May 2023, Greece)

- Furthermore, we conducted study tours to the Robert Koch Institute (RKI) in Germany and DG Santé.

The target audience for the trainings were the public health professionals (junior or mid-career) from different sectors, actively involved in the implementation of IHR (2005) core capacities, risk communication experts, field epidemiologists from different sectors, laboratory experts, representatives of local, intermediate and national level authorities, National focal points (NFPs) for the International Health Regulations (2005), persons working at a competent authority at a country central level (Ministry of Health, National Public Health Institute or other) dealing with chemical safety, etc.

Many trainings were supported by representatives from ECDC and WHO EURO, who offered specific insights in their area of expertise.

For all trainings, several documents were prepared to ensure a high-quality training and adequate documentation. The process for implementation of each specific training included the development of:

- A training concept note
- Organisational documents like invitations, participant lists
- A training flyer
- A training agenda & invitation of presenters/facilitators
- Training materials (presentations, case studies, etc.) based on country/region needs
- Facilitators guides
- Training reports

To support training organizers with those requirements, WP8 drafted templates for all those documents and provided them on the JA-SHARP internal website to all interested JA SHARP contributors.

Training materials of all trainings conducted within WP8 are available online for SHARP partners on a specially developed learning platform, developed and maintained by IPHS (<https://education.batut.org.rs>).

The trainings information was disseminated with support of WP2.

The evaluation has been done by WP3, and more information can be found in Deliverable D.3.2.

The sustainability options of the trainings developed within the SHARP JA are described in Deliverable D.4.2.

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Basic Online Training Reports

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IHR (2005) Basic Online Training 2020/2021

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ACRONYMS AND ABBREVIATIONS

AAR	After Action Review
AMR	Antimicrobial Resistance
COVID-19	Coronavirus disease 2019
EU	European Union
GNI	Gross National Income
IAR	In(tra) Action Review
IHR	International Health Regulations
JA	Joint Action
JA SHARP	Joint Action Strengthened International HeAlth Regulations and Preparedness in the EU
JEE	Joint External Evaluation
MEF	Monitoring and Evaluation Framework
NFP	National Focal Point
PHEIC	Public Health Emergency of International Concern
SPAR	States Parties Annual Reporting
RKI	Robert Koch Institute
STEC	Shigatoxin-producing Escherichia coli
WHO	World Health Organization

INTRODUCTION TO THE IHR BASIC ONLINE TRAINING

CONTEXT

The Joint Action SHARP aims to strengthen preparedness in the EU against serious cross-border health threats and to support the implementation of the International Health Regulations (IHR) (2005). The different work packages will help in sustainable capacity building to prevent, detect and respond to biological outbreaks, chemical contamination, environmental and unknown threats to human health. By consolidating the existing capacities of members and supporting improvement in those countries where IHR capability gaps exist, the JA SHARP contributes to ensuring a safer environment for all EU citizens. Implementing IHR (2005) core capacities requires trained personnel in various sectors and at different levels. In order to meet this need, several workshops and online trainings are conducted as part of the JA SHARP.

Among them is the IHR (2005) Basic Online Training, which will be addressed in this report. Originally, the training was intended as a face-to-face event. However, due to the COVID-19 pandemic, the concept had to be adapted and an online format developed. Therefore, the training was divided into 5 Modules of 2-3 hours each. All trainings were conducted with Webex Meetings. Each Module was offered twice to allow as many people as possible to participate. All trainings were conducted in English.

Target Audience

The IHR (2005) Basic Online Training was aimed at public health professionals (junior or mid-career) from different sectors from the various JA-SHARP Partner countries. Some of them were actively involved in the implementation of IHR (2005) core capacities, while others had no or little previous knowledge of the IHR (2005). In total, 60 people from 21 European countries took part in the training. It should be noted, however, that (probably also due to the workload of the public health institutes during the pandemic) the number of participants changed significantly between Module 1 in 2020 and the other Modules in 2021. A total of 46 people took part in Module 1, while only 32 people attended Modules 2-5. However, there were not only drop-outs but also new participants, so that the group composition changed between Module 1 and Module 2-5. Throughout Modules 2-5, however, the number and composition of participants was stable.

Time

Module 1 was conducted on 30 June 2020 and 02 July 2020.

Due to the pandemic and the associated high workload in all participating public health institutes, further Modules had been postponed until 2021. The workshop series was continued in late summer 2021 as follows

Module 2: 25 and 26 August 2021, 10:00-12:00 (CEST)

Module 3: 08 and 09 September 2021, 10:00-12:30 (CEST)

Module 4: 22 and 23 September 2021, 10:00-12:00 (CEST)

Module 5: 06 and 07 October 2021, 10:00-12:00 (CEST)

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AIMS AND OBJECTIVES

The IHR (2005) Basic Online Training aimed to provide basic IHR (2005) knowledge for personnel working in different sectors in positions relevant to IHR core capacities. It aimed to strengthen the IHR (2005) core capacities according to country needs.

After completing this training, participants should be able to

- understand the scope and purpose of IHR (2005) including core capacities and functions
- know how to collect, assess and communicate critical public health information under the IHR (2005)
- know about the importance of collaboration and communication with other sectors engaged in strengthening IHR core capacities
- understand relevant aspects of risk communication
- understand the key elements of planning, coordinating, monitoring and assessing IHR (2005) implementation

A further central aim of the IHR (2005) Basic Online Training was the initiation of a sustainable project network that allowed participants to share knowledge, good practices and experiences. The resulting network should enable the participants to stay in contact with each other beyond the project duration and thus help to connect countries, institutions and individuals. To facilitate this networking, the organisers developed and distributed a network booklet which included photos and contact information of the participants of the IHR (2005) Basic Online Training.

METHODS AND MATERIALS

All five Modules of the IHR (2005) Basic Online Training were conducted in English using the virtual meeting platform Webex Meetings. In order to run a successful online training, several resources and materials were needed.

- Personnel:

3 lead-facilitators (moderators)¹ and 1-2 additional facilitators, depending on the respective Module of the training and the group size, as well as one team member responsible for technical support, if available.

- Technical requirements:

Access to the meeting software Webex Meetings – with the needed admin rights to manage the training (e.g., give rights for screen sharing, divide in smaller groups, mute participants during presentations and manage chat) and stable internet access (browser to be used in parallel to meeting software). The lead-facilitators also needed access to additional digital tools with polling,

¹ The terms lead-facilitators and moderators will be used synonymously in this report and refer to the three persons who conceptualized and planned the training, presented the main training content, and moderated the discussions and activities.

word cloud, and whiteboard functions (e.g., Mentimeter, Padlet, Kahoot and Flenga). In addition, a parallel communication channel between the moderators (e.g., via messenger app using private smart phones) was set up, to allow for quick communication during the respective training sessions.

- Additional documents:

A detailed agenda for the facilitators, which provided a minute-by-minute schedule (including topics, virtual room, content, tools and tasks as well as responsible team member and relevant links), as well as the facilitation guide and concept note were made available to all lead facilitators and facilitators before the training.

COURSE OVERVIEW

As mentioned at the beginning, the learning content of the IHR (2005) Basic Online Training was divided into 5 Modules (see Figure 1). The following section provides a brief overview of the core content of the five Modules before the respective Modules are presented in more detail in the following chapters.



Figure 1: The five Modules of the IHR (2005) Basic Online Training

CONTENT OF THE 5 ONLINE SESSIONS

1. Introduction to the IHR, IHR core capacities and functions (30 June and 02 July 2020)
 - Need for revision of the IHR (1969)
 - Differences between IHR (1969) & IHR (2005)
 - Purpose of the IHR (2005)
 - Roles of the Member States and WHO under the IHR
 - Main elements of the IHR core capacities
2. Detection, assessment and communication under the IHR (2005) (25 and 26 August 2021)
 - Definition and determination of a Public Health Emergency of International Concern (PHEIC)

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- Notification process and other procedures under the IHR (2005)
 - Differentiation of the roles of the Member States, the Emergency Committee and WHO under the IHR (2005)
 - Use of the decision instrument (Annex 2) to assess events that might pose an international public health threat
3. Intersectoral collaboration and coordination (08 and 09 September 2021)
- Key aspects of intersectoral collaboration and coordination under the IHR (2005)
 - Performing two case studies with intersectoral elements
 - Exchange experiences and good practices
4. Risk communication (22 and 23 September 2021)
- Definition of risk communication
 - WHO's integrated model for emergency risk communication
 - Guiding principles for risk communication practice capacities'
 - International frameworks that oblige and/or support countries to build national risk communication
5. WHO Monitoring and Evaluation Framework (06 and 07 October 2021)
- Guiding principles and components of the IHR Monitoring and Evaluation Framework
 - Ensure linkages of the four components
 - Exchange experiences and good practices

IN-DEPTH DESCRIPTION OF THE 5 MODULES

The following chapter is intended to give a more detailed overview of the contents and training activities of the 5 Modules. For this purpose, the Modules are described in chronological order.

Module 1: Introduction to the IHR, IHR core capacities and functions

Learning objectives

The first Module of the IHR (2005) Basic Online Training was conducted in a 2-hour online format on 30 June and 02 July 2020 respectively. Prior to the training, the following learning objectives were defined: After completing Module 1, participants should be able to...

- understand the need for revision of the IHR (1969)
- explain the differences between the IHR (1969) and the IHR (2005)
- describe the purpose of the IHR (2005)
- summarize the main elements of the IHR core capacities
- exchange COVID-19 experiences and best practises and get acquainted with each other.

Connection and Engagement

The first Module of the training series offered an introduction to the topic of the IHR (2005) and introduced the core capacities and guiding principles of the framework. Before the training, the participants had the opportunity to take part in a specially designed e-learning on the topic. For this

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purpose, the link to the pre-learning was shared with the participants before the IHR (2005) Basic Online Training Module 1. The one-hour online preparatory course aimed to familiarize participants with the contents and core concepts of the IHR (2005).

The first Module started with welcoming remarks and an overview over the contents of the whole course before participants were asked to share their expectations for the training in the chat. After this, the learning outcomes for the training were presented. Before the training, the participants had received several ice-breaker questions via email. The moderators asked the attendees to introduce themselves and answer one of those questions to facilitate networking among the participants.

Concrete activities

By use of a PowerPoint presentation the moderators described the contents of the IHR (1969) and highlighted the developments that led to their revision. They then described the purpose of the IHR and the differences between the IHR (1969) and the IHR (2005).

The next section started with a quiz. Here participants answered multiple choice questions about the previous content by using the Webex polling tool.

After this activity the training proceeded with a short presentation on implementation responsibility and key rights and obligations for State Parties with regard to the IHR (2005). This section was followed by another round of the quiz.

After a short break, the workshop continued with the introduction of the IHR core capacities and functions.

A discussion regarding the coordination of IHR National Focal Points took place. Afterwards the participants discussed the question "How has COVID-19 affected your professional life in the past months?" by sharing best practises and examples from their respective countries. Then a presentation on the all-hazards approach and other areas addressed by the IHR (2005) concluded this part of the workshop.

Wrap-up and outlook

The last section of the training started with a summary of the learning objectives. After final questions were answered, participants were asked how to proceed with the following Modules (Option 1: Separate Modules Option 2: Combine Modules 2-5 in a 2-day online course). Most attendees voted that the training should be continued in 4 separate training Modules. The moderators thanked participants and delivered their closing remarks.

As mentioned above, due to the requirements of pandemic response, there was a 13-month break before the training series could be continued with Module 2 in August 2021.

Module 2: Detection, assessment and communication under the IHR (2005)

Learning objectives

On 25 and 26 August 2021 the second 2-hour Module of the IHR (2005) Basic Online Training took place. For this Module the following learning objectives were defined. After completing this Module, participants should be able to

- define a Public Health Emergency of International Concern (PHEIC) according to the IHR (2005)
- explain how a PHEIC is determined under the IHR (2005)

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- describe the notification process and other procedures such as consultation under the IHR (2005)
- differentiate between the roles of the WHO, the Emergency Committee and the Member States
- apply the decision instrument (Annex 2) to assess events that might pose an international public health threat

Connection and Engagement

After the pause (> 1 year) between Module 1 and Module 2 a special emphasis was put on welcoming participants back and providing them with the opportunity to introduce themselves to each other. To this end, after short welcoming remarks and a quick talk through the training rules (Webex etiquette), participants were asked to introduce themselves in the chat and adding a statement starting with “I like...”, e.g. “I like hiking” to further facilitate networking. After that, the course objectives, as well as the training structure were presented.

Then, participants were asked to post their answers to the question “What do you associate with detecting, assessing and communicating potential public health emergencies of international concern under the IHR (2005)?” in Mentimeter. The moderators commented on the results and afterwards presented the learning objectives for Module 2.

Concrete activities

To kick off the content-part of the workshop, participants were now assigned to break-out groups of about 3-4 persons. They had seven minutes to exchange their professional experiences with detecting, assessing and notifying events under the IHR (2005).

The next section provided a recap of the core contents of Module 1, before the moderators presented the modalities for the assessment of public health events, the notification process and the definition of PHEIC. The respective roles of WHO, the Emergency Committee and the member states in that regard were explained. During this section participants brainstormed which PHEICs they remembered and participated in an exercise using the online tool “Flinga” to allocate the respective roles and responsibilities with regard to detection and notification under the IHR (2005) to the different stakeholders. Afterwards there was time for questions.

In the next section, the lead-facilitators presented an in depth-explanation of the notification process in accordance with Annex 2 of the IHR (2005) and further explained the relevance and content of the four main criteria used for the notification assessment. After this section there was a Q&A session and a five- minute break.

After the break the lead-facilitators showed a short scenario-video from the [G20 exercise in 2017](#), describing a fictional outbreak of a respiratory disease in a fictional country. The participants were asked to decide and discuss whether they would notify this event to WHO. After this introduction the lead- facilitators explained the break-out session that was about to follow.

The attendees were divided into groups of 4-5 people and one facilitator. The facilitators then shared their screen with a word-document containing three fictional scenarios for each group.

Those scenarios described events that might or might not require notification to WHO in accordance with Annex 2 of the IHR (2005). In total, six different scenarios had been prepared by the lead-facilitators and the scenarios as well as the following exercise were pre-tested with RKI staff of different levels of experience and expertise with the IHR (2005) notification assessment.

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After the participants had had time to read the first scenario aloud and potential questions were addressed, their task was to go through the four main-criteria of the notification assessment and decide for each of them, whether they would answer it with yes or no and why. The group facilitator entered the contributions into a reporting template. The goal of the exercise was to facilitate a discussion on the relevant points of the notification assessment and reinforce its components. To do so, it was not mandatory for the groups, to complete all scenarios and/ or to come to a final definitive decision for each scenario. After the workshop all participants received all scenarios for further practise. After the exercise, each group presented their results for one scenario in plenary. Again, there was room for questions. The colleagues from WHO supported the workshop, answered several questions and provided valuable insights on the WHO perspective to the discussion, which was highly appreciated by the participants.

Wrap-up and outlook

To wrap up the training, the lead-facilitators again presented the learning objectives and the sources used and gave participants a few minutes to individually write down 2-3 key points they took with them from the training. In addition, a Mentimeter was conducted for immediate feedback on the training, before the moderators gave a quick outlook on the next training Module two weeks ahead.

Module 3: Intersectoral collaboration and coordination

Learning objectives

Module three, conducted on 08 and 09 September 2021, focused on intersectoral collaboration and coordination. After completing the three-hour Module, participants should

- Know key aspects of intersectoral collaboration and coordination and stakeholders involved in public health decision making and response under the IHR (2005)
- Understand the relevance of the One Health approach
- Apply knowledge and pre-existing skills in 2 case studies on intersectoral collaboration under the IHR (2005)
- Exchange experiences and good practices

Connection and engagement

After the welcoming remarks, participants were again invited to introduce themselves in the chat. In the meantime, the moderators introduced the workshop agenda, as well as housekeeping rules and the learning objectives for Module 3. To engage the audience with the workshop topic, the moderators gave a few examples of infectious disease events that required intersectoral collaboration and coordination in the past, like outbreaks on cruise ships or the foodborne STEC outbreak in Germany in 2011.

Concrete activities

The training started with a brainstorming exercise via Mentimeter, where participants collected stakeholders relevant for intersectoral collaboration and coordination under the IHR (2005). The moderators then reinforced sectors and ministries that might be involved in the topic and re-introduced the IHR core capacities and points of entry, to emphasize the broad scope of the topic. The participants were now allocated to break-out groups for about seven minutes, to discuss their experiences with collaboration in public health events and identify three factors that enabled good

intersectoral collaboration and coordination as well as possible barriers. Afterwards, the results were briefly presented in plenary.

The next section included some theoretical input on the complexity of intersectoral collaboration and the intersectoral approach and requirements of the IHR (2005). The lead-facilitators also presented the mandatory functions of the IHR National Focal Points in that regard. To further illustrate the content, the moderators exemplarily described the structure of the German NFP and its linkages with other institutions.

The colleagues from WHO then presented provisions under the IHR that require cooperation between WHO and other stakeholders and gave an overview over relevant institutions and networks in Europe and internationally. Afterwards there was room for questions and discussion.

The next part of the workshop introduced the concept of One Health and its relevance for the IHR, in particular along the topic of emerging infectious diseases of zoonotic origins and the need for close collaboration across sectors, countries and institutions to tackle the threat they pose. The moderators also gave examples of international strategies and activities in that regard, like for example the European One Health Action Plan against Antimicrobial Resistance (AMR).

To wrap up the first part of the workshop and reinforce the content, a 10-minute interactive quiz was conducted, using the tool Kahoot. After this, there was a 5-minute break.

After the break, participants were allocated to groups of about 4-5 people with one facilitator to work on one of two case studies on intersectoral collaboration under the IHR (2005). One of the case studies prepared by the lead-facilitators focused on an outbreak of Shiga-toxin producing E. coli in a tourist setting while the other case study described an outbreak of Crimean Congo Haemorrhagic Fever (CCHF) in a rural, low-income country. For each case study, the participants discussed several questions regarding intersectoral collaboration, while the group facilitators guided the discussion and captured the results in a reporting template. After this forty-minute session there was again time for reflection and questions.

To conclude the content part of the workshop, the participants now collected their recommendations for effective intersectoral collaboration and coordination in a **Padlet**, while the moderators commented on the results.

Wrap-up and outlook

To give the participants the opportunity to reflect on what they learned in the training, the moderators gave them two minutes to write down what they took with them from the training and how/where they could possibly apply it in their work. After a quick repetition of the learning objectives and an outlook on the next module, there was again a Mentimeter for immediate feedback on the training, where the attendees could provide feedback and make suggestions.

Module 4: Risk Communication

Learning objectives

Module four was conducted on 22 and 23 September 2021. The Module focused on the topic of risk communication and the following learning objectives were defined a priori. After completing the Module, participants should

- Be informed about how to define risk communication

- Know at least 2 international frameworks that oblige and/or support countries to build national risk communication capacities
- Be familiar with the 5 components of WHO's integrated model for emergency risk communication
- Be acquainted with guiding principles for risk communication practice
- Develop a SOCO (single overarching communication outcome)
- Exchange experiences and good practices

Connection and engagement

After reiterating the overall objectives of the course, the moderators presented the learning objectives and the agenda for Module four. The participants were randomly allocated to break-out groups for a few minutes. Their task in this ice-breaker activity task was to find three commonalities and report back one to three keywords in plenary.

Concrete activities

The workshop then started with a theoretical input on the relevance of risk communication under the IHR (2005) and a definition of risk communication and its goals. The moderators also described differences in how experts and laypeople listen to health information and what this means for effective communication. The lead-facilitators then introduced different means and channels for risk communication, as well as relevant international frameworks.

The next section started with a brainstorming activity on risk perception, before the theoretical concepts in that regard were presented. The lead-facilitators then explained different risk communication strategies and their respective goals and key components. After this input, the moderators presented the audience with four very short scenarios on different situations (e.g., outbreak of swine flu). The participants were then asked to vote via the Webex polling tool on which communication strategy they thought was most appropriate, while the moderators commented on the results and gave further context. Afterwards there was a question and response section before a five-minute break.

After the break, the moderators introduced guiding principles for effective risk communication and explained the WHO integrated Model for Emergency risk communication. There was another Q&A session as well.

For the next part of the training, the moderators explained the concept of SOCO (Single overarching communication outcome) and described, why and how a SOCO is developed. Then participants were allocated to self-facilitated break-out-sessions using Padlet. Their task was to develop a SOCO for a specific one-sentence scenario given for their group and to present the results in plenary.

Wrap-up and outlook

After a brief repetition of the learning objectives, participants were invited to give a short feedback in the Webex chat. The moderators then provided a short outlook on the next Module of the training.

Module 5: IHR (2005) Monitoring and evaluation framework

The fifth and last Module of the IHR (2005) Basic Online Training was conducted on 06 and 07 October 2021. The Module was intended to achieve the following learning objectives:

- Understand the objectives and guiding principles of the IHR M&E Framework

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- Differentiate between the four components of IHR M&E Framework
- Practise the identification of challenges and good practices for one topic
- Recognize linkages between the four components to improve IHR capacities

A further objective was again to give participants the opportunity to exchange their knowledge and experience and get in touch with the other attendees and the WHO colleagues.

Connection and Engagement

After the lead-facilitators welcomed the attendees, introduced the colleagues from WHO, and presented the learning objectives and agenda for the day, an ice-breaking activity called “curtain up” was conducted. Participants were asked to cover their webcam with a piece of paper. Then the moderator asked several questions. If the answer is yes, the respective participant uncovers their camera, if not the camera stays covered. In the last question, participants were asked whether they have had any previous experiences with one of the four components of the IHR Monitoring and Evaluation Framework (IHR MEF).

Concrete activities

The training began with a theoretical input on background and objectives of the IHR MEF. The moderators then presented the guiding principles of the framework and gave an overview over its four components before the first Q&A section took place.

Then, participants were sent to break-out groups for seven minutes. Their task was to brainstorm three key words they associated with the IHR MEF and to find out which group members had already had experience with one or more of the four components of the framework. They then reported the results back in plenary.

The next section of the training provided more in-depth information on the four components of the IHR MEF. A particular emphasis was placed on the States Parties Annual Reporting (SPAR), Joint External Evaluations (JEEs) and simulation exercises, since After Action and In(tra) Action Reviews were presented in a special segment later on in the workshop. During the presentation, the moderators repeatedly invited those participants with previous experience on the respective components to share their thoughts and insights with the other attendees, which led to some interesting discussions and exchanges. Before the five- minute break there was again a Q&A session. After the break, the moderators gave a more in-depth presentation on After-Action Reviews (AAR) and In(tra) Action Reviews (IAR) and described the planning roadmap as well as the scope and principles of those components. They highlighted the key messages along the example of an IAR in the aviation sector during COVID-19 that was conducted in Germany.

To give the attendees a little insight in some of the key aspects of IARs, another exercise in break-out groups was conducted. The participants could choose which group (and therefore topic) they would like to attend. The task was to identify three key challenges and good practices for the respective sector. The exercise was self- facilitated again and the attendees captured their results in a pre- designed Padlet, before they reported back to plenary and discussed the results.

After the discussion, the moderators gave a short overview on which component of the framework might be useful for which task and context and highlighted the commonalities and differences between

the four components. They also described the linkages between the four components with regards to improving the IHR core capacities.

Then the colleagues from WHO gave an overview over SPAR and JEE activities currently ongoing in the WHO Euro Region and addressed questions from the audience directed at WHO.

Wrap-up and Outlook

The moderators thanked all participants and the colleagues from WHO for their inputs and contribution and invited the attendees to give immediate feedback in the chat. The lead-facilitators further mentioned that training certificates would be provided and asked the attendees to take part in the online evaluation survey for the IHR (2005) Basic Online Training.

EVALUATION AND FOLLOW-UP

After each individual Module of the training, the participants were invited to give immediate feedback via Mentimeter or chat (or of course via email, if they wished to). The feedback was predominantly positive and some of the suggestions, participants made (e.g., using a quiz tool) were implemented in the later workshops.

There was a facilitator hot debrief after each Module as well. The facilitators shared their impressions from the respective training and discussed what went well and which areas might be improved in the future. Apart from some minor technical and organizational issues no big changes were required during the training period.

After completion of the last Module, participants were emailed a link to the training evaluation survey. This survey consisted of a total of four questions and a fifth option in which the participants could freely phrase feedback. The first question asked for the country affiliation and the second question asked which Modules the respective person had attended.

The third question asked participants to indicate their agreement with the certain sentences about the trainings duration and quality while the fourth question asked them to rate their overall satisfaction with the training.

All in all, 22 persons participated in the survey during the evaluation period from 08 October 2021 to 22 November 2021. Only half of them attended Module 1, while participation rates for the following Modules were higher among the participants of the evaluation (between 68% and 86%). This could be due to the aforementioned change in the composition of the audience after the first Module, which resulted in fewer participants overall from Module 2-5 than the first Module.

Most of the participants in the evaluation rated the training very positively. In particular, the content and organisation of the training were perceived positively, while some participants would have liked more space for exchange with others:

Q3 Please indicate your agreement with the following sentences from 1 to 5 (with 5 being the best).

Answered: 22 Skipped: 0

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
The organisation of the training was good	0.00% 0	0.00% 0	0.00% 0	9.09% 2	90.91% 20	22	4.91
The duration of the training was adequate	0.00% 0	0.00% 0	4.55% 1	22.73% 5	72.73% 16	22	4.68
The content of the respective modules was prepared adequately	0.00% 0	0.00% 0	0.00% 0	18.18% 4	81.82% 18	22	4.82
The information I received before the training was helpful	0.00% 0	4.55% 1	4.55% 1	22.73% 5	68.18% 15	22	4.55
I had the opportunity to share experiences and good practices during the IHR (2005) Basic Online Training	0.00% 0	0.00% 0	4.55% 1	31.82% 7	63.64% 14	22	4.59
I had the opportunity to exchange with other experts also between the IHR (2005) Basic Online Training Modules (e.g. through the Network Booklet)	4.55% 1	4.55% 1	18.18% 4	18.18% 4	54.55% 12	22	4.14
I plan to continue collaborating with the experts from the IHR (2005) Basic Online Training	0.00% 0	0.00% 0	27.27% 6	40.91% 9	31.82% 7	22	4.05
I have exchanged information about the contents of the IHR (2005) Basic Online Training with other colleagues who have not attended the IHR (2005) Basic Online Training	4.55% 1	0.00% 0	22.73% 5	45.45% 10	27.27% 6	22	3.91

Figure 2: Answers to question 3 of the evaluation survey

Question four asked participants to rate their general satisfaction with the training on a scale from 0 to 100. General satisfaction with the training appeared to be quite high with answers ranging from 85 to 100 with the average number allocated being 94:

Q4 Overall, please rate your satisfaction with the IHR (2005) Basic Online Training

Answered: 22 Skipped: 0

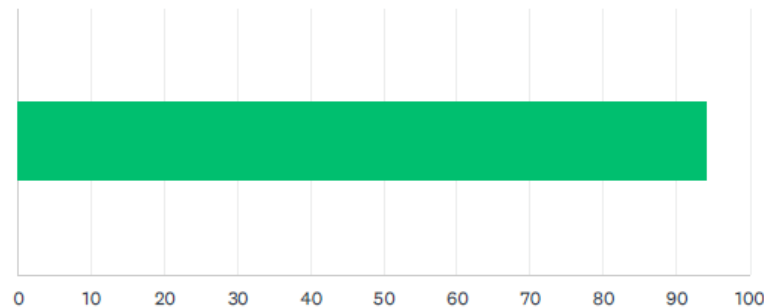


Figure 3: Results of question 4 of the evaluation

The free text option in question five was used by 11 participants. The feedback here was also predominantly positive. In particular, the training was described as varied and informative, and the participants praised the mix of methods and the opportunity for exchange with the other participants in a friendly atmosphere. One participant criticised that the breaks were too short and that some elements of the content sometimes seemed “a bit rushed” because of the limited time available. Another participant noted that the great heterogeneity of the group (in terms of experience) sometimes made a purposeful discussion difficult.

