Workshop on COVID-19: EU Crisis Preparedness and Response

Workshop Proceedings

Policy Department for Economic, Scientific and Quality of Life Policies
Directorate-General for Internal Policies
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Abstract
These proceedings summarise the presentations and discussions during the workshop on ‘COVID-19: EU Preparedness and Response’, held on 8 March 2023. The five presentations touched, *inter alia*, upon the impact of COVID-19 at EU level, how the EU has been prepared, how it responded to that crisis, and the lessons learned following the pandemic.

These workshop proceedings were provided by the Policy Department for Economic, Scientific and Quality of Life Policies for the European Parliament’ Special Committee on COVID-19 pandemic: lessons learned and recommendations for the future (COVI).
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<th>Abbreviation</th>
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<tr>
<td>COREPER</td>
<td>Committee of the Permanent Representatives</td>
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<td>ECDC</td>
<td>European Centre for Disease Prevention and Control</td>
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<td>EMA</td>
<td>European Medicines Agency</td>
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<td>FIF</td>
<td>Financial Intermediary Fund</td>
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<td>GDPR</td>
<td>General Data Protection Regulation</td>
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<td>HERA</td>
<td>Health Emergency Preparedness and Response Authority</td>
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<td>MFF</td>
<td>Multiannual Financial Framework</td>
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<td>PPR</td>
<td>Pandemic Prevention, Preparedness and Response</td>
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<td>PHIRI</td>
<td>Population Health Information Research Infrastructure</td>
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<td>RRF</td>
<td>Recovery and Resilience Facility</td>
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<td>TFEU</td>
<td>Treaty on the Functioning of the European Union</td>
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<td>WHO</td>
<td>World Health Organization</td>
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EXECUTIVE SUMMARY

Background
The workshop on ‘COVID-19: EU Crisis Preparedness and Response’ was held on 8 March 2023 in Brussels for the European Parliament’s Special Committee on COVID-19 pandemic: lessons learned and recommendations for the future (COVI).

The workshop convened leading experts in the field from the European Centre for Disease Prevention and Control (ECDC), a national research institute and academia. The five speakers presented diverse perspectives on how the EU was prepared to face the COVID-19 crisis, how it responded, and the lessons learned following the pandemic.

Aim of the Workshop
The workshop presented for the COVI Special Committee a comprehensive and multidisciplinary overview of the European and national responses to the pandemic, as well as the different policy needs at EU level in order to increase the level of preparedness and coordination among the EU institutions and the Member States with regard to public health issues.

Main discussions at the Workshop
During the workshop, and more particularly during the two Q&A sessions, issues have been raised on the role of WHO and ECDC, the need for a better coordination between experts, between institutions and between countries, and, at administrative and local levels, a better exchange of information and better digitalisation, as it can lead to more comprehensive data collection and monitoring in order to ensure a higher level of preparation and more effective response. It has also been highlighted how crucial it is that there is trust between the citizens and the national authorities and EU institutions.

Conclusions and recommendations
The experts provided the following conclusions:

- The COVID-19 crisis showed how the reduction of investments in the years leading up to the pandemic had led to a lack of resources in the public health systems, and more particularly with respect to workforce, shortages of medical equipment, or capacity building, and thus, difficulties with hospital organisation or the organisation of vaccination campaigns.

- The pandemic also provoked initially, due to the need to rapidly adopt measures, an increase of national responses (for example by closing the borders), rather than realising the potential benefits for cross-border collaborations. However, this health crisis demonstrated that it is impossible, for a single country, to face such a health threat by itself, without collaborating with other countries.

- The EU Institution’s response to the pandemic was slow at the beginning and uncoordinated because of the need to find quick answers to the new reality. However, things speeded up in various important areas including economy, resilience and vaccines strategy.

- With regard to pandemic preparedness, the experts highlighted how crucial data collection at EU and national levels was, as it plays a key role when it comes to providing verified information to the public and to policy makers, but also to monitor the evolution of the pandemic and its impacts.
During the past three years since the start of the pandemic, the experts also observed several issues regarding digitalisation. The systems were not modern enough to gather data, and to ensure a quicker exchange of information.

The fast development of new technologies and vaccines has been made possible thanks to collaboration among experts and professionals through a variety of networks. In addition, as this health crisis has concerned all the Member States, their close implication in the decision-making process at EU level was crucial especially at the early stage, when it was time-critical to quickly implement new EU measures.

The experts provided the following recommendations:

- There is a need to improve data collection systems at EU and national level, including their interoperability, and more generally to improve digitalisation to ensure better preparedness in the future.
- Other areas than health that are impacted (e.g. economy, employment) should be considered when it comes to adopting preparedness plans or measures.
- There is need to increase the investments in public health systems in order to prevent a lack of resources in case of a future pandemic. An increase in preparedness research was also advised.
- There is also a need to increase cooperation among the several actors involved in the decision-making process (i.e. Member States, supranational institutions), but also at an administrative level.
1. BACKGROUND TO THE WORKSHOP

In order to improve crisis preparedness and response management at European level, the European Union (EU) has recently adopted a wide range of actions, including the establishment of the European Health Emergency Response and Preparedness Authority (HERA), improvements in its preparedness and response architecture, and financial support to the Member States’ public health systems. The EU has also increased its involvement at the international level, in line with the global character of cross-border health threats and crises.

Improvements to the EU’s preparedness and response

The Council adopted in October 2022 the final building blocks of the European Health Union including the Regulation on Serious cross-border health threats, the Regulation on the extended mandate of the ECDC, and the Emergency Framework Regulation to provide extra powers to the HERA. These new rules build a strong legal framework to improve the EU’s capacity in the vital areas of prevention, preparedness, surveillance, risk assessment, early warning, and response.

The European Commission published its first annual State of Health Preparedness Report on 30 November 2022, pointing out the progress made in the fields of preparedness and response since the beginning of the COVID-19 pandemic, focusing especially on medical counter-measures. The Report is based on the lessons learned during the pandemic and the work undertaken to strengthen preparedness and response. It also determines new challenges facing public health authorities, and outlines the concrete actions that the Commission will take to address them. This report is based on the three priority health threats identified by HERA in July 2022 (pathogens with high pandemic potential; chemical, biological, radiological and nuclear threats; antimicrobial resistance), and sets out key actions to further improve the EU’s preparedness in the next years. The next steps for better preparedness in medical countermeasures focus on four axes with concrete actions for 2023:

- Providing financial support in order to encourage private investment in the development and production, where appropriate, of a wide range of medical countermeasures (HERA INVEST - €100 million, COVID-19 Vaccines 2.0 project - €80 million).

- Developing the Medical Countermeasures Intelligence (MCMI) Platform for threat assessment and intelligence gathering: This platform would be dedicated to deal with “supply risk management and management systems for stockpiling”.

- Ensuring resilient supply chains and production capacity by, amongst others, strengthening EU FAB for the rapid production of medical countermeasures such as vaccines, and developing a dynamic purchasing system.
Ensuring international coordination and global collaboration. The State of Health Preparedness Report should be read in conjunction with the new EU Global Health Strategy adopted in November 2022, which supports the global effort to strengthen preparedness for future health emergencies. For example, in December 2022, HERA and the WHO Hub have already agreed to strengthen cooperation on countermeasures for pandemics and epidemics.  

In order to foster research and innovation in developing prophylaxis for COVID-19 and long COVID, the European Commission announced in its Communication of 6 May 2021 an EU strategy on COVID-19 therapeutics complementing the EU Vaccines Strategy. The full lifecycle of medicines is covered by the Strategy: from research, development and manufacturing to procurement and deployment. This Strategy is part of the European Health Union, in which all the Member States jointly prepare and respond to health crises, but also ensure the availability of treatments needed to treat COVID-19.

To ensure that health crises can be monitored and managed at most effectively at European level, the European Parliament has called for further actions beyond the COVID-19 pandemic:

- In its Resolution adopted on 15 May 2021 on accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030, the European Parliament called on the Commission and Member States to explore the possibility of dissociating research and development expenditure from the price of medicines, for example through the use of patent pools, open access research, and grants.
- In its Resolution adopted on 7 July 2021 on trade-related aspects of COVID-19, the European Parliament emphasised the key role played by public-sector resources, allowing pharmaceutical companies to de-risk the whole vaccine value chain; it also considers that a multilateral intellectual property rights framework can provide protections and incentives that are critical for preparedness against future pandemics.

EU’s financial support to Member States’ public health systems

The European Union has also decided to increase the investments in the field of public health in order to promote the resilience of health systems:

- The Recovery and Resilience Facility (RFF) was established on 16 August 2020, making available grants and loans amounting to €723.8 billion for the Member States. It is composed of six pillars, including “Health, and economic, social and institutional resilience”.
- Recovery Assistance for Cohesion and the Territories of Europe (REACT-EU): This new instrument created under the NextGenerationEU aims at strengthening health care systems in the Member States.
- Cohesion Funds: In order to support the Member States to face the pandemic crisis, the Commission has launched in April 2020 two packages of measures: the Coronavirus Response Investment Initiative (CRII) and the Coronavirus Response Investment Initiative Plus (CRII+), allowing Member States to extend the cohesion funds to the pandemic crisis.

