

SDA Report

# Pandemics: Lessons learnt and future threats

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**Policymakers' dinner**  
Tuesday 7 December 2010  
Sofitel Brussels Europe

What lessons has the EU drawn from the H1N1 experience? Did governments, international institutions and the media over-react? Independent reviews in the UK and France have assessed the level of response to the pandemic and the European Commission is working on a health threat and emergency preparedness package. The US's national flu vaccine is in production, but in the EU there remain some doubts as to whether member states are ready for a serious flu pandemic. How real is the threat of further mutation, and how should this and other low probability/high impact dangers be approached? Is the exchange of information and best practices between the EU and US good enough?



*Policymakers' dinners offer specialists in a defined policy area an opportunity to discuss issues with key officials of EU, NATO and diplomatic representations, and leading figures from NGOs, business and industry. The dinner format lends itself to free-flowing debate and an open exchange of views.*

## Speakers



**Paola Testori Coggi**  
*Director General for Health and Consumers*  
European Commission



**Kevin Kelleher**  
*Assistant National Director for Health Protection*  
Health Service Executive, Ireland



**Susanne Weber-Mosdorf**  
*Assistant Director General and Executive Director*  
World Health Organization Office at the European Union



**Michael Kunze**  
*Director, Institute of Social Medicine*  
Medical University of Vienna

## Moderator

**Giles Merritt**  
*Director*  
Security & Defence Agenda



## Pandemics: Lessons learnt and future threats



### Introduction

Coinciding with a meeting in the Council of Ministers on pandemic health issues, the SDA welcomed a distinguished group of health practitioners, industry experts and policymakers to reflect on the H1N1 influenza crisis, and outline the future of European pandemics preparedness.

Introducing the debate, SDA Director **Giles Merritt**, whilst stating that “pandemics are very much a security issue”, asked the fundamental question; “was this a false alarm, or were we just very lucky?” Whilst debating the unpredictability of the influenza threat, and the industrial capacity issues that underline vaccination preparedness, the general conclusion of the discussion was that the H1N1 crisis of 2009 was in no way a false alarm. By focusing on improving inter-state coordination, vaccine production capacity and communication with the public, participants also agreed that whilst lessons may have been learnt, the response mechanisms needed are not yet fully in place.

### Reflecting on Europe’s response to the H1N1 crisis

The debate began with an overview of the European Commission’s current efforts to improve pandemics preparedness from **Paola Testori Coggi**, Director General, Health & Consumer Directorate General of the European Commission. Coming directly from the meeting of health ministers, she informed the participants that they had discussed “the possibility of joint vaccine procurement mechanisms for buying vaccines and antivirals, and how far the European Union is ready to go into harmonisation of vaccination campaigns”. The message, the Director General said, was that “after the crisis of 2009, clearly, there were a lot of lessons learnt”. These lessons are being addressed in four key areas.

One important area was vaccine procurement, with health ministers claiming that the need to negotiate deals at short

notice, in the midst of intense political and media pressure had proven immensely challenging. A lack of common mechanisms had affected the contractual position of member states, a situation Testori Coggi insisted had to change.

A more general requirement was the need to increase pan-European cooperation in pandemic preparedness. Member states had implemented biological research and vaccine implementation regimes independently, often at varying paces. This effort clearly needs to be synchronised between health services, but it was not just doctors that need to work together. “When you speak of preparedness, it is not just the health sector that needs to be ready; cross-sectoral cooperation is also needed”, the Director General enthused, advocating a more comprehensive European response.

Communication during a pandemics crisis was also highlighted as an area in need of improvement. Communicating health advice at EU level proved to be difficult in 2009, Testori Coggi opined. Uncertainty about the severity and danger of the virus early on created a sense of uncertainty among the population and some cases of over reaction within the media.

Finally, “the EU considers it should improve its capacity to make its own judgements on risk assessment”, the Director General said, in order to avoid that member states go ahead with independent, un-coordinated responses in the organisation and delivery of healthcare. This represented a fundamental weakness in EU pandemics preparedness.

Concluding her overview, Testori Coggi was optimistic about the lessons learnt. “The ministers have said that they want an EU level framework programme”, she informed, “aimed at



improving Europe's response to a future outbreak". This proposal, "for a new regulatory framework that will cover the entire area of preparedness" is already underway, the Director General said, demonstrating that the EU was taking the lessons of 2009 to heart.

### The unpredictability of the pandemic threat

However, whilst agreeing that improved EU level response mechanisms were an important new tool for handling the pandemic threat, **Dr Michael Kunze**, Director of the Institute of Social Medicine at the Medical University of Vienna, introduced a note of caution to the discussion. Using the case study of his native Austria's response to the H1N1 outbreak, Kunze warned that when you are dealing with pandemics, "things rarely go according to plan".

