



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 18 July 2017

**Final flash report from the Plenary Meeting of the Health Security Committee**  
**29-30 June 2017, Senningen/Luxembourg**

The agenda included: global health security and implementation of the International Health Regulations (IHR); preparedness and response to terror attacks; current threats; antimicrobial resistance; vaccination; joint procurement.

22 EU Member States, 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). On 29 June an evening event was organised at the Grand Duke Jean Museum of Modern Art with support of the Luxembourgish Ministry of Health which was opened by Lydia Mutsch, Minister of Health, Luxembourg.

**1. WELCOME AND ADOPTION OF AGENDA**

The Chair welcomed the members of the Health Security Committee (HSC). The agenda and the minutes of the last plenary meeting were adopted.

**2. GLOBAL HEALTH SECURITY**

**WHO Health Emergencies Programme and the implementation of the International Health Regulations**

The Chair highlighted that supporting Member States' efforts to step up preparedness and strengthen core capacities under the IHR is a key priority of the Commission. The IHR is taken forward through Decision 1082/2013/EU on serious cross-border threats to health and through policies and legislation in the areas of animal health, food safety, civil protection, humanitarian aid, research, environmental law, border controls (including the Schengen agreement), radioprotection and global health development programmes, to mention but some examples.

Substantial financial support is provided by the EU to WHO to support IHR implementation including areas such as health systems strengthening and response to health emergencies. Wider contribution to the Emergencies Programme's objectives includes the European Medical Corps and the mobilisation of fast and flexible research funding, such as it was the case in relation to the Zika outbreak. Under Decision 1082/2013/EU an action plan is under development with ECDC and in consultation with WHO on strengthening preparedness and IHR implementation.

Director Nedret Emiroglu (WHO/Europe) provided a presentation on the WHO Health Emergencies Programme and the implementation of IHR. She recalled the mission

statement of the WHO Health Emergencies Programme. Implementation is taken forward through an all-hazard approach, including preparedness/IHR, risk assessments and response. Elements of the new IHR Monitoring and Evaluation Framework were introduced, including annual reporting, after action reviews, simulation exercises and voluntary external evaluation. Up until today, around 47 JEE missions have been completed and 27 are in the pipeline.

Member States expressed commitment to support the WHO in strengthening core capacities under the IHR, also through a strengthened network of NFPs. Member States acknowledged the progress and noted that emphasis should be on results, as well as on the balance between emergency response and core mission of WHO including the coordination of different actors.

### **Joint External Evaluation in Finland**

Finland presented their experience with the Joint External Evaluation in March 2017, aiming to evaluate IHR core capacities in the country. Since WHO introduced the JEE tool in February 2016, Finland volunteered to be the first EU Member State undergoing evaluation and considered it a useful experience. The JEE report was published by the WHO, recommendations provided a basis for the development of a national action plan in view of the upcoming social and health reforms.

Member States expressed support to the JEE, several countries sending external experts to the evaluations, or undergoing JEE recently. It was noted the JEE requires extensive preparations with the self-assessment, and demonstrated its usefulness by also bringing together all the involved sectors.

The issue of feeding the results of JEE into the work of the HSC, and also how to integrate country visits carried out separately by WHO and ECDC, is work in progress.

### **Ukraine: Support to Public Health reform and communicable disease prevention, preparedness and response**

Ukraine is a priority country within the European Neighbourhood Policy and the Eastern Partnership. A Support Group for Ukraine was put in place within the Commission (in DG NEAR) in order to support this partner country in the implementation of its commitments as stated in the EU-Ukraine Association Agreement.

A presentation was provided by the Support Group and DG SANTE informing about ongoing reform process on public health and health system. On the request from the Commission ECDC led EU assessment on communicable disease prevention and control was carried out in Ukraine in 2015. The EU supported the elaboration of the 2016 National policy on Public Health adopted by the government and the establishment of the new national Public Health Centre in 2016. Ongoing work is focusing on governance structure for reform implementation.

Member States discussed potential areas of future cooperation on health security, including early warning and coordination of response and capacity building, such as through the EU Health Programme. WHO informed about ongoing work in Ukraine, and ECDC about recent and upcoming activities with Ukraine to strengthen national surveillance and laboratory functions and participation in relevant epidemiological networks.

