Luxembourg, 3 April 2020

Health Security Committee

Summary report

Audio meeting on the outbreak of COVID-19

Chair: Wolfgang Philipp, SANTE C3
Audio participants: AT, BE, BG, CZ, DE, DK, EE, EL, FI, FR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, SE, SI, SK, NO, CH, UK, DG ECHO, DG CNECT, ECDC, EMA

1. European Commission recommendations on health systems resilience1: The Commission presented recommendations on health systems resilience, which aim to alleviate pressure, protect vulnerable populations and reduce mortality. The recommendations are based on input from ECDC, and guidance from the European Commission COVID-19 Advisory Panel. The recommendations address hospital preparedness, care for symptomatic patients, organisation of treatment facilities, resources, capacities and staff reallocation, and alternatives to hospitalisation. France informed the HSC on health system response to COVID-19.

Follow up:
- Member States to continue to share updates on health care systems’ response, capacities will be further discussed in view of the next Integrated Situational Awareness and Analysis report.

2. ECDC guidance on face masks for the public: Due to the rapidly evolving COVID-19 pandemic, use of various forms of face covers including masks is increasingly considered by some countries as a measure to limit transmission of the virus. The Commission asked ECDC to work on a more detailed guidance regarding the various forms of masks, including self-made masks. ECDC introduced the draft guidance. During a pandemic, the use of face coverings, including masks, by symptom-free people in public, especially when visiting crowded closed spaces such as grocery stores, shopping centres or public transport, may serve as an additional means of reducing the spread of the infection in the community by infected people before they have developed symptoms of COVID-19. Medical face masks are prioritised for use by healthcare workers and patients by several countries in view of the current shortages.

Follow up:
- Member States to revert back to the Commission on their approach to develop a common position based on ECDC guidance.

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3. **Exit strategies:** Countries reported on ongoing work to identify exit strategies and criteria for de-escalating current measures in place. Discussion is also ongoing within the Advisory Panel on exit strategies to provide further recommendations.

**Follow up:**
- *HSC Members to revert on planned exit strategies to allow for the coordination of response. HSC can be called at any moment to discuss these questions at the request of a Member State.*
- *The point will be kept on the agenda, the next HSC is planned on 8 April to discuss new information.*

4. **Digital solutions in health care:** Ongoing work was introduced by the Commission including on a guidance for mobile apps, as well with the eHealth Network. Several Member States work on contact tracing apps, which play a key role in mitigating the early stages of the spread of COVID-19, and during the elevation of social distancing measures. The Webconferencing COVID19 clinical management support system has been established, several Member States provided hospital contacts to support communication and knowledge exchange between clinicians on COVID-19 cases. Work is ongoing to support the exchange of patients’ data when they are transferred between hospitals.

**Follow up:**
- *Member States to revert on contacts on the Webconferencing clinicians networks system in hospitals if not done yet.*
- *Commission to keep HSC informed on developments.*

5. **Cross border collaboration:**

The Commission is updated on the adoption of a Guidelines on EU Emergency Assistance in Cross-Border Cooperation in Healthcare related to the COVID-19 crisis. The guidelines set out a more coordinated approach to cross-border cooperation on emergency healthcare, outline additional support and assistance to Member States, including through coordination with the HSC and the Early Warning and Response Systems. Requests for assistance could cover intensive care places, treatment and transfer of patients or qualified teams of medical personnel. The guidelines also support requesting assistance through the EU Civil Protection Mechanism, allowing for coordination and co-funding the emergency cross border transport of patients or personnel. Arrangements for patient mobility across borders and steps for reimbursement are also included under the guidelines. National, regional and local authorities are encouraged to work together to share intensive care capacity and health professionals, using existing bi-lateral and regional agreements. HSC members were asked to provide contact details, so that regional or local authority have a possibility to get through to the HSC/EWRS.

**Follow up:**
- *Member States to revert on contact details, preferably functional mailbox by the end of the day. The functional mailbox provided for EWRS can also be used.*

6. **AOB:** The Commission provided an update on the ongoing Joint Procurement procedures.

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