Report of the WHO subregional workshop on border/boundary health and cross-border/boundary collaboration

21–23 November 2023
Thessaloniki, Greece
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Abstract

Points of entry (PoE), including airports, seaports and ground crossings, are on the front line in helping to prevent, detect and respond to public health events arising via international travel and transport. To improve capacities at PoE, particularly for public health threats of mutual concern, cross-border/boundary collaboration between neighbouring countries, territories and areas reinforces existing capacities by harmonizing resources, strengthening coordination and communication, and joint operations or efforts. This workshop strengthened health systems at PoE by providing a forum to discuss the improvement of border/boundary health and considerations for cross-border/boundary collaboration.

Keywords

COMMUNICABLE DISEASES, PUBLIC HEALTH, EPIDEMICS

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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>points of entry</td>
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<td>SOPs</td>
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Executive summary

On 21–23 November 2023, the WHO Regional Office for Europe and it’s Health Emergencies Balkan Hub together with WHO headquarters organized a subregional workshop in Thessaloniki, Greece to discuss the implementation of the International Health Regulations (2005) core capacity requirements at ground crossings and ports and the building of cross-border/boundary collaboration activities across the Western Balkans and surrounding countries, territories and areas. The workshop targeted national health authorities responsible, including National International Health Regulation Focal Points, cross-sectoral authorities responsible for points of entry and WHO National Professional Officers from participating countries. Thirty-nine participants from 12 countries attended.

The three-day workshop consisted of presentations from WHO and partners, including the European Union Joint Action Health Gateways, the WHO Collaborating Centre for International Health Regulations: points of entry and the Directorate-General for Health and Food Safety. A table-top exercise and group work sessions were organized to facilitate discussions and experience-sharing around considerations for cross-border collaboration agreements and to identify the gaps, strengths and priority actions for cross-border collaboration at ground crossings and ports.

During the discussion, participants highlighted the need for joint trainings of staff at borders, including activities, such as simulation exercises, to build capacities for preparedness and response to public health events of mutual interest. Political commitment and resources to improve cross-border health activities was identified as crucial. To implement cross-border activities at ground crossings or ports, the need for harmonized standard operating procedures, national legislations and infrastructure was also raised. To lay the foundation for the actualization of these priority actions, participants agreed to the establishment of a working group or taskforce on border health and points of entry.
**Background**

Points of entry (PoE) are at the front line of prevention, detection and response to public health events that may arise via international travel and transport. PoE include airports, ports and ground crossings. As enshrined in Annex 1B of the *International Health Regulations (2005)* (IHR (2005)) (1), PoE must be equipped with routine core capacity requirements as well as the core capacity requirements for responding to a public health emergency of international concern, including, among other things, a public health emergency contingency plan. The *Action plan to improve public health preparedness and response in the WHO European Region 2018–2023* (2), introduced at the 68th session of the WHO Regional Committee for Europe in September 2018, highlights PoE as one of the critical areas of its first Strategic Pillar and calls on public authorities to “develop and maintain routine and emergency capacities at designated points of entry and ensure regular evaluation”.

Despite these provisions, countries, territories and areas have faced challenges in developing the capacities outlined in the IHR (2005) to detect and respond to all public health threats at PoE. Cross-border/boundary1 collaboration between neighbouring countries, territories and areas reinforces existing capacities to prepare for and respond to public health threats of mutual concern by harmonizing resources and strengthening coordination, communication and joint operations.

The *Handbook for public health capacity-building at ground crossings and cross-border collaboration* (3) provides a comprehensive approach to public health and health system strengthening at borders and boundaries by developing and implementing evidence-based action plans for IHR (2005) capacity development for ground crossings particularly, and supporting the establishment and maintenance of cross-border collaboration.

To further improve public health and health system strengthening at PoE, the WHO Regional Office for Europe planned a workshop on border health, which focused on the implementation of the IHR (2005) core capacity requirements at ground crossings and ports and the building of cross-border collaboration to strengthen workforce development for public health authorities in WHO European Region.

