

## **Committee of Regions Interregional Group on health & well-being**

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### **Legislative proposal for changing the mandate of the European Centre for Disease Prevention and Control**

We should reflect on the lessons learned so far from the covid-19 pandemic. The ongoing crisis showed us that the health situation in one Member State depends on the health situation in other Member States. It also showed the limitations as well as the potential for further EU cooperation in the field of public health.

In November 2020, the European Commission presented a package of proposals to improve EU's capacity to prepare for, and respond to cross-border health threats. These regulations are parts of the EU4health programme, which is the Union's vision for a healthier Europe. The 3 main focus areas of this programme are:

- boosting EU's preparedness for major cross border health threats by creating reserves of medical supplies and healthcare staff
- strengthen health systems so that they can face epidemics as well as long-term challenges
- make medicines and medical devices available and affordable.

This programme includes among others 'A regulation strengthening the mandate of the European Centre for Disease Prevention and Control'.

The ECDC was set up in 2004 as a decentralised EU agency based in Stockholm, Sweden, with the mission to "identify, assess and communicate current and emerging threats to human health from communicable diseases".

The agency's main focus is on risk assessment activities, along with surveillance and monitoring and some risk communication. While the ECDC can recommend approaches based on its monitoring and risk assessment activities, it does not have the power or resources to implement public health measures. Moreover, the efficiency of such measures ultimately depend on capacities at national and regional level.

For example: ECDC is unable to collect data from Member States themselves, but relies heavily on Member States providing them with the requested data. ECDC does issue guidelines on data collection, but has no authority to enforce standards in how data should be reported, currently enforced by the database and reporting control, or quality assure the source of surveillance and data reporting within Member States. The lack of reliability and comparability of data is a big issue especially during a pandemic.

This new regulation reflects on both these issues and on the lessons learned from the pandemic.

The aim of the proposal is to reinforce the capacities of the ECDC in order to support preparedness, surveillance, risk assessment and early warning and response to face future cross-border health threats.

The key areas of the proposal are the following: The ECDC will:

- recommend measures for outbreak control
- help Member States to be prepared
- have better epidemiological surveillance via integrated, digital systems
- have reinforced measures to control epidemics and outbreaks
- have a robust system for automated contact tracing
- have mandate to monitor health systems capacity
- have better coordination of new networks, including a network of EU reference laboratories
- in regards to field response the ECDC will have the capacity to mobilise and deploy the EU Health Task Force to assist local response to outbreaks in Member States and third countries

This proposal is very much interlinked with the Proposal for a Regulation on serious cross-border threats to health. That paper provides a strengthened framework for health crisis preparedness and response to threats of biological, chemical, environmental or unknown origin. It also provides a framework for a new, high performing epidemiological surveillance system, including the European Health Data Space.

The proposal takes a One-Health approach, which means it considers the interactions between humans, animals and the environment.

In general I welcome the Proposal to extend the mandate of the European Centre for Disease Prevention and Control.

In my opinion ECDC should take a more active role in public health. I would like to highlight some key areas.

In the current situation ECDC can develop guidance, but it will be up to Member States to follow it. Key guidance like this from the ECDC should be made mandatory. In my opinion Member States should have more legally binding obligations.

Another big area for action is the extending the scope of the Centre. It should be more inclusive and address other areas other than communicable diseases for example antimicrobial resistance and chronic diseases. Regarding chronic diseases, the ECDC should:

- collect, analyse and interpret data on chronic diseases via a common surveillance system. This should include covid-19 data for patients with chronic diseases.
- provide scientific advice to governments or EU institutions to improve disease response.

ECDC has both the infrastructure and the expertise to extend its mandate to non-communicable diseases. It's a big step, but it could be very useful because the pandemic showed that there is clear connection between communicable and chronic diseases.

I'm aware that for the increased mandate the ECDC needs a significant increase both in budget and staff.

One aspect is very important to me: an inclusive dialogue with stakeholders and civil society. I've been in contact with several international organization, their recommendations are especially valuable since we need cooperation between EU institutions and agencies, Member States, and international organisations in preparing for and responding to future threats.

In my opinion we have this unique opportunity to build a strong Health Union, and we should transform the ECDC into a real EU health agency.