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InvestEU Programme: By supporting new investments, innovation and job creation in the EU for the period 2021-2027, this Programme plays a key role in the development of science and clinical research.

The Neighbourhood, Development and International Cooperation Instrument (outside the EU): For the period 2021-2027, this funding instrument with a general budget of €79.5 billion includes €3.18 billion dedicated to “rapid response actions”.

Together, the total support to health emergency preparedness amounts to almost €30 billion under the current financing period, according to European Commission estimates.

Establishment of the Health Emergency Preparedness and Response Authority

In addition, modifications of the organisational structure of the EU’s preparedness and response have been adopted. In particular, beside the extension of the ECDC’s and EMA’s mandate, the HERA has been established in September 2021 to ensure a better organisation of European actions in case of health emergencies. The missions of HERA are strengthening health security coordination within the Union during preparedness and crisis response times, and bringing together the Member States, the industry and the relevant stakeholders in a common effort; addressing vulnerabilities and strategic dependencies within the Union related to the development, production, procurement, stockpiling and distribution of medical countermeasures; and contributing to reinforce the global health emergency preparedness and response architecture. A budget of €6 billion has been allocated for the period 2022-2027, funded by the current MFF (part of which will come from the Next Generation EU fund).

Considering the key role of HERA in the European Health Union, which aims at strengthening the EU’s health emergency response and preparedness, by preventing, detecting and quickly responding to health emergencies, the European Parliament has decided to support the actions and missions of HERA:

- Regarding HERA’s mandate, the European Parliament considered in its Resolution on the Pharmaceutical Strategy for Europe that HERA should identify health threats, initiate and support the development of innovation, establish a list of medicinal products of major therapeutic interest at EU level, facilitate their production within the EU, promote their joint purchase, and build up strategic stocks of these medicines.

- The European Parliament criticised the decision of the European Commission not to set up HERA as a fully-fledged independent authority and not to use the ordinary legislative procedure involving the European Parliament, limiting accountability and transparency (Resolution on EU Transparency in the development, purchase and distribution of COVID-19 vaccines).

- In its October 2022 Resolution on the proposal for a Regulation on serious cross-border threats to health (adopted as Regulation (EU) 2022/2371), the European Parliament emphasised the need for coordination and cooperation of the different bodies established in the EU, including the Health Security Committee, the ECDC, the European Medicines Agency (EMA) and HERA to avoid duplication of efforts, in particular with regard to the implementation of the emergency framework of measures for ensuring the supply of crisis-relevant medical counter-measures.

International support to investment in crisis preparedness and response

At international level, and due to the urgent need to step up investments to strengthen the capacity of developing countries to prevent, prepare for, and respond to future global health threats, new funds
have been established, with the support of the G20. Indeed, on 30 June 2022, a Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response (PPR) has been adopted by the World Bank board of directors, in collaboration with the EU, which has helped establishing this Fund following a hybrid donor meeting in Brussels on 19-20 July 2022. In particular, this meeting helped to adopt a coordinated approach regarding the FIF’s scope and objectives, as well as its governance.

Indeed, due to the economic disparities between states around the world, not all of them are able to ensure effective crisis management of a pandemic. Thus, the FIF has been established in order to assist small and middle-income countries, in particular by filling the existing national capacity gaps in major areas as defined by the WHO’s International Health Regulations adopted in 2005. Following its objectives, and the need to ensure an international cooperation, an agreement has been reached to further engage partner countries, as well as third parties (civil society organisations, potential implementing entities, and other stakeholders) on the FIF’s design. Thus, the World Bank has officially established the FIF on 8-9 September 2022.

As a consequence of the latest massive outbreaks of the COVID-19 pandemic in the People’s Republic of China (PRC), Health Commissioner Stella Kyriakides proposed support from the EU by offering free vaccines, following a meeting of the EU Health Ministers. This action has been made possible in particular thanks to the large stocks of vaccines purchased by the Member States.

Simultaneously, some Member States decided to set up controls in order to avoid the development of new variants in their territories, although the Health Commissioner called for coordinated action at the European level, including pre-departure testing. During a meeting of the Health Security Committee in December 2022, Member States representatives decided to set up pre-departure testing for travellers coming from PRC. The ECDC adopted an opinion on 3 January 2023, observing a record high of COVID-19 cases in the PRC. Nevertheless, the ECDC concludes that the EU/EEA should not be impacted by the increase of COVID-19 cases in China, notably thanks to high immunisation and vaccination levels among the EU/EEA citizens. The EU’s Integrated Political Crisis Response Group (IPCR) and the European Commission have prepared a set of preventive measures, including hygiene and health measures e.g. mask recommendations on flights from China; wastewater monitoring for aircrafts; genomic surveillance at airports; but also increasing the European vigilance on testing and vaccination. On 1 February 2023, IPCR adopted an opinion which motivated Member States to keep the travel restrictions in place until mid-February 2023. On 15 February 2023, a second update to the opinion was adopted, recommending that Member States phase out the requirement for a negative pre-departure test by the end of February 2023 and random testing of travellers by the middle of March 2023, based on the most recent epidemiological data that did not show an impact of the Lunar New Year festivities and associated travel. On February 16, 2023, the IPCR agreed to these recommendations.

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8 Financial Times, https://www.ft.com/content/1c46e139-4b98-4e3a-b66d-7a04c27893d2.
2. WORKSHOP PROGRAMME

The workshop consisted of two parts with a total of five presentations:

Part one:

**How can we better prepare for future health emergencies in the EU?**
Dr. Andrea Ammon (European Centre for Disease Prevention and Control, ECDC)

**Population Health Information Research Infrastructure: harnessing health information to improve pandemic preparedness**
Dr. Petronille Bogaert (Sciensano, Belgium)

Part two:

**Learning from an expert: the advisory role of researchers in public health policymaking**
Prof. Dr. Marion Koopmans (Erasmus MC, Rotterdam; Scientific Advisory Group WHO; formerly member of the COVID-19 Advisory Panel of the European Commission)

**Coordinative Europeisation: The EU Institutional Architecture in the COVID-19 Response**
Dr. Stella Ladi (Queen Mary University of London, UK)

**Governance of the European pandemic response mechanism: review and prospects**
Prof. Dr. Claude Blumann (University Paris-Panthéon-Assas, France)
3. SUMMARY OF THE PRESENTATIONS

The workshop was chaired by MEP Andreas GLÜCK, Vice-Chair of the COVI Special Committee.

Opening remarks

MEP Andreas Glück opened the workshop and set the scene by asking the following questions:

- What is the current state of the EU Crisis Preparedness and Response system?
- What are the lessons learned in connection with the EU Response and Coordination mechanism between Member States in the early stages of the COVID-19 pandemic?
- What specific areas should the future State of Health Preparedness report focus on to enhance the EU's strategy on health preparedness and response system, particularly in relation to COVID-19 and any possible pandemics in the future? What should be taken into consideration in the process of improving EU governance and cooperation between existing and newly established institutions and bodies?
- Which key aspects should be taken into account in developing multilevel coordinating responses to building preparedness? What could be the role of the EU in this process?

Vice-Chair MEP Glück welcomed the five highly qualified experts, invited to share their knowledge and address the members' questions.

3.1. How can we better prepare for future health emergencies in the EU?

The presentation was given by Dr. Andrea Ammon (European Centre for Disease Prevention and Control, ECDC).

3.1.1. Lessons learned from the COVID-19 pandemic

According to Dr. Andrea Ammon, the lessons learned from the COVID-19 are the starting point of how to evaluate what we could do better in the future to face similar crises.

She mentioned five groups of lessons learned at an early stage of the pandemic.
Lesson 1 – Review actions

According to Dr. Ammon, there is the need to review the actions that worked and did not work. Indeed, as there have been specific actions for certain countries, we have to evaluate the different actions in all the Member States and at a more general level.

She also referred to the ad-hoc decisions made to address urgent needs, highlighting the importance of evaluating their effectiveness in the context of the Pandemic Preparedness Plan to avoid repeating the same mistakes. According to her, it is essential not to "reinvent the wheel again".

Lesson 2 – Invest in Public Health systems

Dr. Ammon mentioned the consequences observed following the reduction of resources in public health (and healthcare in general), in particular on capacity building, workforce, emergency and responses. For example, it was difficult to organise vaccination campaigns.

Lesson 3 – Improve surveillance and preparedness

Dr. Ammon indicated that the improvement of surveillance and preparedness will need a huge amount of resources and will take a number of years, digitalisation being a key issue.

She advised to look into opportunities to use artificial intelligence to make some processes more streamlined and involving fewer human interventions. This could lead to faster decision-making and cost savings.

Lesson 4 – Enhance community engagement

According to Dr. Ammon, there is the need to engage with the community, and not only with the marginalised community, but with the general public. She considers that there are a lot of ethical issues coming out that need to be built on a reviewed Pandemic Preparedness Plan if the EU wants to start from a better place in case of another pandemic.
Lesson 5 – Embrace collaboration

Dr. Ammon observed that it is impossible to deal with such a pandemic alone (nor a country, nor the professions). Thus, there is the need to work with other sectors, countries, and at administrative and local levels between countries within Europe, but also at a global level.

