



# SPHIP

SUPPORTING PUBLIC HEALTH INSTITUTES PROGRAMME

actions leveraging public health  
capacity in countries



Programme Brief 2015-2020



This programme was financed by the  
Development Cooperation Instrument

## Purpose of the programme

The 'Supporting Public Health Institutes Programme' (SPHIP) was a five years' programme (2015-2020) consisting of projects implemented in eight countries in Asia (Bangladesh, Lao PDR, Myanmar), Africa (Burundi, DR Congo, Kenya, Uganda) and Latin America (Haiti).

The programme's overall objective was to contribute to population's health via the provision of evidence-based public health policy analysis, notably the implementation of policies related to universal health coverage (UHC), non-communicable diseases (NCDs), maternal and child health (MCH) and health management information systems (HMIS). The programme's purpose was to enhance expertise, knowl-

edge and resources of selected schools and institutes of public health in low and income countries.

The beneficiary Public Health Institutes (PHIs) were supported to provide training, research and other services in the health sector, and to translate knowledge into policy advice.

The SPHIP took place in the framework of the EU Thematic Programme 'Investing in People'. It contributed to EU's commitment to the 2030 Agenda for Sustainable Development (SDG 3) and to health in its development policy, as outlined in the Communication on 'The EU Role in Global Health'. The overall amount granted by the EU for the programme was €23,000,000.



Supported Public Health Institutes' Representatives and the SPHIP Support Team at the 5th Global Symposium on Health Systems Research in 2018

### Highlights of the projects in SPHIP 2015-2020



>30 institutes and non-governmental organisations participated in the SPHIP programme worldwide



>20 PhD training programmes were implemented



4 Master of Public Health curricula were developed or improved, and implemented



>350 Master of Public Health degrees were awarded



>400 medical or paramedical professionals were trained in formal accredited training courses



>5,000 health workers were trained in short courses in research methodology, epidemiology, information management and public health topics



6 national public health related policies or strategies were developed, 3 draft strategies were delivered



>40 policy briefs were produced to make recommendations for policies, strategies or implementation in different countries



>50 small studies in public health were carried out



40 scientific public health articles were published or submitted for publication



1 book on public health was published

► Visit the knowledge platform for more information on the results and resources produced by the eight SPHIP projects:

<https://europa.eu/capacity4dev/capacity-building-in-public-health-for-development>

### Programme overview

When the programme started, the beneficiary PHIs in five of the eight countries existed for less than 10 years. Overall, these young institutions lacked the capacity and experience to play a substantial role in the health sector development. In the three other countries, established institutions wanted to reinforce their position in governmental policy advice.

The projects were implemented by consortiums of institutes, non-governmental organisations and universities based in Europe, the eight partner countries and the regions of the beneficiary countries. All projects involved peer institutes in other countries (Burkina Faso, Vietnam, Morocco, India, Thailand and South Africa) to enhance South-South collaboration. The European organisations in SPHIP project consortiums were from Belgium, France, United Kingdom and the Netherlands and provided institutional strengthening or technical support in research and education.

The EU Delegations in the countries were responsible for contracting and project supervision, while the DG DEVCO B4 unit organised exchanges and mutual learning via annual seminars and conferences gathering all beneficiary PHIs. A Support Team, consisting of a public health expert and a knowledge translation expert, was contracted to assist in the projects' implementation, mutual learning and global monitoring of the programme.

### Activities in the eight projects

Six of the eight projects had an institutional development component: developing strategic plans, improving infrastructure and management capacity, and income generating capacities of the (often) young beneficiary organisations. In addition, the projects had a strong capacity building component for improvement of formal education, e.g. developing new curricula for health workers and researchers. There was individual capacity building for the staff of the PHIs at Master level and PhD level.

