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# Workshop on Generic Preparedness and response- a multi sector responsibility

3<sup>rd</sup> of June 2008

**Berlaymont Buidling**

**Brussels**

**MINUTES**

## **Participants:**

*Member states:* AT, BG, CZ, EL, ES, FI, FR, IT, LU, LT, LV, RO, SE, SK, UK.

*European Commission Directorates General:* Environment (DG ENV), Information Society and Media (DG INFSO), Justice, Freedom and Security (DG JLS), Health and Consumers (DG SANCO), Transport and Energy (DG TREN)

*Others:* WHO European Region (WHO/EURO), European Emergency Number Association (EENA), Mass media

## **1. INTRODUCTION**

On the initiative of Mr Andrzej Rýs, Director of Public Health and Risk Assessment Directorate at Health and Consumers Directorate (DG SANCO), SANCO/C3 organized a satellite workshop 3 June 2008 in connection with the 112 event organized by Information Society and Media Director General (DG INFSO). The title of the workshop was "Generic preparedness and response – a multi sector responsibility".

Member State (MS) experts in the field of Emergency Medical Services (17 persons from 15 Member States), DG SANCO (Health and Consumers), DG ENV (Environment), DG INFSO (Information Society and Media), DG JLS (Justice, Freedom and Security), DG TREN (Transport and Energy), WHO/EURO, EENA (European Emergency Number Association), and the mass media (SECURITY EURO) participated in the workshop.

The legal competence of the European Union in public health is set out in Article 152 of the EU Treaty. This calls on the European Union to ensure a high level of human health protection in the definition and implementation of all Community policies and activities.

Community action, which shall complement national policies, shall be directed as improving public health, preventing human illnesses and diseases and obviating sources of danger to human health. Such action shall include the fight against the major health scourges by promoting research into their causes, their transmission and their prevention as well as the allotted health information and education. In particular the Treaty provides that the Community shall encourage cooperation between the Member States in the areas mentioned above, and if necessary lend support to their action. The Treaty also provides that the Member States shall, in liaison with the Commission, coordinate among themselves their policies and programmes in the areas referred to, and that the Commission may in close contact with the Member States take any useful initiative to promote this coordination. This is done particular through the EU Health Programme, an important funding possibility. The Commission have also the possibility to propose Council Recommendations when policy options are clear on a particular topic, and this is also a good way of making sure that there is a political agreement on addressing a particular subject of public health concern.

In addition to this, the Council of the European Union has recently prolonged the mandate for the Health Security Committee and calls among other things for the MS and the Commission to facilitate technical assistance at an operational and multisectorial strategic level and work towards coordination and interoperability of their preparedness and response planning. The priority work plan is agreed by the Committee.

On 28 November 2005 the Commission published a Commission communication towards EU Generic preparedness planning, with an attached Technical guidance document, to affect public health in more than one EU country. The plan provides a structure to which other elements can be added to address different types of health threat, whether they are caused by deliberate acts, accidents or natural events and involving physical, biological, chemical, or radio-nuclear agents, or whether they are foreseen (such as pandemic influenza) or unforeseen (e.g. a SARS-type epidemic).

With the help of experts and planners from the Members States the Technical guidance document from 2005 will be updated during 2008, and this workshop will be of the utmost importance for this work.

In the Preparedness Planning and Response many actors are involved and the need for a multi sector approach in these matters is mandatory. Therefore colleagues from the Directorate Generals of Environment (DG ENV), Information Society and Media (DG INFSO), Justice, Freedom and Security (DG JLS), and Energy and Transport (DG TREN) were invited in order to meet this need.

For the development and improvement of emergency preparedness planning and response the study of events that has occurred in order to find lessons learned is a valuable and important tool. The rational for having a joint Community approach to study disasters facilitates the cooperation and coordination of such activities between the different sectors and makes it also possible to compare data between the different sectors. Some aspects on such an activity were dealt with during the workshop.

