



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management
Crisis management and preparedness in health

Luxembourg, 5 July 2019

Flash report of the Plenary Meeting of the Health Security Committee

3-4 July 2019, Senningen/Luxembourg

1. WELCOME AND ADOPTION OF AGENDA

22 Member States, Norway and Serbia, attended the meeting, as well as the European Centre for Disease Prevention and Control (ECDC), the Consumers, Health, Agriculture and Food Executive Agency (Chafea), the Regional Office for Europe of the World Health Organisation (WHO/Europe), the Scientific Committee on Health, Environmental and Emerging Risks (SCHEER), Europol, DG JRC and DG SANTE of the European Commission.

The agenda of the Plenary Meeting of the Health Security Committee (HSC) included topics on EU action on vaccination; antimicrobial resistance; security threats and preparedness for terrorist attacks and chemical threats; Ebola outbreak preparedness and response; updates on Joint Procurement, the activities of the Communicators' network, EWRS re-engineering and Health Programme activities including Joint Actions; the state of play with preparedness in Ukraine; and planning for Horizon Europe and the ESF+. The agenda included under AOB a point on possible cooperation with Israel under the HSC.

The agenda and the minutes of the last plenary meeting were adopted.

2. VACCINATION

The Chair recalled that the 2018 Commission Communication and the Council Recommendation on strengthened cooperation against vaccine preventable diseases provide the political framework for strengthened cooperation at EU level in the area of vaccination, focusing on vaccine hesitancy, strengthened sustainability of national vaccination programmes, and operational options to increase coverage at EU level. To achieve the objectives of the Recommendation, a Roadmap was published by SANTE for the implementation of actions to be taken by the Commission and its Agencies, including several deliverables of the Joint Action on Vaccination.

2.1. GLOBAL VACCINATION SUMMIT

Upon the request received from President Juncker, the Commission is organising together with the WHO the Global Vaccination Summit that will take place on the 12th of September in Brussels. This

event, which is invitation-based takes place under the joint auspices of Commission President Juncker and WHO Director General Tedros Adhanom Ghebreyesus.

The Summit will bring together around 400 high-level participants from around the globe. The overall objective of the Summit is to boost global commitment to vaccination, engage political leaders and opinion makers to discuss and identify solutions towards eliminating vaccine preventable diseases. The Summit also aims to raise political attention and demonstrate EU leadership on vaccination. It builds on the UN Sustainable Development Goals, EU political commitments and policies, and WHO's vaccination targets. The main topics of the event are stepping up action to increase vaccine confidence, boosting vaccine research, development and innovation, and galvanizing a global response towards eliminating vaccine preventable infections.

2.2. THE COALITION FOR VACCINATION

The Coalition for Vaccination brings together European associations of health workers as well as relevant students' associations in the field, aiming to create a forum for delivering accurate information to the public, combating myths and exchanging best practices in view of contributing to increasing vaccination coverage in the EU. The Coalition for Vaccination kicked off on 4 March 2019, in Brussels. The Members of the Coalition for Vaccination are expected to undertake commitments in the field of vaccination and share them with the other members of the Coalition via the Health Policy Platform, and physical Coalition meetings. So far, 12 health professionals' and students' associations have endorsed the Declaration proposed by the Commission, and a number of associations have submitted suggestions for commitments to the Commission.

The Coalition for Vaccination is the only European vaccination-related initiative focusing specifically on health professionals. It could play an even more important role in light of the high degree of trust Europeans put in the advice of healthcare professionals as regards vaccination, as recently shown by the results of the Special Eurobarometer on Vaccination.

2.3 UPDATE ON THE JOINT ACTION ON VACCINATION

The Joint Action (JA) on Vaccination implements a number of key objectives of the EU policy initiative. The JA develops sustainable mechanisms of cooperation and communication between Member States and other stakeholders to facilitate the implementation of vaccination policies.

The French Ministry of Health provided an update on the state of play of the JA on Vaccination, kicked off in August 2018, with the participation of 17 Member States and 3 non-EU countries, co-funded with 3.55 million EUR by the Health Programme. The aim of the JA is to build concrete tools to improve vaccination coverage in Europe and strengthen national immunization programs. Some major topics covered by this JA are scientific evidence for national programs, digital immunisation information systems, concept of data warehouse on demand and supply, vaccine research priority-setting framework, vaccine confidence.

