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EUROMED

EuroMed Workshop Health
4 - 5 December 2007

Report of the EuroMed Workshop on Communicable Diseases and Health Systems



EUROPEAN COMMISSION

Report of the EuroMed Workshop on Communicable Diseases and Health Systems (December 4th & 5th, 2007 in Brussels) (Final Vers. 16.1.2008)

1. Background and Introduction

The EuroMed Workshop on communicable diseases and health systems was organised by the European Commission (General Directorates EuropeAid and SANCO), in cooperation with the Portuguese EU presidency in Brussels on December 4th and 5th, 2007. This workshop was held at the request of the Conference of Foreign Ministers of Euromed countries held in Tampere – Finland in November 2006.

The conclusions of this Workshop are intended to contribute to the preparation of a Ministerial EuroMed Conference on health to be held at a later stage.

Two areas had to be covered: Communicable diseases surveillance and control on one hand, and more general issues of health systems (quality, sustainability, equity) on the other hand.

More than 20 invited experts of EU and Med partner countries were requested to give presentations on their own experiences, views and recommendations in each of the two areas, with a focus on the added value of international cooperation and cross-country exchange.

Representatives from 9 Med partner countries and 17 EU member states discussed the experiences and examples of cooperation and exchange presented and lessons learnt and recommendations for future international cooperation in the EuroMed region were collected.

The small work group setting that followed the plenary discussions allowed a very open and frank discussion of the major issues and difficulties. This was an indicator of a good level of mutual trust established and indicates that future work should give sufficient room to interactive exchange in such settings.

The workshop participants had been provided with references to the relevant EU policy documents and legislation and an inventory of some of the many institutions, initiatives, projects, programmes, associations and networks that do cross-border work on health in the EU and in the EuroMed region. The present report assembles the main **observations, lessons learnt** and **recommendations** as expressed in the presentations and during the discussions. It is complemented in the Annexes by the workshop programme and the collection of presentations made (on CD-ROM). *This report has been compiled by the workshop organisers and the facilitators and has been reviewed in a consultation process of the workshop participants in the weeks following the workshop. The aim of this consultation was to achieve completeness of views rather than unanimity on each and every item.*

2. Summary of main observations and lessons learnt

2. 1. General observations

At the country level

- The responsibility of governments is to **protect and to improve citizens' health**.
- **Lack or low quality of data** is a major impediment to policy making, and lack of access to publicly owned data is a major impediment to policy-relevant research.
- International cooperation has a **strong potential to positively influence** advocacy and policy decisions at national level. Sharing scientific findings from studies across the region can help formulate cohesive health policies throughout the region that are based on evidence.
- A regional independent civil society voice offering evidence-based policy critique can provide impetus for reform beyond that available from national advocates.
- **An external eye** sees things differently - the simple fact of submitting a problem to an external observer who has faced similar challenges may help to solve it.
- **The normative power of international agreements** (e.g. FCTC) can support national governments in implementing policies.
- **The European unification process** has an impact beyond EU countries, also on the health sector.

On regional cooperation and exchange

- **Numerous single exchange initiatives** at bilateral, European and Mediterranean level are already existing.
- Many of these initiatives are still **fragmented** (into many narrow thematic areas) and **fragile** in their existence (depending on limited project funding).
- **Networking** and exchange provide opportunities for easy, fast and cost-effective access to available information as well as to colleagues having faced similar challenges.
- There is a generalized readiness for increased regional cooperation in health, and the will of the WHO to further cooperate in the context of the EuroMed process.
- Even if there is a general preference for **multilateral** over bilateral cooperation there are very positive experiences from established bilateral cooperation which is often working well and appears "easier" since people involved already know each other.
- The **sustainability & continuity of actions** is of paramount importance and requires a search for alternative financial resources. However, participants noted that even short projects were worthwhile since they can give the necessary impulse to the country to address a specific issue and keep going afterwards.

