



# UNITED4Surveillance: Expectations by DG SANTE

**Kick-off meeting**  
14 February, Utrecht (NL)

5.1.2e

*DG SANTE B.2*

# Content

## What is the current EU policy environment in which United4Surveillance is being kicked off?

- How COVID-19 has increased the **political focus** on surveillance
- Surveillance within the **SCBTH Regulation**
- United4Surveillance in the landscape of **EU funding programmes**



# Shifting (political) focus on surveillance (I)

## Acute phase of COVID-19 (2020-2021)

- Immediate, short-term measures
- Geographic coverage of national testing strategies and improving testing capacities
- Data collection and data sharing across borders (contact tracing, travel)
- Increasing importance of genomic surveillance and sequencing

### □ July 2020 – [Short-Term EU health preparedness for COVID-19 outbreaks](#)

“Public health surveillance should be based on the intensity and geographical spread of the virus to ensure the detection of hot spots and avoid future lock-downs”

### □ June 2021 – [Early lessons from the COVID-19 pandemic](#)

“Lesson 1: Faster detection and response depends on stronger global surveillance and more comparable and complete data”

# Shifting (political) focus on surveillance (II)

## Post-acute phase of COVID-19 (2022)

- Importance of sustainable approaches and resilient systems
- Population-based integrated surveillance systems
- Investments needed to strengthen infrastructures in MS, including sentinel systems
- Use of complementary surveillance systems, e.g. wastewater monitoring

### □ April 2022 – [Sustaining EU preparedness and response](#)

“Set up integrated surveillance systems that are no longer based on the identification and reporting of all COVID-19 cases, but rather on obtaining reliable and representative estimates”

### □ Sept 2022 – [Preparing for autumn and winter 2022/2023](#)

“There is an urgent need to develop and sustain resilient population-based integrated surveillance systems”

# Shifting (political) focus on surveillance (III)

## 2023: A transition point of the COVID-19 pandemic?

□ 30 Jan 2022 – [Statement of the 14<sup>th</sup> IHR Emergency Committee \(WHO\)](#)

- Little doubt that SARS-CoV-2 remains a permanently established pathogen for the foreseeable future.
- Elimination of the virus is highly unlikely, but mitigation of its devastating impact on morbidity and mortality is achievable and should be a priority. Long-term public health action is critically needed.
- Moving past the 'PHEIC' status requires a focused commitment to developing and implementing **sustainable, systematic, long-term prevention, surveillance and control action plans**.
- Recommendation:
  - **Improve reporting and quality** of SARS-CoV-2 surveillance data;
  - Use an **integrated approach** to respiratory infectious disease surveillance;
  - Surveillance should **incorporate information** from representative sentinel populations, event-based surveillance, wastewater surveillance, sero-surveillance, and animal-human-environmental surveillance.
  - **Ensure adequate capacity and coverage** to quickly recognise any significant changes in the virus and/or its epidemiology and clinical impact, so that appropriate action can be triggered as necessary.

# Surveillance within the SCBTH Regulation (I)

## CHAPTER III: Epidemiological surveillance, EU Reference Labs and Ad Hoc Monitoring

- **Art 13: Network for epidemiological surveillance (ECDC)**
  - Detection and monitoring of trends and outbreaks, assess situation and facilitate appropriate response;
  - Strengthen the data collection and sharing capacity of MS;
  - IA – Commission: list of notifiable communicable diseases and case definitions.
  
- **Art 14: Digital Platform for Surveillance – EpiPulse (ECDC)**
  - Continued development to establish integrated and interoperable surveillance systems enabling real-time surveillance where appropriate, to support communicable disease prevention and control.
  - Automated collection of surveillance and laboratory data, as well as relevant non-personal health data (electronic health records and health databases), media monitoring, and artificial intelligence

# Surveillance within the SCBTH Regulation (II)

## CHAPTER III: Epidemiological surveillance, EU Reference Labs and Ad Hoc Monitoring

- **Art 15: European reference labs for public health** (Commission/ECDC)
  - IA – Commission: designate EU ref labs to provide support to national reference laboratories to promote good practice and alignment by Member States on diagnostics, testing methods, use of certain tests for the uniform surveillance, notification and reporting of diseases by Member States.
  - ECDC: Operate and coordinate the EURLs, in cooperation with the WHO reference laboratories.
  - EURLs will be designated for at least 4 years.
- **Art 16: Network of substances of human origin** (ECDC)
  - Network of MS' services supporting the use of substances of human origin, including transfusion and transplantation, to monitor, assess and help address disease outbreaks that are relevant to substances of human origin.
  - ECDC to operate and coordinate the network.



