



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management
Crisis management and preparedness in health

Luxembourg, 27 June 2018

Flash report from the Plenary Meeting of the Health Security Committee (HSC)

22 June 2018, Senningen/Luxembourg

The agenda included topics on vaccination, preparedness, current threats and rapid risk assessments, re-engineering of the Early Warning and Response System, EU action on antimicrobial resistance; and updates on the implementation of the joint procurement of medical countermeasures, on implementing acts under Decision 1082/2013/EU, and on the Multiannual Financial Framework.

21 Member States, Iceland, Norway and Serbia attended the meeting as well as the European Centre for Disease Prevention and Control (ECDC), and the Regional Office for Europe of the World Health Organisation (WHO/Europe).

1. WELCOME AND ADOPTION OF AGENDA

The Chair welcomed the members of the Health Security Committee. The agenda was adopted with the addition of AOB points. The minutes of the last plenary meeting were adopted.

2. VACCINATION

2.1 EU ACTION ON VACCINATION, COUNCIL RECOMMENDATION

The Chair referred to President Juncker's State of the Union Address 2017, which touches on ongoing large measles outbreaks in a number of countries and the work of the Commission with Member States to support national vaccination efforts. On 26 April 2018, the Commission put forward a proposal for a Council recommendation and a Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on strengthened cooperation against vaccine preventable diseases¹. These provide the political framework for strengthened cooperation at EU level in the area of vaccination, focusing on concrete activities to tackle vaccine hesitancy, strengthen sustainability of national vaccination programmes, and develop operational options to increase coordination at EU level. Commissioner Vytenis Andriukaitis presented the proposal for a Council Recommendation and the Commission Communication on strengthened cooperation against vaccine preventable diseases to the members of the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO Health Council) on 22 June 2018.

¹ https://ec.europa.eu/health/vaccination/overview_en

The overall goal of EU Action on vaccination is to ensure access to vaccines; control all vaccines to ensure highest safety standards; share clear, independent and transparent information; and support research to develop new vaccines. The European Commission is committed to finding ways to help the EU and its Member States to increase vaccine coverage in Europe. While fully respecting the responsibility of Member States for managing and organising their vaccination programmes, the proposed Recommendation calls for actions by the Member States and the Commission, including developing and implementing national and/or regional vaccination plans by 2020, including a target of at least 95% vaccination coverage for measles; introducing routine checks of vaccination status and regular opportunities to vaccinate across different stages of life; presenting options for a common vaccination card that can be shared electronically across borders; establishing a European vaccination information portal by 2019; strengthening partnerships and collaboration on vaccination with international partners; developing a virtual repository with information on vaccine stocks and needs to facilitate voluntary exchange of information on available supplies and shortages of essential vaccines; and equipping all healthcare workers with the necessary training to confidently deliver vaccinations and address hesitant behaviours.

The discussion of the proposal for the Council Recommendation at the Council began on 7 June 2018 under the Bulgarian presidency and will continue on 4 July 2018. The adoption plan includes further meetings on 13 and 18 July, and October 2018. The text is planned to be sent to the European Parliament and the European Economic and Social Committee and the Committee of the Regions. The proposal is intended to be approved in December 2018 under the Austrian Presidency.

The HSC Members welcomed the EU initiatives and actions, which will contribute to improving national and international collaboration on vaccination. It was stressed that duplications across initiatives should be avoided, and that specific national aspects and differences in healthcare systems as well as epidemiological situation should be showcased in all initiatives. HSC Members updated on vaccine hesitancy and uptake in their countries. Enhancing vaccination coverage across different stages of life and for healthcare workers was mentioned as a priority area by several countries.

WHO welcomed the initiative and updated on the epidemiological situation of the European Region. WHO confirmed to be ready to strengthen their collaboration with ECDC and the Commission. In September 2018, WHO will report on the action plan at the Regional Committee; most of the recommendations in the action plan are aligned with the actions and priorities along the 3 pillars of the EU initiative. WHO reminded of the availability of tools and guidance on vaccine hesitancy and the presence of national advisory group (scientific experts) in every country of the European region, which could contribute to actions on networks and decision-making.

SANTE stressed that the EU initiatives will increase the visibility of vaccination, and reassured on the absence of any duplication with the Joint Action on vaccination. The proposal for a Council Recommendation needs to be put in practice; the Joint Action will contribute to this second aspect. The proposal does not aim to harmonise vaccination schedules, but rather to examine the reasons behind the difference in schedules and where these could converge. A vaccination card/passport for people moving around EU is also proposed. SANTE concluded the discussion, reminding that this will be kept on the agenda at the next HSC plenary as well. The HSC will also be updated once the roadmap is finalised.

