

## **Consultation paper**

### **Stakeholder Consultation on Strengthening European Union Preparedness on Pandemic Influenza**

#### **Introduction**

The Treaty provisions on public health, provide inter alia that Community action, which shall complement national policies, shall be directed towards improving public health, and prevention of human illnesses and diseases. Specific mention is made of the fight against the major health scourges, by promoting research into their causes, transmission and prevention. The Treaty provides that the Community shall encourage cooperation between the Member States in these areas, and if necessary lend support to their action. It also provides that Member States shall coordinate among themselves in liaison with the Commission their policies and programmes in the above mentioned areas, and that the Commission may take any useful action to promote such coordination.

#### **Need for coordination at European level**

Already in 2004, the Commission adopted an EU Pandemic Preparedness plan in order to ensure a coherent coordination of activities across the EU. This set the basis for national preparedness plans to face an influenza pandemic.

The European Commission also provides a set of information exchange tools and public health response and management platforms to support the Member States in their efforts.

There are a number of reasons why a strong EU wide coordination in pandemic prevention and management is needed. These include the following:

1. Pandemics do not respect borders and therefore all regions of the EU will need to have a similar level of preparedness to ensure that public health effects are minimised, that impact on society and the economy is reduced as far as possible;

2. Public health information from surveillance and monitoring needs to be shared effectively between countries and regions to ensure an equal level of knowledge so that pandemics can be efficiently managed;
3. Public health measures taken in one country can have an impact on citizens from another EU country and therefore need to be evidence based, proportionate and effective, reducing disruption to normal life to the extent possible while ensuring a high level of health protection; Similarly, measures taken vis a vis third country citizens need to meet the same standards.
4. Discrepancies between Member States plans could make it very difficult to communicate important public health messages to citizens during a pandemic because different approaches, unless well justified, could undermine confidence;
5. A pandemic can affect other sectors of society through absenteeism or breakdowns in business continuity and there may be direct or indirect negative economic or social impacts; this in turn could undermine the protection of health of citizens if the health sector preparedness and response capacity is affected as a result.
6. A lack of co-ordination may affect specific areas of internal market, for example free movement of goods (vaccine, pharmaceuticals) and people (human resources in the health sector). It may have wider consequences on economic exchanges, and may also have international consequences if third countries react in an uncoordinated manner.

Following review of the existing plan, the Commission adopted the Communication on Pandemic Influenza Preparedness and Response Planning in the Community in November 2005<sup>1</sup>. This is a pandemic preparedness plan for the European Community. It sets out roles, responsibilities and key tasks for the Commission, Member States and Community Agencies.

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<sup>1</sup> [http://eur-lex.europa.eu/LexUriServ/site/en/com/2005/com2005\\_0607en01.pdf](http://eur-lex.europa.eu/LexUriServ/site/en/com/2005/com2005_0607en01.pdf)

Key areas covered by the plan are planning and co-ordination, monitoring and assessment, prevention and containment, health system response and communication. The plan describes the actions that should be taken by the Commission, Member States, ECDC and EMA in these areas at each of the WHO pandemic phases.

The Commission and the Member States closely collaborate and communicate on the key elements of pandemic planning and response with the World Health Organisation (WHO) to ensure that measures taken at the European Union level conform with WHO recommendations and the International Health Regulations (IHR).

At the time of the adoption of the Communication on Pandemic Influenza Preparedness and Response Planning in the Community it was noted that regular revision would be needed to ensure the plan is kept up to date with emerging epidemiology, scientific progress, international discussion and experience gained during seasonal, avian and other flu outbreaks and international exercises.

Since the plan was adopted in 2005, a lot of work has been invested in this area and significant contributions have been made both at national, Community and international levels. The response to pandemic (H1N1) 2009 has also generated important lessons for pandemic preparedness.