**Objectives**

The workshop brought together delegates from the Western Balkans and surrounding countries, territories or areas of the WHO European Region as well as strategic partners, to discuss and exchange experience on the implementation of the IHR (2005) core capacities for border health, with a particular focus on ground crossings and ports, and agree on gaps and priority actions to strengthen cross-border collaboration.

The **specific objectives** of the workshop were to:

- introduce and familiarize participants with the IHR (2005) implementation requirements at PoE, including their designation, and routine and emergency capacity requirements;
- provide guidance and good practice examples on considerations for cross-border collaboration, including the establishment of a Memorandum of Understanding (MoU), cross-border communication/coordination protocols and cross-border data-sharing, and harmonizing public health surveillance and control measures;
- agree on gaps and priority actions for strengthening regional collaboration; and

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1 “Border” is used throughout the report to also refer to the word “boundary.”
• provide participants with practical experience through a site visit to a seaport.

Workshop methodology
In preparation for the workshop, the participants were asked to familiarize themselves with the *Handbook for public health capacity-building at ground crossings and cross-border collaboration* (3). All participants were sent a survey on establishing cross-border collaboration agreements at PoE in their respective countries, areas or territories. Participants from Albania, Croatia and Greece were asked to present their national experiences with establishing cross-border collaboration mechanisms on border health. Furthermore, a table-top exercise and a variety of group-work sessions were used to facilitate discussions on various considerations for cross-border collaborative agreements.

Proceedings
Thirty-nine participants attended the workshop both in-person and virtually with representation from twelve participating countries, areas and territories namely Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Greece, Hungary, Montenegro, North Macedonia, Romania, Serbia and Slovenia, as well as Kosovo², and representatives from partner organizations including the Directorate-General for Neighbourhood and Enlargement Negotiations; the WHO Collaborating Centre for International Health Regulations: points of entry, University of Thessaly; the European Union (EU) Joint Action Healthy Gateways; the Directorate-General for Health and Food Safety; the International Organization for Migration; and the European Centre for Disease Prevention and Control. Representatives from the twelve countries, areas and territories included officials from the ministries of health, border police and other professionals working at PoE and WHO national professional officers. The workshop opened with speeches from Tanja Schmidt, Team Lead, Health Emergencies Programme, WHO Regional Office for Europe; Prof Christos Hadjichristodoulou, Head of the WHO Collaborating Centre for International Health Regulations: points of entry; the President of the Greek National Public Health Organization; and Marta Brites, EU Directorate-General for Neighbourhood and Enlargement Negotiations, and was moderated by Abebayehu Assefa Mengistu, Balkan Hub Coordinator, Health Emergencies Programme, WHO Regional Office for Europe. The agenda of the workshop is provided in Annex 1 and a full list of all participants is provided in Annex 2.

Key Highlights
**Day 1.** After opening speeches, the day began with presentations from WHO on PoE capacities during routine and emergency response times, including legal provisions under the IHR (2005), an overview of capacity strengthening activities on border health and capacities reported by States Parties in the WHO European Region and a presentation on the results of the survey to participants on cross-border collaborative agreements in their respective countries, territories or areas. Representatives from Albania, Croatia and Greece presented their national experiences on establishing cross-border collaboration mechanisms on border health.

The afternoon session started with an introduction to Regulation (EU) 2022/2371 (4) on serious cross-border threats to health and implications for non-EU/European Economic Area countries, territories or areas by a representative from the Directorate-General for Health and Food Safety followed by an

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² All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).
overview of EU Joint Action Healthy Gateways cross-border activities at ports. A representative from the University of Thessaly then provided a demonstration of the EU Common Ship Sanitation Database (5). To conclude the first day, participants were invited to a social dinner.

Day 2. Participants took part in a table-top exercise involving various scenarios on cross-border collaboration at ground crossings. In the afternoon, WHO presented the operational considerations for cross-border collaboration and the development of collaborative agreements, which was followed by a World Café group work session on key considerations for cross-border collaboration agreements at ground crossings and ports. The day concluded with a guided tour of city of Thessaloniki.