2.4. MEASLES SITUATION

More than 44 000 cases of measles have been reported to ECDC by 30 EU/EEA countries in the past three years. According to ECDC there is a high risk of continued widespread circulation of measles in EU/EEA in the near future as long as significant immunity gaps and suboptimal vaccination coverage remain.

In this context, the Commission has held bilateral meetings with Bulgaria, the Czech Republic, France, Italy and Ireland in 2019 to dissect the epidemiological situation, outbreak measures in place, unmet needs in the response to outbreaks, and expectations regarding EU-level actions to support Member States. Furthermore, the Commission highlighted the need to develop and implement structured elimination or post-elimination strategies at the EPSCO Health Council on 14 June, calling on Health Ministers to take targeted measures in order to close immunity gaps and increase suboptimal measles vaccination coverage.

ECDC provided information regarding the measles situation. The Rapid Risk Assessment (RRA) is now accompanied by country profiles. Approximately 4.5 million children and teenagers born in EU/EEA in the last 20 years are unnecessarily susceptible to measles. The measles situation is very different across with only 4 Member States having met the 95% coverage for the second vaccine dose. As such, there is a need for different measures adapted to the situation of each Member State. Importantly, the imported infections cases account for 4%, which suggests that this is rather an endemic problem (43% of imported measles cases come from another EU country and another 20% from another European country while less than a third come from outside of Europe).

The HSC welcomed the Global Vaccination Summit as well as the EU policy initiatives and actions, and expressed their support. Member States presented the measles situation in their countries, and referred to changes in legal and operational areas towards increasing measles vaccination coverage. A persistent problem is passenger tracing in case of airplane travel.

It was concluded that routine immunization programmes have to become common practice, and upon identifying age specific immunization gaps, potential interventions could be modelled and then implemented. There is also a need for better surveillance. Activities like country twinning, funding possibilities through the EU financial instruments, and establishing a database for information on national laws and practices under the auspices of ECDC were identified as possible additional measures to improve the measles situation in the EU/EEA. The HSC will continue to exchange information on national vaccination measures, plans and programmes and regularly discuss progress in the area of vaccination.

3. ANTIMICROBIAL RESISTENCE

3.1. IMPLEMENTATION OF THE EU ACTION PLAN ON AMR

DG SANTE presented the key points on the implementation of the European Action Plan against AMR. The objectives of the European One Health Action Plan against AMR are to make the EU a best practice region on AMR; boost research and development and shape the global agenda on AMR. Amongst EU

Member States 5 have a fully developed one health action plans on AMR with identified funding and an evaluation framework. According to the latest self-assessment survey carried out by WHO/FAO/OIE, 6 Member States do not yet have in place a national action plan on AMR.

EU support to Member States includes: The joint action on AMR and Healthcare associated infection led by France; EU Health Programme co-funded support from WHO to EU Member States; ECDC/SANTE One Health' country visits, and use of the EU Structural Funds and the Structural Reform Support Programme (SRSP) for action on AMR.

Member States are invited to contact the SANTE HSC secretariat as soon as practicable for further details or to express interest for support on AMR – including in particular on one Health AMR visits; support from WHO on AMR or to explore the support available from the Structural Reform Support Programme.

A call for EU funding for Stakeholder actions to implement the EU guidelines on prudent use of antimicrobials in human health is open until 10 September 2019¹.

3.2. COUNCIL CONCLUSIONS OF JUNE 2019 ON 'THE NEXT STEPS TOWARDS MAKING THE EU A BEST PRACTICE REGION IN COMBATTING ANTIMICROBIAL RESISTANCE'

Since the last plenary meeting, there have been important developments on AMR, one of which is the adoption of new Council Conclusions on “The next steps towards making the EU a best practice region in combatting AMR” at EPSCO in June under the Romanian Presidency.