The implementation of the European emergency number 112 has always been a priority for the European Union. The initiative to arrange the 112 event taking place the same day as this workshop aimed to respond to the concerns expressed by the European Parliament's Written Declaration on 112 of 6 September 2007. (This workshop was a satellite activity of this 112 event). The 112 event gathered representatives from the

European Parliament, the European Commission, Member States' Permanent Representations in Brussels, relevant national administrations dealing with civil protection and electronic communications, European associations and other stakeholders. The current status of implementation of the European Emergency Number 112 was presented.

In partnership with and support from EC, WHO European Region has for the past year implemented a project aiming at contributing to the improvement of the overall preparedness for public health emergencies in a number of countries falling under the European Neighbourhood Policy (ENP) framework. In parallel and also in partnership with and support from the EC, WHO European Region implemented a project assessing emergency medical services preparedness in the framework of national crisis management structures in EU member states. These two projects were presented.

With support from EU the WHO European Region aims to build on the results of these two activities, learning from the evaluation done in EU member states, focusing on expanding the assessments further EU accession and ENP countries, and on implementing the recommendations presented in this first phase. Informal discussions between WHO European Region and the Commission (Health Threats) are going on in how to introduce the next step. The Commission has an ambition to get more active in the process and is concerned to get advice from the Member States to identify areas to be focussed on in the next step. An ambition was also to identify areas where closer collaboration with other partners than the health sector is important.

## **2. PRESENTATIONS**

### **2.1. Implementation of 112 (Martins Prieditis, DG INFSO)**

Martins Prieditis, DG INFSO, gave a presentation on the implementation of 112, the European emergency number. Following its introduction by a Council Decision of 1991, the Community legal regulation of 112 was gradually extended through the 1998 and the current 2002 telecoms regulatory framework. Member States must ensure that 112 can be called available free of charge from fixed and mobile telephones, calls must be appropriately handled and answered, caller location must be made available to emergency services and citizens must be made aware of the existence of 112 as the European emergency number. The Commission is monitoring the compliance of the Member States with these requirements. In total, 16 infringement procedures have so far been launched by the Commission against 15 MS, of which 7 procedures are still ongoing, in particular for lack of availability of caller location for mobile 112 calls, which has proved to be the most serious implementation issue for the Member States regarding 112. The Commission's 2007 reform proposals of the regulatory framework, which are currently being discussed in the European Parliament (EP) and Council, aim at further enhancing the regulation of 112, in particular by requiring 112 access to be provided by all applications enabling calls to telephone numbers and that caller location be provided to emergency services automatically with every 112 call.

In response to the European Parliament's written Declaration on 112 of September 2007, the Commission has carried out an evaluation of the implementation of 112 by the Member States through the Communications Committee (COCOM). This evaluation analyses access to 112, quality of call handling (response time to calls, ability of call centres to answer calls in foreign languages etc.), systems used and rapidity in providing

caller location and Member State efforts to raise awareness. The data gathered through this exercise are used for the new Commission website on 112 (<http://ec.europa.eu/112>) to be unveiled 3 June 2008. The full COCOM Report would be submitted for a final check by Member State delegations at the next COCOM meeting on 11 June 2008 and then would be published shortly afterwards.

