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# COVID 19

## – CROSS-BORDER THREAT –

### EUROPEAN UNION

On the basis of the Treaty on the Functioning of the European Union, and in particular Article 168(5), the European Union (EU) action in this area is primarily intended to support and complement actions taken by individual EU countries.

Monitoring, early warning, and responsive measures to combat serious cross-border threats to health are considered essential elements to ensuring a high level of health protection in the European Union.

The present HOPE Strategic Note gives a picture of the EU mechanisms as they were when the COVID-19 crisis started. It should help understanding their use today.

## EU Cross-border Action - legislation

The main piece of legislation taken on that ground was the Decision 1082/2013/EU adopted in 2013 to improve preparedness and strengthen capacity for a coordinated response to health emergencies.

It supports EU countries to prepare for and protect citizens against possible future pandemics and serious cross-border threats by:

- Strengthening preparedness planning capacity at EU level by reinforcing co-ordination and best practice and information sharing on national preparedness planning;
- Improving risk assessment and management of cross-border health threats including for non-communicable diseases for which no EU Agency is in charge;
- Establishing the necessary arrangements for the development and implementation of a joint procurement of medical countermeasures;
- Enhancing the coordination of an EU-wide response by providing a solid legal mandate to the Health Security Committee to co-ordinate preparedness;
- Strengthening the coordination of risk and crisis communication, and fostering international cooperation.

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## Crisis Management

The Decision:

- Supports sharing best practice and experience in preparedness and response planning;
- Provides a backbone for developing national plans to address different types of health threats;
- Helps ensure the inter-operability of national plans – through coordination mechanisms, analysis and communication tools;
- Supports the implementation of core capacity requirements for the WHO International Health Regulation (IHR) to detect, assess, report, and respond to public health emergencies.

Under the EU Health Programme support is provided through training and exercises, and by facilitating the sharing of experiences, guidelines and procedures across EU countries. The European Commission organises regular exercises to test EU and national preparedness plans. This ensures that national authorities and institutions are able to work together with the Commission, and one another, to share information in the event of a rapidly evolving crisis.

## Public health risk assessment

The coordinated EU risk assessment mechanisms involve mobilising expertise from relevant EU and international bodies, to provide robust scientific advice to feed into the process of coordinating a response.

As a first step serious cross-border threats to health are notified through the Early Warning and Response system (EWRS). EWRS is a confidential computer system allowing EU countries to send alerts about events with a potential impact on the EU, to share information, and coordinate their response.

## Health security Committee

The EU Health Security Committee (HSC) was set up in 2001 at the request of EU Health Ministers as an informal advisory group on health security at European level. In 2013 the Decision formalised and strengthened its role.

The Committee (see expert group) is mandated to reinforce the coordination and sharing of best practice and information on national preparedness activities. Member States also consult each other within the Committee with a view to coordinating national responses to serious cross border threats to health, including events declared a public health emergency of international concern by World Health Organisation in accordance with the International Health Regulations.

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The Committee further deliberates on communication messages to health care professionals and the public in order to provide consistent and coherent information adapted to Member States' needs and circumstances. It is chaired by a representative of the Commission, which also provides the secretariat.

The HSC convenes twice a year for plenary, while other meetings are planned on an ad-hoc basis. Flash reports and minutes of the meetings are made publicly available.

On a face to face meeting the [HSC convened in 2019 for the last time on 11 December 2019](#).

On 21 and 22 January a Health Security Workshop looked at improving preparedness for mass casualties from the deliberate release of opioids. 15 member states attended a workshop organised by the European Commission's Directorate-General for Health and Food Safety (DG SANTE) on the novel threat of mass casualties from the deliberate release of opioids.

On 24 January the European Commission published on its website a link to [Novel coronavirus 2019-nCoV](#) now used to present activities related to the common European response to the outbreak of COVID-19.

The [most recent audio-meeting of the HSC](#) was on 25 March 2020.

## Risk assessment

The Health Security Committee can request the European Commission to provide a risk assessment, including possible public health measures.

The risk assessment is carried out by:

- European Centre for Diseases Prevention and Control (ECDC), if the threat is of a) biological origin and consists of communicable diseases or antimicrobial resistance and healthcare-associated infections; or b) threats of unknown origin;
- European Food Safety Authority (EFSA), in the case of a serious cross-border threat to health falling under its mandate;
- Other relevant EU agencies.

The risk assessment takes into account, if available, relevant information provided by other entities, in particular by the World Health Organisation (WHO) in the case of a public health emergency of international concern.

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## Coordination of response

EU national authorities are required to notify the Commission through the EWRS no later than 24 hours after the discovery of a serious cross-border threat to health. The Commission then works closely with all EU countries to ensure their response is coherent, and well-coordinated. An example of EU coordination in action was the Ebola outbreak in West Africa.

