European Economic and Social Committee

OPINION

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COVID-19 - Sustaining EU Preparedness and Response: Looking ahead

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Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions
COVID-19 ¬ Sustaining EU Preparedness and Response: Looking ahead
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1. Conclusions and recommendations

1.1 The COVID-19 pandemic has caused damage to people's daily lives, the health sector, national economies and societies. Experience and the lessons learned from it, as well as related research, will enable the EESC to propose long-term solutions that will make the EU better prepared to sustainably manage health threats caused not only by COVID-19 but also other communicable diseases, and to strengthen and improve the response and coordination between Member States and at global level.

1.2 To this end, the EESC believes that the EU needs to develop an immediate response capability, involving/using existing instruments, to be prepared to respond immediately in the event of further variants or other pandemics. We propose that a strategy should be drawn up which – after integrating the national specificities of each Member State and converging the different efforts and intentions – would give us a complex toolbox that includes all elements of *prevention* (vaccination, epidemiological measures, education, communication, etc.), *treatment* (medicinal products, patient care, medical rehabilitation, care, etc.), *rehabilitation* (at the workplace, school) and *long-term care* (focusing on those suffering from long COVID), as well as the provision of existing and additional *economic resources*.

1.3 *Vaccination* is one of the pillars of prevention. It blocks two important links in the epidemiological chain (comprising the source of infection, the transmission route and the susceptible organism) at the same time (the source of infection and the susceptible organism); it is therefore essential to implement this strategy while continuously analysing it and incorporating new innovations. By now, both the EU and most Member States have overcome the initial difficulties and have a vaccination strategy. Thanks to the EU vaccines strategy, a sufficient supply of safe and efficient vaccines is available for all. However, vaccination coverage rates are stagnating and/or are suboptimal in several EU Member States[1]. The risk is further increased by the fact that the vaccine is less effective for people who have not yet received a booster dose (including around nine million people aged 60 or older)[2].

1.4 The EESC believes that this is due, inter alia, to a decrease in vigilance, inefficient information and education, and the presence of disinformation. We therefore propose strengthening communication both by the EU and the Member States, detecting disinformation early and take countermeasures, and ensuring the development and procurement of newly developed complex vaccines that together can protect against both new variants and complex infections (e.g. COVID-19 + influenza).

1.5 As the pandemic is global, we should look beyond the EU Member States when considering vaccination measures. Thus, we strongly support the efforts of the EU and some Member States following the principle of solidarity ('Team Europe) to support partner countries[3] in the African

1 https://www.ecdc.europa.eu/en/news-events.

2 ECDC, Monitoring COVID-19 vaccination, https://ec.europa.eu/health/health-security-and-infectious-diseases/crisis-management_en.

3 https://ec.europa.eu/commission/presscorner/detail/en/fs_22_870.

Union (as set out at the February 2022 summit), not only concerning vaccination, but also to address the health and socio-economic impact of the pandemic.

1.6 Another important epidemiological measure is the identification and implementation of *public health tasks* by individual Member States, as part of the community mitigation measures. The EESC believes that the EU institutions should play an important coordination and technical guidance role, with a view to strengthening the implementation and the efficacy of public health tasks and ensuring a resilient protection system.

1.7 With the intensity of the epidemic risk waning, each country has modified its *testing strategy*. The only people tested are those showing COVID symptoms and their direct contacts, people at risk of serious illness, and people in regular contact with vulnerable population groups (e.g. health and social care workers). As this reduces the number of people tested, it is likely that it will be more difficult to interpret epidemiological data. It is thus crucial to ensure both the reliability of the tests and representativeness in epidemiological terms, in order to provide useful reference points about epidemiological trends for a rapid response.

1.8 Individual Member States use *rapid antigen tests* to further strengthen their overall testing capacity, in particular when *PCR capacities* are limited or where clinical needs require shorter lead times. The Health Security Committee set up a dedicated technical working group to regularly review and update the common EU list of rapid antigen tests meeting the specific performance criteria for SARS-CoV-2 detection[4]. This may guarantee, on the one hand, a decrease in the number of false positive/false negative test results (which is important for obtaining a realistic picture of the epidemiological situation, and for increasing the efficacy of epidemiological measures) and, on the other hand, the ability to reliably detect infections caused by new mutations.

