

**EU HEALTHY GATEWAYS JOINT ACTION**  
**GRANT AGREEMENT NUMBER: 801493**  
**PREPAREDNESS AND ACTION AT POINTS OF ENTRY**  
**(PORTS, AIRPORTS, GROUND CROSSINGS)**

# **REPORT ON THE INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY**

## **Deliverable D4.1**

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#### **Work Package 4: Sustainability**

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# 1 BACKGROUND

The “Report on the Integration in National Policies and Sustainability” constitutes Deliverable 4.1 (D4.1) of the EU HEALTHY GATEWAYS Joint Action (EU HG JA). The EU HG JA has received funding from the European Union (EU), in the framework of the Third Health Programme (2014-2020).

According to the Grant Agreement (Nr. 801493), D4.1 contains information on the national actions of Joint Action participating countries to integrate EU HG JA activities, results and deliverables into their national policies and legislation.

In this report, content from submitted National Sustainability Plans, results obtained from a survey among Joint Action beneficiaries and collaborating stakeholders on sustainability, as well as presentations delivered from European Union Member States (EU MS) during the Final Conference of EU HG JA (11<sup>th</sup> March 2022) were used as sources of information.

# 2 NATIONAL SUSTAINABILITY PLANS

A Model National Sustainability Plan (MNSP) (**Annex 1**) has been created under Milestone 4.1 “Sustainability Plan” to facilitate countries participating in the Joint Action with preparing National Sustainability Plans in accordance with national needs and settings, and thus supporting countries to define national priorities of the EU HG JA sustainability objectives and to implement them. Summarized feedback from participating countries can be found in Milestone 4.2 “country specific national comments on sustainability plan (including experiences from COVID-19)”. The process of keeping the MNSP up to date is described in Milestone 4.6 “Final Report on Model National Sustainability Plan”.

Five countries (Austria, Greece, Malta, Slovenia, Sweden) have voluntarily submitted National Sustainability Plans. In addition, the German EU HEALTHY GATEWAYS group developed the Model National Sustainability Plan and is currently discussing with stakeholders how best to integrate sustainability issues on the national level. Since these National Sustainability Plans might contain confidential information, whole plans cannot be fully summarized per country in this report. Upon request, National Sustainability Plans could be provided to certain stakeholders; in case of interest please contact: [info@healthygateways.eu](mailto:info@healthygateways.eu).

Analysing submitted National Sustainability Plans, it became apparent that each country put a different prioritization on sustainability objectives and, depending on the context in each country, different levels of involvement of the various transportation sectors are foreseen.

The following table manifests an example from one country on ranking and implementing sustainability objectives. As it is shown in the table, the specific country identified and ranked sustainability objectives in the following order: (1) Strengthening preparedness and response at all points of entry by adhesion to best practices and guideline development, (2) Legal changes with regards to strengthening preparedness at points of entry, (3) Supporting efforts at building and sustaining networks of stakeholders and experts, (4) Developing and conducting national trainings to raise awareness about cross-border health risks and compliance with International Health Regulations (IHR, 2005) requirements, (5) Building capacities and transferring best practices to non-designated points of entry, (6) Support the development of a common information portal to provide guidelines, standard operating procedures, references, and links as well as discussion fora for each transport sector, and (7) Reaching out to the public via a variety of communication channels to ensure that the achievements and benefits of the Joint Action as well as remaining obstacles and needs receive adequate attention.

Table 1: Example of a completed table on ranking and implementation of sustainability objectives

Rank	Objective	Level of implementation	Transport sectors addressed	Steps for implementation	Involved Stakeholders	Timeframe (MM/YY)	Comments
1	Strengthening preparedness and response at all points of entry by adhesion to best practices and guideline development	<input checked="" type="checkbox"/> National level	<input checked="" type="checkbox"/> Air transport <input checked="" type="checkbox"/> Maritime transport <input checked="" type="checkbox"/> Ground-crossings	<ul style="list-style-type: none"> <li><i>continuous evaluation of best practices and lessons learned</i></li> <li><i>information sharing with stakeholders and setting up appropriate communication networks</i></li> <li><i>possible definition of action plans for implementation</i></li> </ul>	Ministries, public health authorities on local level, stakeholders at PoE	Continuous	Timeframe dependent on possible review and changes of IHR and EU-framework on cross-border health threats / European Health Union, including its national implementation.
		<input checked="" type="checkbox"/> Regional level	<input checked="" type="checkbox"/> Air transport <input checked="" type="checkbox"/> Maritime transport <input checked="" type="checkbox"/> Ground-crossings				
		<input checked="" type="checkbox"/> Local Level (PoEs)	<input checked="" type="checkbox"/> Air transport <input checked="" type="checkbox"/> Maritime transport				