2.2 UPDATE ON THE JOINT ACTION ON VACCINATION

France presented the Joint Action on vaccination, which is part of the overarching EU action on vaccination and close to the scope of the proposal for the Council Recommendation and the Commission Communication. The Joint Action is a 3-year project, cofounded with 3.55 million EUR

by the EU Health Programme and bringing together 20 Member States and multiple stakeholders (WHO, ECDC, EMA, the OECD, academic organisations, civil society, health care professionals associations, NGOs, vaccine developers and industry). The main objectives of the Joint Action are to develop sustained cooperation across Member States; to set principles for vaccine demand forecasting; to work on the concept and prototype for a data warehouse (EU-wide, supply and demand); to establish a framework for priority setting of vaccine research and development; to define specifications for electronic vaccine registries/databases/immunization information systems; and to develop a cooperation framework to build confidence. It was suggested that a further area warranting further consideration at EU level may be the planning of vaccination programmes in the medium term (3-5 years) in consideration of costs and potential alternative products in the pipeline.

3. PREPAREDNESS

3.1 GAPS IN CRISIS PREPAREDNESS - PROGRESS REPORT ON PREPAREDNESS AND RESPONSE PLANNING UNDER DECISION 1082/2013/EU (ART. 4)

The Commission introduced the draft Progress Report on Preparedness and Response Planning for the Health Security Committee, under Article 4 of Decision 1082/2013/EU on serious cross-border threats to health. The Decision requires EU Member States and EEA countries to provide the Commission every three years with an update on their preparedness and response planning at national level, including the implementation of International Health Regulations. On the basis of a progress report, the Commission initiates discussion in the HSC on the gaps and needs to strengthen preparedness and response planning.

The second reporting exercise took place in 2017, 28 EU/EEA countries provided information. Similar to the 2014 reporting, the technical analysis of the survey and the draft progress report was prepared by ECDC. The draft progress report was then discussed with the Preparedness Working Group of the Health Security Committee.

The report assesses the data collected in 2017 and highlights any changes, and progress made in comparison to the first reporting cycle in 2014. The structure of the report is based on the template laid down by Commission Implementing Decision 2014/504/EU; it presents data and analysis in four main chapters: i) International Health Regulations (IHR) capacities; ii) Interoperability; iii) Business continuity; iv) Revision of National Preparedness Planning. A new section with information summary per each country was introduced.

SANTE noted that for the next reporting exercise in 2020, the Commission will assess necessary changes to the approach of reporting on preparedness, including aligning reporting obligations of Member States under Decision 1082/2013/EU and the WHO monitoring and evaluation framework. The recommendations of the report will be taken up by the 'Joint Action on preparedness and IHR implementation including laboratory capacities'. The gaps and action areas identified will feed into updates of the 'technical action plan on preparedness and IHR implementation', and the work plans of the HSC working groups on preparedness and communication, in consultation with other relevant Commission services. The key findings of the report will also be presented in the Report from the Commission to the European Parliament and the Council on the implementation of Decision 1082/2013/EU.

Members of the HSC welcomed the report and discussed common strengths and areas for improvements in preparedness across EU/EEA countries. According to the report, the overall level of completion of the IHR capacity requirements (as measured by WHO) was above 80% for 11 out of 13 IHR capacity areas. The Points of Entry and Human resources capacities still need to be strengthened. All countries involve other sectors dealing with threats of foodborne, zoonotic and waterborne origin in preparedness and response planning. In terms of areas for improvement,

sectors for which coordination with the health sector should be improved include: energy; ICT; transport; water for healthcare facilities; military and police; and the private health care sector. Moreover, there's a need to strengthen preparedness for new, emerging, and unknown threats. Differences in national structures and mechanisms were emphasised by HSC members, in particular related to the work with critical sectors, including mandate, responsibilities and arrangements in place at the local, regional and national level (standard operating procedures, business continuity plans, and other mechanisms) and that the new reporting approach needs to reflect on these differences. Regarding the recommendations for actions proposed by Member States, the HSC emphasised the need for a coordinated approach by the Commission, ECDC, and WHO, also based on information from needs assessments. The gaps in human resource capacity are a problem for many countries, to be supported through trainings and exchange of good practices, and bringing together national representatives under the EU and WHO IHR frameworks.

