

Is the EU prepared for a pandemic flu?



SDA DINNER DEBATE
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Rapporteur: John Chapman

Organised with the support of BAXTER

CONTENTS:

<u>PROGRAMME OF THE DAY</u>	<u>P. 3</u>
<u>EXECUTIVE SUMMARY</u>	<u>P. 4</u>
INTRODUCTION AND GUEST SPEAKERS	P. 5
THE DEBATE	P. 7
<u>LIST OF PARTICIPANTS</u>	<u>P. 13</u>
<u>ABOUT THE SDA</u>	<u>P. 15</u>

IS THE EU PREPARED FOR A PANDEMIC FLU?

How prepared are we? How do we increase country capacity in surveillance, early detection, diagnosis and response? How can Europe help countries at strong risk as well as those with under-developed response mechanisms? What gaps are there in current vaccine production capability and the expected demand during a pandemic? What impediments are there in terms of licensing requirements? What can we learn from preparing for a pandemic flu that will prepare us in the event of a bioterrorist attack?

On December 13, the SDA hosted a small group of high-level European health policy officials and security experts for a dinner debate examining EU preparedness. These on-the-record dinners allow free-flowing discussion around the table for 20 to 30 participants to exchange views and ideas.

GUESTS OF HONOUR:

ROBERT MADELIN, DIRECTOR GENERAL FOR HEALTH AND CONSUMER
PROTECTION AT THE EUROPEAN COMMISSION

AND

ANGUS NICOLL, COORDINATOR FOR INFLUENZA AT THE EUROPEAN
CENTRE FOR DISEASE CONTROL

MODERATOR: IAN ABBOTT
Deputy Military Representative, UK Permanent Representation to the EU

13 December 2006
at the Conrad Hotel

EXECUTIVE SUMMARY:

Is the EU prepared for a pandemic flu?

During a wide-ranging debate, many speakers focused on the need to prepare for pandemics – and bioterrorist attacks - at all levels: international, national, regional and local. Hitting a positive note, the European Centre for Disease Prevention and Control's Angus Nicoll described Europe as being much more prepared than in 2005. A place was seen for central coordination and DG SANCO's Robert Madelin argued that business continuity was the key, with the impact of a pandemic making it an issue that went far beyond the realms of healthcare.

The possibility of the central stockpiling of vaccines was a subject of much discussion, but the problem of local delivery remained unanswered. Also unsolved was the responsibility for financial support, with little sign of the EU Member States being willing to contribute to a central fund. Speaking for those Member States, the Netherlands Permanent Representation to the EU's Jos Draijer wanted a legal basis to act in this area to be enshrined in a new treaty. That would move Europe closer to its citizens. As for the Commission's proposal on stockpiling, he could not see the benefit over the existing national efforts. Nevertheless, there was an overall consensus that vaccine development and deployment are critical elements of pandemic influenza preparedness. Baxter's Otfried Kistner explained that cell culture vaccines offer some unique benefits for public health such as the fast and secure availability of pandemic vaccines.

On a practical point, both Madelin and the WHO's John Martin called for all Member States to have someone in place to coordinate efforts. The work had to be associated with a visible face. Germany's Permanent Representation to the EU's Frank Niggemeier said its Presidency would be focusing on bringing added-value to national and international efforts. He wanted the EU Member States to transmit the same message. That meant working together, as there were both "responsibilities and wisdom" to be shared.

Sharing was the theme of the debate. Information, expertise, best practices – all had to be pooled. Moderator Ian Abbott, from the UK's Permanent Representation to the EU, reminded the group that the public could not be ignored, especially when it came to a debate on priority access to vaccines. Finally, although innovative solutions were said to be thick on the ground, it was not clear who would be providing the funding to protect those same citizens. There was much work to be done.

Introductions and guest speakers



Ian Abbott, UK Permanent Representation to the EU

Ian Abbott, Deputy Military Representative at the Permanent Representation of the UK to the EU, introduced the debate by looking at post 9/11 scenarios and the links between bioterrorism and infectious diseases. He placed his focus on the resulting impact and concluded that it was not useful to look at various scenarios, but rather on the effects of bioterrorist attacks and outbreaks of infectious diseases. While attacks could cause infrastructure breakdowns, Abbott noted that the so-called “white powder” attacks, post 9/11, had also caused mental and psychological damage that could last for a considerable time. Turning to the EU, he had seen the varying reactions of the Member States to outbreaks such as foot and mouth. Abbott therefore asked the panel to consider what had been learnt in recent years and to comment on the overall level of preparedness.