Key outcomes from the World Café group work session on key considerations for cross-border collaboration agreements at ground crossings and ports

Discussions during the World Café group work session were based around six key considerations for cross-border collaborative agreements, namely the objective and scope of the collaboration; legal basis; implementation of the MoU; stakeholders and responsibilities; governance structure; and resources. Under each of the six key considerations, participants agreed that a number of components or areas should be accounted for, as expanded on below.

Objective and scope of the collaboration
For agreements under responses to health emergencies at ground crossings or ports the objective and scope of the collaboration should include:
• assistance and collaboration during health emergencies of mutual interest or risk; and
• information and data exchange via IHR (2005) channels, subregional mechanisms and local channels.

For agreements under **preparedness for health emergencies** at ground crossings or ports the objective and scope of the collaboration should include:

• mutual trainings, simulation exercises and study tours for stakeholders involved in work at the border;
• procurement of medical countermeasures such vaccines and personal protective equipment, and agreements for transport of patients and exchange of medical personnel;
• investment in building facilities and procurement of medical equipment;
• collaboration on patient management at hospitals and for payment of services; and
• harmonization of risk communication mechanisms.

For **agreements derived from lessons learnt from past emergencies** the objective and scope of the collaboration should include:

• Joint After-Action Reviews; and
• Evaluation of the success of past MOUs and discussion of experiences learnt.
Legal Basis
The legal basis for an agreement may include:

- international legal instruments, including treaties and conventions at global and regional (e.g. EU) level, in all relevant sectors including public health (e.g. IHR), trade (e.g. World Trade Organization conventions), transport, law of the sea (e.g. International Maritime Organization);
- national legislation related to public health, animal health, environmental health, international cooperation, food safety, phytosanitary, One Health, border management, migration, licensing of medical personnel and trade of pharmaceutical/medical goods including donations;
- existing relevant MoUs/cross-border agreements in areas other than public health, such as trade;
- other subregional cooperation when relevant, such as the South-Eastern European Health Network;
- existing national or bilateral health insurance agreements;
- the Integrated Border Management regional strategy of the EU, which is a recommended standard for all Western Balkan countries; and
- General Data Protection Regulation at national and regional (e.g. at EU) level.

For all aforementioned areas, both legislation, strategies and action plans that support the implementation of the laws should be looked at. A conference of the two parties, where the document is to be signed, should be organized. In addition to this, multisectoral representation should be secured for both parties (e.g. public health, border police, immigration, customs, etc.).

Implementation of the MoU
To ensure the implementation of an MoU, the actions should include:

- mapping all stakeholders to be involved in implementation of the MoU and keep them informed of developments;
- identifying signing authorities for both countries;
- discussing responsibilities to be borne by either or both countries;
- identifying the threshold for triggering implementation of the MoU, for example, for MoUs specific to spread of infectious diseases across the border;
- identifying communication and information sharing mechanisms and establish a focal point for public communication on all aspects of the MoU;
- discussing joint trainings, joint simulation exercises and joint risk assessments;
- agreeing on the duration of implementation of the MOU;
- agreeing on harmonization of standard operation procedures (SOPs) between the two countries to the extent possible;
- providing opportunities for experience-sharing between technical experts in both countries;
- agreeing on finances;
- developing mechanisms for the monitoring and evaluation of the effectiveness of the MoU;
- agreeing on mutual recognition of national documentation and adapt specific national legislation in both countries to allow the recognition of the MoU;
- establishing a joint committee to coordinate activities under the MoU; and
- documenting good practices that can be replicated.
Stakeholders and responsibilities
Stakeholders involved in cross-border collaboration agreements at ground crossings and ports include:

- the Ministry of Health
- the Ministry of Trade and trade unions
- municipalities
- primary health care units and hospitals
- National IHR focal points
- the Ministry of Foreign Affairs
- the Ministry of Interior
- the Ministry of Immigration
- the Ministry of Transport and Civil aviation
- Customs, Border Police/Border control and Ministry of Security or Civil Protection
- regional health inspectorates
- public health institutes
- public/private laboratories
- food, agriculture, environment and veterinary authorities
- communities at the border.