WHO stressed their close collaboration with the Commission and ECDC to avoid any duplication, and their work on the action plan for the European Region, to ensure alignment with Commission initiatives. WHO noted that the annual IHR reporting tool has now been revised and aligned with the Joint External Evaluation (JEE) components. 10 Joint External Evaluations have already been conducted and 4 are planned over the next 6 months. Regarding the coordination with ECDC and WHO, SANTE referred to the planning and implementation of activities under the HSC action plan on preparedness and IHR implementation with ECDC and WHO; they are also represented in the HSC Working Groups on preparedness and communication, and on the Joint Actions on points of entry, and on preparedness and laboratories.

3.2 UPDATE ON JOINT ACTIONS ON PREPAREDNESS

Greece gave a presentation on the EU Joint Action on preparedness and action at points of entry 'Healthy gateways', a 3-year project (2018-2021) receiving 3 million EUR co-funding by the Health Programme. The Action counts 26 EU/EEA countries and 31 competent authorities. The general objective of the Joint Action is to support cooperation and coordination between Member States in order to improve their capacities at the points of entry, in preventing and combating cross-border health threats affecting or inherently coming from the transport sector, and therefore contribute to a high level of public health protection in the EU. In the case of a public health emergency of international concern, the Joint Action will pass from an inter epidemic mode to an emergency mode, with the objective to support coherent response of Member States according to Decision No 1082/2013/EU and implementation of temporary recommendations issued by the WHO according to IHR. The Joint Action kick-off meeting took place on 12-13 June 2018, in Varna, Bulgaria and saw the participation of 58 representatives from 22 EU/EEA countries and representatives from DG SANTE, CHAFEA, ECDC, EASA, FRONTEX and the maritime industry. A stakeholder analysis questionnaire has been prepared and data collection is in progress; a state of the art report for ground crossings under development. Questionnaires are being developed to identify best practices in the ground crossings, air and maritime transport sector; criteria for best practices are also under development. The first meeting of the Steering committee, Advisory board, Sustainability working group, Evaluation working group, and technical groups for grounds, air and maritime have already taken place.

Finland gave a presentation on the Joint Action on Preparedness and IHR implementation, including laboratory strengthening, which proposal is under preparation under the 2018 Annual Work Programme. (Budget: EUR 7,900,000). 30 Member States, EU and neighbouring countries are participating in the Joint Action. The Joint Action will be coordinated by Finland, which has experience of successful Joint Action coordination. The vision statement of the Joint Action envisages 'a European Union protected from health threats by joint action by Member States, candidate

countries and partners', to be achieved by capable and sustained essential public health preparedness and response at country level; collaboration across sectors for an All hazards and One Health approach; learning from each other by sharing of tried and tested working practices; laboratory cooperation for rapid diagnostic verification. The two main areas of action are i) to improve preparedness and response planning for serious cross-border threats and the implementation of IHR in EU Member States, EEA and neighbouring countries, in view of the EU and the global emergency preparedness context; ii) to improve the core functions of public health laboratories, by the coordination, in collaboration with ECDC, of a reference network of European microbiology laboratories specialised in highly pathogenic or newly emerging pathogens to improve laboratory capacity.

4. CURRENT THREATS AND RAPID RISK ASSESSMENTS

ECDC presented the most recent Rapid Risk Assessments produced and noted that four of these focused on AMR and healthcare-associated infections (HAIs)² and reported on the epidemiology of cases of invasive isolates of *Klebsiella pneumoniae*, *E. coli* and *Enterobacteriaceae* (CRE) with resistance to carbapenems in the EU/EEA, as well as MDR and XDR gonorrhoea in a context of limited therapeutic alternatives, lack of vaccine and limited surveillance capacity in many regions globally.

The Ebola outbreak in the Democratic Republic of the Congo is coming to an end and lessons have been learnt since the previous outbreak in West Africa. No new cases have been reported since early June and the outbreak will be declared over after 42 days since the last notification of a new case.

Regarding the ongoing outbreak of Dengue in La Reunion, France, ECDC stressed the overlap between mosquito activity seasons in the Northern and Southern hemispheres and the potential for further cases to be reported in EU. In order to reduce the risk of further local transmission and ensure timely detection of cases, travellers returning from areas where dengue virus transmission occurs should be advised to seek medical attention if presenting with symptoms compatible with dengue fever in the first two weeks after return, particularly if returning to areas where competent vectors are established, and especially during the high vector activity season. Symptomatic patients should be advised on how to apply personal protective measures against mosquito bites.