Follow up:

- The situation and possible actions will be further examined and discussed within the HSC.

### **G20 initiatives under the German presidency**

Germany presented priorities of the German Presidency, in particular action on preparedness to health emergencies and antimicrobial resistance. G20 health ministers declaration was adopted at the first-ever G20 health ministers meeting in Berlin in May, including key commitments. A simulation exercise was conducted involving Ministers, the WHO and World Bank, to test response to a fictitious epidemic, focusing on multilateral coordination and IHR. The lessons learned from the Ebola outbreak played a role in the exercise.

Member States agreed that engaging high level political leadership is of key importance.

Follow up:

- WHO is planning in co-operation with Germany a follow up workshop, aiming to provide toolkit and materials available for other Member States. The possibility of organizing higher level exercises during EU presidencies and formal/informal Health Councils could be examined.

### **Global Health Security Initiative – meetings update**

SANTE informed Member States that on 24 February the European Commissioner for Health and Food safety hosted the 17th Ministerial meeting of the Global Health Security Initiative (GHSI) in Brussels, with the participation of Ministers and delegations from G7 countries plus Mexico and the WHO to discuss how to improve global preparedness in the event of an outbreak and response to both conventional attacks and bioterrorism.

Together with the European Commissioners for Health and for the Security Union and with EUROPOL, Ministers participated in a scenario-based discussion on a cross-sectoral response to terrorist attacks and agreed on the need for further engagement between the health and the security sector, as enshrined in the Communiqué endorsed on this occasion.

The Communiqué underlines Ministers' commitment to reducing threats by working together and to strengthening response capabilities; as well as their engagement towards the implementation of the International Health Regulations worldwide and the WHO Health Emergencies Programme.

Ministers further agreed to support the exchange of information and best practices with the security sector on a range of health sector preparedness measures, commencing with a joint technical workshop between the security sector and public health experts of the GHSI, which took place in Berlin.

Under GHSI, work is currently ongoing within the working groups on risk management and communication, global laboratory network, pandemic influenza, chemical events and radio-nuclear threats.

Follow up:

- The HSC will be informed on key actions and work under the Global Health Security Initiative.
- The UK will host the next ministerial meeting in the first months of 2018.

### **3. PREPAREDNESS AND RESPONSE TO TERRORIST ATTACKS**

#### **Directive on combating terrorism - medical treatment to victims of terrorist attacks**

SANTE informed about the Directive on combating terrorism, known as the Counter terrorism Directive, which was adopted on 15 March 2017 on a proposal from the Commission put forward just after the Paris attack. It aims to respond to the evolving terrorist threat by criminalising acts such as receiving training or traveling for terrorist purposes, as well as organising or facilitating such travel. It also reinforces the rights for the victims of terrorism. Article 24 of the Directive specifically reinforces the rights to support for the victims of terrorism including immediately after a terrorist attack and for as long as necessary. Detailed rules and implications were presented to Member States based on information from DG JUST.

#### **Training manual**

France presented a training manual on damage control techniques in response to terror attacks, which is expected to be completed by September and subsequently translated in English. The initiative sparked from the recent terrorist attacks in Paris and Nice, and the need for healthcare staff to have information and protocols available on triage and care of victims of attacks. The manual focuses on technical aspects of medical treatments, such as first aid in an unsecured environment, damage control, hospital organisation and equipment, and long term care and rehabilitation. France invited feedback on the manual from the other Member states.

Member States welcomed the work on the training manual, and other Member states who recently experienced terrorist attacks shared their experiences.

The Chair informed France that the Commission could assist with the translation of the document, and invited the other Member states to add their experiences to the translated version of the manual. France hopes to deliver a version by September 2017.

