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European policy

PERSPECTIVES FOR A EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

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Agreement for the Regulation

On 30 March the Council finally put its seal on the Regulation [1] setting up a new European Centre for Disease Prevention and Control.

Negotiations, from the Commission's proposal in July 2003 to final agreement by both the European Parliament and the Council took just eight months. This might not be a record for agreeing new EU legislation, but in terms of the type of legislation involved - setting up a new Community body with all that entails for permanent funding and obligatory participation by Member States - it probably is.

Now comes the next phase - the practical implementation of the Regulation. First amongst the priorities will be the choice of Director [2] and the site in Stockholm. The Regulation sets out an ambitious series of requirements to make the Centre operational by May 2005 - making arrangements for the Management Board (Editor's note: see Members of the Centre's Management Board) , organising the work programme for 2005, and putting in place many organisational requirements.

If the Centre is to be operational in less than a year, it is vital that decisions are taken on these essential nuts and bolts issues. But what is more fundamental is the question of mandate both now and later; how can it deliver in the first years of operation with a small initial budget of the order of ten Mio € including some financing from the Public Health Programme and how can it complement existing initiatives at Community and international level -or with third countries.

The International Context

For a long time, professional bodies, scientists, and health professionals have cautioned that changing lifestyle patterns, travel, and migration all lead to the easy spread of communicable diseases. Our political representatives have heard their call.

In 2002 a new look at the need for a Community body or service to rise to this challenge was called for at an EU meeting in Madrid on the future of the epidemiological surveillance in Europe - actions and needs. Coincidentally a suspected outbreak of enteroviral encephalitis took place within the European Union and was threatening to close frontiers between EU Member States and the cooperation between partners in this event and afterwards showed that there was much to be gained and little to be lost by extending the existing possibilities under the Community Network on communicable disease surveillance and control. Indeed this timely practical application of the concept helped us on the road to the new Centre.

This Community Network set up and made legally binding by Council and European Parliament Decision 2119/98/EC [3] requires Member States, coordinated by the Commission, to share experiences as outbreaks occur and to cooperate in surveillance and early warning and response. The Decision also requires close cooperation with international organisations active in the field of public health, particularly with the WHO. Its strength is its double objectives of surveillance and early warning organised mainly by public health institutes in the Member States - but not exclusively.

Since then SARS, avian 'flu', worries about a new pandemic influenza outbreak, and the inadequacy of preventive measures on HIV/AIDS have demonstrated that the EU Member States have to improve the coherence of their actions, but also that effective Community inspired action continues to be bedevilled by insufficient coordination from the Commission mostly related to availability of sufficient resources.

The EU has not been alone in identifying the need for a new process to protect the world's citizens. WHO has decided to revise its International Health Regulations (IHR) [4] to cover all outbreaks of illness with a potential for the international spread of disease. Outbreaks are not simply a threat to health or life. They drain resources of health systems, they cause economic disruption and they lead to unwanted as well as undesirable political ramifications. The IHR tries to reconcile the constraints of health protection with minimum disruption of trade.

Whether the WHO Member States will agree to WHO proposals or whether even WHO has the resources to fulfil its suggestions is still not clear. However, it is no coincidence that the Regulation establishing the Centre specifically points to its cooperation in the revision of the IHR. Indeed one of the challenges for the new Director will be how to integrate the Centre's activities with those of the WHO and how to take forward these common objectives.

Of particular note is the fact that by being Members of the EU about half the countries making up the European Region of WHO will have access to the resources of the Centre. Given the serious health concerns to be faced at the EU's Eastern frontiers, the WHO region needs to look at how the Centre can help and at the same time how the WHO itself, through its contacts and specialised agencies, early warning arrangements, and collaboration centres, can create a coherent, integrated, and synergistic partnership throughout the region which can then provide substantial input to the worldwide effort through the IHR. To those who would say that we should address first how to make the Centre work within the EU one should recall that the Community Network already is required to contribute to WHO actions and does so through a variety of means including the joint surveillance activities through dedicated surveillance networks.

It is a relatively simple strategic objective that there should be concerted action between EU and WHO - putting it into practice, however, may be more complicated. Nevertheless, surveillance of the most important pathogens and special health issues covered within the framework of the existing Community network - and later through the Centre should be organised through joint data collection using common case definitions as far as possible within the entire WHO Euro area to ensure comparability and compatibility of the data collected. Apart from surveillance one could easily envisage other joint activities within several areas such as training, teams for field outbreak investigations, and the development of laboratory networks and organisation of their external quality control schemes - especially when some of these are already organised for and within the WHO Euro framework.

It would seem prudent therefore to decide and programme the work of the Centre with this ambitious idea in mind from the very beginning to harness all resources and to avoid duplication.

What can the Centre do?

