



# **Exercise Chimera**

Report on the tabletop exercise on Hybrid threats  
involving public health and civil protection/security  
authorities

30-31 January 2018, Luxembourg

## **EUROPEAN COMMISSION**

Directorate - General for Health and Food Safety  
Directorate C — Public health, country knowledge and crisis management  
Unit C.3 Crisis management and preparedness in health  
Email: [SANTE-CONSULT-C3@ec.europa.eu](mailto:SANTE-CONSULT-C3@ec.europa.eu)

Consumers, Health, Agriculture and Food Executive Agency  
Health and Food Safety unit  
Email: [Jurgita.kaminskaite@ec.europa.eu](mailto:Jurgita.kaminskaite@ec.europa.eu)

*European Commission*

*L-2920 Luxembourg*

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## **EXECUTIVE SUMMARY**

### **INTRODUCTION**

Exercise Chimera was commissioned by the Consumer, Health Agriculture and Food Executive Agency (CHAFEA) acting on its mandate from the European Commission. It was conducted by the Celeste II Consortium, led by Public Health England (PHE), as a tabletop exercise in Luxembourg on 30-31 January 2018. The exercise focussed on improving preparedness and strengthening capacity to coordinate a response to hybrid threats.

The main purpose of the exercise was to bring together experts from public health and civil protection/security sectors to consider the coordinated crisis response to cross-border threats facing European Union (EU) Member States, European Economic Area (EEA) and other countries, EU institutions and agencies as well as international organisations caused by a hybrid threat. The scenario for the exercise focussed on a fictitious terrorist organisation who caused an outbreak of a communicable disease following a deliberate release and undertook concurrent cyber-attacks on critical infrastructures including hospitals.

### **PARTICIPANTS**

The exercise participants consisted of more than 80 experts from the health, civil protection and security sectors from 24 EU Member States, EEA countries plus Serbia and Moldova, Commission services (Directorate General for Health and Food Safety (DG SANTE), Secretariat General (SG), Directorate General, Migration and Home affairs (DG HOME), Directorate General European Civil Protection and Humanitarian Aid Operations (DG ECHO), Directorate General Joint Research Centre (JRC)), the European Centre for Disease Control (ECDC), the European External Action Service (EEAS), Computer Emergency Response Team for the EU (CERT-EU), the EU Hybrid Fusion Cell within the EU Intelligence and Situation Centre (EU INTCEN) of EEAS, the Council of the EU, Consumer, Health, Agriculture and Food Executive Agency (CHAFEA) as well as from the World Health Organisation (WHO) and the North Atlantic Treaty Organisation (NATO). NATO's participation, as an observer, was the first participation at an EU exercise following the EU-NATO Declaration of 2016.

### **KEY FINDINGS**

The main objective of this simulation exercise was to challenge the use and usability of the existing systems and communications tools in response to a hybrid threat through 11 objectives. Although participants acknowledged that this was the first time they had attended an EU-level exercise which addressed

hybrid threats it was clear that, in general, the responsibilities and roles during the response to this type of threat were clearly identified and understood;

However, the exercise highlighted a range of further work which is required at the national, EU and international levels to ensure interoperability between the public health and civil protection/security sectors.

One of the recommendations from participants was that regular training and exercises should be held at Member States and EU level in order to improve inter-sectoral crisis management and raise awareness of the range of mechanisms in place across the different sectors to deal with threats. Such training and exercises would raise awareness of hybrid threats and promote an understanding of how they differ from other threats. Finally, it was suggested best practice in preparedness and response from the most developed sectors could be shared at these events.

Exercise Chimera provided an opportunity for participants from across the public health and civil protection/security sectors to come together and engage for the first time with a hybrid threat scenario. Whilst the exercise demonstrated that, in general, there is a good understanding of the roles and responsibilities during such an incident and a high level of awareness of the reporting systems which are available, the exercise also highlighted that further work is required at Member States and EU levels to ensure interoperability between the various sectors.