Representatives from the aforementioned groups of stakeholders should be included in a joint committee for coordinating activities under the MoU. They should coordinate any measures applied to travellers in the implementation of the MoU and the enforcement of border control measures if needed as part of the MoU. They should coordinate activities under surveillance, animal health,
contact tracing and sanitary inspections. They should also have joint trainings and simulation exercises.

Governance structure
Participants suggested the following governance structure for cross-border collaborative agreements.

Bilateral governance structure (between countries)
Between both countries, participants noted that a bilateral working group consisting of representatives working at national level should be set up. The working group should be operational, simple, hazard/context specific, dependant on the extent of situation and comprise:

- IHR (2005) national focal point from both countries
- officials from the ministries of foreign affairs of both countries
- focal points of the policy and operational governance structures in both countries
- national representatives of the border control police.

A sub-working group should be replicated at the shared PoE to operate as the implementing body at the local level with periodic reporting to the bilateral working group. The composition of the sub-working group should be the same structure as the bilateral working group.

National level governance structure
As mentioned above, each country should be represented by policy and operational governance structures in both countries. These governance structures should be represented by the following.

- Policy governance structure comprising:
  - a national committee on cross-border collaboration, including relevant line-ministries and public health officials.

- Operational governance structure comprising:
  - national technical working group
  - public health surveillance team
  - animal health surveillance team
  - National IHR focal point
  - communications focal point
  - police (law enforcement officers)
  - customs.

For both policy and operational governance structures under the national governance structure, there should be clear terms of reference.

Resources
To obtain financial resources there must be lobbying with sponsors and donors, budgeting, costing and advocating for commitment at the political level. All financial, technical and human resources needs – including the organization of a multisectoral working group that includes focal points who work at PoE – must be defined at the preparatory development phase.

During the implementation phase having full commitment from donors is pertinent for the allocation of resources for local, national or international budgets. In addition to this, it is necessary to train all technical staff including those working at PoE, in hospitals at or close to PoE, and public health authorities involved in the implementation of a cross-border collaborative agreement.
In the monitoring and evaluation phase of a cross-border collaborative agreement, it is necessary to review activities and budgets, perform after action reviews and identify lessons, and to also engage with international stakeholders including WHO and the European Centre for Disease Prevention and Control who can provide feedback.

**Day 3.** The day began with a presentation and facilitated discussion by representatives of WHO on cross-border collaboration in the maritime sector, namely on challenges and enabling factors. Representatives from the local port authorities in Thessaloniki then presented examples of management of public health events, cross-border cooperation, and practices for Ship Sanitation Certificates. Subsequently, all participants visited the port of Thessaloniki where local port authorities provided a profile of the port and took participants on a port tour. For the afternoon session, participants were engaged in group work to discuss strengths, gaps and priority actions for cross-border collaboration at ground crossings and ports and provided suggestions on establishing a network of experts to encourage cross-border collaboration.
Key outcomes from group work session on strengths, gaps and priority actions for cross-border collaboration at ground crossings and ports and the establishment of a network of experts to encourage cross-border collaboration.

**Strengths** for cross-border collaboration at ground crossing and ports, as identified in the group work sessions included the:

- adaptation of legal frameworks to accommodate for emergency preparedness and response activities at PoE (e.g. during the COVID-19 pandemic);
- existing MoUs between countries on other areas (e.g. border management);
- existing common practices on public health;
- similar language used between neighbouring countries;
- existing unofficial communication channels;
- open borders;
- the IHR national focal points network and the Early Warning and Response System for EU countries; and
- good coordination between PoE and public health authorities in some countries.