The mandate of the new Centre for the foreseeable future will be to provide scientific information and backup on communicable diseases from whatever cause, and outbreaks of illness of unknown cause. In practice to have all the activities in place and running under the initial scope will be a major effort for the Director for several years! Not only because it is a vast area to cover but also because it needs resources and practical efforts to organise the collaboration with the Member States and other working-partners in an effective way which will only become possible as the Centre is established.

This scope of action will only be extended after a thorough independent review of the Centre's ability to cope with its current terms of reference and budget restrictions, and thereafter its capacity to act effectively in other areas. However, when this extension would be possible it would open new opportunities to strengthen public health policies and activities within the EU and in its neighbourhood.

The creation of the Centre will mobilise and significantly reinforce the synergies between the existing national centres for disease control. In practice, the Centre will take over the existing operational instruments provided by Decision 2119/98/EC (network and early warning), whilst the Commission will continue to be responsible for its residual legislative provisions, such as technical and procedural requirements.

Thus the Centre will have a key role in the future running of the Community Network on Communicable diseases - organising the surveillance networks, and supporting the Commission in running its Early Warning and Response System.

A specific challenge will be to integrate the operation of early warnings related to terrorism where political constraints on divulging information are dissimilar to those on more traditional kinds of outbreak and response. The balance will need to be found between this political demand to keep a Rapid Alert System for Biological and Chemical Attacks and Threats (RAS BICHAT) -system alive, hoping at the same time that there will never be a need to use it, and at the same time to put enough effort to further develop the Early Warning and

Response system so that it would be sensitive enough to be useful on all occasions - recognising both those 'every day' abnormalities and threats as well as those related to possible terrorist attacks [5].
The Regulation places a heavy burden of scientific impartiality and coherence on the Centre and requires the Centre to contribute to the effectiveness of EU actions in a number of areas such as research, development and aid, and in providing reliable information.
The Centre's technical assistance will cover more than the European Union itself. It can support, if necessary, those Commission services that give humanitarian aid or other types of assistance in response to disease outbreaks in third countries. In these situations, the technical assistance will be co-ordinated with the appropriate Commission services and relevant EU programmes. In the case of an outbreak investigation mission, depending on the identification of the source of the outbreak (environmental, food, animal, chemical, deliberate release, etc), other appropriate EU agencies, and the WHO may have to be involved in order to strengthen the coherence of the combined efforts.
The Centre will bring together scientific expertise in specific fields through its various EU-wide networks and via ad hoc scientific panels. The information made available through EU-funded research projects and other EU agencies, such as the European Food Safety Authority (EFSA) will be used by the Centre.
Research will not be the main task for the Centre. It can, however, initiate applied scientific studies to enhance policy development and also studies to develop and enhance its own operational effectiveness. To avoid duplication, the Centre will co-ordinate its actions with those of the Member States and the EU Framework Programme on Research.

Management of the Centre
The new Regulation imposes a Management Board comprised of some 30 persons and an Advisory Forum comprised of members from technically competent bodies, as well as three members representing interested parties at European level, such as non-governmental organisations representing patients, professional bodies, or academia - or more succinctly some 28 persons with a broad base of scientific knowledge and experience.
Representatives of the Commission's staff will also participate in the work of the Advisory Forum. These two groups - the Management Board and the Advisory Forum - are already a surcharge on budgetary resources at a time when the Centre is concentrating on making its place in the process and international community as a responsible source of inspiration. The aim of including representatives of non-governmental organisations is to ensure a broad base of scientific knowledge and experience not necessarily found in the national public health institutes.
The budget of the Centre is designed to accommodate in 2005 some 35 staff rising to 70 in 2007. Thereafter the whole structure and its financing have to be renegotiated in what are called the "budgetary perspectives". Casual comparison with any national or international equivalent body illustrates the current dramatic under-funding.
The financing gap for the European Centre is due at least partially to the speed and urgency with which the Centre was set up. We might anticipate that a successful Centre might expect a substantial increase in funding beyond 2007 to cover the blatant needs for more operational funds and to address the need for some form of "catastrophe" arrangements which could be drawn upon in the case of an event of major proportions - for example a flu pandemic, or major scare from a third country.

And the Future?
Communicable diseases are a priority, and the Centre must first show its added value in this area. But a public health centre on health protection could be an asset in addressing other major disease scourges at Community level. For example, obesity should be a worry for us all. Including activities in health information needed to cover non-communicable diseases and monitoring of health trends and developments within the Centre would therefore support Community actions and policies related to health promotion.
The Centre could also in due course fulfil one objective mentioned only briefly - that of harnessing research on diseases and public health in a more coherent way.
The Centre should be seen as a major building block in the EU's capacity to tackle threats to health - both natural and man-made. It will serve as the technical arm for the Community for action and evidence-based advice for decision making. It strengthens also the international role of the EU in tackling diseases in particular in EU neighbouring countries, and in participating in global action to control and respond to serious outbreaks or threats.
The European 'CDC' has been a long time coming, but it is now here to stay. Whether on communicable diseases or other scourges; whether on research or

surveillance; the Community of the EU is now better served.

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