“We need to explain to the public who will receive vaccines, we need a dialogue and we need an education programme.”

Ian Abbott

Making the first keynote speech, the European Centre for Disease Prevention and Control's (ECDC's)¹ Coordinator for Influenza, Angus

¹ The European Centre for Disease Prevention and Control is an EU agency that has been created to help strengthen Europe's defences against infectious

Nicoll, listed “prevention” as his organisation's *raison d'être*, adding that the Centre worked 24/7 on this objective. Describing the Commission as a driving force, Nicoll said the ECDC had been set up in record time. There had been good coordination from the Member States, Iceland and Norway, even though the threat of a flu pandemic had not yet materialised. Nicoll described a report on Europe's preparedness as “forward looking”. It would show that Europe was “much more prepared than in 2005” and Nicoll saw this as a “fantastic effort”.

“Innovation is blooming and the ECDC's report will show the possibilities for good practice sharing and the stimulation of ideas.”

Angus Nicoll



Angus Nicoll, ECDC

Noting that the Office of the United Nations System Influenza Coordination (UNSIC)² had been created in order to react to national, regional and global challenges related to influenza, Nicoll said that it was no longer just a health problem. A pandemic could have an

diseases, such as influenza, SARS and HIV/AIDS. (<http://www.ecdc.eu.int/>).

² The office of the UN System Influenza Coordination (UNSIC) has been created within the UN Development Group to help ensure that the UN system responds to national, regional and global challenges in relation to influenza. (<http://www.undg.org/content.cfm?id=1482>).

impact on the very fabric of society itself. In terms of combating the threat, Nicoll saw a permanent role for central coordination even if the actual work was conducted at regional levels. However, Nicoll had concerns, primarily in relation to the different solutions being proposed by the various Member States. He argued that such fragmentation could have damaging effects.

Nicoll concluded by saying that delivery of the proposed solutions would be a problem but that there was no shortage of innovative approaches. The forthcoming report would show the possibilities for good practices to be shared and for the stimulation of ideas across Europe.



Robert Madelin, European Commission

DG SANCO's Director General Robert Madelin looked back at events since the summer of 2005 and ahead to the challenges facing Europe. Madelin defined the last 18 months as a "rapid and encouraging" learning process. An initial reluctance to talk about problems had been replaced by multilateral cooperation that had brought new funding and fresh initiatives.

Madelin reasoned that there was a new momentum in the EU-27, backed by the ECDC, and that this had brought positive pressure to the situation. He also argued that business continuity was the key, as companies now realised there was a whole spectrum of possibilities that stretched from bio-terrorist attacks through to pandemics. Referring to the forthcoming ECDC report on national pandemic preparedness as the result of a joint learning process, Madelin said that Spring of

2007 would see a Green Paper on the subject of bioterrorism preparedness.

We are not making adequate insurance for a catastrophe.

Robert Madelin

Turning to the challenges, related to pandemics and other potential disaster scenarios, Madelin described three of the main ones:

- *Practice vs. theory*: it was essential that plans were based on reality, with someone directly responsible to take the necessary actions.
- *The importance of coordination*: although the Member States were willing to work together, the level of cooperation was still insufficient; Madelin wanted "networked governance", and by this he meant experts coming together, rather than a transfer of power to the centre. However, the issue of funding was still an open issue.
- *Ethical decisions concerning priority of supply*: the real challenge was defined as "social continuity", practical plans had to be in place to ensure continuity of essential services – electricity, food supplies, etc. - in the event of a pandemic. Another key question concerned the supply of vaccines, which group of society would have a priority access to vaccines? Madelin wanted a debate so that people were aware of the risks.

Baxter's Senior Director R&D Viral Vaccines, Otfried Kistner, explained that his organisation is actively contributing to a better preparedness in the case of a flu pandemic. He described Baxter's approach as being innovative as it was based on a "cell culture" system as opposed to the traditional egg production technology. Kistner noted that the advantage of the cell culture technology is the independence of hens' eggs, which would not be available during a pandemic, and the short delivery timelines of the vaccine. Baxter could, therefore, with its available industrial capability, produce millions of doses of vaccines in a fast and secure way.