### **4. UPDATES ON FILES**

#### **Follow up to the workshop on vaccination**

SANTE informed on the outcomes of the high-level workshop on vaccination organised on 31 May in Brussels. The objective of this meeting was to explore how cooperation at EU level can increase vaccine coverage, address shortages and strengthen vaccination programmes, and it was attended by more than 120 participants from Member States, European institutions, organisations (WHO, UNICEF), industry, healthcare professionals, patients, civil society, academics and the scientific community. A number of possible areas for cooperation at EU level were identified, including strengthening coordination of communication at EU level to advocate vaccination by a broad range of stakeholders; achieve a balance between vaccine demand and supply; launch an output-oriented dialogue between public health, regulators and manufacturers; and strengthen research collaboration in respect to the implementation of vaccination programmes.

The Chair informed that Health Ministers were briefly informed about the findings of the workshop at the EPSCO Council meeting on 16 June 2017, and encouraged Member states to participate to the Joint Action on vaccination, which is co-funded by the Health Programme Work Plan 2017 and has recently started.

ECDC and WHO Europe welcomed SANTE's work on vaccination and reminded that vaccines are a priority area for them as well. WHO called for continued collaboration, including engagement in the Joint Action plan.

Member states discussed the Joint action on vaccination and what is expected to address. France, which coordinates this Joint Action invited members of the HSC as well as ECDC and WHO Europe to get involved in this project and work together to implement concrete actions.

Follow-up:

- Updates on the Joint action on vaccination are expected at the next HSC meeting. Chafea was asked to prepare a short fiche on this and other Joint actions to allow the HSC to follow these joint actions in the area of health security.

### **Implementation of the Joint Procurement of medical countermeasures**

SANTE reminded Members that the joint procurement mechanism under Article 5 of Decision 1082/2013/EU on serious cross-border threats to health has been fully established. 24 Member States have signed the Joint Procurement Agreement. SANTE informed Members that Norway has expressed interest in joining the Joint Procurement Agreement, and that this can be covered under the EEA agreement. Since the last HSC, the procurement procedure for several products were taken forward and progressed.

### **Implementing acts under Decision 1082/2013/EU**

The Chair informed the HSC that the Commission Recommendation on personal data that may be exchanged through the EWRS for contact tracing was adopted by the Commission on 23 June and has been notified to the Permanent Representations of the Member States and to the HSC members.

The Chair also informed that the draft Commission Implementing Decision on updating the list and case definitions of communicable diseases and related special health issues subject to epidemiological surveillance was finalised. The draft document was in Inter-service consultation, to be followed by public consultation (3-month period). The draft would be submitted to the Committee on Serious Cross-Border Threats to Health towards the end of autumn, and be adopted by the end of the year.

The Chair also informed that work has started on the implementing act to update the procedures for the operation of the epidemiological surveillance network under Article 6(5(c)) in close cooperation with the ECDC.

Member states discussed practicalities around the date of next Committee on Serious Cross-Border Threats to Health meeting and the period of public consultation draft Commission Implementing Decision.

### **Update on exercises under the Health Programme**

The Chair informed that under the Health Programme, three tabletop exercises are planned to take place in 2017 and 2018: an inter-sectorial exercise on outbreak coordination and response involving public health and veterinary authorities (Luxembourg, 10-12 October 2017); on hybrid threats towards improving preparedness and strengthening capacity to coordinate response under the EU health security framework on serious cross-border health threats (Q4 2017); and on business continuity planning during a pandemic (Q1-2 2018). An invitation to an EU workshop on challenges for the management of vector borne disease outbreaks and intersectoral

aspects of the response (Luxembourg, 19-21 September 2017) was also extended to HSC participants.

Member states asked that details of the exercises are provided in a timely fashion, to allow for the involvement and recruitment of the proper participants at country level.

## **5. CURRENT THREATS**

### **Update, overview of risk assessments and follow up**

ECDC gave a summary of the Rapid risk assessments (RRAs) produced by ECDC since the start of 2017. 21 RRAs have been produced so far, with an average of one RRA per week. ECDC stressed that this is a substantial part of ECDC work, and that they would be interested to know whether MS find them useful. To this end, they plan to launch a survey before the next HSC plenary meeting, to learn more about the extent to which Member States have taken up options for action identified in the risk assessments, following their discussion in the HSC.

The Chair added that the HSC discusses RRAs during HSC audio meetings to coordinate response. He stressed that it would be important to know if they are all useful in order to better steer the discussion. He also recalled that at the last HSC audio meeting there was no input from Member states on the ongoing Hepatitis A outbreak and asked HSC members to elaborate on this point.