Rank	Objective	Level of implementation	Transport sectors addressed	Steps for implementation	Involved Stakeholders	Timeframe (MM/YY)	Comments
4	Developing and conducting national trainings to raise awareness about cross-border health risks and compliance with IHR requirements	<input checked="" type="checkbox"/> National level  <input type="checkbox"/> Regional level  <input type="checkbox"/> Local Level (PoEs)	<input checked="" type="checkbox"/> Air transport <input checked="" type="checkbox"/> Maritime transport <input checked="" type="checkbox"/> Ground-crossings  <input type="checkbox"/> Air transport <input type="checkbox"/> Maritime transport <input type="checkbox"/> Ground-crossings  <input type="checkbox"/> Air transport <input type="checkbox"/> Maritime transport <input type="checkbox"/> Ground-crossings	<ul style="list-style-type: none"> <li><i>possibilities of conducting multi-agency simulations and exercises to be discussed within the Crisis- and Disaster Management and Civil Contingency Coordination (dependent on financial and human resources and political priorities)</i></li> </ul>	Ministries, public health authorities on local level, stakeholders at PoE, Crisis- and Disaster Management and Civil Contingency Coordination	Continuous	n/A
6	Support the development of a	<input type="checkbox"/> National level	<input type="checkbox"/> Air transport		n/a	n/a	n/a



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Rank	Objective	Level of implementation	Transport sectors addressed	Steps for implementation	Involved Stakeholders	Timeframe (MM/YY)	Comments
	common information portal to provide guidelines, standard operating procedures, references, and links as well as discussion fora for each transport sector		<input type="checkbox"/> Maritime transport <input type="checkbox"/> Ground-crossings	<ul style="list-style-type: none"> <li>• <i>the creation of additional portals is not planned at the moment</i></li> <li>• <i>Use of existing structures and communication networks (avoiding parallel structures)</i></li> </ul>			
<input type="checkbox"/> Regional level		<input type="checkbox"/> Air transport <input type="checkbox"/> Maritime transport <input type="checkbox"/> Ground-crossings					
<input type="checkbox"/> Local Level (PoEs)		<input type="checkbox"/> Air transport <input type="checkbox"/> Maritime transport <input type="checkbox"/> Ground-crossings					
7	Reaching out to the public via a variety of communication channels to ensure that	<input checked="" type="checkbox"/> National level	<input type="checkbox"/> Air transport <input type="checkbox"/> Maritime transport	<ul style="list-style-type: none"> <li>• <i>Outputs of the JA shall primarily distributed to stakeholders</i></li> </ul>	Internal stakeholders in the MoH	continuous	n/a

Rank	Objective	Level of implementation	Transport sectors addressed	Steps for implementation	Involved Stakeholders	Timeframe (MM/YY)	Comments
	the achievements and benefits of the Joint Action as well as remaining obstacles and needs receive adequate attention	<input type="checkbox"/> Regional level  <input type="checkbox"/> Local Level (PoEs)	<input type="checkbox"/> Ground-crossings  <input type="checkbox"/> Air transport  <input type="checkbox"/> Maritime transport  <input type="checkbox"/> Ground-crossings  <input type="checkbox"/> Air transport  <input type="checkbox"/> Maritime transport  <input type="checkbox"/> Ground-crossings	<ul style="list-style-type: none"> <li><i>Inclusion of public communication activities shall be discussed with the responsible department in the MoH. Communication strategies must be considered.</i></li> <li></li> </ul>			
5	Building capacities and transferring best practices to non-designated PoE	<input checked="" type="checkbox"/> National level	<input checked="" type="checkbox"/> Air transport  <input checked="" type="checkbox"/> Maritime transport  <input checked="" type="checkbox"/> Ground-crossings	<ul style="list-style-type: none"> <li><i>continuous capacity building and evaluation of lessons learned is considered a priority.</i></li> <li><i>information sharing with stakeholders and through</i></li> </ul>	Ministries, public health authorities on local level, stakeholders at PoE	Continuous	Timeframe dependent on possible review and changes of IHR and EU-framework on cross-border health threats / European

Rank	Objective	Level of implementation	Transport sectors addressed	Steps for implementation	Involved Stakeholders	Timeframe (MM/YY)	Comments
		<input checked="" type="checkbox"/> Regional level  <input checked="" type="checkbox"/> Local Level (PoEs)	<input checked="" type="checkbox"/> Air transport  <input checked="" type="checkbox"/> Maritime transport  <input checked="" type="checkbox"/> Ground-crossings	<i>appropriate communication networks</i>			Health Union, including its national implementation.
		<input checked="" type="checkbox"/> Air transport  <input checked="" type="checkbox"/> Maritime transport  <input checked="" type="checkbox"/> Ground-crossings					
2	legal changes with regards to strengthening preparedness at PoE	<input checked="" type="checkbox"/> National level  <input type="checkbox"/> Regional level	<input checked="" type="checkbox"/> Air transport  <input checked="" type="checkbox"/> Maritime transport  <input checked="" type="checkbox"/> Ground-crossings  <input type="checkbox"/> Air transport	<ul style="list-style-type: none"> <li><i>review of existing legislation and possible inclusion of lessons learned</i></li> </ul>	Ministries	End of pandemic	Dependent on EU regulation and WHO/IHR.



