

Progress made since 2010 Joint Declaration

## **Priority Area 2: Health Security**

### **RATIONALE**

Presently, the 53 Member States of the WHO European Region possess wide variation in surveillance capacity and practices. While progress has been made in standardizing surveillance methods in coordination with the European Centre for Disease Prevention and Control (ECDC), significant work still remains to be done to help Member States to build strong national and regional systems for disease surveillance, monitoring and evaluation in some areas, as well as to strengthen alert and response core capacities. Addressing the challenges presented by communicable diseases, public health emergencies, pandemic preparedness, emerging conditions including antimicrobial resistance, multidrug and extensively drug resistant tuberculosis, and diseases resulting from environmental change, would benefit from targeted regional collaboration and coordination between WHO/Europe and the European Commission (EC).

### **1. KEY PROGRESS MADE SINCE 2010**

**1.1. Develop a uniform surveillance and alert system (with same definitions, methods, etc. for data collection and analysis):** Regular exchange of information is ongoing between WHO/Europe, the EC, and ECDC when actively participating in trainings and workshops on surveillance topics in Member States. Joint missions between the EC/WHO/ECDC have resulted in increased common understanding and messaging to Member States.

Data collection has been harmonized/coordinated in some areas, such as:

- WHO/Europe and ECDC have conducted joint HIV/AIDS surveillance in both EU/EEA and non-EU countries in the WHO European Region in 2008. The surveillance data is presented and analysed in a joint annual report. In addition the use of a common regional HIV/AIDS monitoring and data collection tool by WHO, UNAIDS, UNICEF, and ECDC (Global AIDS Response Progress Reporting GARPR) has reduced the amount of information requested from countries and harmonized processes, timelines and indicators in Europe and globally. WHO/Europe and ECDC have joint TB data collection, which collects data from Member States using harmonized TB data in both EU/EEA and non-EU countries in the WHO European Region. The surveillance data are presented in a joint annual surveillance report, presenting a unified approach and messaging to Member States on TB in the region. Since 2012 on biennial basis, the joint report covers not only surveillance data but also a monitoring report, providing an overview of progress on TB control in the WHO European Region and the EU/EEA.
- This season, WHO/Europe and ECDC have launched a joint weekly influenza bulletin based on the joint collection and analysis of weekly surveillance data for

influenza. The data is published on a weekly basis during the influenza season on a common interactive platform [www.flunewseurope.org](http://www.flunewseurope.org).

- ECDC shares on a monthly basis measles and rubella data collected from the EU/EEA countries; a common WHO/ECDC data collection form is used; WHO/Europe and ECDC cases definitions for measles and rubella have been also partially harmonised. WHO/Europe and ECDC have mapped out the surveillance systems for congenital rubella in EU/EEA countries and other selected countries.
- Based on examples above, the Commission, the ECDC and WHO/Europe have tried to focus on a joint surveillance system, through jointly analysing the advantages, challenges and solutions for the establishment of a uniform, effective, and efficient communicable disease surveillance system throughout the region based on common definitions, protocols, and IT platforms.

**1.2. Support countries to join information platforms on epidemic intelligence and response:** WHO/Europe and the EC developed an Information Sharing Protocol (ISP) for health crisis situations in EU/EEA countries – e.g., sharing communication materials and key messages from both organizations with Member States.

**1.3. The Decision 1082/2013/EU** on serious cross-border threats to health has helped to align the EC's work with the International Health Regulations (IHR) as well as WHO/Europe's "all-hazards" approach to preparedness. This means that the two organizations will have a common approach and advice towards Member States with regards to scope of work and preparedness activities. The decision also led to closer collaboration between the EC and WHO/Europe on environmental, man-made or climate change-related and chemical hazards. Further support should be developed to improve preparedness and response capacity, including on climate change, case definitions for chemical events or mutual participation in simulation exercises.

**1.4. Ebola VD outbreak response:** WHO/Europe and the EC closely collaborate on the assessment and response to the Ebola outbreak in Western Africa and on scaling-up preparedness in Europe. Senior management of WHO/Europe participated in the formal and informal meetings of the Council of Ministers and in the meetings of the European Parliament related to the EVD outbreak. Coordination of the assessment and response to the outbreak is coordinated through the regular meetings of the EC Health Security Committee. Particular areas addressed jointly included medical evacuations of Ebola-infected medical staff deployed in Western Africa, assessment of exit screening policies and practices in the affected Western African countries, joint assessment of Ebola preparedness in all 53 Member States in the WHO European Region and joint risk communication focusing on policy makers, public health authorities and the general public. Collaboration on the global Ebola response also includes the deployment of ECDC senior epidemiologists and EPIET trainees to Guinea through the WHO GOARN mechanism.

**1.5. Assess and improve response systems, and communication on major public health events:** WHO/Europe, the EC, and ECDC have agreed on common Standard Operating Procedures for sharing information on health events that could become major health emergencies or lead to increased media attention.

WHO/Europe and the EC/ECDC are collaborating on several key awareness raising activities and campaigns, such as World Health Day, the annual European Antibiotic Awareness Day, WHO/Europe's "SAVE LIVES: Clean Your Hands" campaign, World AIDS Day, World TB Day, the European Immunisation week and Flu Awareness Day.

- 1.6. Increase coordinated efforts against the threat of antimicrobial and multidrug resistance:** WHO/Europe and the EC have conducted a number of joint missions to EU/EEA and EU enlargement countries to discuss AMR and issues related to healthcare-associated infections (HAI).

In 2013, WHO/Europe launched the Central Asian and Eastern European Surveillance on Antimicrobial Resistance network (CAESAR), which helps to build capacity for AMR surveillance and enables data comparison by using the common European Antimicrobial Resistance Surveillance Network (EARS-Net) methodology.

- 1.7. Support countries in TB control through joint country missions:** WHO/Europe and ECDC conducts joint country missions to review the national TB control programmes upon invitation by the EU/EEA Member States. The missions aim at highlighting progress and achievements in TB control, and to identify potential challenges, weaknesses and opportunities that can be used for strategic planning to improve the national TB control programmes.
- 1.8. Joint HIV country missions:** a joint mission on the rapid response to an emerging HIV epidemic among drug injectors was conducted.