## **PART 1 – INTRODUCTION**

### **1.1. BACKGROUND**

Exercise Chimera was commissioned by the Consumer, Health, Agriculture and Food Executive Agency (CHAFEA), acting on its mandate from the European Commission (Directorate General for Health and Food Safety, Crisis management and Preparedness in Health Unit (DG SANTE C3). It was conducted by the CELESTE Consortium, led by Public Health England (PHE), as a tabletop exercise in Luxembourg on 30-31 January 2018.

The main purpose of the exercise was to challenge the use and usability and the cross-sectoral nature of the existing mechanisms, systems and communication tools in response to a hybrid threat. The exercise was designed to help test whether the necessary structure, tools and systems are in place and understood and to identify gaps for further improvements.

## 1.2. AIM & OBJECTIVES

The main objective of this simulation exercise was to challenge the use and usability of the existing systems and communications tools in order to:

1. Contribute to the implementation of existing EU legislation related to serious cross-border threats to health especially in the areas of preparedness and response planning, monitoring, surveillance, crisis management, risk and crisis communication and inter-sectoral cooperation.
2. Contribute to the implementation of the Joint Framework on countering hybrid threats<sup>1</sup> and in particular action No 10 in order to improve awareness of and resilience to hybrid threats within existing preparedness and coordination mechanisms, notably the Health Security Committee.
3. Contribute to the implementation of the Joint EU-NATO Declaration<sup>2</sup> and the Council Conclusions of 6 December 2016 on the implementation of the EU-NATO Joint Declaration<sup>3</sup> to boost ability to counter hybrid threats including by bolstering resilience, working together on early warning and detection and by stepping-up coordination on exercises.
4. Support cross-sectoral capacity building and improving information sharing within the EU and in particular between the health, civil protection and security sectors, increase cooperation with NATO and ultimately strengthen preparedness at EU level.
5. Identify the current responsibilities and roles of all stakeholders in crisis management of hybrid threats and test standard operating procedures in place, both with Member States, and EU bodies and agencies, but also internally in the European Commission.
6. Understand the use and interactions of mechanisms and structures in place including the Early Warning Response System (EWRS), the Commission's cross-sectoral warning system (ARGUS), the Common Emergency Communication and Information System (CECIS), Council Integrated Political Crisis Response arrangements (IPCR) and identify possibly other useful tools and options.

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<sup>1</sup> <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016JC0018&from=EN>

<sup>2</sup> <http://www.consilium.europa.eu/media/21481/nato-eu-declaration-8-july-en-final.pdf>

<sup>3</sup> <http://www.consilium.europa.eu/en/press/press-releases/2016/12/06/eu-nato-joint-declaration/>

7. Test the availability of the transmission of information between EU Commission Services and Agencies, in particular the European Centre for Disease Prevention and Control (ECDC) in relation to its mandate regarding risk identification and risk assessment and communicable disease surveillance and the Scientific Committees regarding risk assessments.
8. Test the availability of the transmission of information between involved departments at national, EU and international level.
9. Inform, coordinate and make decisions together with international organisations (e.g. WHO, NATO, depending on the characteristics of the event chosen) based on secure and non-secure information exchange.
10. Test decision-making processes and responsibilities and the coordination of necessary measures and response as well as communication processes to press, media and the public.
11. Identify gaps and improvements needed in inter-sectoral cooperation.

Objectives of the exercise were grouped into seven core reporting themes to structure the appraisal of the feedback from the exercise.

### **Theme 1 (Objectives 1, 2 and 3)**

Contribute to the implementation of EU legislation linked to:

- Decision 1082/2013/EU<sup>4</sup> on Serious cross-border threats to health
- The Joint Framework on countering hybrid threats
- The Joint EU-NATO Declaration to boost the ability to counter hybrid threats.

### **Theme 2 (Objective 4)**

Support cross-sector capacity building and improve information sharing across the following sectors:

- health
- civil protection
- security

Increase cooperation with NATO.