“A key is that Baxter has the industrial ability to produce millions of cell culture vaccines.”
Otfried Kistner



Otfried Kistner, BAXTER

He also stated that the company was in discussion with several governments in regard to advance purchasing agreements – to be used in the event of a pandemic. Together with the ongoing H5N1 clinical trials and the stockpiling initiatives, Kistner's message was that Baxter could be a key player in the fight against pandemics.

The debate

THE LEVEL OF PREPAREDNESS



John Martin, WHO

The World Health Organisation's (WHO's) Brussels Office Director, John Martin, argued that the potential impact on Europe would undoubtedly start outside of Europe. Looking at the global situation, Martin described the achievements to-date. These included:

- A global action plan: for both animals and humans
- An increasing capacity to reduce human exposure to the virus
- An early warning system (that was in need of strengthening)
- The ability to rapidly mobilise expertise, from nations, the WHO and the ECDC
- An increasing capacity to actually deal with pandemics
- A scientific agenda that contained many issues
- International Health Regulations (IHR) have been revised so that all countries have to develop a national focal point³

³ A revision of the International Health Regulations, referred to as IHR (2005), was unanimously adopted in May 2005 by the World Health Assembly and these Regulations are scheduled to enter into force in June 2007.

In respect to the last point, Martin noted that Belgium had already started in developing its national response. While there was a lot to be done, he was confident about the existing road map. Martin argued that the WHO was successfully bringing different cultures together.

“The WHO is bringing different cultures together in the face of pandemics.”

John Martin

The visible part of Belgium's response was present at the debate in the form of Piet Vanthemsche, the Belgian Interministerial Commissioner for Influenza. He said Belgium was making plans for preparedness in the face of a pandemic and initial results showed that after 100 days, 2% of the population were expected to die while 35% would be ill. Vanthemsche saw the need to deal with the perception of risk. He argued that too many plans were focussed on containment. That was not feasible and the plans should be focussed on continuity over a 100-day period. Vanthemsche called for coordination on three fronts:

1. *Vertical coordination*: defined as federal, regional, local and national, Vanthemsche wanted flexibility via a strong centralised approach backed by effective local decision-making and effectiveness.
2. *Horizontal coordination*: it was not just a public health matter, as there was a need to coordinate many different departments - there was a communication problem and that had to be overcome.
3. *Scientific coordination*: this was defined as including veterinary officers, human health practitioners, specialists in ethics, etc. Vanthemsche saw a major ethical problem in the management of a pandemic and effective dialogue was essential.



Piet Vanthemsche, Belgian Ministry of Health

EUROPE'S ROLE, FUNDING AND THE DIFFICULTIES FACED

John Oxford, Professor of Virology, Centre for Infectious Diseases, St Bartholomew's and the Royal London School of Medicine and Dentistry, reasoned that it was a matter of finance. Like the US, Europe could take the lead and produce a stockpile of vaccines, if funding existed. Oxford reminded the group that it was a global disease. Half of the stockpile, once produced, could be used to fight the virus when it was first detected. In that way, the disease would be stopped before it could have a major impact.

“The EU has a chance to lead the world.”

John Oxford

Abbott thought that there were several delicate issues. The first one being that the potential funding was in the hands of national treasuries. That meant fierce competition for funding and, here, Abbott argued that casualties of war were long remembered while people that were struck down by a pandemic, such as the one of 1918⁴, tended to be forgotten.

⁴ The influenza pandemic of 1918-1919 killed more people than the Great War (known today as World War I), at somewhere between 20 and 40



John Oxford, St Bartholomew's & the Royal London School of Medicine & Dentistry

Christian Sommade, Délégué General, Haut Comité Français pour la Défense Civile, stressed the importance of experience, of knowing how people would react in the event of a crisis. His team was working on increasing the capacity of people working at a local level. Sommade was also concerned about scientific research and, there, he thought that Europe could make a huge difference. In his view, the key to success was examining what was required at each level – European, national, regional and local?



