



EUROPEAN COMMISSION

DIRECTORATE-GENERAL FOR EUROPEAN CIVIL PROTECTION AND HUMANITARIAN AID
OPERATIONS (ECHO)Brussels, 2 April 2020
ECHO.B.1/JSD

**Presentation on the ECDC methodology for allocating procured COVID-19-related
medical equipment
Extraordinary meeting
VIDEOCONFERENCE
1 April 2020
Draft Minutes**

Item 1. Introduction and presentation of the methodology developed by ECDC

The Commission (co-chaired by 5.1.2e 5.1.2e and 5.1.2e 5.1.2e) opened the meeting and welcomed the Civil Protection Committee delegates, the Health Security Committee and the Joint Procurement Agreement Steering Committee to this extraordinary meeting in response to the COVID-19 emergency.

The Commission (DG SANTE) made an introduction on the methodology for allocating procured COVID-19-related medical equipment prepared by the ECDC and briefly outlined the two mechanisms in place, rescEU under DG ECHO and the Joint Procurement under DG SANTE. The Commission reiterated that the objective of this methodology, which has been developed by the ECDC, is to have a system to support the allocation of COVID-19 medical countermeasures, when demand exceeds supply, in a proportional and needs based manner. Such a system would help to mitigate other distribution principles such as *first come, first serve*, which may not be the most suitable approach for the allocation of medical countermeasures to where the needs are most important. It was underlined that the ECDC methodology is a proposal, which seeks the endorsement of the Member States and which would only apply during the COVID-19 emergency.

The methodology can help to guide in the estimation of needs and help the Commission allocate medical supplies available under rescEU, or by DG SANTE in guidance to Member States for the allocation of medical countermeasures of the Joint Procurements. It was also emphasised that the methodology developed by ECDC is flexible and dynamic and is intended to be adaptable in view of new developments or needs related to COVID-19.

The Commission (DG ECHO) complemented by explaining the decision-making process of the deployment of rescEU capacities and mentioned the relevant provisions in the basic act and implementing acts.

The ECDC made a presentation explaining the principles behind the methodology. Currently, the methodology covers PPEs, intensive care medical equipment, and laboratory supplies, but can be expanded to cover additional areas such as therapeutics

and vaccines as needs evolve. The focus of the instrument is on short-term future needs and the objective is to ensure a proportional and needs based allocation of scarce supplies with minimum amount of data input so to facilitate the process for countries.

The Commission continued the presentation by noting that the methodology needs for its basic functions only four sets of epidemiological data, namely the:

1. 3-day average number of suspected COVID-19 cases requiring testing on a daily basis;
2. number of confirmed COVID-19 cases that require non-ICU hospitalisation today;
3. number of confirmed COVID-19 cases that required non-ICU hospitalisation 3 days ago;
4. number of confirmed COVID-19 cases that require ICU hospitalisation today.

The resulting 3 outputs consist of a projection of countries' needs in the following 7 days (for PPE items, ICU items, and laboratory items for testing), obtained by taking into account the declared needs at the moment of imputation and the needs three days earlier. The ECDC methodology then considers resource deficits, which takes into consideration current stocks and surge capacity numbers for each item relative to the estimated needs. These are two additional data points which the countries would need to input as part of the methodology. To facilitate and support Member States in this process, the methodology is being integrated in the ERCC portal.

The participants at the meeting were asked whether there was any country that opposed the use of the ECDC-developed methodology. No Member State expressed a rejection of such a methodology at this stage.

Representatives from EU/EEA/UCPM countries participating at the meeting made the following specific comments:

5.1.2a inquired on the relation of the amounts and asked whether Member States are free to change their needs at this point. The Commission replied that, in line with this proposed methodology, Member States could update their needs on the spreadsheet, noting that the methodology helps to estimate needs but that Member States are still invited to input their own specific needs. The Commission underlined, specific to the Joint Procurement, that this proposal would need to be agreed upon by the relevant committees to be applied.