1.9 In the context of other epidemiological measures, particular emphasis should be placed on the importance of *ventilation*. The importance of frequent *natural ventilation* cannot be stressed enough; it simply requires attention and is easy to do. Mechanical ventilation is a different matter. If the ventilation system cannot be efficiently disinfected, or if ventilation is insufficient, the transmission of SARS-CoV-2 takes place mainly indoors (e.g. office buildings, workplaces, schools, shopping centres, etc.). Therefore, Member States should consider the use of devices equipped with high-quality filters[5], in particular in the spaces mentioned above. This requires additional (technical innovation, financial) efforts by the Member States. With the epidemic losing momentum, most Member States have removed the obligation on *mask-wearing* (except in health care institutions). Nevertheless, the EESC recommends, in particular for vulnerable groups (aged 60+, people with chronic illnesses, unvaccinated people, etc.), continued mask-wearing in highly frequented and poorly ventilated rooms, on public transport, etc., *social*

4 Technical Working Group on COVID-19 diagnostic tests, https://ec.europa.eu/health/health-security-and-infectious-diseases/crisis-management_en#technical-working-group-on-covid-19-diagnostic-tests.

5 For example, stand-alone air cleaning devices equipped with HEPA (high-efficiency particulate) filters or filters of similar efficacy, and ultraviolet germicidal irradiation (UVGI); devices in the ducts of heating, ventilation and air conditioning systems; or devices located at a sufficient height in rooms (UVGI equipment installed near the ceiling).

distancing, and use of *hand disinfectants*, because these measures also help reduce the risk of infection and the likelihood of a resurgence of the epidemic.

1.10 The EESC endorses and supports the professional position that *the objective of epidemiological surveillance* should no longer be based on the identification and reporting of all cases, but rather on reliable estimates of infection intensity in the community, the impact of serious illness and the efficacy of vaccines. Taking advantage of the *digitalisation of health data*, Member States should develop strategies to restore sentinel surveillance systems[6] based on primary and secondary treatment of acute respiratory infections, and complement this by strengthening other monitoring systems such as waste water monitoring. In order to interpret these, it is essential to develop the criteria for a single reporting system as soon as possible, as a shared responsibility of the EU and the Member States.

1.11 If we want citizens of the Member States to accept and actively participate in the necessary epidemiological measures, it is important to understand the causal links. The EESC recommends *setting up an education system* which covers the health network, school-based education, workplace education and the media. Apart from the Member States, the EU and the WHO should also be responsible for preparing the necessary educational material. This could significantly increase vaccination coverage and the population's cooperation in epidemic prevention, and reduce the spread and effect of fake news.

1.12 Certain actors exploited the pandemic by means of interference and manipulating information, including disinformation, to amplify and benefit from citizens' uncertainties, fears and real concerns, putting lives at risk and, not least, jeopardising an efficient pandemic response and public trust in the institutions dealing with the COVID-19 pandemic. Beyond the measures taken so far by the EU and the Member States, the EESC recommends that the Member States *set up a monitoring and rating system* which, in addition to detecting fake news, would 'label' information certified by experts, proving its authenticity and veracity. Strong communication is needed about this so that citizens of the Member States can learn about this information in their mother tongue.

1.13 Curing COVID-19 is a complex task; in addition to medication, it comprises patient care, medical/occupational rehabilitation and longer-term care. The EESC recommends *preparing a guideline* which covers all tasks related to treatment, which is regularly updated and available online (in all the official languages of the Member States).

1.14 Among these tasks, beyond medical treatment, *rehabilitation* is of great importance and is key to the health and well-being of young people and workers. A successful occupational/school rehabilitation is ensured by the occupational health service/school health service, because they offer a tailored path based on workload/physical demand, significantly reducing numbers of sick leave days/absenteeism, speeding up the rehabilitation process and facilitating reintegration. Therefore, the EESC recommends that, following the patient's institutional rehabilitation, *their further rehabilitation be assigned to the occupational/school health system*, creating at the level of each Member State the legal and financial background for a successful rehabilitation achieved

6 Sentinel surveillance means the monitoring of the prevalence of certain diseases/conditions through a voluntary network of doctors, laboratories and public health services to assess the stability of the health status of the population or any change in it.

through cooperation between the employer (creating the necessary working conditions), the occupational/school health service (providing a tailored professional background for rehabilitation) and the employee (as an active participant). This leads to significant public health and economic benefits, both for the Member States and for the EU.

