

*The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.*

## **CPME response to the European Commission Survey on Training Needs and Gaps on Medical Countermeasures**

On 25 April 2024, the CPME Board adopted the 'CPME response to the Survey on Training Needs and Gaps on Medical Countermeasures' (CPME 2024/082).

**Position:** EU Policy Adviser

**Organisation:** Standing Committee of European Doctors

*Please do not use acronym but full names of organisation*

**Country:** Belgium

**Stakeholder group:**

EU services/bodies

International organisations, initiatives, and counterparts

MS national authorities

Industry

NGOs and CSOs

Academic and research organisations

**How many years of professional experience do you have in relation to the MCM cycle (i.e., MCM assessment; MCM research, development, and clinical trials; MCM production; MCM procurement; MCM stockpiling and distribution)?**

0-5 years

6-10 years

11-15 years

16-20 years

20+ years

**In your view, what are the main training needs for public sector stakeholders\* working on MCM?**

*\*These include public health agencies conducting monitoring and surveillance activities for MCM and/or coordinating response activities, civil protection agencies, other actors involved in health emergencies and response.*

**Needs in relation to MCM assessment by threat:**

Identifying MCM in relation to monitoring

Surveillance

Infectious diseases

Networks of laboratories

Risk assessment

Early warning and response mechanisms

Horizon scanning

Other, please specify

N/A

**Needs in relation to MCM research, development, and clinical trials:**

Identifying current and emerging cross-border health threats

Monitoring emerging MCM  
Monitoring technologies related to new emerging threats  
Advanced research and clinical trials  
 Diagnostic and testing strategies  
 Contact tracing measures  
Regulatory and legal framework for clinical trials  
 Strategic plans for clinical trials  
Funding mechanisms for clinical trials  
International cooperation in research and innovation  
Mapping of clinical trials  
Other, please specify

**Needs in relation to MCM production:**

Addressing supply chain bottlenecks  
 Expanding production capacities  
Regulatory issues  
Distribution  
Logistics  
Support to ever ready capabilities  
Intellectual property rights  
Licensing agreements  
Technology transfer  
Integration of emergency capacity production  
Demand incentives  
 Vulnerability assessment  
Other, please specify

**Needs in relation to MCM procurement:**

Identifying procurement needs  
Drafting a tender  
Negotiation skills with industry  
 Procurement in times of crisis  
Drafting contracts  
Managing a public procurement procedure  
Defining evaluation criteria (e.g., price, environmental aspects)  
Multi-award tenders  
Joint procurement at EU level  
Joint procurement  
Negotiation strategies

Pull incentives  
Procurement in times of crisis  
Distribution  
Logistics  
Inventory management  
Other, please specify

**Needs in relation to MCM stockpiling and distribution:**

Defining stockpiling strategies (e.g., for crisis response/shortages)  
 MCM distribution criteria and allocation in a crisis  
 Rotation strategies and replenishment  
 Funding stockpiles  
 Coordination in crisis management and response  
 Defining a list of MCM  
 Threat analysis  
Scenario planning  
Access to international stockpiles  
rescEU  
Other, please specify

**Needs in relation to cross-cutting issues, transversal skills, and other aspects of MCM:**

Forecasting  
Risk-based demand analysis  
Quantification methods  
Foresight  
Establishing a list of MCM  
Pipeline review of MCM  
Tools and methodologies for rapid assessment  
Monitoring and evaluation frameworks  
Methodologies to collect and analyse demand  
Needs-based allocation of MCM  
 Equitable distribution of MCM  
Other, please specify

**Needs in relation to crisis management (of MCM):**

Emergency logistic and supply chain management for the deployment of MCM during emergencies  
 Development of risk-based plans for MCM preparedness and emergency response

Overview of the actors in the field of MCM

International legal and ethical framework relevant for the deployment of MCM

Design, planning, and organisation of simulation exercises

Soft skills related to MCM (e.g., information management, evidence-based decision making)

Other, please specify

**Are there threat-specific training and exercise needs (such as needs related to how MCM can be employed to prepare for and respond to a given threat)?** For example, please consider

training and exercise needs related to AMR, CBRN, and potential new pathogens.