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Rank	Objective	Level of implementation	Transport sectors addressed	Steps for implementation	Involved Stakeholders	Timeframe (MM/YY)	Comments
			<input type="checkbox"/> Maritime transport <input type="checkbox"/> Ground-crossings				
		<input type="checkbox"/> Local Level (PoEs)	<input type="checkbox"/> Air transport <input type="checkbox"/> Maritime transport <input type="checkbox"/> Ground-crossings				

### 3 SUSTAINABILITY QUESTIONNAIRE

Eight questions on sustainability of EU HG JA were integrated in the SWOT (Strengths, Weaknesses, Opportunities, Threats) evaluation questionnaire from Work Package 3 (Evaluation) of the EU HG JA, which were shared via e-mail among countries participating in the JA in autumn 2021. Overall, 31 participants from Member States and representatives from the European Commission completed the questionnaire. Most relevant answers are summarized by question in this chapter, and a compilation of all answers can be found in **Annex 2**. Please note that since feedback has been collected some time has passed and some progress been made, hence some suggestions have already been incorporated in EU HG JA outputs and potential obstacles have been addressed.

#### **What structures, collaborations or activities developed or implemented under the EU HEALTHY GATEWAYS Joint Action will persist beyond the end of the project in your country and at European level?**

Many different aspects were mentioned in the 18 received answers to the first sustainability question. One respondent emphasized that through EU HG JA many institutions raised capacities, especially in mutual communication, and an enhancement of collaboration among different national actors was achieved. Also, the set-up of a port contingency plan facilitated by EU HG JA was a raised capacity mentioned by one respondent. What was highlighted by several respondents were the benefits of the created network of experts that facilitated good cooperation and information sharing among different countries, sectors and institutions. It was anticipated that this collaboration and the use of the network will persist beyond the end of the EU HG JA. The continued use and benefits from EU HG JA materials (manuals, guidelines, tools, advice documents, guidance, trainings) was highlighted from various parties. The same applies to developed IT-systems and platforms, mainly the EU Digital Passenger Locator Form (dPLF), EU Common Ship Sanitation Database (previously named SHIPSAN ACT Information System - SIS) and the European web-based network for points of entry (EU POENET) were cited. It was stressed that guidance can also be applied to other pandemic events in the future. Also, SHIPSAN activities (inspections and cooperation) were assumed to persist beyond the end of EU HG JA at national and European level. One respondent indicated that all collaboration and activities of EU HG JA will be perpetuated beyond the end of the project in his/her country, other participants were not sure yet which structures, collaborations or activities will persist.

#### **Do you see any obstacles that might arise or do already exist?**

The second question targeted whether respondents identify any obstacles that might arise or do already exist regarding sustainability of EU HG JA. Ten answers were submitted among which three indicated that there are no obstacles. Main obstacles cited in four answers were lack of human resources, high

amount of workload, limited amount of time and long-term funding possibilities. One of the respondents pointed out that "Workload and lack of human resources presents a problem, but there is a strong will and excellent basis that was created through the project." Insufficient involvement of stakeholders was another obstacle mentioned. The need for the network to be flexible in order to continue its work was highlighted from one participant.

### **What could help prevent or resolve these obstacles?**

Five answers on suggestions for preventing or resolving potentially arising obstacles were delivered. Continuing activities and structures such as maintaining the partnership and communication, working jointly and being flexible to adapt were mentioned. Additionally, looking for new opportunities were suggested, like "Involving private -public partners or use independent consultant for implementation of certain activities/tools in EU-MS". "Political decisions" without further explanation was another received answer.

### **Which structures, collaborations or activities developed or implemented under the EU HEALTHY GATEWAYS Joint Action should persist beyond the end of the project in your country and at the European level, but have not yet been listed by you in the first questions?**

In addition to the first question, participants were asked to name structures, collaborations or activities developed or implemented under EU HG JA that should persist. Besides aspects that were already mentioned in the first question (continuation of collaboration, and communication introduction and usage of generated tools and materials) it was suggested "to develop more generalized guidance for pandemics beyond COVID, to be prepared for the next event."