Christian Sommade, Haut Comité Français pour la Défense Civile

Nicoll reasoned that it would be difficult for Germany taking over the EU Presidency, as the new Member States would have to be

million people. It has been cited as the most devastating epidemic in recorded world history. More people died of influenza in a single year than in the Black Death Bubonic Plague from 1347 to 1351. Known as "Spanish Flu" or "La Grippe" the influenza of 1918-1919 was a global disaster. (<http://virus.stanford.edu/uda/>).

brought up to speed. Looking at the effects of a pandemic, Nicoll said that basic questions would have to be both asked and answered; such as could bread be delivered and could hospitals be restructured in order to deal with the flood of pandemic victims? At the time of the Severe Acute Respiratory Syndrome (SARS)⁵ outbreak, epidemiologists had made insufficient use of shared data, although the situation had improved. As for stockpiling vaccines, that had to be combined with local delivery within 24 hours otherwise the results would be useless. Nicoll also reminded the group that the next pandemic might not be the one that had been expected.

Sommade stressed the need for leadership, trust, confidence and, above all, preparedness. There was a need for a EU-wide preparatory programme. Sommade wanted the EU to be pro-active and to involve its citizens.

“We need to be pro-active in order to get citizens involved”

Christian Sommade

Jos Draijer, Minister Counsellor, Health, Welfare & Sports, Permanent Representation of the Netherlands to the EU, was unsure about the benefit of a EU-wide programme as the Netherlands, for example, already had 100% vaccine coverage. He regretted the lack of a legal basis for taking action in this field. As for stockpiles, he was against the Commission's proposals for a number of reasons:

- The threat was global, not European
- There was no legal basis to ask Member States to contribute to any programme
- The creation of a EU-wide stockpile would take away the need for the newer Member States to get organised in order to meet the effects of a pandemic

⁵ SARS was recognized at the end of February 2003. WHO co-ordinated the international investigation with the assistance of the Global Outbreak Alert and Response Network and worked closely with health authorities in the affected countries to provide epidemiological, clinical and logistical support as required.

In conclusion, Draijer argued that the need to react at the community level was necessary and that this kind of action should be enshrined in a new treaty that was required as the majority of citizens, certainly in the Netherlands and in France, were pro-Europe. So a legal basis to act was required, and this would bring the community closer to the citizens as well as allowing the EU to become a major player at the global level.

Madelin commented that if the Member States did not want to support the stockpiling initiative, the Commission would not be forcing the issue. However, he was concerned about the lack of money being put on the table by Member States. At the time they had rejected central stockpiling, Madelin had not heard the Health Ministers offering to fund any alternative Commission proposals. He termed this reaction as “not adequately insuring for a catastrophic event”. Madelin could not understand this as there was huge “social capital” to be gained from solving such problems.

THE GERMAN PRESIDENCY'S PLANS



Frank Niggemeier, Permanent Representation of Germany to the EU

Frank Niggemeier, Health Counsellor, Permanent Representation of Germany to the EU, looked at the problem from his country's viewpoint and the German Presidency. With 80 million citizens, some sub-national structures were vital. For example, the largest region – North Rhine Westphalia – has 17 million citizens, more than many of the EU Member States combined. A region of that size had to have programmes in place to

organise healthcare and pandemic preparedness.

However, Niggemeier also saw the need for centralisation and for close cooperation with the WHO and the ECDC. Turning to efforts at the EU level, he said that the German Presidency would be focusing on adding value to work done at the national and international levels. Personally, Niggemeier had not been convinced about the benefit of European stockpiling, especially in regards to the problems of local delivery. Instead, he listed the areas where Germany would be placing its priority:

- Agreeing the mandate for the Health Security Committee⁶ (HSC) – as the coordination of Member States (their “responsibilities and wisdom”) was vital
- Implementing the International Health Regulations (IHR) at both national and international levels

Here, Niggemeier added that the rejection of the EU's suggestion on stockpiling did not mean that the various Member States could not work together. He wanted them to focus their energies and to send out a common message. As an example, Niggemeier said that simply advising people not to shake hands would reduce the impact of a pandemic by 50%⁷. As another example of cooperation, he called for passenger flight details to be made available to the public health sector in the event of health matters of international concern, i.e. as related to the SARS outbreak and the spread of infection by airline passengers.

“Just because the Member States rejected the idea of European stockpiling, it does not mean that they cannot help each other

Frank Niggemeier

⁶ The mission of the HSC is to contribute to strengthening the capability in the EU of preparedness and response to public health threats, focusing on health security issues.

⁷ Oxford immediately disagreed, stating that this statement could not be supported by scientific facts.