### **Update of the pandemic influenza preparedness plan**

The Council in its Conclusions of 2008 and 2009 has invited the Commission to update the plan on pandemic influenza preparedness and response in the European Community adopted in 2005. In particular, the Council has asked that the inter-sectoral dimensions of preparing for pandemic influenza are taken into account. This is because health sector preparedness and health protection for citizens is interlinked to business continuity in a pandemic situation in other sectors of the economy and society. This aspect was not stressed in the original plan. In addition, the European Commission adopted a Communication on pandemic (H1N1) 2009 on 15<sup>th</sup>

September 2009<sup>2</sup>. This is accompanied by five separate Commission Staff Working Documents on the following issues: vaccine development, vaccine procurement, vaccination policies, communication with the public and international collaboration as each of these topics required closer attention by the EU during the pandemic.

At the meeting of 16<sup>th</sup> and 17<sup>th</sup> December 2008, the Council of the European Union adopted Conclusions<sup>3</sup> on Health Security inviting the Commission '*to take into account the inter-sectoral dimension of preparing for pandemic influenza by reviewing the arrangements that cover this area and by updating the Communication of November 2005 on pandemic influenza preparedness and response planning in the European Community*'. These Conclusions are based on the outcome of a workshop held in Angers in early September 2008, which was organised under the French presidency. Experts emphasised the need for the Commission and Member States to improve inter-sectoral coordination in the area of pandemic influenza preparedness planning. They concluded that preparedness for a pandemic must include inter-sectoral aspects, to ensure that essential societal functions are maintained in the event of public health crisis (business continuity).

The Council reiterated that further work would need to be handled by a structure able to take the inter-sectoral dimensions into consideration, and confirmed the need to widen the scope of approach to ensure coordinated planning across all sectors, be they at Community, national, regional or local levels who contribute to mitigating the societal impact of a flu pandemic through appropriate preparedness and response planning within their respective mandates and remits.

The Council reiterated the need for continued work in this area by adopting conclusions<sup>4</sup> on pandemic influenza at the extra-ordinary meeting on 12 October 2009.

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<sup>2</sup> [http://ec.europa.eu/health/archive/ph\\_threats/com/influenza/docs/com481\\_2009\\_en.pdf](http://ec.europa.eu/health/archive/ph_threats/com/influenza/docs/com481_2009_en.pdf)

<sup>3</sup> [http://www.consilium.europa.eu/ueDocs/cms\\_Data/docs/pressData/en/lsa/104770.pdf](http://www.consilium.europa.eu/ueDocs/cms_Data/docs/pressData/en/lsa/104770.pdf)

<sup>4</sup> [http://www.consilium.europa.eu/uedocs/cms\\_Data/docs/pressdata/en/lsa/110500.pdf](http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/en/lsa/110500.pdf)

## **Pandemic (H1N1) 2009**

The pandemic (H1N1) 2009 has been a real-life test for the European Union to examine the effectiveness and usability of National and European pandemic preparedness plans in practice. Several reviews are taking place to assess lessons learnt from this pandemic. The Commission is carrying out a review of the European Union response to pandemic (H1N1) 2009. Several member states are also carrying out reviews into their country's response. It is important that the lessons learned in responding to pandemic (H1N1) 2009 are used to help shape future pandemic preparedness planning.

The Belgian Presidency of the EU Council of Ministers and the European Commission will hold a conference on lessons learned from pandemic (H1N1) 2009 in early July 2010. The outcome of this conference will also inform the review of the 2005 EU plan.

Lessons learnt from the response to pandemic (H1N1) 2009, together with work in pandemic influenza planning since 2005, have highlighted a number of issues that could be addressed at European level. These include the preparedness of sectors other than health, for example energy, transport and ICT. This is commonly referred to as multi-sectoral preparedness. Other aspects such as the coherence of Member States' national plans and developing a coherent communication strategy with citizens have also been highlighted.

The 2005 plan uses the WHO pandemic phases. Experience with H1N1 has highlighted weaknesses in this approach. The declaration of pandemic phases depends on geographical spread of the virus and does not take the severity of infection into account. The need to develop a severity scale so the response to any future pandemic is proportional to the severity of the illness has been highlighted as an issue.