### **What needs to be arranged in the final months of the EU HEALTHY GATEWAYS Joint Action to enable persistence?**

Nine comments on what needs to be arranged in the final months of EU HG JA to enable persistence were submitted. It was suggested to "review the sustainability plan report and to consult the MS authorities on the long-term persistence" and to "focus on national sustainability". Two participants indicated that it is important to keep regular exchange through interactive meetings and regular follow-ups and to set targets as well as refine processes in the last project months. The continuation of work such as the revision of documents was also mentioned. One recommendation was to extend EU HG JA. Further, it was emphasized that EU MS should be reminded to use available material and to join the SHIPSAN community and use the system. Two respondents expressed optimism that "everything already was done properly" and that "the project assured the sustainability segment so we believe that it will be done as planned."

### **What did you learn from the EU HEALTHY GATEWAYS Joint Action for future European Joint Actions or other programs or activities?**

Twelve different lessons learned from EU HG JA for future JAs or other programs and activities were formulated. Two of them focused on stronger engagement of European stakeholders, for instance it was stated that "the Commission should also engage in more formalized contingency planning, based on HG work" and that "it would be extremely important for ECDC to play an active role in the case of the multi-countries involved". One lesson learned expressed that "countries' approaches to addressing cross-border threats need to be standardized." One participant mentioned that a lesson learned was connected to project management and planning of complex tasks. It was also mentioned that EU HG JA can be taken as an example for other JAs or projects. Furthermore, one lesson learned was "how to solve the lacks and threats".

"The value of sharing the experience and best practices" was one lesson learned drawn from EU HG JA. In accordance with this, one lesson learned also focused on "good and useful contact with different international experts" and the "cooperation when dealing with international public health events". Another participant emphasized that "through systematic approach and planned activities, partnership is created and that is the best way to raise capacities in any field on national and EU level". One respondent highlighted that EU HG JA training materials have been integrated into national trainings. In addition, another respondent pointed out that information shared by EU HG JA "increased our knowledge related to all topics and gave us new insight regarding current issues".

One feedback summarized main lessons learned as the following: "respond to emergency situations in a timely and appropriate manner; 2. work together (involve) with different stakeholders from different sectors (competent authorities, industry and etc.). Only in this way it is possibly to achieve the best results; 3. an appropriate coordination".

### **Where do you see further need to work at European level on cross-border health threats at points of entry?**

The 14 answers received for this question can be divided into structural and thematic suggestions for further improvement at European level in relation to cross-border health threats at points of entry.

In line with answers to the previous question, the need for stronger involvement of European actors was also expressed: "COM (SANTE) should work on an EU Epidemics Framework Directive/Regulation, covering all modes of transport" and "it will be necessary to involve the European Commission, ECDC, even more actively". "Legislation" was mentioned in two feedbacks, and one answer comprised harmonization across EU MS.

The following thematic fields for further need to work at European level on cross-border health threats at points of entry were mentioned from two respondents: risk communication, contingency plans, preparedness planning, simulation exercises, capacity building and IHR core capacities assessment. Further it was emphasized that it is important to concentrate on learnings from COVID-19 but also to focus on other threats. One participant also identified the need to further work on radiological threats, another one advocated to “continue to build on advancements in the ground transport sector”.

**What additional activities or deliverables would be valuable for the EU HEALTHY GATEWAYS joint action or a possible future action to deliver, in order to support Member States to improve their response capacities to COVID-19 (or other public health events) at points of entry?**

Seven answers to the last question of the sustainability questionnaire were delivered. Suggestions for an additional activity was the “set up subgroups regarding some topics and geographical characteristics”. Also, it was suggested publishing a report or newsletter summarizing main achievements per objective and key outputs in all European languages. Other suggestions were to continue or strengthen already targeted activities of EU HG JA such as sharing of best practices, further develop the EU Common Ship Sanitation Database (previously named – SHIPSAN ACT Information System – SIS) and to “keep the network of points of entry a life and offer the services you have expertise to provide to the national competent authorities and look for other EC funding.”

## **4 NATIONAL CONTRIBUTIONS AT FINAL CONFERENCE**

Presentations delivered from European Member States (EU MS) and non-EU countries during the Final Conference on 11<sup>th</sup> March 2022, where countries reported on the impact of EU HG JA activities and results at national level as well as considerations for the continuity of activities, are outlined in this chapter.

The following fourteen countries presented during the session “Impact of EU HEALTHY GATEWAYS on EU Member States and the way forward”: Austria, Bulgaria, Estonia, Finland, Germany, Greece, Ireland, Italy, Lithuania, Serbia, Slovakia, Slovenia, Spain, Sweden, Taiwan, and the Netherlands.

Relevant information regarding the integration in national policies and sustainability will be summarized hereafter.