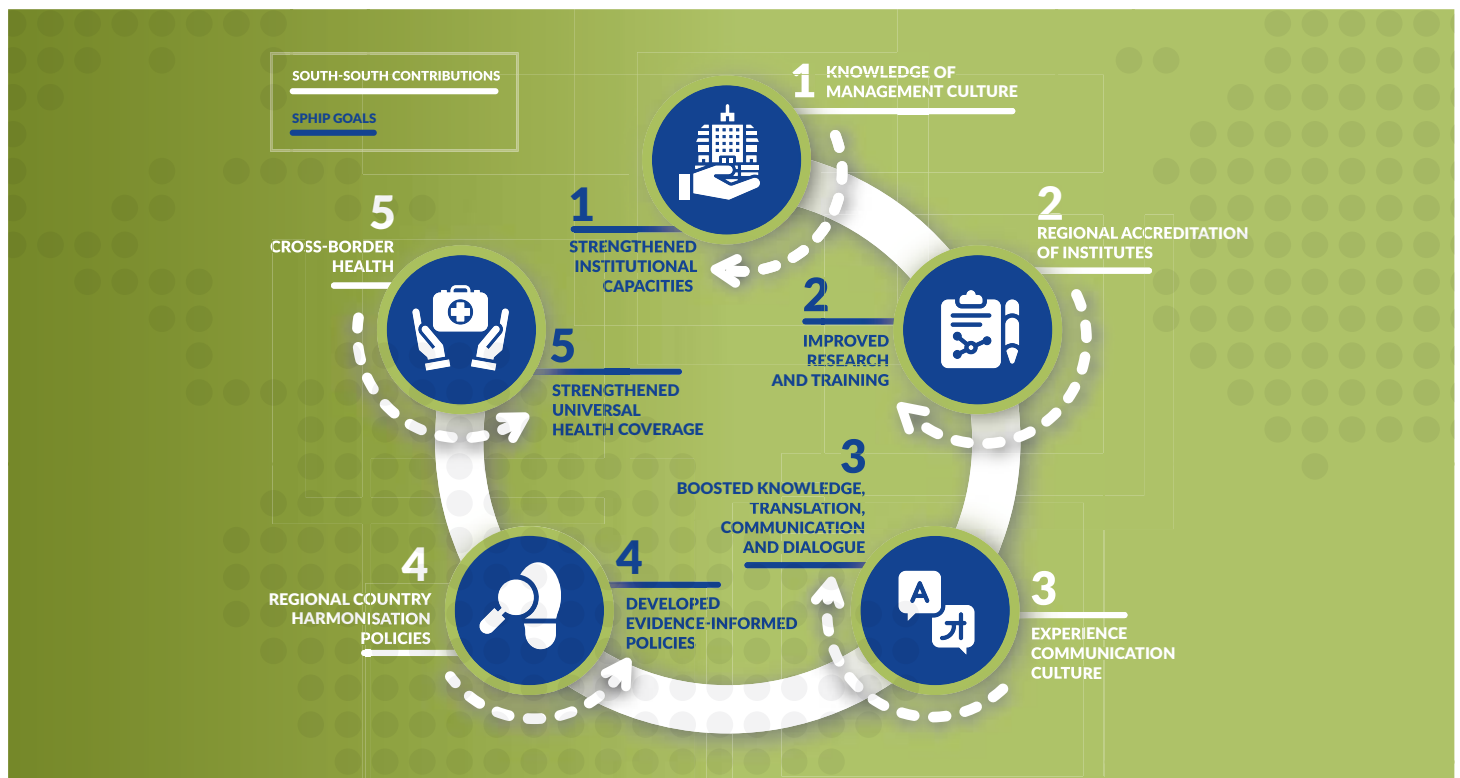
Hundreds of professionals from the health sector in the eight countries benefited from short courses offered by the projects through the partner PHIs, mainly in the area of health systems strengthening and research.

Projects had also a research component: larger research projects were undertaken in five of the projects and smaller research activities in the three other projects. Research was published in international or local health journals, and in policy briefs communicated to stakeholders in the country.

Knowledge translation was implemented in all projects, making scientific information available for policy-makers and the general public. The PHIs engaged in dialogue, lobby and advocacy, often in alliance with non-governmental and community-based organisations. Most projects worked on public health policy development, and produced or proposed policies, strategies, or actions to improve public health.

## South-south collaboration

Through the Support to Public Health Institutes Programme (SPHIP), institutes from different countries of the South helped each other with knowledge, technical assistance and lessons learnt to strengthen Universal Health Coverage. They were the agents of action and the leaders of the development process.