CONCLUSIONS

Overall, the training was very successful and could be repeated in a similar form. Major changes in the conception do not seem to be necessary. Nevertheless, it would be advantageous to carry out the individual Modules without longer breaks.

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- RIJKS Instituut voor de Volksgezondheid (Doret de Rooij)

WP8 Team of JA SHARP:

- IPHS-WP8 Lead of JA SHARP: Milena Vasic
- RKI-WP8 Co-lead of JA SHARP: Maria an der Heiden, Alba Méndez Brito, Janina Schäfer

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SHARP

Strengthened International HeAlth
Regulations & Preparedness in the EU



Co-funded by the
Health Programme of
the European Union

IHR (2005) Basic Online Training 2022

ACRONYMS AND ABBREVIATIONS

AAR	After Action Review
AMR	Antimicrobial Resistance
COVID-19	Coronavirus disease 2019
EU	European Union
GNI	Gross National Income
IAR	In(tra) Action Review
IHR	International Health Regulations
JA	Joint Action
JA SHARP	Joint Action Strengthened International HeAlth Regulations and Preparedness in the EU
JEE	Joint External Evaluation
MEF	Monitoring and Evaluation Framework
NFP	National Focal Point
PHEIC	Public Health Emergency of International Concern
SPAR	States Parties Annual Reporting
RKI	Robert Koch Institute
STEC	Shigatoxin-producing Escherichia coli
WHO	World Health Organization

INTRODUCTION TO THE IHR (2005) BASIC ONLINE TRAINING

CONTEXT

The Joint Action SHARP aims to strengthen preparedness in the EU against serious cross-border health threats and to support the implementation of the International Health Regulations (IHR) (2005). The different work packages will help in sustainable capacity building to prevent, detect and respond to biological outbreaks, chemical contamination, environmental and unknown threats to human health. By consolidating the existing capacities of members and supporting improvement in those countries where IHR capability gaps exist, the JA SHARP contributes to ensuring a safer environment for all EU citizens. Implementing IHR (2005) core capacities requires trained personnel in various sectors and at different levels. In order to meet this need, several workshops and online trainings are conducted as part of the JA SHARP.

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Among them is the IHR (2005) Basic Online Training, which will be addressed in this report. A first round of the training has already been delivered in 2020/2021 (also online), so that the IHR (2005) Basic Online Training 2022 could be based on this concept. The IHR Basic Training was performed several times and every time adapted taking into account the participants and trainers feedback. The training was divided into 5 modules of 2-3 hours each. All trainings were conducted with Webex Meetings. Each module was offered twice to allow as many people as possible to participate. All training sessions were conducted in English.

TARGET AUDIENCE

The IHR (2005) Basic Online Training was aimed at public health professionals (junior or mid-career) from different sectors from the various JA-SHARP Partner countries. Some of them were actively involved in the implementation of IHR (2005) core capacities, while others had no or little previous knowledge of the IHR (2005). In total, 32 people from 14 European countries took part in the training.

TIME

The IHR (2005) Basic Online Training 2022 was conducted in 5 consecutive modules of 2-3 hours:

Module	Day	Date	Time
1 Introduction to the IHR, IHR core capacities and functions	Wednesday	09/02/2022	10:00-12:00 CET
	Thursday	10/02/2022	13:00-15:00 CET
2 Detection, assessment and communication under the IHR (2005)	Wednesday	16/02/2022	10:00-12:00 CET
	Thursday	17/02/2022	13:00-15:00 CET
3 Intersectoral collaboration and coordination	Wednesday	02/03/2022	10:00-13:00 CET
	Thursday	03/03/2022	13:00-16:00 CET
4 Risk communication	Wednesday	09/03/2022	10:00-12:00 CET
	Thursday	10/03/2022	13:00-15:00 CET
5 IHR Monitoring and Evaluation Framework	Wednesday	16/03/2022	10:00-12:00 CET
	Thursday	17/03/2022	13:00-15:00 CET

In order to allow as many people as possible to participate, participants could choose for each module whether they wanted to participate on Wednesdays or Thursdays. It was also possible to change the day of participation at short notice. Because the participants were free to choose which date they wanted to participate in, there were sometimes very unevenly sized groups. In particular,

due to the escalation of the war in Ukraine during the training period in February and March 2022, there were also sudden scheduling conflicts of some participants, which were not always communicated by the participants before the training. For example, on one date only 9 participants were present, which meant that the time management and some exercises had to be adjusted ad-hoc and the potential for discussion was somewhat limited.

AIMS AND OBJECTIVES

The IHR (2005) Basic Online Training aimed to provide basic IHR (2005) knowledge for personnel working in different sectors in positions relevant to IHR core capacities. It aimed to strengthen the IHR (2005) core capacities according to country needs.

After completing this training, participants should

- understand the scope and purpose of IHR (2005) including core capacities and functions
- know how to collect, assess and communicate critical public health information under the IHR (2005)
- know about the importance of collaboration and communication with other sectors engaged in strengthening IHR core capacities
- understand relevant aspects of risk communication
- understand the key elements of planning, coordinating, monitoring and assessing IHR (2005) implementation

A further central aim of the IHR (2005) Basic Online Training was the initiation of a sustainable project network that allowed participants to share knowledge, good practises and experiences. The resulting network should enable the participants to stay in contact with each other beyond the project duration and thus help to connect countries, institutions and individuals. To facilitate this networking, the organisers developed and distributed a network booklet which included photos and contact information of the participants of the IHR (2005) Basic Online Training.

METHODS AND MATERIALS

All five modules of the IHR (2005) Basic Online Training were conducted in English using the virtual meeting platform Webex Meetings. In order to run a successful online training, several resources and materials were needed.

- Personnel:

2 lead-facilitators (moderators)² and 1-2 additional facilitators, depending on the respective module of the training and the group size, as well as one team member responsible for technical support, if available.

Fortunately, most modules were also supported by one to two representatives of WHO Euro with specific expertise for the respective module. The WHO colleagues provided some input on the

² The terms lead-facilitators and moderators will be used synonymously in this report and refer to the three persons who conceptualized and planned the training, presented the main training content, and moderated the discussions and activities.

perspective of WHO for the respective context and answered questions from participants. It was only for module 4 that this support was not available.

- Technical requirements:

Access to the meeting software Webex Meetings – with the needed admin rights to manage the training (e. g. give rights for screen sharing, divide in smaller groups, mute participants during presentations and manage chat) and stable internet access (browser to be used in parallel to meeting software). The lead- facilitators also needed access to additional digital tools with polling, word cloud, and whiteboard functions (e. g. *Mentimeter*, *Padlet*, and *Flinga*). In addition, a parallel communication channel between the moderators (e. g. via messenger app using private smart phones) was set up, to allow for quick communication during the respective training sessions.

- Additional documents:

A detailed agenda for the facilitators, which provided a minute-by-minute schedule (including topics, virtual room, content, tools and tasks as well as responsible team member and relevant links), as well as the facilitation guide and concept note were made available to all lead facilitators and facilitators before the training.

COURSE OVERVIEW

As mentioned at the beginning, the learning content of the IHR (2005) Basic Online Training was divided into 5 modules (see Figure 1). The following section provides a brief overview of the core content of the five modules before the respective modules are presented in more detail in the following chapters.



Figure 1: The five Modules of the IHR (2005) Basic Online Training

CONTENT OF THE 5 ONLINE SESSIONS

1. Introduction to the IHR, IHR core capacities and functions (09 and 10 February 2022)

- Need for revision of the IHR (1969)
- Differences between IHR (1969) & IHR (2005)
- Purpose of the IHR (2005)
- Roles of the Member States and WHO under the IHR
- Main elements of the IHR core capacities

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2. Detection, assessment and communication under the IHR (2005) (16 and 17 February 2022)
 - Definition and determination of a Public Health Emergency of International Concern (PHEIC)
 - Notification process and other procedures under the IHR (2005)
 - Differentiation of the roles of the Member States, the Emergency Committee and WHO under the IHR (2005)
 - Use of the decision instrument (Annex 2) to assess events that might pose an international public health threat
3. Intersectoral collaboration and coordination (02 and 03 March 2022)
 - Key aspects of intersectoral collaboration and coordination under the IHR (2005)
 - Performing two case studies with intersectoral elements
 - Exchange experiences and good practices
4. Risk communication (09 and 10 March 2022) • Definition of risk communication
 - WHO's integrated model for emergency risk communication
 - Guiding principles for risk communication practice
 - International frameworks that oblige and/or support countries to build national risk communication capacities
5. IHR Monitoring and Evaluation Framework (16 and 17 March 2022) • Guiding principles and components of the IHR Monitoring and Evaluation Framework
 - Linkages between the four components
 - Exchange experiences and good practices

IN-DEPTH DESCRIPTION OF THE 5 MODULES

The following chapter is intended to give a more detailed overview of the contents and training activities of the 5 modules. For this purpose, the modules are described in chronological order. In the run-up to the training, the participants received a flyer and technical instructions, together with the request to ensure a functioning audio and video connection. Unfortunately, this was not possible for all participants for all modules, so that some participants had to use the Webex chat to bridge the gap. This made some of the group work a little more difficult, but generally there was good cooperation and efficient working was possible.

After each module the course materials were shared with all participants within the same week.

Module 1: Introduction to the IHR, IHR core capacities and functions

Learning objectives

The first module of the IHR (2005) Basic Online Training was conducted in a 2-hour online format on 09 and 10 February respectively. Prior to the training, the following learning objectives were defined: After completing module 1, participants should be able to...

- explain differences between IHR (1969) & IHR (2005)
- describe the purpose of IHR (2005)
- name key rights and obligations for state parties
- summarize key components of the IHR core capacities

Connection and engagement

The first module of the training series offered an introduction to the IHR (2005) and introduced their core capacities and guiding principles.

After welcoming remarks and some general instructions on Webex functions and organizational aspects, the lead-facilitators provided an overview of the contents and learning objectives of whole course. Afterwards an ice-breaker activity was conducted. For this purpose, the participants had already received ice-breaker questions by e-mail prior to the training, with the request to think of an answer for one of them. The lead facilitators first introduced themselves and also answered the ice-breaker questions before a round of introductions and answers to the questions was held with all participants.

Immediately afterwards, the first breakout session began. The participants were divided into random small groups and asked to find three associations to the International Health Regulations in three minutes.

Afterwards the learning activities for the first module were presented.

Concrete activities

The content part of the workshop began with an overview of the history of the IHR. In particular, the lead-facilitators highlighted the need for revision throughout history and the main differences between the IHR (1969) and the IHR (2005).

After this, an exercise with the tool *Flinga* was conducted. First participants were asked to line up their avatar on a timeline that indicated how long they had been working with the IHR. Secondly, they had to drag their avatar to the core capacity that currently most corresponds to their current field of work. This exercise served on the one hand to make the participants more familiar with each other, but also enabled the facilitators to get an overview of the participants' level of experience with the IHR (2005). The exercise showed that while participants worked in a great variety of core capacities, most of them had little or no previous experience with the IHR (2005).

In the next section of the training, the facilitators presented key aspects of the IHR (e.g., implementation responsibility, National Focal Points and the definition of a Public Health Emergency of International Concern). Then, there was a group activity in which the participants explained the key terms of the IHR to each other again in order to consolidate the learning content.

After a five-minute break, the facilitators presented the IHR (2005) core capacities. Then participants were again sent to breakout groups for 15 minutes. Each group had been assigned two core capacities

and was asked to discuss good practises and challenges for those core capacities during the COVID-19 pandemic. The results were captured with the tool *Padlet* and presented in the plenary. Afterwards there was a Q&A section. This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union's Health Programme (2014 - 2020).

Wrap-up and outlook

To round off the training, the lead facilitators presented the learning objectives again and pointed out relevant sources and other resources. Afterwards, in a final exercise, they gave the participants

three minutes to reflect on what they could take away from the training in order to further consolidate the training content.

Module 2: Detection, assessment and communication under the IHR (2005)

Learning objectives

On 16 and 17 February the second 2-hour module of the IHR (2005) Basic Online Training took place. For this module the following learning objectives were defined: After completing this module, participants should be able to

- define a Public Health Emergency of International Concern (PHEIC) according to the IHR (2005)
- explain how a PHEIC is determined under the IHR (2005)
- describe the notification process and other procedures such as consultation under the IHR (2005)
- differentiate between the roles of the WHO, the Emergency Committee and the Member States
- apply the decision instrument (Annex 2) to assess events that might pose an international public health threat

Connection and engagement

After short welcoming remarks and a quick talk through the training rules (Webex etiquette), participants were asked to introduce themselves in the chat and adding a statement starting with “I like...”, e.g. “I like hiking” to further facilitate networking. After that, the course objectives, as well as the training structure were presented.

Then, participants were assigned to breakout groups for seven minutes. The task was to brainstorm about past or potential public health events in their countries that might be of international concern. Afterwards the results were briefly presented in the plenary.

Concrete activities

The lead-facilitators presented the definition of a PHEIC and asked participants how many PHEICs they remembered. After this, the notification process and the procedures for the determination of a PHEIC were presented. The training then addressed the establishment of National Focal Points (NFP) and WHO Contact points before the lead-facilitators described the notification process according to article 6 of the IHR (2005) and the consultation process in accordance with article 8.

Next up, a facilitated breakout session was conducted, where participants allocated the roles and responsibilities of the WHO in general, the Emergency Committee and the member states to respective tasks under the IHR (2005). To do so, the tool *Flinga* was used. The results were then briefly summarised in the plenary and any remaining open questions were discussed.

After the break, the lead-facilitators described the notification process in more detail and explained the use of the Annex 2 decision instrument. The lead-facilitators walked the participants through the different steps and components of the tool and explained the four guiding criteria. Afterwards there was again room for questions.

The attendees were divided into groups of 4-5 people and one facilitator. The facilitators then shared their screen with a Word-document containing three fictional scenarios for each group.

Those scenarios described events that might or might not require notification to WHO in accordance with Annex 2 of the IHR (2005). In total, six different scenarios had been prepared by the lead-facilitators and the scenarios as well as the following exercise were pre-tested with RKI staff of different levels of experience and expertise with the IHR (2005) notification assessment.

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After the participants had had time to read the first scenario aloud and potential questions were addressed, their task was to go through the four main-criteria of the notification assessment and decide for each of them, whether they would answer it with yes or no and why. The group facilitator entered the contributions into a reporting template. The goal of the exercise was to facilitate a discussion on the relevant points of the notification assessment and reinforce its components. To do so, it was not mandatory for the groups, to complete all scenarios and/or to come to a final definitive decision for each scenario. After the workshop all participants received all scenarios for further practise. After the exercise, each group presented their results for one scenario in the plenary.

Again, there was room for questions. The colleagues from WHO supported the workshop answered several questions and provided valuable insights on the WHO perspective to the discussion, which was highly appreciated by the participants.

Wrap-up and outlook

To wrap up the training, the lead-facilitators again presented the learning objectives and the sources used. A *Mentimeter* was conducted for immediate feedback on the training, before the moderators gave a quick outlook on the next training module two weeks ahead.

To bridge the one-week break in the training and to strengthen both the network between the participants and the engagement with the IHR, the participants were given a small homework assignment. They were divided into groups of three. The task was to pick out some sights and research the IHR National Focal Point (NFP) and its location for each country of origin of the participants of the group. Afterwards, the results were shared with all participants.

Module 3: Intersectoral collaboration and coordination

Learning objectives

Module three, conducted on 02 and 03 March 2022, focused on intersectoral collaboration and coordination. After completing the three-hour module, participants should

- know key aspects of intersectoral collaboration and coordination and stakeholders involved in public health decision making and response under the IHR (2005)
- understand the relevance of the One Health approach
- have applied their knowledge and pre-existing skills in one of two case studies on intersectoral collaboration under the IHR (2005)

Connection and engagement

After welcoming remarks, the attendees were asked to introduce themselves in the chat and add a sentence starting with either “I can” or “I have”. In the meantime, the moderators introduced the workshop agenda, as well as housekeeping rules and the learning objectives for module 3. To engage the audience with the workshop topic, the moderators gave a few examples of infectious disease events that required intersectoral collaboration and coordination in the past, like outbreaks on cruise ships or the foodborne STEC outbreak in Germany in 2011.

Concrete activities

The training started with a brainstorming exercise via *Mentimeter*, where participants collected stakeholders relevant for intersectoral collaboration and coordination under the IHR (2005). The

moderators than reinforced sectors and ministries that might be involved in the topic and re-introduced the IHR core capacities and points of entry, to emphasize the broad scope of the topic. The next section included some theoretical input on the complexity of intersectoral collaboration and the intersectoral approach and requirements of the IHR (2005) using the theoretical model of Raišienė and Baranauskaitė (2018)³. The lead-facilitators also presented the mandatory functions of the IHR National Focal Points in that regard. To further illustrate the content, the moderators exemplarily described the structure of the German NFP and its linkages with other institutions.

To further facilitate these issues, a breakout session using Padlet was conducted. On 02 March 2022 participants were asked to find examples for collaboration on the macro, mezzo, and micro level for the specific components of the theoretical model (Regulations and politics, processes and resources, Relations and human factors). Although participants came up with good results, they seemed to somewhat struggle with the exercise. So, the exercise was simplified for the second day of the training on 03 March 2022. Now attendees were asked to find examples for good practises and challenges for collaboration on the macro, mezzo, and micro level in general and did not have to stick to a specific component. This seemed to be easier for the attendees.

The colleagues from WHO then presented provisions under the IHR that require cooperation between WHO and other stakeholders and gave an overview over relevant institutions and networks in Europe and internationally. Afterwards there was room for questions and discussion.

The next part of the workshop introduced the concept of One Health and its relevance for the IHR, in particular along the topic of emerging infectious diseases of zoonotic origins and the need for close collaboration across sectors, countries and institutions to tackle the threat they pose. The moderators also gave examples of international strategies and activities in that regard, like for example the European One Health Action Plan against Antimicrobial Resistance (AMR).

To wrap up the first part of the workshop and reinforce the content, a 10-minute interactive quiz was conducted, using the tool *Mentimeter* again. After this, there was a 5-minute break.

After the break, participants were allocated to groups of about 4-5 people with one facilitator to work on one of two case studies on intersectoral collaboration under the IHR (2005). One of the case studies focused on an outbreak of Shiga-toxin producing *E. coli* in a tourist setting while the other case study described an outbreak of Crimean Congo Haemorrhagic Fever (CCHF) in a rural, lower-income country. For each case study, the participants discussed several questions regarding intersectoral collaboration, while the group facilitators guided the discussion and captured the results in a reporting template. After this forty-minute session there was again time for reflection and questions.

Wrap-up and outlook

After a quick repetition of the learning objectives and an outlook on the next module, there was again a Mentimeter for immediate feedback on the training, where the attendees could provide feedback and make suggestions for further improvement. This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union's Health Programme (2014 - 2020).

³ Raišienė and Baranauskaitė (2018): Investigating Complexity of Intersectoral Collaboration: Contextual Framework for Research. Online: <https://repository.mruni.eu/handle/007/15728> [last access: 03/23/2022]

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Module 4: Risk communication

Learning objectives

Module four was conducted on 09 and 10 March 2022. The module focused on the topic of risk communication and the following learning objectives were defined a priori: After completing the module, participants should

- be informed about how to define risk communication
- know at least 2 international frameworks that oblige and/or support countries to build national risk communication capacities
- be familiar with the 5 components of WHO's integrated model for emergency risk communication
- be acquainted with guiding principles for risk communication practice
- develop a SOCO (single overarching communication outcome)
- exchange experiences and good practices

Connection and engagement

After welcoming participants and reiterating the housekeeping rules, the moderators presented the learning objectives and the agenda for module four. The participants were randomly allocated to break-out groups for a few minutes. Their task in this ice-breaker activity task was to find three commonalities and report back one to three keywords in the plenary.

Concrete activities

The workshop then started with a theoretical input on the relevance of risk communication under the IHR (2005) and a definition of risk communication and its goals. The moderators described differences in how experts and laypeople listen to health information and what this means for effective communication. The lead-facilitators then introduced different means and channels for risk communication, as well as relevant international frameworks.

The next section started with a brainstorming activity on risk perception, before the theoretical concepts in that regard were presented. The lead-facilitators then explained different risk communication strategies and their respective goals and key components. After this input, the moderators presented the audience with four very short scenarios on different situations (e.g., outbreak of swine flu). The participants were then asked to vote via the Webex polling tool on which communication strategy they thought was most appropriate, while the moderators commented on the results and gave further context. Afterwards there was a question and response section before a five-minute break.

After the break, the moderators introduced guiding principles for effective risk communication and explained the WHO integrated Model for Emergency risk communication. There was another Q&A session as well.

For the next part of the training, the moderators explained the concept of SOCO (Single overarching communication outcome) and described, why and how a SOCO is developed. Then participants were allocated to self-facilitated break-out-sessions. Their task was to develop a SOCO for a specific one-sentence scenario given for their group and to present the results in plenary. Again, the tool *Padlet* was used to capture the results.

Wrap-up and outlook

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After a brief repetition of the learning objectives and information on relevant literature and interesting courses on the topic, the moderators provided a short outlook on the next module of the training. This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union's Health Programme (2014 - 2020). 13

Module 5: IHR (2005) Monitoring and Evaluation Framework

The fifth module of the IHR (2005) Basic Online Training was conducted on 16 and 17 March 2022. The module was intended to achieve the following learning objectives: Participants should be able to....

- understand the objectives and guiding principles of the IHR M&E Framework
- differentiate between the four components of IHR M&E Framework
- practice the identification of challenges and good practices for one topic
- recognize linkages between the four components to improve IHR capacities

A further objective was again to give participants the opportunity to exchange their knowledge and experience and get in touch with the other attendees and the WHO colleagues.

Connection and engagement

After the lead-facilitators welcomed the attendees, introduced the colleagues from WHO, and presented the learning objectives and agenda for the day, an ice-breaking activity called “curtain up” was conducted. Participants were asked to cover their webcam with a piece of paper. Then the moderator asked several questions. If the answer is yes, the respective participant uncovers their camera, if not the camera stays covered. In the last question, participants were asked whether they have had any previous experiences with one of the four components of the IHR Monitoring and Evaluation Framework (IHR MEF).

Concrete activities

The training began with a theoretical input on background and objectives of the IHR MEF. The moderators then presented the guiding principles of the framework and gave an overview over its four components before the first Q&A section took place.

Then, participants were sent to break-out groups for seven minutes. Their task was to brainstorm three key words they associated with the IHR MEF and to find out which group members had already had experience with one or more of the four components of the framework. They then reported the results back in plenary.

The next section of the training provided more in-depth information on the four components of the IHR MEF. A particular emphasis was placed on the States Parties Annual Reporting (SPAR), Joint External Evaluations (JEEs) and simulation exercises, since After Action and In(tra) Action Reviews were presented in a special segment later on in the workshop. During the presentation, the moderators repeatedly invited those participants with previous experience on the respective components to share their thoughts and insights with the other attendees, which led to some interesting discussions and exchanges. Before the five- minute break there was again a Q&A session. After the break, the moderators gave a more in-depth presentation on After-Action Reviews (AAR) and In(tra) Action Reviews (IAR) and described the planning roadmap as well as the scope and

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principles of those components. They highlighted the key messages along the example of an IAR in the aviation sector during COVID-19 that was conducted in Germany.

To give the attendees a little insight in some of the key aspects of IARs, another exercise in breakout groups was conducted. The task was to identify three key challenges and good practices for the respective sector assigned to the group. The exercise was self-facilitated again and the attendees captured their results in a pre-designed *Padlet*, before they reported back to plenary and discussed the results.

After the discussion, the moderators gave a short overview on which component of the framework might be useful for which task and context and highlighted the commonalities and differences between the four components. They also described the linkages between the four components with regards to improving the IHR core capacities.

Then the colleagues from WHO gave an overview over SPAR and JEE activities currently ongoing in the WHO Euro Region and addressed questions from the audience directed at WHO.

Wrap-up and Outlook

The moderators thanked all participants and the colleagues from WHO for their inputs and contributions. The lead-facilitators further mentioned that training certificates would be provided and asked the attendees to take part in the online evaluation survey for the IHR (2005) Basic Online Training.

EVALUATION AND FOLLOW-UP

After each individual module of the training, the participants were invited to give immediate feedback via *Mentimeter* or chat (or of course via email, if they wished to). The feedback was predominantly positive and some of the small suggestions, participants made were implemented in the later workshops.

There was a facilitator hot debrief after each module as well. The facilitators shared their impressions from the respective training and discussed what went well and which areas might be improved in the future. Apart from some minor technical and organisational issues or small adaptations to specific exercises no big changes were required during the training period.

After completion of the last module, participants were emailed a link to the training evaluation survey. This survey consisted of a total of four questions and a fifth option in which the participants could freely phrase feedback. The first question asked for the country affiliation and the second question asked which modules the respective person had attended.

The third question asked participants to indicate their agreement with the certain sentences about the trainings duration and quality while the fourth question asked them to rate their overall satisfaction with the training and in question 5 there was a free-text option to provide further feedback.

All in all, 20 persons participated in the survey during the evaluation period from 18 March until 14 April 2022. Overall, the satisfaction with the training was quite high. The allocated points ranged from 80 to 100, with an average of 93 out of a possible 100 points:

Advanced trainings reports

In(tru)-Action Review (IAR) in an Online Setting, 09 and 10 June 2021

ACRONYMS AND ABBREVIATIONS

COVID-19	Coronavirus Disease 2019
ECDC	European Centre for Disease Prevention and Control
EU	European Union
GNI	Gross National Income
IAR	In(tra)-Action Review
IHR	International Health Regulations
IPHS	Institute of Public Health of Serbia
JA	Joint Action
JA SHARP	Joint Action Strengthened International Health Regulations and Preparedness in the EU
RIVM	Rijksinstituut voor Volksgezondheid en Milieu, Netherlands
RKI	Robert Koch Institute, Germany
WHO	World Health Organization
WP	Work package
Q&A	Question and answer

CONTEXT

The “In(tra)-Action Review (IAR) in an Online Setting” online workshop was conducted as part of the Joint Action SHARP. The Joint Action SHARP aims to strengthen preparedness in the EU against serious cross-border health threats and to support the implementation of the International Health Regulations (IHR) (2005). The different work packages will help in sustainable capacity building to prevent, detect and respond to biological outbreaks, chemical contamination, and environmental and unknown threats to human health. By consolidating the existing capacities of members and supporting improvement in those countries where IHR capability gaps exist, the JA SHARP contributes to ensuring a safer environment for all EU citizens. To achieve these goals sufficiently trained personnel is needed.

Work package 8 (WP8) of the JA SHARP offers different basic and advanced trainings for public health professionals involved in the implementation of the IHR (2005). The “In(tra)-Action Review (IAR) in an Online Setting” training conducted on 09 and 10 June 2021 was one of the advanced training sessions.

In(tra)-Action Reviews (IAR) play a significant role in assessing strengths and weaknesses in the ongoing response to a public health event by focusing on a particular pillar of this response. They can contribute to a deepened understanding of causal factors and to an improvement of the response. However, in order to do so, IARs have to be conducted in an effective and efficient way. This is all the more true for IARs that take place in an online setting, since time constraints and technical circumstances require an even more tailored approach and greatly influence methodology and conceptualization.

A previously done JA SHARP needs assessment confirmed training needs in the respective areas, which is why the “In(tra)-Action Review (IAR) in an Online Setting” training was conducted to support public health officials within the JA SHARP in developing and facilitating online IARs. The workshop was conducted twice: on 09 June 2021 and on 10 June 2021.