Needs in relation to MCM assessment by threat (please specify):

Needs in relation to MCM research, development, and clinical trials (please specify):

Needs in relation to production (please specify):

Needs in relation to procurement (please specify):

Needs in relation to stockpiling and distribution (please specify):

Needs in relation to cross-cutting issues, transversal skills, and other aspects of MCM (please specify):

Needs in relation to crisis management of MCM (please specify):

Other needs (please specify):

Support the development of educational and training materials for healthcare professionals and patients to address health threats.

**What stakeholder groups and profiles should be targeted as learners by training and exercise initiatives focusing on MCM?**

Public health agencies at the national/regional/local level conducting monitoring and surveillance activities for MCM

Public health agencies at the national/regional/local level coordinating response activities

Civil protection agencies

Other actors involved in health emergency and response, please specify

Doctors and other healthcare professionals

**In your view, what are possible future training and exercise needs for public sector stakeholders\* working on MCM? Please provide examples of future issues and challenges they may need to face.**

*\*These include public health agencies conducting monitoring and surveillance activities for MCM and/or coordinating response activities, civil protection agencies, other actors involved in health emergencies and response.*

We respond to this question with the point of view of doctors.

HERA could organise training activities for healthcare staff and public health staff in the EU Member States, including preparedness capacities under the International Health Regulations. In these endeavours, it is paramount to ensure that training activities cover 'One-Health' both in terms of content and format of training, in recognition of the interlinks between human health, animal health and the environment as well as the high percentage of communicable diseases which are zoonotic. Where Member States share a border, 'Prevention, Preparedness and Response Planning' should include familiarity with public health structures and staff in the adjoining State and should involve

conducting joint cross-border exercises. To reduce barriers to access, training should be provided during working time and at no expense to participating healthcare professionals.

Are there emerging developments or technologies that should be incorporated into future training and exercise initiatives on MCM (e.g. virtual e-learning etc.)?

N/A

How can existing training and exercise programs be adapted to address anticipated future challenges pertaining to MCM?

From the point of view of doctors, existing training and exercise programs can be adapted by:

Cross-disciplinary training: facilitating collaboration among various disciplines involved in medical countermeasures, ensuring cohesive and coordinated responses to emerging threats.

Risk communication and public engagement: training healthcare professionals in effective communication strategies to convey accurate information about medical countermeasures to the public, promoting transparency and trust.

To what extent are training and exercise needs pertaining to specific aspects of the MCM cycle addressed?

	1 - Not at all	2 - Slightly addressed	3 - Somewhat addressed	4 - Moderately addressed	5 - Fully and adequately addressed	Please comment below:
Health threat assessment and intelligence gathering related MCM needs						N/A
Advanced research and clinical trials related MCM needs						N/A
MCM Development related needs						N/A
MCM Production related needs						N/A
MCM Procurement related needs						N/A

MCM Distribution and stockpiling related needs		X				
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**Are you aware of existing training and exercise initiatives related to MCM taking place in an industry, academic, or third sector context?**

Yes

X No

Please share any available information, hyperlinks, or contacts pertaining to these:

N/A

**In your view, are there any gaps in the current training, and exercise provision for public sector stakeholders\* working on MCM?**

*\*These include public health agencies conducting monitoring and surveillance activities for MCM and/or coordinating response activities, civil protection agencies, other actors involved in health emergencies and response.*

1 - To a significant extent	2 - To a large extent	3 - To some extent	4 - To a little extent	5 - To no extent
		X		

**What are the main training and exercise gaps in regard to the training and exercise provision available for public sector stakeholders\* working on MCM?**

*\*These include public health agencies conducting monitoring and surveillance activities for MCM and/or coordinating response activities, civil protection agencies, other actors involved in health emergencies and response.*

Gaps in relation to MCM assessment by threat (please specify):

Gaps in relation to MCM research, development, and clinical trials (please specify):

Gaps in relation to production (please specify):

Gaps in relation to procurement (please specify):

Gaps in relation to stockpiling and distribution (please specify):

Gaps in relation to cross-cutting issues, transversal skills, and other aspects of MCM (please specify):

X Gaps in relation to crisis management of MCM (please specify): Public health do not train their staff sufficiently to be well enough prepared in a crisis.

