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**COMMUNICATION FROM THE COMMISSION TO THE COUNCIL, THE
EUROPEAN PARLIAMENT, THE EUROPEAN ECONOMIC AND SOCIAL
COMMITTEE AND THE COMMITTEE OF THE REGIONS**

**on strengthening coordination on generic preparedness planning for public health
emergencies at EU level**

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1. BACKGROUND

The terrorist attacks in the USA in September 2001 prompted governments and international bodies, with responsibilities related to health protection, to review and reinforce policies, contingency plans and resources to prevent and mitigate the effects of such attacks. The need for joint action in the EU to complement national measures led to the establishment, in October 2001, of the Health Security Committee, made up of high-level representatives of the Health Ministers, to serve as the coordination platform for public health preparedness and response to deliberate releases of biological, chemical and radio-nuclear agents. A communication¹ containing a progress report on the implementation of the health security programme was published on 2 June 2003.

The SARS epidemic in 2003 opened up a new dimension in the public health area: a previously unknown disease with features similar to influenza and common cold was spreading rapidly causing high mortality and morbidity, fast travel and global trade facilitating transmission in the absence of relevant vaccines and drugs. The epidemic resulted in a major re-think of public health defences against communicable diseases and demands for research to find effective counter-measures. Above all, it stressed the need for world-wide cooperation to nip such diseases in the bud by detecting outbreaks early and acting at their source. Action by the countries affected with support and guidance from the World Health Organisation helped prevent catastrophic developments; coordination in the EU based on the Early Warning and Response System (EWRS)² contributed to Member States' knowledge of the situation and readiness to stem any potential spread of the disease.

More recently, the risk of a global influenza pandemic of devastating consequences had to be re-assessed with the rise of avian influenza in Asia and its spread in the world. A strategy advocated by the Commission on Community influenza preparedness and response planning was outlined in a working paper published in March 2004³. In its conclusions adopted at the meeting on June 2004⁴ the Council acknowledged the plan, and identified as a priority the drawing up and inter-operability of national plans. The strategy on pandemic influenza has now been revised and adapted to new developments, notably the new World Health Organisation's recommendations⁵ on pandemic influenza and the establishment of the European Centre for Disease Prevention and Control (ECDC)⁶ and is the object of a separate Communication on Pandemic Influenza Preparedness and Response Planning in the European Community⁷.

The proliferation of disease-specific plans led Health Ministers at their Council meetings of 6 May 2003 and 2 June 2003 to request the Commission to develop and prepare a rationale for generic plans for all sorts of public health emergencies. Such generic plans would involve not only medical counter-measures, such as diagnosis, isolation and treatment of cases and the administration of vaccines and prophylactic drugs to at-risk groups and the population at large, but also public order measures, such as restriction of movement and border controls, the

¹ COM (2003) 320 final, 2.6.2003

² OJ L 21, 26.1.2000, p.32

³ COM(2004) 201 final, 26.3.2004

⁴ SAN 104, 9882/04, 2.6.2005

⁵ http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5.pdf

⁶ OJ L 142, 30.4.2004, p. 1

⁷ COM(2005) 607 final, 28.11.2005

closing down of premises and the cordoning off of specific areas, civil protection measures such as rescue operations, the provision of food, water, shelter and other essential items, market and trade measures concerning food, animals, plants and goods, as well as external affairs measures concerning their nationals abroad and international cooperation to help stopping the spread of diseases or pathogens. Most importantly, infrastructures and equipment and materials must be in place and benefit from proper protection, whereas the persons with duties in the implementation of plans must be trained and be protected through appropriate personal and collective means to do their job properly. All such measures should be based on sound scientific and technical grounds and socio-economic considerations and should be explained and communicated in due time to citizens and third parties concerned to ensure compliance at national level and compliance and/or coherence at EU level and internationally.

This Communication presents such a rationale, setting out the essential components that need to be addressed in a planning process by which Member States and the Community can develop and implement plans addressing general public health as well as disease specific emergencies. The development of plans based on this rationale would help co-ordination and interoperability and add to their effectiveness in implementation.