3.1.2. ECDC’s reinforced mandate

In order to put these lessons in place, Dr. Andrea Ammon mentioned ECDC’s role and mandate.

Figure 2: ECDC’s reinforced mandate

**ECDC’s reinforced mandate**

- **Improving epidemiological surveillance**
  - Digitalisation of integrated surveillance systems enabling real-time surveillance
  - Support MS with integrated surveillance systems, further develop digital platforms
  - EI is carried out more effective – using IT such as AI

- **Foresight, modelling and research priority setting**
  - Modelling, anticipation and scenario development for response
  - Contribute to research priorities and actions funded by EU instruments

- **Better preparedness and response in MS**
  - Develop prevention and response plans & elaborate assessment framework
  - Non-binding recommendations for risk management

- **EU Health Task Force**
  - Expanded capacity to mobilise and deploy the EU HTF providing: Effective and timely operational response & preparedness support, contributing to global health security & strengthening countries emergency preparedness

- **Health systems capacity**
  - Monitor and assess health systems capacity for diagnosis, prevention and treatment
  - Network of EU reference laboratories and SOHO
  - Expanding work on prevention (e.g. AMR, vaccination and biosecurity)

- **Expand international role**
  - Contribution to EU’s international cooperation & commitment to global health security preparedness
  - Intensify collaboration with international partners (WHO), EU neighbouring countries, other CDCs

Source: Dr. Andrea Ammon’s presentation

**Improving epidemiological surveillance**

According to her, the epidemiological surveillance is linked to the digitalisation of integrated surveillance systems: this entails merging investment-based surveillance, traditional indicator-based surveillance for notification data, and laboratory surveillance to facilitate informed decision-making at the EU level, as well as assisting Member States in establishing integrated systems at their level.

She observed that it would require a lot of work on issues such as data protection, interoperability of systems and the upskilling of people working with these systems. She highlighted ECDC’s willing to support the Member States.

**Foresight, modelling and research priority setting**

Dr. Ammon observed how modelling gained more and more importance to define a ‘goal’ for preparedness. Modelling means forecasting for the next few weeks, months, and the next one or two years in order to know how the world will look like in decades from now.

She mentioned ECDC’s project of using micro drivers in different scenarios such as climate change, demographic changes, in order to see which impacts these changes will have with regard to infectious diseases and whether we are prepared for that. She hopes to have all the scenarios ready for the middle of this year in order to debate on what efforts would be needed with respect to preparedness.
Better preparedness and response in Member States

Dr. Ammon highlighted the need to work all together on preparedness, but also the collaboration between ECDC and the Commission on a survey on the baseline of preparedness in the Member States to report at the end of this year.

She also mentioned that according to the EU legislation, ECDC has to visit every Member State every three years to check the preparedness plans in order to identify gaps, to support Member States in filling these gaps, and to give non-binding recommendations on risk management measures with regard to crisis and non-crisis.

EU Health Task Force

According to Dr. Ammon, the establishment of an EU Health Task Force is a new task granted to the centre. The Task Force will be composed of people ready to be deployed, such as experts from Member States and from ECDC following their training programmes to support the Member States in terms of crisis, outbreaks, and strengthening their preparedness.

She thinks that this team should be ready to be deployed at the end of this year.

Health systems capacity

Dr. Ammon informed that ECDC looked into infectious diseases in their surveillance system, after being tasked to look at indicators for health systems capacity in terms of diagnosis, prevention and treatment.

She indicated that ECDC is working with the Commission on a network of EU reference laboratories and a network for microbiological safety of substances of human origins, which had already its first meeting, and ECDC is working with the Commission on the list of pathogens for which such EU reference laboratories should be nominated.

Regarding the need to expand ECDC’s role on prevention, Dr. Andrea Ammon mentioned the need to collaborate with Member States with respect to the areas which could be more beneficial for ECDC to fill. ECDC has already created a joint platform (launched in December 2022) for monitoring vaccines safety and vaccines effectiveness created with the EMA.

Expand the international role

Dr. Ammon highlighted the need to increase ECDC’s collaboration with international partners such as WHO, the contact with non-EU countries (including countries around the Black Sea and the Mediterranean) and with other Centres for Diseases Prevention and Control (such as Africa’s CDC which is already collaborating with ECDC).

3.1.3. Conclusions

In order to be better prepared for a future pandemic, Dr. Ammon highlighted the need to bear in mind that any infectious disease can affect Europe. In addition, all relevant actors need to work together to have a stronger response. ECDC needs the political support to strengthen the health systems and their capacity.

The EU needs to increase the investments in the field of public health to have a better starting point next time. Finally, she mentioned the need to engage communities and to build trust.
3.2. Population Health Information Research Infrastructure: harnessing health information to improve pandemic preparedness

The presentation was given by Dr. Petronille Bogaert (Sciensano, Belgium).

3.2.1. Current state of play

Dr. Petronille Bogaert’s presentation introduced the European mechanism called ‘Population Health Information Research Infrastructure’ (PHIRI), which aims to facilitate and to support data-driven population health research and exchange of best practices to support decision-making.

She mentioned how Sciensano has worked on COVID-19 with the COVID-19 Health Information System Assessment, by looking at what was happening in countries in order to collect COVID-19 data, to process and analyse it, to draft reports out of this data, and to do the knowledge translation to what was needed for policy makers. She indicated that several Member States have been covered during this project. She also mentioned that Sciensano looked at the best practices found in the Member States according to their specificities and more general outcomes similar between the countries.

With regard to preparedness, she assessed how health information systems and the existing vaccination systems were strong, and she concluded, like Dr. Andrea Ammon, that it was needed to invest in the measures permitting a good data collection, and to be able to employ new processes to analyse the data and to provide information to policy makers.

Dr. Petronille Bogaert identified an issue with regard to the cross-border use of health data and how to link the data, as it can become an issue when it comes to investigate diseases or to address crises. Thus, there is the need to put in place a routine linkage between the data to react in a faster way.

3.2.2. Best practices

Among the best practices put in place in the Member States, Dr. Petronille Bogaert mentioned telemedicine, thanks to new technologies developed.

She also highlighted how collaboration can play a key role in the context of the COVID-19 crisis, for example at an administrative level, but also between countries.

According to her, good communication has also been important as it is a key element when it comes to building trust regarding health information.
3.2.3. Identified gaps and recommendations

Dr. Petronille Bogaert identified four types of gaps:

**Organisational gap**

According to Dr. Bogaert, there is the need to improve digitalisation as there are still a lot of papers records, and a case-by-case ad-hoc type of collection. She recommended to modernise the systems, to digitalise the paper-based processes for integration with more robust digital systems, by incentivising people who have to integrate the data.

There is also, according to her, an issue with regard to the absence of a unique personal ID that could consistently be used between systems. Thus, she recommended to increase the potential of the unique identifier for automated linkage of different databases.

She also observed communications gaps to the public, which led to a lack of infodemic\(^\text{12}\) management. She advised to include such a management in an overarching strategy for health information system with trainings of professionals.

Finally, she observed that there were no strong networks before a crisis, thus this leads to a lack of collaboration between countries and to a misunderstanding of each other’s action. She recommended to keep promoting collaborations across national regional stakeholders as it can lead to a better trust among networks, and to more comprehension. On that regard, she mentioned PHIRI’s structured platform called ‘Rapid Exchange Forum’, which enabled regular cross-country exchange among 28 countries, the rapid share of information, the anticipation on upcoming needs, and the covering of various topics.

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12 An infodemic is too much information including false or misleading information in digital and physical environments during a disease outbreak (source: WHO).
Technical gaps

Dr. Petronille Bogaert identified a lack of interoperability causing administrative burden on health providers due to a use of different systems by healthcare professionals. She recommended to develop **interoperable standards and systems** in order to reduce this administrative burden on healthcare providers and to avoid duplication of reporting.

She also identified data gaps, which led to the need to develop new data collection systems. She recommended to set up an **adequate legal and technical framework** to systematically share data with academia and other health stakeholders to face the different information needs.

Finally, she mentioned an inconsistent use of definitions and international standards. In that regard, she recommended to encourage the promotion of the **FAIR Data Principles** to support the findability, accessibility, interoperability and reusability of health data and related (meta)data international standards. In addition, she advised to develop indicators which can define thresholds with key stakeholders for diseases and other areas impacted by pandemics.

Overall, she observed that ample information is available, but it is still difficult for policy makers to find the relevant ones. Thus, the European Health Information Portal has been put in place in order to facilitate access to the population on health data, information and expertise across the EU. It played a key role with regard to COVID-19 and published, for example, the different measures adopted in the Member States.

Legal gaps

With respect to legal gaps, Dr. Petronille Bogaert identified a lack of preparedness plans. She recommended to strengthen the health information system elements in the **pandemic preparedness plans**.

