IN JUNE 2009, the European Commission published an internal report entitled "Inventory of crisis management capacities in the European Commission and Community Agencies". At the time of this inventory the author was seconded to the European Commission as a Seconded National Expert (SNE) at the Health Threats Unit at Health and Consumers Directorate General (DG SANCO) and he was given the responsibility for the input of DG SANCO into this inventory.

The report is summarized with a focus on the health sector. The full report can be obtained from the author (per.kulling@hotmail.com) or from the European Commission Secretariat General (michalis.ketselidis@ec.europa.eu).

Introduction

In the wake of the 2004 Tsunami and the 2005 terrorist attacks, the European Council has repeatedly identified strengthening the European Union’s (EU) responsiveness to emergencies, crises and disasters, both inside and outside its borders, as a political priority. While Member States are responsible for managing emergencies on their territory and assisting their citizens abroad, the Union can and should play a role by coordinating a political response and by providing assistance to Member States. Calls for more EU coordination, more EU visibility and a greater coordinating role for the Community Institutions have come from Member States’ governments, Institutions, and Parliaments; and from the general public: when in need, citizens expect a swift and effective response. They also expect that Europe provides assistance on the basis of shared core values, such as solidarity, democracy, and human rights.

In March 2008, the Commission, in its Communication ‘Reinforcing the Union’s Disaster Response capacity’ (COM 2008 130), put forward proposals paving the way for a comprehensive and integrated EU response. The Communication underlined the urgency for an integrated approach to disasters bringing together prevention, preparedness, response and recovery. It addressed all types of disasters (inside or outside the EU, natural or man-made), and it covered (for the first time) all EU Community instruments as well as inter-institutional coordination. The Communication addressed four areas of strengthened Community intervention:

- Increased inter-institutional cooperation,
- Reinforcement of European humanitarian aid,
- Gearing up of European Civil Protection,
Improved coordination of disaster response capacities across various Community policies

The Commission will continue to work towards achieving its aim of a fully integrated and comprehensive EU response capacity to contribute to a more safe and secure Union. As a further contribution, this report provides an inventory of Community policies and instruments for the management of crises. In this report, a crisis is defined as ‘a serious, unexpected and often dangerous situation, requiring timely action; a situation that may affect or threaten lives, the environment, critical infrastructure or core societal functions, may be caused by a natural or man-made disaster and may take place inside or outside the EU’.

This inventory provides a holistic view of the management of crises, based on capacities and instruments available in more than twenty Commission services and numerous agencies. It addresses the overall cycle of disaster prevention, preparedness, response and recovery. It includes capacities aimed at incidents happening inside and outside the European Union. It takes an all-hazards approach: today’s crises are increasingly multifaceted so our response must be such. Capacities are mapped here not per sector but per function; in other words, not based on who does what, but what exists in order to address a given problem.

This report is a step towards improving visibility and transparency on crisis management instruments of the Commission and of Agencies. It should enable improved effectiveness of action, as a quick reference guide in support of scenarios for operations inside and outside the EU. This inventory may allow identifying opportunities for further collaboration, pinpointing gaps and room for synergies amongst policies.

Structure

The report is structured into the following areas: Crises in the EU, Crises outside the EU and Cross-cutting dimensions. Three annexes present the relevant EU research programmes, systems and services, and indicative budget figures.

In the areas dealing with crises within the EU and outside it, the following dimensions have been used: Prevention, Preparedness, Response and Recovery. The Cross-cutting dimensions deal with Research, Systems and Services, Early Warning, and Training and Exercises. As an introduction to each of these areas there is a presentation of how to work with partners and stakeholders.

Function fiches

In each of the dimensions Prevention, Preparedness, Response and Recovery function fiches have been compiled and each fiche includes:

- Purpose,
- Scope,
- Legal basis,
- Financial instruments,
- Concept of operations,
- Members,
- Consultation with Member States,
- Partners and stakeholders,
- Operational centres and procedures,
- Systems and services,
- Research.

