

DRAFT REPORT FROM STAKEHOLDER CONSULTATION ON STRENGTHENING EUROPEAN UNION PREPAREDNESS ON PANDEMIC INFLUENZA

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1. Background

On 27th May 2010, the European Commission (EC) launched a Public Consultation on European Pandemic Influenza Preparedness. The aim of the consultation was to seek the views of key stakeholders on what action the European Commission should take to strengthen European Union Pandemic Influenza Preparedness. The initial closing date was 23rd June 2010. However, following requests from stakeholders, the closing date was extended to 30th June 2010.

2. Consultation process

The consultation document and questionnaire were published on the "Your Voice in Europe" website. The consultation title, policy area and closing date were made available in 23 languages on the Your Voice website. The consultation paper and questionnaire was in English.

The consultation was also published on the DG SANCO public website and on the Global Health Europe website. A PDF version of the consultation paper and questionnaire was made available on the SANCO website and the Your Voice in Europe website.

All 796 stakeholders registered on the Commission's Register of Interest Representatives, who included Public Health as a policy field of interest received an alert about the consultation from the Your Voice in Europe Website. A SANCO e-news alert about the consultation was sent to 9,196 registered recipients.

In addition the Commission issued an information email about the consultation to the following key stakeholder groups:

- Member States through the Health Security Committee;
- Flu Section of the HSC;
- General preparedness section of HSC;
- Communicators Network of the HSC;
- Invitees to Belgian Presidency Conference on pandemic (H1N1) lessons learned;
- ECDC
- EMA
- European Food Safety Agency
- GHSAG / GHSI;
- WHO and WHO Europe
- Business Europe
- Participants at Spanish multi-sector workshop

This open consultation process met the Commission's minimum standards on Stakeholder Consultation.

3. Responses received

There were a total of 79 responses received to the online questionnaire. 20 responses (25%) were from individual citizens, 27 (34%) were on behalf of organisations and 32 (41%) were on behalf of a public authority.