She also observed a need for long term monitoring and surveillance strategies. On that aspect, the advised to keep working on the post-pandemic situation and to develop options for an alternative sustainable COVID-19 surveillance system.
Finally, she identified different interpretations of the GDPR. She recommended to develop clear guidelines to ensure safe sharing and secondary use of data.

**Resources gaps**

Dr. Petronille Bogaert identified several gaps with regard to resources. First, she observed a systematic lack of human resources at all levels, especially of professionals with technical skills. She recommended to increase early *trainings in data management tools*, starting from the undergraduate level training and to have the correct skills available and to face skills shortages.

In addition, she mentioned the need for long term monitoring and surveillance strategies. In order to face that gap, she advised to align employment and training possibilities to address shortage of health professionals.

### 3.2.4. Conclusions

Dr. Petronille Bogaert highlighted the need to systemically strengthen the health information systems following the gaps previously identified in order to support policy makers. For the organisational matters, she emphasized the importance of network and collaboration. Concerning the technical issues, she recalled the need to develop definitions and standards. With respect to legal gaps, she recalled the need for a legal framework for the re-use of health data. In relation not resources, she stressed the need to develop more trainings.

### 3.3. Learning from an expert: the advisory role of researchers in public health policymaking

The presentation was given by **Prof. Dr. Marion Koopmans** (Erasmus MC, Rotterdam; Scientific Advisory Group WHO; formerly member of the COVID-19 Advisory Panel of the European Commission).

#### 3.3.1. Key successes

Among the key successes, Prof. Marion Koopmans highlighted the fast discovery of the etiology of the COVID-19 pandemic by using very much advanced research technologies thanks to an immediate sharing of essential data at global level, which triggered the development of the first diagnostics and the start of the vaccines development as it happened.

She also mentioned as a key success the organised fast track clinical trials for which there were networks in place, because there had been global foresight that we need to be prepared for emerging diseases and thus, to invest in research networks.

Prof. Koopmans indicated the following examples of EU consortia in EID research:

- PREPARE/RECOVER
- COMPARE/VEO
- EVD lab net
- ZAPI.

According to Prof. Koopmans, this sense of collaboration has also been followed by WHO with its report published in 2017 on “An R&D Blueprint for Action to Prevent Epidemics”, and its collaboration with GLOPID-R (which has been funded by the European Commission) to coordinate research funding in the context of emergencies.
Finally, she praised how fast the vaccines for COVID-19 have been developed, in comparison with other vaccines with the following timeline.

Figure 5: Vaccination innovation from 1880 to 2020

Although the COVID-19 vaccines have been rapidly produced, she underlined that it was thanks to years of research and development and platforms for vaccines production.

3.3.2. Key challenges

Prof. Marion Koopmans mentioned several challenges, including response from the public health sector and research response. She also observed a nationalism in pandemic research and response.

Furthermore, she indicated shortages (of products such as lab tests) and market failure due to the different national accesses to medical equipment, which has been a bigger issue for developing countries, and thus led to testing difficulties.

At an international level, she mentioned administrative and legal barriers with respect to health data sharing and protection. She also highlighted interpretation differences of the GDPR in the Member States.

Prof. Koopmans furthermore indicated as a key challenge to obtain synthesised evidence during a period with a lot of unknown, which is linked to infodemic and threats.

Moreover, she observed that the discussions, which were primarily scientific and between experts, began to become more politicised.
A lack of coordination regarding the question whether there is the need to include animals in preparedness and response plans was also highlighted.

On the preparedness research side, Prof. Koopmans criticised how biomedical sciences, social sciences, technical sciences have been disconnected. In the context of a multidimensional crisis, integrating scientific advice is really needed. As a matter of fact, she demonstrated how pandemic preparedness requires multiple disciplines and all the types of expertise. Experts need a platform for engagement that according to her, does not really exist yet (at least not completely).

Figure 6: Pandemic preparedness requires multiple disciplines

**Pandemic preparedness requires multiple disciplines**

![Convergence of disciplines](attachment:image)

In our vision, convergence of disciplines is needed to optimally prepare for climate change and water-related disasters, epidemics and pandemics.

3.3.3. **Conclusions**

Prof. Koopmans concluded by making the following recommendations:

- Continue to invest in basic research and preparedness research networks.
- Use prepositioned networks during a crisis in order to move faster.
- Organise a mechanism that can bring expertise from multiple disciplines together and into evidence synthesis for policy advice.
- Invest in one-health pre-emergence preparedness plans.
- Develop a strategy to fight misinformation.

3.4. **Coordinative Europeanisation: The EU Institutional Architecture in the COVID-19 Response**

The presentation was given by Dr. Stella Ladi (Queen Mary University of London, UK).

3.4.1. **Coordinative Europeanisation during poly-crisis**

Dr. Stella Ladi highlighted the interconnection of the different institutions and disciplines, and how the EU tried to coordinate the response.
According to her, it was clear that in the Member States the public had a feeling that the actions put in place were not sufficient to respond to the crisis.

On a positive note, she commented that Member States were actively involved in the policy-making process at an early stage to implement EU measures. This has been put in practice for example, with online interaction between national ministries or agencies. She recommended to keep the ‘spirit of interconnectedness’.

3.4.2. EU’s Institutional Response during COVID-19

Dr. Ladi observed that although the EU’s Institutional response to the pandemic was slow at the beginning and uncoordinated because of the need to find quick answers to this new reality, there has been an eventual speeding up in various important areas including economy, resilience and vaccines strategy.

She highlighted the need to adopt horizontal responses as the COVID-19 crisis was not just about health issues, but also touched upon different policy areas (including economic and borders). Thus, she also indicated that all the relevant EU institutions had to be involved.

Dr. Ladi observed that the European Council played a very central role as some key decisions had to be taken. In addition, she indicated that the Commission also had a central role with respect to the increase of powers and day-to-day management, but also because the Commission took the initiative called ‘Commission-Capital networks’ to reach out to some EU capitals via online meetings in order to check which suggestions and solutions would work for them and if such solutions could be implemented quickly. She suggested to keep such an initiative in place for future crises.

Dr. Ladi reported that the Council of Ministers found it harder to adjust to the pandemic as they could not meet anymore and most of the work has been done at the Committee of Permanent Representatives (COREPER).

Finally, she indicated that the decision-making process of European Parliament was also adversely affected by the pandemic, but it had an important role in the negotiation of the MFF.

3.4.3. The Recovery and Resilience Facility

According to Dr. Ladi, the Recovery and Resilience Facility (RRF) showed the need to adopt a coordinated response and to build trust for the people (so they could accept national measures such as vaccination and lockdowns).

She considered the RRF as key with regard to build this trust and to provide the economical and structural funding sources to all the policies which were needed in order to come out of this crisis.

According to her, the increased co-decision in designing the national plans for the recovery plans was key. In addition, more coordination has been observed compared to previous crises such as the Eurozone crisis. There were only EU institutions involved and reforms stem out from the European Semester, which means that the European Semester has been empowered and that reforms needed to be done and funded only in the context of a crisis.

Dr. Ladi also mentioned the Franco-German agreement, which has been based on a Commission proposal as an ambitious outcome following New Generation EU.

3.4.4. The Schengen Area

According to Dr. Ladi, the Schengen Area has also been a good example of the need to adopt coordinated responses and to build trust. She highlighted how the closure of borders has been
uncoordinated between Member States following the health emergency. However, according to her, there was a functional solidarity mobilised by the Commission to reopen the borders due to the needs of doctors and healthcare professionals. These green lanes were then established. She indicated how these green lanes have been the beginning of the reopening of the borders, which was important for people to feel that things are going back to normal and to trust the upcoming measures.

This coordinated response has also been set up, according to her, with the vaccination passports launched in 2021 following the reopened borders, after long debates.

She also mentioned how ECDC played a key role with regard to data provision on COVID-19, and how health ministers have also played an important role regarding the decision-making process.

3.4.5. Conclusions

According to Dr. Ladi, the fact that this crisis was perceived as an existential crisis due to its threat to human life, but also because it was felt as a threat to the EU project itself, meant that the solutions were quicker than before, and there were many lessons learnt from previous crises, as coercion and good practices have not been sufficient.

In addition, she also observed that the coordination of these solutions happened at an early stage of the pandemic to produce immediate results.

Dr. Ladi stressed the need more foresight and more strategic crisis management for the future preparedness. She indicated that the report adopted in 2022 by the Chief Scientific Advisors highlighted some of these issues.

Finally, she recommended to strengthen critical infrastructures and institutions such as HERA, ECDC and national health systems and to work co-ordinately to respond to future health crises.

3.5. Governance of the European pandemic response mechanism: review and prospects

The presentation was given by Prof. Dr. Claude Blumann (University Paris-Panthéon-Assas, France).

Firstly, according to Prof. Blumann, it should be stressed that the prevention and control of pandemics is primarily the responsibility of the Member States, since the transfer of competence in the field of public health to the Union has been limited. Public health falls (except for certain issues: Article 168(4) TFEU) within the areas of support, coordination and complementarity (Article 6 TFEU), which represents the lowest level of competence of the European Union, within the framework of the former first pillar.