DG SANTE presented the Council Conclusions. The Council Conclusions touch upon an important number of issues in the context of AMR, including national targets, strengthened efforts at infection prevention and control, and improved surveillance. Some of the points of the Council Conclusions explicitly call on the Commission to support Member States further in identifying the barriers to the development and implementation of national policies to combat AMR. This includes the better use of EU Structural Funds by making more information available about the opportunities for using these funds for activities such as the retraining of healthcare workers under the EU Social Fund or the modernisation of hospitals under the European Regional Development Fund.

There have been important developments on AMR in the past few months. Regarding the calls to strengthen surveillance, which also fall under the mandate of this group, relevant to Decision 1082/2013, the case definitions on AMR were updated and the first reporting to ECDC under the new case definitions is expected later this year.

¹ <https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/topic-details/pj-02-2019;freeTextSearchKeyword=;typeCodes=1;statusCodes=31094501,31094502,31094503;programCode=3HP;programDivisionCode=null;focusAreaCode=null;crossCuttingPriorityCode=null;callCode=HP-PJ-2019;sortQuery=openingDate;orderBy=asc;onlyTenders=false;topicListKey=topicSearchTablePageState>

In conclusion, the chair underlined the priority that the European Commission has in supporting Member States to take action on AMR.

One key area relates to mechanisms for EU working on AMR with Member States - including the HSC and the One Health Network. This is an area which SANTE will seek to improve. The Council Conclusions and the HSC discussion suggested that additional mechanisms should be considered to address topics such as incentives for the development of new antibiotics, shortages and the use of old antibiotics, twinning and other exchanges.

Information on the one health network meetings will be shared with the HSC, as this is not currently done.

4. PREPAREDNESS

4.1. PREPAREDNESS AGAINST CHEMICAL AND BIOLOGICAL SECURITY THREATS

The Chair recalled that the terrorist attacks across Europe, but also globally highlighted both gaps and successful strategies in preparedness and response to terrorism. The HSC has been exchanging lessons learned with regards to health sector preparedness for terrorism, emergency planning, coordination mechanisms and damage control practices, including psychological support.

Key policy initiatives and frameworks have been adopted at the EU level to prevent and prepare for terrorist attacks, including preparedness against CBRN security risks, on critical infrastructure protection and hybrid threats. Actions and activities under the EU health security framework provide an essential contribution to the implementation of these initiatives, in particular to the EU Action Plan to enhance preparedness against chemical, biological, radiological and nuclear security risks.

EUROPOL presented the current EU security threat landscape. The CBRN & explosives team offers support for investigations, focuses on technical and forensic aspects, on the monitoring and informational hub. Biological agents are preferred as weapon of choice in terrorist attacks due to the fact that they easily dissimulate in a device or method of dispersal out of sight or detection, people may not be aware that they have been exposed to biological agent, and the onset of symptoms will be delayed in time due to the incubation period. Potential scenarios for biological attacks are: dissemination with explosives, attack with a biological agent in an aerosol form, letters with a biological agent, contamination of food/water, and selective assassinations with biological agents. Europol has an important role to provide risk assessments on security threats, and together with ECDC to support response coordination within the HSC.

The members of the HSC agreed that joint trainings for public health has to continue to be implemented as to assure better preparedness and response. Exchanges within the HSC on preparedness to security threats will continue with Member States and other Commission services and EU Agencies. It is important to have a closer look at the inter-sectoral collaboration between the public health, law enforcement and civil protection sectors. This point of view will be taken forward also under the Joint Action on preparedness for biological and chemical terrorist attacks, currently under development with 23 countries.

4.2. MEDICAL COUNTERMEASURES (MCMs) FOR SECURITY THREATS – AVAILABILITY, STOCKPILING, AND RAPID DEPLOYMENT, EXCHANGE OF MEDICAL COUNTERMEASURES THROUGH EWRS

Discussions on facilitating availability and exchanges of MCMs initially arose as a result of past events in which Member States faced shortages and, more recently, surpluses of MCMs. In these situations, Member States used the EWRS as a platform to share this information. This led to the conclusion that there is a need to develop further the mechanism for the exchange of MCMs as an element of strengthening EU preparedness. The Commission produced a background paper on an exchange mechanism for MCMs. As a result, in the last plenary of the HSC in December 2018, it was agreed that the Commission should proceed with creating functioning Standard Operating Procedures (SOPs) for a simple exchange mechanism and to develop the necessary templates. The procedure would continue to be based on the EWRS, without seeking to collate information on existing stocks.