### **Austria**

A representative from the COVID-19 Crisis Team of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection in Austria presented a COVID-19-In-Action-Review at Vienna Airport which was taken as an opportunity to jointly reflect on measures and their implementation, learn from

experiences, and engage in an open dialogue with competent stakeholders in order to be better prepared in future crisis. Observed “pain points” were the legal framework due to quick changes during the pandemic, communication between stakeholders and public, and the need for improvement in digitalisation. Besides communication and digitalization, pre-travel-clearance and entry regulations are aspects to focus on in the future.

## **Bulgaria**

A representative from the Regional Health Inspection of Varna, Bulgaria elaborated on implemented activities at the port of Varna for preventing the spread of COVID-19 through the maritime transport sector that were established in collaboration with border health authorities. Crews and ships arriving in the port of Varna were examined “according to the orders of the Ministry of Health, the instructions of the Chief State Health Inspector and the recommendations of the EU provided to us by the Ministry of Health”. Examples mentioned in this presentation were “Ordering of quarantine measures against the crews”, “Epidemiological research of COVID-19 positive persons and their contacts” and “Good communication with ship handling institutions and organizations of anti-epidemic measures against COVID-19”.

## **Estonia**

Representatives from the Health Board Estonia reported on EU HG JA activities in Estonia at national and local level. The EU HG JA guidance and technical advice for preparedness and response to COVID-19 events at PoE and on board conveyances was considered helpful for the daily work related to all means of transport. Also, advice for restarting cruise ship operations after lifting COVID-19-related restrictive measures were considered useful during the cruise season.

Strengthening preparedness to cross border health threats at national and local level, including designating PoE according to IHR 2005 is in progress in Estonia. The implementation of the EUdPLF system is a consideration for the future. Networking within the Public Health Sector, intersectoral collaboration and continuation of EU HG JA training activities for Public Health and other inspectors is considered meaningful.

## **Finland**

A representative from the City of Porvoo, Environmental Health presented the impact of EU HG JA in Finland. It was pointed out that due to cooperation with EU HG JA the overall ship sanitation awareness and knowhow and preparedness for cross border health threats has been increased. Material from EU HG JA has been widely used in trainings in Finland, and inspectors have been involved in trainings. It is foreseen to continue cooperation with European and International players and get engaged in regular

training activities. Further, national online training courses have been developed as well as port preparedness plans. Three considerations were raised for future ship sanitation re-evaluation: (1) training for inspectors (certification and standards), (2) new electronically issued WHO Ship Sanitation Certificate System, (3) Inspection priorities.

### **Germany**

On behalf of a representative of the Robert Koch-Institute in Germany, Joint Action partners from Germany presented and stated that IHR-designated ports and airports in Germany received and used material provided by EU HG JA. The network and activities have proven to be very valuable, examples mentioned where firstly the support from EU HG JA during Germany's EU Council Presidency in September 2020 at the virtual meeting of Chief Medical Officers, where representatives from EU HG JA "provided technical background and suggested digital solutions towards facilitating contact tracing in transport sectors" and secondly the development of the EUdPLF system.

For future considerations it was stressed that the EU HG JA expert network and activities continue in the framework of the European Commission programmes and projects, such as within JA SHARP where a simulation exercise will be organized in September 2022 based on EU HG JA material.

### **Greece**

A representative from the Ministry of Health, Greece, presented EU HG JA impact on national and local level. Greek representatives from several institutions like public health and port health authorities took part in national training activities organized in collaboration with EU HG JA. A circular for the implementation of European Database for Ship Sanitation Certificates and for using the Communication Platform was published in December 2015. 51 Greek inspectors are registered in the EU Common Ship Sanitation Database (previously named SHISPAN ACT Information System - SIS), 36 inspectors in the information system for recording an issuing SSCs, and 28 inspectors in the database for recording inspections conducted according to the European Manual. The implementation of inspections according to the European Manual was the content of a circular published in May 2015. Since 2011 Greece has conducted 101 inspections in 9 ports. In 2020 and 2021 two circulars for the adoption of EU HG JA guidance on preparedness and response to cases of COVID-19 on board cruise ships were released. Another circular on mandatory submission of the Maritime Declaration of Health via the National Single Window, in line with WHO and EU HG JA guidance document was published in June 2020. Based on EU HG JA advice documents a circular on core capacities at ports for the preparedness and response to cases of COVID-19 was published in August 2020. Public Health protocols for maritime transport for the 2022 touristic season will be based on EU HG JA advice.

It was emphasized that the Hellenic Ministry of Health supports short and long-term sustainability approaches of EU HG JA.