On principles of regional cooperation and exchange

- **Capacity building** is an important requirement and potential outcome of cooperation.
- **Confidence building** between countries requires **transparency** on all sides and takes time. Cooperation must be a “win-win” exchange.
- **Reliability and evidence based actions** must be the aim.
- In some cases, the donors’ proposals do not respond to the development needs of the country and the donors intervene with **minimal coordination**. In other cases substantial progress in harmonisation and alignment with national government policies and procedures has been made.

2. 2. Communicable diseases

- Neighbouring countries sharing the same ecosystem face similar communicable diseases. They hence have **common needs** which will be better dealt with by close cooperation. There are no borders for communicable diseases.
- Regional co-operation adds value by facilitating the sharing of expertise and good ideas/systems for surveillance and response. This can avoid countries duplicating effort ('re-inventing the wheel').
- Harmonisation of approaches would be beneficial to e.g. improve quality assurance of surveillance and disease control throughout the region, allow comparisons of surveillance data between countries, develop consistency of approach to e.g. contact tracing activities across borders.
- Regional networks may facilitate improved management of incidents through early warning systems and intercountry assistance (sharing of experience or technical skills).
- **Horizontal actions** should be preferred to vertical programmes, dealing for instance with one specific communicable disease. . Certain communities may be at increased risk of a range of diseases and a population based rather than a disease specific approach could be helpful.
- In case of a worldwide threat or epidemic such as avian influenza or a pandemic, the **consistency of messages** (both within and between countries) to the population is essential to avoid panic and misunderstandings.
- **Networks of laboratories** are a great help, especially to deal with some rare diseases or to perform sophisticated and high technology diagnostics.
- Expert exchange and **country visits** are valuable means for sharing the expertise and practical knowledge.
- **Training by Internet** is a great opportunity, but there may be problems linked to the fact that all candidates have a different level of knowledge in health.
- **Hard to reach populations** require special measures to catch up.
- Participants generally prefer regional projects that involve both EU EU countries and **countries out of EU** such as EpiSouth.

- Care should be taken to ensure that the activities of overlapping regional networks are harmonised to avoid duplication and potential inconsistency/confusion.

2. 3. Health systems

- **The WHO work** in the context of the European Observatory on Health Systems and the Regional Health Systems Observatory in the Eastern Mediterranean, as well as independent initiatives such as the Middle East and North Africa Health Policy Forum (MENA-HPF) and the Réseau Economie et Systèmes de Santé au Maghreb (RESSMA) constitute a valuable experience and foundation for future improvement of regional health policy exchange.
- There is a **lack of applied research** on health systems in the region.
- **Bilateral cooperation** between the EU (EU member states and European Commission – bilateral programmes and projects under the ENPI; ENP Action Plans) and Mediterranean partners is already well advanced; this bilateral cooperation could benefit substantially from increased exchange, as good practices and lessons learnt could be exchanged across borders.
- **Cross-border health care (trans-border provision of health services, sharing infrastructure and expensive equipment)** as a part of the completion of the EU internal market may not be an easy option for Med partner countries.
- Virtually all health systems in EuroMed countries are under **permanent adaptation and reform**; there are already numerous examples of bilateral exchange, however, the EuroMed region at large has still to unfold its potential for exchange of experiences and mutual health systems learning.
- **Social protection and social health insurance** is a “way of life”, that is deeply rooted in the countries’ political and social history. This sets limits to possibilities of transfer. However, technical solutions (e.g. relating to risk pooling and risk assessment) can profitably be shared.
- It is important to identify those **lessons learnt from health system reforms in EU countries** that Med partner countries could benefit from (as quoted from Taiwan: "Our health reform is like a car that is locally designed and built, but with parts from over 9 countries").
- There is not enough attention to the **health promotion aspect** and there is neglect of the **equity dimension** (health for all). Work is needed on the measurement of outcomes and success in both areas.
- **Human resources** for health policy making (health policy and health systems analysts, public health specialists, health economists...) are very scarce. There are initial experiences that suggest that networking and exchange would offer the possibility of pooling such scarce resource, and (by building critical mass) of attracting more resource in these areas.
- **Independent critique** of health systems policies is sometimes difficult from a single country perspective or from supra-national agencies, given the prevalence of vested interests. There is potential demonstrated in other policy areas for civil society

institutions to provide authoritative and constructive impetus to reform, and also to help to support national civil society institutions.

