



# SHARP

Strengthened International HeAlth  
Regulations & Preparedness in the EU

## MS14 Report on selected priority outcomes (Task 4.2)

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## Introduction

The aim of the SHARP Joint Action work package 4 is to develop a sustainability plan, to ensure the Joint Action's outcomes are implemented and preserved beyond the timeframe and scope of the programme. In order to achieve this aim, it was necessary to select priority outcomes, for which efforts should be made to integrate them in the developed sustainability plan. Ideally, the implementation of the selected outcomes in national policies and/or guidelines will be piloted throughout the programme.

In this context, sustainability is defined as, “the long-term update and implementation capacity of the Joint Action's outcomes”. Pilot experiments are defined as, “experiments with the aim of testing new practices and organizations”.

In this report, we will report on the method used to identify priority outcomes and elaborate on the identified priority outcomes.

## Method

In order to identify the priority outcomes, WP4 selected a limited number of tasks and deliverables which could potentially qualify for implementation in the sustainability plan and asked work package leaders 5-10, which are less focused on the project management but rather on content, to provide information on those activities. The work package leaders were also given the opportunity to add any outcomes they felt should be prioritized. Furthermore, WP4 conducted a review of the work package outcomes most suitable as pilots.

## Results

**Table 1: Priority outcomes for sustainability plan**

Work package	Output	To be piloted?
5 IHR core capacity strengthening	D5.2 Possible recommendations from the following reports: improving IHR implementation, added value of external evaluation processes and facilitating strengthening of selected core capacities in the EU and neighbouring countries	No
	D5.3 Possible recommendations from the report on international collaboration between authorities during crises	Yes
	D5.4 Possible recommendations from report on the use of exercises and AAR as part of monitoring for IHR core capacities	No

6 Preparedness and Response planning	Task 6.2 Recommendations based on the study of the COVID-19 decision-making process concerning testing strategies	No
	Task 6.2 Lessons learned on multisectoral collaboration during the COVID pandemic	No
	Task 6.4 Best practices based on experiences with e-learning and tabletop exercises	No
7 Lab preparedness and responsiveness	D7.2: Possible recommendations from report on assessment of modern molecular diagnostic methods, including AST	No
	The EMERGE laboratory network on highly pathogenic bacteria and viruses	Yes
8 Training	D8.1: procedure to assess the cross-sectoral training needs across countries	No
	D8.2: Experiences with training provided in WP8, including the training packages and on-line platform	No
	D8.3: Recommended curricula developed for basic and advanced face-to-face and on-line training	No
9 Chemical safety and threats	D9.3 Recommendations on chemical events surveillance in relation to Public Health preparedness	No
	D9.3 lessons learned from previous events, including workshop materials and chemical incident exercise scenarios	No
	D9.3 developed SOPs, based on findings from the workshops and the best practices, gaps and bottlenecks identified previously.	No

## Conclusion

The table above provides an overview of priority outcomes for incorporation into the sustainability plan, which have been selected based on the list of tasks and outputs described in the SHARP Joint Action Grant Agreement, as well as the information provided by the work package leaders. Output to be included in the sustainability plan were identified in work packages 5, 6, 7, 8 and 9. Further consultations will be needed with WP10 to identify priority outcomes regarding Case management and infection prevention and control preparedness.

Furthermore, the work on cross border assistance and cooperation performed within WP5 and the configuration of the EMERGE laboratory network as it is currently with WP7, have been identified as suitable for piloting.

## Appendix

Work package	Result or deliverable	Output can be integrated in national policies, guidelines, directives, etc? <i>(if yes, please specify output)</i>	Other strategies to sustain output beyond the project duration? <i>(if yes, please describe)</i>	Suggested pilot action for integration in sustainability plan or national policies <i>(please describe, include timing)</i>
5 IHR core capacity strengthening	D5.2 Possible recommendations from reports (improving IHR implementation, added value of external evaluation processes and facilitating strengthening of selected core capacities in the EU and neighbouring countries)	Eventual national policies, action plans and activities to support IHR core capacities.	Strategies or methods identified that have contributed to moving IHR core capacities forward.	
	D5.3 Possible recommendations from report on international collaboration between authorities during crises	Policy tools such as legislation at the national and European level to facilitate international collaboration between authorities during crises		

	D5.4 Possible recommendations from report on the use of exercises and AAR as part of monitoring for IHR core capacities	Learnings from the feasibility study.		
6 Preparedness and Response planning	Task 6.2 Recommendations from COVID-19 decision making process in testing strategies	Yes, the individuals involved in the development and implementation of policies, guidelines etc in their country can consider taking these recommendations in consideration.	The aim is to publish the outcome in a scientific journal.	
	Task 6.2 Recommendations based on citizens participation during pandemics	No, more research will be necessary to translate the outcomes in country, and perhaps even regional or city specific, settings.	The aim is to publish the outcome in a scientific journal.	
	Task 6.2 Lessons learned on multisectoral collaboration during the COVID pandemic (survey)	No, this is will be more useful for public health professionals.	The aim is to publish the outcome in a scientific journal.	
	Task 6.2 Recommendations on core elements of multisectoral collaboration during	Yes, individuals involved in the development and implementation of policies, guidelines etc can take these recommendations into		