Areas being covered by the fiches are:

Inside the EU


Preparedness: Risk Management and Agriculture, Health security including rapidly evolving major health threats, In-


**Recovery:** Financial Assistance.

### Outside the EU

**Prevention:** Promotion of International Humanitarian Law, Regional and cross-border cooperation with and between neighbouring countries, Energy Security, Support of the African Peace and Security Architecture, Support to Security Sector Reform, Natural resources and conflict, Disaster Risk reduction, Food Security.

**Preparedness:** Support to Peace Operations, Disaster Preparedness and Mitigation, Energy Security, Food Assistance.

**Response:** Humanitarian Assistance, Emergency management and coordination capacities at HQ, Emergency management and coordination capacities on site.

**Recovery:** Early Recovery, Infrastructure and Resources.

### Participants

The following European Commission services and agencies participated in the inter-service group at time of the report.

**Directorates General:**
- Development (DEV),
- Economic and Financial Affairs (EC-FIN),
- Enlargement (ELARG),
- Energy (ENER),
- Environment (ENV)
- External Relations (RELEX),
- European Aid – Co-operation Office (AIDCO),
- Humanitarian Aid and Civil Protection (ECHO),
- Mobility and Transport (MOVE),
- Health and Consumers (SANCO),
- Information Society and Media (INFSO),
- Internal Market and Services (MARKT),
- Joint Research Centre (JRC),
- Justice, Freedom and Security (JLS),
- Regional Policy (REGIO),
- Research (RTD),
- Secretariat General (SG),
- Taxation and Customs Union (TAUXD).

**Agencies:**
- European Agency for External Border Security (FRONTEX),
- European Aviation Safety Agency (EASA),
- European Centre for Disease Prevention and Control (ECDC),
- European Food Safety Authority (EFSA),
- European Network and Information Security Agency (ENISA),
- European Police Office (EUROPOL).

The function fiche on Preparedness inside the EU: ‘Health security, including rapidly evolving major health threats’ and extracts of the function fiche on Cross-cutting dimension: ‘Training and exercises’ are presented as examples:
Preparedness – Inside the EU

Health Security Including Rapidly Evolving Major Health Threats

PURPOSE: To develop capacities at all levels (governmental, professional response and recovery organisations, communities and individuals) to effectively anticipate and respond to all types of health threats/hazards.

SCOPE:
- Ensuring preparedness planning for all types of rapidly evolving major health threats/hazards (e.g. infectious diseases, CBRN (chemical, biological, radio-nuclear) events, effects of natural events such as climate change, effects of infrastructure disturbances, and currently unknown major health threats).
- Ensuring a response capability for health threats/hazards.

LEGAL BASIS:
- Article 152 in Title XIII Public Health
- Commission Decision 96/2000 – a list of communicable diseases and special health issues under epidemiological surveillance
- Commission Decision 253/2000 – case definitions for reporting communicable diseases
- Council conclusions 17 December 2001: Informal cooperation and coordination body (HSC-Health Security Committee) by Health Ministers and the European Commissioner for Health and Consumer Protection
- Council conclusions 22 February 2007: Transitional prolongation of HSC mandate 2007-09
- Council conclusions 16 December 2008 (after an informal Health Ministers’ meeting in Angers, 8-9 September 2008)
- Regulation (EC) No 648/2005 (Community Customs Code)

FINANCIAL INSTRUMENTS:
- The Health Programme 2008-2013 (Decision No 1350/2007/EC of the European Parliament and the Council 23 October 2007) is the main Community instrument for implementing the EU health strategy and one of its objectives is ‘to improve citizens’ health security’
- The Civil Protection Financial Instrument (2007/162/EC, Euratom) allows financial assistance for measures to prevent or reduce the effects of an emergency.