- **Benchmarking and cross country comparative work**, agreeing on common targets and indicators can create a positive competition and stimulus to health systems development. However benchmarking of health systems performance is a critical issue and its productive capacity to spark off competition for better performance may vary between world regions.

3. Workshop participants' recommendations

3. 1. General recommendations

- The report of this workshop will be transmitted for **consideration to governments and international partners** for the further development of the EuroMed process in health (Senior Officials Meeting / Ministerial Conference)
- Governments, the European Commission, the World Health Organisation, the World Bank and other international organisations should consider improved ways of ensuring **more systematic, more regular and more comprehensive exchange and interaction** in health at the EuroMed level; such exchange would help national governments to use others' experiences in their endeavour to achieve quality, sustainability and equity of health systems.
- **The possible added value** that regional cooperation and exchange could have for national health policy development and implementation, for the bilateral cooperation and for the implementation of the ENP Action Plans should be fully recognized and developed. Additional **mid term funding** from different sources should be identified.
- Cooperation in the area of quality of care (including the control of hospital infections) could be an area of cooperation and exchange, where tangible results at moderate costs can rapidly follow.
- The cooperation should address public health aspects of challenges related to **migration and border movement**, including vulnerable groups, hard to reach populations and travel health, as well as travel for health reasons.
- Cooperation and exchange in the EuroMed region would also benefit to face the **common challenges for EU and EuroMed partners**, such as the implementation of existing international health legislation (i.e. IHR).
- Exchange and cooperation mechanisms at the EuroMed regional level should be devised that ensure plurality of **participation from the full spectrum of stakeholders** in the health sector: Government and relevant public administrations, relevant academic and policy experts, health care providers, industry, professionals' organisations, social partners' organisations, patients' and self help organisations and other relevant non state actors.
- Any future support to networking and exchange should, whenever possible, **reinforce existing institutions or initiatives**.
- Pursuing health in all policies through **reinforcement of intersectoral co-operation** (health, agriculture, education...) is a condition for the development of effective and

efficient health policies and also an effective way to promote the health, well-being and productivity of people.

3. 2. Communicable diseases

- The existing mechanisms of cooperation among the EU and the neighbouring countries could be considered as an example for **planning and developing the cooperation** in the EuroMed Region (e.g. Northern Dimension Partnership in Health and Social Welfare).
- EuroMed partners should be encouraged to actively **support and strengthen their participation** in existing ongoing activities, such as EU networks (eg Communicable diseases surveillance) and regional projects (eg Episouth, Shipsan, Public Health Border Management) and consider sustainable long term cooperation for the Region (towards integrated EuroMed surveillance for communicable diseases).
- Cooperation should cover the evaluation of the **efficacy and effectiveness** of actions.
- **Financing** mechanisms for guaranteeing sustainability and continuity of actions and networks on communicable disease should be made available.
- Cooperation should ensure tailoring the partnership (on existing experiences) in order to take into account **different countries' needs** (put into practice in the field), different targeted groups (hard to reach), identify obstacles and expected outcomes, setting the common priorities for the regional cooperation.
- One of the basic needs is to ensure **quality of data**, comparability of data and appropriate definitions of indicators and measures to reach the same level of understanding in the exchange and communication.