► Visit page 9 for more information



## Details of the projects in SPHIP

Project title	Action location and duration	Beneficiary (PHI)	Lead partner	Other partners
<b>SHARE</b> Strengthening capacities of ICDDR-B and national health authorities for better health policies and strategies for improved outcomes	<b>Bangladesh</b>  15/01/2015 - 31/12/2020	International Centre for Diarrhoeal Disease Research	International Centre for Diarrhoeal Disease Research - Bangladesh	University College London (UCL), UK Directorate General of Health Services (DGHS), MoH; Bangabandhu Sheikh Mujib Medical University (BSMMU), Institute of Epidemiology, Disease Control and Research (IEDCR)

The **SHARE project** in Bangladesh aimed at promoting evidence-informed policy making. This was achieved by not only increasing the capacity of public health institutes and researchers to engage in a meaningful way with key decision makers, but also by providing policy influencers and policy implementers with access to high quality evidence as well as tools to analyse and use this evidence in their work. SHARE focused thereby on the topics of urban health and NCDs. SHARE has carried out an analysis of HMIS in the country and developed methods to improve the use of available information.

Thus, SHARE developed tools to visualise information, where HMIS indicators are now structured in dashboards per theme, available online via a web portal of the Directorate General of Health Service (DGHS).

Moreover, SHARE trained over 2,000 health managers and statisticians in data analysis as well as decision-making, and developed e-learning courses. At district level a mentoring programme has started to enhance the use of information for decision-making by management teams. After closure of this part of the project, another agency continued funding this activity to spread the approach over the whole country.

SHARE improved the website of the Research Policy Communication Cell in DGHS where research papers, policy briefs, factsheets, strategies and other relevant information are publicly available. The project initiated also a think tank with meetings twice per year, where researchers, civil society and policy-makers meet.

Most topics for discussion have been on urban health, NCDs, and community engagement in health-

care management. Community engagement meetings between researchers and grass roots community groups took place to build capacity of these groups to participate in the management of grass roots health facilities. Three districts have embraced this approach, and continue with it.

While SHARE published scientific papers and a knowledge synthesis on prevention of NCDs, further action is needed to have these actions result in concrete improvement of urban population's health.



<https://www.icddr.org/>



Dr Iqbal Anwar receives medal for organising the second Community Health Workers Symposium for Health Systems Global

Project title	Action location and duration	Beneficiary (PHI)	Lead partner	Other partners
<b>LEARN</b> Lao equity through policy analysis and research networks	<b>Lao PDR</b> 01/05/2015 - 31/07/2020	National Institute of Public Health, now Lao Tropical and Public Health Institute	MCNV Health Asia, the Netherlands	University of Health Sciences,; Hanoi School of Public Health, Vietnam; Vrije Universiteit Amsterdam, Netherlands

**LEARN** was a project supporting the National Institute of Public Health (later Lao TPHI) and University of Health Sciences (UHS) to produce evidence-based health policy advice, leading towards UHC and increased health equity. The main focus was on nutrition, reproductive health, cost-effectiveness and the socio-cultural dimensions of health. The project facilitated research activities in maternal health, adolescent sexual health and rights as well as nutrition. This research was mainly linked to four PhD training programmes, and five smaller post-doc research projects.

By the near end of the project more than 20 scientific publications were produced in one international journal. Not only were the research results presented to decision-makers towards the very end of the project, but also policy dialogues took place and policy briefs were shared. Moreover, LEARN organised a vlog competition for youth to express their opinions

on their right. The UHS established an international Master of Public Health course in collaboration with the University of Public Health in Hanoi and used latest insights on education methods to improve other postgraduate courses.



*Dr Poom is teaching in the LEARN project Master of Public Health*

Besides, LEARN gave institutional support to Lao TPHI, and organised short courses for its staff. It developed a knowledge translation strategy for the institute, and trained the staff of the communication department.

One of the results was the design of a new website for the institute. Supported by the LEARN project, Lao TPHI developed a strategic plan for the coming five years and committed itself to take the lobby on project topics further after closure of the project. The UHS will continue to look for opportunities to finance the MPH course on a sustainable basis even after the project is completed.

