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SHARP
Strengthened International HeAlth
Regulations & Preparedness in the EU

International collaboration between authorities during crisis

Final Report

Work Package 5 – D.5.3

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A report on key challenges in national and international collaboration between governments and national authorities during crises, and measures of obligations related to response from health systems, cross-sectoral efforts and effective assistance between member states.

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Table of contents

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Recommendations

- We recommend that a template agreement of intention for cross-border multisectoral support between neighboring countries or countries who are able to assist bilaterally, should be made available for the European countries.

- We also recommend that such an agreement of intention should be maintained and further developed by a co-operative body for the authorities that are party to the agreement, and that detailed operative plans and agreements are established in which main obstacles are defined and solved.

- A template agreement of intention based on the Nordic Public Health Preparedness Agreement is enclosed.

Summary

Introduction:
Joint Action SHARP is a collaborative effort by health authorities in the European region to strengthen preparedness against serious cross-border threats to health. The goal is to improve the implementation of the International Health Regulations (IHR) and Decision No 1082/2013/EU, replaced by Regulation (EU) 2022/2371 in 2022 on serious cross-border threats to health.

The objectives for Work Package 5 (WP), task 5.2 are to identify key challenges in national and international collaboration between governments and national authorities, and to elaborate on measures for the operationalization of obligations related to response from health systems, cross- sectoral efforts and effective assistance between member states when needed.

In this report (D.5.3) we summarize the work on international collaboration between authorities during crises in WP 5, task 5.2, and suggest a template agreement of intention for cross-border multisectoral support between neighboring countries or countries who are able to assist bilaterally.

Framework regarding cooperation between health and civic protection authorities during crises, including cross-border collaboration:
The contents of the International Health Regulations (IHR) and the new EU regulations regarding serious cross-border threats to health replacing EU Decision No 1082/2013 are discussed in the report. The EU Civil Protection Mechanism (UCPM), EU guidelines on Host Nation Support (HNS) and the Emergency Medical Teams (EMT) initiative are also touched upon.

The Nordic Public Health Preparedness Agreement
The Nordic Public Health Preparedness Agreement is referred to as a possible base for a template agreement of intention for cross-border multisectoral support between

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neighboring countries in crises. This agreement states that the Nordic countries are required, as far as possible, to:

- provide each other with assistance in crisis situations
- inform and consult each other regarding measures that are implemented in crisis situations
- promote cooperation by removing obstacles in national legislation etc
- cooperate on exchange of experience and increase of expertise

The agreement is complemented by several other cross-border agreements, both local and national, operationalizing the agreement in specific areas, and is maintained by a co-operative body for the Nordic council of Ministers.

Results from our survey on strengthened international health regulations and cross border preparedness in the EU

To fulfill the objectives of WP 5, task 5.2 we performed a survey on international collaboration during health crises.

The aims of the survey were to identify key challenges in national and international collaboration between governments and national authorities during health emergencies, and to elaborate on measures for the operationalization of obligations related to response from health systems, cross- sectoral efforts and effective assistance between member states when needed.

When asked what would make it easier for countries to assist each other in the future, the responses from countries can be categorized into five groups:

1) Enhanced coordination at the European level, where respondents expressed support for the new EU health union regulation, the development of a European preparedness and response plan, the ability to declare a public health emergency at European level, the EU health data space, as well as common European strategies and rules.
2) Expanded international collaboration, such as increasing the collaboration with NATO and developing an agreement internationally which allows for easy movement of qualified healthcare personnel.
3) Improved legal frameworks and operational procedures which better facilitate cross-border assistance.
4) Exchange forums, such as improving the information exchange in EWRS, use the European Reference Network (ERN) infrastructure, and more generally ensure that countries have useful platforms to share their needs and requests.
5) Training programs, such as the EPIET fellowship, but also encourage the development of shorter training programs.

Summary of the workshop

We used the results from the survey to prepare a program designed to give the participants more insights into the new EU regulation and health preparedness as

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well as the Nordic Public Health Preparedness Agreement, and to give room for discussions.

The main conclusion of the workshop was that a template agreement of intention based on the Nordic Public Health Preparedness Agreement would be useful for other countries but will need local adjustments depending on the countries involved.

Several situations for more detailed cross-border agreements were suggested:

- Rescue operations
- Health care professionals working on both sides of the border
- Environmental disasters
- Toxicological disasters
- Medical countermeasures
- Outbreak of foodborne, waterborne or vector borne diseases

In any situation where a more detailed cross-border agreement is formalized, the need for a detailed standard operation procedure that is easy to activate, including who contacts who, was highlighted.