3. 3. Health systems

- The participants agreed that any new initiative should explore the **potential of existing initiatives and institutional frameworks** and should build on their achievements.
- There is demand and need for having **more exchange at the regional level and increasing applied research on health systems** in the region. Commissioning and doing applied research at the regional level would allow to pool scarce capacity and to draw further resources into the region.
- **Mid term financing** for more regular and more stable mechanisms of networking and exchange on health systems should be made available.
- **Developing public health** (and its related disciplines like epidemiology, health economics, health promotion, health policy and health systems analysis etc.) as a discipline for research, training and consulting in health reform is an important cornerstone to advance reforms – there is a considerable potential of mutual learning and exchange in the development of concepts, curricula and linking such cadre to policy making and implementation.
- Improving the **quality and availability of collected data** by strengthening **health information systems** (within the health systems and within the National Statistical

Offices) is recommended to become an important element of regional EuroMed cooperation. Also, to maximise the benefit of improved data collection, it is essential that quality of data is improved, and that data should be made available to civil society and academic institutions doing policy research.

- Co-operation and exchange in some specific fields, such as **complex emergencies** and preparedness for larger disasters in the region (in particular a possible region-wide earthquake), should be strengthened.

3. 4. Possible mechanisms

- Promising **modalities** for regional cooperation were identified:
 - o institutionalised observatory
 - o coordinating center
 - o regional network
 - o civil society expert groups with region-wide membership
 - o web-based platform,
 - o joint public health research and training,
 - o benchmarking,
 - o twinning project for exchange of expertise between institutions
 - o joint indicator definition and monitoring,
 - o Euromed Health Systems Forum
- The most appropriate of these modalities would need to be identified once the framework for advanced regional EuroMed cooperation has been set.

Annexes

- Workshop Programme
- Participants' list
- Presentations (CD ROM)

EuroMed Workshop
Communicable Diseases and Health Systems
AGENDA (version 29.11.07)

**Venue: Conference Centre Albert Borchette (CCAB) ROOMS 0D and 0B,
Rue Froissart 36, Brussels**

Day 1: 4th December 2007

9:30 – 10:30 Plenary session 1(Room 0D) :

Introduction to the key issues and rationale of the EUROMED cooperation. Presentation of EU instruments for cooperation and networking. Presentation of health policy priorities of the partners (EU and EMRO).

- Opening and introduction of the seminar's objectives (Androulla Kaminara; European Commission, DG EuropeAid, Director E) (10')
- Welcome address by the Portuguese EU Presidency (Dr. José Maria Albuquerque Deputy High-Commissioner for Health) (10')
- EU public health policy (Andrzej Rys, European Commission, DG SANCO, Director C) (10')
- Overview Regional Exchange on Health (World Health Organisation: John Martin, Director, WHO Brussels) (10')
- The EuroMed Partnership/Barcelona Process/ENP (Emanuele Manzitti, DG External Relations) (10')
- Health sector cooperation under MEDA and ENPI – perspectives of this workshop (Walter Seidel, European Commission, DG EuropeAid) (10')

10:30 – 10:45 Coffee break

10:45 – 13:00 Thematic Sessions:

Presentation of existing examples of activities, with a special consideration to the potentially regional dimension initiatives; EU examples with particular emphasis on new MS and candidate countries; identification of lessons learnt and specific added value of exchange, coordination and cooperation.

Presentations will be followed every time by a discussion about lessons learnt in exchange, cooperation and networking and about partner countries' needs and expectations. Suggestions for recommendations and conclusions will be recorded throughout the presentations and the ensuing discussions.

