

DECLARATION
SECOND EUROMED MINISTERIAL CONFERENCE ON HEALTH
EUROMED COUNTRIES TOGETHER FOR HEALTH
(EGYPT, 17 NOVEMBER 2008)

Preamble

1. Participants thanked the Egyptian Government for hosting the Second Euro-Mediterranean (EUROMED) Ministerial Conference on Health, in cooperation with the French Presidency of the European Union and the European Commission.
2. Participants recalled the 1995 Barcelona Declaration and reaffirmed their commitments to its *acquis*.
3. Participants recalled that the European Neighbourhood Policy (ENP) and the Euro-Mediterranean Partnership are mutually reinforcing and are based on the Association Agreements and Action plans agreed with most Mediterranean Partners, which emphasise the importance of cooperation in the health sector.
4. Participants referred to the first Euro-Mediterranean Ministerial Conference on Health (Montpellier, 3 December 1999), which stressed the importance of health cooperation between the two sides of the Mediterranean as a key element in achieving sustainable social and economic development through strategic activities; the Euro-Mediterranean Health Forum (Barcelona, 14 and 15 November 2005) which recognized the need for an open debate on challenges, models, perspectives and reforms of health systems in the Euro-Mediterranean region; and the Euro-Mediterranean Workshop on Communicable Diseases and Health Systems (Brussels, 4 and 5 December 2007) which called for deepened cooperation at the regional Euro-Mediterranean level.
5. Participants recalled the main principles and objectives of the Joint Declaration of the Paris Summit for the Mediterranean (13 July 2008) and the important role the Barcelona Process – Union for the Mediterranean initiative can contribute to the social development of the Euro-Mediterranean region and health promotion and security of its citizens.

6. Participants welcomed the participation of the Arab League in the Euromed health cooperation following the decision taken in Marseille on November 3 and 4, 2008.
7. Participants referred to the Kampala Declaration and Agenda for Global Action adopted by the First Global Forum on Human Resources for Health which took place in Kampala, Uganda 2-7 March 2008.
8. Participants stressed the importance of taking all the necessary steps to achieve the health-related targets of the Millennium Development Goals (MDG) and commended the World Health Organization's (WHO) work in the Euro-Mediterranean region.
9. Participants recalled that the new EU Health Strategy¹ stresses the importance of global health.
10. Participants recalled the importance of adherence to and implementation of key international health agreements such as the Framework Convention on Tobacco Control and the International Health Regulations (IHR 2005).
11. Participants emphasised that good health benefits the citizen in the Euro-Mediterranean region and that it is a key element for poverty reduction and a balanced socio-economic development.
12. Participants stressed that health is a cross-cutting issue and should be an integral part of all social development initiatives, programmes, projects and activities in the Euro-Mediterranean region and called for the promotion of the "health in all policies approach" that would have high cultural specificities.

¹ Commission's White Paper "Together for Health: A Strategic Approach for the EU, 2008-2013"

Health cooperation in the Euro-Mediterranean region

13. Participants referred to the great number of cooperation projects and programmes at bi-lateral intergovernmental level and at the European level (managed by the European Commission), and to the numerous cooperation and exchange arrangements between partner countries.

14. Participants agreed that the Barcelona Process: Union for the Mediterranean represents an opportunity to achieve better coordination of cooperation projects and programmes at bilateral and European levels in order to improve their efficiency, create new synergies and enhance their positive impact on the targeted populations.

15. Participants stressed the importance of promoting cooperation in the field of health in the Euro-Mediterranean region as well as the cooperation with international and regional partners with a view to strengthen national health systems.

Strengthening of Health systems

16. Participants recalled the importance of strengthening health systems, notably to meet the challenge of achieving the MDG.

17. Participants recognised the importance of universal health coverage and the necessity of sufficient and sustainable financing. They noted the wide gaps in existing financing for health care and considered that equity an access to health care for all require appropriate financing from both public and private health sectors.

18. Participants acknowledged that migration of health professionals is a reality and has both a positive and a negative impact. However, they noted with concern that it often weakens health systems by increasing the shortage of health professionals in the countries of emigration. They committed to explore the ways both at national and regional levels- to create the conditions to train more health personnel.

19. Participants agreed that increased exchange of knowledge and technology transfer amongst Euromed partners offer the possibility of pooling resources that are required for the development and the assessment of technological advances and to make sure that innovations, including e-Health, become available to citizens, patients and health professionals.

Non-communicable and chronic diseases

20. Participants noted that the burden of non-communicable diseases (e.g. cardiovascular diseases, cancers, chronic respiratory diseases and diabetes) is rapidly growing in Mediterranean countries. The increased incidence of these diseases and

the associated treatment costs affect poor and disadvantaged populations disproportionately, contributing to the widening gap between and within countries.

21. Participants recalled the importance of prevention and health promotion. A significant part of the burden of non-communicable diseases is avoidable by addressing the underlying behavioural and social determinants – such as tobacco and drugs use, harmful use of alcohol, unhealthy diet, physical inactivity, lack of sufficient economic security and decent employment. In this context, taking action to raise public awareness and to empower young people and women to ensure their involvement and participation in public health actions is of particular significance.

22. Participants also stressed the role of environmental determinants (i.a. chemical agents, water and air pollution) and recalled that better environmental management, including action against climate change, is one of the major means of improving human health.

23. Participants stressed that providing effective public health responses to the threat posed by non-communicable diseases requires strong international partnerships in order to build national strategies based on health promotion and prevention, early screening and early care for these diseases.