He mentioned that the dysfunctions that may have occurred are therefore primarily attributable to the inadequacies and shortcomings of the Member States’ structures. Nevertheless, the EU has its share of responsibility, especially as it seeks to extend its powers in all areas. It cannot therefore refuse a critical approach, particularly in terms of its response to the COVID-19 crisis, its management of the crisis, in a word its governance of the pandemic.

The problems of governance arose within the European Union (point 3.5.1.), but also in relations with the national and international levels (point 3.5.2.).
3.5.1. European Union level governance

a. Lessons learned from the COVID-19 crisis

Prof. Blumann highlighted in this first section that there are two institutions which had to deal with the COVID-19 crisis: the ECDC, and the European Commission (and more particularly the Commissioner for Health and Food Safety and the Commissioner for Civil Protection who had to deal with public health issues). The ECDC initially underestimated the seriousness of the situation and only woke up a few months later. But so did WHO, whose director-general appeared to be under the influence of China, a major contributor to the organisation.

According to Prof. Blumann, there were coordination issues between the two Commissioners, as they were not in the same group at the Commission, which led to many difficulties. The President of the Commission had defined six priorities for 2019, to which six groups of Commissioners corresponded. Stella Kyrakides (health) was in the 'promoting the European way of life' group and Janez Lenarcic (civil protection, crisis response) in the 'EU external action' group. Commissioner Lenarcic has much more financial and human resources than his health colleague.

Furthermore, he brought up the "Next Generation EU" plan, which is part of the Union’s resilience programme supported by France and Germany. This plan is anticipated to play a significant role, in addition the Commission has been given the responsibility for researching and purchasing vaccines under Council Regulation (EU) 2020/521 of 14 April 2020 activating the emergency support under Regulation (EU) 2016/369, and amending its provisions taking into account the COVID-19 outbreak, based on Article 122(1) TFEU, which was clearly not within its remit.

b. The legal-political framework for the future

Prof. Blumann mentioned three EU regulations that are important for the future adopted by the ordinary legislative procedure:

• **Council Regulation (EU) 2022/2372** of 24 October 2022 on a framework of measures for ensuring the supply of crisis-relevant medical countermeasures in the event of a public health emergency at Union level, and which has adopted a legal framework for the European Emergency Preparedness and Response Authority (HERA). This Regulation grants the possibility for the Commission to buy vaccines and medicines. It is an extension of Council Regulation (EU) 2020/521.

• **Regulation (EU) 2022/2370** of the European Parliament and of the Council of 23 November 2022 amending Regulation (EC) No 851/2004 establishing a European centre for disease prevention and control. This regulation has granted more power to the ECDC. The ECDC is in particular responsible (since its creation in 2004) for the management of the early warning system, which does not seem to be coherent with its main tasks, which are in the field of observation, information and research.

• **Regulation (EU) 2022/2371** of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health and repealing Decision No 1082/2013/EU, which has proclaimed the notion of a state crisis, and has developed the notion of crisis management.

According to Prof. Blumann, these three texts draw lessons from the COVID-19 crisis and should be given time to prove themselves. Nevertheless, questions remain. He highlighted recurrent problems with regard to the EU system in the field of public health:

• Too many different legal bases, where two seem sufficient: Articles 122(1) and 168(5) TFEU are questionable. Article 122(1) concerns the economic situation and not primarily public health. Moreover, the European Parliament is not even consulted. Article 168(5) does not allow for
harmonisation of national legislation. Yet, we are not far from it. Political consensus is, however, not an absolute guarantee of legal validity.

- Too many structures. In particular, Regulations (EU) 2022/2370 and 2022/2371 return to the same structures with a representative body of Member States, independent expert groups and comitology committees.

- Difficulties to coordinate. Too much coordination kills coordination. There is actually a lack of governance. A certain lack of verticality.

3.5.2. Multi-level governance

a. EU and national level

Prof. Blumann also mentioned governance issues at different levels. With regard to national level, governance issues are due to the status of EU Member States, and the number of competent national structures in the field of public health. In France, there are eight public health agencies, each roughly corresponding in financial and human resources to the ECDC at EU level.

According to him, these structures have more power, financial, human and material capacities than the EU institutions. He also observed that the legal nature of these structures is very different: The ECDC is an independent agency, while national structures depend on their governments. This difference is important, because governments always tend to deny the seriousness of a pandemic, so as not to worry public opinion. We remember the mad cow affair (1996) or the various episodes of bird flu.

In addition, national structures such as the French Public Health Agency, are mainly focusing on health issues at national level. This agency, which has the legal nature of a public administrative establishment, is part of the ECDC network for the activation of the early warning system (in Germany it is the Robert Koch Institute and in Italy the Ministry of Health). The 2016 decree that organises it provides for 20 tasks to be carried out. The link with the international and EU level comes last, and no details or references are made to EU institutions, notably the ECDC.

b. EU and international level

At international level, Prof. Blumann referred to the action of the World Bank and of WHO.

Regarding the World Bank, he observed that the EU is not a member of this international organisation. However, the EU is a donator for the Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response (PPR), which is addressed to low and middle-income countries. The FIF PPR adopted on 30 June 2022 has so far mobilised EUR 1.6 billion. At the implementation level, it is planned that the European Investment Bank (EIB) will be responsible for the EU.

With respect to WHO, the EU is not one of its members, but it remains one of its main contributors, and has an unofficial observer position. In addition, he mentioned that the EU will take part in the development of an international convention under WHO’s supervision on pandemic preparedness and response, following the authorisation granted by the Council of the EU of 21 March 2021 to open the negotiations by the Commission.

The Council decision sets out the negotiating guidelines to be followed by the Commission, but these have not been made public. This not an uncommon practice, but it is still unfortunate because the lack of transparency can cause tension and public concern. Regarding the governance of the future convention, Prof. Blumann indicated that there will be a governing body called "The Conference of the Parties" composed of all the contracting parties, including the EU, and a restricted executive called "The Bureau of the Parties" which will be elected by the conference.
The preparation of this convention is not finished yet, and according to him, there would be an important problem for the European Parliament whether it has the competence to approve this convention. He thinks that the European Parliament should address this problem (based on Article 168(5) TFEU).
4. DISCUSSIONS AND Q&A

Members of the European Parliament and participants to the workshop could raise questions to the expert-speakers during two Q&A sessions. The discussions are presented below:

- **MEP Tomislav Sokol (EPP)** indicated, during the first Q&A session, that it was important to emphasise the workforce as it is one of the main issues the healthcare systems have to deal with, and more particularly in Eastern Europe.

**Questions:** MEP Tomislav Sokol asked Dr. Andrea Ammon several questions:

- With respect to data, what have been the problems encountered by ECDC with regard to the gathering of data and their comparison between Member States?
- What could be the solutions to face these problems in the future?
- More particularly on the European Health Data Space, to what extend does Dr. Andrea Ammon think it is important? And will its establishment help to resolve the problems of the gathering of data and of the interoperability of the data?
- With regard to the role of the community, he considered that Member States will be interested in such collaboration for primary care (i.e. investment in building capacity, workforce, enable better working conditions). What does Dr. Andrea Ammon think is the role of primary care for the future resilience of the European healthcare systems? And what can the EU do to improve primary care in Europe?

**Dr. Andrea Ammon** provided insights on data collection by mentioning the different issues encountered, including the fact that the data collected were coming from diagnostics. Thus, as there were differences between Member States on how the diagnostics have been done, their recurrence, and who have been diagnosed, there was a lack of comparability, especially at the beginning of the pandemic. She considered, as an epidemiologist, that it was hard to see how the national decisions have had an impact on people's lives.

She recommended to have an advanced strategy with respect to testing to have more comparable data, by supporting Member States in the implementation of such strategies.

With regard to the European Health Data Space, she considered that the data gathered in it can be a good basis for comparison, after an agreement on the fact that the data can be collected in such a system and how they can be re-used.

With respect to primary care, she agreed on its importance as the strengthening of the local level in the preparedness is crucial as they will be the first ones to deal with the crises. There is the need to adopt measures to be more robust.

- **MEP Sara Cerdas (S&D)** highlighted, during the first Q&A session the importance of ECDC as an institution in the context of the COVID-19 crisis and how the world was looking at it to get guidance.

**Questions:** MEP Sara Cerdas asked Dr. Andrea Ammon several questions:

- During the pandemic, three pieces of EU regulations have been revised, with regard to ECDC’s reinforcement mandate for potential future health threats, does Dr. Andrea Ammon consider this revision as fitting its purpose?
• With regard to the need to increase the investments in public health systems and collaboration, and to embrace community, does Dr. Andrea Ammon think that the solutions can be based on other policies approaches across the EU legislation?

• Similar question to MEP Tomislav Sokol with regard to the European Health Data Space.

**Dr. Andrea Ammon** provided insights on ECDC’s reinforced mandate, and its mission of providing support to Member States with regard to surveillance standards (on data collection for example). She believes that the digitalisation could help the standardisation.

With regard to the current Regulation, she considered it as good, although it does not change the principle of the sharing competences between the Member States and the EU, thus, even if ECDC provides recommendations, they are non-binding, and the Member States have the possibility to choose whether they follow them.