The Commission prepared SOPs, accompanied by templates for voluntary use, in consultation with the HSC Permanent WG on Preparedness and Response Planning in March 2019 and sent to members of the HSC in advance of the plenary meeting.

The Chair also recalled that earlier discussions regarding stockpiling, which have been raised in the context of other policy initiatives, amongst which the joint procurement process, vaccination, security and hybrid threats, the Union Civil Protection Mechanism and the proposed Emergency Aid Reserve under the Multiannual Financial Framework have been discussed. Work on the feasibility of physical and virtual stockpiling is also ongoing in the area of vaccination - through Health Programme and Joint Action activities – in line with the Council Recommendation on vaccine preventable diseases. Furthermore, recent discussions on the use of the rescEU instrument under the Union Civil Protection Mechanism of DG ECHO, included potential MCMs that could be stockpiled at an EU level in response to CBRN events. DG SANTE has been in discussion with DG ECHO on this topic specifically and provided technical input.

The HSC discussed the SOPs, including questions on the templates, use of the SOPs for donation, linkages to assistance under the EU Civil Protection Mechanism, and the work on medical countermeasures deployment under the Global Health Security Initiative.

The HSC agreed that the framework has a simple structure and can be used in case of an emergency. It was proposed that in order to implement SOPs these should first be tested by organizing an exercise through EWRS.

4.3. EBOLA OUTBREAK, STATE OF PLAY AND PREPAREDNESS

The ongoing Ebola outbreak in the DRC, provinces of North Kivu and Ituri has been a prominent threat in the recent period. As of 30 June, there have been 2338 Ebola virus disease cases, of which 2244 confirmed and 94 probable, including 1571 deaths since the beginning of the outbreak.

ECDC updated the rapid risk assessment on 16 April 2019. Since the last HSC Plenary, three audio conference of the HSC were held in the months of March and June to discuss preparedness, response

and vaccine issues. The epidemic occurs in the context of prolonged humanitarian crises and an unstable security situation. On 11 June 2019, the Ministry of Health and the WHO confirmed a case of Ebola Virus disease in Uganda. Overall, the outbreak transmission trends in DRC have been declining in the recent weeks. On 14 June 2019, the IHR Emergency Committee concluded that the epidemic is not at this stage a public health emergency of international concern.

The Commission is in contact with the national authorities working on the frontline, the WHO and partners on the ground to channel support. The EU support for Ebola response include ensuring access to health care and diagnosis, supporting community screening facilities, infection prevention and control measures, community engagement, and providing humanitarian assistance to survivors. The response to the Ebola outbreak entails the activation of the Civil Protection Mechanism, launch of ECHO flight humanitarian air service for transfer of medical teams, equipment and supplied to the affected areas.

4.3.1. Medical evacuation

Information on the capacities for Medical evacuation (MEDEVAC) in the EU Member States was collected in 2018. Eight countries confirmed arrangements are in place for emergency deployment if needed for evacuation of nationals from affected countries. However, the majority of respondents (n=15) countries replied that no such arrangements are in place.

Since the last HSC plenary, WHO made a request for Assistance to the Union's Civil Protection Mechanism for a Medevac Support team to provide training on handling EpiShuttles. Norway offered a team who provided training session on the Epishuttles/Medevac protocols in August. A total of 26 staff members from the DRC Ministry of Health, WHO, MSF, Alima and Monusco were trained.

Jointly, DG SANTE, DG ECHO, and WHO HQ developed SOPs for requesting medical evacuation in humanitarian contexts for Viral Haemorrhagic Fevers (VHF). This includes illnesses like the Ebola Virus Disease, Marburg, Riff Valley fever, etc. Given their coordination role, the evacuation system is managed by the WHO. DG SANTE and DG ECHO provide support and facilitate the process to identify a treatment facility in one of the EU Member States for an international health or humanitarian aid workers requiring a medical evacuation.

On 27-28 June, the procedures in place were tested through a joint simulation exercise, including the EU Member States through the EWRS.