ECDC enquired on the helpfulness of the rapid risk assessments for Member States and anticipated a survey to collect feedback.

The HSC discussed the value of rapid risk assessments and encouraged the use of a survey to collect feedback. It was noted that rapid risk assessments can be categorised into two groups, some dealing

² *Candida auris* in healthcare settings – Europe – first update, 23 April 2018.

<https://ecdc.europa.eu/sites/portal/files/documents/RRA-Candida-auris-European-Union-countries-first-update.pdf> ; Carbapenem-resistant Enterobacteriaceae – first update, 4 June 2018.

<https://ecdc.europa.eu/sites/portal/files/documents/RRA-Enterobacteriaceae-Carbapenems-European-Union-countries.pdf> ; Emergence of resistance to ceftazidime-avibactam in carbapenem-resistant Enterobacteriaceae, 8 June 2018. <https://ecdc.europa.eu/sites/portal/files/documents/RRA%20-%20Emergence%20of%20resistance%20to%20CAZ-AVI%20in%20CRE%20Enterobacteriaceae%20-%20final.pdf> ;

Extensively drug-resistant (XDR) *Neisseria gonorrhoeae* in the United Kingdom and Australia, 7 May 2018.

<https://ecdc.europa.eu/sites/portal/files/documents/RRA-Gonorrhoea%2C%20Antimicrobial%20resistance-United%20Kingdom%2C%20Australia.pdf>

with threats affecting specific countries directly, and more outwards-looking rapid risk assessments dealing with threats which are not immediate to Member States but e.g. relevant to travellers.

5. EWRS REMODELLING, STATE OF PLAY

SANTE gave a presentation on the scope of the EWRS update. Following the adoption of Decision 1082/2013/EU, the European Commission in collaboration with ECDC introduced some elements to EWRS, to comply with the newly introduced requirements; however, further changes are necessary to fully support the implementation of the Decision. Furthermore, over the years, extensive feedback has been gathered from EWRS users regarding its user friendliness and usability. An update of the nearly 20-year old platform is necessary to make it accessible to the newest IT technologies. The EWRS update is a complex project on which several actors collaborate. SANTE is working very closely with the ECDC, and the ad-hoc HSC Working Group, which was established further to the HSC plenary of June 2017. 16 EU/EEA countries and WHO are represented on this Working Group, which meets regularly through teleconferences and face-to-face meetings. The project is proceeding in a modular fashion; 7 modules are in scope, with Modules 0 and 1 currently nearly ready for deployment, and all modules with agreed high-level requirements (e.g. overarching description of functionalities). For Modules 0 and 1, Version 1.0 will be released at the beginning of July; the current EWRS will remain the platform for notifications over the summer, while the re-engineered platform will be available in a read-only mode. From September onwards, a new Version (1.1) will be released and will start to be used as the platform for notifications. ECDC gave an overview on the scope and objectives for the 7 modules that will form the updated EWRS platform. Modules 0 (general functionalities) and 1 (notification) will allow the Commission and the Competent Authorities responsible at national level to be in permanent communication for the purposes of alerting on serious cross-border threats to health fulfilling the criteria defined in Decision 1082/2013/EU, and are currently undergoing Users Acceptance Test. A video produced by ECDC showed the main features of the platform (e.g. search function, tables, filtering, access from mobile phone) and how to create a notification, a comment under a notification, and a selective exchange. Module 2 (interlinking with other Alert and Information Systems, AIS) will allow the two-way exchange of information between the EWRS and other EU-level rapid alert systems. This Module is currently being discussed with other Commission and Agencies services. Module 3 (situation awareness) will be closely associated to Module 1; where relevant and when activated, it will provide users with contextual information directly linked to a specific alert notification. Module 4 (response measures) will also be closely associated with Module 1 and Module 3 and will provide EWRS users with information related to the management of an active cross-border health threat to simplify the collection and the presentation of public health response measures and to support their coordination. Module 5 (risk communication) will allow competent authorities to use EWRS to exchange best practices and risk communication documents (developed by Member States, international partners, agencies and national authorities). Module 6 (preparedness) will be an 'optional' module, i.e. EWRS users will be able to use it/upload information on an optional or voluntary basis. It will allow Member States to share information related to preparedness and countries capacities. Module 7 (simulation exercises) will also be for optional use and will aim at facilitating the development of simulation exercises, linking to a repository of SIMEX and offering access to exercise reports.