### **Theme 3 (Objective 5)**

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<sup>4</sup> [http://ec.europa.eu/health/sites/health/files/preparedness\\_response/docs/decision\\_serious\\_crossborder\\_threats\\_22102013\\_en.pdf](http://ec.europa.eu/health/sites/health/files/preparedness_response/docs/decision_serious_crossborder_threats_22102013_en.pdf)

Identify responsibilities and roles in crisis management of hybrid threats and test standard operating procedures.

#### **Theme 4 (Objective 6)**

Understand the use of the rapid alert and cross-sectoral warning and reporting systems and crisis response arrangements; identify other useful tools and options.

#### **Theme 5 (Objectives 7 and 8)**

Test the information flows between departments and agencies at:

- National
- EU
- International level

#### **Theme 6 (Objectives 9 and 10)**

Test decision making processes and responsibilities with:

- International organisations e.g. WHO, NATO

Test communication processes to press, media and the public.

#### **Theme 7 (Objective 11)**

Identify gaps and improvements needed in inter-sectoral co-operation in response to a hybrid threat.

### **1.3. PARTICIPANTS IN THE EXERCISE**

Public health and civil protection/security representatives from each of the 28 EU Member States, plus representation from the EEA States of Iceland and Norway, the Republic of Moldova and the Republic of Serbia were invited to participate. 27 countries accepted the invitation and are detailed below. Invitations were also extended to the Commission Services, the involved EU Agencies (in particular, ECDC) and international organisations (including WHO/Europe and NATO).

Representatives from the following countries and organisations attended the exercise:

**Member States**

Austria	France	Malta
Belgium	Germany	Netherlands
Bulgaria	Hungary	Romania
Croatia	Ireland	Slovakia
Czech Republic	Italy	Slovenia
Denmark	Latvia	Spain
Estonia	Lithuania	Sweden
Finland	Luxembourg	United Kingdom

<b>EEA/EFTA Countries</b>	<b>Other Countries</b>
Norway	Republic of Moldova Republic of Serbia

<b>European Commission</b>	
DG SANTE	DG HOME
CERT-EU	DG ECHO
Secretariat General	DG Joint Research Centre
<b>Other EU institutions and bodies</b>	
Council of the EU	EEAS – Hybrid Fusion Cell
EEAS	

<b>European Agencies</b>	
CHAFAEA	ECDC
<b>International Organisations</b>	
WHO	NATO

## **2. PART 2 – CONDUCT OF THE EXERCISE**

### **2.1. EXERCISE DESIGN**

The exercise was designed, developed and delivered by PHE on behalf of the CELESTE consortium. Exercise development was supported by a planning group comprising DG SANTE, CHAFAEA, Secretariat General, DG ECHO, CERT-EU, ECDC, and EEAS – EU Hybrid Fusion Cell.

### **2.2. EXERCISE LOCATION**

The exercise was held at the Doubletree by Hilton Hotel in Luxembourg.

## 2.3. EXERCISE PROGRAMME

The exercise was conducted over two days with sessions as follows:

<b>Day 1: 30 January 2018</b>	<b>Session 1 and Session 2</b>
<b>12:45</b>	Welcome & introductions  Welcome by DG SANTE C3 Head of Unit, Wolfgang Phillip  Exercise Briefing – Steve North, Public Health England Exercise Manager
<b>13:15</b>	<b>Exercise Session 1</b>
<b>15:00</b>	Working coffee break
<b>15:15</b>	SME presentation “Bioterrorism and emergency disease analysis” Dr Ian Hall, Public Health England and Manchester University
<b>15:45</b>	<b>Exercise Session 2</b>
<b>17.30</b>	End of day 1

<b>Day 2: 31 January 2018</b>	<b>Session 3 and Session 4</b>
<b>08:30</b>	Welcome back - Update from Day 1
<b>08:45</b>	<b>Exercise Session 3</b>
<b>10:30</b>	Working coffee break
<b>10:45</b>	SME presentation “Cyber-attack in the UK” David Robinson, NHS England
<b>11:15</b>	<b>Exercise Session 4</b>
<b>12:15</b>	End of Exercise Evaluation and Plenary session
<b>13:00</b>	Lunch prior to departure

## 2.4. FORMAT

Exercise Chimera was conducted as a tabletop exercise and, where possible, EU Member States and other countries were represented by delegates from the public health and security/civil protection sectors. Participants utilised a pseudo alerting system tool that was designed for the exercise, which simulated all the various alerting tools that would be used during a real response and enabled participants to view what others were doing in ‘real time’. This prompted discussion amongst the participants encouraged them to post their own alerts as they would do in reality. Participants were instructed to fill in a brief template

and provide this to a member of control staff so that their message could be displayed to the rest of the participants.