Regarding other policies, she noted that they already exist but emphasised the need to implement them, as they could offer a solution to the areas beyond health that have been affected.

**Question:** MEP Sara Cerdas asked Dr. Petronille Bogaert:

• Does the current Commission’s proposal on the European Health Data can fill the gaps identified by Dr. Petronille Bogaert? And what would she like to be enhanced in the proposal?

**Dr. Petronille Bogaert** mentioned that the Regulation aligns with the gaps Sciensano has identified. They have also recommended to add capacity building at healthcare providers level as it would improve the data collection capacity, and the information provided to citizens to build more trust.

In terms on how to resolve the issues, she emphasised how important the operational and interoperable aspects of health information are, thus, some improvements are needed.

• **MEP Max Oville (Renew Europe)** highlighted, during the first Q&A session how the COVID-19 crisis affected Europe and how it was the source of much speculation and provided an opportunity for many specialists to contribute their expertise, which sometimes led to contradictions in responses, and ultimately to delays. The role of EU institutions such as the ECDC is very useful and enables all the information to be coordinated and therefore the responses to be adjusted as best as possible. Among the many questions that were asked, the sensitivity of the virus to extreme temperatures was debated. During the first winter wave, we often heard that it would fade with the heat. However, the COVID-19 pandemic spared no one, not even the French outermost regions with their tropical climates. The officials of these tropical territories and health authorities have informed him that at no time were they consulted to assess the danger of the virus in tropical or humid climates.

**Question:** MEP Max Oville asked Dr. Andrea Ammon and Dr. Petronille Bogaert:

• Would you agree to consult the experts in these territories who are very familiar with the specificities of the ultraperipheral regions, as this would perhaps provide quicker access to reliable answers concerning the development of this virus in hot environments?

**Dr. Andrea Ammon** mentioned, on seasonability, that after three years, ECDC has a better understanding on how the virus behaved. She considered that at the beginning of the pandemic, ECDC was learning, but she fully agreed that they should have a comprehensive overview on how the evolution of data and cases are in different parts of the world to develop an understanding whether there are differences, for instance with temperature. She considered that ECDC is still in the learning phase. They assume that SARS-COV-2 behaves similarly to other respiratory viruses, although it did not
behave like these in the last two summers. ECDC has to develop their knowledge along what is happening. But it is difficult to predict how the virus will behave.

She agreed on the fact that ultraperipheral regions should have been consulted.

**Dr. Petronille Bogaert** mentioned, that Sciensano has observed such elements. They also consulted experts coming from these regions to have a global overview and share the different findings.

- **MEP Virginie Joron (I&D)** highlighted, during the first Q&A session, regarding side effects, that EMA was weak on qualitative assessment. It was Sweden and Denmark that warned the EU about the effects on young men and about the evaluation of effectiveness, she expected more from the ECDC, especially on effectiveness, as for example benefit-risk for children and adolescents at EU level. It is not the laboratories that are going to tell the institutions if their products work or not. That said, ECDC published a study on 8 November 2022 stating that the AstraZeneca vaccine would be more effective than the Pfizer vaccine (49% vs 41%) based on a study of 3,500 patients in eight countries in hospitalized patients over 20 years old. We were told that EU had to pay a lot of money to get the Pfizer vaccine (about 20 euros a dose), but according to the ECDC it is not more effective. She also noted that Pfizer states on its website that it will not help researchers investigating the effectiveness of this product. It is therefore up to the ECDC to do so.

**Question:** **MEP Virginie Joron** asked Dr. Andrea Ammon:

- On ECDC’s daily statistics posted on its website, she announced that there are about 9 billion doses available for the Member States, and less than 1 billion people injected. So how does she explain this discrepancy between the European Commission’s order of 4.6 billion doses and this reality?

**Dr. Andrea Ammon** mentioned, with regard to the vaccines, that the initial assessment on the effectiveness of the vaccines is based on clinical trials, and ECDC’s colleagues at EMA carefully looked through all the information, and she indicated that all the vaccines which have been authorised have shown to be effective and safe. She indicated that ECDC has not been involved in the decisions on vaccines and how many doses should be purchased, so she indicated that it was difficult to comment on that. However, she mentioned that ECDC has to take into account the use of the vaccines helps a lot to keep the pandemic under control. As such, the provision of the vaccines and the longer-term administration is seen as an insurance for controlling this pandemic.

- **MEP Cristian Terhes (European Conservatives and Reformists Group)** highlighted, during the first Q&A session, that with regard to the definition of the vaccines, on ECDC’s website page on ‘Immunisation and Vaccines’, it says that “vaccination protects people against serious and alive threatening infectious diseases”. This definition has changed, because before it was laid down that vaccines were providing immunity. Or, immunity is different than protection. Regarding to the tests presented by Moderna and Pfizer and Biontech in order to have the medical product approved by EMA and ECDC, Moderna submitted the tests on their vaccines conducted in 2016, three years before we found out the existence of the coronavirus. Pfizer and Biontech starting their tests in January 2014. Regarding the effectiveness and safeness of the vaccines, Pfizer’s Representative said in a committee that they have not tested whether their vaccine can stop the spread of the virus.

**Questions:** **MEP Cristian Terhes** asked several questions to Dr. Andrea Ammon:

- When exactly ECDC changed the definition from providing immunisation to providing protection?
• Regarding the tests presented by Moderna and Pfizer and Biontech, how is it possible?

• Regarding the contracts: Has ECDC seen the contracts between the Commission and these manufacturing companies?

• Regarding the effectiveness and safeness of the vaccines, how can you claim that these vaccines are still safe and efficient?

Dr. Andrea Ammon mentioned, regarding the vaccines, that we have to keep in mind that the vaccines were designed to protect (against immune diseases) and to reduce the severity of the infection. That is what the goal of these vaccines was from the beginning until today. She recalled that ECDC is not involved in the approval in the vaccines, so these questions on the tests and when they started cannot be answered. Likewise, ECDC is not involved in the contracting part, thus, ECDC has not seen the contracts signed between the Commission and the manufacturing companies.

• MEP Ivan Vilibor Sinčić (Non-attached Member) highlighted, during the first Q&A session, that three years ago, when the crisis started, EU were told that ECDC is one of the smallest agencies in the EU, that it had a very few people and that ECDC’s core tasks are first to collect data from the Member States, to put them in one place; and to give recommendations. ECDC has collected data from different countries, based on PCR tests. Even then ECDC knew that PCR tests were highly unreliable. So, ECDC has collected a lot of unreliable data which has been gathered via different methods (from different testing methods). Thus, ECDC’s role at that time was collecting unreliable data and giving recommendations based on this data collected from unreliable tests.

He is happy to hear that Dr. Andrea Ammon has recognised this issue, because without any common standard, the data collection is useless.

Question: MEP Ivan Vilibor Sinčić asked to Dr. Andrea Ammon:

• Did ECDC issue recommendations or warnings to Member States which have sent to the agency data based on cycles used to gather this data in the unreliable PCR tests?

Dr. Andrea Ammon mentioned, regarding the data collection, that the tests were reliable with regard to collection and diagnosis of SARS-CVO-2. The PCR tests have always been considered as a golden standard. It was more the reliability of the antigen tests which was questioned.

The surveillance data that ECDC has collected, especially at the beginning, were based on PCR tests. She also indicated that ECDC, when it is publishing their data or dashboards, there was a long list of explanations on how the specificities of each country. ECDC has always been transparent on the way the data have been collected.

Dr. Petronille Bogaert agreed with Dr. Andrea Ammon’s answer and recalled the need to make sure that the EU has strong data collection systems by monitoring and measuring the data in order to use it properly. She also indicated that we also have to consider that the existing elements and tools are subject to changes and uncertainties, especially during this pandemic.

• MEP Romana Jerković (S&D) highlighted, during the first Q&A session that Dr. Andrea Ammon was on the front row when the crisis hit and ECDC had a huge responsibility to navigate the “ship through the storm” and she recognised that ECDC has correctly reacted. However, she considered that some things or actions were better than others.

Question: MEP Romana Jerković asked to Dr. Andrea Ammon:
• Which disease prevention and control measures have worked well during the pandemic? And what were the ones that did not work correctly, and which ones EU should not integrate for future crises?

**Dr. Andrea Ammon** recalled that it is very important to look back and see what has worked and what has not worked. This mission has to be done together with the Member States because she thinks that ECDC is giving the scientific guidance, and the Member States are implementing them. ECDC has seen that certain measures have positive effects (e.g. lockdowns), but there also side effects not considered at the beginning (e.g. impacts on mental health). ECDC has to take into account for the future these side effects in order to be more careful in the next preparedness plans and decision-making. She considered lockdowns as a last resort measure, even if at that time, lockdown was the only option available.

• **MEP Robert Roos (European Conservatives and Reformists Group)** highlighted, during the first Q&A session, with regard to the need to improve the preparedness for future crises, that ECDC has correctly assessed the danger of COVID-19 and the right value at that time by giving a very strong warning in January 2020. In addition, he recalled that ECDC has interacted with the Commission at multiple levels and on a daily basis.