Discussion and conclusion

The challenges regarding cross-border assistance reported most often both in the survey and in the workshop, were: Financial issues, authorization/certification of health care workers, sharing of information between countries, logistical issues, legal issues (both between EU countries and between EU and non-EU countries), challenges regarding different approaches/strategies to crises and medical issues including AMR.

Based on the results of the survey and the discussions at the workshop in Lisbon, we conclude that an agreement of intention similar to the Nordic Public Health Preparedness Agreement may be helpful in the process of fulfilling the expectations for preparedness and response plans by the EU at the regional level, whilst at the same time fulfilling obligations under the IHR.

We suggest an all-hazards template agreement of intention for cross-border multisectoral support between neighboring countries or countries who are able to assist bilaterally based on the Nordic Public Health Preparedness Agreement. The template is enclosed.

We also propose that such an agreement of intention will need to be maintained and further developed by a co-operative body for the authorities that are party to the agreement, and that detailed operative plans and agreements need to be established in which the main obstacles are defined and solved.

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1. Introduction and objective

Joint Action (JA) SHARP is a collaborative effort by health authorities in the European region to strengthen preparedness against serious cross-border threats to health. The goal is to improve the implementation of the International Health Regulations (IHR) and Decision No 1082/2013/EU, replaced by Regulation (EU) 2022/2371 on serious cross-border threats to health.

JA SHARP also has as an objective to strengthen laboratory preparedness in Member States and to develop their capacities to detect, investigate and report potential cross-border threats to health or public health emergencies of international concern, such as disease outbreaks.

JA SHARP brings together 30 countries (24 EU members, 3 EEA/EFTA members and 3 European neighboring countries). The organization of the health care systems in European countries vary with different funding, legislation, capacity etc., which challenges cooperation across borders in crisis. Through the Joint Action, the member and partner states and the Union's common ability to prevent, detect and respond to all hazards to human health will be strengthened. Special efforts will be made to fill gaps that have been or will be identified in priority countries (countries that have the biggest gaps in the capacity required for full IHR capability).

This report (D 5.3) is based on the work of work package (WP) 5, task 5.2: To improve core capacity in EU Member States as required by International Health Regulations (IHR) (2005) Third edition and Decision 1082/2013/EU, replaced by Regulation (EU) 2022/2371 on serious cross-border threats to health.

The objectives for task 5.2 are to:

- Identify key challenges in national and international collaboration between governments and national authorities.
- To elaborate on measures for the operationalization of obligations related to response from health systems, cross- sectoral efforts and effective assistance between member states when needed.

In the process of developing measures for the operationalization of cross-border assistance in severe health crises, we have considered the Nordic Public Health Preparedness Agreement (2002) (1) and discussed whether a similar template of agreement of intention could be useful for other European countries.

Recent health crises, especially the COVID-19 pandemic, but also the Ukrainian war, have tested the overall preparedness and uncovered several challenges related to the ability of countries to offer and receive cross-border assistance. During these crises, obstacles have been solved both nationally and internationally. Some countries have improved their legislation to be able to meet a new pandemic with relevant measures. Furthermore, the EU has made several changes. Considering

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the lessons learnt during the COVID-19 pandemic and in order to facilitate adequate Union-wide preparedness for and response to all cross-border threats to health, the legal framework for combatting serious cross-border threats to health, including zoonotic-related threats, has been broadened by the EU. One key topic in Regulation (EU) 2022/2371 on serious cross-border threats to health is the need to strengthen cooperation between Member States, Union agencies, and the World Health Organization (WHO), while taking into account the burden faced by national competent authorities depending on the actual public health situation. The cooperation between neighboring countries is highlighted in the preamble of the regulation (EU) 2022/2371 (13):

> *Experience from the ongoing COVID-19 pandemic has demonstrated that there is a need for further firmer action at Union level to support cooperation and coordination among the Member States, in particular between neighboring border regions. The national prevention, preparedness and response plans of Member States sharing a border with at least one other Member State should therefore include plans to improve the preparedness for, prevention of and response to health crises in border areas in neighboring regions, including through cross-border training for healthcare staff and coordination exercises for the medical transfer of patients.* (2)

Due to these improvements, we have adjusted our task to include the new regulations as described and summarized below.

To fulfill the aims of task 5.2, we performed a survey to identify key challenges in national and international collaboration between governments and national authorities during health crises. Based on the results of the survey, we arranged a workshop to elaborate on the measures for the operationalization, including whether the Nordic Public Health Agreement would be useful as a base for a template agreement of intention between other European countries with common borders.

In this report (D.5.3) we summarize the work on international collaboration between authorities during crises in WP 5, task 5.2, and suggest a template agreement of intention for cross-border multisectoral support between neighboring countries or countries who are able to assist bilaterally.

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2. Framework regarding cooperation between health and civic protection authorities during crises, including cross-border collaboration

The most important legal framework relating to international health crises are the IHR (2005) and the new EU regulations replacing Decision 1082/2013/EU.