4.3.2. Availability of vaccines

Ebola 'ring' vaccination (i.e. vaccination of contacts of suspected cases and contacts of the contacts) has been a pillar in the response activities. The European Commission is funding Ebola vaccine development with over €160 million. The EU has provided funding for the vaccine (rVSVΔG-ZEBOV-GP – Merck (MSD) vaccine) which was deployed in DRC for the current outbreak in North Kivu.

Current situation regarding vaccination in DRC: the acceptance rate of the vaccine is up to 95%. As of 1 July 11, 148.323 people have been vaccinated, out of which 33.499 are health care workers and

almost 45.613 children under 17 years. Stockpiles of the Merck vaccine are running low and are projected to be depleted within the next months.

A Ministerial Meeting of the Global Health Security Initiative (with G7, Mexico, WHO and the Commission) took place in May 2019 on the margins of the G7, convened at the proposal of the US. Members agreed to work together to explore how to ensure Ebola vaccine availability including exploring requirements for procuring vaccine or supporting a sustainable Ebola vaccine supply via possible funding of vaccine producing facilities.

As regards the availability of vaccines in the Member States for vaccination of domestic and deployed health workers, an HSC audio meeting took place on the 17 June 2019 during which European Medicines Agency (EMA), European Centre for Disease Prevention and Control (ECDC) and Member States discussed emergency access to vaccine and therapeutics, simplification of regulatory processes and possible Member States cooperation for a common framework. Currently, France is the only EU Member States that has an active regulatory framework in place, and vaccines available for the vaccination of healthcare and humanitarian aid workers. Additional constraints include the GMO character of the vaccine. Belgium authorities are taking care of respective regulatory aspects.

Member States and EMA further discussed the possibility of a single vaccine use protocol to be used by all interested Member, the possibility for an aligned/model regulatory framework/importation for both preventive measures and emergency use (for vaccine and therapeutics). SANTE asked Member States to inform the Commission on their interest in receiving the Merck vaccine doses.

The discussion regarding availability and access to Ebola vaccines will be summarized and continue with EMA with a focus on the regulatory framework, which will then be taken forward with interested Member States. Contact details of the pharmaceutical companies for the acquisition of Ebola vaccines will be shared with the HSC members upon request.

5. PREPAREDNESS (SECOND DAY)

5.1. EXCHANGE OF PASSENGERS DATA FOR CONTACT TRACING PURPOSES

For a successful contact tracing, public health authorities need to receive relevant identification and contact information of passengers without undue delay. Cooperation between the transportation sector and public health authorities is therefore crucial. However, several Member States have expressed difficulties in the past in receiving relevant data from airlines for contact tracing purposes.

The Commission finalized the assessment of the legal framework regulating the sharing of personal data between transport and public health sectors in the context of contact tracing activities, in consultation with the Working Group on Preparedness, and circulated the resulting discussion paper to the HSC.

As agreed at the HSC of December 2018 as regards follow-up actions, the Commission is assessing the feasibility to produce an explanatory note on the main GDPR provisions of relevance to passenger information sharing in the context of contact tracing. The aim of such note would be to explain to operators the EU data protection rules and that they are not against providing data to health

authorities for public health use. The Commission is also planning to organise a workshop on interoperability of national frameworks on passenger information sharing between the transport and health sectors for contact tracing purposes in 2019. Furthermore, the EU Joint Action Healthy Gateways is conducting a review of the current national legal framework/practices for contact tracing of public health events on airplanes in partner countries.

Finally, at the recommendation of the Working Group on Preparedness, the Chair proposed to set up an ad-hoc Working Group on contact tracing to work on the sharing of personal data between transport and public health sectors in the context of contact tracing activities.

The HSC welcomed the background paper on contact tracing summarizing the legal background and problems with the exchange of passengers data between the public health and transport sector in countries. Member States discussed specific questions related to the legal framework and collaboration with the transport sector at national level.

The HSC agreed on setting up the ad-hoc working group on contact tracing, as proposed by the WG on Preparedness, in collaboration with ECDC and WHO and representatives from the transport sector. A detailed mandate and timeline will be prepared and circulated by SANTE C3.