# Surveillance within the SCBTH Regulation (III)

## CHAPTER III: Epidemiological surveillance, EU Reference Labs and Ad Hoc Monitoring

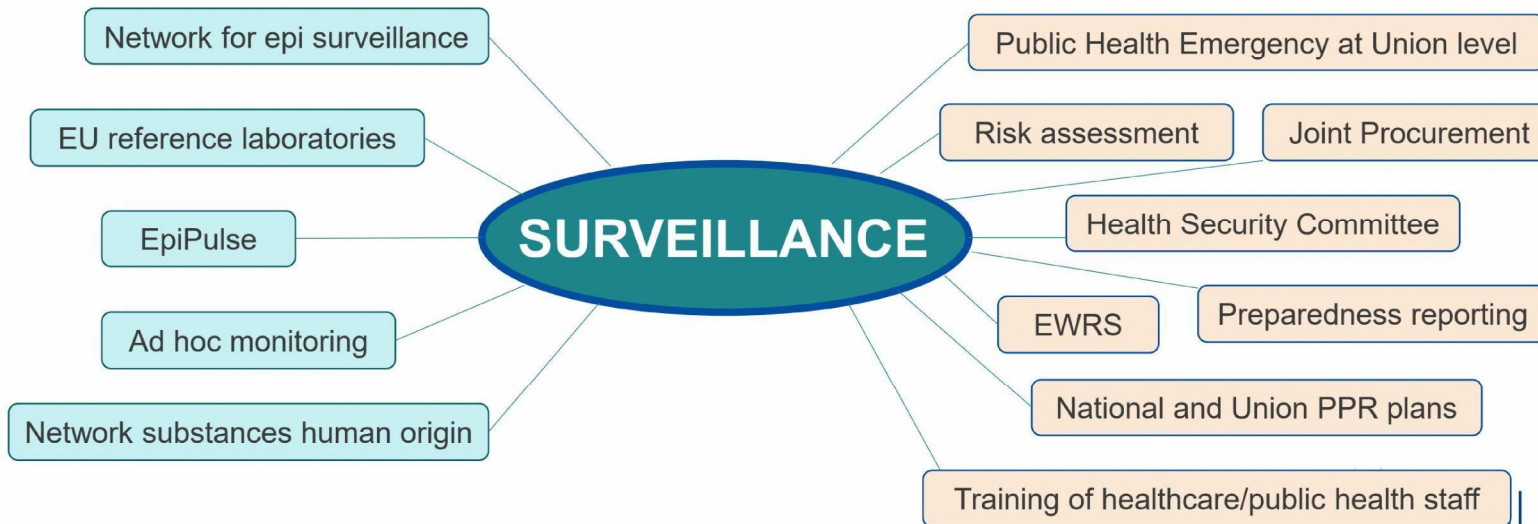
- **Art 17: Ad hoc monitoring**
  - Following an alert in the Early Warning and Response System (EWRS), MS to inform each other through the EWRS or in the HSC of developments at national level.
  - IA – Commission: case definitions to be used during ad hoc monitoring to ensure the comparability and compatibility at Union level of the collected data