Several Member States thanked ECDC for their work on RRAs and shared their positive feedback on their high quality. Several Member States agreed that for a more detailed evaluation it would be helpful to involve the end-users of such reports. It was noted that RRAs focusing on health threats posing a risk to EU countries, or on newly detected health threats, were particularly relevant. Some Member states also suggested that more information should be shared regarding response measures and lessons learnt following outbreaks. Regarding HSC audio meetings, it was commented that the participation of experts who could best contribute to the discussion would be facilitated for example by putting one issue only on each audio call, rather than dealing with several threats in one meeting.

ECDC clarified the process behind the selection of a topic to be covered in RRAs.

Follow-up:

- SANTE and ECDC agreed to liaise to define the survey structure and the sample for the evaluation of ECDC Rapid Risk Assessments, and their follow up by member states in the framework of the coordination of response in the HSC.

### **State of play with EWRS remodelling, concept and timetable**

ECDC gave a presentation on the proposal for the new EWRS platform. Under the rationale for the EWRS update, ECDC mentioned the European Court of Auditors report and the Commission Implementing decision (2017/253). He also reported on the joint meeting between SANTE C3 and ECDC held in Luxembourg on 20 June 2017. The major changes in new platform will be a shift towards a 'threat-centred' system; improvement in situational awareness and incident management for serious cross border threats to health; facilitated access to ECDC epidemic intelligence and surveillance data and

reports; and a link to other EU rapid alert and information systems. The next steps will require a continuation of the ongoing conversation between DG SANTE and ECDC, as well as the setup of a working group for the EWRS within the HSC. The estimated timeline will include the presentation of the new platform in the HSC plenary meeting of June 2018.

Member states welcomed the update of the platform, and particularly the change to a 'threat-oriented' system and the interlinking with other EU-level alert platforms, as well as IHR. They stressed the importance to appropriately share sensitive data and to rationalise alert systems. The value of a back-up plan in case of a cyber-attack was also discussed.

SANTE highlighted the value of EWRS and encouraged the HSC members to respond to the request for nominations for the working group within the HSC, which would work closely with the Commission and the ECDC to ensure that the renewed EWRS reflects adequately the scope of Decision 1082.

Follow-up:

- Member states will provide nominations for the HSC working group on EWRS update.

### **Measles: risk assessment, outbreak response and eradication**

ECDC gave an update on the current measles outbreak situation, which so far has resulted in more than 12 000 cases in 16 EU countries since February 2016. Vaccine coverage is reportedly lower than 95% in several countries. ECDC is regularly publishing RRA updates and epidemiological updates. ECDC inquired how they would be able to best support MS, for example in terms of reporting cases, or supporting laboratory investigation on virus strains, or tackling vaccine hesitancy.

The Chair reported on the recent Commission meeting with the Romanian minister on the topic of the measles outbreak. He stressed that the Commission and ECDC would like to receive feedback from Member states on where they could best help to support them.

WHO Euro reported on measles cases registered in the WHO European region (53 countries) in 2016. 82% of cases were recorded in Romania, Italy, the UK and Germany (n=4194). By the end of May 2017, 6700 cases were reported. WHO Euro welcomed the recent political interventions and efforts on measles in Italy and Romania.

Italy gave a presentation on the epidemiological situation in their country, with 3232 cases recorded since the beginning of 2017, mostly in non-vaccinated people. Italy also presented their recent initiatives to prevent further spread of the outbreak on a national level. The response of the government was to introduce a new decree law, rendering 12 vaccinations mandatory in children and adolescents (0-16 years of age). The decree law was enforced immediately on reasons of urgency; however, it would become law in August 2017 after Parliamentary approval.

Member states discussed the outbreak situation in their respective countries, and several reported a high number of imported cases from other EU/neighbouring countries, as well as a high number of cases in non-vaccinated people. A trend of cases in

young adults and health-care workers was also noted by several Member states. Member states considered the increasing influence of anti-vaccination movement in fuelling vaccine hesitancy in several countries, and discussed benefits and harms of rendering vaccinations mandatory.

