COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS

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On 12 July 2012, the CPME Executive Committee adopted the " CPME position on serious cross-border threats to health" (CPME 2012/116 FINAL)

**CPME position on serious cross-border threats to health**

*The Standing Committee of European Doctors (CPME) represents medical doctors across Europe and is composed of the most representative National Medical Associations of 27 European countries. CPME aims to promote the highest standards of medical training and medical practice in order to achieve the highest quality of healthcare for all patients in Europe. CPME is also concerned with the promotion of public health, the relationship between patients and doctors, and the free movement of doctors within the EU. CPME also cooperates closely with national medical associations from associated and observer countries, as well as with specialised European medical organisations and international medical associations.*

CPME welcomes the Union's commitment to improving Member States' cooperation on dealing with serious cross-border threats to health and strongly believes in the added-value of enhanced collaboration. In order to ensure effective management of health threats, it is necessary to clarify the roles of the competent bodies at national and European level and ensure that mechanisms are coherent with national and international processes.

Building on previous statements[1], CPME would like to highlight the following points for consideration:

- CPME supports the broad definition of serious cross-border threats to health set out in Article 2, and welcomes the inclusion of anti-microbial resistance and hazards related to climate change, as well as the proposal to apply the mechanism to threats related to medical devices. Given the broad range of competences, it is however all the more important to ensure that the appropriate infrastructure is established to support cooperation on these issues. It is also necessary to integrate processes set up under this Decision with contextual legislation, in particular on data protection, transparency on pricing of medicinal products, and medical devices.
- CPME supports the strengthening of the Health Security Committee (HSC) in coordinating preparedness and response planning and Member States' activities in response to a serious

[1] CPME adopted a response to the "Stakeholder Consultation on health security in the European Union" (link to document) in 2011 and the "Commission Consultation on Pandemic Influenza Preparedness and Co-ordination" (link to document) in 2010.

cross-border threat to health. The preparedness and response planning should also consider better collaboration on health system resources including emergency care units and healthcare professionals.

- The principal competence in communication of public health information must rest with the Member States, respecting the principle of subsidiarity enshrined in Article 168 TFEU. It is however crucial to ensure that the information and recommendation disseminated is coherent across the EU and aligned with international communication. National Medical Associations should be primary targets of information.
- Should a serious cross-border threat to health arise, it is of utmost important that the public health risk assessment enshrined in Article 10 on the nature, severity, proliferation of and counteractive measures to the threat is founded in a sound evidence-base evaluated by experts free from any conflicts of interest.
- As regards medical countermeasures, all procurement activities must be carried out with the greatest possible transparency as to the health technology assessment, authorisation process, pricing and order volume for the countermeasure in question. The joint procurement by advance purchase as foreseen in Article 5 must be a voluntary option for Member States and shall take into consideration Member States who do not participate in joint initiatives to safeguard their equitable access to the relevant countermeasure. Procurement of countermeasures by the institutions of the Union should be limited in volume to coverage for the staff directly involved in the response to the threat.
- The specific role of the ad hoc monitoring networks described in Article 7 as well as their relation to the HSC should be further clarified. With a view to determining competences, avoiding duplication of work and establishing definite contacts at national level, the creation of parallel structures is to be prevented.
- CPME does not support the sharing of patient data for contact tracing as set out in Article 9(3)(i). The provision is insufficiently precise as to the scope of information shared and its processing, as well as its retention and would therefore not sufficiently respect the rights awarded by the EU legislative framework on the protection of personal data, nor Articles 7 and 8 of the Charter of Fundamental Rights or Article 8 of the European Convention on Human Rights.
- The mechanism leading to the adoption of common temporary public health measures as set out in Article 12 as well as the scope of Commission action must be further clarified, especially as regards the decision-making process and bodies or experts involved.
- Ideally, the WHO should remain the sole body to declare public health emergencies. In case of emergent situations arising within the EU for which no action has been taken by the WHO, it should be clearly defined what process is to be followed to adopt the recognition of emergency situations or pandemic influenza situations according to Article 13 and which bodies or experts are involved in verifying the conditions laid down in Article 13 (2)(a)-(d) are met. All information relating to a decision taken under this article must be protocolled and made publicly available. It is also necessary to clarify the status of a recognition according to Article 13 in case of a consequent declaration by the WHO.