## **Aim of Consultation**

The aim of this consultation is to seek the views of key stakeholders on what action the European Commission should take to strengthen European Union Pandemic

Preparedness. The Commission is seeking the views of stakeholders in two main areas. These are:

1. How useful was the 2005 plan both during the pandemic preparedness phase and during the response to pandemic (H1N1) 2009 and how should it be improved?
2. What should be done at EU level to improve EU pandemic preparedness?

The questionnaire is divided into sections covering, preparedness and co-ordination, surveillance, containment and mitigation (including vaccines and antivirals), health system response, international communication and communication with citizens. The final section is about multi-sectoral preparedness, which has been highlighted as an area for development.

### Consultation Questionnaire

#### Personal Details

Do you reply ...

- as an individual
- on behalf of an organisation
- on behalf of a public authority

Last name

First name

E-mail

Organisation (optional)

Register identification Number (of the register of interest Representatives) optional\*

\*Register of Interest Representatives By opening this voluntary Register, in the context of the European Transparency Initiative, the European Commission wishes to let citizens know which general or specific interests are influencing the decision-making process of the European Institutions. More information: <https://webgate.ec.europa.eu/transparency/regrin/welcome.do>

Your function in the organisation (optional)

## Pandemic Influenza Preparedness and Co-ordination

1. It is important that individual country's plans work well with other countries in the EU. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

2. Co-operation between Member States on pandemic influenza preparedness would help enhance preparedness at a national and European level.

(compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

3. There is a need for the European Commission to assist Member States in co-ordinating in areas of pandemic influenza preparedness and response where there is a cross border aspect involved. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

4. (if strongly agree or agree ) Please describe the role you believe the Commission should take and how this would aid preparedness.

5. It is important that there is a plan in place at European level to support interoperability of Member States plans. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

6. The interoperability of Member States plans should be facilitated at European level. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

7. (if strongly agree or agree) Please describe how you think this should be done

8. Cross border issues within the EU complicated the response to pandemic (H1N1)? (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

9. (If strongly agree or agree) Please describe the cross border issues that arose. Please give as much detail as possible.

10. Stronger co-ordination of pandemic preparedness and response at European level would have reduced the impact of cross border issues that arose. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

11. Please describe possible European level actions you believe would have prevented or lessened the impact of cross border issues you have identified.

**Q 12 – 15 public authorities only**

12. Did your country use the 2005 Plan when developing your national plan?  
(public authorities only)



- Yes – it was used extensively
- Yes – it was used to some extent
- Yes- Only used a little
- No- Not used at all

13. If you did not use the EU plan, what was the reason for this? (public authorities only)

- Not aware of plan
- Plan not useful
- Plan out of date
- Other reason – please describe

14. In developing your national plan, which of the following sources were used as guidance? (public authorities only)

- EU plan
- WHO guidance
- National guidance
- Other guidance (please identify)
- No guidance used
- Not known / applicable

15. The EU plan was a useful framework in supporting the response to pandemic (H1N1). (public authorities only)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

16. The EU plan should be updated in the light of recent developments and lessons learnt from pandemic (H1N1) 2009.

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

17. Please identify any areas of the plan you think should be reviewed in particular or that are missing altogether from the 2005 plan

18. The following are reasons the 2005 plan should be reviewed

**Review of the IHR** Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

**Review of WHO guidance** Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

**Need for better Intersectoral preparedness** Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

Other – please specify

19. Better co-ordination of national pandemic plans could be helped by a revision of the EU preparedness plan. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

20. Please give reasons for your answer to 19

21. Member States should ensure their national pandemic plans are coherent with the EU plan. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

22. if strongly agree or agree to 21 How would this best be achieved?

23. It is important to maintain the link between WHO pandemic alert phases and EU preparedness planning. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

24. Please explain your answer to 24

25. The pandemic plan should be modified to take disease severity into account. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

26. The EU should maintain the ability to declare a pandemic independent of WHO. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

27. Please explain your answer to 26

**Monitoring and assessment (public authorities and organisations only)**

28. Existing European level surveillance tools worked well during pandemic (H1N1) 2009. (optional)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

29. If disagree or strongly disagree to 28 please outline problems encountered and suggest how they could be improved

30. The sharing of surveillance and other epidemiological data worked well at European level. (optional)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

31. The EWRS tool worked well during the response to pandemic (H1N1) 2009. (optional)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

32. The EWRS tool was easy to use. (optional)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

33. If you have any comments on how the EWRS could be improved please describe.

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

34. There should be action at a European level to better facilitate the sharing of information on current containment and mitigation strategies across the EU. (compulsory).