2. PURPOSE AND SCOPE

Public health emergencies are dominated primarily by events related to pathogens transmitted from person to person or through unsafe food or products; or through animals and plants or by harm to individuals by the dispersion or action of biological, chemical or physical agents in the environment. Common to all such emergencies are assets and resources to be used and consequence management aspects to go through in developing emergency or contingency plans. This communication identifies the key building blocks of generic preparedness planning. It is based on experience gained through the exchange of information and sharing between the Commission and Member States of plans concerning smallpox and pandemic influenza and extensive work with the help of the Health Security Committee and the Community Network for the epidemiological surveillance and control of communicable diseases in the European Community⁸. This led to the elaboration of a detailed technical guidance document⁹ which contains individual attention points, objectives, checklists and division of public health roles and functions for Member States, for relevant Community Agencies¹⁰ and for Commission services for each of the key components of the planning process. This technical guidance document is continuously updated with contributions from the Member States and the Commission services competent for the relevant sectors of Community action. It also sets out the topics that need further work and additional efforts in order to inform and reinforce national plans and enhance coordination at EU level.

The overall goal is to assist Member States in developing their plans and factoring in the EU dimension, with its body of laws in various sectors with a bearing on public health emergency plans. The Communication together with the technical guidance document provides the backbone for developing core elements in national plans, addressing generically different types of health threats, whether anticipated (such as pandemic influenza) or unexpected (e.g. a SARS-like epidemic) and aims at improving the interoperability of such plans.

⁸ OJ L 268, 3.10.1998, p.1

⁹ http://europa.eu.int/comm/health/horiz_keydocs_en.htm#3

¹⁰ http://www.europa.eu.int/agencies/index_en.htm

The framework for cooperation in generic preparedness planning in the EU covers three main activities: first, sharing national plans and making comparisons, evaluations, in particular through joint tests and guidance on peer reviews of plans, and improvements on the basis of specific checklists set out in the technical guidance on generic preparedness planning; second, identifying the contribution and role of existing Community legislation and ensuring that national plans take them fully into account, as well as examining the need for further Community measures; and third, examining and improving implementing arrangements, which could help improve the timely flow of information and the interoperability and congruence of plans and responses.

3. ESSENTIAL COMPONENTS OF GENERIC PREPAREDNESS PLANNING

The key components that need to be fully addressed in order to arrive at public health emergency plans are:

1. information management,
2. communications,
3. scientific advice,
4. liaison and command and control structures,
5. preparedness of the health sector and
6. preparedness in all other sectors and inter-sectorally.

The principles and issues underlying each component are developed in separate chapters below. The experience gained from cooperation on planning at EU level has shown that the ability to respond to a public health emergency depends heavily on the extent to which these issues have been considered in advance and whether plans have been put in place that address each and every component.

Particular topics under each component will require special attention in the future, e.g. triggering levels for specific counter-measure introduction, incident investigation and environmental sampling, use of models in decision-making, procedures for triage and quarantine, hospital emergency and resilience plans, etc. The Commission will develop further these topics with a view to sharing best practice and helping Member States gain a better insight as to best practicable options to be incorporated in their plans.

3.1. Information management

Information management concerns the gathering, handling, use and dissemination of information related to an emergency, to detect and identify the hazards and risks, monitor the status and evolution of emergency, identify the assets and resources available and their distribution and use and the status of systems serving information needs for the various actors involved. Information is all manners of description and representation as well as the generation of knowledge and the understanding of implications of facts and figures. It involves surveillance and medical intelligence, data from sensors and monitors and meters of all sorts, clinical and epidemiological data, health data and statistics, and data on products, goods, infrastructure and services relevant to the emergency.