5.2. PREPAREDNESS FOR CHEMICAL THREATS

When a chemical threat is notified under Decision 1082 through the EWRS, the Commission is required to provide a risk assessment to the national competent authorities of the Member States. While biological threat risk assessments are carried out by ECDC, the Commission will request the Scientific Committee on Health, Environmental and Emerging Risks Rapid Risk Assessment Working Group for a chemical threat risk assessment. The Working group would coordinate the risk assessment in case of a serious cross-border chemical incident and liaise with a pool of experts to get rapid advice as the incident evolves in line with provisions set in EU Decision 1082/2013/EU on serious cross-border threats to health.

A concept paper on “Tools and activities required to support the work of the SCHEER Rapid Risk Assessment Working Group” was prepared by the Working Group, as objective of the HSC work plan 2018—2020.

The representative of the SCHEER WG presented the paper for the discussion of the HSC. The tools and activities to support the work of SCHEER RRA WG in order to improve preparedness for cross-border chemical threats include: an online platform for collaborative working, appropriate templates to support the risk assessment process, a rapid alerting, notification and discussion system (such as RASCHEM), a surveillance system (Event Based Surveillance), knowledge based material and tools to support the rapid risk assessment process as well as training and exercises.

The Head of the Chemicals Safety and Alternative Methods unit of the Joint Research Centre (JRC) joined the meeting by phone and briefly outlined the work of his unit.

The Members of the HSC regarded the tools of the SHEER RRA WG as being valuable for the assessment of chemical cross-border incidents. The HSC agreed that discussion on individual follow-up points will be further addressed in the Preparedness WG.

5.3 UPDATE ON JOINT ACTIONS ON PREPAREDNESS

The Joint Action **Strengthened International Health Regulations and Preparedness in the EU (JA SHARP)** is under the 2018 Annual Work Programme.

The Finnish HSC member presented information regarding the scope and developments of the JA. The general objective of the JA SHARP is to strengthen IHR implementation and preparedness, to support capacity building and to contribute to a high level of protection of health and security in EU Member States in line with the EU health security framework. This is reflected in two overall objectives where the JA aims: 1) to support the implementation of Decision 1082/2013/EU on serious cross-border threats to health and 2) to strengthen the resilience and response capacities of health systems, and to ensure coherence and interoperability for preparedness and response planning to health threats at national, EU and regional level.

This JA comprises in total 30 countries, including 22 EU Member States, 4 associated partner countries and 4 collaborating partner countries. In addition, 35 affiliated entities and 9 collaborating partners from the participating countries. The JA was kicked off on the 2-3 July in Vilnius, Lithuania.

The **Joint Action to strengthen health preparedness and response to biological and chemical terror attacks** under the 2019 Annual Work Programme is currently being prepared. 23 Countries have sent nominations to be part of this JA which aims to strengthen health preparedness and response to terrorist attacks across the health, security and civil protection sectors, focusing on biological and chemical agents, in agreement with DG ECHO and HOME. Relevant EU agencies will be involved in the preparation. The JA will build on work done by relevant projects and exercises under the Health Programme. In particular, it will collaborate closely with the JA SHARP and the JA "Healthy Gateways" and contribute to the objectives of the Security Union and the EU CBRN Action Plan.

Member States received a document with policy expectation and action areas, as well as possible activities for the JA. A follow-up meeting to the Info Day discussion on the 24 June regarding this JA is being arranged in order to support further work. The Commission circulated an additional background document in order to help facilitate the next steps regarding potential WP structure and activities possible in this JA, as well as identifying a coordinator and WP leader positions.

The HSC will further receive updates on the Joint Actions, including on the Joint Action HEALTHY GATEWAYS on preparedness and action at points of entry.

5.4. FOLLOW-UP AND PLANNING OF EXERCISES AND WORKSHOPS

A training on 'Evidence-based best practices on entry/exit screening for infectious diseases in humans' took place on 30-31 January 2019 in Luxembourg. The overall aim of the course was to build capacities and to foster cooperation between the public health/medical border authorities from EU

Member States, EU border control agencies and international organizations. The training course was designed in order to foster exchange of knowledge and practices/lessons learnt, practicalities and specificities on entry/exit screening for infectious diseases in humans and health measures at border controls (at air, water and land border crossings), and to contribute to the implementation of Decision 1082/2013/EU and the International Health Regulations. The training course was attended by a total of 90 participants, including 53 participants representing 27 countries. The final report will be circulated to the HSC.

