



**COUNCIL OF
THE EUROPEAN UNION**

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NOTE

from : Permanent Representatives Committee (Part 1)
to: Council

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Subject : EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS
COUNCIL MEETING ON 16 AND 17 DECEMBER 2008

Health security

- *Adoption of Council conclusions*
[Public debate pursuant to Article 8(3) CRP (proposed by the Presidency)]

1. At its meeting on 28 November 2008, the Committee of Permanent Representatives examined the above-mentioned text proposed by the Presidency and agreed to transmit the draft conclusions as set out in the Annex to the Council.
2. The Council is invited to adopt the proposed draft conclusions, subject to the withdrawal of a Danish parliamentary scrutiny reservation.

DRAFT COUNCIL CONCLUSIONS ON HEALTH SECURITY¹

THE COUNCIL OF THE EUROPEAN UNION:

1. NOTES that the intensification and globalisation of trade, the increase in European and international travel and climate change constitute factors that may contribute to the spread of pathogens in the European Union (EU) or to pathogens not previously present becoming established in Europe;
2. RECALLS that in recent years there has been an increase in health alerts that could lead to major cross-border threats for the EU (severe acute respiratory syndrome, H5N1, multi-drug-resistant tuberculosis, Chikungunya, etc.);
3. NOTES the entry into force on 15 June 2007 of the International Health Regulations (IHR 2005), a legal tool for international public health protection, and EMPHASISES the desirability for the Member States of the EU of coordinating their individual response as far as compatible with their obligations and rights under that instrument;
4. RECALLS the EU level structures established, in particular the network for the epidemiological surveillance and control of communicable diseases in the Community, the European Centre for Disease Prevention and Control (ECDC) and the Health Security Committee (HSC)²;

¹ DK: Parliamentary scrutiny reservation

² Decision No 2119/98/EC of the European Parliament and of the Council of 24 September 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community, as amended; Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 establishing a European Centre for Disease Prevention and Control; Council conclusions of 22 February 2007 on the Health Security Committee.

5. RECALLS the Council conclusions of 22 February 2007 on the transitional prolongation and extension of the mandate of the HSC with a view to a future general revision of the structures dealing with health threats at EU level;
6. RECOGNISES that preparation for and response to health risks in the EU is a Member State competence but that it is necessary to improve and strengthen the coordination of responses to major cross-border scourges including chemical, biological and radio-nuclear (CBRN) threats;
7. CONSIDERS that an improvement in coordination will help Member States to prepare better to prevent the health consequences of CBRN threats. To deal with such threats, each Member State must take the appropriate measures, independently and according to its national context. Improved cooperation or coordination, when necessary and using the appropriate legal basis, would enhance interoperability taking cross-border dimensions into account, so as to make national measures more effective;
8. EMPHASISES, in the field of pandemic influenza, the efforts to prepare made since 2005 by the Member States and the Commission with the support of the ECDC, but also the work still to be done, identified inter alia in the summary of proceedings of the EUROGRIPPE seminar held in Angers on 3, 4 and 5 September 2008, such as in particular:
 - the need to maintain political mobilisation both to combat the epizootic and to prepare in individual countries to cope with a human influenza pandemic;
 - the need to take into account the intersectoral dimension of the issue, i.e. the preparation for a pandemic in other sectors of society and of the economy and in particular the maintenance of essential services and the possible desirability of closing schools or the approach to border issues;

9. WELCOMES the outcome of the informal meeting of Ministers responsible for health in Angers on 8 and 9 September 2008, which demonstrated through the exercise carried out the need to continue to improve the organisation put in place at EU level to deal with health threats, in particular in terms of preparation and response; at the meeting the wish was expressed for a strengthening of coordination at EU level by taking better account of communication issues, operational aspects, interoperability and the intersectoral dimension;
10. CONSIDERS that an intersectoral approach is needed in the EU so that Member States and the Commission can deal appropriately with common public health security issues;
11. EMPHASISES the need to continue improving the work carried out in the HSC, an informal cooperation and coordination body the status of which should be considered so as to ensure, in the management of major cross-border scourges, speed and consistency in the action taken by Member States and the Commission;
12. INSISTS on the importance of cooperation in the field of communications between Member States and the Commission, to provide European citizens with information that is as clear, consistent and scientifically-based as possible;

13. INVITES Member States and the Commission to:

- strengthen their coordination in facing public health emergencies of international concern within the EU, as defined in IHR 2005;
- continue with measures to ensure better coordination of communication on any matter relating to public health emergencies involving more than one Member State, such as the crisis communications network that the Commission proposes to develop under the aegis of the HSC. The crisis communication network shall work in close cooperation with those responsible for crisis management;
- ensure that protection of the population against health threats is well integrated in all Community policies, and take the intersectoral dimension into account in any public health emergency involving more than one Member State;
- improve coordination with the other international authorities and players, especially the World Health Organisation with a view to optimising the effectiveness of responses to health threats;
- develop and coordinate research activities in order to prevent and manage health threats, in particular in the field of medical counter-measures, taking as a basis in particular the seventh framework programme for research and technological development;
- initiate a process of reflection, in the appropriate fora, concerning cooperation on necessary measures on strategic medical products to ensure that national stockpiles are operational and managed in a cost efficient manner, in particular with regard to the availability of supply and shelf-life extension programmes based on appropriate national control mechanisms;

14. INVITES Member States to:

- continue with the workshops and seminars on preparation for pandemic influenza as initiated by the United Kingdom in 2007;
- continue and extend cooperation on preparation, monitoring, early warning and coordinated responses for all matters relating to public health emergencies involving more than one Member State;
- support the Commission and the ECDC by facilitating the provision of the required national expertise, and by taking an active part in European policy coordination and in preparing initiatives in this field;

15. INVITES the Commission to:

- promote the funding of measures for cooperation between Member States on preparing for and responding to a health threat, under the second programme of Community action in the field of public health (2008-2013);
- take into account the intersectoral dimension of preparing for pandemic influenza by reviewing the arrangements that cover this area and by updating the communication from the Commission to the Council and the European Parliament of 28 November 2005 on influenza pandemic preparedness planning;

- develop the system of monitoring, preparation, early warning and response at European level to adapt it to the challenges of public health emergencies involving more than one Member State, taking account inter alia of the entry into force of the IHR 2005, the evaluation of the ECDC and the need to consider providing the HSC with a legal basis;

- present, in 2010, a communication proposing a long-term solution for the Community framework for health security taking into account the existing structures in all relevant sectors and the need to avoid duplication accompanied, where appropriate, by a legislative proposal and adapt the status of the HSC to the health challenges of the future, taking account of the mandate of the ECDC.