| <i>1-health systems (room 0D)</i> | <i>2- communicable diseases (room 0B)</i> |
|--|--|
| 1. Martial Favre, facilitator: Introduction to programme and working methodology (10' + 10') | 1. Carole Peignot, facilitator: Introduction to programme and working methodology (10'+5') |
| 2. Luisa Prates / Portugal: Keynote speech on behalf of the Portuguese Presidency / Portugal : National Health Service in Portugal: highlight in cooperation experience(10'+10') | 2. Germain Thinus (SANCO C3) Epidemic Intelligence System under development (20'+ 10') |
| 3. Josep Figueras /WHO Euro, Director of | 3. EpiSouth –Sylvia Declich, ISS Rome (20'+ 10') |
| | 4. IHR implementation in the EU MS – C3 |

| | |
|--|--|
| <p>the European Observatory on Health Systems and Policies: Health systems : learning from experience (20' + 10')</p> <p>4. Hédi Achouri: L'expérience RESSMA et politiques de santé (10'+10')</p> <p>5. Hoda Rachad / Egypt: Health research and health policy (10+10)</p> <p>6. Sameen Siddiqi / WHO EMRO: The EMRO work on a regional observatory on health systems (10'+10')</p> | <p>Beatrice Toussaint, SANCO C3 (20'+ 10')</p> <p>5. Pre-accession twining in communicable diseases, new MS representative - Marek Tomasz Szkoda, Chief Sanitary Inspectorate, Poland (20'+ 10')</p> |
|--|--|

13:00 – 14:30 Lunch

14:30 – 17:30 Thematic Sessions:

Continuation of Morning session:

| <i>1- health systems</i> | <i>2- communicable diseases</i> |
|---|--|
| <p>7. Carl-Eric Thors: The Northern Dimension Partnership, Experts Group on Primary Health Care – Cooperation experience around the Baltic Sea (10'+10')</p> <p>8. Awad Mataria / Palestine Territories: Departments of Community Health and health policy (10'+10')</p> <p>9. Samer Jabbour / Lebanon: Importance of civil engagement in health systems (10'+10')</p> <p>10. Ruth Pasemann/European Commission: The EU Open Coordination Method in health care (10'+10')</p> <p>11. Mohamed Lahouel / Tunisia: The MENA Health Policy Forum experience (10'+10')</p> <p>12. Martial Favre / Facilitator: Summary of the day and further process (introduction to next day's work) (5')</p> | <p>6. Migration and HIV/AIDS in Europe - Henrique de Barros, MoH Portugal (15'+ 5')</p> <p>7. The Northern Dimension Partnership, Experts Group on HIV AIDS Cooperation experience around the Baltic Sea - Pauli Leinikki: (15'+ 5')</p> <p>8. Health management on borders - IOM Roumyana Petrova-Benedict, IOM (15'+ 5')</p> <p>9. Avian Influenza and pandemic preparedness projects Dr Abdel-Nasser Abdel-Ghafar, MoH Egypt (15'+ 5')</p> <p>10. ShipSan project – Prof. Yiannis Arvanitogiannis, Mrs. Varvara Mouchtouri Thesalia University of Thessaly (15'+ 5')</p> <p>11. WHO (requested, subject to be determined) (15'+ 5')</p> <p>12. Tuberculosis- Vincent Houdry, SANCO C3 (15'+ 5')</p> <p>13. The Epidemiology of Measles in Europe, Mark Muscat, EUVAC.NET, Copenhagen) (15'+ 5')</p> <p>14. Carole Peignot / Facilitator: Summary of the day and further process (introduction to next day's work) (10')</p> |
| <p>17:00 Joseph Kutzin (WHO EURO): Addressing health financing system obstacles to effective communicable diseases control (Room 0D)</p> | |

20:00 Dinner for Workshop Participants

Renaissance Brussels Hotel – rue du Parnasse 19, 1050 Brussels

Day 2: 5th December 2007

9:00 – 10:45 Two Thematic Sessions:

*Identification of areas where regional cooperation could be of particular added value;
Development of recommendations on possible actions to facilitate exchange and cooperation
in the EUROMED partnership.*

| <i>1-health systems (room 0D)</i> | <i>2- communicable diseases (room 0B)</i> |
|--|--|
| - group work; Review and Synthesis of lessons learnt from examples presented yesterday's session. compilation of suggestions; drafting of document | - group work; Review and Synthesis of lessons learnt from examples presented yesterday's session. compilation of suggestions; drafting of document |

