Serious cross-border threats to health

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The Commission presents a report on the implementation of Decision No 1082/2013/EU of the European Parliament and of the Council on **serious cross-border threats to health**. The report is, in particular, to include an assessment of the operation of the Early Warning and Response System (EWRS) and of the epidemiological surveillance network, as well as information on how the established mechanisms and structures complement other alert systems at Union level while not duplicating them.

The report notes that **Decision 1082/2013/EU, in force since 6 November 2013, has improved health security in the European Union** and the protection of the Union's citizens from communicable diseases, and other biological, chemical and environmental events.

Established mechanisms and structures: the preparedness of Member States as well as the mechanisms to notify an alert, assess the risk and manage a cross-border threat through the coordination of response at EU level has been systematically tested during health events of comparatively low and medium severity for the EU.

The report notes that in all cases, **the established mechanisms and structures**, namely the EWRS, the epidemiological surveillance network, the European Centre for Disease Prevention and Control (ECDC), and the Health Security Committee (HSC) **have proven to operate effectively** and up to the quality level required in case of a serious cross-border threat to health. These structures have operated successfully during the Ebola outbreak, the Middle East Respiratory Syndrome caused by coronavirus (MERS CoV) and the poliomyelitis threat.

An important measure successfully carried out during the outbreak has been the **medical evacuation to the EU of health workers** infected or suspected to be infected with the Ebola virus. In addition, measures were put in place to facilitate **entry screening** of travellers coming to the EU from the Ebola-affected countries.

The EWRS was used to notify alerts and the measures taken by Member States. The selective exchange functionality was crucial for the transmission of personal data to support the medical evacuation of Ebola patients from the affected countries into the EU.

These systems have been shown to **complement other EU rapid alert systems** that cover other areas (e. g. food, animal health, etc.) but may have a severe impact on public health without duplicating them. Complementarity has been ensured by:

- upgrading the EWRS informatics tool to allow access to the information for users responsible for other sectors and
- creating operational arrangements in order to share the notifications circulated through the EWRS with Commission services responsible for food safety, animal health, medical devices and medicines, and other sectors potentially impacted by serious cross-border threats to health.

Lessons learned from the Ebola crisis: the recent Ebola epidemic has not only been a devastating crisis for the West African countries affected but also had significant repercussions for Europe. The initial reaction was to protect the EU and only later the attitude changed to recognise that crucial help was needed from Europe and the international community in order to manage the Ebola outbreak at source. A major conclusion from the Ebola outbreak is that there is **scope for improving** the implementation of provisions whereby Member States are to co-ordinate their national responses. Ad-hoc consultations

within the HSC have proven very useful to share options to plan and implement a coherent EU response to specific threats.

However, **there is currently lacking an evidence-based evaluation** on how the Member States have used the technical guidelines, options for actions, advice to travellers, and other technical documents provided by the Commission. The report recommends **encouraging this kind of assessment in the future** to have evidence based appreciation of the impact and the use of such materials at national level with a view to identifying possible measures to improve their impact.

The report concludes that the cooperation between the relevant Commission services and the collaboration with the Commission agencies and Member States to implement the framework provided by Decision 1082/2013/EU has worked well during the period. **There is currently no need to introduce any changes in this respect.**

International Health Regulations (IHR): Article 4(2) of Decision 1082/2013/EU requires Member States to provide the Commission, by 7 November 2014 and three years thereafter, with an update on the latest situation on their preparedness and response planning at national level. The information to be provided is to cover the implementation of the International Health Regulations (IHR), interoperability between the health sector and other sectors, and business continuity plans.

The information provided revealed **a number of strengths and weaknesses**. As regards the strengths, the majority of the respondents indicated that they have implemented the IHR core capacities and that they involved other sectors in the preparedness and response planning activities covering a wide range of serious cross-border threats to health. As regards weaknesses, a number of respondents indicated incomplete implementation of the IHR core capacities.

In their replies to the survey, **Member States proposed actions** that the Commission, the EU agencies or Member States should take **to ensure that the IHR core capacities are maintained and strengthened in the future** including regular follow-up with all Member States, training and exercises, sharing experiences, guidelines and procedures, and technical support and expertise with preparedness and response planning.