ECDC reported on the current estimate for timeline for completion of the platform, following the deployment of Modules 0 and 1: Module 4 and 7 will be delivered in October 2018; Module 5 in January 2019; Module 6 in April 2019; Module 3 in June 2019; and Module 2 in September 2019. Project closure is currently estimated for October 2019.

The HSC welcomed the work on the new platform and the involvement of the ad-hoc HSC Working Group and requested clarifications on the access to information and selective exchange features of the platforms. SANTE stated that the HSC will be kept updated. A request to update the list of national competent authorities and contact points (if any) and a request for an optional nomination for Competent Authority user Administrator will be sent to Member States. This function would help Member States to easily manage and keep the users list and contact details updated, as discussed and agreed in the HSC EWRS working group.

6. UPDATES

6.1 IMPLEMENTATION OF THE JOINT PROCUREMENT OF MEDICAL COUNTERMEASURES: UPDATE AND FUTURE OPPORTUNITIES

SANTE recalled that the aim of the joint procurement mechanism is to improve Member States' preparedness to mitigate serious cross-border threats to health, ensure equitable access to specific medical countermeasures and more balanced prices. In 2016 the first joint procurement procedure of botulism anti-toxin was completed with the participation of four Member States and the Commission. SANTE further informed that the calls for tender for pandemic influenza vaccines with 18 Member States involved in the process are at an advanced stage. Preparatory work on further procedures has commenced with the aim to launch these procedures once the contracts for pandemic influenza vaccines have been signed.

6.2 IMPLEMENTING ACTS UNDER DECISION 1082/2013/EU (ART.6)

SANTE reported that on 22 June 2018 the Commission adopted the Commission Implementing Decision on the communicable diseases and related special health issues to be covered by epidemiological surveillance as well as relevant case definitions. This is the outcome of a two year work in close collaboration with the ECDC and the Member States. The new implementing decision updates the list of communicable diseases and related special health issues which will be monitored through the EU's epidemiological surveillance network and for which the national competent authorities shall communicate data and information to the participating national authorities by using the EU case definitions in order to allow comparisons of data and evaluation of the progression of epidemic situations. The implementing decision with the new list of diseases includes communicable diseases that have recently emerged or re-emerged, such as Chikungunya, Dengue, Lyme neuroborreliosis and Zika infections and corresponding case definitions. It also includes revised case definitions for several other communicable diseases and for related health issues such as antimicrobial resistance and healthcare associated infections. Moreover, the list of diseases and the list of case definitions are brought into line with the World Health Organisation nomenclature according to the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10).

Another piece of work in implementing Decision 1082 is in the area of personal data protection. The Commission is working on the revision of the Commission Recommendation 2012/73/EU on data protection guidelines for the EWRS in order to take account the provisions of Decision 1082 on serious cross-border threats to health and the new General Data Protection Regulation (GDPR) which entered into force on 25 May. The Recommendation is expected to be adopted by September.

Finally, work on the Implementing act on the procedures for the operation of the epidemiological surveillance network under Article 6(5)(c) is underway in close cooperation with the ECDC.

6.3 UPDATE ON THE MULTIANNUAL FINANCIAL FRAMEWORK

SANTE gave an update on the Multiannual Financial Framework 2021 – 2027, 'a modern budget for a Union that protects, empowers and defends'. The Commission has now adopted the legislative proposals for the funding of health and food safety policies after 2020. This will more aligned to political priorities of prosperity, solidarity, sustainability and security; it will be clear and simple, more flexible, realistic and pragmatic, as well as fair and balanced. The next step will be to find a unanimous agreement at the Council with the consent of the European Parliament; an agreement should be reached before the European elections and Sibiu Summit of 9 May 2019. The health programme will be included in the European Social Fund+; however, health-related resource will also be part of the budget of several other priority areas such as social protection, research and innovation, digitisation of society, cohesion and global responsibility. The total budget for ESF+ will be of 101 174 000 000 EUR, of which 413 000 000 EUR dedicated to health strand objectives. Specific provision for the Health strand include improving crisis preparedness and response against cross-border health threats; strengthening health systems; supporting EU health legislation; supporting integrated work with the European Reference Networks and implementation of best practices in public health. The implementation will be under responsibility of DG SANTE and under authority of the Commissioner responsible for health. The main interlocutor will be a Steering Group for health promotion and disease prevention, which will result in an upstream and more interactive consultations compared to current arrangements. Several other programmes will support health, including Horizon Europe with 7.7 billion EUR for Health including a specific area of intervention on infectious diseases.