TARGET AUDIENCE

The workshop was primarily targeted to public health professionals at the operational level in 15 lower-GNI (Gross national income) countries interested in conducting an IAR on the COVID-19 response or other public health events. Each country was allowed to designate three to four participants. To participate in the workshop, registration via an online registration form was required. The registration period was from 20 May 2021 to 04 June 2021. Since the maximum number of participants per workshop was not reached with lower-GNI country participants alone, applications from countries with high GNI were also accepted.

On 09 June 2021, 16 persons from 11 countries attended as participants in the “In(tra)-Action Review (IAR) in an Online Setting” training. On 10 June 2021, 21 participants from 13 countries joined the call. A more detailed list of the attendees and their affiliations is provided in Annex 1.

AIMS AND OBJECTIVES

The workshop aimed at increasing awareness regarding the purpose, scope, and methods of an IAR and at facilitating the uptake of the IAR methodology during the COVID-19 response. After attending the workshop, participants should be able to develop an IAR in a virtual setting adapting resources provided by WHO, ECDC and JA SHARP for their needs. In order to reach the overall learning outcome, the following learning objectives were defined: After participating in the “In(tra)-Action Review (IAR) in an Online Setting” training, attendees will be able

- 1) to describe the purpose and scope of an In(tra)-Action Review
- 2) to explain the phases of an IAR, including design, preparation, implementation, and dissemination
- 3) to describe the components of an IAR
- 4) to identify principles and tools (e.g., Padlet, Mentimeter) for virtual implementation of IARs

METHODS

In order to provide a versatile and interesting learning experience, a variety of different and mostly interactive methods was applied. In addition to PowerPoint presentations and lecture elements, break-out room sessions, group discussions and various interactive online tools were used to convey and deepen content for the participants. A more detailed description of the methods applied will be provided in the next section of this report under the respective learning activity.

The workshop was conducted via Webex Meetings, an online meeting platform that allows for several functions useful for online trainings like break-out groups, screensharing and a chat function.

WORKSHOP CONTENTS AND LEARNING ACTIVITIES

For the participants, the training lasted about three hours (without technical check) from 10:00 to 13:00, interrupted by two short breaks. The workshop itself was divided into three main parts:

- 1) Introduction to In(tra)-Action Review (IAR),
- 2) Identification of challenges, gaps and good practices and
- 3) Training for virtual settings.

Table 1 provides a structured overview over the workshop’s main contents and activities.

Table 1: Rough workshop schedule

Time	Duration	Topic
9:45	15 minutes	Dial-in, technical checks
10:00	13 minutes	Welcome, housekeeping and introduction, Introduction to the “x is better than y” activity Activity: words associated with IARs
Part I		
10:13	5 minutes	Introduction to part 1 Video: experiences with IARs
10:18	8 minutes	Presentation: Overview IAR, goals, scope, pillars/response areas, principles
10:26	15 minutes	Activity: Phases of an IAR Presentation: Phases of an IAR and available resources
10:41	7 minutes	Presentation: Sample schedule of a 3-hour-format for an IAR and Q&A
10:48	5 minutes	Break
Part II		
10:53	3 minutes	Introduction to part 2
10:56	30 minutes	Activity in break-out groups: Identification of challenges, gaps and good practices
11:26	24 minutes	Presentation and discussion of results in the plenary
11:50	11 minutes	Activity: Prioritization of challenges, gaps and good practices
12:01	5 minutes	Break
12:06	2 minutes	Introduction to new activity in break-out rooms
12:08	12 minutes	Activity in break-out groups: Developing recommendations / activities
12:20	7 minutes	Wrap-up and Q&A
Part III		
12:27	3 minutes	Introduction to part 3
12:30	7 minutes	Activity: Good practices from participants in a virtual setting
12:37	10 minutes	Activity: Principles of virtual learning
12:47	3 minutes	Moment of reflection
12:50	4 minutes	Wrap-up
12:54	6 minutes	Activity: Feedback, thank you & goodbye
13:00	End IAR Training	
13:00	30 minutes	Hot Debrief

In the following section, the different units and learning activities of the conducted training will be described in more detail.

Pre-workshop preparation

After registration for the workshop participants were approached via email by the workshop organisers. The email included advice on technical requirements and set-ups, tips for an undisturbed and effective (online) learning environment, as well as references to existing e-learning programs from ECDC and WHO on the topic of IARs. The participants were kindly asked to participate in at least one of the mentioned e-learning courses in order to be better prepared for the “In(tra)-Action Review (IAR) in an Online Setting” training. Participants were also asked to watch a short, general video (about four minutes) about Intra-Action Reviews (IAR) provided by WHO.

For the facilitators several preparatory sessions were conducted via Webex and a comprehensive facilitator guide as well as a detailed schedule were provided in advance. Facilitators were actively involved in the planning and conceptualisation of the workshop.

Welcome and introduction

The training started with welcoming remarks by Verica Jovanovic, director of the Institute of Public Health of Serbia, and Milena Vasic, from the same institution and lead of WP8, on 09 and 10 June respectively. The lead facilitators from Robert Koch Institute then briefly presented the agenda and invited participants to introduce themselves in the chat by stating their name, affiliation and professional background.

Introduction of the “x is better than y”- Activity

The facilitators introduced the “better than exercise”, asking participants to write down brain-friendly principles of (virtual) learning throughout the training. These principles, at times presented verbally, at times as part of PowerPoint slides, included for example “moving is better than sitting”. Participants were asked to write down these principles every time they heard the moderator mention a principle connecting two aspects with “better than”. The exercise served as a means to engage the participants throughout the workshop and to convey the “brain- friendly learning principles”.

Activity: words associated with IARs (Mentimeter)

Using an online polling device called Mentimeter, the lead facilitators asked attendees to share their associations with the term “IAR”. Participants of the first training stated for example “evaluation”, “learning”, “improvement” and “new knowledge” as well as “conservation of knowledge” and “groupwork”. Participants of the second training mentioned among other things “cooperation”, “challenges”, “improvement” and “discussion” as well as “knowledge” and “way forward”. Not only did the exercise help gauge expectations and prior knowledge, but it also highlighted the use,

benefits, and limitations of digital tools more generally, including real-time interaction, visualization, and engagement but also potential challenges in terms of data protection.

4.3 Part I: Introduction to In(tra)-Action Reviews (IARs)

After a short video clip on two IARs conducted by Dutch colleagues from the Rijksinstituut voor Volksgezondheid en Milieu (RIVM) shared their experience with In(tra) Action Reviews for ports and airports conducted in March 2021. The moderators briefly presented an overview of IARs in general as well as the goals and scope of IARs. They further outlined the pillars/response areas used in the different WHO/ECDC documents and guidelines on IARs and elaborated on overarching principles of IARs (e.g., their participative nature).

Activity: Phases of an IAR

For the next exercise the moderators used a digital pinboard to provide the participants with an additional tool for conducting online IARs and enable them to practice its use. There are several free tools available that allow to create digital pinboards to which different users can contribute, comment and/or upload videos, images, links, recordings etc. A class can work on a pinboard simultaneously, fill it with content, comment on the entries and thus discuss them in real time.

In order to brainstorm activities conducted during different phases of an IAR, the facilitators invited participants to open a digital pinboard (in this case, Padlet) in their browser. Instructions were posted in the chat simultaneously. The pinboard entailed four columns devoted to the different phases of an IAR (Design, Prepare, Implement, Disseminate). Participants were asked to focus on one of the four columns depending on their birth month (Group 1: birthday Jan-March, Group 2: birthday April-June, Group 3: July-Sept, Group 4: Oct-Dec). The exercise concluded with general remarks on the tool, its uses and limitations.

Similar to the Mentimeter-exercise the moderators gave a short input on possibilities and limitations of the tool and useful resources available. The exercise was generally well received. After some initial hesitation, which was perhaps also due to the new tool, the participants took part in the exercise and shared their thoughts and ideas.

Presentation: Phases of IARs and available resources

The moderators then elaborated on the phases of an IAR and highlighted the various resources provided by WHO and ECDC (e.g., templates for concept notes, facilitator's manuals and trigger questions). They suggested additional resources that help generate a timeline of events and their applications during an IAR.

Presentation: Exemplary schedule

The moderators then presented an exemplary schedule of an online IAR that had been used in an online IAR for the aviation sector in Germany and explained the main components to be covered: 1) Identification of challenges, gaps and good practices, 2) Drafting of recommendations/ activities and 3) The way forward. The moderators mentioned that the attendees would have the opportunity to experience the role of participants of an IAR (immersive learning) in some small-group activities of

the training, while learning and reflecting on the roles of the IAR organisers and facilitators throughout.

5- minute break

In line with the principle “moving is better than sitting”, the facilitators called for a 5-minute-break to stretch legs.

Part II: Identification of challenges, gaps and good practices

Introduction to Part II:

A short presentation was used to introduce part two of the training. In particular, the moderators highlighted the usefulness of good reporting templates for the results of group sessions and briefly mentioned the technique of root cause analysis.

Break-out session 1: Identification of challenges, gaps and good practices

The break-out sessions focused on the identification of gaps, challenges and good practices using the Risk communication pillar as an example of how this exercise might be conducted in a real online- IAR. Participants were allocated to four break- out groups. The number of participants per break-out group varied, due to last-minute changes in the composition of the attendance, from three to six people. Facilitators from WHO-EURO, ECDC, IPHS and RKI supervised discussions in these groups and documented results in the templates.

After a short introductory round, the facilitators shared their screen with the reporting template and identified a spokesperson and documented the discussion results on gaps, challenges and good practices regarding risk communication.

Presentation and discussion of results of the exercise

After the participants and facilitators returned to the plenary, the moderators asked each group’s rapporteur to present key results, keep it short and focus on points that previous groups had not yet mentioned. During these presentations, the facilitators documented main points on a pre-designed digital pinboard (once again Padlet) and provided participants with a link to it. The facilitators then shared their screen, and the groups rapporteurs explained the results.

Activity: Prioritisation of challenges/gaps and good practices

Participants were instructed to click on the link provided in the chat to access the Padlet number 2 where key results of gaps and challenges had been captured. They were then asked to prioritise the most relevant challenges to be addressed and the best practices to be kept and expanded. To this end they should use the “hearts” function in Padlet and select up to three challenges/ gaps and up to three good practices. Participants contributed lively to this learning activity and had no visible difficulties in using this particular function of the Padlet tool.

The moderators meanwhile explained the potential use of tools like Padlet for the second section during an IAR and demonstrated how to arrange sticky notes in descending order. They then showed the IAR sample schedule again for a wrap-up of this activity.

Break

A five-minute break was initiated here and participants were encouraged to open a window and/ or to enter different rooms.

Exercise: Developing recommendations/ activities

After the break the moderators explained the next exercise which was also conducted in break-out groups. For this activity the groups were to select the most highly prioritised challenge or best practice they identified in the previous exercise and develop one recommendation/ activity concerning risk communication using SMART criteria (Specific, Measurable, Attractive, Relevant, Time-bound). They were also asked to identify the institution or stakeholder responsible for implementation of the recommendation or activity. Again, the facilitators shared their screen with a reporting template and encouraged the group to share their thoughts and develop a recommendation. There was relatively little time for this exercise (approximately 9 minutes), but all groups managed to come up with a recommendation and were able to identify the responsible stakeholders. Due to time considerations, the results of this exercise were not intended to be presented in the plenary.

Wrap- up of Part II

After the participants returned to the plenary, the moderators underlined the exemplary nature of the last exercise (shorter timeframe than in reality, low number of recommendations), and explained that in a regular IAR those exercises are usually followed by a plenary session in which the rapporteurs of each group present the results. The moderators also stated once again that the activities and methods that were used in the workshop so far presented a buffet of possibilities for participants to pick from for conducting their IARs or similar formats. The facilitators also addressed the limitations of a three-hour format (time constraints do not allow in-depth discussions, probably more follow-up activities necessary than in a one-day format to build consensus).

Part III: Training for virtual settings

Introduction

A short presentation introduced the third part of the workshop, namely the adaptation of trainings to virtual settings.

The moderators suggested differences between online and onsite settings for IARs in the context of the COVID-19 pandemic (e.g., travel and logistics planning, venue, symptom and fever screening for onsite IARs vs. choice of appropriate online platform, importance of technical checks and

housekeeping rules, number of facilitators, preparation of interactive tools). They also showed the different WHO guidance documents on the topic.

Activity: Good practices from participants in a virtual setting (Padlet)

For this exercise, a link was again posted in the chat that led participants to another Padlet (Padlet number 3, see presentations Annex 4 and 5). The exercise focused on the question on how to adapt the existing resources and suggested activities to the specific needs in performing an IAR in a virtual setting and which principles to keep in mind. Participants were asked to enter good practices for virtual settings in this Padlet, based on their own experiences with online meetings during (and before) the pandemic. The lead facilitators shared their screen and commented on the good practises added to the Padlet by the attendees.

Activity: Principles of virtual learning

This activity also used Padlet as a medium and built on the “better than exercise” which ran through the entire course. The Padlet number 4 (see presentations, Annex 4 and 5) showed several sentences following the “better than” pattern, some of which were true and some of which were false. Participants were now asked to use the “thumbs up” or “thumbs down” function of Padlet to vote whether the respective sentences were correct or incorrect. The exercise served on the one hand to consolidate the “principles of good virtual learning” and on the other hand to practice another function of the online tool. This exercise was very well received by the participants and was implemented very quickly. It became apparent that the participants of the first workshop agreed on almost all points while in the second training the opinions were a bit more differing and divergent. The participants of both trainings seemed to have understood the principles of virtual learning as well as this additional function of Padlet. The moderators shared their screen with the Padlet and commented on the results of the vote. To further connect these principles to the online conduct of an IAR, the presenters gave examples of how to apply these principles in an online IAR. In the second workshop several selected points and principles were discussed in the plenary to determine when and how they could be best applied, and which additional considerations might be relevant in the context of online- IARs.

Moment of reflection

The participants were given two to three minutes to reflect on the workshop so far and write down the key take-home messages identified for themselves personally. This served as an opportunity to reflect on the course, organise thoughts and allow for the newly learned contents to be integrated into existing knowledge and capabilities.

Wrap up

The moderators gave a short input where they again mentioned the toolkits available from WHO and ECDC, available resources, e-learning courses, and useful links. They also stressed the importance of a comprehensive strategy and sufficient funding when it comes to conducting an online IAR. The moderators then summarised the workshop and informed participants that the

training material would be shared with them via email and that they would receive a certificate for their participation in the workshop.

They were also informed that the facilitation team would highly appreciate if they took the time to contribute to the short online evaluation of the workshop.

Q&A

During the training, the participants had multiple opportunities to ask questions.

Afterwards there was room for questions but none of the participants of the first workshop came forward with one at this point. A facilitator from ECDC mentioned the vast variety of resources available from ECDC to support public health officials in conducting an online IAR. He also described key factors important for conducting an IAR from ECDCs point of view. In the Q&A session of the second workshop one participant asked for tips on selecting suitable trigger questions. Suitable trigger questions should be selected in advance and preferably be included in the facilitators guide. A facilitator from WHO also underlined the importance of adapting the amount and type of questions to the topic and the particular group dynamic.

One participant mentioned that the exemplary schedule had been particularly helpful to comprehend the structure of an online IAR. Several participants expressed interest in any other available resources and appreciated the workshop. In the second workshop, the question came up if and how the step 3 of the IAR should be prioritised. There was agreement that even with high time pressure, the third step of the IAR should not be neglected. Other issues discussed in this section were for example how IARs could be linked to Joint External Evaluations. Participants were offered the possibility to email any additional questions to the lead- facilitators after the workshop.

Activity: Feedback: What do you take with you from the training?

As wrap up of the workshop and to receive first feedback from the participants, the facilitators asked the attendees to respond to a poll regarding their take-aways from the training on Mentimeter (Mentimeter 2: see presentations Annex 4 and 5). The attendees contributed lively to this Mentimeter exercise and shared their impressions and thoughts on what they would take with them. In the first workshop was stated that the participants learned “how to perform a smooth and informative online training without technical difficulties” and that “IARs are flexible and can be adapted to country needs and scope identified”. In the second workshop, it was stated by several contributors “that preparation is essential” and the “importance of precise planning and participation”. Others noted that IARs could be a useful method that delivers impactful results. Several participants mentioned the introduction to new online tools as a key take-away for them, while others stated that the knowledge about the tools and templates provide by WHO and ECDC was particularly valuable for them. Others for example identified the necessity of planning and preparing for technical difficulties as an important key message.

Post Workshop Engagement

One day after the workshop all participants received an email that included the PowerPoint presentation as well as the templates used in the break-out group exercises. The organisers again

thanked the attendees for their participation and contributions to the workshop and kindly asked them to take part in the three- minute online survey for evaluation. Some participants also took the opportunity to mail further questions that came into their minds to the lead facilitators who then answered them via email.

The facilitators also received an email in which the organisers thanked them again for their efforts and summarised the results of the hot debrief.

EVALUATION AND FOLLOW-UP

Hot Debrief

Directly after the workshop a hot debrief was conducted among the facilitators and organisers of the workshop. All in all, everyone agreed that the trainings went very well. In particular, the schedule worked very well and served as a useful structure for the lead facilitators in conducting the training.

It was very helpful to have two lead facilitators who could present content and moderate activities alternately. This meant not only a reduced strain on the moderators, but also more variety and thus increased attention for the participants. The support of the facilitators from WHO and ECDC was most appreciated and contributed to the overall success of the training.

In general, the technical side of the workshop worked very well with no major problems and the transitions from plenary to break-out groups and vice versa went smoothly. Most participants did not join the call as advised 15 minutes early, none of them experienced major technical difficulties (probably because most participants are already experienced in the use of online meeting platforms).

A separate communication channel between the lead facilitators was set up in advance (using a messenger app on their private mobiles). This proved to be extremely helpful during the training, since minor technical issues could be resolved, information shared and pressing questions clarified simultaneously with the training and without the participants noticing.

Most exercises and learning activities went very well and the participants contributed their thoughts and ideas eagerly. However, when it came to discussions in the larger plenary group or questions during the Q&A- sessions the first group (09 June 2021) was relatively quiet and some encouragement and nudging from the lead facilitators was needed. In the group sessions of the first workshop the amount of engagement and contribution also varied. While some groups very active and engaged, others needed more support and facilitation in order to achieve the goals of the respective exercises. In general, the audience of the second workshop were somewhat more engaged than the audience of the training on 09 June 2021. In the plenary as well as in the different break- out groups lively discussions unfolded, while participants took the opportunity to get advice from experts and share their own experiences and expertise in the plenary.

The participants of the hot debrief reflected that the exercise on gaps, challenges, and good practises went very well and participants were able to come up with many suggestions on challenges gaps and good practises. Facilitators and participants alike reported that the template was very helpful in structuring thoughts and inputs. Also, the two-minute individual reflection before the start of the actual group works seems to have been helpful for the participants. However, due to the very nature of group sessions, group dynamics varied between the groups. While some facilitators reported lively discussions and much input from the participants with little effort needed from the facilitator, other facilitators stated that the group was very quiet and needed a lot of encouragement and support in initiating discussions and generating reportable outputs. For the facilitators who needed to support their group a lot, it was somewhat difficult to fill in the template simultaneously. The debrief group also discussed the exercise on good practises from the participants for conducting online formats (Part III, Padlet 3). This activity seemed to be somewhat difficult for the attendance of the workshop for reasons unclear. Only after the facilitators started to add content to the Padlet, participants started to add their thoughts as well. For future trainings it might be useful to mention again, that the link has to be opened in a separate browser tab and to refine the instructions in order to make them a little clearer.

In general, the group did not seem to have much (if any) experience in the use of online tools like for example Padlet and Mentimeter and some were hesitant at first to take part in the exercises. But all in all, they contributed well to most of the Padlets and almost all of the participants were active in that way.

Evaluation survey

Thanks to the support of Work package 3 a short online evaluation survey for the workshop was set up. By clicking on the link participants were directed to an online evaluation tool. Here they were asked to provide details on their country affiliation and the date they participated in the workshop. Then they were asked to rate the overall quality and usefulness of the training format on a scale from 1 to 5 (with five being the best), to indicate to what extent they agreed with sentences about their confidence in their ability to perform the learning objectives. In the next question participants could rate the duration of the workshop in general, the plenary session, the break- out group sessions and the Q&A-part of the workshop from “too long”, over “as long as necessary” to “too short”. The survey was open for participants until 18 June 2021 and took about three minutes to complete.

A total of 13 participants of the training took part in the online evaluation, nine of the respondents attended the training on 09 June 2021, four the training on 10 June 2021. Overall participants gave very positive feedback and rated the overall quality and usefulness of the training format exclusively on the range from 3 to 5 in question three.

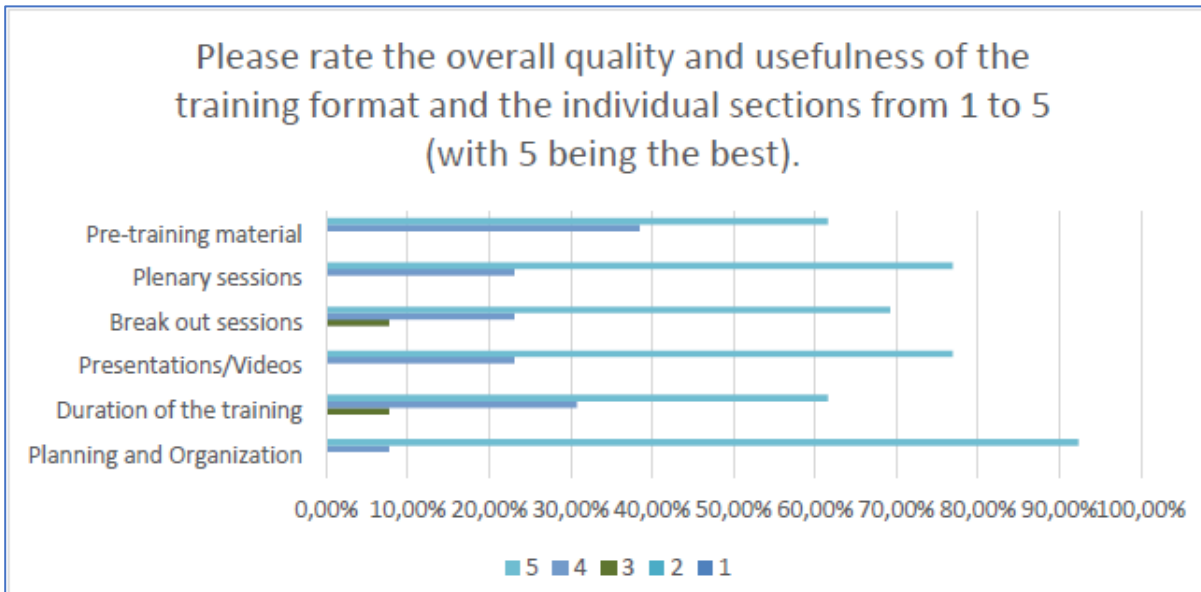


Figure 1: Answers to question 3 of the evaluation

In question two participants were asked to what extent they agreed with four statements that aimed to assess whether the learning objectives of the training were met. The answers indicate that most of the participants of the evaluation reached the learning objectives to an at least satisfying extent. In question five participants were asked to rate the duration of the respective training sessions. No training session was rated as too long and overall, participants rated all sessions mostly as “as long as necessary”. But some participants would have liked the interactive group and plenary sessions as well as the break-out sessions to be longer.

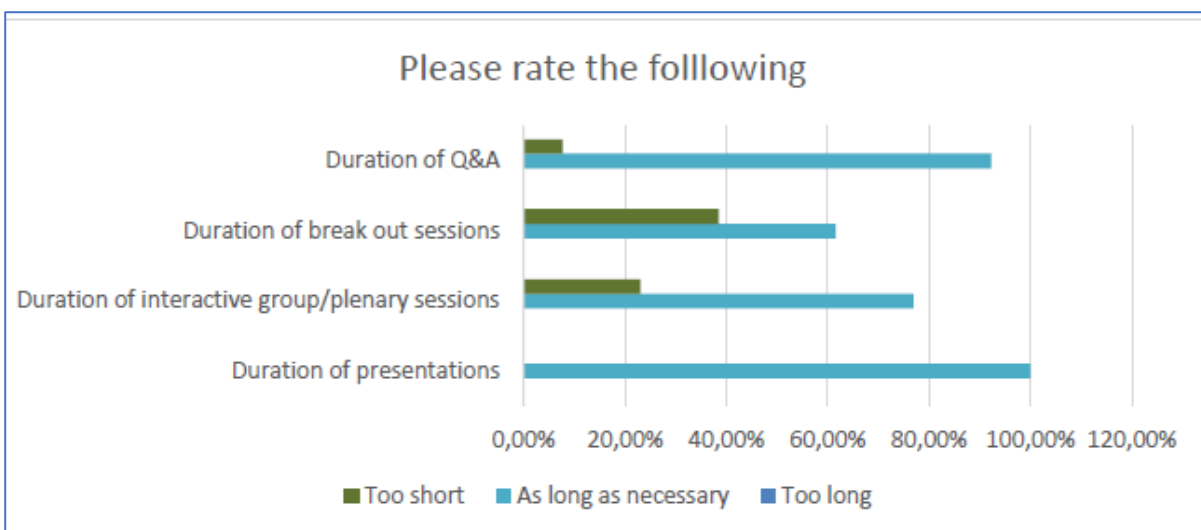


Figure 2: Answers to question 5 of the evaluation

Question six asked the evaluating participants to give further feedback if they wanted to. Five out of 13 participants of the evaluations made use of this opportunity and provided further thanks and overall positive feedback. One participant indicated that he/she perceived the training as a little too long.

CONCLUSIONS

The workshop was perceived as very successful. Facilitators and participants alike gave positive feedback on the workshop's contents and the methods used to convey them. The objectives and participant expectations were met. The interactive teaching methods including small-group discussions, whiteboards, word clouds, films, and e-learnings were very well received and successfully provided a platform for knowledge exchange and mutual learning between participants.

Based on the feedback received, a similar format might be applied to other contexts and this training could be repeated for other audiences.

ACKNOWLEDGEMENTS OF COLLABORATIONS

We would like to thank all those involved in the planning and implementation of the workshop for their excellent support and contributions

- WHO Euro (Tanja Schmidt, Jussi Sane, Adrienne Rashford)
- ECDC (Jonathan Suk, Paul Riley)
- IPHS (Verica Jovanovic, Milena Vasic, Dragana Djordjevic)
- RIJKS Instituut voor de Volksgezondheid (Doret de Rooij)

WP8 Team of JA SHARP:

- Milena Vasic (IPHS)- WP8 Lead of JA SHARP
- Meike Schöll, Maria an der Heiden, Juliane Seidel (RKI)- WP8 Co-lead of JA SHARP

LIST OF ANNEXES

Annex 1: List of participants

Annex 2: Training Agenda

Annex 3: Concept Note

Annex 4: PowerPoint presentation with training materials, 09 June 2021

Annex 5: PowerPoint presentation with training materials, 10 June 2021

Annex 6: Facilitation Guide

SHARP

Strengthened International Health
Regulations & Preparedness in the EU



Co-funded by the
Health Programme of
the European Union

In(tru)/After-Action Review Workshop 08 June 2022 10:00-12:30 CEST

ACRONYMS AND ABBREVIATIONS

AAR	After Action Review
COVID-19	Coronavirus disease 2019
ECDC	European Centre for Disease Prevention and Control
EU	European Union
GNI	Gross National Income
IAR	In(tra)-Action Review
IHR	International Health Regulations
JA	Joint Action
JA SHARP	Joint Action Strengthened International HeAlth Regulations and Preparedness in the EU
RKI	Robert Koch Institute
WHO	World Health Organization

INTRODUCTION

CONTEXT

The Joint Action SHARP aims to strengthen preparedness in the EU against serious cross-border health threats and to support the implementation of the International Health Regulations (IHR) (2005). The different work packages will help in sustainable capacity building to prevent, detect and respond to biological outbreaks, chemical contamination, environmental and unknown threats to human health. By consolidating the existing capacities of members and supporting improvement in those countries where IHR capability gaps exist, the JA SHARP contributes to ensuring a safer environment for all EU citizens. Implementing IHR (2005) core capacities requires trained personnel in various sectors and at different levels. In order to meet this need, several workshops and online trainings are conducted as part of the JA SHARP.