**Gaps** in cross-border collaboration at ground crossing and ports, as identified in the group work sessions included:

- a lack of common SOPs for collaboration
- a lack of harmonized national legislation
- a lack of a common database/platform for communication between PoE
- different infrastructure/facilities between the two sides of a border
- differences in government structures between EU and non-EU countries
- a lack of human resources and trainings
- insufficient advocacy for PoE and the IHR (2005) implementation
- insufficient financial resources to meet requirements or needs
- a lack of designated PoE
- a lack of intersectoral collaboration within countries
- no joint exercises
- a lack of human resources.

**Priority actions** in cross-border collaboration at ground crossing and ports, as identified in the group work sessions included:

- risk and capacity assessment of ground crossing;
- SOPs for joint management on ground crossings;
- common simulation exercises (e.g. table-top exercises, drills);
- joint trainings for staff working at PoE, including health staff;
- study visits between neighbouring countries;
- harmonization of surveillance activities at the common ground crossings between two countries;
- advocacy for increasing budgets for public health preparedness activities;
• the organization of policy-making discussions with high-level decision makers;
• practical trainings on ship sanitation inspection and issuance of Ship Sanitation Certificates should be provided; and
• common designation of ground crossings.

To successfully establish a network of experts to encourage cross-border collaboration, participants in the group work session suggested:

• establishing a common database of contact persons (public health competent authorities, policy, customs, etc.) at POE level;
• establishing a digital platform to exchange information between ground crossings (at national and local levels);
• Utilizing existing networks by strengthening their PoE components (e.g. the South-Eastern Europe Health Network);
• linking existing networks with EU-funded networks (e.g. the EU SHIPSAN ACT);
• nominating a dedicated focal point for PoE within the IHR (2005) function at national level; and
• holding study visits between countries with river ports (for example Serbia and Bulgaria).

Conclusion

From the discussions, participants agreed on the need to establish collaboration at ground crossings and ports as part of health emergency preparedness and response activities in countries. The allocation of resources, political commitment to improving capacities at PoE, multisectoral cooperation within and between countries and joint activities and trainings were highlighted as key points that would spur cross-border collaboration. From the results of the pre-meeting survey on establishing cross-border collaborative agreements at PoE that was sent to participants, joint trainings of relevant staff at ground crossing and/or ports, and preparedness capacities to coordinate response to public health events of mutual interest such as simulation exercises for staff at ground crossings and/or ports (sea and river) were identified as beneficial activities to promote cross-border collaboration at PoE. To conclude the workshop, the establishment of a working group or taskforce on border health and PoE in the future was discussed. Work on the development of this taskforce will be subject to the conclusion of global processes such as the potential targeted amendments to the IHR (2005) and negotiations of the Intergovernmental Negotiating Body. WHO and partners expressed continued commitment to support capacity-building and overall support for cross-border collaboration agreements at ground crossings or ports.
References


5. EU Common Ship Sanitation Database [online database]. Larissa: EU SHIPSAN ACT; 2024 (https://sis.shipsan.eu/).

All references were accessed on the 26 February 2024.
Annex 1. Agenda

WHO subregional workshop on border/boundary health and cross-border/boundary collaboration