In addition, players participated in a mock meeting of the Health Security Committee to coordinate response to the threat.

The exercise was opened by DG SANTE's Head of C3 Unit who welcomed the participants and provided the context for this inter-sectoral exercise; this was followed by an introductory briefing on the exercise. On Day One there was a presentation on Bioterrorism and Emergency disease analysis from a Public Health England representative whilst on Day Two there was a presentation from NHS England on the response to the recent ransomware attack in the UK. Both of these presentations were followed by a Q&A session.

### **Part 3 – EVALUATION OF THE EXERCISE**

At the end of each day participants were asked to complete an evaluation grid which gave them the opportunity to make observations on their responses to the exercise scenario and injects in relation to the seven themes outlined on pages 8-9. In addition, on the final day, they were asked to comment on whether: the aim of the exercise was achieved; exercise sessions generated valuable discussions; the exercise identified important lessons; the organisation of the exercise and the main learning and key issues arising from the exercise. In addition, the 3 exercise facilitators provided feedback and observations on the way in which participants had responded to the scenario and injects. The results of that evaluation have been analysed and summarised below.

#### **Evaluation grids looking at the seven core themes based around the eleven exercise objectives**

Evidence captured from the evaluation grids submitted by participants is shown below and this evidence is directly linked to the exercise objectives.

#### **Theme 1 (objectives 1,2,3)**

##### **Contribute to the implementation of EU legislation linked to:**

- **Serious cross-border threats to health**
- **Joint Framework on countering hybrid threats**
- **Joint EU-NATO declaration to boost the ability to counter hybrid threats**

Based upon the feedback from participants and the responses to injects, there was considerable evidence that the exercise contributed to the implementation of EU legislation.

The scenario required all participants to act in accordance with their obligations under Decision 1082/2013/EU on serious cross-border threats to health, the Joint Framework on countering hybrid threats and the Joint EU-NATO declaration on hybrid threats. The actions taken by the countries during the exercise and the written feedback from them indicated that they were well aware of responsibilities and the actions they should take in order to coordinate response under Decision 1082 in response to the biological attack. They readily shared information via EWRS and participated in the meeting of the Health Security Committee (HSC); in fact, the key roles of the HSC and EWRS during such an incident were specifically acknowledged in participant feedback.

However, it was recognised that as more EU agencies became involved in the response, the more complicated the management of the incident became. Participants identified some inconsistencies between the demands from EU and national legislation and procedures.

## **Theme 2 (objective 4)**

### **Improve information sharing within the EU between:**

- **Health**
- **Civil Protection**
- **Security sectors**

### **Increase co-operation with NATO**

There was evidence of information sharing between the health, civil protection and security sectors during the exercise. A representative from NATO attended the exercise solely in the capacity of an observer and, consequently, communication with NATO was limited. However, NATO being in attendance and participating in the first European Hybrid Threat exercise was, in itself, a step towards improved co-operation.

The importance of having an embedded culture of early information sharing was widely acknowledged. Participants indicated that there were good lines of communication throughout the exercise, albeit they highlighted some areas for improvement. Nevertheless, co-ordination on biological threats was led by DG SANTE under the EU health security framework (EWRS, HSC) and worked efficiently. Whilst it is logical to have multiple and separate information sharing

systems, there came a point when the two incidents were confirmed as a combined threat from the same source and classified as a “hybrid threat”. It was unclear at this point which platform should be used for the sharing of information and who should lead the response to the hybrid threat.