Organising adequate health and/or medical surveillance by Member States before an event and improving afterwards is necessary to identify potential public health threats, their scale and extend and their international relevance at a very early stage and follow their evolution and changing circumstances. Pre-event surveillance and monitoring applies to communicable, toxic, chemical, radionuclear and physical threats, whether deliberate or not and changes in the environment that may precipitate natural phenomena with public health consequences. Standards for surveillance in different areas (human, veterinary, environmental, etc.), including case definitions and trigger levels need to be comprehensive and applied rigorously. Since the first indications of an upcoming event might come from outside the public health sector, such as from the media, veterinarians, law enforcement and security services and others, collaboration with and between such sources of information is necessary.

The Community has played a key role in setting requirements and organising the co-ordination of surveillance and monitoring related to a wide range of emergencies through several rapid alert systems, dedicated surveillance networks, radiation protection monitoring systems and information systems for chemical substances.

Medical intelligence and the scanning of media reports provide information for risk analysis purposes and allow suspicious or unusual situations and events to be spotted at an early stage and advance warnings to be issued. Member States and the Commission have developed powerful tools to cater for this purpose.

Clinical and laboratory diagnosis is part of the organisation of information management, both to identify unknown agents and to confirm known agents. Member States are responsible for diagnosis and the Community, through reference laboratories, together with the ECDC, provides a EU-wide cooperative platform on laboratory and quality procedures, collating clinical data and secondary confirmation, which, however, needs to be improved further. Laboratory capacity must be available at Member State level and, for issues beyond the national capacity or when no national capacity is available, cooperation between laboratories within the Community must be organised to ensure comprehensive coverage throughout the EU.

Collecting and sending for analysis of environmental samples to laboratories require the application of protective measures. International transfer of materials in this respect is subject to rules negotiated under the appropriate UN-bodies and further work is required in which the Member States and the Commission are key players, to ensure that transfers for public health purposes are not obstructed or unduly delayed.

Once decisions have been taken on appropriate actions to counter the health threat, systems to monitor their impact and any side-effects must become operational if normal operation surveillance and monitoring systems are not sufficient, with development of a shared database, contact points and recommendations on potential treatment.

3.2. Communications

The distribution of accurate and timely information at all levels is critical in order to minimise unwanted and unforeseen social disruption and economic consequences and to maximise the effective outcome of the response. The information management described in the previous section cannot be achieved without accurate and timely distribution of the information. Communications can come in many forms such as text, voice, and video and, for command and control purposes, their infrastructure must be in place and be as robust as possible, so as

to preserve communication channels even in emergencies when some forms may be incapacitated and sufficient redundancy must be built in to cater for the loss of particular systems (e.g. telephony) or premises or a collapse due to excessive traffic (e.g. computer system or Internet crashes). In the case of a major public health emergency, existing wired communications infrastructure might have been damaged or destroyed, preventing the use of wired networks for communications. Alternatives must be provided, including wireless transmission.

Communication procedures from and between those in charge of planning, those in charge of making the final public health input to the political decision-making authority and those in charge of the final inter-sectoral input to these authorities is essential if the right decisions are to be taken. Authorities at national level as well as the Commission have the communication systems and standard operating procedures in order to understand and agree the scientific, economical, political and social implications of messages.

Public authorities should communicate effectively with the public and the media before and in anticipation of events that may lead to public health emergencies, from an early stage in any major incident, establishing themselves as the leading, if not the only, source of authoritative information and continuously during the unfolding of the event and its consequences. Member States, the Commission and relevant Community agencies are working to co-ordinate their crisis communications to ensure the messages they give are accurate and comprehensive.

At the level of each Member State as well as the Commission, this requires the existence of systems and procedures for communication between authorities and with professionals and the public in clear and unambiguous terms. Co-ordination is paramount to obtain in the EU consistency and accuracy in the messages to the public, preserving confidence in the ability of authorities to face up to an emergency and avoiding a public health crisis. This implies clear flow of data input and feed back, uninterrupted flow of information and data transfer, and responsibilities of each relevant actor to collect, analyse and report the surveillance and monitoring response data from the first notification to the appropriate structures. Connecting the competent authorities and decision makers requires 24h/7d operational contact points in the Member States and in the Commission and these have already put in place for many sectors of EU activity.