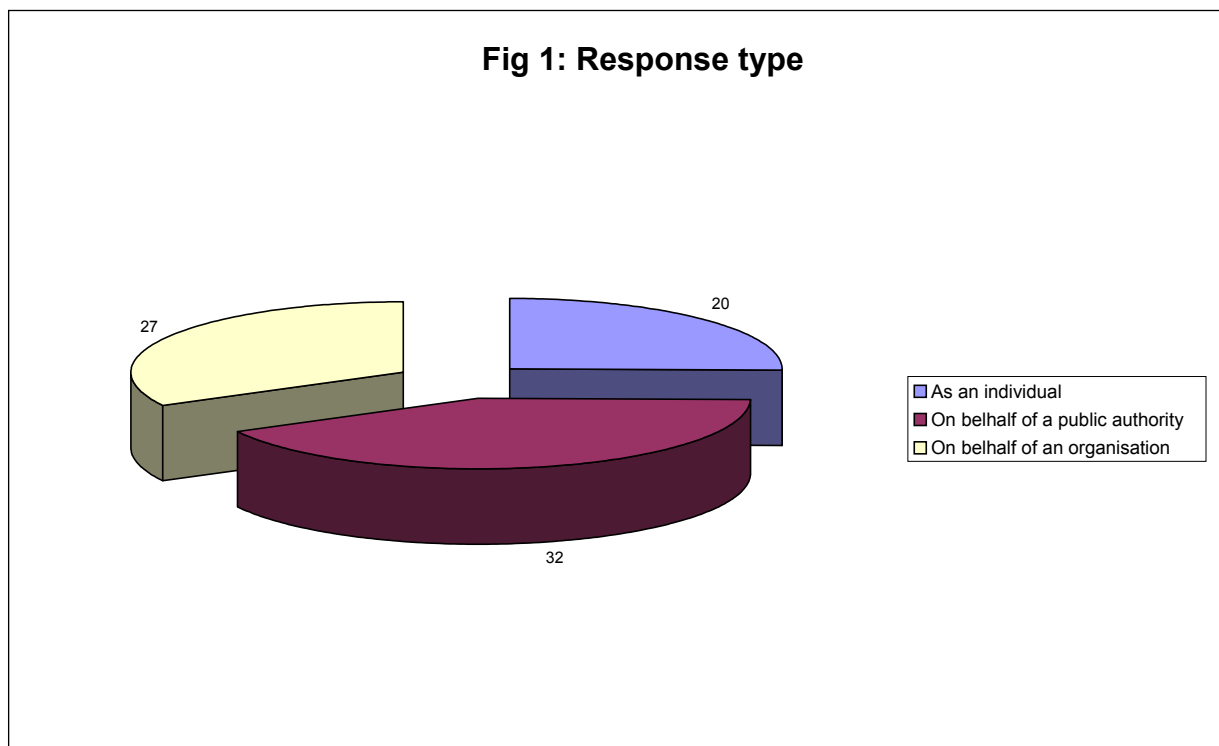


Figure 1: Response type

Table 1 shows a further breakdown of responses received.

Response type	Number of responses
Citizens	20
Public Authority	32 (AT, CZ, DK, ES, FR, DE, HU, IE, LT, LV, LU, MT, CH, PT, RO, SK, SE, UK, CH, BE)
Organizations (Health Professionals, Pharmaceutical Industry, Tourism Industry, Not for profit organisations)	27
Health Professional Organisations	12
Pharmaceutical Industry	7
Tourism Industry	2
Not for profit organisations	4

Responses were received from individuals, organisations or public authorities in 23 Member States (MS). Responses were also received from non-EU countries, global and EU wide organisations. Figure 2 shows the country of origin of all 79 responses.

