



*European Economic and Social Committee*

**SOC/152**  
**European Centre for Disease  
Prevention and Control**

Brussels, 29 October 2003

## **OPINION**

of the European Economic and Social Committee

on the

**Proposal for a Regulation of the European Parliament and of the Council establishing a  
European Centre for Disease Prevention and Control**

(COM(2003) 441 final - 2003/0174 (COD))

---

On 5 September 2003 the Council decided to consult the European Economic and Social Committee, under Article 152 of the Treaty establishing the European Community, on the

*Proposal for a Regulation of the European Parliament and of the Council establishing a European Centre for Disease Prevention and Control*  
(COM(2003) 441 final – 2003/0174 (COD)).

The Section for Employment, Social Affairs and Citizenship, which was responsible for preparing the Committee's work on the subject, adopted its opinion on 6 October 2003. The rapporteur was **Mr Bedossa**.

At its 403rd plenary session (meeting of 29 October 2003), the European Economic and Social Committee adopted the following opinion with 125 votes in favour and two abstentions.

## 1. Introduction

1.1 Two major factors have prompted the Commission of the European Communities to lose no time in submitting this proposal to establish a European Centre for Disease Prevention and Control.

1.1.1 The first of these is the imminent adoption of the draft treaty establishing a constitution for Europe, which has identified common security problems in the area of public health as a field in which the European Community's powers should be quite substantially increased.

1.1.2 The second is the recurrence in the news of public health problems, which have been emerging around the world over the last twenty years or so, and which may be said to have started with the discovery and explosion of mutant viruses, such as HIV in the early 1980s, and most recently, earlier this year, with the mutation of the Corona virus, which caused a worldwide alert, from China to Canada, with the emergence of SARS (severe acute respiratory syndrome), with its many and complex implications that have yet to be thoroughly assessed.

1.2 Not to be forgotten is the emergence over the same period of bio-terrorist threats in Japan and USA.

1.3 Looking at the recent history of disease outbreaks, their most obvious feature is that the risks are immediately worldwide in scale: HIV, which undoubtedly came into being on the banks of the Congo River, was first identified in Norfolk, USA, and the mutation of the Corona virus 'travelled' in less than three months from Quandong (China) to Toronto in Canada.

In other words, the spread of these outbreaks is hastened considerably by international travel and communications systems.

1.4 A further constraint has arisen: although social protection arrangements differ considerably from country to country, European citizens demand that the State afford them ever

greater protection against health risks and that, as far as public health is concerned, the authorities apply the principles of precaution, promptness, information and transparency in their reactions and decisions, even though this is a set of requirements which is not always easy to meet.

1.4.1 The situation in the EU is very uneven: some countries have modern structures with appropriate facilities, whereas others are much less well prepared. Divergences are set to worsen with EU enlargement, so the establishment and effective operation of a European Centre for Disease Prevention and Control is undoubtedly necessary.

1.5 The European Commission has been managing a network on communicable diseases since 1999, but it is an isolated and inadequate example of cooperation.

The system needs to be substantially enhanced forthwith so that the EU can control it effectively. In June 2001, at the Gothenburg European Council, the Council also called for this centre for the control and prevention of communicable diseases to be set up.

It should be noted that, since June 2003, following the outbreak of the SARS epidemic, support from the Member States for the proposed centre has grown considerably.

## **2. General comments**

2.1 There is a need for a systematic and structured approach to controlling communicable diseases and other serious health threats. This demonstrates the importance of the preventive approach, which is rightly mentioned in the name of the centre and specified as part of its mission (Article 3 of the proposal).

In the agrifood sector, successive BSE crises, Creutzfeldt-Jakob disease, scrapie in sheep and avian influenza have posed widespread and serious threats.

2.2 In the environmental field, the sudden surge in illness and death rates due to asbestos and exposure to chemical agents, the development of respiratory illnesses due to pollution, and the large number of deaths as a result of the heatwave, i.e. global warming, are also now considered to be serious health crises which are of epidemic proportions. If these new health crises are to be prevented and controlled, an epidemiological model suitable only for communicable diseases must be abandoned, particularly since environmental factors are of increasing importance, even for these diseases. These crises show the importance of studying the interaction and cumulative effect of various risk factors which can lead to serious illnesses and health crises. The Centre must be properly structured and equipped to undertake complex analyses of this type.

## **3. Health threats**

3.1 These may in future have very different origins: many regions of the industrialised world, as well as developing regions with little health infrastructure, may be affected, particularly

when it is borne in mind that there is currently no way of controlling fast-acting haemorrhagic fevers, such as that caused by the Ebola virus.

There is also a real threat of serious crises originating from influenza, the viruses of which are constantly evolving.

3.2 Add to this the "ordinary" chemical, toxic or microbial hazards and those which could arise from a deliberate act of bio-terrorism, such as sarin gas in Japan, anthrax in the USA, botulism, nerve gas and poison gas in Iraq.

3.3 Two parameters must be addressed:

- The time and speed of reaction, as well as having operational coordination structures, are essential factors in the response to such serious health crises. The SARS crisis was the most recent demonstration of this.
- The system of networks to be put in place must also be connected to global networks: in particular, links to the World Health Organisation (WHO) and to the network of the US Center for Disease Control and Prevention network in Atlanta.