10:45 – 11:00 Coffee break

11:00 – 12:30 Plenary Session 2 (room 0D) :

Reports from the thematic sessions with the suggestions of areas and actions of future cooperation, with following discussion on the reports and possible next steps;

13:00 The END

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Brussels

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Walter Seidel Coordinator of the Workshop for the Health Systems Component and overall coordination (European Commission DG EuropeAid)

Boguslaw Suski Coordinator of the Workshop for the Communicable Diseases Component (European Commission DG Sanco)

Martial Favre Facilitator for the Health Systems Component

Carole Peignot Facilitator for the Communicable Diseases Component

| Name | Surname | Position | Institution | Country |
|--------------|-----------------|--|---|-----------|
| Abdel-Naser | Abdel-Ghafar | Executive Director | Central Unit for Epidemiology and Disease Surveillance Ministry of Health and Population | Egypt |
| Kitija | Ābola - Ābolina | Head of the Intersectoral Cooperation Division | Ministry of Health of the Republic of Latvia, Department of policy planning | Latvia |
| Hedi | Achouri | General Director of Public Healthcare Facilities in the Ministry | Ministry of Public Health | Tunisia |
| Jose Maria | Albuquerque | Deputy High-Comissioner for Health | Ministry of Health | Portugal |
| Kareman | Al-Zein | Head of diarrhea control unit | Ministry of Health | Jordan |
| Walid | Ammar | General Director | Ministry of Public Health | Lebanon |
| Emilia | Anis | Director | Department of Infectious Diseases, Ministry of Health | Israel |
| Iyad | Arafeh | Director of Preventive Medicine Department | Ministry of Health | Palestine |
| Yiannis | Arvanitogiannis | Professor | Thesalia University of Thessaly | Greece |
| Nihal | Babaoglu | | Ministry of Health | Turkey |
| Abderrahmane | Benmamoun | Chef de Service | Direction de l'Epidémiologie et de Lutte contre les Maladies | Morocco |
| Roland | Bladh | | DG Employment, Social Affairs and Equal Opportunities, Unit E4 | EC |
| Ana | Boned-Ombuena | Trainee | European Commission AIDCO/ E3 | EC |
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| Remi | Bourdu | International Relations Officer | Ministry of Health, Youth and Sports Delegation for European and International Affairs | France |
| Mostafa | Chouitar | | | Morocco |
| Ainārs | Čivčs | Deputy Director in Public Health Epidemiological Surveillance Issues | Public Health Agency | Latvia |
| Concepción | Colomer Revuelta | | Observatorio de Salud de la Mujer y del Sistema Nacional de Salud | Spain |
| Henrique | de Barros | National Coordinator for HIV/AIDS | | Portugal |
| Miguel | de Calheiros Velozo | | Euromed Task Force- Ministry of Foreign Affairs | Portugal |
| Francois | Decaillet | | World Health Organization EMRO | WHO |
| Silvia | Declich | | Istituto Superiore di Sanità | Italy |
| Demata Juan | Donados Campos | | | Spain |
| Michael | Dor | Substitute Director | Health Services Administration, Ministry of Health | Israel |
| Kamal | El Mahdaoui | Adviser/ Euromed Desk Officer | Moroccan Mission to EU | Moroccan Mission to EU |
| Emmanuelle | Espie | | Infectious diseases department | France |
| Josep | Figueras | Director of the European Observatory on Health Systems and Policies | World Health Organization Office at the European Union | WHO |
| Donald | Franklin | Senior Economic Adviser | Department of Health | United Kingdom |
| Frank | George | | World Health Organization Office at the European Union | WHO |
| Mohamed Lamine | Habchi | | Amb. d'Algerie à Bruxelles | Algeria |