In order to meet this need, several workshops and online trainings are conducted as part of the JA SHARP. The In(tru)/After-Action Review Workshop is one of them.

In(tru)-Action Reviews (IARs) and After-Action Reviews (AARs) provide an opportunity for collaborative learning to help improve responses to current crises and health threats such as the COVID-19 pandemic.

This workshop will give health professionals the opportunity to practice designing and planning an IAR/AAR using concrete examples and to exchange ideas with other practitioners, scientists and experts from ECDC and WHO. The formed network is intended to bring about future exchange beyond the workshop.

TARGET AUDIENCE

The workshop was aimed at public health professionals from different sectors from the various JA-SHARP Partner countries who planned to conduct an IAR or AAR in their country. Some of them were already familiar with the methodology, others were relatively new to the topic. In total, 22 people from 8 European countries (Estonia, Finland, Germany, Greece, Lithuania, Malta, Portugal, The Netherlands) took part in the training.

AIMS AND OBJECTIVES

The workshop aimed to strengthen participants' competence to design, plan and implement IARs and AARs and thus enhance country capacity in this regard. It also intended to contribute to the lessons-learned process of the current pandemic and therefore to better preparedness for future health threats. Furthermore, the workshop provided a platform for sharing knowledge and experience among experts and relevant stakeholders.

After completing the e-learnings recommended before this workshop (see below), participants should

- know purpose, scope and components of an IAR/AAR
- understand the different phases and formats of IARs/AARs
- be able to develop a concept for a potential IAR/AAR in their country/ field of work

After completing the online-workshop, participants should be able to

- critically analyse IAR/AAR concepts

This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union's Health Programme (2014 - 2020).

- identify key messages and challenges regarding IAR/AAR implementation
- discuss (advantages/disadvantages of) different formats and methods for IAR/AAR implementation

METHODS AND MATERIALS

The workshop was conducted in English using the virtual meeting platform Webex Meetings. In order to run a successful online training, several resources and materials were needed.

- Personnel:

2 lead-facilitators (moderators)⁴ and 4 additional facilitators

Fortunately, the workshop was supported by representatives of WHO Euro and ECDC with specific expertise for the topic.

- Technical requirements:

Access to the meeting software Webex Meetings – with the needed admin rights to manage the training (e.g., give rights for screen sharing, divide in smaller groups, mute participants during presentations and manage chat) and stable internet access (browser to be used in parallel to meeting software). The lead-facilitators also needed access to additional digital tools with polling, word cloud, and whiteboard functions (e.g., Mentimeter, Padlet). In addition, a parallel communication channel between the moderators (e.g., via messenger app using private smart phones) was set up, to allow for quick communication during the respective training sessions.

- Additional documents:

A detailed agenda for the facilitators, which provided a minute-by-minute schedule (including topics, virtual room, content, tools and tasks as well as responsible team member and relevant links), as well as the facilitation guide and concept note were made available to all lead facilitators and facilitators before the training. Also, each facilitator received all participants concepts in advance.

WORKSHOP CONTENTS AND PROCEDURE

Prior to the training:

Before the workshop, participants were advised to complete at least one of the e-learning courses available from WHO or ECDC on the subject of IARs and AARs.

Based on the content of those trainings, the participants developed a rough outline of a concept for a potential IAR or AAR in their country on a currently relevant topic (estimated time approximately 2 hours). To help them do this, participants were provided with numerous helpful links and references to existing ECDC and WHO resources, as well as a PowerPoint template for their concept presentation.

The participants sent the topic of their IAR/AAR and the outline of an IAR/AAR concept to the organisers one week before the training. This gave the facilitators the opportunity to review the concepts and come up with a suitable group composition.

⁴ The terms lead-facilitators and moderators will be used synonymously in this report and refer to the three persons who conceptualized and planned the training, presented the main training content, and moderated the discussions and activities.

Workshop on 08 June 2022:

After some welcoming remarks the moderators started by asking participants what the associated with IARs/AARs. The results were captured via Mentimeter. The facilitators then started the workshop by giving a short introduction to the topic and a summary of key aspects regarding phases, formats and good practises of an IAR/ AAR.

After this brief introduction, the group session started: Participants gave a short presentation (max. 10 minutes) of their conceptual outline in a small group (maximum of 3 concepts per group; 3-6 people plus facilitator). After the presentation the facilitators asked the presenters how they felt about their concepts and which aspects they had found challenging in the preparation. Then each group member gave short feedback on the presented concept. The group then discussed the individual proposals in a peer-to-peer approach. Finally, the group collected the most important take-home messages, challenges and good practices.

Altogether, the participants submitted 11 concepts that were presented in four breakout- groups. The topics submitted covered the following topics:

- Catastrophic fire of Attika during COVID-19 pandemic (Greece)
- AAR of national public health center response measures to COVID-19 (Lithuania)
- AAR microbiological landscape during COVID-19 (The Netherlands)
- AAR management of international and domestic tourism during COVID-19 (Greece)
- AAR laboratory testing system (Estonia)
- Catastrophic fire of Attika during COVID-19 pandemic (Greece)
- IAR of management of COVID-19 outbreaks in settings with marginalized populations (Germany)
- Northern Region COVID-19 management (Portugal)
- Decision-making on school closures (Finland)
- Public health response team – COVID-19 lessons learned (Malta)
- IAR COVID-19 6th wave (Portugal)
- AAR COVID-19 Schiphol Airport (The Netherlands)

After the group session, there was a plenary session. The groups briefly presented the key messages they had identified and captured the results in a Padlet. The group then discussed remaining questions and challenges with the experts. After that, the moderators provided some additional useful tips and good practices before they concluded the workshop with a final Mentimeter asking participants what they took with them from the workshop.

WORKSHOP EVALUATION

There was a facilitator hot debrief after the training. The facilitators shared their impressions from the respective training and discussed what went well and which areas might be improved in the future.

After the workshop, participants were emailed a link to the training evaluation survey prepared by Work Package 3. This survey consisted of a total of eight questions and an additional option in question 9 where the participants could freely phrase feedback. All in all, 20 persons participated in the survey during the evaluation period from 10 June 2022 until 14 July 2022. It should be noted,

however, that some questions were skipped by individual participants. The reasons for this cannot be verified, nor whether it was always the same participants who skipped questions. However, the questions were always answered by the vast majority of participants in the evaluation survey.

The first question asked for the country affiliation.

Question 2 queried whether participants had completed the WHO e-learning on IARs/AARs. This was answered by 65% of the participants with "yes" and 35% with "no". Question 3 asked participants who had completed the WHO e-learning whether they had found it helpful. This was answered as "yes" by all.

Question 4 asked whether participants had completed the recommended ECDC e-learning on IARs/AARs. This was answered by 72% of participants with "yes" and 28% with "no". Question 5 asked participants who had completed the ECDC e-learning if they had found it beneficial. This was also answered as "yes" by all who had taken the ECDC e-learning course.

The sixth question (see Figure 1) asked participants to indicate their agreement with certain sentences about the trainings duration and quality. The feedback was overall very positive and is pictured in the table below:

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
The material I received before the training was helpful	0.00% 0	0.00% 0	5.88% 1	41.18% 7	52.94% 9	17	4.47
The organisation of the workshop was good	0.00% 0	0.00% 0	0.00% 0	29.41% 5	70.59% 12	17	4.71
The duration of the workshop was adequate	0.00% 0	0.00% 0	0.00% 0	52.94% 9	47.06% 8	17	4.47
The content of the workshop was relevant to my work	0.00% 0	0.00% 0	0.00% 0	35.29% 6	64.71% 11	17	4.65
As a result of the workshop, I feel better prepared to conduct an IAR/AAR	0.00% 0	0.00% 0	5.88% 1	35.29% 6	58.82% 10	17	4.53

Figure 1: Results of question 6 of the evaluation survey

Question 7 asked whether the participants planned to actually implement the IAR/AAR concept they presented in the workshop. 65% answered "yes" to this question, 35% answered "I don't know." No one answered with "no".

Question 8 (see Figure 2) asked participants to rate their overall satisfaction with the training on a scale from 0-100. Overall, the satisfaction with the training was quite high. The allocated points ranged from 76 to 100, with an average of 89 out of a possible 100 points:

Q8 Overall, please rate your overall satisfaction with the workshop (scale from 0-100)

Answered: 17 Skipped: 3

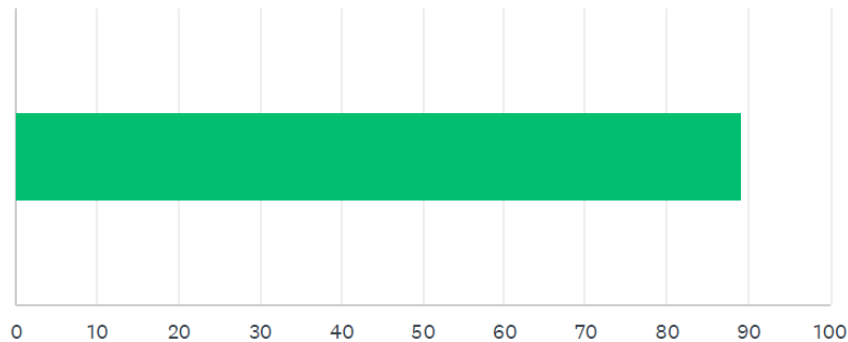


Figure 2: Results of question 8 of the evaluation survey

Question 9 provided a free-text option to give further feedback which was used by 12 participants. Here, too, the feedback was predominantly very positive. In particular, the opportunity to practice and the organisation of the training were perceived positively, while some participants seem to would have liked even more preparation in advance (e.g., via a preparing online session) and a little more time to discuss the results at the end of the workshop.

CONCLUSIONS

Overall, the workshop was very successful and could be repeated in a similar form. Major changes in the conception do not seem to be necessary at the moment.

ACKNOWLEDGEMENTS OF COLLABORATIONS

We would like to thank all those involved in the planning and implementation of the workshop for their excellent support and contributions:

- ECDC (Jonathan Suk)
- WHO Euro (Jussi Sane, Tanja Schmidt)
- RKI (Meike Schöll, Maria an der Heiden, Janina Schäfer)

WP8 Team of JA SHARP:

- IPHS-WP8 Lead of JA SHARP: Milena Vasic
- RKI-WP8 Co-lead of JA SHARP: Maria an der Heiden

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Annex 2: Training flyer

Annex 3: Concept note

Annex 4: Template presentation for participants

Annex 5: Agenda

Annex 6: Workshop presentation with selected (group) outputs

Annex 6: Facilitation guide

Risk Communication - Vaccination Exercise, 07 July 2021

CONTEXT

The Joint Action SHARP aims to strengthen preparedness in the EU against serious cross-border health threats and to support the implementation of the International Health Regulations (IHR) (2005). This exercise will be conducted within the framework of Work Package 8, which is responsible for training and local exercises, and exchange of working practices.

The exercise was prepared by National Institute of Public Health Slovenia with collaboration and support by ECDC, Work Package 2 lead Public Health Wales and Work Package 8 lead National Institute of Public Health Serbia and co-lead Robert Koch Institute. The exercise focused on risk communication of public health experts with the public during a vaccine roll-out.

TARGET AUDIENCE

The target audience for this training are public health professionals from 15 low GNI (Gross national income) countries. Each country was allowed to designate two participants. To participate in the workshop, registration via an online registration form was required.

On 7th July 2021, 17 persons from 14 countries attended as participants in the “Risk communication – Vaccination Exercise” training.

AIMS AND OBJECTIVES

This exercise aimed to empower public health experts within the JA SHARP in risk communication with the general population through the media during the roll-out of a new vaccine in a health crisis.

- Increase knowledge on the criteria for good communication messaging.
- Improve communication skills.
- Exchange and learn from experience of other colleagues.
- Better understanding of criteria for appropriate health communication and skills for communicating these messages

METHODOLOGY

The exercise was built upon a short introductory presentation from a risk communication expert, a breakout session where a three-steps scenario was discussed and a plenary discussion. In this way the time was utilised in the most efficient way to achieve the aim and objectives.

The exercise took place **online**.

This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union’s Health Programme (2014 - 2020).

Target audience were public health experts within the JA SHARP.

WORKSHOP CONTENTS AND RESULTS

The training lasted two hours from 10:00 to 12:00, with one short break. Table 1 provides a structured overview over the workshop's main contents and activities.

Table 1. The exercise schedule

Time	Content	Method
10:00 – 10:10	Welcome Introduction and Housekeeping rules Ice Breaker	Speech Slides Mentimeter
10:10 – 10:25	Presentation Risk Communication	PPT Presentation
10:25 – 10:30	Intro to Break Out room	Slides
10:30 – 11:30	Scenario I, II, and III	Word document
11:30 – 11:50	Feedback from the break out groups & Plenary Discussion	Facilitated Discussion
11:50 – 12:00	Conclusions and wrap up Feedback from group	Mentimeter

Pre-workshop preparation

After registration for the workshop participants were approached via email by the exercise organisers. The email included advice on technical requirements and set-ups, tips for an undisturbed and effective (online) learning environment. The participants were kindly asked to join timely to the exercise.

Welcome and introduction

The workshop started with the welcome speech by Maria Anderheiden, RKI and continued with Introduction and housekeeping rules by Urska Kolar, NPHI. As an ice breaker, the Mentimeter was used with the question "what 3 words do you connect with risk communication during COVID-19 vaccine rollout". The word with the highest number of votes was the TRUST.

Presentation on Risk Communication

Leah Morantz from Public Health Wales gave the presentation on Communications planning in the context of Risk Communications. She presented Communications planning cycle, it's needs and objectives, audience, messages (what are the key messages relevant to each audience), what measures will be used and how to implement and monitor implementation against the plan.

Exercise

After the introductory presentation the participants were divided in the break out rooms and they get the introduction to the exercise. The exercise was designed as a table top exercise for »filtering relevant information and making key decisions, participants are tasked to review and discuss the risk communication and related actions they would take at specified stages of the emergency«. Participants were provided with a detailed scenario and precise instructions on the required task to further facilitate further understanding of the risk communication role. Time jumps are used to cover multiple stages of the emergency. Although table top exercises are usually performed in confined spaces, we are setting up this exercise virtually due to current epidemic circumstances. The scenario consisted of three steps and specific tasks for the participants. Participants discussed the scenario and tasks in a separate breakout room and presented the results of their discussion in the plenary discussion. At the final session the Mentimeter was used to collect participant's take home from the exercise.

CONCLUSIONS

The workshop was perceived as very successful. Facilitators and participants alike gave positive feedback on the workshops contents and the methods used. The objectives and participant expectations were met. The participants stressed the opportunity for knowledge exchange and mutual learning between participants.

ACKNOWLEDGEMENTS OF COLLABORATIONS

The main organising team was formed by Slovenia National Institute of Public health, supported by WP8 lead National Institute of Public Health Serbia and co-lead Robert Koch Institute. Scenario was prepared by Paul Riley from ECDC, who was also involved in the preparatory meetings. SHARP JA WP2 lead Public Health Wales was also involved with final preparatory meetings in regard to Break out rooms, as well as took roles as facilitators. Leah Morantz from PHW was the main presenter and lead in plenary discussion.

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- Annex 6: Facilitators' Guide
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- Annex 8: Menti Results
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Strengthened International HeAlth
Regulations & Preparedness in the EU



Co-funded by the
Health Programme of
the European Union

Training on Simulation Exercises, 23 September 2022 10:00-13:00 CEST

ACRONYMS AND ABBREVIATIONS

ECDC	European Centre for Disease Prevention and Control
EU	European Union
GNI	Gross National Income
IAR	In(tra)-Action Review
IHR	International Health Regulations
JA	Joint Action
JA SHARP	Joint Action Strengthened International HeAlth Regulations and Preparedness in the EU
RKI	Robert Koch Institute
SimEx	Simulation Exercises
WHO	World Health Organization

INTRODUCTION

CONTEXT

The Joint Action SHARP aims to strengthen preparedness in the EU against serious cross-border health threats and to support the implementation of the International Health Regulations (IHR) (2005). The different work packages will help in sustainable capacity building to prevent, detect and respond to biological outbreaks, chemical contamination, environmental and unknown threats to human health. By consolidating the existing capacities of members and supporting improvement in those countries where IHR capability gaps exist, the JA SHARP contributes to ensuring a safer environment for all EU citizens. Implementing IHR (2005) core capacities requires trained personnel in various sectors and at different levels. In order to meet this need, several workshops and online trainings are conducted as part of the JA SHARP. In order to meet this need, several workshops and online trainings are conducted as part of the JA SHARP. The training on Simulation Exercises is one of them.

The JA-SHARP aims to encourage all low GNI-countries to conduct multi-sectorial exercises with institutions responsible for IHR implementation. Simulation exercises provide an opportunity for collaborative learning to identify strengths and weaknesses of the response system and plans as well as help improve the overall response to crises and health threats such as the COVID-19 pandemic.

This training gave health professionals the opportunity to practice designing and planning a simulation exercise (SimEx), using concrete examples and to exchange ideas with other practitioners, scientists and experts from ECDC and WHO. The formed network is intended to bring about future exchange beyond the workshop.

TARGET AUDIENCE

The training was aimed at public health professionals from JA-SHARP partner countries who are planning to be involved in developing, conducting and/or evaluating a simulation exercise in their country in the near future. In total, 21 people from 12 European countries (Estonia, Finland, Germany, Ireland, Italy, Latvia, Malta, Portugal, Serbia, Slovenia, Spain, The Netherlands) took part in the training.

AIMS AND OBJECTIVES

The overall training goal was to provide participants with knowledge and tools to successfully participate in the development of a SimEx in their country. The training offered the opportunity to exchange ideas and share experiences with experts from WHO, ECDC, RKI, as well as with participants from other countries.

After the training, participants should

- Know the benefits of conducting a simulation exercise
- Be familiar with the relevant WHO and ECDC tools and resources

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- Be able to define the purpose, objectives and scope of a SimEx
- Be able to distinguish between the different types of SimEx
- Be aware of the relevant steps for developing a SimEx
- Have practised designing a SimEx and be able to critically analyse SimEx concepts
- Have strengthened their professional network

METHODS AND MATERIALS

The workshop was conducted in English using the virtual meeting platform Webex Meetings. In order to run a successful online training, several resources and materials were needed.

- Personnel:

2 lead-facilitators (moderators)¹ and 4 additional facilitators. The workshop was supported by representatives of WHO Euro and ECDC with specific expertise for the topic.

- Technical requirements:

Access to the meeting software Webex Meetings – with the needed admin rights to manage the training (e.g., give rights for screen sharing, divide in smaller groups, mute participants during presentations and manage chat) and stable internet access (browser to be used in parallel to meeting software). The lead-facilitators also needed access to additional digital tools with polling, word cloud, and whiteboard functions (e.g., *Mentimeter*, *Padlet*). In addition, a parallel communication channel between the moderators (e.g., via messenger app using private smart phones) was set up, to allow for quick communication during the respective training sessions.

- Additional documents:

A detailed agenda for the facilitators, which provided a minute-by-minute schedule (including topics, virtual room, content, tools and tasks as well as responsible team member and relevant links), as well as the facilitation guide and concept note were made available to all lead facilitators and facilitators before the training. Also, each facilitator received a template PowerPoint presentation for capturing the results of the group exercises.

WORKSHOP CONTENTS AND PROCEDURE

Prior to the training:

Before the workshop, participants were advised to complete at least one of the e-learning courses available from WHO or ECDC on the subject of simulation exercises.

Workshop on 23 September 2022:

The training started with the facilitators welcoming the participants, introducing the learning objectives of the training and setting some ground rules.

The participants were then divided into four facilitated breakout groups. The task was to introduce themselves to each other and to exchange experiences with simulation exercises. Afterwards, the group facilitators briefly summarized the results of their group in plenary for the others.

The facilitators then gave an overview of simulation exercises. They presented the advantages of conducting a SimEx, the different types of SimEx and considerations on the scope and purpose of a SimEx, as well as important steps in planning and implementation. In addition, they gave tips on the selection and design of scenarios and injects.

Afterwards, the participants were again divided into the same four groups. For the duration of the 40-minute exercise, it was their task to come up with a rough concept for a tabletop exercise and, if possible, to design a few exemplary injects. For this exercise, the facilitators had already received a PowerPoint template in advance, in which they could capture the results.

After a short break, the moderators explained the next breakout session. Here, two groups were generated, each composed of two of the four groups from the previous exercises. In this 20-minute session, the groups each presented their concept, and the other group had the opportunity to try out some aspects of it and give their feedback on the concept. Back in plenary, the whole group discussed take-away messages from the exercise and possible challenges in conducting a SimEx.

Representatives of WHO Euro and WHO HQ then presented current activities and relevant tools and resources from WHO on the topic, with a following Q&A session. After that materials and resources from ECDC were presented in a similar manner, also followed by a short round of questions.

The moderators then wrapped-up the workshop by presenting the learning objectives again and said goodbye to the participants, not without asking the participants to participate in the online evaluation of the training.

WORKSHOP EVALUATION

After the training a facilitator hot debrief was conducted. The facilitators shared their impressions from the respective training and discussed what went well and which areas might be improved in the future. In general facilitators perceived the training as well organized and the content as adequate. However, due to the very short duration of the training it became apparent that for some groups, the time for the group exercises was too short, so that they could not finish the respective task.

After the workshop, participants were emailed a link to the training evaluation survey prepared by Work Package (WP) 3. This survey consisted of a total of nine questions and an additional option in question 10 where the participants could phrase feedback in text form. All in all, only 10 of 23 participants of the training took part in the survey during the evaluation period from 23 September 2022 until 01 November 2022. This limits the interpretation of the results individual responses on the overall rating. The first question asked for the country affiliation. Questions 2 to 5 queried whether participants had completed the WHO or ECDC e-learning on simulation exercises prior to the workshop and whether they found it helpful. Overall, 40% of the respondents had performed

the WHO e-learning and all of them stated it was helpful. Another 40% performed the ECDC e-learning which was also deemed helpful by all who completed the course.

The sixth question asked participants to indicate their agreement with certain sentences about the training's duration and quality. The feedback is pictured in Figure 1:

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
The information I received before the training was helpful	0.00% 0	0.00% 0	11.11% 1	33.33% 3	55.56% 5	9	4.44
The organisation of the workshop was good	0.00% 0	0.00% 0	0.00% 0	20.00% 2	80.00% 8	10	4.80
The duration of the workshop was adequate	10.00% 1	0.00% 0	50.00% 5	20.00% 2	20.00% 2	10	3.40
The content of the workshop was relevant to my work	0.00% 0	0.00% 0	20.00% 2	30.00% 3	50.00% 5	10	4.30
As a result of the workshop, I feel better prepared to develop/ conduct a simulation exercise	0.00% 0	10.00% 1	10.00% 1	50.00% 5	30.00% 3	10	4.00

Figure 1: Results of question 6 of the evaluation survey. Workshop on Simulation Exercises, JA SHARP, 2022.

Some participants were not entirely satisfied with the duration of the training and as some results of the free text option in question 10 indicated, would have liked a longer training with more opportunity to practise aspects of designing a simulation exercise.

Similarly, when participants were asked whether the learning objectives were met, the results indicated that more time for practise and networking in breakout sessions would have been needed. However, there was a wide variation in the assessments of different participants (points awarded between 1 and 5 out of 5 possible points), see Figure 2, which had a great influence on the average result due to the small number of participants. The more content-orientated learning objectives were rated very positively.

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
Be familiar with the relevant WHO and ECDC tools and resources	0.00% 0	0.00% 0	0.00% 0	30.00% 3	70.00% 7	10	4.70
Know the benefits of conducting a simulation exercise	0.00% 0	0.00% 0	0.00% 0	20.00% 2	80.00% 8	10	4.80
Be able to define the purpose, objectives and scope of a SimEx	0.00% 0	0.00% 0	0.00% 0	60.00% 6	40.00% 4	10	4.40
Be able to distinguish between the different types of SimEx	0.00% 0	0.00% 0	10.00% 1	30.00% 3	60.00% 6	10	4.50
Be aware of the relevant steps for developing a SimEx	0.00% 0	0.00% 0	20.00% 2	30.00% 3	50.00% 5	10	4.30
Have practised designing a SimEx and be able to critically analyse SimEx concepts	10.00% 1	10.00% 1	20.00% 2	30.00% 3	30.00% 3	10	3.60
Have strengthened their professional network	10.00% 1	10.00% 1	30.00% 3	20.00% 2	30.00% 3	10	3.50

Figure 2: Results of question 7 of the evaluation survey. Workshop on Simulation Exercises, JA SHARP, 2022.

Question 8 focused on the questions if participants planned to participate in the development, implementation or evaluation of a simulation exercise in their country/institution in the near future. A total of 70% of respondents answered with “yes”, another 30% with “I do not know”.

Question 9 asked participants to rate their overall satisfaction with the training on a scale from 0-100; the overall satisfaction was rated with 77 points.

CONCLUSIONS

Overall, the workshop was successful, but the allocated time should be expanded.

ACKNOWLEDGEMENTS OF COLLABORATIONS

We would like to thank all those involved in the planning and implementation of the workshop for their excellent support and contributions:

- ECDC (Paul Riley)
- WHO Euro (Sandra Lindmark, Tanja Schmidt)
- WHO HQ (Allan Bell)
- RKI (Ulrike Grote, Janina Schäfer)

WP8 Team of JA SHARP:

- IPHS-WP8 Lead of JA SHARP: Milena Vasic
- RKI-WP8 Co-lead of JA SHARP: Maria an der Heiden and Janina Schäfer

LIST OF ANNEXES

- Annex 1: List of participants
- Annex 2: Training flyer
- Annex 3: Concept note
- Annex 4: Template presentation for facilitators
- Annex 5: Agenda
- Annex 6: Workshop presentation
- Annex 7: WHO presentation
- Annex 8: ECDC presentation
- Annex 9: Facilitation guide

SHARP

Strengthened International HeAlth
Regulations & Preparedness in the EU



Co-funded by the
Health Programme of
the European Union

International Tabletop Exercise Points of Entry – Control Measures, Contact Tracing, Athens, 08 – 09 December 2022

ACRONYMS AND ABBREVIATIONS

ECDC	European Centre for Disease Prevention and Control
EWRS	Early Warning and Response System
IHR (2005)	International Health Regulations
MDH	Maritime Declaration of Health
NFP	National Focal Point
PPE	Personal Protective Equipment
PoE	Points of Entry
TTE	Table-top exercise
WHO	World Health Organisation
EUMS	European Union Member States

BACKGROUND

The Joint Action SHARP aims to strengthen preparedness in the EU against serious cross-border health threats and to support the implementation of the International Health Regulations (IHR) (2005). The different work packages will help in sustainable capacity building to prevent, detect, and respond to biological outbreaks, chemical contamination, environmental and unknown threats to human health. By consolidating the existing capacities of members and supporting improvement in those countries where IHR capability gaps exist, the JA SHARP contributes to ensuring a safer environment for all EU citizens.

Implementing the IHR (2005) core capacities in the different countries requires trained personnel in different sectors and at different levels.

SHARP joint action through work package 8 (WP8) is called to ensure collaborations between partners and agencies related to the strengthening of the implementation of the IHR and involved in the training and exchange of work practices.

In this context, the National Public Health Organization – EODY, will carry out a tabletop exercise at international level with the aim of planning and implementing practices, to control the spread of transboundary diseases at national and international level as well as to capture the overall state of preparedness of Points of entry of the EU countries and not only, as to cover the full range of threats for public health.