A key problem, according to Kunze, was that "this was completely different from any other influenza we had previously encountered". Describing how the disease had defied expectations by emerging from Central America, and not South East Asia as previously predicted, he detailed the shock of the medical community as the crisis escalated in 2009.

"Never had we had such an influenza, with such a wide spectrum of clinical features", he said, pointing out that the virus was unexpectedly targeting an unusual segment of the population including young people and pregnant women. The resultant outbreak "stretched our public health services and preparedness to the upmost", whilst simultaneously shattering Austria's pre-crisis optimism about its ability to cope, with the country's vaccination uptake barely reaching 5% of the population. Kunze referred to the Austrian government's choice for cell culture vaccines as this state-of-the-art technology has clearly important benefits in a pandemic situation such as speed of production. "The number one lesson is that influenza is unpredictable", he concluded.

The severity of the crisis was however challenged by some participants, with **Marina Yannakoudakis**, member of the European Parliament's Committee on the Environment, Public Health and Food Safety, asking some tough questions about the response. Citing the UK Parliamentary assessment that was a "mild" outbreak, Yannakoudakis expressed the opinion that "people were over-reacting, politicians were over-reacting. The press had a hay-day, but were the hospitals full? The answer is, no". Whilst not disregarding the likelihood of a future threat, the MEP asked participants to consider if the European political reaction to the H1N1 outbreak had been overly influenced by a "flu-mania", which was counter-productive to a rational decision process about the level of danger from the pandemic.

Answering these concerns from the perspective of an international organisation, **Susanne Weber-Mosdorf**, Assistant Director-General of the World Health Organization (WHO) emphatically disagreed with this assessment. The point, she said, was not that the disease could be judged to be "mild", but that "this was a full blown-pandemic", affecting the entire world simultaneously. The scale and pace of the crisis exacerbated the tension caused by H1N1 in the international health system, and constituted a genuine threat.

In this regard, she continued, "for the WHO and the members of the WHO, this was the ultimate stress test of the new International Health Regulations", the response framework created in 2005 in the aftermath of previous pandemic outbreaks. Whilst acknowledging that the response may have seemed exaggerated to outside onlookers, the global pandemic preparedness plan reflected "a mindset for the severe", a result of the slow response to avian influenza, a far more lethal virus.

Overall, she continued, the WHO was satisfied that the International Health regulations had proven effective, especially in allowing the rapid dissemination of research findings, but "there were also things that did not go well". Judging the speed of the international response, Weber-Mosdorf went on to ex-

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plain that the difficulties of coordination extend beyond political agreements. “It’s a challenge to communicate in real-time on these issues, with all these different networks informing and communicating”, she said. The problem in this context is not too little advice, but too much, threatening to overwhelm laymen and politicians alike. This confusion is a serious problem for Europe’s coordinated pandemic response ambitions.

Finishing on the issue of unpredictability, the Assistant Director-General advocated a state of alertness in international health systems. “Knowing that you can’t predict what will happen next, that we can’t tell if it will be severe or not, we must build resilience in public health systems and invest in the trust of public responses”, she concluded.

### The practical challenges of vaccination procurement

The question of vaccination then came under examination, with **Dr Kevin Kelleher**, Assistant National Director for Health Protection in the Health Service Executive (HSE) of Ireland, describing his experiences of the 2009 crisis as a medical practitioner. “It was a very hard time for the core public health staff. Trying to find cases, securing contacts, and seeking containment”, he said, but in the end, “this was a crisis our health service stood up for”.

Describing the decision to carry out a country-wide vaccination campaign, Kelleher outlined the scale of the effort to vaccinate Ireland’s population. “In six weeks we put in place a system that was vaccinating 60-70,000 people per week, which was a massive commitment – and this went on for five months,” the doctor said. However, he also mirrored the concerns of other participants that vaccine procurement had been difficult during the crisis.

Picking up on this point, Giles Merritt called for the opinions of industry experts in this area, asking them the simple a ques-

tion, “do we have an agreed transport and pricing structure for Europe that could make this easier in future?”

**Sandra Gaisch-Hiller**, Senior European Affairs Manager for Corporate & European Government Affairs at GlaxoSmithKline (GSK), took up the call, outlining how her company structured its vaccine procurement contracts for member states during the crisis. GSK, she explained, had “a simple price rule. We had one price, and it was adjusted to WHO specifications based on individual countries’ GDP”. Contrary to concerns about smaller countries being unfairly “priced-out” of the market, this system did not depend on volume, because you cannot

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*“Knowing that you can’t predict what will happen next, that we can’t tell if it will be severe or not, we must build resilience in public health systems and invest in the trust of public responses.”*

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let this adjustment be a punishment for smaller countries”, she continued. Reflecting on the Council of Ministers request for a common mechanism, it was suggested

that this template “provides a system for applying joint procurement, for negotiating with several member states in future”, she concluded.