1.15 COVID-19 is a complex disease with a direct and indirect health impact. Although we are not yet aware of all its effects, we know that it is a disease causing inflammation in and affecting almost all organs (heart, lungs, kidney, locomotive and digestive organs, mental abilities, etc.), where patients continue to experience symptoms for weeks and months after the acute phase of the disease, a phenomenon known as 'long COVID'. These people need specialised care and rehabilitation. The EESC recommends that, *alongside (technical and economic) EU support*, the Member States should facilitate occupational health to provide preventive mental health services easily accessible to workers (mental health professionals or psychologists according to the legislation of the Member State), to help rehabilitate people suffering from mental disorders (deterioration of cognitive abilities, reduced learning capacity, different degrees of depression). This is all the more important because mental disorders are not only specific to long COVID patients: the circumstances brought about by the pandemic (confinement, insecurity, fear, loneliness, etc.) may also cause depression, which in many cases may lead to addictive diseases or in serious cases even to suicide, with major public health, economic and societal consequences.

1.16 EU Member States do not have an equal level of economic resources. In order to ensure efficacy, coordination and sustainability both in health/public health systems and in the health industry, the EESC recommends that *the EU assign dedicated financial resources* (complementing those already available) to the technical strategy, enabling the Member States to build efficient, sustainable, resilient protection systems of the same level.

2. Summary of the position adopted

The COVID-19 pandemic has had a diverse and far-reaching impact on public health, our health systems, our economies and our entire way of life. Our proposals under *Conclusions and recommendations* – as part of the community mitigation measures – represent continuity, and will continue to serve the sustainability, efficacy and resilience of the system. We believe that the de-escalation of the pandemic is only temporary, and while alleviating the mitigation measures will be of great help, especially for citizens, health systems and economic operators, we need to be prepared for a possible rebound of the pandemic; continued efforts are therefore essential. The EESC hopes that the adoption of its proposals will further strengthen the EU's and Member States' capacity to prevent, prepare for and respond to health crises, to sustainably address health threats due not only to COVID-19, but also to other communicable diseases, and to strengthen and improve the response and coordination between Member States and at global level.

3. Proposed changes

3.1 In order to complement/extend the existing strategy, it is important that the EU institutions draw up a complex strategy which – after integrating the national specificities of each Member State and converging the different efforts and intentions – would give us a complex toolbox that includes all elements of *prevention* (vaccination, epidemiological measures, education,

communication, etc.), *treatment* (medicinal products, patient care, medical rehabilitation, long-term care, etc.), *rehabilitation* (at the workplace, school) and *long-term care* (focusing on those suffering from long COVID), as well as the provision of existing and future *economic resources*.

3.2 We propose *strengthening communication and the media* both by the EU and the Member States, *detecting disinformation early and taking countermeasures*, and ensuring the development and procurement of newly developed complex vaccines that together can protect against both new variants and complex infections (e.g. COVID-19 + influenza).

3.3 In order to prevent disinformation, a *monitoring and rating system* should be put in place which, in addition to detecting fake news, would '*label*' information certified by experts, proving its authenticity and veracity for all EU citizens.

3.4 The EU institutions and the EESC should play an important coordination role, give technical guidance and at the same time adequately inform civil society, thereby helping the process of strengthening the implementation and the efficacy of public health tasks and ensuring a resilient protection system.

3.5 The provision of dedicated financial resources (increasing existing ones) to eliminate the economic imbalances in terms of protection.

3.6 The EESC recommends introducing in all Member States an *education system* covering the health network, school-based education, workplace education and the media. Besides the Member States, the EU and the WHO should be involved in preparing the necessary educational material.