3.3. Scientific advice

The preparation and rendering of scientific advice needs to be integrated in the management of the emergency, through the establishment at all levels and areas of structures such as groups of experts or committees and through rapid consultation on risk assessment and examination of the scientific and technical basis for options for response. The scientific advice will include support to the command and control and liaison structures to help in arriving at corresponding control actions and identifying scientific and technical expertise and resources for implementation.

Mechanisms and structures for rendering scientific advice at Community level exist for the various sectors relevant to public health emergencies and allow for the integration of scientific evidence from the Member States and the Commission as well as consideration of social and economic aspects. In the health field, the Joint Research Centre and six Community agencies are key to rendering scientific advice relevant to public health emergencies, namely the ECDC, the European Medicines Evaluation Agency (EMA), the European Food Safety Authority (EFSA), the European Environment Agency (EEA), the European Monitoring

Centre for Drug and Drug Addiction (EMCDDA) and the European Agency for Occupational Health and Safety at Work (EU-OSHA).

Once the emergency has been recognised, scientific guidance, including predictions based on scientific modelling, should be available on options for response and recovery and the resilience of key systems such as water supply, sanitation, health services and medical goods and supplies, etc. shelter sites and rescue structures and protection materials, ports and transport networks, warehouses and communications systems. Member States and the Commission are working together to improve the predictive capability of models. In the area of communicable diseases, a coordinated real-time EU forecast modelling capability is being set up and funded¹¹ to help identification of the most appropriate actions to counter the spread of disease and agents and to assist authorities by informing public health policy and planning ahead of time.

Mechanisms to locate rapidly expertise in Member States and at EU level and make it available to the Member States have been and are being developed by the Commission and relevant Community Agencies. EU directories of experts allow Member States to request specific services in times of need.

3.4. Liaison and command and control structures

The three phases of a response during a public health emergency are detection-diagnosis, control and treatment, but these may exist simultaneously during the emergency. The interaction between the three poses serious problems in terms of taking the right steps and following the proper course of action throughout the response by all the intervening actors and resources. Command and control is charged with the challenge of solving these problems and for achieving the control of the spread of disease or contamination through the population and the environment and is a central responsibility for Member States.

The requirements for proper command and control include situational awareness of casualties and resources, co-ordination of the response and of communications, information analysis and management and simulation for event-analysis and training.

Command and control encompasses all planning and response functions and operations and integrates them into a meaningful whole. It is the means by which a hierarchy of decision making is organised between intervening agents in a multi-sector response, persons in charge (PICs) are designated for all foreseeable situations, especially when diverse services and authorities intervene and these PICs recognise what needs to be done and see to it that appropriate actions are taken. Who does what, when, how and with what implications for resources and impact on the overall response is central to the role of command and control.

In command and control, the main factor to reckon is time and the primary challenges are uncertainty, complexity, and variability. In some cases, there is little or no information about a situation; in other cases, the available information might be confusing, conflicting, or incomplete. In almost all cases, PICs and personnel will operate under severe time constraints, with little time to make critical decisions. PICs must manage the level of uncertainty, while still recognizing that it can never be completely eliminated. Command and control helps those in charge to operate effectively despite the complexity while simulation can be used as a

¹¹ http://europa.eu.int/comm/health/ph_projects/2003/action2/action2_2003_03_en.htm

valuable tool to untangle complexity and anticipate variable outcomes. A balance is sought in order to empower PICs at every level to focus resources upon a mission, while enabling the inventiveness and initiative of subordinates. At Member State level, an over-arching centre exists, at the heart of government, as well as a web of lower-level command and control centres, at regional and local levels, linking authorities and services integrated in the response system by horizontal and vertical chains of authority command and communication flows, each operating within set limits of autonomy and discretion.

Command and control centres in the Member States need to have good liaison systems with other Member States, the Commission and Community agencies as well as international organisations, in particular the WHO. The Community has many liaison systems, most addressing early warning and alert needs and based on Community legal instruments, in particular in the areas of radiation protection, food safety, animal health, plant health, civil protection, external affairs, customs etc. Health threats which the EWRS or the Community's Rapid Alert System on biological, chemical and radio-nuclear attacks and threats¹² report, according to agreed criteria, may lead to the recognition of a public health emergency and will activate appropriate liaison and coordination structures at EU level as well as within the Commission.