CONCEPT OF OPERATIONS:
The Commission is in charge of planning and management of all the preparedness phases which comprise the management of plans and systems for: information management, communication (including risk communication), scientific/evidence-based advice, health crisis management (for example risk assessment, risk management), health sector preparedness, intersectorial collaboration, management of plans and the safe transportation of dangerous samples (such as virus samples). Whenever a risk has been identified on goods entering or leaving the Community, the use of the CRMS-RIF (Com-
munity Risk Management System – Risk Information Form) system can allow the Commission to spread information on consignments and to check for national customs risk analysis centres and customs offices. Furthermore, if such goods are seized by one customs office, it can quickly and in a secure way inform all other customs officers from the 27 Member States of the criteria linked to this seizure so as to enable them to target similar risky consignments.

For CBRN events, see function Hazard Materials, Preparedness inside the EU.

MEMBERS:

- Lead DG: SANCO
- Associated DGs: JLS (bioterrorism), JRC, ENV, TAXUD
- Agencies: ECDC, Europol (will become a Community agency in 2010).

CONSULTATION WITH MEMBER STATES:

- Ministries of Health from Member States, EEA (European Economic Area) and EFTA (European Free Trade Association) countries, and health-related agencies.
- Network Committee on communicable diseases. The regulatory committee meets regularly (3-4 times yearly).
- Early Warning and Response System (EWRS) focal points with representatives from Ministries of Health from Member States. They meet regularly (3-4 times yearly).
- Health Security Committee with representatives from the Ministries of Health from Member States: meets twice a year and has monthly audio-conferences. The Health Security Committee Sections (Generic Preparedness Planning Section, CBRN (Chemical, Biological, Radio-nuclear) Section, Flu Section) meet twice a year and ad hoc working groups meet according to needs.

PARTNERS AND STAKEHOLDERS:

- National agencies; regional and local authorities; expert groups
- EU Agencies: European Centre for Disease Prevention and Control (ECDC), European Medicines Agency (EMEA), European Food Safety Authority (EFSA), Community Plant Variety Office (CPVO), European Agency for the Management of Operational Cooperation at the External Borders (RONTEX), European Agency for Safety and Health at Work (EU-OSHA), European Chemicals Agency (ECHA), European Environment Agency (EEA), European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
- UN agencies: WHO
- International organizations: countries adhering to the GHSI (Global Health Security Initiative) and its GHSAG (Global Health Security Action Group)
- Civil Society associations at large, including trade associations (Pharmaceutical and vaccine producer organisations), health professionals’ organisations

OPERATIONAL CENTRES AND PROCEDURES:

- Preparedness planning for pandemic influenza by giving guidelines and by developing tools and placing them at the disposal of Member States.
- Generic preparedness planning for all types of health threats/hazards (including infectious diseases and CBRN events, including terrorism) by giving guidelines and by developing tools and placing them at the disposal of Member States.
- The Health Emergency Operation Facility (HEOF) is regularly tested. The
facility is activated during an event in close collaboration with different actors and networks (see above) of the Member States and other actors in the Commission as well as international bodies (for example WHO, and GHSI – Global Health Security Initiative- and its GHSAG – Global Health Security Action Group).

- EOC (Emergency Operations Center) at the ECDC.

**SYSTEMS AND SERVICES:** For further details, see Part 3 and Annex II, tables 1 (Rapid Alert and Notification Systems for Crisis Management), 2 (Early Warning Systems), 3 (Information Exchange/Dissemination/Coordination Platforms), in particular:

- ECURIE (European Community Urgent Radiological Information Exchange)
- EWRS (Early Warning and Response System for communicable diseases)
- RAS BICHAT (Rapid Alert System in relation to Biological and Chemical Attacks and Threats)
- RAS-CHEM (Rapid Alert System Chemicals)
- RAPEX (Rapid Exchange of Information System for risks posed by non-food consumer products)
- EUROPHYT (Phytosanitary network for the interception of organism harmful to plants)
- HEDIS (Disease and Health Emergency situation awareness and Information exchange System)
- TeSsY (Integrated European Communicable Disease Surveillance System).
- ENSEMBLE: coordination platform for long-range atmospheric dispersion modelling.
- EPIS (Epidemics Intelligence Portal)
- MedISys (Medical Intelligence System)
- CRMS-RIF system (Community Risk Management System – Risk Information Form)

**RESEARCH:** Research in the field of this function is covered within the FP7 (The Seventh Framework Programme (2007–2013) Cooperation Programme, **Health and Security** theme, and applied research activities of the JRC (Joint Research Centre) on **Public Health and Food Safety**. For further details, see Part 3 and Annex I.

