

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.

Statement on the Union prevention, preparedness and response plan for health crises

CPME welcomes the opportunity to comment on the Union prevention, preparedness and response plan for health crises. We highlight several items:

Future pandemics or other severe health emergencies may look different to the COVID-19 pandemic. It is possible that climate related emergencies become frequent in the European region in future. What has become clear is that the 'just in time' rationale used in commercial sectors cannot be applied to health systems without severe risks. It is necessary to adopt a 'just in case' model. The 'just in case' model must include a baseline capacity of health care workforce which is sufficient to ensure Universal Health Coverage and surge capacities which can be deployed to deal with extraordinary situations. In these situations, upscaling existing resources should also be considered. Simulation and live-play exercises with other frontline emergency services must be put in place and adequately resourced. These structures must be based on permanent and guaranteed funding, in full acceptance that obsolescence and opportunity costs cannot be avoided ([Pandemic Preparedness – European Doctors' Recommendations to the EU](#)).

CPME has already contributed to European-level action on medical countermeasures (MCMs), including in the context of Health Emergency and Response Authority (HERA). We stress the need to strengthen the resilience of medicines' and medical devices' supply chains, increase diversification of supply sources and reduce Europe's reliance on third country manufacturing ([Pandemic Preparedness - European Doctors' Recommendations to the EU -](#)). Currently, the majority of Active Pharmaceutical Ingredients (API) and medicines are produced outside of Europe in limited number of manufacturing sites. Distant location of factories makes it more difficult to inspect them and results in longer, less transparent and fragile supply chains¹. Unforeseen disruptions or quality and production problems have far-reaching consequences. Moreover, at the production sites, delays in supply can also result from the shortages of raw materials ([CPME Policy on medicines shortages](#)).

CPME believes that any strategy on MCMs needs to adequately address other systemic issues, in particular the healthcare workforce. The COVID-19 pandemic exacerbated existing staff shortages and severely strained doctors leading to many developing burnout and leaving the profession altogether. Without decisive measures to strengthen the health workforce, current projections indicate a breakdown in health service sustainability. To ensure safe working conditions that safeguard a high level of patient safety, we call for the European Commission to develop Safe staffing guidelines as a benchmark for health threat preparedness. These guidelines should be informed by a more granular set of health systems data to be systematically collected from Member States. Without an adequate health workforce, the deployment of medical countermeasures is at risk.

The strategy should underline the need to ensure principles such as the autonomy of the medical profession and medical ethics are upheld in the management of any emergency. The exchange of transparent and evidence-based data and information must be ensured and safeguarded against political intervention.

In addition to action addressing workforce shortages, investment in training programs targeted at health care professionals can also help to prepare for future cross-border health threats. Training must be financed for all doctors and other healthcare professionals regardless of their attachment to health authorities (national, regional or local level). Cross disciplinary training can facilitate the collaboration among various disciplines involved in the implementation of medical countermeasures, ensuring cohesive and coordinated responses to emerging threats. Training should also address risk communication and public engagement to ensure that doctors and other healthcare professionals can effectively communicate with the public to convey accurate information about medical countermeasures ([CPME response to the European Commission Survey on Training Needs and Gaps on Medical Countermeasures](#)).

CPME highlights that training of doctors and other healthcare professionals is essential for the adequate deployment of MCMs. They must have knowledge and skills to develop and implement the national preparedness plans, implement activities to strengthen crisis preparedness and surveillance capacities.

Prevention, preparedness and response to health threats could be further reinforced by better integrating the One Health Approach into the strategy for a better and coordinated response regarding MCMs. Furthermore, coordination of the EU level response carried out by the Health Security Committee should be strengthened by making the necessary link with the HERA, especially for the deployment of medical countermeasures and training needs.

Due to the links between the deployment of medical countermeasures and the regulation on serious cross-border threats to health, CPME believes that smooth and permanent communication between the European Commission, the ECDC, HERA, EMA and the competent authorities responsible at national level by a network for the epidemiological surveillance of the communicable diseases. CPME believes that monitoring trends in communicable diseases in the wider European region is essential to assess the situation and respond to threats with evidence-based action. Therefore, CPME finds the communication between EU institutions, EU agencies and the national level crucial ([CPME response to the survey on ' Evaluation of Regulation \(EU\) 2022/2371 on serious cross-border threats to health'](#)).

As an important pillar of crisis preparedness, CPME calls for an improvement of data collection and sharing related to infectious diseases. Member States need to continue to align their data collection and reporting to improve data quality and comparability in the EU and EEA countries.

Finally, investing in health promotion and disease prevention is crucial as healthy people do not burden health systems. The EU should support Member States to improve access to healthcare particularly for vulnerable groups, to develop plans to disseminate accurate, evidence-based information, and to counteract the spread of mis- and disinformation.