3.7 Following their institutional rehabilitation, the further rehabilitation of patients recovered from COVID-19 should be assigned to the occupational/school health system, creating the legal and financial background (in line with national specificities) for a successful rehabilitation achieved through cooperation between the employer (creating the necessary working conditions), the occupational/school health service (providing a tailored professional background for rehabilitation) and the employee (as an active participant).

4. General comments

4.1 We consider that the European Commission's strategy[7], which aims to ensure that the EU's overall political objectives are developed jointly by the EU institutions together with the Member States and in line with national legislation, is essential. These include the European Commission's coronavirus response[8] and the European Commission's recovery plan[9]. The largest stimulus package ever financed in Europe is made up of the EU's long-term budget coupled with Next Generation EU, the temporary instrument designed to boost the recovery.

7 https://ec.europa.eu/info/strategy_en

8 https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response_en

9 https://ec.europa.eu/info/strategy/recovery-plan-europe_en

4.2 The importance of the proposals under discussion is also reflected by the fact that in parallel with the present opinion, a draft own-initiative opinion (INT/989) on Emergency preparedness is also in the pipeline. With this one, the EESC aims to contribute to the discussions and future actions on emergency preparedness, focusing on the impact on businesses in terms of the single market, production and consumption.

4.3 In one opinion[10], the EESC presents its position on the European Commission's proposal on the creation of the European Health Emergency Preparedness and Response Authority (HERA), whose mission is to prevent, detect and rapidly respond to cross-border health emergencies. The EESC welcomes this initiative, but is concerned by the very limited role given by HERA to the European Parliament, regional authorities, health insurance bodies and civil society organisations, and recommends that greater transparency be ensured by adjusting HERA's structure and with regard to the funds spent by and through HERA.

4.4 The EESC's opinion[11] states that the 'Digital Green Certificate' should minimise complexity for travelling passengers and facilitates their movement during the COVID-19 pandemic; however, it underlines that the possession of the Green Certificate should not exempt travellers from complying with other risk reduction measures, but should be considered a transition strategy for countries that demand a permanent mechanism for constant re-evaluation after its adoption.

4.5 We welcome the fact that the EESC has recently drawn up a number of opinions whose aim is directly linked to preparing for the COVID-19 emergency. One of these is SOC/665[12], whose main points include that the EU and the Member States should ensure that everyone has equal access to quality health and social services, the necessity to take appropriate measures to improve the working conditions, health and safety of healthcare workers, that access to the vaccination should remain a public good, and that medical innovations and responses should be accessible to all, regardless of their income, Member State or region of residence. In light of the renewed mandate of the European Centre for Disease Prevention and Control, the EESC underlines the importance of making the reduction of health inequalities in the EU central to the Centres work, and also of including non-communicable diseases. When it comes to the reinforced role for the European Medicines Agency (EMA), the EESC urges that the Medicines and Medical Devices Steering Groups include and meaningfully consult civil society and social partners.

4.6 In its opinion[13], the EESC proposed that a European mechanism for coordination and rapid intervention should be deployed as soon as possible. A task force of experts should be set up immediately to act as a knowledge and resource coordinator to create a network of the best virology and epidemiology centres and the best diagnostic capacities. The EESC believes that the health programme can only achieve real results by adopting an inclusive approach that involves international organisations (including the World Health Organisation), the Convention on the

10 SOC/702: Introducing HERA, the European Health Emergency Preparedness and Response Authority.

11 OJ C 286, 16.7.2021, p. 146.

12 OJ C 286, 16.7.2021, p. 109.

13 OJ C 429, 11.12.2020, p. 251.

Rights of Persons with Disabilities, and those health sector stakeholders most familiar with people's situations on the ground, not to mention regularly assessing the objectives.

4.7 The EESC's opinion[14] welcomes the intention to ensure the supply of safe, high quality and affordable medicines and the financial sustainability of Member States' health systems through the new Pharmaceutical Strategy, alongside promoting the competitiveness of the pharmaceutical industry; and stresses the central role of a functioning, fair and efficient internal market, which, on the one hand, promotes and rewards genuine medical innovation with real added value for healthcare and, on the other, strengthens competition for fair and affordable access to medicines.

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Christa Schweng
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14 OJ C 286, 16.7.2021, p. 53.