When it comes to public health emergencies at Points of entry, effective risk communication is crucial in informing people about the threat and ensuring their compliance with recommended measures by involving authorities(national/international). To be able to do so, public health officials require the knowledge and skills to design and implement effective risk communication strategies,

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take measures in accordance with any legislation framework and to implement an effective contact tracing.

ROLES AND RESPONSIBILITIES

Organizers:

National Public Health Organization Greece, University of Thessaly, Lab Hygiene and Epidemiology

Working group Int'l TTE:

E.Hadjipaschali, N.Bitsoles, A. Liona, L.Kostopoulos, S.Sapounas

Christos Hadjichristodoulou, Barbara Mouchtouri, Elina Kostara, Leonidas Kourentis, D.Kafetsouli

Control team:

The control team was consisted of the exercise controller, 2 facilitators, 2 evaluators, exercise organizers, supporting personnel to the controller and facilitators.

Exercise Controller: Mr I.Micropoulos, National Professional Officer Migration and Health Programme, WHO Euro

The Controller was responsible for starting and ending the exercise and acting as the central point of contact for questions and problems arising during the exercise. Exercise controller answered participant questions and kept groups focused on the question/discussion at hand and prompted (but not lead) participant discussions. The exercise controller in agreement with the facilitators could at any point decide to end the exercise if it is necessary.

Facilitators:

Mr Daniel Rixon, Public Health Wales, UK

Mrs Juliane Seidel Robert Koch Institute, Germany

The facilitators were responsible for keeping the discussions on track and in line with the exercise's design objective. The facilitators instructed the players through the scenario and were passive participants in the conduct of each exercise. The facilitators were responsible for the injects during the exercise and to ensure that the exercise run smoothly. During discussion-based exercises, the facilitator in charge presented each section or chapter of the scenario and the scheduled time allocated for reflection.

Evaluators:

Dimitra Kafetsouli, University of Thessaly, Greece

Nick Bitsoles, National Public Health Organization, Greece

The evaluators developed evaluation criteria and tools (checklist, questions for hot and cold debriefing etc.), log exercise activity, evaluate exercise activity, analyse results, and contribute to the exercise report. The evaluators also led the evaluation and debriefing session.

Observers:

Observers included participants from the following:

Tanja Schmidt WHO Europe

Julia Langer European Commission
Konstantinos Gogosis Ministry of Health Greece
Anna Tsekoura Ministry of Citizen Protection

Observers did not have an active role during the exercise and may only take part during the discussion sessions or if the controller or director asks them for their input.

Note keepers:

Note keepers kept detailed notes during the exercise using the note keeper's checklist.

Mrs A Liona, National Public Health Organization

Mrs E Christoforidou, University of Thessaly

TARGET AUDIENCE

Participants in person:39

Participants online:91

Total participants: 130

Number of countries: 19 countries

Priority has been given to low GNI countries.

A total of **130 participants (remote and on-site) from 19 countries** participated in the TTE representing national officials, the transport industry, EU institutions and WHO. The list of participants is presented in Annex 2.

Countries and organisations attending in person.

Austria	Federal Ministry of Social Affairs, Health, Care and Consumer Protection Department VII/A/12 – Crisis Prevention and Crisis Management – Health Sector
Bosnia Herzegovina	Ministry of Civil Affairs of Bosnia and Herzegovina / Department for Health Public Health Institute of the Republic of Srpska
UK	Public Health Wales / Health Protection
Finland	Finnish Institute for Health and Welfare Plan International Moldova
Germany	Robert Koch Institute Department for Infectious Disease Epidemiology
Greece	National Public Health Organization (EODY)
	Laboratory of Hygiene and Epidemiology, Faculty of Medicine, University of Thessaly
	Hellenic Aviation Service Provider(ΥΠΑ)
	Aegean airlines security and facilitation
	1 ST Regional Health care Authority of Attica (Directorate of Public Health)
	Passenger Rights & Air carriers Operating Licensing Section/ Economic Oversight Division / General Directorate of Economic Oversight and Administrative Support WHO EURO, Migration and Health Programme

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	Center for Security Studies (KEMEA) - Ministry of Citizen Protection
	UNIVERSITY OF THESSALY/ADMINISTRATION-IT DEPT.
	Public Health Authority of the Region of Crete
Italy	Ministry of Health
Portugal	Public Health Unit of Matosinhos
	Serviço Sanidade Fronteiras – Porto Leixões
Serbia	Institute of Public Health of Serbia

Countries and organisations attending online.

Czech Republic	Ministry of Transport and Construction of the Slovak Republic Department of Chief Public Health Officer
The Netherlands	Public Health Services Public Health Service Kennemerland, Department Infectious Diseases Control
Finland	City of Helsinki / Social Services and Health Care Division / Epidemiological Operations Unit Finnish Institute for Health and Welfare (THL)
Germany	European Commission
Greece	General Department of Public Health, Region of South Aegean National Public Health Organization Ministry Of Health / Directorate of Public Health and Environmental Health/ Department of Communicable Diseases Region of Central Macedonia, Directorate of Public Health EKAB - National Centre for Emergencies 1 ST Regional Health care Authority of Attica/Directorate of Public Health ECDC Piraeus Port Authority/Cruise and Ferry Terminal is Department Aegean Airlines S.A
Ireland	National Port Health Operational Unit HSE Dept of Public Health
Italy	Istituto Zooprofilattico Sperimentale della Puglia e della Basilicata Istituto Superiore di Sanità, Dep. Infectious Diseases
Latvia	State Emergency Medical services Department of Disaster Medicine preparedness planning and coordination Latvian Centre for Disease Prevention and Control/Department of risk analysis and Prevention of infectious diseases
Malta	Ministry for Health/Port Health Medical Services Infectious Disease Prevention and Control Unit, Ministry for Health, Malta
Poland	Department for Epidemic Prevention and Border Sanitary Protection

	Chief Sanitary Inspectorate
Portugal	Regional Health Administration - Regional Public Health Department and Regional Health Authority
	INSA/DDI
	Funchal Public Health Unit
	Public Health Department – Regional Health Administration of Central Portugal
	ULSBA Ministry of Health
	ARSAlgarve / Departamento Saúde Pública e Planeamento
	Local Health Authority, General Directorate of Health
	Global Health Authority
	Northern Region Public Health Department
	RHAb Lisbon and Tagus Valley
	Lisbon and Tagus Valley Regional Health Administration / Department of Public Health
Sweden	The Public Health Agency of Sweden

Authorities

Point of entry level authorities

- ▶ Public health authorities at the ports (local level)
- ▶ Public health authorities at the airports (local level)
- ▶ Port and airport administration authorities
- ▶ Any authority that is competent to respond to public health events and make decisions at a local point of entry level

Central level coordination authority of the country

- ▶ IHR National Focal Points
- ▶ EWRS National Focal Points
- ▶ Any authority that is competent to respond to public health events and make decisions at a central national level

Private Sector

- ▶ Cruise line
- ▶ Airlines

Austria	Federal Ministry of Social Affairs, Health, Care and Consumer Protection Department VII / A / 12-Crisis Prevention and Crisis Management – Health Sector
Bosnia and Herzegovina	Ministry of Civil Affairs of Bosnia and Herzegovina / Department for Health Public Health Institute of the Republic of Srpska
UK	Public Health Wales / Health Protection
Finland	Finnish Institute for Health and Welfare Plan International Moldova

Germany	Robert Koch Institute Department for Infectious Disease Epidemiology
Greece	National Public Health Organization (EODY)
	Laboratory of Hygiene and Epidemiology, Faculty of Medicine, University of Thessaly
	Hellenic Aviation Service Provider (ΥΠΑ)
	Aegean airlines security and facilitation
	1 ST Regional Health care Authority of Attica (Directorate of Public Health)
	Passenger Rights & Air Carriers Operating Licensing Section/ Economic Oversight Division / General Directorate of Economic Oversight and Administrative Support
	WHO EURO, Migration and Health Programme
	Center for Security Studies (KEMEA) - Ministry of Citizen Protection
	UNIVERSITYOFTHESSALY / ADMINISTRATION-ITDEPT.
	Public Health Authority of the Region of Crete
Italy	Ministry of Health
Portugal	Public Health Unit of Matosinhos
	Serviço Sanidade Fronteiras - Porto Leixões
Serbia	Institute of Public Health of Serbia

TIME

Day One, 8 December 2022 10:00 – 18:00 EET {09:00-17:00 CET, 08:00-16:00 GMT}

Day Two, 9 December 2022 10:00 – 16:30 EET {09:00-15:30 CET, 08:00-14:30 GMT}

AIMS AND OBJECTIVES

To support discussion among representatives from the EU countries on the overall state of preparedness of PoE and in particular on the management of events due to infectious diseases at points of entry.

Cross sectoral collaboration and coordination is required between local authorities in different points of entry and different countries to take actions and thus effective communication between authorities at different countries and different levels (local level and national level) is of great importance.

Risk communication is crucial and major aspect in public health crisis management, especially in cross border events.

Additionally, representatives from national authorities were practiced their skills in Intra-sectoral collaboration: between sectors within health (hospitals, community health canter, home care agencies) and inter-sectoral collaboration: between health and non-health care sectors (social services, transportation, housing, private sector, employment).

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By completing the table-top exercise (TTE) participants were able to improve plans for:

- ▶ Communication and coordination between points of entry authorities internationally or within the same country
- ▶ Cross sectorial coordination at national and European level 3
- ▶ Understanding the criteria for reporting/ or not of an event at European/ international level
- ▶ Implementing evidence-based measures at points of entry and contact tracing at national and European level.

Methods

The exercise was taking place Hybrid (in person and online).

The type of exercise was a discussion-based table-top-exercise.

The exercise content was divided into two days of which was covered in interactive session with time for discussions.

- ▶ Scenario-based learning sessions
- ▶ Discussions to share concrete examples, experiences and good practices from participating countries
- ▶ Invited expert Controller and facilitators to guide group discussions.

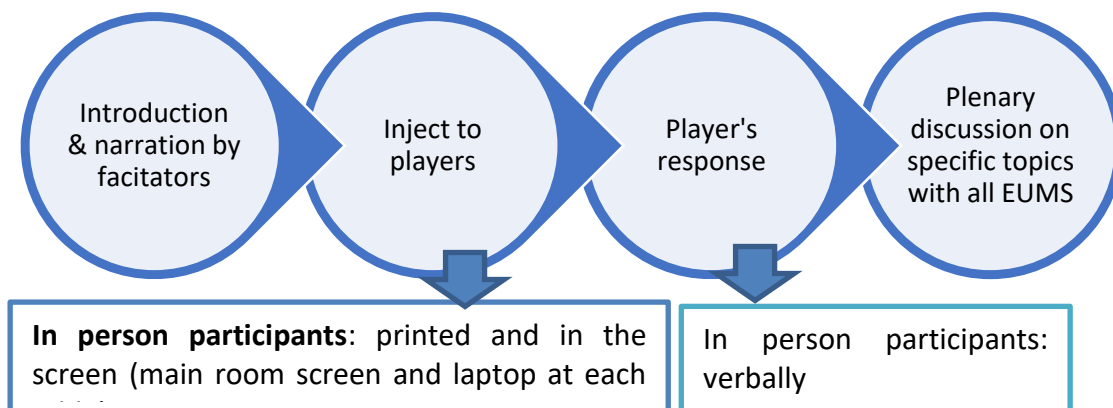
A dedicated email for participants was set up and a chat to report any technical problems accessing the exercise or during the event online.

All communication during the exercise, was begin and end with the word "EXERCISE".

Working language: English

Six (6) sessions, 13 injects.

The exercise flow is presented in Figure 1 below.



Injects

The players received injects which contain information that was expected to trigger some actions from the players. Some examples of injects include Maritime Declarations of Health, laboratory results, etc. All injects were delivered from the control team in printed format to all players participating in person and were also presented in the screen to be viewed by both players participating in person and remotely. In addition, remote participants received the injects in their

emails. When an inject was presented to a player, the facilitator asked each player to verbally explain the kind of information received.

Player actions

After receiving the injects, the facilitator allowed 5-10 minutes to the player and the rest of participants to review the inject. Then the players were requested to inform verbally the rest of the participants of what their response would be in a real-life situation. In real life situation, a player may need to complete some documents in order to communicate to another authority (e.g., complete an MDH, send an email to a central level authority, report via EWRS etc.). To facilitate the process of the exercise some of these files that may be used, had already been completed. In this case where files have already been developed by the control team, the player informed verbally the rest of the participants what was the process of completing the specific document and who would be the recipient. In most cases these documents served as injects for the player that was receiving them. This was a discussion-based exercise and there was no action of players foreseen. In the event that a player would respond to an inject by communicating to another authority via email, then this player explained this verbally to the participants. After the players (players-recipients of the inject) in each event commented and shared their actions the facilitator initiated a plenary session and asked all other players/participants to comment and discuss the response and provide feedback on whether they would act differently.

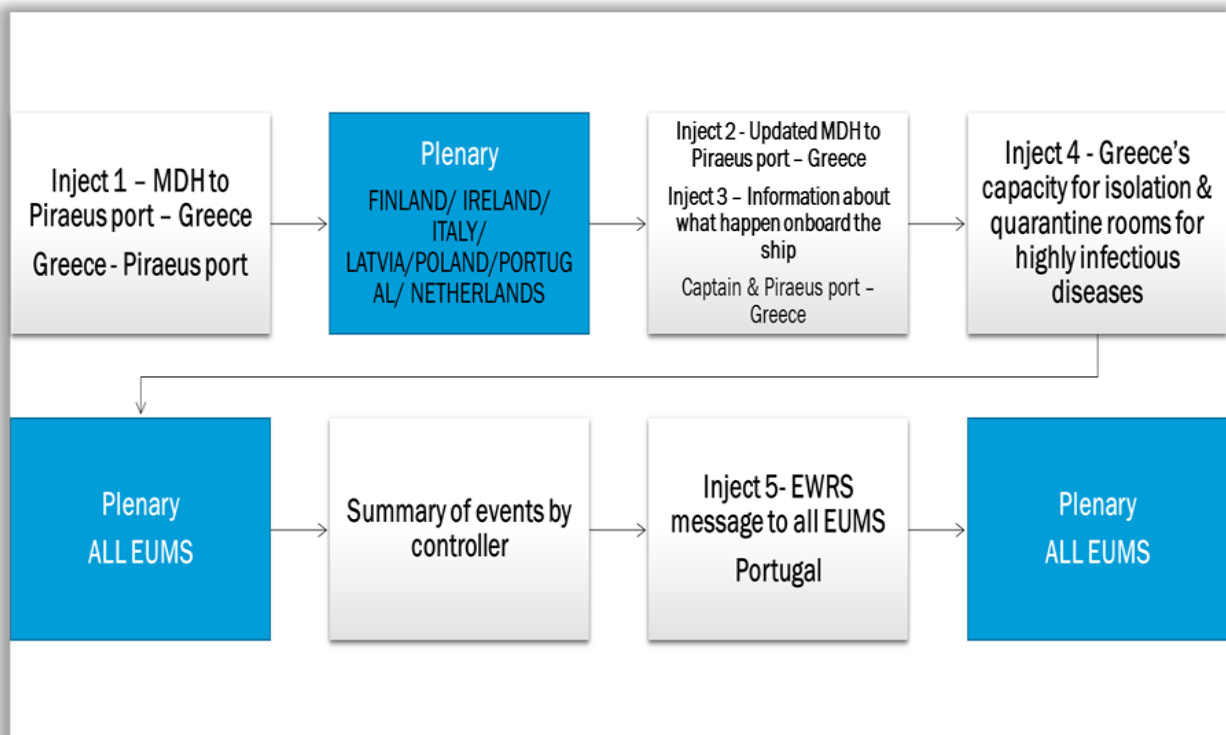
Participants and players

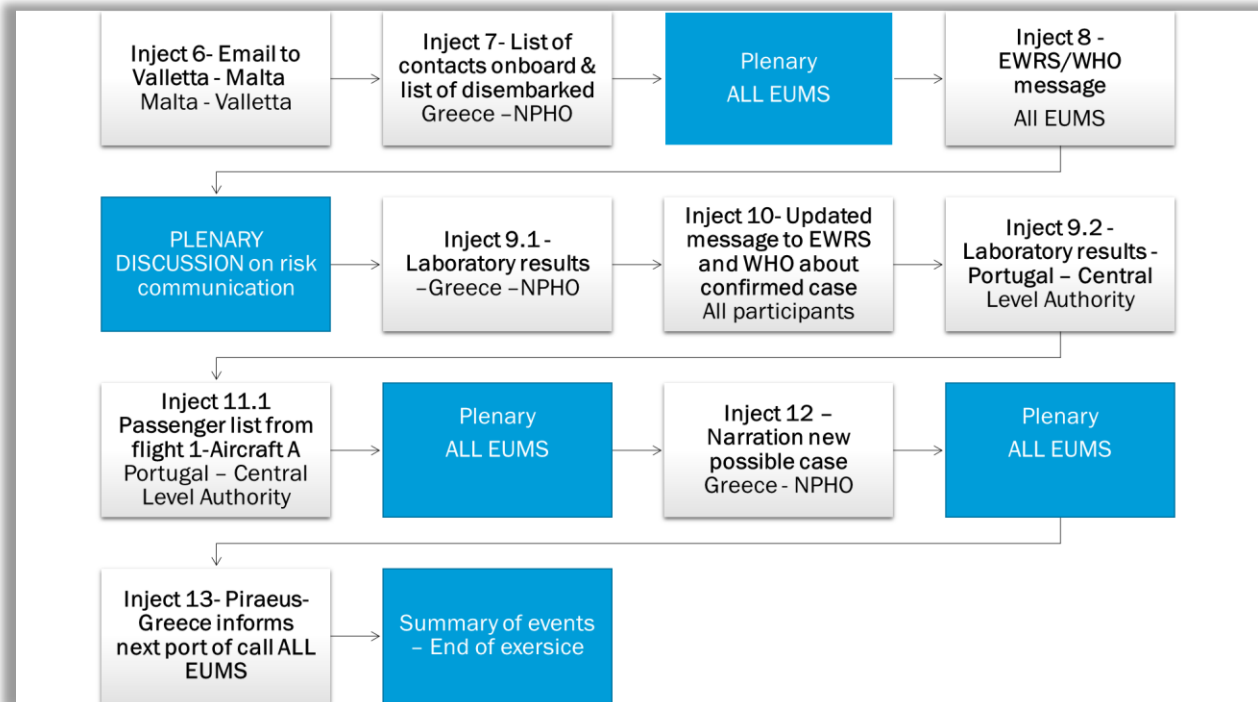
Country	Role of players in the exercise
GREECE	<ul style="list-style-type: none"> ▶ EUMS – 4 National Central Level authority (EWRS/IHR NFP, Contact tracing teams, responding to public health events at PoE) ▶ Port B - Port health authority
MALTA	<ul style="list-style-type: none"> ▶ EUMS – 3 National Central Level authority (EWRS/IHR NFP, Contact tracing teams, responding to public health events at PoE) ▶ Port A – Port health authority ▶ Airport C - Public Health Authority
PORTUGAL	<p>EUMS – 2 / National Central Level authority (EWRS/IHR NFP, contact tracing teams, responding the public health events at PoE)</p> <p>Airport B – Public Health Authority</p>
Cruise ship	Cruise Ship A, Celestial Cruises / Optimum Shipmanagement Serv. SA
All other participating countries	
AUSTRIA BOSNIA HERZEGOVINA CZECH REPUBLIC FINLAND GREECE	<p>The facilitators asked the above players from Greece, Malta, and Portugal to describe their response and actions to each inject received.</p> <p>Facilitated plenary discussion took place after each inject.</p> <p>After the above mention players from Greece, Malta and Portugal describe their response and actions then the facilitators asked all other participating countries in</p>

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<p>IRELAND</p> <p>ITALY</p> <p>LATVIA</p> <p>MALTA</p> <p>POLAND</p> <p>PORTUGAL</p> <p>SERBIA</p> <p>SLOVAK REPUBLIC</p> <p>SWEDEN</p> <p>THE NETHERLANDS</p> <p>UK</p>	<p>alphabetical order if they wish to comment on the response and what their actions would be if they were to receive the information presented in the inject.</p> <p>The main topics to be discussed include:</p> <ul style="list-style-type: none"> ▶ Communication and reporting of an event detected at PoE ▶ Response measures ▶ Contact tracing ▶ Risk communication
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Schematic exercise flow





WORKSHOP CONTENTS AND RESULTS/ LEARNING ACTIVITIES AND DISCUSSIONS

Exercise design and contents

The scenario was based on the detection of two possible case of Ebola on board an airplane and on board a cruise ship and which is on an 8-day cruise around the Mediterranean. Two crew members (couple) were travelling from a non-EU country to EU to join board cruise ships the one in Portugal and the other in Malta. Crew member 1 started developing symptoms during his journey with his health deteriorating after boarding and working on board Cruise Ship A. His wife (crew member 2) stayed in Portugal in a hotel.

The scenario started with the cruise ship detecting the possible case of Ebola and informing the competent authorities via the Maritime Declaration of Health.

The scenario was designed to engage the response of both local level public health authorities, maritime and aviation sectors as well as national level authorities, and to seek to explore how information is shared and how the response is coordinated at both the local, national and European levels.

The scenario was also designed to ensure that countries will be better prepared to face future health emergencies at sea and their points of entry, such as ports.

The scenario allowed participants to discuss the following in relation to the public health response:

- ▶ Detection and verification of event
- ▶ Preliminary risk assessment
- ▶ Patient Management

- ▶ Contact tracing and management
- ▶ Contaminated environments, waste etc (ship, airports, aircraft)
- ▶ Equipment
- ▶ Communication & reporting the event
- ▶ Risk communication

Injects

- INJECT 1. MDH to Piraeus port - Greece
- INJECT 2. Updated MDH to Piraeus port - Greece
- INJECT 3. Information to Cruise Ship A of what happened on board
- INJECT 4. Greece's capacity for isolation rooms for highly infectious diseases
- INJECT 5. Email to Valletta port - Malta
- INJECT 6. EWRS/IHR message to EUMS (1)
- INJECT 7. List of contacts onboard the ship & List of contacts that disembarked at Piraeus port
- Greece
- INJECT 8. EWRS/IHR message about ship contacts (2)
- INJECT 9. Laboratory diagnosis results - 9.1: Greece & 9.2 Portugal
- INJECT 10. EWRS/IHR message about confirmed case (3)
- INJECT 11. 11.1 Passenger list from flight 1-Aircraft A & 11.2 Passenger list from flight 2-Aircraft
B
- INJECT 12. New possible case
- INJECT 13. Piraeus port - Greece informs next port of call (EU Common Ship Sanitation Database
- port to port communication form).

MATERIAL FOR ORIENTATION

- A. **Facilitators guide:** A facilitators guide was developed including the summary event list and master event list with expected response and suggested discussion points as well as other supporting materials for the facilitators. The guide is presented in Annex3.
- B. **Concept note:** Outlines the key elements for the preparation of the TTE (i.e., aim, objectives and date of the TTE; target audience; methods; TTE team members and their roles). See document here: <https://files.constantcontact.com/fce0156f801/4df8579a-edb5-4f7c-ad2b-c8840ef43edb.pdf?rdr=true>Annex1
- C. **Maps:** Maps were displayed on the screen showing the travel history of persons in accordance with the exercise scenario.
- D. **Injects for players:** Hard copies of the injects were disseminated to players and displayed on the screen in accordance with the scenario. **Injects are presented in Annex 4**
- E. **Injects for facilitators:** A document including all injects incorporating also suggested discussion points per inject were prepared for the facilitators. **Injects are presented in Annex 4**
- F. **Note keeper checklist:** the completed note keeper checklist are presented in Annex 6

ECDC

Technical guidance on risk assessment guidelines for diseases transmitted on aircraft (RAGIDA). Part 2:

Operational guidelines - Second edition

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<https://www.ecdc.europa.eu/en/publications-data/technical-guidance-risk-assessment-guidelines-diseases-transmitted-aircraft>

WHO

www.who.int/ihr/ports_airports/en/

Maritime Declaration of Health

EWRS form

IHR NFP form

Recommendations for Core Capacities at PoE:

https://www.rki.de/DE/Content/Infekt/IGV/igv_node.html

RKI recommendation for the core capacities of ports in accordance with the IHR Regulations in Germany:

https://www.rki.de/DE/Content/Infekt/IGV/Kernkapaz_Flughaf_EN.pdf? blob=publicationFile

EVALUATION AND FOLLOW-UP

Two evaluation questionnaires were developed to assess the TTE.

A hot debriefing questionnaire was disseminated to participants after the end of the exercise and a cold evaluation questionnaire disseminated to participants at least one week after the end of the exercise.

The detailed evaluation results are presented in Annex 7(hot debriefing) and Annex 8(cold debriefing).

Summary of hot debriefing

A total of 52 (25 online and 27 on site) participants completed the **hot debriefing questionnaire**.

Point of entry level authority, central level authority and other sectors were evenly represented and 57.69% of all responders have attended TTEs in the past.

Almost all responders (98.07%) believed the exercise helped them identify areas of improvement in their work practice and 92.3% stated that following the TTE they intend to make changes to their work practice. The majority of responders (94.23%) believed that the event was well structured and organized and that all relevant fields of expertise were represented. All responders (100%) were satisfied by the information regarding the TTE provided by the organizers prior to the event.

92.31% of responders believed that the scenario was reflecting reality while 96.15% found the tools disseminated during the exercise satisfactory or excellent. The vast majority of the responders (92.31%) were satisfied by the length of the exercise and 86.23% believed that the speed/pace of the TTE was good. Almost all the responders (98.08%) were satisfied by the opportunity to participate in plenary discussions and 96.08% agreed that the TTE provided networking opportunities. The technical support was satisfactory or excellent according to 98.08% of the responders.

Summary of cold debriefing

A total of 45 participants completed the online **cold debriefing questionnaire** online, at least a week after the end of the TTE. A total of 97.73% of the responders believed that the table-top-exercise objectives were achieved and 95.45% declared they improved their understanding of their role in responding to a public health event at Point of Entry. 90.91% of responders believed that the TTE

was valuable in identifying any gaps in their practice up to now and 88.37% rated the TTE as effective or highly effective in demonstrating ways of improvement. The majority of the responders (90.7%) believed that the TTE was relevant and contributed to strengthen preparedness in the EU against serious cross-border threats to health.

Overall, there was a noticeable improvement in the responders perception in the following domains after their participation in the exercise: Communication and coordination between points of entry authorities (before: 68.3% after:79.49), Understanding the criteria for reporting/or not of a public health event at European /international level (before: 65.12% after:82.5%), Implementing evidence-based measures at point of entry and contact tracing at national and international level (before:66.66% after:75%), Cross sectorial coordination at national and European level (before: 66.66% after: 77.5%) and Risk communication (before:60.46% after:80.49%).

External evaluator comments

- ▶ TTE: support discussion amongst representatives from the EU countries on the overall state of preparedness of PoE and management of events due to infectious diseases at PoE
- ▶ Adequate number of representatives from local and international level organisations. (adding value to the conversation and information exchange)
- ▶ Participants from transport sector (marine, aviation), health sector (local health authorities, central health authorities)
- ▶ Wide variety of expertise and roles
- ▶ Excellent timekeeping and organisation
- ▶ Importance of identifying key people and best means of action
“what” to do, “who” is doing it and “how” it is done
- ▶ Exchanging practises between different countries
- ▶ Understanding role of different sectors and their course of action
- ▶ Reminder of procedures and protocol already in place, in order to act more effectively under the pressure of a real-life event.
- ▶ Further involvement and assessment of other PoE (aviation, ground crossing) in future TT

COMMUNICATION

The exercise was communicated through social media and a press release (in Greek and English) was came out after the end of the event. The results of the dissemination are presented in Annex 9

CONCLUSIONS

In the exercise there was adequate representation from wide variety of sectors and countries which ensured adequate discussion and information exchange.