**Question:** MEP Robert Roos asked to Dr. Andrea Ammon:

• How could things have turned out so “incredibly” wrong? For example, the Commission sent 55 tonnes of medical products in February 2020. Our medical care did not have face mask, and many people died. Borders were not closed. So, what went wrong with the communication with the Commission?

**Dr. Andrea Ammon** mentioned, in terms of preparedness and measures taken, that after looking back, certain things may not have had the desired effect. With regard to what was sent or given to other countries by countries or the Commission, ECDC did not have any influence. She indicated that ECDC has to consider, when it assesses the impact and effectiveness of measures at a certain period, what was the state of the knowledge at that time.

She recalled that regarding decision-making, the communication between ECDC and the Commission is not required at any time. She considered that the communication has been very clear at every level.

**Dr. Petronille Bogaert** added that things can be done better, and indicated that Sciensano has measured data at several levels, and what was missing was measuring the impact of the measures adopted (such as lockdowns). According to her, we have to make sure EU collaboration on measurement of the health of the population in general, and not focusing on what was happening in hospitals.

• **MEP Stelios Kympouropoulos (European People’s Party)** highlighted, during the second Q&A session, that there were indeed common characteristics with previous crises, with the exception of notion of common threat to human health. Previous crises have not been managed in this way and a coherent Europe-wide approach has been achieved by setting up the digital certificate, a system to acquire the necessary doses and to prepare for future crises. And today, we see that EU have gathered elements as we are plunged into the Ukrainian crisis. He believes that this political momentum should be used to make the EU even more resilient and adaptable, as we are living in the age of permacrisis. We need to be ready at all times.
**Question:** MEP Stelios Kympouropoulos asked Dr. Stella Ladi:

- What is your assessment? Comparing with other crises (Eurozone, migration), is this ‘coordinative Europeanisation’ likely to prevent future crises?

**Dr. Stella Ladi** answered that the EU did better in this COVID-19 crisis as it learned from previous crises, and because it was clear that there was no moral discussion about some Member States doing better or being more responsible for the crisis than the others. During the Eurozone crisis, there was a moral argument that some Member States prevented the EU to be more decisive or efficient. In this case, the crisis was affecting all the Member States, almost at the same time. Of course, wealthier countries had stronger health systems, and needed less support from the EU, but there was no issue of somebody not having done what they should have done due to the virus.

This helped, according to her, the decision-making processes, even though we cannot forget France and Germany and their initiatives. For the future it is a matter of political choices, and who the citizens are voting for, whether there is trust in the system in order to act and to respond in a similar way.

- MEP Alessandra Moretti (S&D) highlighted, during the second Q&A session, that one of the key elements in order to prepare the EU and Member States for future potential pandemics is an efficient monitoring and alert system. If we had a more efficient system in place, COVID-19 might have been detected much earlier and solutions might have been adopted much sooner in order to protect people’s health. We need updated and improved national and EU pandemic plans. In your view, what are Member States lacking in this? What are the instruments to be used in this sense? And what kind of proprieties should we focus on in building an efficient system of monitoring and alert in the Europe?

**Questions:** MEP Alessandra Moretti asked Dr. Stella Ladi and Prof. Dr. Marion Koopmans:

- In your view, what are Member States lacking in that regard?
- What are the instruments to be used in this sense?
- And what kind of proprieties should we focus on in building an efficient system of monitoring and alert in the Europe?

**Dr. Stella Ladi** mentioned that the issue of missing data is there everywhere, and in previous crises as well.

**Prof. Dr. Marion Koopmans** mentioned that she was triggered about the question on early warning. A key issue is that the front line (i.e. clinicians) request diagnostic operations, and they have the capacity to recognise something unusual. It is not difficult when there are very specific and severe diseases, but it is much more difficult with a disease like COVID-19 where many people had very few complaints and other few people were extremely sick. In addition, according to her, it is very important to have systems in place that detect whether animal pathogens are a risk to humans, if they are changing their behaviours.

- MEP Max Oville (Renew Europe) highlighted, during the second Q&A session, that Prof. Marion Koopmans showed that the EU has the capacity to act and stand together even in emergencies. However, it may be necessary to go further and put in place tools and means to prevent other crises on a more global level, such as the establishment of an international treaty on pandemics. It is therefore necessary for the EU to be part of the WHO as an entity in its own right.
Question: MEP Max Oville asked Prof. Dr. Marion Koopmans:

- Would this be possible in your opinion? If so, under what conditions?

Prof. Dr. Marion Koopmans did not answer to that question. Instead, Dr. Stella Ladi mentioned that the EU received much criticism on its cooperation with the rest of the world. She indicated the need of flexibility and trust. An international treaty can be a good starting point, but there is a need to take into account the differences between the countries.

- MEP Michèle Rivasi (Greens/EFA) highlighted, during the second Q&A session, that there was a case before with the H1N1 flu in 2009 where each state tried to manage without grouped purchases. She has drawn up an own-initiative report indicating that it would be worthwhile to make such grouped purchases. In 2009, there was the controversy about the change of the definition of a pandemic, which was not affirmed by the WHO, preferring to indicate that they had changed the phases of the pandemic. She found in the draft for the pandemic treaty a definition of pandemic, but she thinks that it is important to have a definition based on an infection, on several continents, but with morbidity and mortality figures.

Question: MEP Michèle Rivasi asked Dr. Andrea Ammon:

- By mentioning WHO, what is the definition of a pandemic?
- Who is going to trigger this pandemic? Until now, it has always been the WHO, but in the regulation on transboundary health threats, it is said that the EU will be able to trigger the health emergency.
- Who will trigger the health emergency and on what criteria?
- When will the emergency be stopped? Why are we still in a pandemic emergency? Mr. Biden is calling for a halt, what is needed to stop this pandemic emergency? On what criteria is it based?

Dr. Andrea Ammon mentioned, with regard to the definition and the declaration of a pandemic, that it is the task of WHO, and of its General Director and its Emergency Committee. It is up to him at the end to follow or not to follow the recommendations of this Committee. A pandemic starts or ends when WHO declares so. It is based on the recommendations and deliberations of its Emergency Committee.

- MEP Virginie Joron (I&D) mentioned, during the second Q&A session, that there has been ‘radio silence’ on another scandal about the management of the COVID-19 crisis that has come to light in the UK, the "lockdown files". As we know, the former health minister’s old WhatsApp messages reveal shocking facts during this crisis. We learn, for example, that he considered the best time to roll out the new alpha variant to scare everyone and lift the restrictions. We also discover that Boris Johnson refused to lift the second containment because he was too far ahead of public opinion. That is about 100,000 messages exchanged. This scandal calls into question the legitimacy of liberticidal measures such as containment, health pass and above all compulsory vaccination. We see that the UK has spent billions of pounds on private consultancy, notably with McKinsey (as in France, Germany and Italy).
Question: MEP Virignie Joron asked Dr. Stella Ladi:

- What is your opinion on this subject?
- You have written articles to combat vaccine hesitancy to push for vaccination with “monetary reward policies, freedom bonuses and fines or other restrictions against the unvaccinated”. Today it’s 14% for the 4th injection, and 1% for the 5th dose. What more do you propose to do about this vaccine hesitancy?

Dr. Stella Ladi mentioned that she is not attending the workshop as a representative of the UK, and her studies areas focus on EU policy. According to her, the UK were not the best with regard to national measures to deal with the pandemic as they did not manage the systems effectively, although they had more experience compared to other countries such as Greece which did well. She indicated that the UK needs more political maturity, more coordination and trust between the actors.

MEP Robert Roos (European Conservatives and Reformists Group) questioned whether the democratic system of the EU is sufficiently prepared for such crises. He deplored that in this crisis, national governments relied heavily on advice from unelected experts, rather than consulting with parliamentary representatives.

Questions: MEP Robert Roos asked Prof. Dr. Marion Koopmans:

- Did these experts have enough considerations for democracy and the rule of law?
- Is someone who wants to censure a democratic elected representative the right person to make consideration on fundamental rights for all the society?

On these questions, Prof. Dr. Marion Koopmans stated that they were asked in reference to a previous interaction between herself and the Member and she therefore decided not to answer them.

Questions: MEP Ivan Vilibor Sinčić (Non-attached Member) asked Dr. Petronille Bogaert:

- With regard to data collection, is the accuracy of the PCR tests related to cycle threshold?
- What cycles threshold were used in the EU?
- Was every test centre using the same standardised cycle’s threshold?
- Did the high number of cycles threshold increased the number of false positive cases, especially at the beginning of the crisis three years ago? The issue of diagnostic is the route of this problem, as unreliable data are not good for crisis management, but they are good for spreading panic, which we had experienced.