24. Participants stressed that cooperation on regional and national level in the field of non-communicable diseases should be in line with the WHO global strategy and action plan that sets out objectives and actions to be implemented over the six-year period of the Medium-term strategic plan 2008-2013.

Communicable diseases

25. Participants noted that countries in the Euro-Mediterranean region face the threat of similar communicable diseases and the risk of pandemics, and have common needs in better addressing these risks.

26. Participants recognised the role of regional cooperation and networking in sharing expertise and best practice for monitoring, surveillance, response, and laboratory capacity. They pointed to the importance of improving surveillance and disease control throughout the region, to allow comparison of data between countries and develop consistent approaches.

27. Participants stressed the need for strengthening health information systems to improve quality, availability and comparability of collected data.

28. Participants recognised that activities of the European Centre for Disease Prevention and Control (ECDC), within the limits of its mandate, and in close cooperation with the European Commission and the EU Member States, could help in sharing expertise and best practice for monitoring and surveillance in the Euro-Mediterranean Region.

29. Participants stressed the benefit of ongoing cooperation on communicable disease surveillance and control under various action programmes, e.g. the Programme of Community Action in the Field of Health.

Disaster management

30. Participants agreed to enhance cooperation in the event of natural disasters, outbreaks of communicable diseases and emergencies that would imply cooperation between public health authorities.

31. Ministers took note of the ongoing preparations for the Regional Euromed Civil Protection programme for the Prevention, Preparedness and Response to natural and man made disasters (PPRD) and stressed the importance of medical relief and first aid cooperation in this field.

Recommended actions

32. Participants agreed to strengthen the health dimension of the Barcelona process: Union for the Mediterranean, with the objectives of:

- a. Promoting sustainable development through improving human health;
- b. Enhancing co-ordination of regional and international activities between participants;
- c. Improving their capacity to set priorities in health in the fields of communicable and non-communicable diseases;
- d. Helping to ensure equal access to quality care on a sustainable basis for their populations by strengthening health systems;

In order to achieve these objectives, the participants agreed to assess the possibilities of developing the partnership for the health dimension through the new means provided by the Barcelona process: Union for the Mediterranean.

33. Participants encouraged the development of strategies to minimise the negative impact of the migration of health professionals on countries of emigration and supported the WHO efforts in developing a code of practice on the international recruitment of health professionals.

34. Participants offered, in the process of developing their social health protection, to share their expertise in this field.

35. Participants agreed to enhance training of health workers and health administration personnel at all levels with a view to improve the skills and quality of

the health workforce. To this end, participants agreed to support the implementation of joint Euromed training programs.

36. Participants agreed to enhance cooperation and networking in sharing expertise and best practices on infectious disease surveillance and control, preferably by expanding cooperation on the basis of existing structures and projects (such as EpiSouth and ShipSan), early warning mechanisms for natural disasters, outbreaks of communicable diseases and emergencies that would imply cooperation between public health authorities under the Euromed initiative. Complete implementation of the IHR was encouraged. This could be realized through promoting and strengthening Euromed networks of organizations for the surveillance and control of communicable and non-communicable diseases.

37. Participants agreed to enhance cooperation to establish or strengthen national policies and plans for the prevention and control of non-communicable diseases, *inter alia*, through exchanges of best practices (e.g. national plans for nutrition and physical activity) and promotion of research and healthy lifestyles, such as Mediterranean diet.

38. Participants agreed to support implementation of intervention projects, exchange of experience among stakeholders, and regional and international capacity-building programmes.

39. Participants considered that the WHO and other relevant organisations should be involved in these actions, in order to benefit from the diverse experience, to achieve better coordination and to avoid duplication of activities.

Implementation and follow-up

40. Participants agreed to ensure that all partner countries are fully aware of the opportunity that EU programmes such as the Seventh Framework Programme of the European Community for Research and Technological Development and the Second Programme of Community Action in the Field of Health offer them. Efforts should be made to ensure that synergies are achieved between all relevant instruments, with the view to achieve the above recommended actions. The institutional capacities of health administrations would also benefit from increased coordination and alignment of bilateral and multilateral instruments as well as partner countries participation in existing instruments such as the Technical Assistance and Information Exchange (TAIEX), Twinning programmes and within the framework of the ENP.

41. Participants called for exploring funding options for the implementation of the projects and joint cooperation programmes in line with the provisions on funding of the Joint Declaration of the Paris Summit for the Mediterranean. The following sources, *inter alia*, could be explored: private sector participations, contributions from the EU budget and Euromed partners, international financial institutions and regional entities, the Euro-

Mediterranean Investment and Partnership facility (FEMIP), the ENPI Euromed envelope, the Neighbourhood Investment facility, the cross-border cooperation instrument within the ENPI, as well as the other instruments applicable to the countries covered by the initiative, for which the usual selection and procedural rules will continue to apply.

42. Participants agreed to foster, whenever possible and useful, twinning and networking between the relevant institutions, hospitals, laboratories and medical teams of different countries;

43. Participants expressed their wish to incorporate the continuation of their work into the ethos of the Paris Summit through the swift implementation of concrete and visible projects on the ground embracing the aforementioned elements while building on best national practices, accumulated regional experiences and reflecting regional and national health challenges and priorities. They encouraged partners to propose projects in line with the main objectives of the Barcelona Process: Union for the Mediterranean so that they can be considered by the process.

44. Participants agreed to regularly review, through meetings of senior officials and/or ministerial conferences when appropriate and as appropriate, the implementation of this declaration as well as various cooperation actions and projects related to health within the Euro-Mediterranean region, especially regarding the three priority areas identified during the conference: strengthening health systems, non-communicable diseases and communicable disease surveillance and response.