However, common procurement agreements alone cannot necessarily cope with the scale of the pandemic threat in Europe, **Toon Digneffe**, Director for Government Affairs and Public Policy at Baxter, cautioned. Calling for a realistic understanding about Europe’s capacity to produce vaccines, Digneffe stated bluntly that, “there was not enough vaccination capacity, not enough to go around”, in 2009. This deficit is directly linked not to preparedness or political agreement, but to market factors, he warned. “The fundamental basis of vaccine production is seasonal production, and this is where the limitation lies”. If seasonal uptake declines, companies such as Baxter cannot maintain the scale of production European governments will demand in the next crisis, he affirmed.

Kevin Kelleher agreed, pointing out that “routine seasonal flu uptake rates are very, very poor across Europe”. Citing an av-





average seasonal vaccination rate of just 20% in Europe, he expressed the belief that increasing the annual uptake of flu vaccines would serve the dual purpose of increasing basic population health and laying the basis for a more robust industrial capacity to produce such medicines.

Clearly, Susanne Weber-Mosdorf added, Europe needs to think more carefully about how it maintains its capacity to produce vaccines. "It's important to talk in a rationally about ways to increase seasonal vaccinations", she said, and this effort will need to include political, health and commercial actors. Overall, "there is also a need for a "balance of power" between the national governments and the pharmaceutical companies in the prime of a crisis", she concluded.

### The next crisis - future response priorities for Europe

With participants in agreement as to the core requirements of the future response to a pandemic threat, some remaining concerns about the direction of Europe's emerging pandemic response architecture were now expressed. **Jean-Claude**

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*"One interesting thing was that in Ireland, quite early on, politicians noticeably stepped back, meaning that this was primarily an official-led response."*

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**Manuguerra**, Head of the Urgent Biological Intervention Unit at the Institut Pasteur in France outlined his fears about the "top-down" structure being proposed by the European Commission. "When I hear about EU centralisation and directives for the next pandemic, I am worried". Citing the French experience, he described how a centralised response meant that "there was such a gap between health experts and the medical community, such as GPs, and we can see that having something more centralised could be rather frightening".

Responding to this concern, Paola Testori Coggi assured participants that "the pandemic threat has not been politicised".

Whilst the Commission intends to respond to the request of the Council Ministers robustly, it will continue to advocate an expert, not politician-led, response, she added. Kevin Kelleher agreed with this priority. "One interesting thing was that in Ireland, quite early on, \_\_\_\_\_ politicians noticeably stepped back, meaning that this was primarily \_\_\_\_\_ an official led response", he informed. This focus on medical officials must continue in future response planning, participants affirmed.

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*"Vaccination remains the best way of preventing the spread of a virus."*

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Continuing, Kelleher, whilst strongly advocating annual flu vaccinations, outlined a more controversial opinion about how to respond in future. "I am still concerned about the value of vaccination in a pandemic. It comes quite late. People have had it. I'm not 100% sure about this solution", he opined. This suggestion, questioning a fundamental tenet of Europe's future pandemic response mechanism, drew several responses from the room.

Michael Kunze, whilst acknowledging that the relative mildness of H1N1 would seem to support such a viewpoint, disagreed wholeheartedly with this conclusion. "We were lucky that antivirals worked in this crisis, but we cannot guarantee we will be so lucky next time", he asserted. Using the analogy of Vienna selling its fire engines because there had been no fires for two years, Kunze expressed the strong belief that "vaccination remains the best way of preventing the spread of a virus". Marina Yannakoudakis also agreed. "We got away with it [in 2009], we were lucky, it wasn't what people expected, but it will come our way soon", she said, supporting the view that with pandemics, every possible tool must be on hand.

A final issue raised was the growing sense of weariness in European publics to repeated pandemic scares. **Gerhard Sabathil**, Director for Strategy, Coordination and Analysis in the Directorate General for External Relations of the European Commission, pointed out that "there is a negative reward to effective

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flu treatment”. Each crisis requires the public to be educated about a particular virus, such as the highly communicable but symptomatically mild H1N1 flu, but repeated education efforts will diminish alertness amongst the public, he explained.

Kevin Kelleher elaborated, saying that “it’s very difficult getting non-health figures interested”. Exploring the natural tendency to overlook problems which are successfully managed, he pointed out that “preventing something does not get you anywhere near as much credit as curing it. You don’t notice when we’ve prevented something happening, so you don’t think it’s a problem”. The challenge of re-engaging the public must therefore be a priority if Europe is to optimise its response for the next crisis, the participants affirmed.