Later this year, the Commission will organise a workshop on preparedness for opioid threats and on lessons learned from Joint Procurement. The workshops will take place in the last quarter of 2019 (the HSC will be informed as soon as the dates are set). A workshop on contact tracing with EU agencies and international organizations is also under preparation, requested by Member States.

The HSC work plan contains an objective to “*Review and follow up on the implementation of lessons learned from exercises, and responses to cross-border events*” and specifies an action to “*discuss and follow-up implementation of the lessons learned*”. As part of the support to this objective, the HSC tasked the Commission to implement a database of exercises carried out in the past and to track the implementation of the recommendations provided by these exercises. As such, a prototype database has been developed.

DG SANTE briefly presented the exercise database. This searchable database including a library of recommendations and follow-up actions aims to aid Member States and the Commission to improve preparedness by allowing tracking and reporting of progress regarding the implementation of exercise recommendations. This database has a limited functionality for now, with internal use. Further developments could be envisaged as being linked to the EWRS.

The Members of the HSC regard this database as a valuable tool and encouraged further developments as it represents the only system that comprises all exercises. The technical solutions and possibility of including exercises run by other Commission services will be examined.

6. UPDATES ON FILES

6.1. IMPLEMENTATION OF THE JOINT PROCUREMENT OF MEDICAL COUNTERMEASURES

The joint procurement agreement under the Cross Border Health Threats Decision provides for a voluntary mechanism enabling participating Member States and the Commission to purchase jointly MCMs for different categories of cross-border health threats, including vaccines and anti-toxins. The aim of the joint procurement mechanism is to improve Member States' preparedness to mitigate serious cross-border threats to health, ensure equitable access to specific MCMs and more balanced prices. In June 2019, Bulgaria became the 25th Member State to sign the Agreement in the margins of the EPSCO council in Luxembourg.

The joint procurement of pandemic influenza vaccines to improve preparedness for the next pandemic led to concluding a framework contract signed by the Commission and 14 Member States with the pharmaceutical company Seqirus for the production and supply of pandemic influenza

vaccines in the event of an influenza pandemic. Negotiations with the second company are still ongoing and not yet finalised. Serious problems concern the liability clauses.

Member States have expressed interest for additional Joint Procurement Procedures, including for personal protective equipment, diphtheria anti-toxin, botulinum anti-toxin, tuberculin and BCG vaccines. These procedures are currently in preparatory phase. Member States can still express their interest to join these procedures.

The next meeting of the overall Joint Procurement Agreement Steering Committee is scheduled back to back with a Workshop on Lessons Learnt from the Joint Procurement of MCMs and will be held in the last quarter of 2019 in Luxembourg. Member States are invited to provide input on the topics of their interest to be discussed at these meetings.

6.2. EWRS REMODELLING, STATE OF PLAY AND NEXT STEPS

Since June 2017, the EWRS is undergoing a process of update, to be made compatible with the newest IT technologies, and to integrate features to allow using the system more efficiently for notification and crisis management. To this end, SANTE has been closely working with ECDC and the ad-hoc HSC WG on the EWRS update, which was established after the HSC plenary meeting of June 2017.

The first version of the updated EWRS went live on 15 October 2018. This includes all the functionalities that were available in the previous platform, as well as new characteristics and functionalities, including a structured notification template, a search function, and a new tool to notify and monitor public health measures in response to serious cross border threats to health.

Since the go live, the platform has been used for the purposes of notification and management of threats under Decision 1082/2013/EU. Over the course of this year, more modules and functionalities were gradually added to the updated platform - risk communication, preparedness, training and simulation exercises. The module allowing the interlinking with other EU alert and information systems is planned to be released next week. The last module, situation awareness is also planned to be released in October 2019.

The HSC will continue to receive updates on the development of the EWRS.