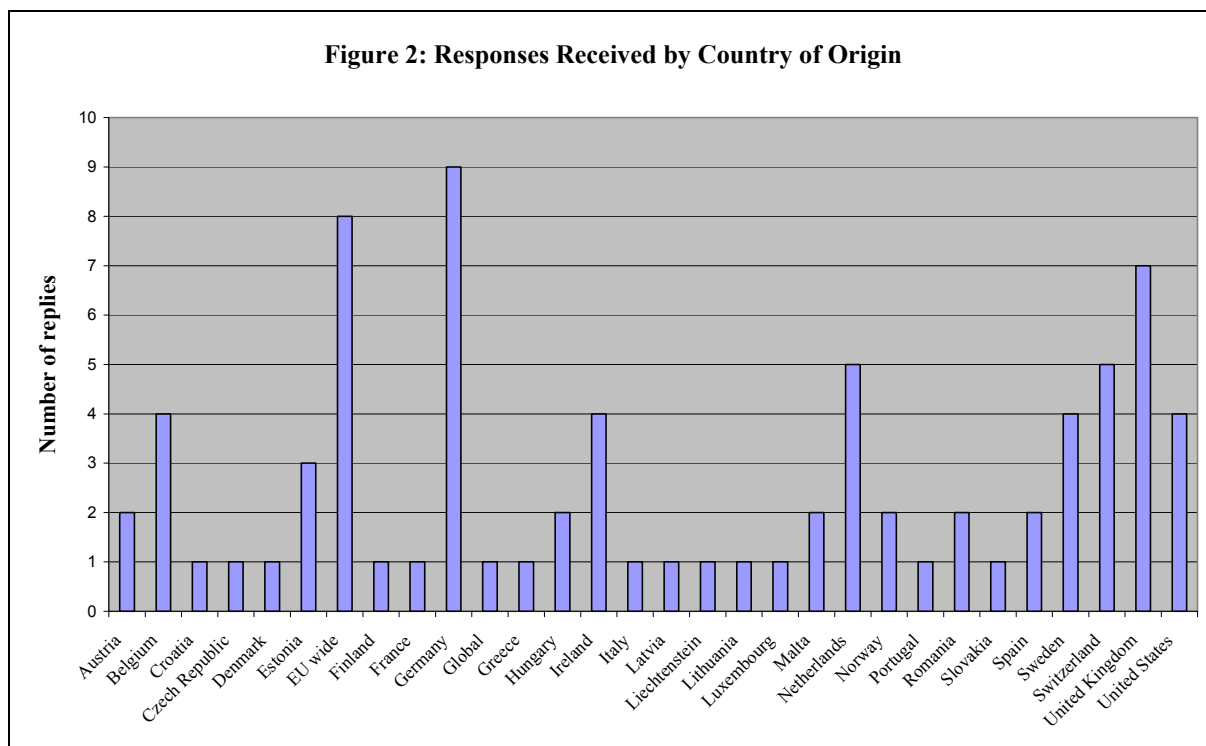


Figure 2: Country of origin of response

4. Results

The results from the consultation are presented below. The response from all applicants is presented. Where appropriate the response from public authorities only (who have the responsibility for pandemic influenza planning and response at MS level) is also presented.

The results are divided into 5 main areas which correspond to the structure of the online questionnaire.

4.1. *Pandemic Influenza Preparedness and Co-ordination*

4.1.1. *Co-ordination between Member States*

Questions were asked about whether it was important that MS co-ordinated with one another during pandemic planning and response.

94% of all respondents thought it was important that countries' plans worked well with other countries in the EU. 98% of all respondents thought that improved co-operation at EU level would enhance preparedness.

Of those responding on behalf of a public authority, 94% thought it was important that countries' plans worked well with other MS and 97% felt improved co-operation at EU level would enhance preparedness.

92% of all respondents felt there was a need for the EC to take a co-ordinating role when there was a cross border aspect involved. 91% of those responding on behalf of a public authority felt there was a need for the EC to take a co-ordinating role when there was a cross border aspect involved.

Respondents who agreed that the EC should take a co-ordinating role were asked to describe what this role should be and how it would help. Providing a platform for information sharing

was mentioned by many respondents. The Health Security Committee was suggested by some respondents as the appropriate platform.

Several respondents suggested an expert / scientific pandemic influenza working group with representation from each of the member states. The role of this group would be to review information on planning from all MS, information from ECDC and also new scientific information with a view to producing guidance / revised plans.

Many respondents suggested that the Commission should organise regular workshops to address planning issues and co-ordination issues. Other suggestions included the Commission issuing minimum standards for MS to meet.

One respondent on behalf of a public authority said that the Commission should only get involved when MS asked. Another said the Commission should only get involved if all MS were affected. It was suggested by another respondent that the Commission should facilitate discussions between groups of countries sharing borders.

90% all respondents and 88% of those responding on behalf of a public authority felt that the interoperability of MS plans should be facilitated at EU level.

Those who agreed that the EU should have a facilitating role were asked to describe what this might look like. There was significant overlap with the answers to the previous question about how the Commission should co-ordinate. Again suggestions included an EU expert group and facilitating communication through the HSC. A central database of plans was proposed. It was suggested these could then be analysed for how well they would work together. It was suggested that a common set of planning assumptions and principles should be agreed at EU level.

4.1.2. Importance of having EU plan

91% all respondents felt it was important that a plan is in place at EU level. 87% of those responding on behalf of a public authority felt it was important to have a plan in place at EU level. 9% (3 respondents) of those responding of behalf of a public authority did not feel an EU level plan was important.

4.1.3. Use of current pandemic plan

A question was asked about the extent to which MS used the EU plan when developing their national pandemic plan. Of the 13 EU MS leading national authorities (mostly ministries of health) who responded to this question, 1 said the EU plan was used extensively, 5 said the plan had been used to some extent, 4 said it had been used only a little and 3 said it had not been used at all.

4.1.4. Need to update the plan

90% of all respondents and the same percentage of those responding on behalf of a public authority felt the EU plan should be updated in the light of experience with H1N1. The majority of respondents agreed that the update of the International Health Regulations, review of WHO guidance, the need for better inter-sectoral preparedness and new developments in medicine were also reasons the plan should be updated.

84% of all respondents and 88% of those responding on behalf of a public authority felt that better co-ordination of national plans could be helped by a revision of the EU preparedness plan.

Respondents were asked to add any further reasons they believed the plan should be updated.