## **2.2. European civil protection (Yves Dussart, DG ENV)**

Yves Dussart, DG ENV, described what is going on and what is planned at EU level regarding civil protection. The fundamentals of civil protection are : (i) Member States are responsible for the security and safety of their citizens (responsibility); (ii) Member States can call for assistance when overwhelmed by a disaster (call for assistance); (iii) Member States have the responsibility to support Member States affected by a disaster when needed (solidarity); and (iv) the level of support / assistance is determined by the MS providing assistance (voluntary). The civil protection mechanism includes (i) Response: facilitating and supporting European civil protection assistance and solidarity in the event of a major disaster; and (ii) Preparedness: training, exercises, exchange of experts. There are 30 countries participating (EU-27 + 3 (Iceland, Liechtenstein, Norway)). The monitoring and information centre (MIC) is based on the Commission DG Environment, on duty 24/7. It (i) is an entry point for requests for assistance, (ii) has an information role, (iii) supports coordination of experts etc, and (iv) has a technical support role. In the preparedness area the mechanism include simulation exercises, training, exchange of experts, modules and projects. In conclusion the EU Civil Protection Mechanism is an efficient, multi-purpose tool which can support Member States, at their request, for the preparedness and the effective coordinated response to terrorist threats. The limits are based on assets (teams and means) that Member States have and are willing to share. There is no additional layer of equipment at European level. EU supports increased co—operation between Member states and between authorities and sharing and efficient use of assets.

## **2.3. Preparedness for Public Health Services (Gerald Rockenschaub, WHO/EURO)**

Gerald Rockenschaub from WHO European Region presented a DG SANCO –WHO project on health security preparedness for public health services. The project is a DG Sanco – WHO collaboration project with the aim to strengthen regional health security through generic health systems preparedness. Preparedness efforts in the European Region focus on the following main public health threats: (i) communicable diseases – including accidental or deliberate release of biological material, (ii) natural and human-made (technological) disasters including accidental or deliberate release of chemical agents or radio nuclear material, , (iii) conflicts and complex emergencies, (iv) potential future health challenges from global changes, particularly climate change.

Disasters and health crises cause thousands of deaths and billions of euros of economic loss each year in the European Region. Between 1990 and 2006, the Emergency Events Data Base (EM-DAT), a global disaster database managed by the Centre for Research on the Epidemiology of Disasters – a WHO collaborating centre – recorded 1483 events, affecting over 42 million people, with an estimated economic loss of more than €126 billion.

Lessons from previous events clearly highlight the importance of health systems preparedness and underline that weak health systems hamper the effective management of an evolving health crisis. Important concepts – such as strengthening stewardship, implementing health systems preparedness planning as a continuous process with an all hazard approach, establishing sustainable health crisis management and risk reduction programmes and effective multisectoral coordination mechanisms – need to be promoted further to strengthen local systems to prevent and mitigate potential future health crises.

The WHO Regional Office for Europe works with Member States to minimize the health effects of crises and to improve the readiness of national health systems to respond to health threats. To harmonize preparedness efforts in selected ENP (European Neighbouring Partners) countries and to enhance interoperability of plans, multi disciplinary capacity assessments were conducted in Armenia, Azerbaijan and Moldova, and guidance and recommendations on priority interventions to strengthen local systems were developed. Well-prepared and well-managed health systems can effectively contribute to prevent health events from triggering a crisis with cross border consequences.

A health systems crisis preparedness planning guidance will be prepared to underline essential elements of the planning process and to provide recommendations to develop operational all hazard multi sector preparedness plans, to be tested by joint exercises and drills.

The “Hospitals safe from Disasters” initiative aims to reduce the vulnerability of health services and to ensure that health facilities remain functional in emergencies, when they are needed most to save lives. WHO has, in collaboration with partners, based on its strong country base with a permanent presence in 29 countries in the European Region, established global mechanisms to mobilize quickly international expertise to respond to emergencies and to ensure that core functions in emergencies and crises are met: (i) health information management through rapid assessment and analysis, (ii) effective health coordination, (iii) critical gaps in the health response are filled and (iv) local capacities are strengthened.

#### **2.4. Emergency Medical Services preparedness (Enrico Davoli, WHO/EURO)**

Enrico Davoli from WHO European Region presented a DG SANCO –WHO project on Assessment of emergency medical services preparedness in the framework of national crisis management structures in EU member states. The general objective of the project was to improve the understanding of emergency medical services structures and organizational arrangements and their links to the national crisis management system. The specific objectives were to (i) develop a standardized template to allow cross country comparisons and the compilation of an essential information package; (ii) map the current emergency medical services preparedness including existing institutional, educational, operational and human resources capacity; (iii) collect data on existing crisis management mechanisms designed to manage health threats in emergency medical services.