THE NEED FOR MORE FREQUENT COOPERATION



Ted Whiteside, NATO's WMD Centre

Ted Whiteside, NATO's Head of the Weapons of Mass Destruction Centre, said the Alliance was working on skill sets and the need to integrate the various medical centres of expertise into crisis management exercises. He focused on the need to make NATO Ambassadors more aware of the benefits to be gained from Member States working together. The results of the "Black Ice" exercise had shown that more frequent meetings and a greater level of coordination were required.

Deborah Kanarek, Environment, Science Technology & Health Officer, US Mission to the EU, said the US had spent \$1 billion on creating "silver bullet vaccines." There were plans to create 300 million doses of vaccine but she warned that these were long-term. In addition, Kanarek said that \$100 million had been spent on assisting states to develop crisis plans and that a further \$250 million was being allocated to conducting exercises at both state and regional levels. One benefit had been that healthcare professionals and government officials were now talking to each other. Kanarek concluded that more money and more international coordination were required as there was much work to be done.

“There is not enough international coordination and not enough funding being provided.”

Deborah Kanarek

Nicoll agreed that better coordination would be beneficial as it was pointless having the same discussion 27 times, instead of at the community level. Using Belgium as a positive example, Nicoll said that each Member State needed to have someone playing the role undertaken by Vanthemsche. Nicoll also stressed the need for international cooperation and called for an increasing number of international exercises to be undertaken.

IN CONCLUSION – MORE COOPERATION, MORE COLLABORATION, MORE DIALOGUE

Drawing the debate to a close, Abbott drew one obvious conclusion. That was the need for more coordination between all the interested parties (at national, international and supra-national levels). He focussed on areas where more efforts were required, listing the need to:

- Make more use of shared information and expertise
- Put a greater focus on risk management
- Be aware of the reactions of different cultures
- Share national best practices on an international level
- Reach a greater level of preparedness

Abbott stressed the need for a dialogue with the public. Europe's population had to be educated about the medical, mental and psychological aspects of the inherent dangers of a pandemic. He also argued that a public information campaign was vital and that had to include a discussion about which sectors of the population would receive priority access to the vaccines. Studies were also required but he was concerned that some modelling and forecasting techniques were not sufficiently reliable. Overall, Abbott felt the debate had only scratched the surface of the topic and he called for further follow-up from the SDA and other bodies.



Moderator Ian Abbott and Geert Cami of SDA



Mingling before the dinner



Guest of Honour Robert Madelin of the European Commission



The WHO's John Martin and the Centre of Infectious Disease's John Oxford



Participants at the SDA Dinner Debate



Guest of Honour Agnus Nicoll of the ECDC chats with NATO's Ted Whiteside



The Netherlands's Jos Draijer and France's Jean-Baptiste Brunet



Ostfried Kistner and Toon Digneffe talk to Robert Madelin

List of Participants, 13 December 2006

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John Chapman Rapporteur	Security & Defence Agenda
Patrick Chow-In Ko Director, Division of Health Affairs	Taipei Representative Office in Belgium
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Belgian Ministry of Health

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Stefan Zollar and Gen Harald Kujat



Günter Verheugen and Karl von Wogau



Vecdi Gönül and Jaap de Hoop Scheffer

BUILDING ON THE COMBINED EXPERTISE AND AUTHORITY OF THOSE INVOLVED IN OUR MEETINGS, THE SDA GIVES GREATER PROMINENCE TO THE COMPLEX QUESTIONS OF HOW EU AND NATO POLICIES CAN COMPLEMENT ONE ANOTHER, AND HOW TRANSATLANTIC CHALLENGES SUCH AS TERRORISM AND WEAPONS OF MASS DESTRUCTION CAN BE MET.

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.

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PROTECTING EUROPE – INTERNATIONAL CONFERENCE – SPRING 2006



Franco Frattini talks to Giuseppe Orsi and Denis Ranque at SDA's annual security conference



Atlantic Rendez Vous transatlantic satellite debate organised in conjunction with SDA's event

THE SECURITY & DEFENCE AGENDA WOULD LIKE TO THANK ITS PARTNERS
AND MEMBERS FOR THEIR SUPPORT IN MAKING THE SDA A SUCCESS



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Mission of the US to NATO

Delegation of the Netherlands to NATO

Ministry of National Defence, Turkey

Centre for Studies in Security and Diplomacy
University of Birmingham

A *Security & Defence Agenda* Roundtable Report

Rapporteur: John Chapman

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