The exercise facilitated the exchange of practices between different countries and to understand the role of different sectors and their course of action and acted as a reminder of procedures and protocol already in place, in order to act more effectively under the pressure of a real-life event.

Responding to an event of a highly infectious diseases in the context of international travel is a very complex multisectoral and multilevel task that can be successfully achieved only jointly.

The exercise helped participants to realize the full picture of the problem, to better understand the roles and the viewpoints of each other and gave opportunities for some insights about preparedness, response, communication, and risk communication. In addition, it was made evident how performance of local or national plans can impact international response and how competent authorities rely to each other.

Even after the experience of COVID-19 pandemic, a lot more remain to be done. Some questions that arose during the exercise are summarized below:

- ▶ How prepared are we to deal with events at PoE?
- ▶ Are the existing plans adequate?
- ▶ What are the realistic timeframes needed for each response action taken and discussed?
- ▶ Do all sectors and staff involved in the response understand the roles and responsibilities?
- ▶ What is clear and what is still not clear?

Public health experts are working and discussing about capacities many years now, especially after 2007 when IHR entered into force. However, have the existing contingency plans considered:

- ▶ the actual needs to deal with events on international travel
- ▶ the volumes of travellers we receive at the PoE?
- ▶ the capacities needed to manage events/evacuate ships with
- ▶ thousands of pax at a busy port in the middle of a touristic period?

Many lessons have been learned from COVID-19, but are public health authorities prepared to deal with the next major public health event affecting a high number of international travellers ensuring at the same time business continuity?

It was noted during the exercise that the needs and gaps can be different depending on the country and the local situation. International contact tracing still poses many challenges for public health authorities especially in receiving timely information from relevant bodies.

In addition, participants discussed the high importance and appropriate means of risk communication and how it receives less attention and could be given priority. Participants highlighted the importance of message communicated to prevent unnecessary panic amongst key workers, close contacts, and general public.

There is a clear need for further utilisation of existing materials, plans, networks, communication platforms. Gaps were identified in hierarchy of procedures and prioritization of action. The importance of identifying the key people and best means of action was noted (“what” to do, “who” is doing it and “how” it is done). There was however a general consensus on actions to take before and after laboratory confirmation of cases. Finally, the regular conduct of exercises including tabletop, simulation exercise and intra/ after action at local, regional, national, and international levels can help improve preparedness planning and response. Further involvement and assessment of other PoE (ground crossing) will also be beneficial in a future TTE.

ACKNOWLEDGEMENTS OF COLLABORATIONS

This exercise was adopted using materials developed in the framework of EU HEALTHY GATEWAYS joint action from the following authorities: University of Thessaly – Laboratory of Hygiene and Epidemiology (UTH), Greece (Coordinator, Leader of Work Package 7) in collaboration with National Institute of Public Health and the Environment (RIVM), Netherlands (Leader of Work Package 9), University Medical Center Hamburg-Eppendorf (UKE) / Institute for Occupational and Maritime Medicine, Germany (Leader of Work Package 4 and Co-leader of Work Package 6) and the EU SHIPSAN scientific association (sub-contractor).

Special thanks for their contribution to K Ikonmidis-UoT, Z Karamitrou, I Ignatiadi, Ch. Chrisomalis, Th.Kalomama, E Christofilopoulou- EODY

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Report on the “Public Health Disaster Recovery Training”, 23-24 May 2023, Belgrade, Serbia

CONTEXT

The “Public Health Disaster Recovery Training” was conducted as part of the Joint Action SHARP. The Joint Action SHARP aims at strengthening preparedness in the EU against serious cross-border health threats and supporting the implementation of the International Health Regulations (IHR) (2005). This training was organised by the Institute of Public Health of Serbia with joint co-organisation of the Public Health Wales, UK and Robert Koch Institute, Germany and held on the premises of the Institute of Public Health of Serbia, Belgrade, Serbia from 23rd to 24th May 2023. (first day: 9:30 to 16:30; second day: 9:00 to 13:00).

In the scope of the Joint Action on Strengthened International HeAlth Regulations and preparedness in the EU (SHARP JA), WP 8 is focusing on trainings, local exercises and exchange of working practices. Training needs assessment pointed out that recovery management is one of the topics of great interest for training and practice exchange. Additionally, the topic of this training was defined and justified by the conclusions of the literature review of the scientific articles published in leading international journals in past 20 years performed by the Institute of Public Health of Serbia, that recovery process as an integral part of emergency/disaster management circle was less addressed in scientific papers, focusing mostly on narrow areas and not on holistic approach.

Disaster recovery is a highly complex process involving environmental, physical, health, social, psychological and economic aspects. It may be very diverse in its concept, conduct and duration, depending on various factors such as: type and magnitude of disasters, the extent of damage, characteristics and intensity of hazard, type of and exposure to hazard, geographical location and landscape, population density and vulnerability, the preparedness of the national system, including alert system in place, and response capacities.

This training was conducted to improve understanding of complexity and diversity of recovery process after disasters of various types and contributes to widening professionals’ perspectives from different partner countries of the JA SHARP in identifying and planning the actions in short- and long-term recovery timeframe. It also offers a platform for horizontal, collegial exchange of experience and knowledge.

TARGET AUDIENCE/ATTENDEES

The workshop was aimed at public health professionals from countries participating in the JA SHARP. A total of 27 participants (23 participants first day) from 5 countries participated in the Public Health Disaster Recovery Training representing national officials and public health institutes. The list of participants is presented in the Annex.

AIMS AND OBJECTIVES

This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union’s Health Programme (2014 - 2020).

The workshop aimed at strengthening/boosting knowledge and skills for identifying and planning the actions in short- and long-term recovery timeframe, considering complexity and diversity of recovery process in various types of disasters through exchange of knowledge and experience between participants of various disciplines and from different countries.

After attending the training, participants should be able to develop an action plan in recovering after emergencies in short- and long-term timeframe and taking into account national context. In order to reach the overall learning outcome, the following learning objectives were defined: After completing the “Public Health Disaster Recovery Training”, the participants should be able to:

- Recognise the importance of recovery process in disaster management cycle
- Identify the effects on public health after various types of disasters
- Understand the importance of planning timely recovery actions
- Identify relevant stakeholders to be involved in recovery process
- Define actions and activities in developing their own recovery action planning
- Identify challenges for the implementation of recovery actions

METHODS

This workshop was held in person in Belgrade, Serbia.

The workshop content was divided in different thematic sessions, lasting one and a half days with time for group discussions and exercises. The following methods were part of the workshop portfolio:

- Presentations
- Inter-active exercises in groups
- Scenario-based learning sessions (e.g., case studies)
- Invited expert chairs and facilitators to guide group discussions

The workshop was conducted in English.

WORKSHOP CONTENTS AND LEARNING ACTIVITIES

The workshop itself was divided into four main parts:

1. Connection and Engagement
2. Content:
 - Collaboration frameworks with different partner countries of the JA SHARP
 - Exchange of experiences and good practices in group work
3. Concrete activities
 - Presentations:

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- Recovery process in disaster management cycle
- Public health effects after various type of disasters
- Actions and activities in recovery action planning
- Challenges for the implementation of recovery actions

4. Break-out groups: exchange of knowledge and experience through pre-defined disaster scenarios

Table 1 A structured overview over the training's main contents and activities.

Day 1: Tuesday, 23 May 2023	
09:30 – 10:00	Registration
10:00 – 10:30	Opening and welcome remarks and introduction to the meeting
10:30 – 10:45	General overview on SHARP JA activities and achievements
10:45 – 11:00	General overview on WP8 activities and achievements
11:00 – 11:30	Break
11:30 – 11:50	The disaster management cycle and recovery process
11:50 – 12:10	Public health effects after various type of disasters
12:10 – 12:30	Post-crisis recovery from a public health perspective
12:30 – 13:30	Break
13:30 – 15:00	Case study 1 “Outbreak of Ebola Virus Disease in Europia 2014-2016” Group work
15:00 – 15:30	Break
15:30 – 16:15	Case study 1 Continuation Group work
16.15 – 16:30	Wrap up of Day 1
Day 2: Thursday, 24 May 2023	
9:00 – 9:15	Registration
9:15 – 10:45	Case study 2 “Foods in Serbia, 2014” Group work
10:45 – 11:15	Break
11:15 – 12.45	Case study 2 Continuation Group work
12:45 – 13:00	Closure of the training

In the following section, training and learning activities will be described in more detail.

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Welcome and introduction

The training started with welcoming remarks by Verica Jovanovic, director of the Institute of Public Health of Serbia, who presented briefly on the Institute of Public Health of Serbia and emphasises its role and the main responsibilities and activities in the public health and health system in Serbia. The introduction to the training and its main objectives were given by Dragana Jovanovic from the same institution as the member of the IPHS project team. She also briefly presented the agenda and invited participants for round table introduction.

Presentations on SHARP JA activities

Before stepping into the main training topics, Outi Karvonen, from THL, Finland presented on the SHARP JA activities and achievements and Milena Vasic on the WP8 activities and achievements.

Presentations on recovery related topics

This session was commenced with a presentation on the disaster management cycle and recovery process, given by Dragana Jovanovic from the IPHS, covering the following: the definition of the main terms such as hazard; disaster and emergency management and differences between them; their classification, including multiple disasters and concrete examples; disaster management cycle with special focus on recovery phase, its definition and the aim; the results of the literature review on recovery related articles and their main focus; phases in recovery process; post-disaster need assessment with critical aspects (e.g. access to basic services, production of goods and services, income recovery, etc) and impacts; strategic planning in recovery; process of rebuilding, considering “Build Back Better” concept.

The second presentation was titled “Public Health Effects after Disasters: implications for recovery” and was presented Dr Giri Shankar, Director of Health Protection, Public Health Wales, UK. He explained what recovery process is and its main aspects that should be taken into account, as well as approach. He emphasised what are eight principles for recovery in the international recovery platform and what are the health sectors response domains, as well. Additionally, he explained what recovery strategy entailed, covering various effects such as on infrastructure and assets, service delivery and demands, governance and social processes, risks and vulnerabilities and summarising recovery key points.

The last, but not least recovery related presentation was on post-crisis recovery from a public health perspective, given by Paul Riley, from the ECDC. He explained the ECDC focus on public health emergencies, why recovery is a troublesome concept and what are the key aspects of recovery in the context of preparedness & response, highlighting that the recovery is the least well described part of cycle and the focus should be on identifying lessons and embedding them in future plans with four main steps: 1) After Action Review (AAR); 2) Lessons identified into an implementable

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action; 3) Action Plan and 4) Monitor implementation. He gave a deep insight in the AAR, its benefits, elements, the role in In-Action review, considered stakeholders to be involved, as well as into a workshop methodology for IARs and AARs. He also explained the main steps in resolving a recovery issue firstly translating it into recommendations and then into an action plan with all relevant aspect and features that should be considered.

Group work

All attendees were participating in the group work on two scenarios: on covering public health topic and the other environmental.

Group work on case study 1

Participants were introduced with the case scenarios on the outbreak of Ebola Virus Disease in Europe 2014-2016 and the injecting questions divided in three parts. The first one referred to the aim of Ebola Recovery Assessment (ERA) team and to the questions that the team should be focused on initially? The aim was to contribute towards laying the foundation for short-, medium- and long-term recovery while the medical emergency response continues to tackle the epidemic. The second inject referred to a scope of the recovery strategy for the outbreak, while the third was related to the development of a communications plan for the recovery strategy. The participants were divided into two groups and had certain dedicated time for discussion with reporting the results to the plenary. In their feedback, participants reported the direct impact of the EVD epidemic on structures and systems, the critical recovery priorities for the short term (12 months) and for the medium-to-long term (3 to 5 years), capacities and resources for recovery and the risks that could undermine recovery efforts and outcomes if no mitigating measures are put in place. Under the second tour feedback, they reported on involved sectors and the outline of recovery strategy. The third inject was reported on communication plan, the key sector-specific messages that need to be agreed and why and how should such a plan be implemented.

Group work on case study 2

Participants were introduced with the case scenarios on the extremely large-scale floods in Serbia in 2014. This group work was divided in four parts and with certain time dedicated for discussion in the groups. After each part, they shared their results to each other. For each part they are provided with corresponding working table for filling out. In the first part they identified possible effects on public health caused by environmental disaster, taking into consideration the types of effects and based on described scenario. After that, the task for participants was to firstly identify and list public health effects, and then determine and define key areas for interventions, selecting one or two public health effects for defining areas for interventions. During the second part, attendees identified all relevant stakeholders important for PH recovery in key areas of interventions that they identified under part one. In the third part, they identified the priority actions for selected PH effects

and area of intervention. Then, they selected one or two types of PH effects and defined priority actions and activities. At the end of this group work, participants identified challenges for conducting identified priority actions and activities in the recovery process.

EVALUATION OF THE TRAINING

Thanks to the support of Work package 3 an online evaluation survey for the workshop was set up. It was done by clicking on the link when they were directed to an online evaluation tool. They were asked to provide details on their country affiliation and the date they participated in the workshop. Then they were asked to rate the overall aspect of the meeting format and the individual activities on a scale from 1 to 5 (with five being the best). The total number of 10 participants responded to the survey.

Overall participants gave very positive feedback and rated the overall quality and usefulness of the training format exclusively on the range from 3 to 5.

Q2. Please rate the overall aspect of the meeting format and the individual activities from 1 to 5 (with 5 being the best)

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
Planning and organization	0.00% 0	0.00% 0	0.00% 0	30.00% 3	70.00% 7	10	4.70
Communication during the meeting	0.00% 0	0.00% 0	0.00% 0	20.00% 2	80.00% 8	10	4.80
Quality of the discussions during the meeting	0.00% 0	0.00% 0	0.00% 0	10.00% 1	90.00% 9	10	4.90
Usefulness of the presentations during the meeting	0.00% 0	0.00% 0	10.00% 1	0.00% 0	90.00% 9	10	4.80
Usefulness of the meeting	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 10	10	5.00
Coverage of meeting expectations	0.00% 0	0.00% 0	0.00% 0	30.00% 3	70.00% 7	10	4.70
Overall, how would you rate your experience?	0.00% 0	0.00% 0	0.00% 0	20.00% 2	80.00% 8	10	4.80

Figure 1.
Q3. Please rate the following

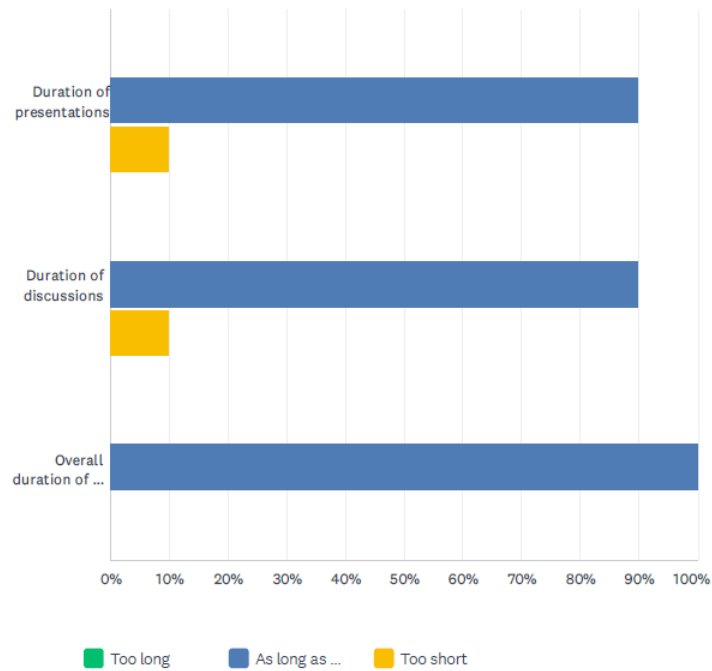


Figure 2.
Q4. How effective do you think this meeting was in covering the following aspects?

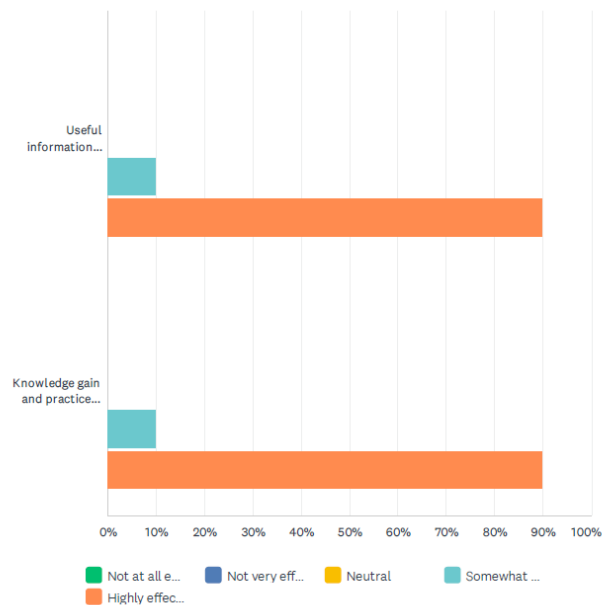


Figure 3.

CONCLUSIONS

The workshop was perceived as very successful. The objectives and participant expectations were met. Both, facilitators and participants gave positive feedback on the workshops contents and the methods used to convey them. The duration of presentations and discussions was rated as long as necessary by almost all participants (9 out of 10, Figure 2). The overall rate of the workshop experience was 4.80 (Figure 1).

ACKNOWLEDGEMENTS OF COLLABORATIONS

We would like to thank all those involved in the planning and implementation of the workshop for their excellent support and contributions

- SHARP WP2: Giri Shankar, Karen Dancey (PHW)
- SHARP WP1: Outi Karvonen (THL)
- ECDC (Paul Riley)
- SHARP WP 3: Eleonora Chatzipaschali, Nikolaos Bitsolas (EODY)
- Verica Jovanovic (IPHS)

WP8 Team of JA SHARP:

- Dragana Jovanovic, Vesna Karadzic, Milena Vasic (IPHS)

LIST OF ANNEXES

Annex 1

- Agenda
- List of participants
- Presentations
- Case studies

Workshop on Public Health Surveillance – lessons learned from COVID-19/Public Health Emergencies Detection and Surveillance, 6-7 July 2023, Lisbon, Portugal

ACRONYMS AND ABBREVIATIONS

CESP	Public Health Emergencies Centre (Portugal)
DGS	Directorate-General of Health (Portugal)
EU	European Union
HSC	Health Security Committee
IHR	International Health Regulations (2005)
JA	Joint Action
JA SHARP	Joint Action Strengthened International Health Regulations and Preparedness in the EU
MS	Member State
NIPH	Norwegian Institute of Public Health
THL	Finnish Institute for Health and Welfare

CONTEXT

The Joint Action SHARP aims to strengthen preparedness in the EU against serious cross-border health threats and to support the implementation of the International Health Regulations (IHR) (2005). The different work packages will help in sustainable capacity building to prevent, detect and respond to biological outbreaks, chemical contamination, environmental and unknown threats to human health. By consolidating the existing capacities of members and supporting improvement in those countries where IHR capability gaps exist, the JA SHARP contributes to ensuring a safer environment for all EU citizens. Implementing IHR (2005) core capacities requires trained personnel in various sectors and at different levels.

Lessons learned from COVID-19 brought new approach for public health emergencies detection and surveillance. In order to better detect, assess, and take the right decision and adjustments of public health measures, Member States were forced to collect data from different sources of information and integrate them to report at national and international level. Clinical, laboratorial and epidemiological data had to be complemented with information related to discharges from hospitals, services capacity, including equipment, devices, human resources, community risk perception, adaptation of PH measures and countermeasures, including vaccine coverage, media and social media misinformation, to name some. The right information management and data analysis obliged public health experts to redefine daily activities, using new digital tools to collect, integrate, display, and analyse data to serve decision making and guide the right actions. More than ever, globally, public health experts need to use the post-acute phase of the pandemic to consolidate the experience, build new knowledge and sediment new skills and competencies for Public Health Emergency Preparedness and Response.

Complementing the COVID-19 pandemic challenges for Member States (MS), the new [Regulation \(EU\) 2022/2371](#) of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health, in active since 6 December 2022, brought a strengthened framework for health crisis preparedness and response at EU level. During the SHARP workshop of WP5 on

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intersectoral collaboration on implementing IHR (2005), that took place in Lisbon in February 2023, it was mentioned the relevance of the new regulation for MS and how intersectoral collaboration would be reflected on public health surveillance. In this perspective the workshop on Public Health Surveillance – lesson learned from COVID-19/Public Health Emergencies Detection and Surveillance was developed to support MS experts working in public health to share knowledge, experiences and identify common challenges in procedures, tools and human resources when facing the actions that the new EU regulation implies for EU/EEA countries.

An initial workshop proposal presented by the Public Health Emergency Centre (CESP) of Directorate-General of Health (DGS)- Portugal to the coordination of SHARP (Finnish Institute for Health and Welfare (THL)), to the coordinators of WP8 (Institute of Public Health of Serbia Dr Milan Jovanovic Batut) and a supporting SHARP partner (The Norwegian Institute of Public Health (NIPH)). Based on this proposal and a developed concept note, the workshop was organized with the joint effort from Portugal, Norway and Serbia, with the support from the European Centre for Disease Prevention and Control (ECDC), Public Health Wales/United Kingdom and WHO Regional Office for Europe (WHO Europe).

At the hosting county, the workshop was recognized as one of the activities contributing for the capacity building of public health professionals, in the frame of SHARP major objectives, related to the implementation of the IHR (2005) and the new EU regulation 2022/2371 on cross-border threats. In this perspective, the Deputy Director of Health, Prof. André Peralta-Santos did the opening of the workshop, and the closure was done by the Secretary of State of Health Promotion, Dr. Margarida Tavares, with large recognition of the relevance of the initiative to be further cascade to other health professionals at national and subnational level.

The training concept note, agenda, case study and other material and documents related to the workshop are available on the annexes.

TARGET AUDIENCE

- There was a total of 52 participants in the workshop in the areas of public health and surveillance.
- On site participants, including presenters, were from 10 countries: Finland, Greece, Ireland, Italy, Malta, Norway, Portugal, Serbia, Slovenia and United Kingdom.
- Around the half of the participants (48%) attendant the plenary sessions online.
- There was a mix of junior/mid-career and senior-career public health professionals attending, with participants with less than 1 year to 34 years of experience. Majority of the participants (55%) referred working in the current position between 1-5 years, with 13% referring 6-10 years and 12% with more than 10 years of experience. We believe the workshop called attention to all sort of public health professionals with different technical and managerial profile, at national and subnational levels.

- The areas of expertise of the audience included a majority (38%) of public health professionals followed by the expertise areas of public health emergency preparedness and response (22%) and epidemiology (20%). Other areas included infectious diseases, local health authority, implementer, occupational safety and health, refugee crisis response, pandemic response, and palliative care.
- The large range of level of experience of participants was also translated into the experience specifically in surveillance: 22% of the participants referred more than 5 years of experience of working in surveillance, 42% between 3-10 years, and 14% with more than 10 years of experience working in surveillance.
- From the 69 registered professionals, 25% did not attend the workshop. Of those, 10% informed the organizers in advance or in a last-minute note of the inability to attend.

TIME

- The two days' workshop was held in Lisbon on the 6th and 7th of July 2023, with an overall total of 14 hours, including lunches and coffees breaks.
- The workshop also included a social dinner on the 6th July 2023, that became an opportunity to have more informal networking among participants, speakers, and organizers.

AIMS AND OBJECTIVES

- The aim and objective of the workshop were defined among the 3 organizers countries, as a training initiative to contribute to strengthening the IHR (2005) core capacities in the different partner countries of the JA SHARP and others, to share knowledge and experience in the implementation of lessons learned from COVID-19 within the area of public health emergencies, from detection to assessment, management, and communication.
- In order to reach the overall aim, several learning objectives were identified for the participants:
 - Outline relevant international regulation, strategies, and guidance for public health emergencies
 - Describe the main steps in designing and implementing a new surveillance system
 - List and understand strength and weaknesses of different types of data, information, indicators, and proxies that can be used in public health surveillance
 - Describe the different types of surveillance systems and the data sources they are based on
 - Describe the added value of an integrated surveillance systems and how this can be achieved in different contexts
 - Interpret and analyse data and management of information, and understand the use for public health action and support decision making
 - Outline relevant criteria and method for evaluation of a surveillance system

METHODS

- The workshop of 2 days, 7 hours/day, had a face-to-face format, with online participation for the plenary sessions in English language, without translation.
- The preparation work of the training was based on online meetings and documents shared between experts from DGS, the Institute of Public Health of Serbia Dr Milan Jovanovic Batut and the Norwegian Institute of Public Health, included:
 - Pre-reading reference literature
 - Overview of the presentations and speakers for each section
 - Definition of the scenario of the case study
 - Overview of pre and after evaluation survey
- The case study scenario was chosen for avian flu, that would facilitate the intersectoral, integrated and cross-border approach of surveillance. An avian flu outbreak between 3 countries, without a full evolution for a new pandemic, but requiring several surveillance activities, was organized in three main parts:
 - Types of surveillance and information sources
 - Adapting the existing surveillance system to a new threat
 - Cross border surveillance output.
- The agenda main sessions were discussed with ECDC and WHO Europe speakers, to define sessions 'objectives and discussion points, matching the plenary introductory sessions with the operational aspects of the scenario parts of the case-study, promoting the technical and scientific knowledge related to.
- The promotion and dissemination and the workshop registration were done with the support of the SHARP WP2, who used several posts for the divulgation and reminders of the registration, as well as disseminating results.
- Training room was set up with 6 islands of tables, distributed in order to facilitate interaction between participants, that were pre-allocated based on a mix of profile and professional experience, and they were changed in the 3 parts of the scenario, forcing more interactions among participants.
- The working groups were established with a timekeeper and a spoke person that would do the wrap up of the conclusions in plenary sessions.
- The dynamics of the working groups during the case-study was ensured with a set of questions in regard to specific aspects of the scenario with some guidance of facilitators
- The overall workshop had a host speaker, that supported the introduction of each session and guide through the different activities and breaks of the workshop and supported the main conclusions of the workshop
- The evaluation survey had the support of the SHARP WP3, using similar methodology as in other SHARP workshops, with pre and after surveys submitted to all participants.

WORKSHOP CONTENTS AND RESULTS/ LEARNING ACTIVITIES AND DISCUSSIONS NS

Connection and Engagement

- The welcoming to the workshop was done by Professor André Peralta-Santos, Deputy-Director of Health in Portugal, referring the relevance of the workshop in a post-acute phase of the pandemic and the opportunity for direct sharing of knowledge and experience among experts from different countries and different levels of technical and managerial levels.
- The overview of the Joint Action (JA) SHARP was provided by Dr. Miller Taru, representing the Finnish Institute of Public Health as coordinator of the JA SHARP, reminding that the JA will be finishing on 30 September 2023, postponed due to the pandemic. She referred to the several workshops that took place in the different technical work packages of the JA and the need to use further the legacy of training and experience that SHARP brought to MS.
- A generic summary of the WP8 and the workshop was provided, and an ice breaker session forced the participants to express, in key words, their initial thoughts and ideas about what they expect that the workshop would cover. The words, written on post-it stickers were placed on one of the walls of the training room till the closure session were those first impressions were revised.