The Commission is setting up the ARGUS^{13, 14} system which interlinks all Community rapid alert systems and a crisis coordination centre with appropriate coordinating structures to ensure timely initiatives and responses in each area of Community policy in case of emergency.

3.5. Preparedness of the health sector

Catering for the persons affected will vary from one Member State to another, depending on the health infrastructure and care organisations in each. There will be many similarities, however, in the planning principles and it will be valuable to exchange information in this area. Furthermore, when there is a need for support across borders, it will be necessary to understand the procedures employed in the receiving Member State. To achieve this, it is necessary to share information on planned activities and assistance in the review and development of national plans. National plans should include the necessary crisis support to the population affected in general and healthcare personnel in particular and experience on the actual execution of the plans to provide these resources should be shared between Member States.

Resources for epidemiological and laboratory investigation are pooled and shared at EU level to a considerable degree through networks with the help of the Commission and will be overseen and further improved by the ECDC.

Procedures for transfer of patients between Member States need extension. Cross-border collaboration, closely linked to ambulance services and hospitals, should be planned by Member States through all the internal regions in the EU. Resource-sharing to allow possible extension of staff and stocks of additional equipment between Member States already exists in some and is actively being considered in other border areas. Procedures for transferring resources such as mobile hospitals are envisaged and have been developed in the military and

¹² COM(2003) 320 final, 2.6.2003

¹³ COM(2004) 701 final, 24.11.2004

¹⁴ Draft Commission Decision of xxx amending its internal Rules of Procedure

civil protection fields. Mobile resources might be the choice in some settings, in which case the possibilities to share them at international level could then be explored. The Commission proposes in the future Community Programme for Health and Consumer protection 2007-2013¹⁵, to support projects on the establishment and the maintenance of a trained and permanently available core group of public health experts for global rapid deployment to places of major health crises together with mobile laboratories, protective equipment and isolation facilities.

Isolation procedures, including definition of cases to be isolated and when they can be released, are already available for some diseases and need to be developed for others. For new diseases, procedures should be put in place to develop guidelines quickly, based on a common consensus at EU level under the auspices of the ECDC.

Research on management of health threats is expected to allow improved identification of the threat and treatment of those affected, limiting the spread of the disease and eradicating the threat.

One special area of research is the development of new medicinal products and medical devices. For many health threats, no adequate medicinal products are available, yet development has been slow, due to a lack of market prospects and consequent failure to attract sufficient interest on the part of industry, biotechnology undertakings and academia to invest in the development of such products. This calls for: 1) an EU-wide effort to identify and ensure equitable access and storing of essential medicinal products against major health threats; The Commission is considering what measures should be proposed in this area and 2) an EU-wide strategy for the development and production of priority medicinal products against major health threats in collaboration with the pharmaceutical industry.

The Community has already extensive legislation in the area of pharmaceuticals that creates a favourable environment for the development and placing on the market of medicines, including provisions and arrangements to speed up the delivery of advice and the waving by EMEA of fees for mock up dossiers for vaccines. It is also channelling funds under the Research and Technology Development Programme for vaccines and anti-virals research and is planning to install a new mechanism that will allow unforeseen research needs resulting from infectious disease emergencies to be supported. The Commission makes available via the Civil Protection Mechanism^{16 17 18 19} information on medicines and other assets that Member States can make available to other requesting Member States and other countries party to the Mechanism.