This also raised the question as to how civil protection colleagues can be informed of developments during the response at national level; one suggestion was that they should be invited to attend/dial in to the HSC meeting as a focal point for establishing the strategic oversight of this response. As a matter of course, relevant Commission services and EU Agencies are invited to participate in the HSC meetings. EEA and candidate countries are invited to participate at the HSC meetings as observers.

It was interesting to see the communication lines for those participating countries who are non EU Member States or members of NATO; this presented alternative channels of communication through WHO, NATO and diplomatic channels.

During the exercise there was good evidence of collaboration with a variety of stakeholders in relation to objective 4.

### **Theme 3 (objective 5)**

#### **Identify responsibilities and roles in crisis management of hybrid threats and test standard operating procedures.**

There was evidence of Objective 5 being achieved during the exercise. Feedback from participants confirmed that roles were clearly identified and understood, certainly at a national level. However, in general, there was some uncertainty regarding what mechanisms were in place across different sectors, this is elaborated on in Theme 6.

### **Theme 4 (objective 6)**

#### **Understand the use of the rapid alert and cross-sectoral warning and reporting systems and crisis response arrangements and identify other useful tools and options**

There was evidence that participants had a sound understanding of the use of cross-sectoral warning and reporting systems and crisis response arrangements.

They not only showed good awareness of the reporting systems in place but emphasised the importance of utilising these systems in order to provide key communication to stakeholders during the response. Although there were some comments that there were too many tools in use, the majority of participants were content that coordination had been established between the different alert systems at national and EU level. However, the Commission might like to consider whether there is a way of integrating crisis response tools, i.e. interlinking rapid alert systems such as EWRS, CECIS, etc.

A common theme for participants who are not EU Member States, however, is the communication channels for sharing information. Some of the participants stated that they would have to communicate through diplomatic channels.

### **Theme 5 (objectives 7 and 8)**

**Test the information flows between departments and agencies at:**

- **national,**
- **EU**
- **international level**

The exercise was designed so that participants had to provide information regarding the situation in their countries. Hence the information flows between departments and agencies at national, EU and international level were tested. In general, countries felt that there were ample tools and that the information flow was effective both nationally and internationally. Specifically, however, there was a view that clinical data sharing at both an EU and MS level could be improved (although clinical data was out of scope during the exercise, in reality this would be a concern). Many countries mentioned that they test these information flows periodically and also that they have been used to good effect during real incidents. For the health sector, in particular, there was a view that the information flow at both national and EU level is clear and that ECDC participation is also clear. However, there was a view that information flow at EU level is more difficult to follow as every sector uses its own system.

### **Theme 6 (objectives 9 and 10)**

**Test decision making processes and responsibilities with:**

- **international organisations e.g. WHO, NATO**

**Test communication processes to press, media and the public**

The participation of international organisations such as WHO and NATO was limited, with NATO attending the exercise as an observer only. Nevertheless, guidelines from WHO were shared by participants throughout the exercise and for those non EU- Member States, communication with the WHO on health issues is critical for their response. Interpol was the focal point on security issues for non-EU Member States and this was processed through diplomatic channels. Again this raises the issue with communication channels for non-MS during a response.

Due to the limited number of places available for participants, there were no communications representatives present at the exercise, however participants showed good awareness of communication processes to the media and public. There were good discussions around crisis communication, including providing public health advice to health providers and members of the public. This included providing health care workers with advice on the level of personal protective equipment (PPE) that should be worn and advising members of the public to avoid attending mass gathering events, such as sporting events or concerts. However, some participants commented that media and public communication was decided at a national level and data from international organisations would only be used if appropriate.

### **Theme 7 (objective 11)**

#### **Identify gaps and improvements needed in inter-sectoral cooperation in response to a hybrid threat.**

As a result of the discussions during the exercise and written feedback from participants, a variety of gaps and proposed improvements for inter-sectoral cooperation in response to a hybrid threat were identified.