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| Djohar | Hannoun | Chargée de programme | National Institute of Public Health | Algeria |
| Jeniffer | Hollings | | International Organization for Migration | IOM |
| Vincent | Houdry | | European Commission DG SANCO C/3 | EC |
| Samer | Jabbour | Lecturer in Public Health | American University of Beirut | Lebanon |
| Anne | Johansen | Senior Health Specialist | Middle East & North Africa Region The World Bank | WB |
| Jane | Jones | Head of Section | Health Protection Agency | United Kingdom |
| Ibrahim | Kabbash | Professor of Public Health | Tanta University | Egypt |
| Olga | Kalakouta | Senior Medical Officer | Department of National Health Insurance System Ministry of Health | Cyprus |
| Handan | Kalaycioglu | | Ministry of Health | Turkey |
| Androulla | Kaminara | Director | European Commission AIDCO/ E | EC |
| Eszter Viktória | Kántor | Officer at Department of Development Policy and Strategic analysis | Ministry for Health | Hungary |
| Apostolos | Katerinopoulos | Public official | International Relations Directorate Ministry of Health and Social Solidarity | Greece |
| Mervi | Kattelus | | Ministry of Social Affairs and Health | Finland |
| Nerija | Kupreviciene | Deputy Director and Head of Department | Center for Communicable Disease Prevention and Control | Lithuania |
| Joseph | Kutsin | Regional Adviser on Health Systems Financing | World Health Organization Office at the European Union | WHO |
| Mohamed | Lahouel | Professor of Economics; Member of the Board MENA Health Policy Forum | University of Tunis | Tunisia |

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| Name | Surname | Position | Institution | Country |
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| Taavi | Lai | Analyst | Health Information and Analysis Department of Ministry of Social Affairs | Estonia |
| Paul | Lennikki | Chairman for the Expert Group on HIV/STI | The Northern Dimension Partnership on Health and Social Welfare | The Northern Dimension |
| Anna | Leńniewska | Senior specialist in Department of Health Systems and Organization | Ministry of Health | Poland |
| Yvonne | Lindenlaub | | Unit General European Health Policy Planning Federal Ministry of Health | Germany |
| Helena | Maltezos | Pediatrician - Infectious Diseases Specialist Head | Hellenic Centre for Infectious Diseases Control | Greece |
| Emmanuele | Manzitti | International Coordination Officer | European Commission DG RELEX/ E1 | EC |
| John | Martin | Director | World Health Organization Office at the European Union | WHO |
| Awad | Mataria | Pharmacist, Health Economist | Institute of Community and Public Health | Palestine |
| Tanya | Melillo Fenech | | Health Promotion and Disease Prevention Public Health Regulation Division Ministry of Health | Malta |
| Varvara | Mouchtouri | Project Manager | Thessalia University of Thessaly | Greece |
| Marc | Muscat | EUVAC.NET Scientific Coordinator | Statens Serum Institute | Denmark |
| Mihhail | Muzotsin | Deputy Director General | Health Protection Inspectorate | Estonia |
| Peter | Nagy | Policy Coordinator | European Commission DG RELEX/ D2 | EC |
| Alvyda | Naujokaite | Chief Specialist of the Personal Health Division | Ministry of Health | Lithuania |
| Beatrix Msc | Oroszi | Regional medical chief officer | ÁNTSZ Nyugat-dunántúli Regionális Intézet | Hungary |
| Kremana | Parmakova | | National Center for Infectious and Parasitic Diseases | Bulgaria |