### Conclusion

As the evening’s discussion drew to a close, it was clear that many unanswered questions remained about the future of European pandemics preparedness. Whilst developments at EU level for the solidification of pan-European cooperation and the creation of a joint procurement mechanism point to positive lessons learnt, questions of unpredictability, industrial capacity and debates over the type of response that is required continue.

Despite these uncertainties, it was also clear that a future pandemic represents a serious danger for Europe. **Octàvia Frotà**, Senior Advisor at Conrad International, asked participants to consider “how much of your preparedness and planning emphasises the protection of critical services and infrastructure?” As a future pandemic could threaten economic productivity, as well as seriously endanger millions of lives, the need to secure the personnel and resources for handling a pandemic in advance was made clear. “What has been presented here tonight is a supply chain of solution providers, which in my opinion

needs to be protected in order to contain a pandemic”.

Summarising, Giles Merritt told participants that “these fully fledged pandemics haven’t ignited the public or political imagination”, leading to a sense of apathy across Europe on pandemics preparedness. Yet the threat is very real, leading to “the sense of a complex global society sitting under a Damoclean sword”, Merritt concluded.

Given this danger, the participants agreed that only through the informed and proactive cooperation of politicians, health practitioners and industry experts, can Europe be protected from the pandemic threat.



## List of participants

**Albena Arnaudova**

*Communications Advisor*  
World Health Organization (WHO)

**Henrik Crüger**

*Senior Vice President*  
CompuGroup Medical

**Sarada Das**

*Assistant to the Secretary General*  
Standing Committee of European Doctors (CPME)

**Toon Digneffe**

*Director, Government Affairs & Public Policy*  
Baxter

**Octávia Frota**

*Senior Advisor*  
Conrad International

**Sandra Gaisch-Hiller**

*Senior European Affairs Manager*  
Corporate & European Government Affairs  
GlaxoSmithKline (GSK)

**Andrea Ghianda**

*Project Manager*  
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**Kevin Kelleher**

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Health Service Executive (HSE), Ireland

**Michael Kunze**

*Professor*  
Institute for Social Medicine  
Medical University of Vienna

**Jean-Claude Manuguerra**

*Head, Urgent Biological Intervention Unit (CIBU)*  
Institut Pasteur

**Pauline Massart**

*Senior Manager*  
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**Giles Merritt**

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**Adam Nyman**

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Europe's World

**Vukašin Ostojić**

*Account Executive*  
GPlus Europe

**Gerhard Sabathil**

*Director, Strategy, Coordination and Analysis*  
European Commission  
Directorate General for External Relations

**William Stanbury**

*Vaccinologist & Researcher*

**Paola Testori Coggi**

*Director General*  
European Commission  
Directorate General for Health and Consumers

**Manuela Tudosia**

*Advisor*  
Polit Bureau International

**Susanne Weber-Mosdorf**

*Assistant Director General*  
World Health Organization (WHO)

**Marina Yannakoudakis**

*Member*  
European Parliament  
Committee on the Environment, Public Health and Food Safety

Baxter International Inc., through its subsidiaries, develops, manufactures and markets products that save and sustain the lives of people with hemophilia, immune disorders, infectious diseases, kidney disease, trauma and other chronic and acute medical conditions. As a global, diversified healthcare company, Baxter applies a unique combination of expertise in medical devices, pharmaceuticals and biotechnology to create products that advance patient care worldwide.

In the field of vaccines, Baxter’s Vero cell technology has been used to develop vaccines effective against influenza strains H1N1v, H5N1v and seasonal influenza, with further vaccines in development, including against Lyme and Ross River fever. Baxter’s marketed vaccines also include products effective against meningitis C and tick-borne encephalitis.

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# SECURITY & DEFENCE AGENDA



The Security & Defence Agenda (SDA) is the only specialist Brussels-based think-tank where EU institutions, NATO, national governments, industry, specialised and international media, think tanks, academia and NGOs gather to discuss the future of European and transatlantic security and defence policies in Europe and worldwide.

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Building on the combined expertise and authority of those involved in our meetings, the SDA focuses on how EU and NATO policies can complement one another, in areas as varied as missile defence, cybersecurity and transatlantic defence industry.

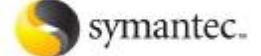
By offering a high-level and neutral platform for debate, the SDA sets out to clarify policy positions, stimulate discussion and ensure a wider understanding of defence and security issues by the press and public opinion.

SDA activities include roundtables, evening debates, press dinners and lunches, International Conferences and discussion papers and special events.





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