Several respondents reiterated reasons set out in previous questions, for example the need to include severity indicators, address inter sectoral aspects and implement lessons learned from H1N1. A need to review and clearly set out the roles and responsibilities of all players (for example, the Commission, ECDC, EMA and Member States) was also put forward as a reason the plan should be updated.

The development of an EU vaccine registry was advocated by a number of respondents and this was identified by them as a reason to review the plan as was developing the EU's assistance to developing countries.

Strengthening communication was another reason several respondents put forward.

4.1.5. Links with WHO

90% of all respondents and 88% of those responding on behalf of a public authority felt it is important to maintain the link between WHO planning phases and EU preparedness planning.

A small number of respondents questioned the independence of WHO and cited recent media criticism of some processes as a reason not to follow WHO. However, this was only expressed by a small minority of respondents. The majority highlighted WHO's role as the global health expert and leader in pandemic.

The strong support for maintaining the link with WHO planning phases was further explained by many respondents. Many respondents noted that the WHO phases will be reviewed. It was suggested that the EC should take an active part in this review and influence it. It was noted by several that the new WHO phases are unlikely to be available until 2012. However, there was no suggestion that the EU should develop its own phases in the meantime.

4.1.6. Ability of EU to declare a pandemic

The majority of respondents (61%) felt that the EU should **not** retain the ability to declare a pandemic independent of WHO. For public authorities this figure was 67%. The most frequent reasons given for this were that WHO are the global health authority, all EU MS are also WHO MS and that having a separate system in the EU could be confusing.

Several respondents also responded that it would not be a pandemic if Europe alone was affected. The globalised nature of the world was also highlighted as a reason not to have a separate EU system.

It was suggested that having two systems could cause problems for the production of pandemic vaccine. Vaccine manufacturing facilities are global and responses from manufacturers said that having different "pandemics" being announced would make it difficult for manufacturers to meet global requirements. Furthermore, the vaccine manufacturing process is closely linked to WHO processes, for example the supply of virus.

The most frequent argument put forward by those who supported the retention of the EU's power to declare a pandemic was that the epidemiological situation could be different in Europe. Those who supported the retention of the EU's ability to declare a pandemic also argued that the situation in terms of expertise and resources to deal with a pandemic was different in Europe and for this reason it is appropriate that the EU can declare a pandemic if this is in the EU's interest.

4.1.7 The use and usefulness of the EU 2005 plan

The questions related to this topic were only accessible to those responding on behalf of public authorities.

To the question whether they had used the 2005 plan while developing their national preparedness and response planning, a total of 19 out of 32 (59%) responded to this question,. 13 out of these 19 responders (68%) had used the 2005 plan to a varying extend, some MS used it extensively, others only to some extent and some only a little.

Only 6 out of 32 (19%) of the public authorities responded to this question related to the reason of the non-use of the EU plan. More than half of these respondents, (4/6, 67%) stated not being aware of the plan and some even found that it has not been useful during the management of the pandemic.

While developing their national preparedness plan, the mostly used source as guidance was the WHO guidance. 20 out of 53 (37%) of people responding on behalf of a public authority said that they have used the WHO plan as guidance. The national plans were second in ranking, 14/53 (26%) of the respondent reported using it. The EU plan 2005 was ranked third and referred to by only 11/53 (20 %) of the respondents on behalf of a public authority. This question was a multiple choice question which makes it difficult to estimate how many respondents on behalf of public authorities actually answered. Nevertheless there were 53 answers collected for this question. The consultation questionnaire made 6 possibilities available to the choice of the PA.

There were 22 out of 32 (59%) responses to the question whether the EU plan was a useful framework in supporting the response to pandemic (H1N1). 13/22 (68%) respondents agreed to the usefulness of the 2005 plan. Still 5/22 (23 %) of those responding on behalf of Public Authorities disagreed noting that the EU plan was not a useful framework in supporting the response to pandemic (H1N1).

4.2. *Monitoring and assessment*

4.2.1. *European level surveillance tools*

Those responding on behalf of a public authority were asked if they thought the European level surveillance tools worked well during the pandemic. 28 out of 32 responded to the question. 71% of those who responded agreed that they had. 29% did not think they worked well.