5.1.2a enquired on the PPEs and whether these are only procured for healthcare settings or for the whole community, and asks on its timeline of the delivery. The Commission replied that this depends on the needs of Member States, and hence the more information received on specific items, the more informed the decision the Commission can make. In terms of the timeline, the table is intended to be updated every 3 days, thus, one of the inputs being preserved from the last entry. On the other hand, the timeline for delivery still needs assessment.

5.1.2a mentioned that colleagues from the 5.1.2a Health Ministry made comments on the methodology and this will be sent as a follow-up to the Commission after the meeting. The Commission welcomes feedback and inputs that might help improve the current version. 5.1.2a indicated some general concern on the approach in current circumstances had been shared with DG ECHO in advance

5.1.2a asked for clarification on whether this methodology will be used for both mechanisms (JPA and rescEU) and whether only one input of the Member State is

needed. The Commission noted that the goal is to have a single entry point for Member States to provide the data needed.

5.1.2a asked about the progress on the rescEU procurement of medical stockpiling capacities and enquired whether there will be further coordination between the Health and Civil Protection authorities. The Commission answered that indeed coordination is needed between national Health and Civil Protection authorities such as the single data of needs required and for the access on the ERCC portal.

The ECDC elaborated that the methodology does not take into account specific challenges to supply, but that the surge stock capacity in seven days is only for 'confirmed' stocks, and therefore, if there are uncertainties on the delivery of the item, this would in essence therefore not be considered as a 'confirmed' supply. It was stressed that countries should only fill in the needs about which they are certain.

5.1.2a asked when the Commission expects Member States to give the data on the needs. The Commission said as soon as a methodology would be agreed, and added that as per the methodology, the reference time for regular updates would be every three days.

5.1.2a asked on the ongoing procurement and if there are any quality standards procedure in place at EU level. The Commission noted this common challenge to all actors and highlighted the importance of reliable distributors and manufacturers, which is often gauged by previous commercial relationships.

Several Member States asked questions on the timeline of the methodology.

Item 2. Next Steps

EU/EEA/UCPM countries are requested to send their written feedback on the methodology, by 2 April at 15:00. CDC will take these comments into consideration and will look to adapt the methodology. In turn, the ECDC will revert to the Commission with an updated methodology which will then be shared with countries. The Commission will send a consolidated version by 6 April to the relevant committees and will ask for an endorsement regarding the methodology in their respective mechanisms. No formal adoption procedure for the methodology is envisaged.

Representatives from EU/EEA/UCPM countries are requested to consider the identification of one focal point to provide data through the ERCC Portal (or using the spreadsheet and via email if case that information is needed right away) by 3 April at 18:00.

Feedback should be sent to your relevant counterpart email addresses (please feel free to copy one or all as it will then be consolidated by the Commission):

- [REDACTED] 5.1.5 [REDACTED]@ec.europa.eu
- [REDACTED] 5.1.5 [REDACTED]@ec.europa.eu
- [REDACTED] 5.1.5 [REDACTED]@ec.europa.eu

Item 3. AOB

The Commission (DG ECHO) informed the Civil Protection Committee delegates that the proposal for the amendment of the 2020 Annual Work Programme is ready and will

be sent out this week for Committee opinion by written procedure. The amendment foresees an additional EUR 370 million for the UCPM budget.

The Commission (DG SANTE) provided a brief update on the status of the ongoing joint procurements.

5.1.2a asked whether rescEU medical stockpiling capacities can only be used by the hosting Member State if it requests assistance under the UCPM. The Commission replied in affirmative that rescEU medical stockpiling comes only into play for the hosting Member States, when the hosting Member State requests assistance for it under the UCPM. In addition, could a Member State already use the methodology inputting data before a request for assistance is made. The Commission replied that the methodology and the database would be used at large (i.e. JPA, rescEU), if agreed by the relevant committees. The rationale is that a Member State updates the information every three days, regardless whether assistance under the UCPM has been requested.

5.1.2a asked whether the ERCC portal will be similar to the CECIS platform. The Commission replied that the ERCC is a secured, Commission-hosted platform that supports the work of the ERCC, including work done on CECIS. Although the interface of the ERCC Portal is different to that of CECIS, the Commission will make sure that the part related to the COVID-19 response and the methodology is simple and user friendly. Training material and support will be provided.