¹⁵ COM(2005) 115 final

¹⁶ Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions (Text with EEA relevance) - Improving the Community Civil Protection Mechanism, COM (2005) 137 final, dated 20.04.2005

¹⁷ Proposal for a Council Regulation establishing a Rapid Response and Preparedness Instrument for major emergencies COM(2005) 113 final, dated 06.04.2005

¹⁸ 2005/12/EC: Council Decision of 20 December 2004 amending Decision 1999/847/EC as regards the extension of the Community action programme in the field of civil protection. OJ No. L 6, 08.01.2005, page 7

¹⁹ 2001/792/EC, EURATOM: Council Decision of 23 October 2001 establishing a Community mechanism to facilitate reinforced cooperation in civil protection assistance interventions. OJ No. L 297, 15.11.2001, page 7

Moreover, the Commission has already taken a series of initiatives aimed at making available antivirals and vaccines for the case of an influenza pandemic²⁰. With the proposal for a Regulation establishing the European Union Solidarity Fund²¹, the Commission suggests strengthening and widening the possibilities for responding also to public health emergencies. This covers the immediate medical assistance and measures to protect the population against imminent health threats, including the cost of vaccines, drugs, medical products, equipment and infrastructure used during an emergency. The use of this fund, however, is linked to specific requirements and represents in its basic concept a refunding and thus response type instrument, with standard procedures that usually take some time. Therefore, the Commission had suggested an advance funding mechanism to allow for a limited funding with short reaction time.

With its Proposal²² on the Community strategic guidelines for cohesion policy in support of growth and jobs (2007-2013) the Commission suggested to include the prevention of health risks and filling the gaps in health infrastructure as strategic parameters for the future cohesion policy. For those Member states planning to develop horizontal cohesion policy programmes on health and those regions that intend to integrate health related priorities in their operational programmes, the Commission recommends a thorough linking between them and the National preparedness plans. Special attention should be paid also to possibilities offered by the forthcoming cohesion policy instruments on territorial cooperation, in particular the cross-border cooperation.

3.6. Preparedness in all other sectors and inter-sectorally

The processes required to deal with public health emergencies beyond the health sector work in two ways: they serve to prepare other sectors to assist the public health authorities in medical interventions, such as triage, isolation, quarantine, treatment and medicine administration and vaccinations, and they also serve to introduce and apply measures dealt with mostly by other sectors, such as logistics (e.g. establishment of stocks – resources and minimal requirements for protective gear and medical devices and other counter-measures), culling decontamination issues, power and drinking water supplies, transport measures, in particular at points of entry and exit of the territory of Member States, telecommunications, civil protection and civil defence operations on shelter, rescue, and on making available vital supplies such as food, water equipment and materials and transfers between countries of such resources and assets; co-operation between medical and law enforcement intervention on banning public gatherings and closing down premises, forensic epidemiology and on legal and ethical implication of countermeasures (e.g. quarantine; confidentiality of passengers lists, transport of dangerous goods, customs, controls and enforcement, requisitioning of property...) etc.

In particular, Community customs risk management systems should be used to send information directly to targeting centres and border posts. The use of international Customs co-operation will also assist in securing the supply chain and so facilitate the rapid movement of vital supplies to target areas.

²⁰ http://europa.eu.int/comm/health/ph_threats/com/Influenza/influenza_key03_en.pdf

²¹ COM (2005) 108 final, 6.4.2005

²² COM(2005) 304final, 5.7.2005

Management of threats to security is primarily a law enforcement function that focuses on the measures taken to anticipate, prevent, and/or resolve a terrorism threat or incident. Law enforcement authorities or agencies of Member States are in the lead for threat management. The Commission is setting up a network connecting the relevant authorities of Member States to provide EU-level coordination in this area²³.

Consequence management by Member States includes measures to detect and diagnose releases and outbreaks and protect public health: search, rescue, and medical treatment of casualties; evacuation of people at continuing risk; protection of first responders; and prevention of the spread of disease through contact-tracing, isolation and treatment of cases, quarantine of those exposed and restriction of movement²⁴ for specific areas and closing down of premises (social venues, schools, theatres, other mass gatherings). The latter two will require the intervention of authorities other than health services and therefore coordination between the services and authorities involved. Consequence management also focuses on restoring essential government and local services and providing emergency relief to government, businesses and individuals affected by the consequences of the emergency response. If wider community assistance is required in the event of a major health emergency, the Community Civil Protection Mechanism could prove a valuable tool for ensuring rapid deployment of the required assistance¹⁹. To assist Member States efforts, the Commission has set up a programme on critical infrastructure protection in the fight against terrorism²⁵. The Commission is set to publish a Green Paper on the key issues of the European Programme for Critical Infrastructure Protection (EPCIP)²⁶.