Provisional agenda

21–23 November 2023
Thessaloniki, Greece

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<th>Session #</th>
<th>Topic</th>
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<td>08:30–09:00</td>
<td></td>
<td>• Registration</td>
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<tr>
<td>09:00–10:00</td>
<td>S1.1</td>
<td>• Opening remarks and welcome</td>
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<tr>
<td></td>
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<td>o Tanja Schmidt, Team Lead, Health Emergencies Programme, WHO Regional Office for Europe</td>
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<td>o Marta Brites, European Union (EU) Directorate-General for Neighbourhood and Enlargement Negotiations</td>
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<td>o Prof Christos Hadjichristodoulou, Head of the WHO Collaborating Centre for International Health Regulations: points of entry and President of the Greek National Public Health Organization</td>
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<td>o Dr. Eirini Agapidaki, Deputy Minister for Health in Greece</td>
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<tr>
<td></td>
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<td>• Workshop objectives and participant introductions</td>
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<td></td>
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<td>o Tanja Schmidt, Team Lead, Health Emergencies Programme, WHO Regional Office for Europe</td>
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<td>• Group photo.</td>
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<tr>
<td>10:00–11:00</td>
<td>S1.2</td>
<td>• Introduction to border/boundary health and points of entry capacities during routine and emergency response times, including legal provisions under the International Health Regulations (2005) (IHR (2005))</td>
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<td>o Sara Barragán Montes, Technical Officer, Health Emergencies Programme, WHO headquarters</td>
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<td>S1.3</td>
<td>• Overview of capacity strengthening activities on border health and capacities reported by IHR (2005) States Parties in the WHO European Region</td>
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<td>o Tanja Schmidt, Team Lead, Health Emergencies Programme, WHO Regional Office for Europe</td>
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<tr>
<td>11:00–11:30</td>
<td></td>
<td>• Coffee break</td>
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<tr>
<td>11:30–13:00</td>
<td>S1.4</td>
<td>• Presentation on results of the survey on cross-border/boundary collaborative agreements</td>
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<td>o Jennifer Addo, Consultant, Health Emergencies Programme, WHO Regional Office for Europe.</td>
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<tr>
<td>Session#</td>
<td>Topics</td>
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| S1.5     | Experience on establishing cross-border/boundary collaboration mechanisms on border/boundary health in the WHO European Region  
  - Albania: Lorenc Hashorva, Border Health Inspector, Health Inspectorate  
  - Croatia: Nikaleta Razum, Public Health Engineer, Croatian Institute of Public Health  
  - Greece: Barbara Mouchtouri, Associate Professor of Hygiene and Epidemiology, University of Thessaly  
  - Discussion  
  - Abebayehu Assefa Mengistu, Balkan Hub Coordinator, Health Emergencies Programme, WHO Regional Office for Europe |
| 13:00–14:00 | Lunch break |
| 14:00–14:30 | S1.6 | Introduction to the Regulation (EU) 2022/2371 on serious cross-border threats to health and implications for non-EU/EEA countries, territories or areas  
  - Anne-Marie Yazbeck, Policy Officer, Directorate-General for Health and Food Safety |
| 14:30–15:00 | S1.7 | Overview of EU Joint Action Healthy Gateways cross-border/boundary activities (ports)  
  - Lemonia Anagnostopoulou, Technical Officer, EU Healthy Gateways Joint Action |
| 15:00–15:30 | Coffee break |
| 15:30–16:00 | S1.8 | Demonstration of the EU Common Ship Sanitation Database  
  - Nick Bitsolas, Information Technology Officer, University of Thessaly |
| 16:00–16:30 | S1.9 | Briefing for Day 2  
  - Abebayehu Assefa Mengistu, Balkan Hub Coordinator, Health Emergencies Programme, WHO Regional Office for Europe |
| 19:00–21:00 | Social dinner |

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**Day 2: Wednesday 22 November 2023**  
(Moderator: Tanja Schmidt)

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<th>Time (EET)</th>
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<th>Topics</th>
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| 09:00–11:00 | S2.1 | Table-top exercise on cross-border/boundary collaboration at ground crossings  
  - Tanja Schmidt, Team Lead, Health Emergencies Programme, WHO Regional Office for Europe |
| 11:00–11:30 | | Coffee break |
| 11:30–13:00 | S2.2 | Table-top exercise on cross-border/boundary collaboration at ground crossings contd.  
  - Tanja Schmidt, Team Lead, Health Emergencies Programme, WHO Regional Office for Europe |
<p>| 13:00–14:00 | | Lunch break |
| 14:00–14:30 | S2.3 | Operational considerations for cross-border/boundary collaboration and the development of collaborative agreements |</p>
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| 14:30–16:00 | S2.4     | • Group work (World Café) on key considerations for cross-border/boundary collaboration agreements at ground crossings and ports  
  ○ Jennifer Addo, Consultant, Health Emergencies Programme, WHO Regional Office for Europe  
  • Themes for groupwork  
  ○ Objective and scope of the collaboration  
  ○ Legal basis  
  ○ Implementation of the MoU  
  ○ Stakeholders and responsibilities  
  ○ Governance structure  
  ○ Resources |
| 16:00–16:30 |          | • Coffee break                                                         |
| 16:30–17:00 | S2.5     | • Working groups report back to plenary.                               |
| 17:00–20:00 | S2.6     | • Guided tour of Thessaloniki (optional)                               |
|             |          | End of Day 2                                                           |