7. EU ACTION ON AMR

7.1 WHO SELF-ASSESSMENT AND UPCOMING WHO ACTIVITIES IN THE EU

WHO presented the results of the self-assessment survey, which will be formalised and launched in July on the WHO portal (global webinar on 5 July). The Global AMR Action Plan was adopted in 2015. The strategic objectives are to improve awareness and understanding of AMR; to strengthen knowledge and evidence base; to reduce the incidence of infection; to optimize use of antimicrobial medicines; and to develop an economic case for sustainable investment. In terms of monitoring global progress, this self-assessment survey was the second part of a global tri-partite self-assessment survey, following from a first round collected in 2016. Response rate was close to 80% (154/194 Member States) and represents over 90% of the global population. 50 out of 53 European Member States responded. Results were presented for the areas of multi-sector and One Health collaboration/coordination; country progress in developing a national action plan; raising awareness and understanding of AMR risks and response in human health; training and professional education on AMR in the human health sector; national monitoring of consumption and rational use of antimicrobials in human health; infection prevention and control in human healthcare. WHO further presented an overview on WHO Europe activities on AMR, including activities to be co-funded through the EU Health Programme over the next 3 years. This will include policy advice and support to Member States on the development and implementation of national action plans on antimicrobial resistance; tools and training on prevention and control of healthcare associated infection and work with the Evidence-Informed Policy Network (EVIPNet). WHO also mentioned the annual SAVE LIVES campaign; the Antibiotic Awareness week, the new online course 'Antimicrobial stewardship', and the Tailoring AMR Programmes (TAP) initiative.

7.2 UPDATE ON EU ACTIONS INCLUDING THE JOINT ACTION ON AMR

SANTE updated on the implementation of the EU AMR Action Plan, published on 22 June 2017 and based on three pillars: 1. Action in the EU in human and animal fields with the aim of making the EU

a best practice region; 2. Boosting research, development and innovation; 3. Shaping the global agenda on AMR.

AMR case definitions were updated under the implementing act adopted 22 June 2018 on communicable diseases to be covered by epidemiological surveillance. The Commission proposal for a new regulation in the field of veterinary medicines is expected to be adopted by the Council and the Parliament soon. The regulation will enable legal measure to be brought forward restricting the use of certain antibiotics to humans only. The new proposal for a Council Recommendation on strengthened cooperation against vaccine preventable diseases also touches on AMR, as well as the Communication on enabling digital transformation of health and care in the Digital Single Market. Four ECDC/European Commission 'one health' country visits have been completed and an additional four are being planned. AMR training for EU and neighbouring countries in human and veterinary health is taking place under the Better Training for Safer Food programme. The first phase of work led by OECD in cooperation with ECDC and SANTE and co-funded by the EU on an economic model of AMR is complete and results from the model have been shared with Member States via the OECD health committee and will be published in the autumn. The model predicts that around 50% of AMR deaths can be prevented by comprehensive implementation of programmes of enhanced hand hygiene, hospital hygiene and antimicrobial stewardship with very high levels of cost effectiveness. SANTE also mentioned the Transatlantic Task Force on AMR (TATFAR) first physical meeting which was held in the US earlier this year and which agreed a number of areas of collaborative work.

France presented an update the Joint Action on AMR and HAI (JAMRAI) to complement the summary of the Joint Action provided to the HSC in background papers for the meeting. The general objective is to support the European Union Member States to develop and implement effective One Health policies to combat AMR and reduce HAI. The Joint Action involves 28 Member States and 3 associated countries, as well as 44 partners, 40 stakeholders, 21 collaborating stakeholders and 37 advisory committee members; the latter are officially nominated by national ministries to ensure that the Joint Action is aligned with national policies and to support implementation at national level. Several activities are ongoing, such as for example the creation of a self-assessment tool for National Action Plans, and the country to country assessment to evaluate each other's National Plans (pilot phase), and a survey for improving the infection control programs in Europe.

8. AOB

AOB points included preparedness and response to terrorist attacks, and an update was provided by the UK on the Salisbury incident and on a new CBRN handbook and DE on the situation in Cologne. An update from ECHO was presented on the Civil Protection Mechanism. As regards passenger information for contact tracing, several countries expressed problems to access timely information to introduce control measures against the spread of infectious disease threats. SANTE is preparing an analysis on the legal framework regulating the sharing of personal data between transport and public health sectors in the context of contact tracing activities, to be shared with the Working Group on Preparedness for further development.