**Cross-Cutting Dimension**

**Training and Exercises (Extract)**

As part of their Crisis Preparedness work, Community actors (Commission Directo rates General and Community Agencies) are increasingly organising training and exercises. These are organised in close collaboration with the relevant authorities of the EU Member States and, where appropriate, with other countries or international organisations.

As crises increase in their complexity, they affect different society sectors and increasingly require assets and expertise from many different policy sectors and agencies. This is why Community actors constantly improve collaboration in their training and exercises. This also helps to improve the understanding of the different working modalities, to agree on similar procedures, enhance coordination, build up coherence and complementarity of approach, step up information sharing and communication, and even increase cost-effectiveness.

**Definitions of exercises**

**VERIFICATION TEST/STARTING-UP**

**EXERCISES:** Starting-up exercises are just simple exercises testing the starting-up systems such as people’s availability on
telephone numbers (fixed and mobile), the functionality of SMS (short message service) messages, functional mail boxes and web sites, etc.

SIMULATION EXERCISES: A traditional type of exercise is simulation exercises. An advanced type of exercises is role-playing exercises either in groups, individually or by computer application. In this context we deal only with traditional simulation exercises.

TABLE-TOP/DESKTOP EXERCISES: Table-top exercises are a very cost-effective and efficient method of testing plans, procedures and people. The players involved are provided with an excellent opportunity to interact with and understand the roles and responsibilities of the other agencies taking part. Such exercises engage players imaginatively and generate high levels of realism. Participants will get to know realistic key procedures along with the people with whom they may be working in an emergency. Those who have exercised together and know each other will provide a much more effective response than those who come together for the first time when an emergency occurs. During a tabletop exercise the players usually sit around a table, responding to the unfolding events while assuming their assigned role.

COMMAND POST EXERCISES: In command post exercises, the team leaders (and communications teams) from each participating organisation are positioned at their national, regional or local command and control posts that they would use during a real incident. This kind of exercise tests communication arrangements and, more importantly, information flows between remotely located team leaders from participating organisations. Command post exercises allow the effective testing of time-critical communication and crisis management. These exercises are cost-effective and efficient in testing plans, procedures and key people responses, and enable the involvement of several organisations simultaneously, in particular to compare interoperable responses. It is well suited for training management and supporting staff to successfully plan, coordinate, exercise command and control, and to identify cross-border or EU-wide interoperability during the execution of national or local preparedness plans. It allows the appropriate testing of tools and communication between all involved parties.

Preparation and follow-up to such training sessions provide useful building opportunities for the participants in order to contribute to updating preparedness plans.

FIELD EXERCISES: Field exercises range from a small-scale test of one component of the response, such as an evacuation – ranging from a building or “incident” site to an affected community – through to a full-scale test of the response of an organisation to an incident. Field exercises provide the best means of confirming the satisfactory operation of emergency decision-making and communications and the use of ‘affected persons or areas’ can add to the realism. Field exercises provide the only means of fully testing the crucial arrangements for handling the media.

CASE STUDIES: Case studies are based on an unfolding scenario, real or fictitious, and offer a method of learning about a complex instance through extensive description and contextual analysis. In a series of diverse continuous incidents, the case study provides a number of predefined specific issues and questions in the pub-
lic health organisational framework which are to be addressed and discussed by the participants, and thus have a didactic purpose. The product articulates why the instance occurred as it did, and what one might usefully explore in similar situations. The analysis of the case study needs to be achieved in a group, focusing on the unfolding scenario, but has to be relevant to and allow for generalisations to the European setting. Case studies may take place in the form of a seminar which also includes panel discussions. They would include information to participants about the organisation and procedures which would be invoked in responding to an incident. The emphasis is on problem identification, solution finding and generalising rather than on decisionmaking. Those involved in the case study can be either new to the job or established personnel, and are led to a specific point in time and circumstance where they become a ‘participant’ in the case. In the scripting, planning, conducting and evaluating case study seminars, the participants may be asked to assume the role of a person in an organisation. The role is made explicit and it is from that viewpoint that analysis, views, arguments and recommendations must be made.