Preparedness in other countries is crucial if the European Union is to be protected from health risks that could spread from these countries to the EU. Addressing a co-ordinated approach inside and outside the EU is required to protect the health of EU citizens from already known and unanticipated health threats. As regards the external policy, the EU is already working with third countries and international organisations, in particular, the UN agencies, such as the Food and Agriculture Organisation (FAO), WHO, the World Bank, etc, to assist countries affected by public health emergencies. The EU undertakes to assist all countries who request it, both in preparatory and pandemic phases, particularly the least developed and thus most vulnerable countries, specifically referring to Africa and Asia. Moreover, the Commission facilitates increasing involvement of the European Neighbourhood Policy (ENP) partners in the European networks, such as on communicable diseases and has action plans with Ukraine, Moldova, Israel, Jordan, Morocco, and Tunisia.

The crisis co-ordination structure being set up by the Commission, backed up by the operations of the ARGUS system, would ensure co-ordination across sectors in case of major emergencies.

²³ COM(2004) 701 final

²⁴ Directive 2004/38/EC of the European Parliament and of the Council of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States amending Regulation (EEC) No 1612/68 and repealing Directives 64/221/EEC, 68/360/EEC, 72/194/EEC, 73/148/EEC, 75/34/EEC, 75/35/EEC, 90/364/EEC, 90/365/EEC and 93/96/EEC (Text with EEA relevance) Official Journal L 158, 30/04/2004 P. 0077 - 0123

²⁵ 20.10.2004 COM(2004) 702 final

²⁶ COM(2005) 576 final

4. CONCLUSIONS

This communication set out the needs and objectives of generic planning for public health emergencies and for developing coordinated approaches inside and outside the EU to protect the health of EU citizens from already known and unanticipated public health threats. There is a continuous need to integrate into a common platform plans and arrangements made separately in individual areas of policy at EU level and ensure joint consideration of all facets of a public health emergency so as to arrive at coherent and timely actions and initiatives in all the sectors concerned. In this context, identification and liaising of command and control structures in the EU and peer-to-peer contacts and communications in real time among Member States and the Commission between those in charge of planning, those in charge of making the final public health input to the political decision-making authority and those in charge of the final inter-sectoral input to these authorities is essential and work on finalising arrangements for this needs to advance as a matter of urgency.

Consideration will also be given by the Commission to the extent that existing EU measures relevant for public health emergencies are sufficient for rapidly changing circumstances and heightened expectations or they need updating and whether new initiatives are needed.

- The Commission will continue to build coordination across all sectors of EU policy by operating the ARGUS system of Community rapid alert system inter-connection and using the structures of its crisis coordination centre to ensure timely initiatives and responses in each area of policy.
- The prerequisite for responding adequately to public health threats to the EU is the existence of regularly updated national preparedness plans for health emergencies in the Member States. The Commission will continue the work that was started with sharing and comparing and improving national plans on smallpox, SARS and influenza, updating the technical guidance document on generic preparedness planning and producing algorithms, terminology and commonly agreed or equivalent levels for introducing specific counter-measures. One urgent task for the future is to organise further exercises and a peer review process for national plans. Follow-up, tests and exercises focussing on the interoperability of the plans, already undertaken for public health emergencies, such as on smallpox and pandemic influenza and civil protection emergencies resulting from natural or technological disasters, should strengthen confidence-building in the national plans within the EU.
- Beyond these planning requirements, it is essential that the persons who will in practice be leading at national level the response to foreseeable common future events should work together sufficiently to create a common network and a shared vision of the scope for coordinated reactions across the EU: only when these human networks function will the citizens of the EU be assured of receiving the full benefits of a coherent cross-border response to a real crisis.