## **Ireland**

The Chief Emergency Management Officer, gave his presentation on behalf of the Health Service Executive Port Health Network, Ireland. Ireland adapted guidance from EU HG JA on the structure and coordination of planning and response around air, sea and land borders and developed a structured approach to coordination of the management and control of health threats at PoE which were presented. In several aspects the progress throughout COVID-19 Pandemic in Ireland benefited from the EU HG JA network, for example through:

- *EU HG JA documents for response to COVID-19 events/outbreaks on ships and planes were used and referred to*
- *EU HG JA professional network has been used for advice for specific circumstances*
- *EU HG JA Bibliography served as a repository of expertise*
- *Implementation of EUdPLF is considered*
- *Attendance in EU HG JA seminars, meetings, training courses and exercises.*

In addition, Ireland has contributed internationally by publishing scientific papers on cross border health issues. Examples for forward planning activities are the promotion of the use of best practices such as EUdPLF and the continuation of working with European partners in developing safe and secure procedures at PoE.

## **Italy**

The impact of EU HG JA in Italy was presented. Several stakeholders from Italy participated in different EU HG JA events and trainings, for instance 98 participants completed the SHIPSAN online national course and 23 Italian inspectors completed the EU HG JA Health Officer e-learning course to date. The European Manual for Hygiene Standards and Communicable Disease Surveillance on Passenger Ships (SHIPSAN Manual) was translated into Italian and 350 hard copies for Italian inspectors, maritime authorities and other stakeholders were provided. EU HG JA guidelines on preparedness and response to cases of COVID-19 at PoE have officially been used in Italy. The EUdPLF System is in place in all transport sectors in Italy to foster effective contact tracing activities.

Future considerations raised were:

- *EUdPLF Extension*
- *EU Common Ship Sanitation Database (previously named SHIPSAN ACT Information System - SIS) Implementation*
- *Updating the European Manual and other EU HG JA guidelines,*
- *SHIPSAN Inspections*

## **Lithuania**

Representatives from the National Public Health Centre under the Ministry of Health reported on two national exercises in Lithuania, a meeting with stakeholders at Klaipeda port to discuss preparedness and response to public health events at ports and a full-scale emergency response exercise at Vilnius airport on Ebola response management, where 250 specialists from various sectors including health, transport, custom sectors and border control have been involved. Several other activities contributed to strengthening core capacities in Lithuania, examples mentioned were participation in trainings, webinars and the multi-sectoral table-top exercise at EU level for ports. According to the European Manual cruise ships and passengers were inspected. Lithuania transferred its national digital PLF system to the EUdPLF system. In several ways, EU HG JA activities have been disseminated in Lithuania: through official letters to stakeholders, information sharing on websites, conferences, events and posters.

## **Serbia**

A representative from the Institute of Public Health of Republic of Serbia "Dr Milan Jovanović Batut" presented the impact of EU HG JA at local and national level in Serbia and explained activities and structures of Public Health Preparedness and Response at PoE before and during the COVID-19 pandemic in Serbia. In 2019 a three-day visit in Slovenia organized by EU HG JA partners from Slovenia and Greece took place. Several Slovenian institutions were visited, and demonstrations and exchange of structures and experiences on different topics facilitated, such as contingency planning and emergency facilities at Vilnius airport, the national alerting system and system of chemical safety at the National Institute of Public Health. Future activities in Serbia were presented, examples are routine exchange of information regarding COVID-19 issues and other communicable diseases under health surveillance, continuation of supervision of communicable diseases in Public Health institutes especially regarding PoE, regular meetings with representatives from health and transport authorities, strengthening multisectoral approach and cross-sector collaboration, setting up a multisectoral working group to coordinate and perform activities related to designation of airports.

## **Slovakia**

In the presentation from the Ministry of Transport and Construction of the Slovak Republic, all EU HG JA activities of Slovakia during the inter-epidemic and emergency mode were mentioned, for instance participation in meetings (e.g. 1<sup>st</sup> General Assembly), training courses (e.g. training course for port health officer on "Inspections according to European Manual for hygiene standards and communicable disease surveillance on passenger ships"), webinars and workshops between August 2018 and February 2022. Other activities mentioned were for example a cruise ship inspection at the Port of Bratislava that took place in October 2019 together with observers from EU HG JA and the pilot testing national PLF

systems and the EASA PLF exchange platform in December 2020. The “close cooperation with national IHR FP, EWRS FP, EU HG team and neighbouring countries” during the past years was emphasized.

Considerations for future were among others the “harmonisation of inspections on river cruise ships with relevant MS authorities”.

## **Slovenia**

Representatives from the National Institute of Public Health (NIPH), Slovenia stressed that the impact of EU HG JA improved preparedness to serious cross border health threats at national and local level in Slovenia. For example, guidelines and an assessment tool for chemical preparedness at PoE supported Slovenian PoE to increase chemical preparedness. The EU HG JA contributed to an increased knowledge on different topics among several stakeholders in Slovenia which was realised through access to training material, provision of guidance documents and collaboration with expert working groups. Slovenian experts have participated in various training courses, webinars and table-top/simulation exercises of the EU HG JA, newly gained knowledge was shared with other Slovenian experts. EU HG JA guidance documents were implemented in the work at NIPH and at PoE. The EUdPLF system was implemented in August 2021 in Slovenia and facilitates the daily work of epidemiological services in tracking infected passengers.