Some participants identified that information sharing with the security sector could be challenging but that there appeared to be no problems in sharing information between the civil protection and public health sectors. As referred to in Theme 3, although clear on their roles, it was unclear to participants exactly what mechanisms are in place across the differing sectors to respond to a hybrid threat; similarly, participants found it difficult to assess when information was relevant to other parties. Participants commented that systems appear to be in place and should be exercised regularly both to ensure that they work but also to act as an awareness raising/training tool for all sectors.

Participants recognised that there was a lack of awareness around hybrid threats resulting in a need for increased awareness about hybrid threats and how they differ from other threats. Further training would be helpful.

There was also a recognition that the level of preparedness for hybrid threats varies from sector to sector with some sectors having plans which were less developed and tested than others. It was suggested by participants that this could be remedied by frequent inter-sectoral meetings to share best practice from most developed sectors like Banking and Energy sector. Additionally, post incident, inter-sectoral meetings should be held based on existing international guidelines and recommendations as well as from lessons learned from other MS who were affected. Following an incident, a “post-mortem” should be held to assess and re-evaluate existing mechanisms and protocols and update them accordingly.

## **Part 4 – CONCLUSION**

Exercise Chimera addressed the aim of challenging the use and usability of the existing systems and communications tools through 11 objectives. Although participants acknowledged that this was the first time they had attended an EU-level exercise with hybrid threats as the scenario, it was clear that, in general, the responsibilities and roles during the response to a hybrid threat were clearly identified and understood;

Similarly, each sector had access to and understanding of the early warning and reporting systems available to them during a crisis response.

However, the exercise highlighted that further work is required at the national, EU and international levels to ensure interoperability between the public health and civil protection/security sectors. There was recognition that there is a need for common guidelines across EU and national legislation.

Consideration should be given to integrating the many rapid alert and crisis response tools. Moreover, it was suggested that the widening of information-sharing to non-EU Member States would provide a more effective response to a hybrid threat.

Participants recommended that regular training and exercises should be held at Member States and EU level with the aim of improving inter-sectoral crisis management and raising awareness of the mechanisms which are in place across

the differing sectors to deal with threats. Moreover, such training and exercises would raise awareness of hybrid threats and promote an understanding of the nature of such threats, as well as specific aspects of preparedness and response. Finally, it was suggested that events should be held to share best practice in preparedness and response from the most developed sectors.

In summary, Exercise Chimera provided an opportunity for participants from across the public health and civil protection/security sectors to come together and engage for the first time with a hybrid threat scenario. Whilst there is a good understanding of the roles and responsibilities during such an incident and of the reporting systems which are available, the exercise highlighted that further work is required at Member States and EU levels to ensure interoperability between the various sectors.

## APPENDIX A – GLOSSARY OF ABBREVIATIONS

ARGUS	European Commission’s cross-sectoral warning system
CECIS	Common Emergency Communication and Information System
CELESTE	Case studies, Exercise, Learning, Surveys and Training across Europe consortium
CHAFEA	Consumer, Health, Agriculture and Food Executive Agency
DG ECHO	Directorate General, European Civil Protection and Humanitarian Aid Operations
DG HOME	Directorate General, Migration and Home affairs
DG SANTE	Directorate-General for Health and Food Safety
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EEA	European Economic Area
EEAS	European External Action Service
EU	European Union
EWRS	Early Warning and Response System
HLIU	High Level Isolation Unit
HSC	Health Security Committee
IHR	International Health Regulations
MS	Member States
NATO	North Atlantic Treaty Organisation
PHE	Public Health England
PHEIC	Public Health Emergency of International Concern
WHO	World Health Organization

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## **The CELESTE Consortium II**

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The CELESTE II consortium, led by the United Kingdom's Public Health England (PHE) partnered with the European CBRNE-centre, the Swedish Defence Research Agency (FOI) and the Istituto Superiore di Sanità (ISS), was formed in response to a tender call with reopening of competition from the European Commission, Consumers, Health, Agriculture and Food Executive Agency for the "Scripting, planning, conduction and evaluation of exercises training and assessment implementing the Decision No 1082/2013/EU on cross-border threats to health".

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