**External Crises**

**OBJECTIVE:** To prevent and mitigate crises and respond more effectively and coherently in situations of crisis and in post-crisis stabilisation of international, regional, sub-regional organisations, state and non-state actors, in particular:

- Creating a pool of trained experts in civilian crisis management;
- Building consensus around a European training standard;
- Training of Member States’ experts identified for participation in EU Crisis Response Teams (CRTs);
- Support the transfer of European training modules to the Africa Union and other inter-governmental bodies with similar training needs (upon approval by the Commission);
- Establishment of general and specific tailor-made training programmes, modules and curricula;
- Support of platforms and centres for training.

**PARTICIPANTS:**
Lead DG: RELEX
Associated DGs: ELARG, AIDCO, ECHO, DEV, ENV, SANCO, REGIO, JLS, JRC

**NETWORK OF PARTNERS:**
- Member States and third-country governments, organisations, institutions, agencies, administrations and authorities at national, regional, sub-regional and local levels
- International, multilateral and regional organisations, UN (United Nations) agencies, NGOs (Non Governmental Organisations), civil society and population, institutes/centres, public and private institutions/organisations and universities

**EXAMPLES:**
- Training for civilian stabilisation missions via the Peace Building
- Partnership:
  - Development of a core training curriculum
  - Preparation of EU training standards aiming ultimately for a recognised EU training standard, compatible with UN (United Nations) and OSCE (Organisation for Security and Cooperation in Europe) requirements
• Training of police experts from Member States to be deployed in international missions

• Training in post-conflict need assessment and post-disaster needs assessment

• Training in humanitarian assistance through financing for the network of universities at the European level (NOHA) in the area of education in Humanitarian Action. The Joint European Master’s programme in International Humanitarian Action is an inter-university, multi-disciplinary postgraduate programme that provides academic education and professional competencies for personnel working or intending to work in the area of humanitarian action

• EPIET (European Programme for Intervention Epidemiology Training)/ECDC (European Centre for Disease Prevention and Control) offers short training modules (one week) in:
  o Rapid Assessment in Complex Emergencies
  o Managerial Skills and Leadership during outbreak management
  o Epidemiological Investigation of Outbreaks
  o Epidemiological and Microbiological aspects of Outbreaks

Bio-terrorism and CBRN

OBJECTIVE: The Commission organises training for experts and provides financial support to field exercises on the response to CBRN incidents that may involve civil protection modules and teams

Participants:
  Lead DG: ENV
  Associated DGs: TREN, RELEX, ENV, SANCO, JRC, JLS

The Civil Protection Financial Instrument: grants financial support to Member States for the setting-up of field exercises, finance exchanges of experts and supports transboundary civil protection cooperation.

Examples: ECDC offers short training modules (2-5 days) in:
  • introduction to public health aspects of deliberate release of disease agents (2 days)
  • joint Response from Law Enforcement and Public Health to Health Crises (3 days, training of trainer module)

Health

OBJECTIVE: Organise exercises for the intervention teams, European Commissions’ staff, Member States, the European Council, international organisations and networks such as the Global Health Security Initiative (GHSI) and its Global Health Security Action Group (GH-SAG).