Slovenia intends to continue several EU HG JA activities like conducting trainings, enhancing the use of EU HG JA documents in daily work life and exchanging good practices and implementation strategies with the EU HG JA network. A key challenge will be to reach an agreement with EU MS to use and apply EU HG JA guidelines. It is considered necessary to adopt amendments to EU legislation in order to perpetuate achievements and their updating. Exchanges between as many EU MS as possible e.g. through common available platforms should be continued. One suggestion for future considerations was to focus on the improvement of communication skills.

## **Spain**

A representative from the Spanish Ministry of Health was presenting the impact of EU HG JA at national and local level in Spain. EU HG JA guidance had influence on daily work life and Spanish response to COVID-19 events at PoE. Spain is member of the EU SHIPSAN Association. 15 inspectors from nine ports participated in the Passenger Inspections Plan and 12 inspections took place in 2018 and 2019. As collaborating partners of EU HG JA Spain participated in several activities such as ad-hoc working group meetings. Documents of EU HG JA were used as a reference to develop Spanish protocols and procedures in response to COVID-19 events at national and local level.

It is planned that several activities will be continued, such as face-to-face and online training courses for Spanish inspectors. Spain expressed its availability to participate in the new phase of the Passenger Ships Inspection Plan when available. One of the future considerations raised was the promotion of the

EU Common Ship Sanitation Database (previously named SHIPSAN ACT Information System – SIS), since communication between ports is seen as essential. Further, it was suggested to integrate all activities in a common EU legislation to solve administrative difficulties in implementing EU HG JA tools. An MoU to harmonize health inspections of ships and response to public health events at PoE is supported.

### **Sweden**

In the session “Healthy Gateways in the EU MS and participating non-EU countries” at the Final Conference, a representative from the Public Health Agency of Sweden was representing Sweden, explaining the decentralised public health management in Sweden. Regional level preparedness planning for PoE is performed in cooperation with many different authorities, there is no single operator for border crossings, hence national and regional needs need to be considered in border regulations. National and European regulations are taken into consideration in preparedness and response planning. It has been pointed out that it is up to each EU MS to improve capacities and identify needs. Sweden will continue its activities in JA SHARP and other Joint Actions.

### **Taiwan**

A representative from Taiwan Centers for Disease Control (Taiwan CDC) presented the interchange between Taiwan CDC and EU HG JA. In 2019 Taiwan CDC invited experts from EU HG JA to conduct the “Port Quarantine and Ship Public Health Event Emergency Response Education and Training”. Course content were (1) cruise ship and passenger vessel food safety, (2) drinking water safety, (3) facility inspection practice and (4) public health incident investigation and response. 25 trainers completed the 3-day in person instruction and 20 hours e-learning curriculum. Taiwan CDC reported on a publication on “Quarantine measures for coronavirus disease on a cruise ship, Taiwan, February 2020” and the cruise season between 2020 and 2022 including disease preventing guidelines, boarding quarantine and response drills. Taiwan CDC participated in the multi-sectoral table-top exercise at ports at EU-level organized by EU HG JA which “helped give Taiwan a better understanding of response procedures for public health incidents on cruise ships and roles and responsibilities of different units”. In the EU HG JA webinar “Standard Operating Procedures for mosquito surveillance and control activities at Points of Entry” Taiwan CDC shared experiences on mosquito surveillance at Taiwanese PoE e.g. on control activities such as sources reduction and pesticide control.

### **The Netherlands**

A representative from the National Institute for Public Health and the Environment, the Netherlands, elucidated the impact of EU HG JA in the Netherlands. The impact of training of the trainers workshops was raised. For instance, Dutch ship inspectors were trained in a European Inspection Program for ships,

and audits were performed in the Netherlands. In the context of EU HG JA two intra-action reviews were performed during COVID-19. It was emphasized that EU HG JA meetings and activities supported strengthening networks and new exchange e.g. through the European river cruise protocol. Guidance from EU HG JA was translated into national guidelines, helped to spark discussions within the Netherlands and Europe and is seen as a benchmark for international standardization.

The continuation of activities related to EU HG JA such as the implementation of a risk tool at designated Dutch ports and airports is foreseen. The following considerations for the future were expressed: (1) translation of COVID-19 guidelines for river cruises into more general guidance on infection prevention, (2) continuation of the EU Common Ship Sanitation Database (previously named SHIPSAN ACT Information System – SIS) for inspections and inter-port communication, (3) establishment of regular Training of Trainers workshops on European level to maintain pool of trainers, and (4) establishing EUdPLF as a European standard.