Content

- Legal, strategic and guidelines on public health emergencies detection and surveillance was covered in several presentations, referring to strategic documents from WHO recommendations following COVID-19 lessons identified, the ongoing IHR (2005) revision, the new EU regulation for cross-border threats, as well as national reference documents, guidance and procedures related to COVID-19 and new threats
- Main steps of surveillance, including how to define the purpose, the use of output and the evaluation was covered in presentations from international organisations s ECDC and WHO as well as by bringing the experience from United Kingdom /Wales, Serbia, Norway and Portugal. The thematic was also brought in more operational approach during the case-study, with practical examples in regard to the avian flu scenario, how the setup of the surveillance in both animal focus and human cases would be handled.
- Data sources and integrated surveillance was discussed in the perspective of Epidemic Intelligence, with overview of indicator and case-based surveillance and the event-based surveillance, aiming to support the understanding the different sources of data and of information. Examples of COVID-19 and how countries responded to the challenges to integrate clinical, laboratory, health care capacities, non-pharmacological measures, vaccination and other information was collected, compiled, integrated and display as well as reported to support decision making. The overall perspective of integrated surveillance covered the different dimensions of integration: a) Diseases (using avian flu scenario in the context of respiratory viral infections), b) Surveillance systems in the perspective of Epidemic Intelligence (indicator, event-based, molecular), c) Data sources (epidemiological, laboratory, health care services, other sectors, wastewater, etc.), d) Healthcare levels (primary health care, hospitals, intensive care units, long-term health facilities, etc), e) Administrative levels (local, regional, national), f) Sectors (with specific focus on One Health approach), f) Preventive measures (non-pharmacological and pharmacological interventions as prophylaxis with anti-viral and vaccines)

Concrete activities

- Presentations:

During the presentation on “Overview of the new EU regulation at MS perspective”, Dr. Paula Vasconcelos provided some enlightening on the lessons learned from COVID-19, giving an overview of the main international reference documents, from WHO recommendations to the new EU regulations (ECDC mandate – Regulation 2022/70 and on cross-border threats – Regulation 2022/71), with focus on overall surveillance, detection, collection, data analysis, information management, risk assessment and risk management, as challenges for the MS to improve public health emergencies preparedness and response.

In his presentation “Lessons learned from COVID- 19: Public health Surveillance”, Dr. Pedro Pinto Leite provided the national context of integrated surveillance in the frame of the international challenges during COVID-19 pandemic and how in Portugal new tools and other improvements and needs in Artificial Intelligence serving public health are identified to move forward

ECDC presentation on “Implementing Public Health Surveillance: Types of surveillance and sources of information” by Dr. Carlos Carvalho, provided an overview of generics of surveillance and the two components of Epidemic Intelligence (indicator-based surveillance and event-based surveillance) and how those are performed at ECDC, and the different tools used (e.g., TESSy, EpiPulse) to ensure interoperability with MS. Another presentation from Dr. Carlos Carvalho covered “Surveillance in the new ECDC mandate”, presenting the new challenges of the new EU regulation 2022/2370 with new areas related to: Improving epidemiological surveillance; Foresight, modelling and research priority setting; Better preparedness and response in MS; EU Health Task Force; Health systems capacity; Expand international role.

In her presentation “Challenges within the health sector and other sectors database/information sources”, Dr. Dragana Plavska brought the experience in Serbia of integrated data from COVID-19 in school settings, indicating that the assessment of the epidemiological situation was carried out based on geographic reference data and, among others, the intensity of virus transmission, percentage of infected students and teachers and vaccination coverage in school setting, compared with community.

The presentation of Dr. Cristopher Williams, on “Data integration for respiratory surveillance” brought the experience in Wales/United Kingdom in regards of the meaning of integration and how is being applied in the Wales, in the perspective of pathogen, source, sector and international level. It was relevant to bring the pre-pandemic, pandemic, and post-pandemic resource transition approach, facing the need for Strengthening surveillance virology and how many challenges is bringing in the One health dimensions. Another presentation on “Analysis of surveillance data: COVID-19” brought Wales experience on Dashboards, reports and presentations and how the indicators are being selected to better support decision making

WHO Europe presentation on “Emergency Response Information Management System (ERIMS)” by Dr. Carlos Matos, brought the WHO strategy for emergency response and how to ensure governance, architecture, extraction, analysis, reporting and supporting decision making. Another presentation on “Dashboards, bulletins and other products” from WHO was an opportunity to revise and to better understand the information selected and reported by 10 This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union’s Health Programme (2014 - 2020).

pillars for Emergency Response: 1. Coordination; 2. Risk communication and community engagement (RCCE); 3. Surveillance; 4. PoE; 5. Laboratories; 6. Infection prevention and control; 7. Case management; 8. Logistics and supply chains; 9. Strengthening essential health services and systems and 10. Vaccination.

• Case study: using new knowledge in practice

The case study comprised a scenario of a new avian influenza affecting poultry farms in different European countries with some human cases and possible human to human transmission. Challenges discussed included the collection of early useful data through outbreak investigation including case identification, sampling and WGS as well as early cohort studies. Various strategies were presented, and pros and cons discussed. Standard data collection and data integration from different countries and sharing of findings were discussed as important contributors to timeliness of knowledge to address critical knowledge gaps (human to human transmission; severity). Coordination of response and integration of human and animal health in a one Health approach were transversal to all discussions.

Some aspects discussed during the different parts of the case study under a scenario of the avian flu outbreak were considered of relevance:

Part 1: How to set up the emergency surveillance; how to move and update the case definition in the context of a cross-border outbreak.

Part 2: How to define the proxy indicators that will facilitate the risk analysis and support decision making; not all indicators are useful or available; how to identify the ones that will provide useful information, even if not detailed but that will support understanding the evolution of the situation and the need of public health actions.

Part 3: One of the main discussion points were regarding aspects related to human-to-human transmission in the frame of the avian flu outbreak, with relevance given to cross-border sharing and harmonising of data.

Key-messages of the case study includes:

- Early suspicion and contact between veterinary and human health authorities, and between countries, is critical for early detection, timeliness of investigation and intervention.
- Regional/local surveillance play a central role in early detection and communicated should be through the established early warning and response platforms between local/regional national and international level
- Early integration of animal and human health is crucial for a faster and better understanding of the transmission and natural history of disease of a new pathogen
- Classical outbreak investigation may allow preliminary data on transmission and severity. If collected in a standardized way in various countries and outbreak contexts, data integration may allow earlier and more robust knowledge addressing critical knowledge gaps
- Several surveillance approaches may be considered to assess possible community spread and magnitude

Results and Wrap-up

The main aspects identified as challenges for MS of lessons learned from COVID-19 and the new EU regulations were summarized in four main areas:

- Governance: Coordination; Intersectoral collaboration; Routine vs crises mode of working in surveillance
- Procedures: Reinforce of early detection and warning and all levels; Information integration; Risk assessment; Intra and inter Communication
- Tools: Adjust/adapt existing tool; Develop new modules; Refine extractions, displays and better use of business intelligence (BI) tools
- Human resources: Reinforcement of competencies and skills, especially in areas such as information management and data analysis

During the final session of the workshop, an overview of workshop was provided in the perspective of:

- Participation: it was a dynamic workshop, where formal and informal face-to-face interactions were observed among participants, with several questions and sharing points
- Contents: main areas covered: Regulation 2022/2371 and regulation 2022/2370 implications for MS and EU level; Epidemic Intelligence and Artificial Intelligence to support surveillance; Sources, datasets, data processes and information management within case study scenario for avian flu in a cross-border setting; Data display and risk analysis - support to decision making
- Next steps: Share slides; Cascade workshop at subnational level; Strengthening technical lessons learned to promote political support; Make sure the workshop report or executive summary is shared with the Health Security Committee (HSC).

The final wrap up was presented, based on the results of the icebreaker activity of the first day of the workshop, where contributions of the participants were grouped in 3 main categories, in the perspective of what they thought would be covered in the workshop that was indeed covered:

- On what was the workshop about: Surveillance (3); Preparedness (3); Cross-border (2); Data; Outbreak investigation; Decision making
- On the how/methodology used: Sharing (2); Knowledge (2); Training (2); Teamwork; Learning; Injects; Improvement; Strengthening
- Looking at after this workshop: Cooperation; Integration; Next pandemic; Legacy; What's next.

Closure of the workshop

Dr. Margarida Tavares, Secretary of State for the Promotion of Health of Portugal made the final remarks in regard to the workshop and on her speech she supported the surveillance principles conveyed during the workshop and touched on aspects of the broader EU initiatives as the new treaty on pandemic prevention, preparedness and response. Dr Tavares stressed how partnerships with other sectors and community groups adds pivotal contributions to supporting effective preparedness, including the One Health concept. She applauded the knowledge sharing seen throughout the training and welcomes further cooperation to aid decision-making at This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union's Health Programme (2014 - 2020).

political level. And looks forward to the other outcomes of the Joint action which give a clear demonstration of the added value of collaboration on national challenges.

EVALUATION AND FOLLOW-UP

An evaluation post-survey was submitted few days after the end of the workshop. Sixteen (16) participants have answered the survey, representing around 30% of total of participants.

Participants rated 4.75 for the overall experience (out of 5 best) and 4.63 for planning and organization, communication during the meeting, usefulness of presentations during the meeting and the usefulness of the meeting. They rated 4.56 the quality of the discussions during the meeting and the meeting of their expectations regarding the meeting.

They consider that the duration of the presentations and discussions and in general the length of the meeting was as much as needed.

Most participants believe that during the discussions between experts, useful information and knowledge have been exchanged and practices related to public health surveillance have been exchanged.

CONCLUSIONS

From the overall aspects discussed and from the feedback received, main key messages as outcomes from the workshop can be summarized as below:

- Surveillance in public health requires innovation and, a dynamic and integrated approach, to improve detection, assessment and response to health threats
- Good quality data supports better data analysis and informs robust policy and intervention strategies
- Political/governmental awareness of the role and challenges of public health in protecting our society is essential in this post-COVID-19 era
- Partnerships with other sectors/community involvement are pivotal to supporting governments through effective organizational capacity and is a pillar of the One Health concept
- Continuous training, capacity building in governance, procedures, and tools for health professionals at different levels are investments that the new regulation is requiring to member-states
- Investment is necessary for funding for preparedness in responding to emerging threats
- This workshop can be replicated and cascaded to other health professionals at national and subnational levels

By hosting and co-organizing this event, Portugal/Ministry of Health endorsed the workshop as a useful JA SHARP initiative, supporting enhance countries capacities to face new demands in public health emergencies preparedness and response.

The evaluation of the workshop based on the post-survey (average of 4.6 within 1-5 classification), indicated that it was well received and that it was considered useful.

In overall the workshop was an opportunity to reinforce and sharing knowledge facing the challenges that lessons learned from COVID-19 and the new regulations are bringing to the Member States.

ACKNOWLEDGEMENTS OF COLLABORATIONS

The organizers express their gratitude for the flexibility, generosity on sharing knowledge and experiences from different collaborators, specially

ECDC: Carlos Carvalho

Public Health Wales: Christopher Williams

SHARP WP2: Karen Dancey

WHO Europe: Carlos Matos

Local facilitators of the case-study: Catarina Marques, Inês Loureiro, Mariana Ferreira, Melanie Stecher, Renato Lourenço da Silva, Rui Pedro Leitão, Vasco Peixoto

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LIST OF ANNEXES

Annex 1

- Presentations

SHARP

Strengthened International HeAlth
Regulations & Preparedness in the EU



Co-funded by the
Health Programme of
the European Union

Training on the EU common ship sanitation database - digital tool for supporting international health regulations implementation at points of entry, 11th September 2023, 09:30-17:00, Athens

INTRODUCTION

The SHARP joint action aims to strengthen preparedness in the EU against serious cross-border threats to health and to support the implementation of the International Health Regulations (IHR) (2005). The various work packages help to build capacities, to prevent, to detect and to respond towards biological outbreaks, chemical contamination, environmental and other unknown threats to human health. By strengthening members' existing capabilities and supporting the improvement of areas where IHR capacity gaps are identified, the Joint Action SHARP will contribute to ensure a safer environment for all EU citizens.

By implementing the basic capabilities provided by the IHR (IHR-2005) in the EU countries specially trained personnel are required, that come from different agencies and at different stages.

SHARP joint action through work package 8 (WP8) is called to ensure collaborations between partners and agencies related to the strengthening of the implementation of the IHR and involved in the training and exchange of work practices.

In this context, the National Public Health Organization - EODY, as the National Focal Point for the International Health Regulations will carry out trainings at national level with the aim of teaching and implementing practices, to help control the spread of transboundary diseases at national level as well as to capture the overall state of preparedness of the country and to cover the full range of threats for public health.

Organizing Committee

Eleonora Hadjipaschali, Nikolaos Bitsolas-National Public Health Organization-EODY

C. Hadjichristodoulou, V. Mouchtouri, L. Kourentis- University of Thessaly

Laboratory of Hygiene and Epidemiology

Participating agencies

1. EODY
2. University of Thessaly
3. Officers working at port health authorities in EU countries
4. National and international authorities and organizations

Number of Participants in person: 15

Number of Participants online: 94

TOTAL NUMBER OF PARTICIPANTS: 109

DATE & PLACE

11TH September 2023, 09:30-17:00

The Golden Age Hotel, Athens

GOALS AND OBJECTIVES

This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union's Health Programme (2014 - 2020).

Through this training the participants were informed about JA SHARP and its objectives, about IHR and the new regulations and how SHARP helps to strengthen the capabilities of the implementation of the IHR. They also were informed about the tools used to succeed it.

In addition, participants practiced on specific topic and asked to apply Digital tools of Public Health concerning sea vessels and Gateways.

Led by senior experts from the University of Thessaly, participants will gain a good overview of the working and best practices of the EU Common Ship Sanitation Database, including

- IHR provisions of Ship Sanitary Certificate
- Navigation and basic functionalities of EU Common Ship Sanitation Database
- An introduction to other insights and tools for multi-sectoral collaboration and mitigating cross border threats to health developed by SHARP Joint Action.

METHOD

The training meeting was carried out hybrid within person and online participation.

Duration 8 hours

- Facilitators was appointed
- Each participant has a laptop for onsite training
- Evaluation
- Training coordination team

EXERCISE CONTENT AND RESULTS

The exercise contained

- Presentations
- Practice
- In each Part of the training, the participants were invited to answer relevant questions
- The exercise coordinators had an active supporting role
- Assessment of the exercise
- Discussion
- Evaluation
- Conclusions
- Certificate

EVALUATION AND FOLLOW-UP

The assessment was carried out through questionnaire given to participant at the end of training. All participants were answering the post evaluation survey.

Main findings

Ninety-five (95) participants have answered the survey.

The majority of them (55.79%) work in port, 21.05% in central authority while the rest of them work at regional level, are health expertise's etc.

75.79% of participants stated that they attended the training online/distance and the rest on-site/in person.

On a scale from 1 (not at all) to 5 (complete) 57.89% of participants stated that the content of the training session (e.g. presentations-demonstration) was completely clear and understandable and that the objectives of the training session were fully achieved (56.84 %). 54.28% stated that the training fully met their expectations and that their level of knowledge on the subject as a result of this training session definitely improved (53.68%). 68.09% of participants said they would definitely recommend the training to others.

54.26% found that the overall organization and structure of the training was excellent. They agreed too that the information before the event (61.05%) and the technical assistance provided by the organizers (52.63%) were excellent. Participants agreed that the duration of the training was as long as needed.

Finally, on a scale from "Very likely" to "Very unlikely", 57.45% of them indicated that is very likely to transfer the new knowledge and skills acquired in this training to their daily practice immediately after their return and 60.64% stated that is very likely to transfer the new knowledge and skills to their colleagues.

COMMUNICATION AND DISSEMINATION

Website and social media posts

	Date	Impressions	Likes	Shares	Bounce Rate	Engagements	Retweet
Twitter	11/09/2023	337	1			13	1
Facebook	11/09/2023		52	4	896		
Instagram	12/09/2023		40				

CONCLUSIONS

Fifteen (15) participants in person and ninety-four (94) online.

There was very high interest with active participation throughout the training.

This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union's Health Programme (2014 - 2020).

The organization, the structure of the training, the technical support and the thorough and detailed approach offered a high-level experience to the participants.

- ✓ Need for such activities/trainings
- ✓ The choice of the subject was perfect as is important to keep daily business up to date.
- ✓ The needs and questions were identified and recorded.
- ✓ Useful and practically applicable information and knowledge gained
- ✓ Strengthens networks between different services

ACKNOWLEDGEMENTS OF COLLABORATIONS

Special acknowledges and many thanks for the cooperation and help to Zoe Karamitrou, Maria Aggelopoulou, Aikaterini Liona from NPHO-EODY, EU HEALTHY GATEWAYS JOINT ACTION, EU SHIPSAN ACT Joint Action

LIST OF ANNEXES

- Agenda
- Presentations
- Evaluation questionnaire
- Participants list

Chemical Safety and Chemical Threats, 6 – 7 June 2022 and 12 – 13 October 2022

CONTEXT

Chemical safety and chemical threats training were organized in collaboration of JA SHARP WP8 and WP9, in collaboration of following institutes:

- Institute of Public Health of Serbia “Dr Milan Jovanovic Batut” (WP8),
- Robert Koch Institute (WP8),
- National Institute of Public Health, Slovenia (WP9),
- UK Health Security Agency (WP9),
- Public Health Wales, UK

Training material covers following topics: introduction – chemicals and chemical incidents, international health regulations (IHR) overview and requirements for chemicals, chemical incident preparedness, chemical incident response, risk assessment of chemicals, multisectoral preparedness and response to chemical emergencies, and recovery of a chemical incident.

There were organized two 2-day-long workshops (one in June 2022 and one in October 2022) with the aim to strengthen preparedness and response to the range of chemical threats to health.

The report on Chemical safety and chemical threats training is the MS36 within the SHARP JA. In order to avoid the duplication of this report but to provide all relevant information on the Chemical safety and chemical threats training we have added to this Report, as an Annex, MS36 – TRAINING AND EXERCISES REPORT

LIST OF ANNEXES

WP9 – Chemical Safety and Chemical Threats, MS36 – TRAINING AND EXERCISES REPORT

Laboratory trainings

CONTEXT

Beside the IHR training, laboratory training was offered by participants of WP7, work package on laboratory preparedness and responsiveness. For organizing of the trainings, a training booklet was created comprising the current list of training courses, the organizer with contact data (institution), the title of the offered training, the suggested date for training and the duration. The booklet is presented in the annex to this report. Interested WP7 participants could directly contact the organizer for a training offer. The announcement for all WP7 participants, about the training offer with concrete date, was done by e-mail by the WP7 coordination team.

Due to the covid-19 pandemic and since most of the training courses should be “wet lab” trainings, only few of the offered trainings took place.

The training booklet was regularly updated and uploaded to the internal SHARP platform (<https://yhteistyotilat.fi/wiki08/display/THLSHARP/WP7+Laboratory+preparedness+and+responsiveness+2022>).

Six trainings and one workshop were performed; Three of them were face-to-face trainings, three trainings and the workshop took place via video conference. Please find below the list of trainings performed:

FACE-TO-FACE TRAINING:

1. Molecular and serological detection of pathogens of risk group 4 in settings without access to BSL-4 laboratory; Organized by Bernhard Nocht Institute, Germany
2. Bacterial isolation in BSL3 condition; Organized by Folkhälsomyndigheten, Sweden
3. SARS-CoV-2 sequencing and data analysis; Organized by ErasmusMC, Viroscience, The Netherlands

TRAINING VIA VIDEO CONFERENCE

4. Introduction to BSL-3 work: Biosafety and biosecurity, diagnostic algorithms and best practice; Organized by Norwegian Institute of Public Health, Norway
5. Training on the isolation of *Bacillus anthracis* spores from soil in contaminated sites; Organized by Istituto Zooprofilattico Sperimentale della Puglia e della Basilicata, Italy
6. Consensus training on Reading of Broth Microdilution and Disc Diffusion Plates; Organized by Institut für Mikrobiologie der Bundeswehr, Germany

WORKSHOP VIA VIDEO CONFERENCE

7. Workshop on Crimean Congo haemorrhagic fever; Organized by National Institute for Infectious Diseases L. Spallanzani IRCCS, Italy

The reports from laboratory trainings are presented in the annex to this Report.

LIST OF ANNEXES

1. JA-SHARP_WP7_Training_Report_BNITM.pdf
2. JA-SHARP_WP7_Training_Report_PHAS.pdf
3. JA-SHARP_WP7_Training_Report_Erasmus.pdf
4. JA-SHARP_WP7_Training_Report_NIPH.pdf
5. JA-SHARP_WP7_Training_Report_IZSPB.pdf
6. JA-SHARP_WP7_Training_Report_BwIM.pdf
7. JA-SHARP_WP7_Workshop_Report_INMI.pdf
8. SHARP WP7 Lab Training courses_booklet.pdf

National exercises

SHARP

Strengthened International HeAlth
Regulations & Preparedness in the EU



Co-funded by the
Health Programme of
the European Union

National exercise “ERMIS”, 17 June 2022, 09:00-17:00, Kalamata

INTRODUCTION

The SHARP joint action aims to strengthen preparedness in the EU against serious cross-border threats to health and to support the implementation of the International Health Regulations (IHR) (2005). The various work packages help to build capacities, to prevent, to detect and to respond towards biological outbreaks, chemical contamination, environmental and other unknown threats to human health. By strengthening members' existing capabilities and supporting the improvement of areas where IHR capacity gaps are identified, the Joint Action SHARP will contribute to ensure a safer environment for all EU citizens.

By implementing the basic capabilities provided by the IHR (IHR-2005) in the EU countries specially trained personnel are required, that come from different agencies and at different stages.

SHARP joint action through work package 8 (WP8) is called to ensure collaborations between partners and agencies related to the strengthening of the implementation of the IHR and involved in the training and exchange of work practices.

In this context, the National Public Health Organization - EODY, as the National Focal Point for the International Health Regulations and in the context of its obligations in Work Package 8, will carry out a table top exercise at national level with the aim of planning and implementing practices, to control the spread of transboundary diseases at national level as well as to capture the overall state of preparedness of the country and to cover the full range of threats for public health.

Organizing Committee

Eleonora Hadjipaschali, JA SHARP WP3 Leader-EODY

Dimitris Iliopoulos, JA SHARP WP8 coordinator- EODY

Christos Hadjichristodoulou, JA SHARP WP8 Expert- UTH

Konstantinos Gogosis, JA SHARP WP8 Expert - Ministry of Health

Ekaterini Liona, JA SHARP Associate assistant - EODY

Participating agencies

1. EODY

- Directorate of Epidemiological Surveillance & Intervention for Infectious Diseases
- Directorate of Preparedness & Response
- Independent Press & Communication Department

2. University of Thessaly

- Hygiene & Epidemiology Laboratory

3. Ministry of Health, EKDY- Directorate of Operational Preparedness for Public Health Emergencies

4. Ministry of Health

5. Region of Peloponnese

- General Directorate of Public Health
- Directorate of Public Health & Social Care, PE of Messinia

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6. 6th Health Region

- General Hospital Kalamatas
- Health Center Kalamatas
- Health Center Messinis
- General Hospital Kyparissias
- General Hospital Laconias
- Panarkadian Hospital

7. EKAV (ambulances service)

8. National Food Organization

9. Poison Center

10. National Drug Organization

11. Ministry of Agriculture

12. Municipality of Kalamata

13. University of Peloponnese

14. Medical Association of Messinia

Number of Participants in person: 54

Number of Participants online: 55

TOTAL NUMBER OF PARTICIPANTS: 109

DATE

17 June 2022, 09:00-17:00

GOALS AND OBJECTIVES

Through this Emergency Preparedness, Identification and Reporting of a Public Health Emergency exercise, the participants were asked to apply the following practices:

- Risk Assessment
- Risk Management
- Risk Communication
- Intersectoral Cooperation
- Early Detection (epidemic intelligence, surveillance, monitoring and evaluation, preparedness and laboratory surveillance).

In addition, the participants practiced in describing the procedures they should follow as well as which agencies they should contact in order to achieve the best response to a similar event. During the implementation of the exercise, the aim is to contribute to the formulation of a management plan as well as its evaluation.

METHOD

The "ERMIS" National Exercise was a table-top exercise and was carried out with in person participation of the local bodies of the Messinia Regional Unit and the Region of Peloponnese as well as the online participation of the other involved bodies.

- Duration 8 hours
- 6 working groups
- Facilitator was appointed
- Observers were appointed
 - Ministry of Health
 - Online for each team
- Evaluators were appointed by the following bodies:
 - Ministry of Health
 - University of Peloponnese
- Exercise coordination team

EXERCISE CONTENT AND RESULTS

- The exercise contained ten (10) Parts
- In each Part of the exercise, the participants were invited to answer relevant questions and take relevant actions
- The exercise coordinators had an active supporting role
- Related and necessary interventions such as, for example, by the Press & Communication Department
- Assessment of the exercise
- Discussion
- Evaluation
- Conclusions
- Certificate

EVALUATION

The assessment was carried out

a) Hot debrief-with a questionnaire which was answered at the end of the exercise by those present and commented on by the evaluators.

Twenty-two (22) responses

b) the evaluators, based on a questionnaire given to them, evaluated the exercise.

c) Cold debrief-one week after, electronic questionnaire from Work Package 3 (WP3) were sent to all participants

Fifty-two (52) responses, Twenty-five (25) online and twenty-seven (27) live participants.

This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union's Health Programme (2014 - 2020).

CONCLUSIONS

Thirty-six (36) participated in person and thirty-six (36) online.

There was very high interest with active participation throughout the exercise.

The organization, the structure of the scenario, the technical support and the thorough and detailed approach offered a high-level experience to the participants.

- ✓ Need for such activities/exercises
- ✓ The choice of the district to conduct the exercise was correct
- ✓ The needs at the regional/service level were identified and recorded
- ✓ Useful and practically applicable information and knowledge gained
- ✓ Strengthens networks between different services

Communications

The Region of Peloponnese issued a Press Release to announce the ERMIS exercise and EODY respectively to announce the exercise and the related Press Conference which was given in Kalamata on the occasion of the exercise.

The Press Conference was attended by 6 local channels and 1 nationwide. Kalamata Journal, Messinia Live, Best Tv, Eleftheria Online, Mesogeios, Ionian and ERT

A total of 23 media outlets reported.

ACKNOWLEDGEMENTS OF COLLABORATIONS

Special acknowledges and many thanks for the cooperation and help to the Peloponnese Region and, in particular, to the Directorate of Public Health to the Director General B. Diamantopoulos and Director Mr. Kamarinopoulos. To the Municipality of Kalamata, to the Kalamata Health Center in Mr.K. Vlachodimitropoulos, as well as at the University of Thessaly at the Laboratory of Hygiene and Epidemiology Mrs. V. Mouchtouri.

SHARP

Strengthened International HeAlth
Regulations & Preparedness in the EU



Co-funded by the
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National meeting/training “Digital public health tools related to sea ships and point of entry”, 29th March 2023 09:30-17:00 Alexandroupoli

INTRODUCTION

The SHARP joint action aims to strengthen preparedness in the EU against serious cross-border threats to health and to support the implementation of the International Health Regulations (IHR) (2005). The various work packages help to build capacities, to prevent, to detect and to respond towards biological outbreaks, chemical contamination, environmental and other unknown threats to human health. By strengthening members' existing capabilities and supporting the improvement of areas where IHR capacity gaps are identified, the Joint Action SHARP will contribute to ensure a safer environment for all EU citizens.

By implementing the basic capabilities provided by the IHR (IHR-2005) in the EU countries specially trained personnel are required, that come from different agencies and at different stages.

SHARP joint action through work package 8 (WP8) is called to ensure collaborations between partners and agencies related to the strengthening of the implementation of the IHR and involved in the training and exchange of work practices.

In this context, the National Public Health Organization - EODY, as the National Focal Point for the International Health Regulations will carry out trainings at national level with the aim of teaching and implementing practices, to help control the spread of transboundary diseases at national level as well as to capture the overall state of preparedness of the country and to cover the full range of threats for public health.