**LEARN**



<https://www.nioph.gov.la/en/>

Project title	Action location and duration	Beneficiary (PHI)	Lead partner	Other partners
<b>SPHC</b> Strengthening public health capacity to respond to Myanmar's disease transition	<b>Myanmar</b> 01/02/2015 - 31/01/2020	University of Public Health Yangon	HelpAge International UK	University of Medicine 2 (UM2) Thammasat University Faculty of Public Health in Bangkok, Thailand

**The NCD transition project** aimed at strengthening the University of Public Health in Yangon in support of evidence-based policy and improved health services for the transition towards NCDs in Myanmar. The project achieved significant outcomes in policy development, knowledge translation, research and training. Initially, the project helped analysing the 2014 STEPS survey, and assisted in producing a national NCD strategic plan, to later contribute to drafting a mental health strategic plan. All 340 township health officers were trained in management and control of NCDs, using the Package of Essential NCD interventions (PEN). These township health officers in turn shared their knowledge by training their primary health care staff.

The MOHS rolled out the PEN for NCDs all over the country, so the project organised a series of NCD advocacy meetings in all states and regions, to sensitise decision makers on the need for improving

prevention and care for NCDs. In this process, 10 policy briefs and fact sheets on NCD prevention and management were produced.

The project supported also the UPH in strategic planning and in capacity building of scientific staff. Training consisted of short courses, exchange visits with schools of public health abroad, and research training in practice. The UPH staff conducted two research projects, into stigmatisation of mental conditions, and into COPD and lung diseases.

After closure of this project, UPH and HelpAge International will continue to work on NCD prevention and control in at least three other projects. Overall, the SPHC produced tangible outcomes that will have long-lasting impact on the country's strategic planning in the health sector with focus on research and development activities in the area of prevention and control of NCDs.



*SPHC Project Dissemination Workshop's Event Closure in 2020*



<https://www.nioph.gov.la/en/>



Project title	Action location and duration	Beneficiary (PHI)	Lead partner	Other partners
<b>SPHaitiLab</b> Appui au Laboratoire National de Santé Publique pour améliorer la politique nationale de laboratoires de santé publique en Haïti	<b>Haïti</b> 01/01/2015 - 30/04/2020	Laboratoire National de Santé Publique	Institut Mérieux France	Directorate for Epidemiology, Laboratories and Research, under the Ministry of Health; Haitian Study Group for Karposi Sarcome and Opportunistic Infections (GHESKIO) ; Institut Africain de Santé Publique (IASP), Burkina Faso



**The objective of SPHaitiLab** was to contribute to improve Haitian population health through strengthening the national laboratory system, improving infectious disease surveillance and tuberculosis (TB) diagnosis, and supporting the Ministry of Health's evidence-based decision making. SPHaitiLab enabled a fruitful South-North-South collaboration and achieved overall its objectives, despite a particularly difficult socio-economic and political situation in the last months of implementation. It elaborated the first ever national laboratory policy and a 5-year strategic plan for its implementation, informed by a thorough analysis of the public laboratories network capacities and priority development areas. The project also facilitated the elaboration of another national policy, namely the very first ever public health research policy of the Haitian Ministry of Health, which now needs to be operationalised and implemented.

SPHaitiLab also conducted a pilot study on multi-drug resistant TB, which was presented to health authorities and led to modifications in the diagnostic and treatment protocol of multi-resistant TB in Haiti. This research is now being expanded with another donor. The strengthening of the National Public Health Laboratory (LNSP), its network of decentralised laboratories and MOH's Epidemiology Department tackled a range of technical and organisational issues through trainings in France and Burkina Faso, short courses for the public labs' staff in Port au Prince, and the funding of specialised staff at the LNSP. Most of long term human resources have been absorbed by the LNSP after the end of the project.



Attendees at the SPHaitiLab Workshop



The project enabled a closer collaboration and dialogue between MOH managers, scientists and practitioners. The structural support contributed to maintain regular planning and key laboratory functions despite the volatile social and political situation. Haiti can now rely on a reinforced network of public laboratories for responding to the COVID-19 pandemic. The sustainability of this strengthening however is fragile and undermined by LNSP's strong dependence on external funding. The scaling-up of the LMIS software piloted successfully in two labs, particularly suitable for peripheral labs' capacity, is now important for the fluid circulation of the health information necessary for improving patients' care management.