Further information on sustainability discussions at the General Assembly Meeting (10<sup>th</sup> March 2022) e.g., on what activities should be continued and the roadmap for how sustainability can be achieved can be found in **Annex 3**.

## **5 CONCLUSIONS**

EU MS presentations at the Final Conference provided insights into the integration and adaptation of EU HG JA activities and results at different levels. Both representatives from local and national authorities were represented which allowed a diverse picture of the impact of EU HG JA in the past years and enabled reflections on future considerations. Also, the analysis of answers from the sustainability questionnaire allows for the evaluation of which EU HG JA structures and activities were considered effective and should be perpetuated in future.

### **Looking back...**

Lessons learned and perceived persistence are in line with objectives and deliverables of EU HG JA. It was indicated that through EU HG JA, capacities related to preparedness and response to cross-border health threats at PoE could have been improved. This was among others realized through organization and implementation of activities at European, national and local level. The impacts of several aspects were mentioned both in the sustainability questionnaire as well as during EU MS presentations at the Final Conference. For example, the usefulness of materials including guidance and advice documents as well as trainings and webinars were highlighted. Also, systems such as EU Common Ship Sanitation Database (previously named SHIPSAN ACT Information System – SIS) were considered helpful for

strengthening communication and information sharing among several stakeholders. The network of experts established under EU HG JA turned to be supportive for managing the COVID-19 pandemic. The EUdPLF system is already implemented in Malta, Italy, Slovenia and France; Greece and Lithuania are transferring their national PLF systems in April 2022 to EUdPLF, and several more countries (Croatia, Latvia, Estonia, Romania, Germany, Spain) are considering its implementation.

### **Looking forward...**

There is a strong expressed need for continuation of EU HG JA activities and collaboration among partners. This was observed in several internal meetings of EU HG JA but also at the 2<sup>nd</sup> General Assembly meeting and Final Conference. Specifically, the necessity of providing and updating guidance documents and training materials was highlighted and the need and benefits of systems such as EUdPLF, EU Common Ship Sanitation Database (previously named SHIPSAN ACT Information System - SIS) and EUPOENET was underlined.

Submitted National Sustainability Plans reveal that partners are intended to continue EU HG JA related activities and pursue EU HG JA sustainability objectives.

Bottlenecks of sustainability and the integration in national policies are long term funding, availability of human resources and legal integration.

### **General considerations on Sustainability of EU HG JA**

The sustainability approach of EU HG JA, as the Joint Action itself, needs to be examined holistically. Holistically in a vertical way, in the sense that stakeholders from local, regional, national and international levels were addressed, holistically in a horizontal way because institutions and stakeholders from the same level were involved, holistically in transport sectors since all three sectors (air, maritime and ground crossing sector) participated, and holistically in a geographical way as participating countries did not only come from across Europe but also further non-EU countries and international institutions were reached through EU HG JA. Due to the holistic set up, there are specific needs in specific institutions, countries and sectors that need to be addressed properly to assure individual and European sustainability.

All in all, EU HG JA contributed to sustained preparedness and response action in cross border health threats. This became obvious particularly during the pandemic, but the achievements will have longer lasting impacts. For example, more and more countries are transferring their national PLF systems to the EUdPLF system to ensure effective contact tracing in the future not only for managing the COVID-19 pandemic.

Sustainability needs to be seen as a cyclical and interactive process and therefore cannot be regarded as an end-product of EU HG JA. Sustainability objectives need to be assured both in the mid-term (in



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still pandemic era) and in the long-term (post pandemic era). The roadmap for sustainability of EU HG JA activities as of 1<sup>st</sup> May 2022 was agreed to by the General Assembly members on 10<sup>th</sup> March 2022.

## 6 ANNEXES

### **Annex 1: Model National Sustainability Plan**

[https://www.healthygateways.eu/Portals/0/plcdocs/EUHG\\_M4.1\\_Model\\_National\\_Plan.pdf](https://www.healthygateways.eu/Portals/0/plcdocs/EUHG_M4.1_Model_National_Plan.pdf)

### **Annex 2: Sustainability Questionnaire Transcripts**

[https://www.healthygateways.eu/Portals/0/plcdocs/EUHG\\_Sustainability\\_Transcript.pdf](https://www.healthygateways.eu/Portals/0/plcdocs/EUHG_Sustainability_Transcript.pdf)

### **Annex 3: 2nd General Assembly meeting report**



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To access the EU HEALTHY GATEWAYS 2<sup>nd</sup> General Assembly meeting report, please  
contact: [info@healthygateways.eu](mailto:info@healthygateways.eu)