Organizing Committee

Eleonora Hadjipaschali, Nikolaos Bitsolas-National Public Health Organization, EODY
C.Hadjichristodoulou, V.Mouchtouri, L.Kourentis - University of Thessaly
Laboratory of Hygiene and Epidemiology

Participating agencies

1. EODY
2. University of Thessaly
3. Regions
 - Region of Evros
 - Region of Kavala
 - Region of Eastern Macedonia & Thrace

TOTAL NUMBER OF PARTICIPANTS: 16

DATE & PLACE

29 March 2023, 09:30-17:00
Ramada Plaza Thraki Hotel, Alexandroupolis

This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union's Health Programme (2014 - 2020).

GOALS AND OBJECTIVES

Through this training the participants were informed about JA SHARP and its objectives, about IHR and the new regulations and how SHARP helps to strengthen the capabilities of the implementation of the IHR. They also were informed about the tools used to succeed it.

In addition, participants practiced on specific topic and asked to apply Digital tools of Public Health concerning sea vessels and Gateways of the country.

METHOD

The training meeting was carried out with in person participation of the local bodies of the Eastern Macedonia & Thrace Regional Unit and the Region of Evros and Kavala.

- Duration 8 hours
- Facilitators was appointed
- Each participant has a laptop for onsite training
- Evaluation
- Training coordination team

Exercise content and results

- The exercise contained
- Presentations
- Practice
- In each Part of the training, the participants were invited to answer relevant questions
- The exercise coordinators had an active supporting role
- Assessment of the exercise
- Discussion
- Evaluation
- Conclusions
- Certificate

EVALUATION AND FOLLOW-UP

The assessment was carried out through questionnaire given to participant at the end of training. All participants were answering the post evaluation survey.

Main findings

WEIGHTED AVERAGE 5 (scale1-5) to the following questions:

This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union's Health Programme (2014 - 2020).

The content of the educational meeting (e.g., presentations-demonstration) was clear and understandable

The objectives of the educational meeting were achieved.

The educational meeting fulfilled them my expectations.

I would recommend the training session to others.

Increasing my level of knowledge in relation to the subject as result of this educational meeting is: 62.55%

I will transfer the new knowledge and skills acquired to this educational meeting in my daily practice immediately after my return:100%

Comments: It would be useful to have such trainings/ repeat.

COMMUNICATION AND DISSEMINATION

Website	Impressions	Likes	Shares	Bounce rate	Retweet
NPHO and social media posts					
Date					
Twitter	29/03/2023	564	3		1
Facebook	29/03/2023	84	4		1.100
Instagram		29/03/2023		70	

CONCLUSIONS

Sixteen (16) participants in person.

There was very high interest with active participation throughout the exercise.

The organization, the structure of the training, the technical support and the thorough and detailed approach offered a high-level experience to the participants.

- ✓ Need for such activities/trainings
- ✓ The choice of the district to conduct the exercise was correct
- ✓ The needs at the regional/service level were identified and recorded

- ✓ Useful and practically applicable information and knowledge gained
- ✓ Strengthens networks between different services

ACKNOWLEDGEMENTS OF COLLABORATIONS

Special acknowledgement and many thanks for the cooperation and help to Zoe Karamitrou, Ioanna Bliampti, Aikaterini Liona and Lazaros Kostopoulos from NPHO-EODY
EU HEALTHY GATEWAYS JOINT ACTION, EU SHIPSAN ACT Joint Action

This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union's Health Programme (2014 - 2020).

National meeting/training “Digital public health tools related to sea ships and point of entry”, 6th April 2023 09:30-17:00, Corfu

INTRODUCTION

The SHARP joint action aims to strengthen preparedness in the EU against serious cross-border threats to health and to support the implementation of the International Health Regulations (IHR) (2005). The various work packages help to build capacities, to prevent, to detect and to respond towards biological outbreaks, chemical contamination, environmental and other unknown threats to human health. By strengthening members' existing capabilities and supporting the improvement of areas where IHR capacity gaps are identified, the Joint Action SHARP will contribute to ensure a safer environment for all EU citizens.

By implementing the basic capabilities provided by the IHR (IHR-2005) in the EU countries specially trained personnel are required, that come from different agencies and at different stages.

SHARP joint action through work package 8 (WP8) is called to ensure collaborations between partners and agencies related to the strengthening of the implementation of the IHR and involved in the training and exchange of work practices.

In this context, the National Public Health Organization - EODY, as the National Focal Point for the International Health Regulations will carry out trainings at national level with the aim of teaching and implementing practices, to help control the spread of transboundary diseases at national level as well as to capture the overall state of preparedness of the country and to cover the full range of threats for public health.

Organizing Committee

Eleonora Hadjipaschali, Nikolaos Bitsolas-National Public Health Organization, EODY
C. Hadjichristodoulou, V. Mouchtouri, L. Kourentis- University of Thessaly
Laboratory of Hygiene and Epidemiology

Participating agencies

1. EODY 2. University of Thessaly 3. Regions

- Region of Ionian Islands
- Region of Corfu
- Region of Thesprotia
- Region of Lefkada
- Region of Preveza
- Region of Kefalonia
- Region of Zakynthos

Number of Participants in person: 11

Number of Participants online: 16

TOTAL NUMBER OF PARTICIPANTS: 27

DATE & PLACE

6 April 2023, 09:30-17:00
Corfu Holiday Palace, Corfu

GOALS AND OBJECTIVES

Through this training the participants were informed about JA SHARP and its objectives, about IHR and the new regulations and how SHARP helps to strengthen the capabilities of the implementation of the IHR. They also were informed about the tools used to succeed it.

In addition, participants practiced on specific topic and asked to apply Digital tools of Public Health concerning sea vessels and Gateways of the country.

METHOD

The training meeting was carried out with in person and online participation of the local bodies of the Region of Ionian Islands, Corfu, Thesprotia, Lefkada, Preveza, Kefalonia and Zakynthos.

- Duration 8 hours
- Facilitators was appointed
- Each participant has a laptop for onsite training
- Evaluation
- Training coordination team

Exercise content and results

The exercise contained

- Presentations
- Practice
- In each Part of the training, the participants were invited to answer relevant questions
- The exercise coordinators had an active supporting role
- Assessment of the exercise
- Discussion
- Evaluation
- Conclusions
- Certificate

EVALUATION AND FOLLOW-UP

The assessment was carried out through questionnaire given to participant at the end of training. All participants were answering the post evaluation survey,

Main findings

WEIGHTED AVERAGE 5 (scale 1-5) to the following questions:

This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union's Health Programme (2014 - 2020).

The content of the educational meeting (e.g., presentations-demonstration) was clear and understandable

The objectives of the educational meeting were achieved.

The educational meeting fulfilled them my expectations.

I would recommend the training session to others.

Increasing my level of knowledge in relation to the subject as result of this educational meeting is: 67,6% I will transfer the new knowledge and skills acquired to this educational meeting in my daily practice immediately after my return: 84.62% Comments: It would be useful to have such trainings/ repeat. Online trainings are very helpful.

COMMUNICATION AND DISSEMINATION

Website and social media posts	Impressions	Likes	Shares	Bounce Rate	Retweet
Date					
Twitter	06/04/2023		348		1
Facebook	06/04/2023	69		2	3.800
Instagram		06/04/2023		62	

CONCLUSIONS

Eleven (11) participants in person and sixteen (16) online.

There was very high interest with active participation throughout the exercise.

The organization, the structure of the training, the technical support and the thorough and detailed approach offered a high-level experience to the participants.

- ✓ Need for such activities/trainings
- ✓ The choice of the district to conduct the exercise was correct
- ✓ The needs at the regional/service level were identified and recorded
- ✓ Useful and practically applicable information and knowledge gained
- ✓ Strengthens networks between different services

ACKNOWLEDGEMENTS OF COLLABORATIONS

Special acknowledgement and many thanks for the cooperation and help to Zoe Karamitrou, Ioanna Bliampti, Aikaterini Liona and Lazaros Kostopoulos from NPHO-EODY
EU HEALTHY GATEWAYS JOINT ACTION, EU SHIPSAN ACT Joint Action

Study tours

SHARP

Strengthened International HeAlth
Regulations & Preparedness in the EU



Co-funded by the
Health Programme of
the European Union

Study Tour to Robert Koch Institute, Germany, 07 and 08 November 2022, Berlin

ACRONYMS AND ABBREVIATIONS

EOC	Emergency Operations Centre
EU	European Union
IHR	International Health Regulations
JA	Joint Action
JA SHARP	Joint Action Strengthened International HeAlth Regulations and Preparedness in the EU
RKI	Robert Koch Institute
WHO	World Health Organization

INTRODUCTION

CONTEXT

The Joint Action SHARP aims to strengthen preparedness in the EU against serious cross-border health threats and to support the implementation of the International Health Regulations (IHR) (2005). The different work packages will help in sustainable capacity building to prevent, detect and respond to biological outbreaks, chemical contamination, environmental and unknown threats to human health. By consolidating the existing capacities of members and supporting improvement in those countries where IHR capability gaps exist, the JA SHARP contributes to ensuring a safer environment for all EU citizens. Implementing IHR (2005) core capacities requires trained personnel in various sectors and at different levels. In order to meet this need, several workshops and online trainings are conducted as part of the JA SHARP. In order to meet this need, several workshops and online trainings are conducted as part of the JA SHARP.

Furthermore, the JA aims to facilitate networking and mutual learning by organizing study tours for JA SHARP partners to supranational bodies like WHO and ECDC as well as to other public health institutes in partner countries: Participating countries might allocate training budget distributed to their country under WP8 for secondment of staff to WHO, ECDC or high GNI-partner countries. ECDC and WHO have been asked to host such individuals.

The study tour to RKI was the first such study tour to take place within the JA SHARP but further activities, including possible secondments to ECDC and WHO, are planned. The 1,5-day study tour at RKI focused in particular on exchange on current issues around the IHR core capacities with a focus on crisis management including lessons learned processes. In addition, the study tour offered the possibility to visit the Emergency Operations Centre at RKI, the RKI Museum as well as the WHO Hub for Pandemic and Epidemic Intelligence for Pandemic and Epidemic Intelligence. Since the study tour took place immediately before the European Public Health Conference from 09-12 November 2022 in Berlin, participants could easily combine the participation in the study tour with attending the conference.

TARGET AUDIENCE

The study tour was attended by 5 participants from Serbia, Greece and Portugal. Due to the increasing number of COVID-19 cases in Germany and short-term scheduling conflicts of other participants who had already registered, and in order to enable an in-depth exchange of experiences and targeted discussions, the number of participants was kept at this level. All participants were actively involved in national and international crisis management, especially with regard to COVID-19.

AIMS AND OBJECTIVES

The overall objective of the study tour was to give participants the opportunity to network and share experiences on IHR-related topics and to promote mutual learning, especially with regard to crisis management approaches. For this purpose, the following learning objectives were defined a priori: By participating in this study tour participants could

- Get to know the RKI as the German public health institute
- Gain insight into the crisis management structures in Germany in connection with the IHR (2005)
- Exchange on current issues around the IHR core capacities with a focus on crisis management including lessons learned processes
- Deepen their knowledge on specific topics chosen by the participants
- Visit the Emergency Operations Centre at RKI, the RKI Museum and the WHO Hub for Pandemic and Epidemic Intelligence in Berlin

METHODS AND MATERIALS

The workshop was conducted in English at the Robert Koch Institute in Berlin, Germany. In order to run a successful event, several resources and materials were needed.

- **Venue:** An event room with computers, presentation facilities and work materials such as flipcharts and office supplies were booked. In addition, food and drinks were provided during the breaks. Before the study tour, the organisers also sent out information on accommodation, public transport and other organisational aspects to the participants. In addition, the rooms in the RKI Museum and in the EOC were reserved for the visit during the study visit. An appointment was made with the colleagues from the WHO Hub for Pandemic and Epidemic Intelligence for Pandemic and Epidemic Intelligence in advance of the study tour and details of the visit were clarified.
- **Staff:** Maria an der Heiden and Janina Schäfer from RKI were the main organizers and facilitators of the workshop. Other team members supported the event with organizing the rooms and catering as well as providing a guided tour of the RKI Museum.
- **Technical requirements:** Meeting room equipment with computers and presentation software
- **Additional documents:** Agenda for participants, detailed agenda for facilitators, templates for flipcharts and group work, PowerPoint presentations for the event

STUDY TOUR CONTENTS AND PROCEDURE

Prior to the study tour

A few weeks before the study tour, the organizers informed the participants about a preliminary agenda and asked for suggestions and special interests of the participants. In addition, the organisers asked each country to draft a short presentation of about 15 to 20 minutes. Participants were free to choose any IHR-core capacity relevant topic with national and/or international focus

This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union's Health Programme (2014 - 2020).

they would like to present and discuss in more detail. Participants also received information on organizational issues like accommodation, airport transfer and public transport in Berlin, combined with a few sightseeing tips.

Study tour at RKI

The following table provides a short agenda to the study tour. The activities will be described in more detail in the following paragraphs.

Table 1: Short agenda of the study tour. JA SHARP Study Tour to Robert Koch Institute, Germany, 2022.

07 November 2022

13:30-14:00	Registration
14:00-15:00	Welcoming remarks The RKI as national Public Health Institute Get to know each other
15:00-15:45	Visit: RKI Museum
15:45-16:15	Coffee break
16:15-17:30	Crisis management at RKI Exchange crisis management in countries Visit: Public Health Emergency Operations Centre at RKI
19:30	Dinner with all participants (optional)

Tuesday 08 November 2022

09:00-10:30	Country presentations and discussion
10:30-11:00	Coffee break
11:00-12:30	Moderated open session: study tour participants discuss IHR-relevant topics of their choice
12:30-13:00	Feedback and wrap-up
13:00-14:00	Lunch break
14:00-15:00	Transfer to WHO Hub for Pandemic and Epidemic Intelligence
15:00-16:00	Visit WHO Hub for Pandemic and Epidemic Intelligence

Next on the agenda was a guided visit to the RKI Museum. In addition to general information on the history of the RKI and Robert Koch, the focus here was also on developments in national and

international crisis management. During the visit, the participants were able to find out about similarities and differences with their countries of origin by looking at the various exhibits.

After a coffee break, the group moved from Nordufer to the RKI location on Seestraße. Here the group visited the COVID-19 Emergency Operations Centre (EOC). The organisers gave a presentation on crisis management structures in Germany in general and at the RKI in particular. The lecture and visit were very interactive and focused on the exchange between the participants with regard to practice in their countries. In particular, the advantages and disadvantages of centralised versus federal crisis management structures and the respective challenges of permanent versus ad hoc EOCs were discussed.

The first day ended with a joint dinner, which provided further opportunity to get to know each other better and exchange ideas.



Figure 1: Exhibits in the RKI Museum

Tuesday 08 November

The focus for the first session of the day was on the country presentations the participants had prepared in advance. Serbia presented a general overview of their IHR-structures in the country and illustrated them with the example of the 2014 flood disaster in Serbia. Greece then gave an overview of how mobile teams were used during the pandemic to promote health information and COVID-19 vaccinations with a particular focus on rural communities. The colleagues from Portugal also gave an overview of how the IHR are implemented in the country as well as interesting insights on Public Health Emergencies Management and human resources training in Portugal. After each presentation, the participants had the opportunity to ask questions and had time for in-depth discussions.

After a coffee break, there was another interactive session based on the priorities identified by the participants. To this end, the participants first collected topic complexes and problems that they

would like to work on in more depth together with the colleagues. To do this, each participant first wrote down two to three possible topics on index cards. The results were then compiled in the plenary. Two topics were then jointly selected for in-depth discussion within the framework of the peer advice method.

In this method, keywords are first collected on the topic that describe the problem in more detail. Then the questioner has the opportunity to give feedback on whether these keywords sufficiently describe the problem. This is followed by a moderated discussion and collection of ideas with the other participants. The questioner is a passive listener and lets the ideas of the others sink in. The participants then present their ideas and possible solutions to the questioner, who can then give feedback. The method is particularly suitable for generating a diverse pool of proposed solutions from the different perspectives and expertise of all participants and thus coming up with unique and new approaches.

The participants chose the following topics for further discussion: 1) Human resources in the context of crisis management with a particular focus on surge capacity 2) How to improve the usefulness of epidemic intelligence and reporting in crisis situations. In the discussion, the participants identified many interesting and potentially useful strategies. The questioners considered the discussion and proposed solutions to be quite helpful in improving the issues raised.

After lunch, the study tour was rounded off with a visit to the WHO Hub for Pandemic and Epidemic Intelligence for Epidemic Intelligence in Berlin. There, WHO first presented the Hub before a lively discussion with the participants of the study tour on epidemic intelligence and possible future developments in this field followed.



Figure 2: Participants and organisers of the study tour in front of the RKI, 08 November 2022. JA SHARP Study Tour to Robert Koch Institute, Germany, 2022.

STUDY TOUR EVALUATION

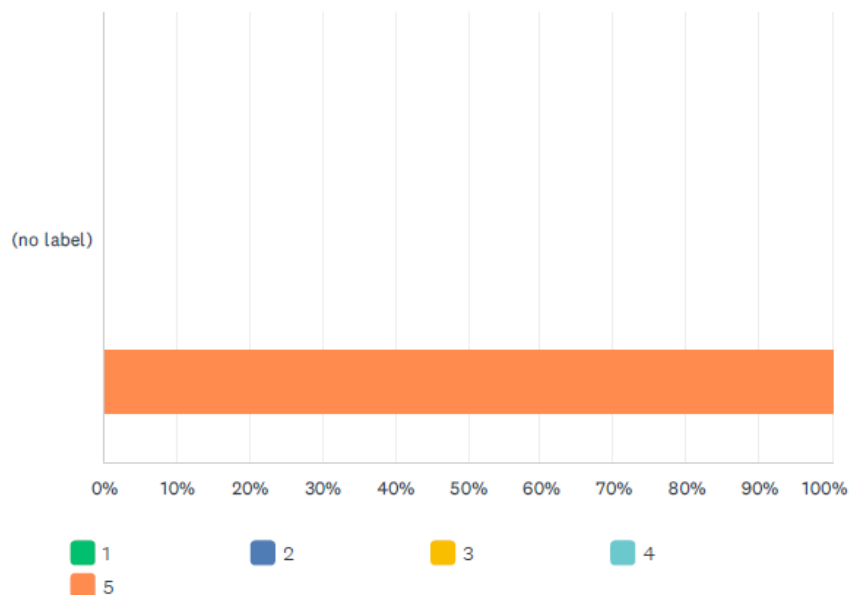
At the end of the study tour, a feedback session was held in which the participants could give immediate feedback on the organisation and content of the study tour. The feedback was very positive, and participants expressed their satisfaction with the program. In particular they highlighted the value of peer discussions and mutual exchange.

After the study visit, participants received a link to a short online evaluation survey set up by WP3. All participants of the study visit filled in the evaluation survey (n=5), although some questions were only answered by four participants.

Overall satisfaction with the study tour was very high; all participants allocated 5 of a possible 5 points to indicate their satisfaction with the study tour.

Q6 How satisfied were you with the study tour overall? (from 1 to 5, with 5 being the best).

Answered: 5 Skipped: 0



	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00%	0.00%	0.00%	0.00%	100.00%	5	5.00
	0	0	0	0	5	5	

Question 1 asked participants to indicate their agreement with some statements on the more organizational and structural aspects of the study tour. Here again, participants seemed to be quite satisfied. One participant indicated less satisfaction with the duration of the training. In the free feedback option at the end of the survey one person explained, that they would have preferred the study tour to be a little longer to allow for even more collegial exchange and in-depth discussion.

Table 2: Question 1 of the evaluation survey. JA SHARP Study Tour to Robert Koch Institute, Germany, 2022.

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
The information I received before the study tour was helpful	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00
The organization of the study tour was good	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00
The duration of the study tour was adequate	0.00% 0	0.00% 0	20.00% 1	0.00% 0	80.00% 4	5	4.60
The content of the study tour was relevant to my work	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Questions 2-3 aimed at assessing whether certain learning objectives of the study tour were met. Possible answers were “yes”, “I don’t know” and “no”:

- Q2: After the study tour I have a better understanding of the work of the RKI as the German public health institute.
- Q3: After the study visit I have a better understanding of the crisis management structures in Germany.

These questions were answered by four participants, all of them responding with “yes” to both questions.

Question five of the evaluation survey asked participants to which degree (0-5 points with 5 being the best) they were satisfied with the opportunities the study tour provided to exchange experiences and knowledge. All for respondents of this question allocated the maximum score of 5 points.

The visits to the various sites were also evaluated quite positively as the table below shows. Participants were again asked to allocate a score, ranging from 0-5 points with 5 being the best:

Table 3: Question 5 of the evaluation survey. JA SHARP Study Tour to Robert Koch Institute, Germany, 2022.

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
RKI-Museum (Monday)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60
Emergency Operations Centre at RKI (Monday)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80
WHO-Hub in Berlin (Tuesday)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

In summary, the participants were very satisfied with the study tour. If the format were to be repeated in similar contexts, one could think about planning even a little more time for exchange of experiences and discussions. Overall, however, the time frame seems to have been sufficient for the vast majority of participants.

ACKNOWLEDGEMENTS OF COLLABORATIONS

We would like to thank all those involved in the planning and implementation of the workshop for their excellent support and contributions:

- WHO Hub for Pandemic and Epidemic Intelligence Berlin
- RKI (Maria an der Heiden, Christian Wittke, Nadine Püschel, Janina Schäfer)

WP8 Team of JA SHARP:

- IPHS-WP8 Lead of JA SHARP: Milena Vasic
- RKI-WP8 Co-lead of JA SHARP: Maria an der Heiden, Janina Schäfer

LIST OF ANNEXES

- Annex 1: Workshop presentation
- Annex 2: Study tour flyer
- Annex 3: Agenda
- Annex 4: Country presentation Serbia
- Annex 5: Country Presentation Portugal
- Annex 6: List of participants

SHARP

Strengthened International HeAlth
Regulations & Preparedness in the EU



Co-funded by the
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Study visit to DG Santé, Luxembourg, 07 March 2023

INTRODUCTION

CONTEXT

The joint action SHARP (Strengthened International Health Regulations and Preparedness in the EU) aims to identify and address gaps in the capacity to prevent, detect and respond to biological, chemical and environmental threats to human health, to support the implementation of Decision No 1082/2013/EU legislation that provides a framework for dealing with serious cross-border threats to health at national, EU and regional level, to strengthen the resilience and response capacities of health systems, and to ensure coherence and interoperability for preparedness and response planning to health threats.

Moreover, the SHARP JA supports networking and mutual learning by organizing study tours to supranational organizations and participating countries.

The study visit to DG Santé was organized as a part of the WP8 activities within the SHARP JA.

TARGET AUDIENCE

The study tour was attended by 6 participants from Finland, Estonia, Serbia, Greece and Portugal (Figure 1).

AIMS AND OBJECTIVES

The aim of the visit was to present the participants new regulation at the EU level, which was in force from the end of 2022 (EU Regulation 2022/2371 on serious cross-border threats to health), and which refers to serious cross-border threats to public health of different origins (excluding threats of radio-nuclear origin), as well as a closer acquaintance with the role and competences of DG SANTÉ itself and key agencies in the EU: ECDC, EMA and HERA.

METHODS AND MATERIALS

The workshop was conducted in English at the DG Santé in Luxembourg. It was organized in a form of presentations and group discussions. DG Santé representatives presented their work and activities as well as the new regulation, while the participants presented country experiences.

STUDY VISIT CONTENTS AND PROCEDURE

Prior to the study visit

This document is part of the Joint Action 848096 / SHARP JA which has received funding from the European Union's Health Programme (2014 - 2020).

Before the study visit the organizers informed the participants about a preliminary agenda. In addition, the organisers sent the information on organizational issues like information on meeting venue, accommodation, airport transfer and public transport in Luxembourg.

Study visit at DG SANTÉ

The table 1 provides the agenda of the study visit.

Table 1: The agenda of the study visit to DG Santé, March 2023, Luxemburg

9:30 - 11:00	Welcome, introductions and overview of the work of the unit (coffee/tea and fruit to be provided) – Julia
11:00 – 11:30	Meeting Head of Unit – Ingrid
11:30 – 12:00	Health Security Framework – Martina Participation of EU Training Contractor (GFA Consulting Group)
12:00 – 12:30	Option A: Outbreaks, communicable disease – Laura
	Option B: Medevac and EWRS – Cinthia
12:30 – 14:00	Lunch break
14:00 – 14:45	ECDC-SANTE B2 coordination meeting video-link (tbc) and Dirk
15:00 – 15:30	Group Photo and Coffee break (tea/coffee provided)
15:30 – 16:00	Option A: Preparedness under the CBHT regulation – Virginia Meeting with EU Training Contractor (GFA Consulting Group)
	Option B : Antimicrobial resistance – Velina
16:00 – 17:00	Round-up the day, questions and group discussion – Julia

During the study visit participants were informed about one of the key activities of DG SANTE which is, among other things, providing the Health Security Committee with relevant evidence-based information needed for action at the EU level and beyond. In addition, during the visit, key achievements and further plans were presented within the SHARP joint action (primarily in the field of sustainability of some activities of common interest and after the completion of the project) which ends in September this year.

Participants got the information about the key current joint actions financed by the European Commission (JA on surveillance and JA on AMR), and cooperation between DG Santé and WHO in two directions: revision of the International Health Regulations and agreement in the field of preparedness.

In accordance with the current new regulation, and with the aim of raising the level of health security in the EU and wider Europe, the tasks of DG SANTÉ is preparation of the Preparedness Plan at the EU level, as well as the Strategy for training in the field of preparedness in Europe. In the following period, an act will be adopted for the implementation of the new regulation of the European Commission, while EU member states will have the obligation to report to DG SANTÉ on the level of preparedness in such a way as to avoid overlapping with the notification to the WHO on

progress in the implementation of IHR, as well as to have developed their own preparedness plans for serious cross-border health threats aligned with the general plan at EU level.

During the meeting, participants were discussed the ECDC responsibility for improving the surveillance of selected infectious diseases, as well as establishing better communication between the Epi Pulse platform and the system for early warning and response system - EWRS, because it is a mechanism for detecting potential health threats in Europe. The information are submitted on a regular basis and according to defined criteria to DG SANTÉ for further risk assessment in cooperation with WHO and other partners, as well as proposals for measures aimed at protecting the health of residents.

Further were elaborated other organisations and their responsibilities e.g., DG ECHO is responsible for responding to public health threats through its EU Health Task Force, while citizens' associations can contribute through the Health Policy Platform. The Emergency Response Coordination Center (ERCC) is part of the EU Civil Protection Mechanism a mechanism through which countries can seek support and assistance if there is a need for medical evacuation of patients from Ukraine (MedeVac). One of the topic of the study visit was antimicrobial resistance which is one of the priorities of DG SANTÉ.



Figure 1: Participants and organisers of the study visit to DG Santé, March 2023, Luxembourg

WORKSHOP EVALUATION

At the end of the study visit, at the feedback session the participants gave immediate feedback on the organisation and content of the study visit. The feedback was very positive, and participants expressed their satisfaction with the study visit.

ACKNOWLEDGEMENTS OF COLLABORATIONS

We would like to thank all those involved in the planning and implementation of the study visit for their excellent support and contributions:

- DG SANTÉ
- WP8 Team of JA SHARP

LIST OF ANNEXES

Annex 1: Study visit participants and agenda

Conclusion

Though the COVID-19-pandemic posed significant challenges to the implementation of trainings during the joint action, WP8 conducted basic and advanced trainings, online as well as on-site that contributed to strengthening the competencies of public health professionals in the JA-SHARP partner countries. High-quality interactive trainings can contribute to this capacity building and facilitate the exchange of best practices that benefit all countries and institutions involved. We therefore recommend that the development and delivery of such trainings continue, and that they be adapted to possible future changes in the scope and content of the IHR (2005) and the particular training needs of the countries and their attendees.