Project title	Action location and duration	Beneficiary (PHI)	Lead partner	Other partners
<b>SPEED</b> Supporting Policy Engagements for Evidence-based Decisions for Universal Health Coverage in Uganda	<b>Uganda</b> 01/03/2015 - 31/05/2020	Makerere University, School of Public Health	Makerere University, School of Public Health	National Planning Authority (NPA), Economic Policy and Research Centre (EPRC), Uganda National Health Users'/ Consumers' Organization (UNHCO), Human Science Research Council (HSRC), South Africa

The **SPEED** project's objective focused on enhancing expertise, knowledge and resources for policy analyses and advice at the School of Public Health at the Makerere University. The SPEED consortium wanted to engage with policymakers to advance UHC, and targeted at developing monitoring tools for the implementation of vital programmes for the realisation of UHC.

After a series of consultations and research activities, the project developed a road map for implementation of UHC, which was adopted by the ministry of health as a policy guideline. SPEED organised national and international conferences to engage with policymakers, especially in the area of healthcare financing and equitable access to healthcare.

The project produced a book on Ugandan experiences with UHC related topics that serves now as background evidence for many health policy processes in Uganda. SPEED maintained a lively website, and published more than 15 policy briefs concerning UHC related topics. The project organised more than 10 engagements with policymakers to discuss different areas of health systems strengthening. Many of the recommendations were accepted by the government.

The project developed the Policy Implementation Barometer in collaboration with the Human Resources Council in South Africa, to monitor health policy implementation, and performed two rounds of assessments.

Based on the findings the project organised a lobby and advocacy campaign with community groups to improve malaria prevention and control in the country. The president allocated USD 10 million extra for vector control programmes, as result of this lobby. In addition, the project organised short courses for university staff and students in public health, and supported one PhD candidate in health policy development. SPEED produced (next to the book) 19 scientific publications, with eight more in the pipeline by the end of the project.



<https://sph.mak.ac.ug/>



Participants of the SPEED International Symposium in Health Financing in 2017



Project title	Action location and duration	Beneficiary (PHI)	Lead partner	Other partners
<b>Kwale</b> Supporting the Kwale County Government through the provision of integrated medicine	<b>Kenya</b> 01/02/2015 - 31/01/2020	County Government of Kwale, Department for Water, Health and environmental sanitation	4Kenya Foundation Netherlands	Kwale School of Integral Medicine (KSIM); run by 4Kenya, Netherlands; Homeopathy for Health in Africa (HHA), Tanzania

The project aimed at the improvement of people's health in Kwale County, through the provision of policy analysis and advice in the field of integrated medicine. It aimed at integrating homeopathy in regular healthcare.

Another objective was to improve health attitudes and knowledge of communities, and enhance health seeking behaviour by reinforcing community-based health information systems. Under the project, twenty-four Community Health Units (CHUs) were created in 24 villages in Kwale, following national guidelines, and 240 volunteers were trained. These volunteers worked in communities on prevention and health promotion, especially on improved sanitation.

The project also trained and supported their supervisors in health facilities. They were technical-ly supported by a newly introduced experimental electronic community health information system for mobile devices, based on a DHIS2 tracker software.

The electronic system operated for three years and by the end of the project lessons learned were shared with the national ministry of health, which is looking for opportunities to keep to the innovative information system. Kwale County will continue its cooperation with the school of 24 CHUs, possibly with another NGO.

The School of Integrated Medicine trained over 400 students at certificate and diploma level, in community health, nutrition, social welfare and HIV counselling. Most of the students found employment in the health sector in Kenya.



*Training of Community Health Volunteers in Kenya, Kwale County*



Project title	Action location and duration	Beneficiary (PHI)	Lead partner	Other partners
<b>PAP-INSP</b> Appui à l'Institut National de Santé Publique du Burundi	<b>Burundi</b> 01/07/2015 - 31/08/2021	Institut National de Santé Publique	Université Libre de Bruxelles, Belgium	Ministère de la Santé Publique et de la Lutte contre le Sida; Institut Supérieur des Sciences de la Santé (INSSA), Burkina Faso

The **PAP-INSP** aims at strengthening the capacities of the National Institute for Public Health (INSP), in particular improving its role in formulation, monitoring and evaluation of health policies in Burundi. The project envisions the creation of a National Health Observatory according to the WHO model. At the time of writing, the development of a health observatory is underway, led by the WHO-Burundi, and supported by the project. It is however still to be decided what role the INSP will play, potentially being the host for the (virtual) health observatory. To enhance the research capacity of the institute, training in research was provided, and a research into adolescent health was conducted.