Comments were received mostly from those who did not think the systems had worked well. Double reporting to WHO and EWRS was raised by a number of respondents as an issue. Several respondents noted that the system was designed to detect more severe cases and did not reflect the total burden of disease. Furthermore, one respondent said that the system was designed to work with certain MS health systems and did not work well with others. The difficulties in making comparisons between MS data were also raised. Some respondents felt that opportunities to carry out epidemiological studies were missed.

4.2.2. *Ensuring national plans are coherent with the EU plan*

85% of all respondents agreed that Member States should ensure their national plans are coherent with the EU plan. 78% of those who responded on behalf of a public authority agreed with this.

Respondents who agreed that national plans should be coherent with the EU plan were asked to suggest how this could best be achieved. Several respondents suggested that the EU plan set our minimum standards for Member States. More joint activities at EU level involving MS, including experts was also proposed.

It was suggested that a clearer description of roles and responsibilities, setting out how evidence generated by ECDC risk assessment processes can be turned (quickly) into actionable policy guidance would be a way of achieving better coherence of plans.

4.3. *Prevention and containment (including contact tracing, antivirals and vaccination)*

4.3.1. *Sharing information on containment and mitigation strategies during a pandemic*

84% of all respondents and 81% of those responding on behalf of a public authority agreed that action should be taken at EU level to better facilitate the sharing of information on current containment and mitigation strategies across the EU.

Respondents were asked to suggest ways this could happen. The following solutions were proposed:

- Internet page;
- Electronic expert meetings / teleconferences;
- HEDIS;
- A database;
- Build specific system for this purpose.

95% of all respondents felt that it would be useful for the rationale and evidence behind MS strategies to be shared across the EU.

92% thought the EU should provide all MS with up to date advice on public health strategies and the evidence behind these to aid their decision making.

4.3.2. *Vaccine procurement*

73% of all respondents and 71% of those responding on behalf of a public authority agreed that joint procurement of pandemic vaccines at EU level would help ensure all MS have timely access to vaccines. 72% of all respondents and the same percentage of those responding on behalf of an authority agreed that joint procurement of pandemic vaccine at an EU level is desirable.

4.3.3. *Virtual stockpiles*

62% of all respondents and 56% of those responding on behalf of a public authority agreed that the EU should consider the development of virtual stockpiles of pandemic vaccine. There was a similar level of support for the development of virtual stockpiles of other medical countermeasures to facilitate sharing among MS in the event of an outbreak.

An optional question was asked about whether the EU should consider developing physical stockpiles of medical countermeasures. 77 responses to this question were received. Less than half of those responding agreed with this proposal. 46% of all respondents and 36% of those responding on behalf of a public authority thought the EU should consider developing virtual stockpiles.

4.3.4. *Travel advice and measures*

79% of all respondents thought that the European Commission should provide guidance on travel restrictions to member states. 76% all respondents felt that a more co-ordinated EU approach to port health measures such as entry and exit screening and advice for travellers is needed.

4.3.5. Heath services

72.2% of all respondents thought the potential for co-operation and sharing of health services should be explored at EU level. 68.3% felt MS should consider how spare capacity within their health services could be used to assist other MS.

4.4. Communication

Respondents were asked to make suggestions as to how communication with the public and health professionals could be improved.

4.4.1. Communication with the public

It was suggested by several respondents that better co-operation between all MS was needed in this area. It was also suggested that good practice could be shared and discussed at EU level with the communication strategy being implemented at national level. A common approach via the Communicators' Network was proposed as a solution. The goal would be to ensure that the same messages come from all countries.

Another idea proposed was to co-ordinate national websites and link them to an EU website with public health information.

4.4.2. Communication with health professionals

Several respondents suggested that health professionals should be engaged earlier in the pandemic planning and communication process. An EU clinical network was proposed. The purpose of this would be to share information and practice across Europe, but also to engage health professionals in pandemic planning and response. Health professionals associations were also proposed as a way of engaging health professionals.