# Surveillance within the SCBTH Regulation (IV)

## Chapter III

## But also...



# Surveillance within EU funding programmes

## EU4Health (SANTE B.2/ECDC)

**United4Surveillance**  
7.0 M EUR

**Direct Grants surveillance**  
97.3 M EUR

**EWRS**  
2.0 M EUR

**EU ref labs**  
12.4 M EUR

**JA AMR**  
50.0 M EUR

**Prep action EURLs**  
0.4 M EUR

**PostCOVID Surveillance Study**

## EU4Health (Other DGs/SANTE Units)

**Direct Grants One Health Surveillance** - 20.0 M EUR

**DURABLE – HERA lab network** - 25.0 M EUR

**HERA IT system (threat detection and MCMs)**

**JA wastewater surveillance**

**WGS/PCR infrastructure + Cap Building grants**

## Other examples

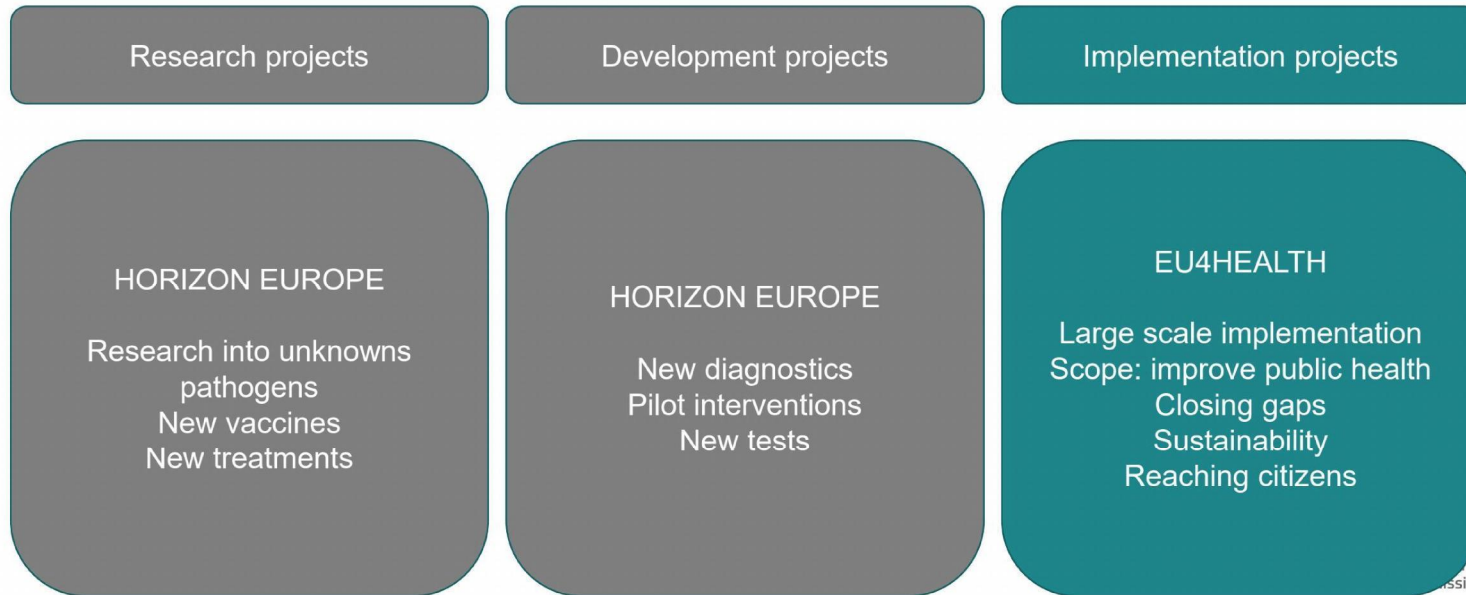
**BE READY**  
H2020

**PREZODE**  
International

**EU Partnership on Animal Health & Welfare**

*And many, many, many more...*

# EU4HEALTH Programme



## CP-g-23-01 Direct grants to Member States' authorities: improving and strengthening national surveillance systems

- The aim of the direct grants is to support Member States to improve their surveillance system in line with and building on the outcomes of the JA UNITED4Surveillance.
- Scaling up national surveillance systems and support required national capacity building for the development of interoperable, reliable and modern national surveillance systems.

Annual WP 2023, Annex: [https://health.ec.europa.eu/system/files/2022-11/wp2023\\_annex\\_en.pdf](https://health.ec.europa.eu/system/files/2022-11/wp2023_annex_en.pdf)



# Activities for the Direct Grants to MS

Targeted investments for sustainable developments in the following areas:

## 1. Infrastructure development; e.g.:

- Upgrading or developing surveillance information management systems;
- Integration of animal and environmental health data sources;
- Linking existing alert and information systems for the detection of new emergent threats.

## 2. Capacity building; e.g.:

- Training targeting surveillance at the different levels of the healthcare systems;
- IT capacity building.

## 3. Piloting, implementation and uptake; e.g.:

- Demonstrate end-to-end interoperability;
- Integration of data reporting to ECDC and EC.