Dr. Petronille Bogaert did not answer to that question. Instead, Prof. Dr. Marion Koopmans answered that with regard to PCR tests and cycles threshold, they need to be manipulated and interpreted by specialised experts. Thus, the values that are read out from these tests are depending on how the sample has been used, who has manipulated this sample. There is no easy way to adopt a simple threshold, and there is a process of accreditation in place across the EU. So direct comparison between PCR results is difficult from an epidemiologist perspective as it depends on how the data has been collected, but there are processes in place to test the validity of the methods that are being used. In a very early phase where the regions in which PCR tests were produced, a lot of companies have contamination problems during a short period of time, leading to false positive tests, which has been recognised. But that was detected and solved thanks to quality systems.
Closing remarks

In his closing remarks, MEP Andreas Glück thanked the five experts for their presentations and discussions, but also the Policy Department for Economic, Scientific and Quality of Life Policies for having organised this event. He highlighted how useful the information has been with respect to the issue of the crisis preparedness and response at EU level, which remains a political matter high on the agenda in the next years, and how important for the policy makers it is to have access to the best scientific expertise.

He also mentioned that the lessons learned during the pandemic oblige the institutions to review their capacity and resilience in the public health systems to improve the surveillance and preparedness. In addition, he observed how these lessons are transferable to other health threats such as the risks of emergence of new pathogens and resistance to microbes.

Mr. Glück concluded by mentioning that with this new progress that led the EU to review its framework in order to deal with the pandemic, we need to find the optimum way to address in the near future the weakness of EU competence in the field of public health.
SHORT BIOGRAPHIES OF THE SPEAKERS

Dr. Andrea Ammon, Director, European Centre for Disease Prevention and Control

**Dr. Andrea Ammon** is Director of ECDC, elected for a period of five years extended until 15 June 2024. Andrea joined ECDC as the Head of the Surveillance Unit in 2005. The unit was responsible for developing The European Surveillance System (TESSy), implementing a long-term surveillance strategy for the European Union (EU), evaluating the Dedicated Surveillance Networks (DSN), performing step-by-step transfer of DSN activities to ECDC, revising the EU case definitions and producing an Annual Epidemiological Report on infectious diseases in the EU.

From April 2011 to April 2015, Andrea Ammon was Deputy to the Director and Head of Unit for Resource Management and Coordination.

Prior to joining the ECDC, Dr Ammon served in several roles at the Robert Koch-Institute, most recently as Head of Department for Infectious Disease Epidemiology. In this capacity, she maintained and further developed the German national surveillance system; coordinated the national outbreak response team for current and emerging infections; coordinated emergency planning for influenza; directed the national Field Epidemiology Training Programme; coordinated epidemiological research programmes in infectious diseases and provided scientific advice for government Ministries, Members of Parliament, and the public.

The ECDC is a public health agency of the European Union (EU), operational since 2005. ECDC’s ambition is to protect over 500 million people from infectious diseases that are mainly caused by parasites and germs (such as viruses, bacteria and fungi). ECDC collects, analyses and shares data on more than 50 infectious disease topics such as COVID-19, influenza, HIV/AIDS, hepatitis, measles, tuberculosis, antimicrobial resistance and vaccination. ECDC experts assess risks to Europe and provide guidance to help countries prevent and respond to outbreaks and public health threats.

Dr. Petronille Bogaert, Head of Unit EU Health Information System Unit, Sciensano

**Dr. Petronille Bogaert** is project researcher and head of unit EU health information systems at Sciensano, Belgium. Her work primarily focuses on European research projects in the area of population health information. She is coordinating the Population Health Information Research Infrastructure (PHIRI) for COVID-19 which aims to strengthen the exchange of COVID-19 health information with 41 partners in 30 countries.

The seven European projects she is involved in include the Joint Action Towards the European Health Data Space, EHDS2 Pilot, HERA-IT, BY-COVID and Healthy Cloud. She is a graduate from a double European Master of Public Health. She also holds a Bachelor’s and Master’s in Biomedical Sciences and has a PhD on the European perspective to support health information systems. She is president of the EUPHA Public health monitoring and reporting section, and she is a member of the ESCAIDE Scientific Committee.

Sciensano is a research institute and the national public health institute of Belgium, with more than 850 staff members who are committed to human and animal health every day. Sciensano’s strength
and uniqueness lie within the holistic and multidisciplinary approach to health. More particularly, Sciensano focuses on the close and indissoluble interconnection between human and animal health and their environment (the “One health” concept). By combining different research perspectives within this framework, Sciensano contributes in its unique way to everybody’s health.

Prof. Dr. Marion Koopmans, Head of the Rotterdam Erasmus MC Department of Viroscience

Professor Marion Koopmans DVM PhD is director of the Department of Viroscience at Erasmus Medical Centre in The Netherlands, the WHO collaborating centre for Emerging Infectious Diseases (EID), director for EID of the Netherlands Centre for One Health NCOH and scientific director of the Pandemic and Disaster Preparedness Centre in Rotterdam/Delft The Netherlands.

Her research focuses on emerging infections with special emphasis on unravelling pathways of disease emergence and spread at the human animal interface. Creating global networks to fight infectious diseases systematically and on a large scale is a common thread in Koopmans’ work.

Koopmans coordinates the EU funded consortium VEO, which develops risk based innovative early warning surveillance in a One Health context and is deputy coordinator of a recently awarded HERA funded network of centres of excellence for EID research preparedness. In 2021, Koopmans founded the Pandemic and Disaster Preparedness Centre PDPC, a research centre with a focus on the occurrence and prevention of pandemics and climate-related disasters, combining expertise from technical, biomedical, environmental and social sciences.

Koopmans has co-authored more than 700 articles that have been cited more than 40,000 times.

Dr. Stella Ladi, Professor, Queen Mary University of London, Panteion University Athens

Dr. Stella Ladi is a Reader at Queen Mary University of London and an Associate Professor at Panteion University in Athens. She is research fellow at the Hellenic Foundation for European and Foreign Policy (ELIAMEP) and Research Associate at the Hellenic Observatory, LSE. She previously worked as a lecturer at University of Sheffield and University of Exeter. She has also been a Research Fellow at the Barcelona Institute of International Studies (IBEI). She has acted as a public policy expert at the Ministry of the Interior and the Ministry of the Aegean, Greece. In July 2002 she completed her PhD thesis at the University of York.

She previously worked as a lecturer at University of Sheffield and University of Exeter. She has also been a Research Fellow at the Barcelona Institute of International Studies (IBEI). She has acted as a public policy expert at the Ministry of the Interior and the Ministry of the Aegean, Greece. In July 2002 she completed her PhD thesis at the University of York.
Prof. Dr. Claude Blumann, Professor Emeritus, University Panthéon-Assas, Jean Monnet Chair of European Law

Claude Blumann is a professor of public law since 2011 at the University Panthéon-Assas (Paris II), Paris, France. His research areas are EU institutional law, EU substantive law, EU litigation, and EU policies. He wrote central publications in France on EU Institutional Law and EU Internal Market Law. Most recently, he wrote “The adaptation of the functioning of the institutional system to the COVID crisis” in 2020.

He is a regular contributor to a variety of internationally recognised scientific journals such as the Quarterly Review of European Law, the Review of the Common Market and the European Union, European law Notebooks, or the Review of European Affairs. He is also responsible for various sections in the Yearbook of European Law.

He has been involved in numerous international cooperation activities through teachings and conferences in many Member States such as Germany, Belgium, and Italy, and in non-EU member States, including Vietnam, Turkey, or in the United-States. From 1997 to 2001, he was the honorary president of the Commission for the Study of European Communities. Finally, he is also an expert consultant for the French Ministry of Research, the French High Council for the Evaluation of Research and Higher Education, the European Commission and the European Parliament, as well as for private organisations.
WORKSHOP SLIDES:

1. **How can we better prepare for future health emergencies in the EU?** By Dr. Andrea Ammon (European Centre for Disease Prevention and Control, ECDC).

2. **Population Health Information Research Infrastructure: harnessing health information to improve pandemic preparedness** by Dr. Petronille Bogaert (Sciensano, Belgium).

3. **Learning from an expert: the advisory role of research in public health policymaking** by Prof. Marion Koopmans (Erasmus MC, Rotterdam; Scientific Advisory Group WHO; formerly member of the COVID-19 Advisory Panel of the European Commission).

4. **Coordinative Europeanisation: The EU Institutional Architecture in the COVID-19 Response** by Dr. Stella Ladi (Queen Mary University of London, UK).

5. **Governance of the European pandemic response mechanism: review and prospects** by Prof. Claude Blumann (University Paris-Panthéon-Assas, France).

ACCESS TO THE FULL CONTENT OF THE PRESENTATIONS IS ALSO AVAILABLE HERE:

COVI SPECIAL COMMITTEE – WORKSHOP ON COVID-19 – EU CRISIS PREPAREDNESS AND RESPONSE:

These proceedings summarise the presentations and discussions during the workshop on ‘COVID-19: EU Preparedness and Response’, held on 8 March 2023. The five presentations touched, inter alia, upon the impact of COVID-19 at EU level, how the EU has been prepared, how it responded to that crisis, and the lessons learned following the pandemic.

These workshop proceedings were provided by the Policy Department for Economic, Scientific and Quality of Life Policies for the European Parliament’s Special Committee on COVID-19 pandemic: lessons learned and recommendations for the future (COVI).