Participants:
  Lead DG: SANCO
  Associated DGs: JLS, TREN, RELEX, ENV, JRC
  Associated Agencies: ECDC, EFSA

Network of Partners:
  • Ministries of Health in EU Member states, EEA and EFTA countries
  • The Network Committee (for communicable diseases) with members from Member States’ Ministries of Health
  • Early Warning and Response System (EWRS) focal points with representatives from Member States’ Ministries of Health (communicable diseases)
  • Health Security Committee (HSC) with members from Member States’ Ministries of Health and expert groups from
Member States
• International organisations (WHO – World Health Organization) and Global Health Security Initiative (GHSI) and its Global Health Security Action Group (GHSAG) countries
• EU Agencies: European Centre for Disease Prevention and Control (ECDC), European Medicines Agency (EMEA), European Food Safety Authority (EFSA), Community Plant Variety Office (CPVO), European Agency for the Management of Operational Cooperation at the External Borders (ROMTEX), European Agency for Safety and Health at Work (EU-OSHA), European Chemicals Agency (ECHA), European Environment Agency (EEA), European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
• Civil Society associations at large, including trade associations (Pharmaceutical and vaccine producer organisations) and health professionals’ organisations

EXAMPLES: SANCO
• Aeolus (7-8 October 2008): a command post exercise over a two-day period. The scenario was based on the covert and deliberate contamination of a protein supplement drink resulting in cases of unusual illness appearing over Europe and necessitating the rapid exchange of sensitive data across administrations, departments and participating countries. The main purpose of Exercise Aeolus was to examine the capability of departments and institutions at Member State and Commission level to work together and share information during a fast-evolving health threat cutting across departmental responsibilities. The exercise addressed cross-sec-
toral communication and collaboration at national and EU level. Most of the 27 EU Member States, EEA and EFTA countries participated in the exercise as well as the ECDC, Europol, several departments within SANCO, and the European office of WHO. The exercise demonstrated that in a real incident, departments and institutions at a Member State and SANCO level are able to be brought together at short notice and share information and work together to ensure a faster resolution to an EU-wide health threat crossing different departments and institutions. A number of lessons were learned and proved to be useful at the A (H1N1) influenza incident, starting in April 2009.
• TOR (planned for November 2009): was planned to be on a pandemic influenza with the participation of Member States, EEA and EFTA countries, other DGs and EU agencies. It has been reshaped to be an evaluation of the A (H1N1) influenza crisis starting in April 2009 concentrating on business continuity and on those areas the evaluation finds important to improve.
• Training and workshops on tools, processes and legislation of Health security, notably with a view to train the national trainers.

ECDC
• Common Ground (November 2005): a command post exercise on a pandemic flu scenario. It was led by SANCO, with the participation of all Member States and WHO
• Brown Lagoon (June 2007): a command post exercise with the scenario based on a food-borne outbreak in Commission building and diphtheria in Member States. It was led by the ECDC, with the participation of SAN-
CO, all Member States and WHO.

- Green Field (June 2008): a command post scenario with the scenario based on a meningitis outbreak during the Euro Cup. It was led by the ECDC, with the participation of SANCO, all Member States and WHO.

- Purple Octagon (September 2009): a command post exercise with the scenario based on large outbreaks during an International Sport mass gathering event. It was led by the ECDC with the participation of SANCO, South Africa, Canada, and China.

- Training and workshops on tools, processes and legislation of Health security notably with a view to train public health experts and the national trainers.

- The EPIET (European Programme on Intervention Epidemiology) run by the ECDC has been involved since 1995 in more than 70 response missions to neighbouring countries and outside the EU.

- Most of the missions to neighbouring countries were led by WHO, in the domain of outbreak investigations.

- Rapid public health priority assessment (including epidemics, mortality surveys and disaster relief) after disasters has been supported by EPIET (in collaboration with WHO and Global Outbreak Alert and Response Network – GOARN) with relation to: the hurricane Mitch in Honduras; earthquake relief operations in Pakistan (2005); Tsunami response operations in Banda Atjeh (2005); complex emergencies, such as Darfur (2004).

The author is a fellow of KKrVA and during the period of April 2008 to December 2009 Seconded National Expert (SNE), Health Threats Unit, Health and Consumers Directorate General, European Commission (DG SANCO).

Note

1. GHSI (Global Health Security Initiative) was launched in 2001 and is a platform for G7 (Canada, France, Germany, Italy, Japan, the United Kingdom, and the USA) countries, Mexico, the European Commission and WHO (observer) to exchange information and share experiences in ways to address chemical, biological and radio-nuclear (CBRN) threats