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

35. if strongly agree or agree to 31 Please describe how this could happen

36. It would be useful to share the rationale and evidence behind Member State's strategies across the EU. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

37. The EU should provide all Member States with up to date advice on public health strategies and the evidence behind these to aid their decision making in a pandemic. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

38. Joint procurement or sharing mechanisms for pandemic vaccines at EU level would help ensure all MS have timely access to vaccines. (optional)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

39. Joint procurement or sharing mechanisms for pandemic vaccines at EU level is desirable. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

40. The European Commission should issue guidance on priority groups for vaccination to assist Member States implement pandemic vaccination programmes. (optional)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

41. The EU should consider the development of a virtual stockpile of pandemic vaccine to facilitate sharing of vaccines among Member States in case of outbreaks. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

42. The EU should consider working with Member States to develop virtual stockpiles of other medical countermeasures to facilitate sharing among Member States in case of outbreaks. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

43. If SA or A Please tick which of the following you think should be considered for a virtual EU stockpile(ie; a sharing mechanism between member states not based on sharing of supplies in an outbreak)? (optional)

Antivirals

Antibiotics

Medical devices

Other please specify

44. The European Commission should take the lead role in managing any virtual stockpiles created. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

45. If you have any other comments on virtual stockpiles or other alternative approaches please outline here.

46. The EU should consider working with Member States to develop a **physical** stockpile of medical countermeasures. (optional)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

47. if strongly agree or agree which of the following do you think should be considered for a physical EU stockpile. (optional)

Antivirals

Vaccines

Antibiotics

Medical devices

Other please specify

48. The Commission should provide guidance on travel restrictions to Member States. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

49. A more co-ordinated EU approach to port/land border health measures (such as entry / exit screening and advice for travellers) is needed. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

### Health systems response

50. The potential for co-operation and sharing of health services resources between Member States at times of pandemic should be explored at EU level. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

51. Member States should consider how spare capacity within their health services (for example Intensive Care Units) could be used to assist other Member States who are affected by a pandemic. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

### Communication

52. Communication of public health information to citizens could be better co-ordinated at EU level. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

53. if strongly agree or agree please describe how you think this could be improved.

54. Communication of information to health professionals could be better co-ordinated at European level. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

55. If SA or A please describe how you think this could be improved.

**International Co-operation**

56. Do you have any views or ideas on how co-operation between the EU and non EU countries should be improved? (optional)

57. What kind of (multi- or bilateral) relations to non-EU countries have been important for your country during the response to the Pandemic (H1N1) 2009?

**Multi sectoral preparedness**

58. It is important that sectors other than health have business continuity plans in place to ensure they can continue to operate during a pandemic. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

59. The following sectors are critical and should have business continuity plans in place to ensure they can continue to function during a pandemic.

	Strongly Agree	Agree	Disagree	Strongly Disagree	No opinion
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ICT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. If there is another sector that you think is essential please identify it below and outline why it is so important.

61. Member States should ensure that critical sectors have business continuity plans in place. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

62. The European Commission should take a co-ordinating role in multi-sectoral preparedness planning involving trans-national companies at EU level. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

63. There are cross border implications for organisations / companies in the event of a pandemic. (compulsory)

Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion

64. Please highlight any specific cross border implications you have identified below.

65. Would your administration / organisation / company be willing to share your business continuity plan and best practice with other countries / competitors? (optional)

Yes/No

66. Has your administration / organisation / company participated in any cross sectoral planning simulations? (optional)

Yes/No

67. Would your administration / organisation / company be willing to participate in pandemic simulations to test planning in the future? (optional)

Yes/No