3.4 The impact of such crises is not only felt in terms of public health, necessitating responses to widespread public concern, but also in economic terms, since in the SARS crisis, the economies of a number of Asian countries were affected and, to a lesser degree, the economy of the European tourism and transport industry.

3.5 The European Parliament and Council Decision 2119/98/EC setting up a network for the epidemiological surveillance and control of communicable diseases in the European Community was intended to address the existing lack of organisation.

3.6 Many EU Member States have efficient and effective structures within their own territories, but little coordination between them. Europe-wide surveillance, early warning and response are needed, and although the Member States make up the 'network of networks' as a Community basis, further action and technical measures are needed.

3.7 In order to do this, there will have to be a substantial increase in long-term funding to sustain these operations.

The scientific consultation and coordination of public health policies needed to meet these many requirements and heavy demands require major funding if the intention is to extend capacity to provide independent scientific advice and effective operational coordination.

3.8 The fragmentation of the present structures has a detrimental effect; new mechanisms need to be put in place to help the Member States and the Commission to do their work.

Enlargement to take in ten new countries, most of which are under-equipped, may make surveillance activities less effective.

3.9 The EU must be able to put the Member States and dedicated structures on a permanent health watch against any type of threat to the public health of their citizens. Wide-ranging liaison with the WHO and other specialist bodies around the world should facilitate an ongoing exchange of information between networks so that the appropriate material can be put in place quickly and at any time to respond to threats from whatever source.

3.10 The health crises suffered over the last ten years by the countries of the EU have raised the awareness of EU decision-makers, the Member States and the general public, increasing acceptance for the efforts needed to combat public health crises.

#### 4. **Specific comments**

4.1 In order to deal with the growing demands of EU citizens faced with health crises of various types, some of which happen concurrently, an individual EU Member State needs skills, expertise and experience from all quarters able to provide coordinated specialist knowledge.

4.2 The network needed must have a number of elements in particular:

- A sufficient number of trained and skilled staff.
- The existing epidemiological centres must have a privileged place in the set-up, and must ensure that their prevention and control models keep pace with the changing nature of risks and encompass environmental health.
- The resulting source of information must be available to all partners. Scientific advice should be authoritative, providing a basis for the Commission to draw up all kinds of proposals for action and draft legislation.

4.3 The Centre, which acts as an independent European agency, could mobilise and significantly strengthen synergies between existing national disease control centres. It should enhance cooperation in an enlarged EU, as well as with other Community agencies, namely the European Food Safety Authority (EFSA) and the European Agency for the Evaluation of Medicinal Products (EMA), which has specific competences regarding pharmacovigilance, so that their activities do not needlessly overlap.

4.4 The EESC agrees wholeheartedly with the Commission's analysis regarding the definition and conception of the remit of the European Centre for Disease Prevention and Control:

- Surveillance and the networking of existing laboratories to achieve rapid harmonisation of surveillance methods and to speed up the comparability and compatibility of surveillance data as soon as possible.
- High-level scientific advice recognised by scientific authorities and academics and standardisation of laboratory procedures. The high quality and independence of these laboratories' work must be guaranteed.

4.5 The EESC would press the point that scientific surveillance should be constant so as to permit an extremely rapid early warning and response, thus preventing any deterioration into a serious and/or major crisis.

4.6 The EESC feels that, in some instances, technical assistance cannot be limited only to EU Member States.

Care should be taken to remain attentive to all signals coming from elsewhere which might call for a rapid response: the EU should be able to obtain and/or provide help to all those able to give support in any theatre of operations: Community agencies, the WHO, the US Center for Disease Control, humanitarian medicine and foreign agencies faced with outbreaks which could affect other regions, especially the EU.

4.7 After research and prevention measures, the EESC agrees that the agency should have a major role in coordinating the response to serious Community-wide health threats, coordinating the work of the various parties concerned, such as the authorities responsible for public health and civil protection, the military, and civil society.

4.8 The EESC notes with interest how it is proposed that this European Centre should be organised:

- Small in size, but with great influence thanks to its synergies with national institutes.

However, the EESC has some doubts as to whether the Centre will be able to begin operating with such a small number of staff.

- The administrative structure appears to be straightforward and flexible, allowing continuous monitoring of the coherence of its work with action taken under Community policies and national initiatives.

4.9 The EESC is strongly in favour of an Advisory Forum (Article 18), emphasising that its members should be selected with extreme care and rigour and should be drawn not only from similar national bodies because, alongside the Director, the forum is the key element in the structure underpinning the Centre, which is essential for a wider EU public health policy.

5. **Conclusion**

5.1 The European Commission has reacted quickly in the wake of the international health crisis caused by SARS.

The EESC is convinced that there will be many more such threats in future on a range of fronts - chemical, toxic, climatological, viral or microbial - and that these will be aggravated by resistance to treatment, such as in the case of tuberculosis, AIDS, malaria and fast-acting hemorrhagic fevers.

5.2 The creation of this Centre is a boost to the EU's public health policy as defined in Treaty Article 152 and provided for in the draft EU constitution, now on the table before the IGC.

Brussels, 29 October 2003.

The President  
of the  
European Economic and Social Committee

The Secretary-General  
of the  
European Economic and Social Committee

**Roger Briesch**

**Patrick Venturini**

---