**Day 3: Thursday 23 November 2023**  
(Moderator: Sara Barragán Montes)

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| 09:00–10:00 | S3.1     | • Cross-border/boundary collaboration in the maritime sector: challenges and enabling factors: presentation and facilitated discussion  
  ○ Ninglan Wang, Unit Head, Health Emergencies Programme, WHO headquarters  
  ○ Sara Barragán Montes, Technical Officer, Health Emergencies Programme, WHO headquarters |
| 10:00–10:30 |          | • Coffee break                                                         |
| 10:30-11:00 | S3.2     | • Presentations by local port authorities at the hotel:  
  ○ Public health emergency contingency plan and COVID-19 specific plan: Eva Vafaki, Thessaloniki Port Authority S.A.  
  ○ Examples of management of public health events, cross-border/boundary cooperation, and practices for Ship Sanitation Certificates: Evangelia Aggathagelidou, Public Health and Social Welfare Authority of the Region of Central Macedonia |
| 11:00 -12:30| S3.3     | • Departure to the port of Thessaloniki  
  • General presentation of the port profile  
  ○ Iakovos Kailis, Thessaloniki Port Authority S.A.  
  • Tour of the port  
  ○ Evangelia Aggathagelidou, Public Health and Social Welfare Authority of the Region of Central Macedonia |
<p>| 12:30–13:00 | S3.4     | • Return to hotel                                                       |
| 13:00–14:00 |          | • Lunch break                                                          |</p>
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| 14:00–15:30     | S3.5    | • Working group session on:  
• gaps, strengths and priority actions for cross-border/boundary collaboration at ground crossings and ports; and  
• suggestions on establishing a network of experts to encourage cross-border/boundary collaboration  
  
  Abebayehu Assefa Mengistu, Balkan Hub Coordinator,  
  Health Emergencies Programme, WHO Regional Office for Europe  |
| 15:30–15:45     |         | • Coffee break                                                                                                                                |
| 15:45–16:30     | S3.6    | • Participants report to plenary and discussion                                                                                               |
| 16:30–16:40     | S3.7    | • Overview of WHO resources and technical tools  
  o Tanja Schmidt, Team Lead, Health Emergencies Programme, WHO Regional Office for Europe |
| 16:40–17:00     | S3.8    | • Closure of the workshop  
  o Abebayehu Assefa Mengistu, Balkan Hub Coordinator,  
    Health Emergencies Programme, WHO Regional Office for Europe  
  o Tanja Schmidt, Team Lead, Health Emergencies Programme, WHO Regional Office for Europe |
Annex 2. List of participants4

Albania
Lorenc Harshova
Border Health Inspector, Health Inspectorate

Ilia Dede
Specialist from the Ministry of Health and Social Protection

Bosnia and Herzegovina
Birnas Ibrahimagic
Inspector for border surveillance in the Department for Border Surveillance and Airport Security,
Operations Administration, Main Headquarters of the Border Police

Bulgaria
Radosveta Filipova
State Expert in Surveillance of Infectious Diseases Department, Public Health Protection,
Health Control and Patients’ Rights Directorate, Ministry of Health

Nataliya Ivanova Spiridonova
State Expert in Surveillance of Infectious Diseases Department, Public Health Protection,
Health Control and Patients’ Rights Directorate, Ministry of Health