Upon the request of the Commission or the affected country representatives from national health services consult within the HSC in liaison with the Commission, with a view to coordinating:

- National responses to the serious cross-border threat to health
- Risk and crisis communication, to the public and healthcare professionals to be adapted to national needs and specificities.

Where one EU country intends to adopt public health measures in response to a serious cross-border threat, it must inform and consult all other EU countries on their purpose and scope before applying them, unless immediate adoption is essential. In this case, it must inform other EU countries and the Commission immediately.

In the event of a serious cross-border threat to health overwhelming national response capacities, an affected EU country may also request assistance from other EU countries through the Community Civil Protection Mechanism (Decision 2007/779/EC, Euratom).

## Risk and crisis communication

Clear and effective information and communication with the public and national authorities is an essential part of crisis response. The European Commission seeks to clearly establish these lines of communication by:

- Developing EU-wide strategies for action;
- Better integrating communicators into the crisis-management process;
- Strengthening their cooperation with decision-makers and risk managers.

The HSC established a communicators' network that brings together risk-management experts from EU countries, the Commission, and EU agencies who take the lead on communication aspects of a health crisis.

This network facilitates cooperation:

- During a crisis – by facilitating the exchange of information from the beginning, and coordinating common strategies and public messaging;
- In the longer term – by facilitating the exchange of best practice on health risks/crisis communication, and providing recommendations for preventative measures.

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The network enables the EU to spread information rapidly worldwide, by connecting with existing communicators' networks under the Global Health Security Initiative and the WHO network under the International Health Regulations (IHR).

## Joint Procurement of medical countermeasures

The outbreak in 2009 of H1N1 pandemic influenza highlighted weaknesses in the access and purchasing power of EU countries to obtain pandemic vaccines and medications. In 2010, the European Council requested the Commission to start the preparation of joint procurement of vaccines in the frame of a future pandemic.

Provisions for the joint procurement of medical countermeasures are included in Article 5 of Decision 1082/2013/EU on serious cross-border threats to health. The Joint Procurement Agreement (JPA) was approved by the Commission on 10 April 2014, and as of March 2020 had been signed by 26 EU countries, Norway and the UK (Sweden on 2 March, Poland on 11 March, Norway 23 March).

The JPA:

- Determines the practical arrangements governing the mechanism;
- Defines the decision-making process with regard to the choice of the procedures;
- Organises the assessment of the tenders and the award of the contract.

The aim of the joint procurement mechanism is to secure more equitable access to specific medical countermeasures and an improved security of supply, together with more balanced prices for the participating EU countries.

In order to be adequately prepared for an outbreak of a serious cross-border threat to health, the institutions of the EU, together with countries that have joined the JPA, may engage in a joint procurement procedure with a view to purchase:

- Vaccines;
- Antivirals;
- Medical countermeasures for serious cross-border threats to health;
- All key documents on Joint Procurement of medical countermeasures.

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## What are the most recent elements?

The [Report from the Commission to the European Parliament and the Council](#) (on the implementation of Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC) was made available on 7 December 2015.

It concluded following the Ebola epidemic that « the cooperation among the relevant Commission services and the collaboration with the Commission agencies and Member States to implement the framework provided by Decision 1082/2013/EU has worked well during the period. There is currently no need to introduce any changes in this respect. »

Since then, from 25 to 27 April 2018 a Workshop on State of play of preparedness for serious cross-border threats to health in the EU was organised by DG SANTE. About 50 experts from public health and relevant other sectors in charge of their country's preparedness and response planning from EU Member States, EEA countries and the Republic of Serbia participated. Other Commission services, including DG ECHO and DG HOME, as well as ECDC, and international agencies (WHO) also took part.

The aim of the workshop was to support the strengthening of the preparedness and response planning under Decision 1082/2013/EU on serious cross-border threats, building cross-sectorial capacity and sharing best practice and experience within the EU and with neighbouring countries.

The main objectives of the workshop were:

- To take stock of preparedness capacity built in EU Member States, identify gaps as well as strengths and opportunities to achieve a consistent level of preparedness and interoperability between national preparedness plans in the EU;
- To promote intersectoral cooperation between Member States, at EU and regional level, to share and discuss best practices, and identify synergistic approaches aiming at implementing efficient collaboration between the health and other critical sectors.
- To provide an update on the progress made and discuss gaps and challenges towards strengthening the implementation of the WHO International Health Regulations (IHR, 2005), in view of the global emergency preparedness context.

This project ([Joint Action EMERGE](#)) was funded under the Health Programme (2014-2020) but the conclusions are hard to find... [Scientific publications](#) have been made.

On 6 June 2018 the European Commission Agency Chafea published a booklet Chafea booklet on EU-funded actions for better preparedness and coordination in health crisis which is not anymore available on the website of DG SANTE and not easily traceable but can be found on the [Official Publication website](#).

The evaluation that will certainly follow the COVID-19 crisis will show if those projects have been useful in that context.