

Conference of the Parliamentary Committee for Union Affairs of Parliaments of the EU, COSAC, organized by the German Bundestag 30 November 2020

Session II: *Lessons learned from the corona crisis – Cooperation in the EU in the event of pandemics and in health care*, taking place at 11.00 – 13.00

Check against delivery

ECDC Director's speaking points:

- Dear Chair, dear Delegation Members and staff, and representatives from the European Parliament, Commission and Council,
- Thank you for inviting me to this online conference of the Parliamentary Committee for Union Affairs of Parliaments of the EU to talk about the ongoing COVID-19 pandemic and its implications.

Overview of the epidemiological situation

- Allow me to start with a brief overview of the current epidemiological situation of COVID-19 in the EU, including the latest available data.
- As of 27 November 2020, 12 709 336 cases have been reported in the EU/EEA and the UK, including 311 529 deaths reported in the EU/EEA countries and the UK.
- Recently, we are seeing a beginning decrease in some of the parameters we are monitoring.
 - Regarding the 14-day case notification for the EU and EEA countries and the UK, by 22 November 2020, this rate was 549 (country range: 58–1 186) per 100 000 population, compared to 608 in the previous week's report.

Still, fifteen countries had notification rates higher than 500 per 100 000 during the week of reporting, compared to 18 countries in the previous week's report.

- The second parameter that appears to have started to decline is the overall test positivity for SARS-CoV-2 for the EU/EEA and the UK, although the positivity rate is still very high overall and in most countries.

- Two parameters to measure the severity are still increasing:
 - One is the 14-day COVID-19 death notification rate for the EU/EEA and the UK, that was 95 (country range: 2–227) per million population; an increase from 84 in the previous week's report.

The rate has been increasing for 72 days.

- The second parameter, the pooled ICU occupancy data from 18 countries for the week to 22 November show that there were 2.0 patients per 100 000 population in ICU due to COVID-19, which is 91% of the peak ICU occupancy observed in April; a continued increasing trend and up from 82% last week.
- The recent trends may be evidence that some, but not necessarily all, countries may have peaked. There is no indication that public health and social measures can start to be relaxed.

What tools and actions are provided by the ECDC for a cross-border fight against the pandemic?

- I would also like to mention some of the tools that our Centre has in place to tackle this pandemic and health threats, before moving on to some initial lessons learnt in light of COVID-19 and potential scenarios for the immediate and longer term future.
- ECDC collects detailed epidemiological data from the EU/EEA countries and the UK through the European Surveillance System (TESSy).
- Member States have a very active role in the operation of TESSy with submission of data, revision of the protocols and metadata and developing specific case definitions. They also receive early reports on epidemic intelligence data and forewarning about ECDC's risk assessments.
- Our Centre also operates the EU Early Warning and Response System (EWRS) where Member States notify alerts and share available information and data. Through epidemic intelligence, ECDC also collects early warning data and information from multiple sources across the world.

- Through its Epidemic Intelligence and Surveillance teams, the Centre is collecting the number of COVID-19 cases and deaths worldwide on a daily basis, based on reports from health authorities, in a comprehensive and systematic manner. We also provide detailed daily and weekly reports with maps and figures on the situation in the Member States, including a database of the response measures implemented.
- ECDC is working closely with the European Commission and is regularly participating in exchanges of views with other EU institutions such as the Council and the European Parliament.
- We participate actively in Health Security Committee meetings, and are also invited to attend the meetings of the Health Ministers as well as the Integrated Political Crisis Response, IPCR, meetings of the Council. We provide updates on the epidemiological situation and the evolution of the pandemic at EU but also at the global level.
- Throughout this pandemic, ECDC has been supporting the Member States by providing risk assessments and the scientific background necessary to help national authorities take complex decisions in unprecedented times.
- We are regularly updating our risk assessments and guidance documents.
- Since the beginning ECDC has replied to hundreds of requests and questions sent by the European Commission, the Member States and the public. The Centre has provided standard protocols for surveillance and testing approaches to the Member States and has produced several technical guidance documents to support preparedness and response activities.
- Our technical documents are also accompanied with relevant infographics and communication material (e.g. videos), which can be used by the Member States.
- At the international level, ECDC has been working very closely with the WHO, particularly the WHO Office for Europe.
- Additionally, we have intensified our collaboration with other Centres for Diseases Prevention and Control, CDCs, at the global level, such as the

US, China, Canada and Africa CDCs, at bilateral and multilateral level since the onset of the COVID-19 pandemic.

Early lessons learned:

- While it is still too early to draw any clear conclusions from this pandemic, the current situation provides a very unique and important opportunity to learn lessons on how international organisations and countries could be better prepared to deal with any future pandemics.
- These lessons will also feed into improving preparedness for the COVID-19 pandemic and will be used by countries to revise and update their general pandemic preparedness plans.
- Pandemic plans should enable adaptive public health measures, secure surveillance and reporting as well as health care system capacity and capability, and consider preparedness in different settings (urban, health care facilities, vulnerable populations, but also include inter-sectoral cooperation, cross-border operability and risk communication).
- We also need to look into how to harness innovative technological solutions such as digitalised electronic reporting or Artificial Intelligence in order to decrease workloads and increase timeliness. And we need to consider building up surveillance systems where human input is used only where absolutely necessary.
- In situations where healthcare-based surveillance systems are disrupted, participative surveillance can play a critical role. Tools such as mobile apps could facilitate this type of surveillance as we will hear on one of the next presentations, and could also be used for spreading health messages, alerting to testing or vaccination sites, for example.

Challenges still ahead of us for cross-border cooperation:

- The volume of work, the time pressure and the inherent uncertainties of a new disease are some of the main challenges we have seen.
- During the COVID-19 pandemic, we have witnessed many Member States' challenges in establishing robust, population-based surveillance systems to deliver reliable, timely and comparable data on COVID-19.

- Preparedness and response measures to the COVID-19 pandemic in the Member States have also indicated that significant investments are needed. A further challenge for countries has been to rapidly escalate and maintain high testing and contact-tracing capacity.

Rapid contact tracing of cases, followed by isolation of contacts, remains important to reduce transmission at all stages of the epidemic.

- Pandemic fatigue, misinformation and disinformation are ongoing challenges that many Member States are facing.

On the new legislative proposals here aiming at strengthening cross-border coordination and response measures

- On 11 November 2020, the European Commission adopted a legislative proposal aimed at strengthening the mandate of ECDC towards a stronger and more operational ECDC in the following key areas:
 - Preparedness and response planning, reporting and auditing;
 - Provision of non-binding recommendations for risk management;
 - Expanded capacity to mobilise and deploy EU Health Task Force to assist the response in Member States.
 - Monitoring and assessing health systems capacity for diagnosis, prevention and treatment of specific communicable diseases as well as patient safety.
 - And reinforcing the contribution to the EU's international cooperation and development and EU commitment to global health security preparedness.
- In parallel, a proposal for a proposal for a new Regulation on serious cross-border threats to health to improve the EU health security framework was announced

Final words

- We are still in the midst of this pandemic, and whilst an efficient and safe vaccine is not yet available, a combination of non-pharmaceutical interventions (e.g. social distancing, hand and respiratory hygiene, the use of masks) adapted to the local epidemiological situation, accompanied by clear, targeted communication messages to the public remain the fundamental elements of the public health approach to controlling transmission.

- Maintaining these measures will be of particular importance during the upcoming festive season in order to prevent a resurgence in January next year.
- Thank you for your attention and I look forward to our discussion and to answer any questions you may have.

1350 words = approx. 11 minute intervention