	<p>pandemics (expert meeting)</p>	<p>consideration, when they adjust their national preparedness and response plans</p>		
	<p>Task 6.3.1 Possible recommendations from literature review on core elements of multisectoral collaboration during public health emergencies</p>	<p>The literature review does not provide concrete suggestions which can be implemented in national policies, guidelines etc.</p>	<p>The aim is to publish the outcome in a scientific journal.</p>	
	<p>Task 6.4 best practices based on experiences with e-learning and tabletop exercises</p>	<p>The e-learnings and tabletop exercises can be introduced to train individuals involved in the development and implementation of preparedness and response plans.</p>	<p>The e-learning and tabletop exercises can also be shared with other individuals such students and public health professionals in training.</p>	<p>All the JA SHARP participants will have access to the e-learning and tabletop exercises and can share this with the relevant individuals in their country.</p>
<p>7 Lab preparedness and responsiveness</p>	<p>D7.1: Possible recommendations from report on assurance of high quality of diagnostics for highly infectious pathogens applied in microbiological laboratories of participating SHARP JA countries by</p>			



	conducting annual EQAEs			
	D7.2: Possible recommendations from report on assessment of modern molecular diagnostic methods, including AST	Yes, outputs that can be considered for integration in directives or guidelines are: <ul style="list-style-type: none"> <li>- Best Diagnostic approaches used</li> <li>- Breakpoints for all substances used for therapy</li> <li>- Best practices used</li> <li>- Reference materials identified</li> </ul>	Yes, another strategy could be: <ul style="list-style-type: none"> <li>- Developing or improving multiplex PCR panels for RG2/3 pathogen differential diagnosis</li> </ul>	Promotion to MoH and other EU institution
	D7.3: Recommendations for risk management and risk reduction in diagnostics of highly pathogenic agents			
	Structure for collaboration between labs, developed within SHARP			
8 Training	D8.1: procedure to assess the cross-sectoral training needs across countries	Training needs assessment was based on available results of existing assessments. The sources of data were Progress report on preparedness and response	The sources of data are based on data provided by countries, external evaluation etc. Countries should be encouraged	

		planning under decision 1082/2013/EU (art. 4), ECDC capacity and training needs assessment, reports from WHO Joint External Evaluations, and State Party self-assessment Annual Reporting.	to use own data to assess the gaps and identify training needs They should be also supported to conduct JEE in order to assess country-specific status	
	D8.2: Experiences with training provided in WP8, including the training packages and on-line platform		<ul style="list-style-type: none"> <li>- Capacity and competency building in the different institutions whose representatives participated in the training</li> <li>- Training materials were shared with all participants</li> <li>- Participants can act as multipliers and take their knowledge/acquired skills to their own and other institutions</li> <li>- Establishment of a sustainable network of experts that also exists beyond the project and facilitates knowledge exchange and cooperation</li> </ul>	
	D8.3: Recommended curricula developed for basic and		<ul style="list-style-type: none"> <li>- Curricula could serve as a template/ inspiration for further trainings on the subject</li> </ul>	

	advanced face-to-face and on-line training		<ul style="list-style-type: none"> <li>- Could be distributed among participating institutions</li> <li>- Similar trainings could be conceptualised and adapted to other target groups</li> </ul>	
9 Chemical safety and threats	D9.2: Possible recommendations from the scoping report outlining the desirability and the feasibility to set-up a European chemical laboratory network to respond to serious chemical health threats.	Probably not, although will outline the benefits such a network could provide – it is these which could be integrated in national policies/guidelines/ directives.	Initiate a network of experts and interested parties, by way of a project to provide funding and outline initial steps to take this forward. Project should plan out how to sustain the network into the future (self-funding, scope of activities etc.)	Initiating a project would help facilitate integration into national sustainability plans
	D9.3 Recommendations on chemical events surveillance in relation to Public Health preparedness	Potentially, it could provide a guideline for conducting chemical surveillance if not being done already, or could provide information to build upon/strengthen existing chemical surveillance	It could be used to support establishment of surveillance systems beyond the life of SHARP	
	D9.3 lessons learned from previous events, including workshop materials and chemical incident exercise scenarios		Could provide lessons learned and inform further training programmes/exercises related to chemical incidents. Training could also be	

			adapted to other target groups	
	D9.3 developed SOPs, based on findings from the workshops and the best practices, gaps and bottlenecks identified previously.	Potentially these could inform guidance and national policy where existing guidance on these topics is lacking	To be used in further training courses/knowledge sharing for the topics covered in the SOPs	
10 Case management and infection prevention and control preparedness	D10.2: Recommendations coming from report on feasibility study for an expert clinical support service for high-consequence infectious diseases			
	D10.3: Recommendations coming from the report on the implementation of a syndrome based clinical protocol			
	MS38: Conclusions from data on hospital preparedness and capacity in dealing with high consequence			

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	infectious diseases in JA participating countries.			
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