The Chair thanked all HSC members for their contribution and encouraged MS to share best practices to prevent further spread on a national level and increase vaccine coverage. He also invited MS to share legal instruments, and to participate to the upcoming Joint Action on vaccinations.

Follow-up:

- SANTE will circulate the text of the Italian decree law, once translation is ready from the Commission services. The measles outbreak will be discussed again at the next HSC meeting in November 2017.

## **6. ANTIMICROBIAL RESISTANCE**

### **Commission Communication on an Antimicrobial Resistance (AMR) Action Plan**

The Chair reported that the new AMR action plan was adopted by the Commission on 29 June 2017. The new action plan is part of a package which also includes the EU Guidelines on Prudent Use of Antimicrobials in Human Health, which was discussed at the previous HSC meeting.

SANTE gave a presentation on the new action plan. This builds on the previous 2011 action plan, on its 2016 evaluation and on a successful public consultation with MS, stakeholders and the general public. The new action plan includes activities to be led by 9 Directorates General, and is based on three pillars: making the EU a best practice region on AMR; boosting research, development and innovation on AMR; and shaping the global agenda on AMR. The first pillar aims to encourage Member states to share knowledge and to coordinate, as well as to facilitate better prevention and control of AMR, also addressing the role of the environment. The second pillar revolves around research and innovation, and aims to strengthen EU action on research and development, as well as to develop a global research agenda. The third pillar aims to shape the global agenda, strengthening the EU global presence, and cooperating with developing countries.

### **Updates on AMR action**

SANTE updated on current AMR activities, and presented the recently adopted EU guidelines for the prudent use of antimicrobials in human health, the draft report 'Antimicrobial resistance and causes of non-prudent use of antibiotics in human medicine in the EU', and the work of the OECD/EU collaboration on AMR. SANTE also reported on the 'One health' AMR country visits. Other activities on AMR include a joint action on AMR and Healthcare-associated infection (2017-2020) and work from the European Observatory on Health Systems and Policies – Policy Review and Publication on Good Practices (2017-2018). Collaboration on AMR between the EU and Latin America is being developed. The Commission is also closely collaborating with WHO on how to support MS on AMR (EU/WHO Collaboration 2018-2021).

ECDC stated they are closely collaborating with the Commission on the AMR item. She invited the MS to suggest specific activities where ECDC could support MS, including activities for the upcoming AMR Awareness Day.



Member states congratulated the Commission on the new AMR Action plan. The Joint action on AMR was discussed, and Member states were invited by France to participate in the JA Steering Committee to provide Member States' views and input to the JA's work. France also mentioned that regular reports to HSC would be made. The multiplicity of action plans on the international scene was noted by Member States, and it was agreed that it was important for EU actions on AMR to be closely coordinated with WHO.

SANTE emphasized that AMR is a very high priority for the Commission, and that the Commission intends to support Member States in developing and implementing effective national 'one-health' action plans to combat AMR. The HSC will have a key role in helping to coordinate action.

Follow up:

- The implementation of the EU AMR action plan and the work of the JA will be revisited in the HSC agenda on a regular basis in future. CHAFAEA was asked to regularly update in a summary format the HSC regarding the ongoing joint actions in the area of health security.

## **7. AOB**

### **“Acute watery diarrhoea epidemic” – cholera ongoing in Ethiopia, Sudan and Somalia**

The Chair acknowledged a request from Finland, to discuss the “acute watery diarrhoea epidemic” which is ongoing in Ethiopia, Sudan and Somalia. Finland reported on the situation. There were concerns that the outbreak was not reported according to IHR. This was of concern as a sign of undermining the obligations of the IHR globally. WHO/Euro took the floor to state that they would look into this issue.

### **"Unseen Enemy" film on Ebola**

The Chair introduced Janet Tobias, the film producer of the film “Unseen Ebola”. A trailer of the documentary was shown to the HSC members. The documentary will be aired internationally and it is available for use for professional purposes.

## **8. CONCLUSIONS AND END OF MEETING**

The Chair summarised the main conclusions from the meeting and thanked the HSC for the productive discussions.

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The next Plenary meeting of the HSC is scheduled for 9 November 2017.