# The Instrument

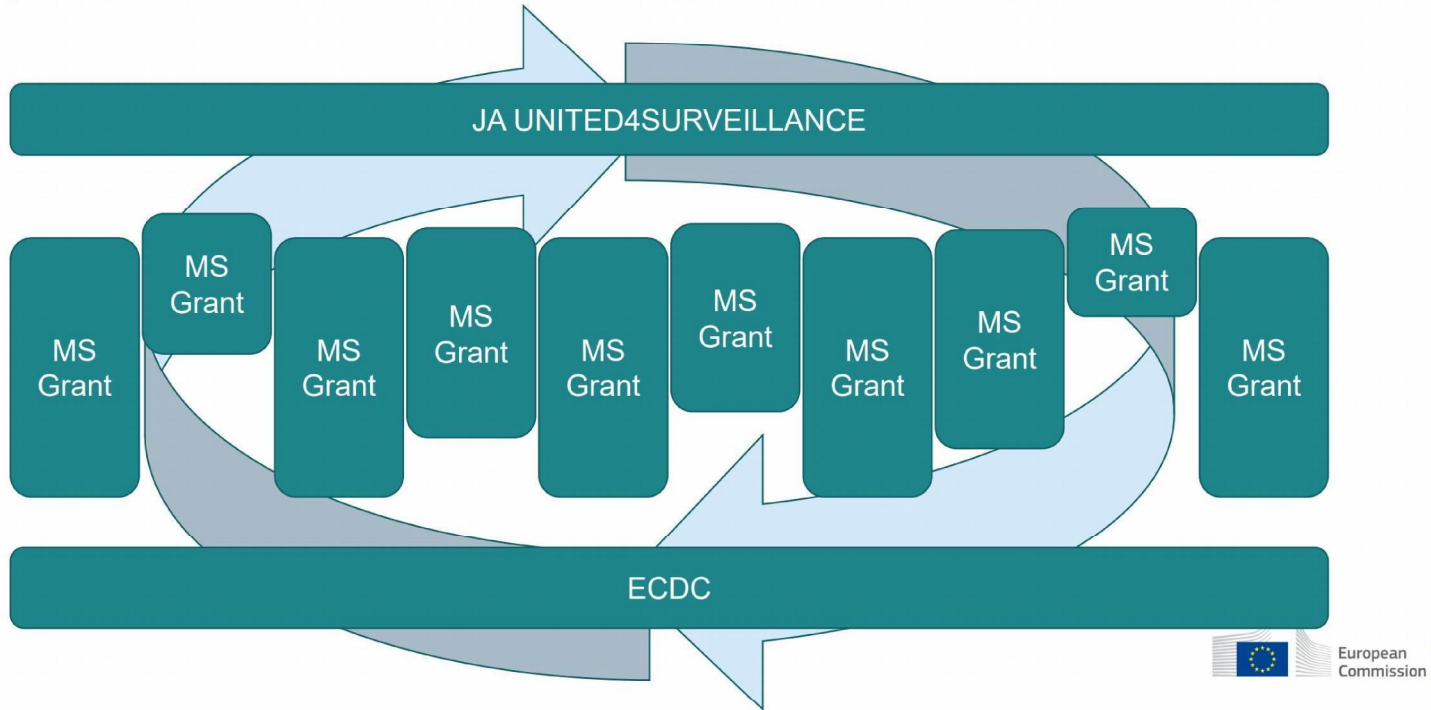
- Direct Grants to Member States
- 1 or more beneficiaries, as required in the respective country
- Beneficiary(ies) need to be appointed by Ministry of Health
- Total budget EUR 97 300 000
- Expected duration of grants 4 years
- Indicative budget per Grant
- Implementation by the Health and Digital Executive Agency (HaDEA)  
[https://hadea.ec.europa.eu/index\\_en](https://hadea.ec.europa.eu/index_en)

## Procedure and Indicative Timeline

- Further Preparatory meetings - March to October 2023
- Nomination of beneficiaries – June 2023
- Invitation to submit proposal – October 2023
- Submission of proposals – December 2023 to January 2024
- Evaluation of proposals – February to April 2024
- Grant Agreement Preparation and Signature – April to June 2024



# JA United4Surveillance to be complemented with MS grants (2023)



## Joint Action vs. Direct Grants to MS

- Joint Action is a consortium
  - Coordinator, participants, partners
  - Multibeneficiary
- Single grants
  - Addresses the needs of a particular country
  - Single or Multibeneficiary

The JA should work on processes, which **require a consensus building between countries**.  
The Direct Grants should work on **gaps and infrastructure, which concern a particular country**.

## In summary...

- High (political) attention on **ensuring integrated and sustainable approaches to surveillance** – in the aftermath of the COVID-19 pandemic but this will be beneficial in the wider context
- **Legal base**: Surveillance is integrated across the articles of the new Serious Cross-Border Threats to Health Regulation
- **Funding**: A significant amount of money is available under EU4Health as well as other EU funding programmes for surveillance (public health and beyond)

**Key step for United4Surveillance:** assessment of needs in Member States and how these can be supported by the JA, while considering the current wider context (ongoing projects, policy priorities, legal operating framework)

# Thank you



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