A standardized template to allow country comparison was developed and used. This included legislation and financing, out-of-hospital medical services, in-hospital medical services, and education and training. These elements are the core functions of crisis preparedness of Emergency Medical Services (EMS) systems. A web based survey on EMS structures and their links to the national crisis preparedness system was performed. Another study was the mapping of the EMS preparedness including institutional, educational, operational and human resources capacity. Data were also collected on existing crisis management mechanisms designed to manage health threats in emergency medical services.

The major achievements of the project are:

- The comprehensive (all 27 EU countries) collection of the information: the analysis of the data is currently under detailed revision by peer contributors and by all participants to the project. A report is due to be published and distributed at the upcoming events and conferences in Emergency Care, planned for this autumn.
- An “EU Inter-Ministerial panel on Emergency care” has been established, composed by one representative appointed by the Ministry of Health of each EU Member State. They met already 3 times in the last year and more meetings are scheduled.
- The EU Inter-Ministerial has agreed on a set of 27 specific recommendations for developing and harmonizing EMS in EU. These recommendations are based on the analysis of the results of the information collected and will constitute an integral part of the upcoming Report.

## **2.5. Bioterrorism (Magnus Ovilius, DG JLS)**

Magnus Ovilius, DG JLS described what is going on and what is planned at EU level regarding the JLS area in this field. There has been a CBRN working group dealing with concrete recommendation within the biosecurity area. A green paper is under production in cooperation with DG SANCO. What biological agents are of concern has been one topic and a list of biological agents has been developed. It will only be these defined agents that will be dealt with in the JLS area. Cooperation with DG SANCO and others is an important part of the activities. One can realize that on the internet it is possible to buy what you need for illegal work. One action that is important is to try to monitor who is buying this type of equipment. There are 160 different biological agents leaking from facilities today. Several security matters of concern are discussed such as exchange of experts, enhance security matters regarding transportation and responsibilities, laboratory security guidance etc. One has to bear in mind that research results published in scientific journal might be sensitive.

## **2.6. Lessons learned from events - a tool for improving preparedness planning and response (Per Kulling, DG SANCO)**

Lessons from previous events clearly highlight the importance of health systems preparedness and underline that weak health systems hamper the effective management of an evolving health crisis.

The use of a common template for those performing observer studies is a way of structuring the experiences gained from such studies. This facilitates the comparison of reports both within ones own field of activity as well as between different fields of activities. It also facilitates the implementation of joint observer activities and joint observer reports.

The structure presented here has had as the basis the Utstein method of studying disasters in the field of disaster medicine: "[Health Disaster Management: Guidelines for Evaluation and Research in the Utstein Style](http://pdm.medicine.wisc.edu/utstein.htm)" (<http://pdm.medicine.wisc.edu/utstein.htm>), which is the result of an extensive development that has taken place during recent years within the framework of WADEM (World Association for Disaster and Emergency Medicine). This work has been revised and modified within the framework of the Swedish Emergency Management Agency network of observers in which 24 Swedish governmental authorities, agencies and organizations participated

In principle, observer reports are products of "lessons identified". "Lessons learned" is the resulting process carried out by each involved body to gain from lesson identified, which leads to a number of activities that will ameliorate actions in future events.

All headings below should be included, but in certain situations it might be relevant only to state that the heading is superfluous since it was not possible or warranted to study this specific subject. Under each heading it is often necessary to include one or several subheadings, which may vary depending on the subject being studied. For example under the headings Damage and Disturbances one or several of the subheadings Health, Environment, Property and Politics may be relevant. Comments and observations describing the experiences gained – including their relevance for Swedish conditions - should, where possible, be included after each heading (subheading). These comments and observations constitute the basis for the text which will be presented under the heading Experiences. The comments and observations may be presented as a fact box in order to be clear and easy to find.