Croatia
Nikoleta Razum
Public Health Engineer
Croatian Institute of Public Health

Koraljka Knezić
Senior Sanitary Inspector,
Border Sanitary Inspection Service, State Inspectorate

Greece
Evangelia Agathagelidou
Public Health Administration of the Region of Central Macedonia,
Port Health Authority,
Public Health Inspector

Christos Papadopoulos
Directorate of Public Health & Social Care Regional Unit of Kavala,
Director

4 Affiliations are given based on the level of detail provided by the participants themselves.
Eva Vafaki  
Quality, Health and Safety Department  
Thessaloniki Port Authority S.A.

Dr. Evaggelos Karagiannis  
Public Health Doctor, General Practitioner  
Port Health Office of Thessaloniki  
Public Health and Social Welfare Authority of the Region of Central Macedonia

Hungary  
Agnes Danielisz  
Head of Department of Epidemiology of Communicable Diseases and Infection Control

Montenegro  
Bozidarka Rakocevic  
National Internation Health Regulation (IHR) Focal point, Institute of Public Health

North Macedonia  
Suzana Manevksa  
National IHR Focal Point, Ministry of Health

Margarita Andreevska  
Member of the IHR Working Group, Skopje International Airport

Romania  
Alexandru Rotocol  
Counsellor, Unit of International Relations and External Affairs, Ministry of Health

Serbia  
Dragana Dimitrijevic  
Specialist in epidemiology, Institute of Public Health of Serbia "Dr. Milan Jovanovic Batut"

Dejan Ivanovic  
Environmental protection engineer, Institute of Public Health of Serbia "Dr. Milan Jovanovic Batut"

Slovenia  
Mircha Poldrugovac  
Senior public health specialist, National Institute of Public Health, Centre for Health Care
Kosovo

Mustaf Gashi
Acting Director of Preparednedness Department in Emergency Management Agency, Emergency Management Agency

Vllaznim Surdulli
Director of the Directorate for Planning and Operational Assessment, The General Directorate of the Kosovo Police

University of Thessaly, Greece

Christos Hadjichristodoulou
Professor of Hygiene and Epidemiology
Head of the WHO Collaborating Centre for International Health Regulations: points of entry-University of Thessaly
President of the Greek National Public Health Organization.

Barbara Mouchtouri
Associate Professor of Hygiene and Epidemiology
Faculty of Medicine, Laboratory of Hygiene and Epidemiology, Greece

Nick Bitsolas
Information Technology Officer
University of Thessaly

European Union Joint Action Healthy Gateways

Lemonia Anagnostopoulou
Technical officer
Faculty of Medicine, Laboratory of Hygiene and Epidemiology, Greece

International Organization for Migration

Ito Chiaki
Senior Regional Migration Health Specialist
Regional Office for South-Eastern Europe, Eastern Europe, and Central Asia, International Organization for Migration-United Nations Migration Agency
Vienna, Austria

5 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).
European Union Directorate-General for Neighbourhood and Enlargement Negotiations
Marta Brites,
Programme manager, EU Directorate-General for Neighbourhood and Enlargement Negotiations, Western Balkans Regional Programmes, Economic Investment Plan

European Centre for Disease Prevention and Control
Favelle Lamb
Expert, Emergency Preparedness and Response

European Union Directorate-General for Health and Food Safety
Anne-Marie Yazbeck
Policy officer

World Health Organization
Mirza Palo
National Professional Officer
WHO Country Office in Bosnia and Herzegovina

Arta Kuli
National Professional Officer
WHO Country Office in North Macedonia

Miljan Rancic
National Professional Officer
WHO Country Office in Serbia

Abebayehu Assefa Mengistu,
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Team Lead
WHO Health Emergencies Programme
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Jennifer Oderkie Addo
Consultant
WHO Health Emergencies Programme
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Ninglan Wang
Unit Head
Border Health and Mass Gathering Unit
WHO headquarters
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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