Additionally, PAP-INSP introduced e-learning systems and student management systems in the institute. At present, the project focuses on research into bottlenecks in the internship programmes before devoting itself to the quality of the institute's 27 Bachelor training programmes. Main achievement of the project so far has been the establishment of a Master of Public Health (MPH) training programme, open for professionals from Burundi. It is the first MPH course in the country, accredited by the Ministry of Science and Technology. To date, 50 professionals have been trained. In the remaining period of the project, the challenge consists in identifying sustainable ways to continue the MPH training.



Exchange mission in Burundi for setting-up the National Health Observatory



<https://insp.bi/>  
<https://insp.bi/a-propos-de-l-institut/partenaires/>

Project title	Action location and duration	Beneficiary (PHI)	Lead partner	Other partners
<b>RIPSEC</b> Renforcement Institutionnel pour des politiques de santé basées sur l'évidence en République Démocratique du Congo	<b>DR Congo</b> 24/12/2014 - 24/12/2020	Ecole de santé publique de l'Université de Lubumbashi	Institute of Tropical Medicine Antwerp Belgium	Ecole de Santé Publique de l'Université de Kinshasa; Ecole Régionale de Santé de l'Université Catholique de Bukavu, Ecole Nationale de Santé Publique, Morocco

The aim of the **RIPSEC** project was to strengthen health systems and health systems research and training in the DR Congo.

So far, the project has built successfully the capacity in research and training in three Schools of Public Health and in the National Institute for Biomedical Research, achieved by providing training in research methodology, and facilitating four small research projects.

The project also supported four PhD programmes (one per institution) and more than 60 research projects in the Public Health Master programme. More than 30 research papers have been produced in the past years.

The project created health zones for learning and research (ZAR). These zones are anticipated to show best practices in health systems management and to provide on-the job training for health professionals.

Some Provincial Health Offices have used experiences from the ZARs and disseminated lessons learned through provincial health conferences. RIPSEC created the Health Knowledge Centre (CCSC), based on the expertise from the three Schools of Public Health.

The CCSC was initiated as a think tank for the ministry of health to generate advice regarding achievements to reach UHC. The CCSC is now functioning as a small centre, and is providing health policy advice to the government. The institute produced around 10 policy briefs, fact sheets and advice papers concerning UHC.

It also works on translating evidence created by the Schools of Public Health. The institute is looking for sustainable funding beyond the project extension until December 2020 granted by the EU.



Research strengthening regarding epidemiological monitoring on Ebola in DR Congo



<https://ripsec.org/>

## Knowledge translation

Key to the success of some of the SPHIP projects was knowledge translation. Knowledge translation is an interaction between researchers, decision-makers and other groups on how to best to interpret research outcomes for better policy making and practice. It can take place in written, audio-visual or face-to-face formats. In the SPHIP experts worked together, developed best practices and built capacity for better interaction between researchers and policymakers.

Some examples of SPHIP work in Knowledge Translation are shown below:

 <p><b>Uganda</b></p> <p>Development Malaria Control Alliance between researchers, community stakeholders and policy makers; evidence from research was translated into cost-effective proposals to reduce malaria.</p>	 <p><b>Haiti</b></p> <p>Transferred laboratory strategy experiences from Burkina Faso; developed National Laboratory Policy and developed National Health Research Policy based on proven effective system abroad.</p>	 <p><b>Myanmar</b></p> <p>Developed a National NCDs Strategic Plan and performed implementation research with short feedback loops to continuously adjust roll-out of the strategy.</p>
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## Lessons learned

**PHIs overall became stronger than organizations.** The SPHIP approach focused not only on project outputs (research, training and policy advice) but also on the capacity building processes (strengthening human resources and organisational structures of research institutions, improving national and global collaboration). Five of the eight beneficiary institutions improved their organisation. The PHIs helped to build confidence among national stakeholders in the strengths of the beneficiary institutions, thus positioning the PHIs as influencers in policy-making processes. Governments in most countries asked the PHIs to advise in policies or strategies related to the research implemented in the projects.