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|--------------|------------------|--|--|------------------------|
| Roumyana | Petrova-Benedict | Senior Migration Health Manager | International Organization for Migration | IOM |
| Tapani | Piha | Head of Unit | European Commission DG SANCO/C6 | EC |
| Lúisa | Prates | | Central Administration of Health System | Portugal |
| Hoda | Rashad | Research Professor and Director | Social Research Center American University in Cairo | Egypt |
| Rowaida | Rashid Mousa | | Department of Health Care | Jordan |
| Emmanuel | Robesyn | | Public Health Surveillance of Flanders Infectious Diseases and Immunization | Belgium |
| Andrzej | Rys | Director | European Commission DG SANCO C/3 | EC |
| Akihiro | Seita | Regional Adviser | WHO EMRO | WHO |
| Sameen | Siddiqi | Regional adviser on health policy and planning | WHO EMRO | WHO |
| Irina | Stamate | | Ministry of Public Health | Romania |
| Klaus | Stark | Head of Division Gastrointestinal infections, zoonoses and tropical infections | Robert Koch Institute | Germany |
| Marek Tomasz | Szkoda | Chief Sanitary Inspectorate | Department of Communicable Diseases Control | Poland |
| Juan | Tello | Attaché- Health Sector | EC Delegation to West Bank and Gaza | EC |
| Carl-Eric | Thors | PHC EG leader | The Northern Dimension Partnership on Health and Social Welfare | The Northern Dimension |
| Beatrice | Toussaint | | European Commission DG SANCO C/3 | EC |
| Stephane | Vandam | External Relations Officer | World Health Organization Office at the European Union | WHO |

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| Name | Surname | Position | Institution | Country |
|---------|---------------|----------|------------------------------|---------|
| Susanne | Weber Mosdorf | | World Health Organization HQ | WHO |

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List of Presentations on CD-ROM

Plenary session

- EU public health policy
Andrzej Rys, European Commission, DG SANCO, Director C

| 1-health systems | 2- communicable diseases |
|---|---|
| <ol style="list-style-type: none"> 1. Luisa Prates, Portugal: Keynote speech on behalf of the Portuguese Presidency / Portugal : National Health Service in Portugal: highlight in cooperation experience 2. Josep Figueras /WHO Euro, Director of the European Observatory on Health Systems and Policies: Health systems : learning from experience 3. Hédi Achouri / Tunisia: L'expérience RESSMA et politiques de santé 4. Hoda Rachad / Egypt: Health research and health policy 5. Sameen Siddiqi / WHO EMRO: The EMRO work on a regional observatory on health systems 7. Carl-Eric Thors: The Northern Dimension Partnership, Experts Group on Primary Health Care – Cooperation experience around the Baltic Sea 8. Awad Mataria; Palestine Territories: Departments of Community Health and health policy 9. Samer Jabbour / Lebanon: Importance of civil engagement in health systems 10. Roland Bladh / EC DG Employment, Social Affairs and Equal Opportunities: EU social policy – open method of coordination – health care 11. Mohamed Lahouel / Tunisia: The MENA Health Policy Forum experience | <ol style="list-style-type: none"> 1. Germain Thinus / SANCO C3: Epidemic Intelligence System under development 2. Silvia Declich / ISS Rome: EpiSouth 3. Beatrice Toussaint / SANCO C3: IHR implementation in the EU MS 4. Marek Tomasz Szkoda Chief Sanitary Inspectorate, Poland: Pre-accession twinning in communicable diseases, new MS representative 5. Henrique de Barros / MoH Portugal: Migration and HIV/AIDS in Europe 6. Pauli Leinikki, The Northern Dimension Partnership, Experts Group on HIV AIDS Cooperation experience around the Baltic Sea 7. Roumyana Petrova-Benedict/ IOM: Health management on borders - IOM 8. Abdel-Nasser Abdel-Ghafar / MoH Egypt: Avian Influenza and pandemic preparedness projects 9. Yiannis Arvanitogiannis and Barbara Mouchtouri: ShipSan project – Thessaly University of Thessaly 10. Akihiro Seita / WHO Emro: Communicable Disease and its surveillance in WHO Eastern Mediterranean Region. 11. Vincent Houdry / SANCO C3: Tuberculosis 12. Mark Muscat / EUVAC.NET, Copenhagen: The Epidemiology of Measles in Europe |
| <p>Joseph Kutzin / WHO EURO: Addressing health financing system obstacles to effective communicable diseases control (Room 0D)</p> | |