4.5. Multisectoral preparedness

92% of all respondents felt it was important that sectors other than health have business continuity plans in place.

A list of sectors was presented and respondents were asked if they thought the named sectors were critical and should have business continuity plans in place to ensure they can continue to function during a pandemic. All sectors used as examples were supported by the majority of respondents. The list of sectors and level of agreement that the sector is critical is presented in figure 3.

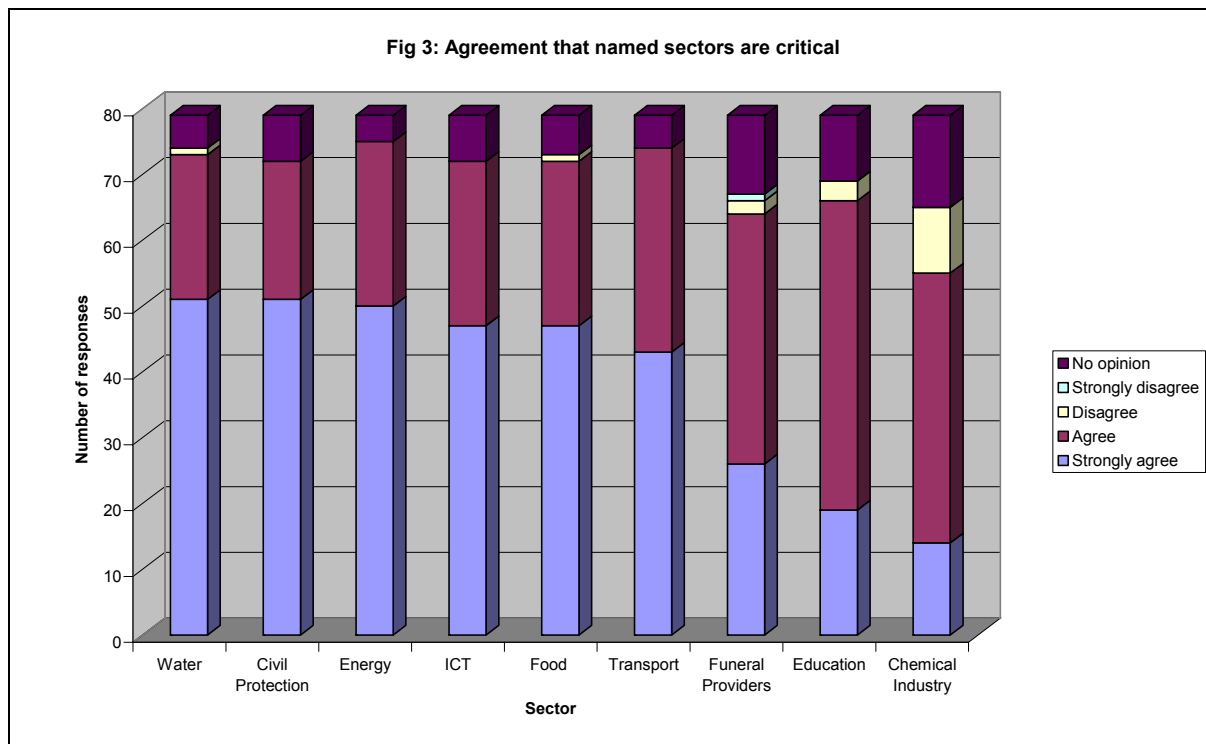


Figure 3: Agreement that named sectors are critical and should have business continuity plans in place.

Respondents were asked to identify any sector that was not listed that they thought was critical. There were many suggestions. The most commonly suggested sectors included waste management, finance and banking, social services and the pharmaceutical industry.

91% all respondents felt that MS should ensure that critical sectors have business continuity plans (BCPs) in place. 97% of those responding on behalf of a public authority thought that MS should ensure that critical sectors had business continuity plans in place.

70% respondents felt the EC should take a co-ordinating role in multi sectoral preparedness planning involving trans-national companies. 63% of those responding on behalf of a public authority thought that the EC should take a co-ordinating role in multi sector preparedness.