**PHIs gained confidence in communicating results of research:** PHIs gained understanding of tools to use when influencing policy development. The PHIs produced regularly policy briefs, newsletters, or fact sheets to inform national stakeholders. They organised policy dialogues, meetings, conferences, where academics and policy-makers met and built mutual trust between parties. This increased the feeling of ‘ownership’ of project results among policy-makers. In half of the projects, over the past five years, governments have invested more in the PHIs, e.g. expanding their mandates, increasing the

staff, giving new assignments, because they saw the benefit of the work done in these institutions.

**Political commitment** was crucial and in most countries, politicians showed interest in engaging with local Public Health Institutes, especially in developing Universal Health Coverage, addressing Non-Communicable Diseases, Maternal and Child Health, Laboratory or Health Management Information System policies and strategies.

**South-South collaboration, horizontal learning and networking was established.** Collaboration among Southern institutions provided an added value in this multi-country programme. The main opportunities for synergies were between the projects that had similar objectives: five of them organised study visits, giving project managers insights into the work of others; mutual consultations took place, e.g. in healthcare financing analysis or NCD strategies.

The programme helped to create new networks of Southern institutions. PHI’s experts from one project were providing training to staff in other projects in systematic review in research, monitoring health systems or health financing strategies, and PHIs adopted new methodologies or approaches from each other,

such as systematic review, think tanks, HMIS tools, and short training programmes.

**Exchange in annual SPHIP seminars was fruitful,** linked to international public health conferences, gathering the PHIs from the eight countries. Projects exchanged experiences at these seminars and sought opportunities for collaboration. In conference sessions, the projects were enabled to present results. More than 40 sessions were organised in various regional and global public health conferences. This has given much exposure to the beneficiary institutions involved.

**Capacity building takes time.** The time needed to go through the complete cycle of problem identification, research, policy advice and follow-up was a challenge. For seven of the eight projects the five years were not enough, and they got an extension from three to twelve months to complete the project.

**Sustainability is an ongoing concern.** In half of the beneficiary institutions follow-up projects or related activities have started to continue training, research or service provision started under SPHIP. In other countries, the government has taken up activities in its regular services (e.g. UHC road map, health management training and community health).



# SUPPORTING PUBLIC HEALTH INSTITUTES PROGRAMME AT A GLANCE



This programme is financed  
by the European Union.



## BACKGROUND



Effective national health systems require strong health policies, strategies and plans.



Bringing the worlds of health research and decision-making closer together led to the use of evidence in the formulation of public policies.



Strengthening of local public health and research institutions resulted in more relevant evidence generation to inform policies and strategies.



The EU co-financed the programme with €23,000,000 to contribute to population's health by investing in capacity building in the health sector.

## PROGRAMME

### WHAT



SPHIP projects provided national health authorities and stakeholders with policy advice, training, research and advocacy for change.

### WHY



Better health services through better policy making and implementation.

### WHO



Consortia of public health institutes, NGOs and universities based in Europe and in partner countries around the world.

### WHERE



Eight projects in selected countries: four in Africa (Burundi, DRC, Uganda, Kenya), three in Asia (Lao PDR, Myanmar, Bangladesh) and one in the Americas (Haiti).

### HOW



SPHIP built up expertise, knowledge and resources of schools and institutes of public health, and engaged partners in triangular learning experiences.

### WHEN



SPHIP phase I lasted five and a half years (2015-2020).

## ACTIVITIES



Capacity building in public health institutes: institutional development and human resources development.



Improved production of public health institutes: research, training and service delivery.



Communicated products to policy makers: dialogue and knowledge translation, stimulated policy makers to use evidence in decision-making.



Evidence-based health policies and strategies and feedback from practice on policy implementation.

## Further information

Knowledge platform at [www.capacity4dev.eu](http://www.capacity4dev.eu)

Website: <https://europa.eu/capacity4dev/capacity-building-in-public-health-for-development>

DEVCO/B4 contact: [manuel.couffignal@ec.europa.eu](mailto:manuel.couffignal@ec.europa.eu)



## IMPRINT

SPHIP Support Team

GFA Consulting Group GmbH, Eulenkrugstraße 82, 22359 Hamburg, Germany, phone: +49 (0) 40 603 06-100, fax: +49 (0) 40 603 06-199 e-mail: [info@gfa-group.de](mailto:info@gfa-group.de), [www.gfa-group.de](http://www.gfa-group.de) | Photos: GFA

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