Other gaps (please specify):

N/A

### **HERA's role and added value**

#### **What opportunities do you see for pan-EU collaboration in the training space for MCM?**

HERA plays a crucial role in coordinating and facilitating pan-EU collaboration in responding to health emergencies, including the training space for medical countermeasures, at different levels:

1. Sharing best practices: HERA can facilitate the sharing of best practices and lessons learned in medical countermeasure training among EU member states. This allows countries to learn from each other's experiences and adopt effective strategies for training healthcare professionals.

2. Joint training exercises: HERA can organize joint training exercises involving healthcare professionals from multiple EU member states. These exercises simulate cross-border health emergencies and provide opportunities for collaboration and coordination in the deployment of medical countermeasures.

3. Pooling resources: HERA can coordinate the pooling of resources, such as training facilities, equipment, and expertise, to enhance the efficiency and effectiveness of medical countermeasure training programs. This can help overcome resource constraints faced by individual member states and ensure access to high-quality training for healthcare professionals across the EU.

#### **Are there any specific obstacles or challenges hindering collaboration in training on MCM at the EU level?**

HERA could play a major role in supporting coordinated training, since member states have different capacities in terms of medical countermeasures.

#### **How can these obstacles or challenges be overcome to promote effective pan-EU collaboration in training on MCM?**

HERA can address the obstacles identified above at two levels. On the one hand, HERA can promote the development of training curricula for medical countermeasures across EU member states. This ensures consistency in training content and methodologies, making it easier for healthcare professionals to transfer skills and knowledge all across the EU. On the other hand, HERA can provide technical assistance and capacity-building support to EU member states with limited resources or expertise in medical countermeasure training. This would ensure that all countries in the EU have the necessary capabilities to respond effectively to health emergencies.

#### **What unique added value could HERA provide in the design and implementation of a strategy for training and exercise on MCM?**

HERA should have a more holistic view of health, by having a broader definition of MCM. The wording "public health countermeasures" would be more appropriate than "medical countermeasures". This would allow for a holistic approach to health threats that includes recommendations on human resources for health, workforce distribution, training, shortages, capacity planning, supporting national capacity building for emergency preparedness, resource planning, joint procurement and above all protecting the most vulnerable.

At the same time, HERA should anticipate relevant developments in our health systems and see where its work could be of added value to address pressing health issues, for instance in relation to medicine and medical device shortages which affect European patients across Europe, and which



have the potential to become even more widespread in the near future. In these areas, HERA should work in coordination with other relevant EU agencies and entities including EMA.

**Are there any unique opportunities that a HERA strategy for training and exercise on MCM could harness (e.g., complementing or enhancing existing efforts at MS level and at the international level)?**

A HERA strategy for training and exercise on medical countermeasures could harness several unique opportunities that complement or enhance existing efforts at member state and European levels.

HERA could bring added value by setting a high standard of information and harmonise communications by integrating the following considerations:

Support the development of educational and training materials to address health threats, addressing healthcare professionals, patients and consumer organisations and the media. HERA could also raise awareness on European and global scientific consensus on how to best address the health threat.

Support harmonised and coordinated communication among EU member states, to ensure consistent messaging and enhance public trust.

Prepare the population and promote a sense of EU responsibility and solidarity through the development of an EU-level strategy, recommendations and materials for public information to prepare and equip citizens to address health threats, especially tailored to vulnerable populations including those living with chronic diseases. HERA could leverage existing work being done including through promotion of public projects for citizen information provision to enhance emergency preparedness.

### **Concluding questions**

**Are there any publications, resources, or materials that you recommend we consider as part of this study?**

CPME response to the review of the Health Emergency Preparedness and Response Authority (HERA):

[https://www.cpme.eu/api/documents/adopted/2023/12/cpme\\_ad\\_14122023\\_142.final.hera.review.public.consultation.pdf](https://www.cpme.eu/api/documents/adopted/2023/12/cpme_ad_14122023_142.final.hera.review.public.consultation.pdf)

Please upload any publications or resources

Drop files or click here to upload

**Are there any stakeholders or organisations that you recommend we engage and/or contact in the context of this study?**

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*Please do not use acronyms but full names of organisations*

[https://icfconsulting.qualtrics.com/jfe/form/SV\\_0BATgesiabdEWA6](https://icfconsulting.qualtrics.com/jfe/form/SV_0BATgesiabdEWA6)