6.3. UPDATE FOR THE COMMUNICATORS' NETWORK

A first ever joint meeting between the HSC Communicators' Network and the ECDC National Focal Points for communication was held in Luxembourg on 12 June 2-19 back to back with the ECDC NFPs for communication meeting on 11 June and the HSC Communicators' Network meeting on 13 June. It was dedicated to discussing common challenges in risk and crisis communication, mainly the issues posed by mis/disinformation in health, the role of social media, the challenges around vaccination and the successful strategies in bringing about behavioural change as the endpoint of health communication. The country representatives had an opportunity to discuss national experience and to hear presentations from DG Communication, ECDC, EMA and WHO Europe. Also, a dedicated meeting of the HSC Communicators' Network took place, with a brainstorming discussion on ways how to optimise the functioning of the Communicators' Network.

Overall, country representatives really appreciated the opportunity to meet face-to-face and the ability to discuss with their respective counterparts on national experience.

The HSC will be updated on these processes regularly.

7. STATE OF PLAY WITH PREPAREDNESS IN UKRAINE

The HSC expressed interest to follow-up on previous discussions on preparedness in Ukraine, in particular in view of coordinating response to cross-border threats, such as the measles and other infectious disease outbreaks.

In Ukraine in one and a half year there were over 100 000 measles cases reported. The EU is involved in health policy dialogue with Ukraine in the framework of the EU-Ukraine Association Agreement with its dedicated chapter on Public Health. A sub-committee on public health between the EU and Ukraine was held on 11 June 2019.

Progress in the healthcare financing reform has been ongoing. However, there is a clear need to continue implementing public health reforms in Ukraine, including the consolidation of the National Public Health Centre, developing national surveillance and laboratory strategies and strengthening the preparedness for health emergencies.

EU support has been provided in the form of funds for studies or short-term technical assistance. DG SANTE has used limited resources available to support reforms and actions focusing on: public health reform and the set-up of the national Public Health Centre, communicable disease surveillance and preparedness, blood safety. As from the beginning of June 2019, an EU technical assistance programme of 3 Million EUR will support the public health and blood system reforms.

The neighbouring countries confirmed that they face imported cases from Ukraine and agreed that actions need to be taken to increase the trust in vaccines.

The Members of the HSC will continue the discussion on this topic at the next HSC with SANTE units, the EU Delegation in Kiev and the Support Group for Ukraine, based on the forthcoming new developments.

8. FUTURE PLANNING FOR HORIZON EUROPE AND THE EUROPEAN SOCIAL FUND+

The proposals for the next Multiannual Financial Framework for 2021 to 2027 include continued support for upfront investments in health, to promote better access to care and more sustainable systems. The next Framework will create closer links between what EU funds support and how structural reforms are implemented at national level. Under the new ESF+ a dedicated health strand will support the implementation of EU health legislation and closer cooperation.

DG SANTE provided a short update on the planning for Horizon Europe and the ESF+.

Horizon Europe is the ambitious EU research and innovation framework programme (2021-2027) with a structure that comprises: Pillar 1 - Science, Pillar 2 - Global Challenges and European Industrial Competitiveness, and Pillar 3 - Innovative Europe for which were allocated 100 billion EURO. This framework aims to strengthen the EU's scientific and technological bases and the European Research Area (ERA), to boost Europe's innovation capacity, competitiveness and jobs, to deliver on citizens'

priorities and sustain our socio-economic models and values. The ESF+ represents 5 funds coming together that are directed towards employment, education and social inclusion, investing in youth, support to the most deprived, EU priority actions and health.

During the next months the negotiations on these programmes will finalise and it will be important for Member States to identify their priorities and investment strategies as to make out the most of these opportunities. The Council document on financial instruments under the MFF will be shared with the Health Security Committee.

9. AOB

Israel's participation in the HSC

Commissioner Andriukaitis visited Israel at the beginning of March 2019. The possibility of a more active engagement with Israel on health related files was raised, including for example through the HSC. Israel has notably developed remarkable expertise in the areas of digital health and health cyber security, where increased EU-Israel cooperation could be mutually beneficial. Also in the field of preparedness, Israel has developed procedures for health threats.

HSC members were asked to reflect on the possibility of cooperation within the HSC. The Members of the HSC noted Israel's expertise in public health and agreed to reflect on the question.

The next plenary meetings of the HSC is tentatively scheduled for 21 November 2019.