The following titles should be included: Title, Preface, Observers and Authors, Summary and Experiences, Introduction/Material and methods, Hazard, Background – including Pre-event status, Preparedness, Event, Damage, Disturbances, Responses, Recovery and development, Discussion, References, Appendices, Key words, Index, and Abbreviations. The Template is attached as an Appendix.

## **2.7. Nuclear threats (Vesa Tanner, DG TREN)**

Vesa Tanner from DG TREN described what is going on and what is planned at EU level regarding the radio-nuclear field. The EURATOM treaty is the legal basis for all Community radiation protection competence. There is some derived legislation from this treaty: Directive on EU Basic Safety Standards, Council Decision on early exchange of information, Directive on emergency foodstuff regulations and Directives on information to the public. In legal terms the Commission has a limited role in a radiological emergency situation. This is early exchange of information (ECURIE) and Community emergency foodstuff regulations. In practice the Commission will also face problems like (i) information to the public through the media, (ii) respond to information and assistance requests and (iii) preparation for long-term political action. The information flow during a radio-nuclear emergency is well-defined, although complex due to many authorities

involved. The EU operational radiological emergency systems are: ECURIE (Alerting and urgent information exchange), EURDEP (Automatic exchange of radiation monitoring data), ENSEMBLE (Long-range atmospheric dispersion forecasting) and RODOS (Decision support for radiological emergencies). The EU research in this area is important for the development of the preparedness. EURANOS project 2005-2009 includes (i) development of the RODOS system, (ii) development of handbooks (Management of contaminated food production systems, Management of contaminated inhabited areas), and (iii) TMT handbook development project including triage, monitoring and treatment of people exposed to radiation following a malevolent act.

### 3. SUMMARY AND CONCLUSIONS

The conclusive discussion focused on what elements should be included in the WHO/EURO DG SANCO collaboration on generic health systems preparedness and EMS services:

- One deliverable will be the development of a “*health systems preparedness planning checklist*” – a guidance document to address critical aspects of the health systems preparedness planning process, with the aim to support national health authorities to strengthen health systems crisis management capacities in target countries.
- Based on the collected evidence a set of *core standards* for national health systems preparedness plans will be developed, with selected *indicators* to assist countries to monitor progress towards achieving standards.
- To define and implement actions to ensure hospitals and essential health facilities are regarded as critical infrastructure and that in the context of the global campaign “*hospitals safe from disasters*” the evidence base is broadened to ensure that hospitals are designed and managed to remain functional in emergencies and health crises, when they are needed most to save lives.
- To define a standard *template for evaluating and reporting lessons learned* from disasters and health crises to facilitate comparability.
- It is planned to expand and conduct comprehensive *health crisis management capacity assessments* in selected EU-, EU accession- and ENP countries of the WHO European Region, and to disseminate the results and recommendations to authorities. Assessments will include an analysis of emergency medical services preparedness to health crises and complete the comprehensive overview of EMS systems in EU and neighboring countries.
- Regarding the further technical focus of the continued work on *EMS service strengthening* recommendations included to collect further evidence on best practices, to evaluate systems based on results and quality criteria, to promote a single emergency number (112). Further work is needed to harmonize standards and to overcome definition problems, to improve cross border collaboration, to harmonize training standards and to further clarify command and control structures and the integration of EMS services into an all hazard multi sector approach.
- *Technical assistance* will be provided to selected countries to build local capacities in *developing health system crisis preparedness plans* and to test plans through *exercises and drills*, improving health information management in crisis situations,



strengthening health coordination mechanisms for disasters and health emergencies, and promoting risk communication.

- Where appropriate coordination will be done with already planned EC activities.

Per Kulling

Appendix  
Template for observer reports of crisis