2.1 IHR (2005) Third edition

The International Health Regulations (2005) provide an overarching legal framework that defines countries' rights and obligations in handling public health events and emergencies that have the potential to cross borders. The IHR are an instrument of international law that is legally-binding on 196 countries, including the 194 WHO Member States.

The countries are required to report annually on the implementation of the IHR through the State Party Self-Assessment Annual Report (SPAR). In addition to this obligatory report, there are also voluntary activities such as joint external evaluations, after action reviews and simulation exercises based on the IHR framework. This has been discussed more thoroughly in WP 5 report D.5.4 (3).

The IHR (2005) are currently under revision and there is an ongoing process of developing a new WHO Pandemic Treaty. Until the revision is completed and the Pandemic Treaty is finalized, IHR (2005) Third edition apply.

The purpose and scope of the IHR (2005) are *" to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade"* (4).

The IHR contain a range of articles that aim at ensuring collaborative efforts by the member states, including:

a) A scope not limited to any specific disease or manner of transmission, but covering “illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans”.
b) State Party obligations to develop certain minimum core public health capacities.
c) Obligations on States Parties to notify WHO of events that may constitute a public health emergency of international concern according to defined criteria.
d) Provisions authorizing WHO to take into consideration unofficial reports of public health events and to obtain verification from States Parties concerning such events.

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e) Procedures for the determination by the Director-General of a “public health emergency of international concern” and issuance of corresponding temporary recommendations, after taking into account the views of an Emergency Committee.
f) Protection of the human rights of persons and travelers.
g) Establishment of National IHR Focal Points and WHO IHR Contact Points for urgent communications between States Parties and WHO.

Furthermore, Annex A number 6 g and h of the regulations state that member countries are obliged:

> *"(g) to establish, operate and maintain a national public health emergency response plan, including the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a public health emergency of international concern; and*
>
> *(h) to provide the foregoing on a 24-hour basis"* (4).

The IHR are not limited to specific diseases.

2.2 EU legal acts

Following the challenges caused by the COVID-19 pandemic, The EU has finalized four new regulations regarding health crises:

1. REGULATION (EU) 2022/2371 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 23 November 2022 on serious cross-border threats to health and repealing Decision No 1082/2013/EU
2. REGULATION (EU) 2022/2370 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 23 November 2022 amending Regulation (EC) No 851/2004 establishing a European Centre for Disease prevention and Control.
3. REGULATION (EU) 2022/123 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 25 January 2022 on reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices
4. REGULATION (EU) 2022/2372 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 24 October 2022 on a framework of measures for ensuring the supply of crisis-relevant medical countermeasures in the event of a public health emergency at Union level

REGULATION (EU) 2022/2371 has replaced Decision No 1082/2013/EU. The regulation has a One Health approach, ensuring that the health of humans, animals and the environment are considered together when it comes to addressing threats to

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human health. Furthermore, the regulation has a broad, all hazards scope, including threats of biological, chemical, and environmental origin.

The definition of a serious cross-border threat used in the regulation, is:

> *"Serious cross-border threat to health means a life-threatening or otherwise serious hazard to health of biological, chemical, environmental or unknown origin, (…), which spreads or entails a significant risk of spreading across the national borders of Member States, and which may necessitate coordination at Union level in order to ensure a high level of human health protection".*

To ensure the feasibility of the regulation, the Health Security Committee (HSC) is given additional responsibilities, especially regarding prevention and control of serious cross-border threats to health.

The main elements of the new regulation, are:

- Prevention, preparedness, and response planning
- Epidemiological surveillance
- EU reference laboratories
- Ad hoc monitoring
- Early warning and response system (EWRS)
- Risk assessment
- Public health emergency at Union level

All these elements will improve cross-border assistance during a health crisis. In addition, the importance of cooperation between neighboring countries is highlighted in the preamble of the regulation as described earlier.

The Member States are required to develop prevention, preparedness and response (PPR) plans, and to report on these plans to the European Commission (EC) as stated in article 7: "*The report shall include, where relevant, cross-border interregional and intersectoral prevention, preparedness and response elements involving neighboring regions. Such elements shall include coordination mechanisms for the relevant elements of Union and national prevention, preparedness and response plans, including cross-border training and sharing of best practices for healthcare staff and public health staff, and coordination mechanisms for the medical transfer of patients".*

The ECDC is responsible for assessing the national PPR plans every three years as stated in article 8, including the implementation of the plans. Furthermore, the Commission, relevant union agencies and the Member States are required to work together within the HSC to develop, strengthen and maintain the Member States' capacities for assessment of and response to serious cross-border threats to health.

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In article 11 the training of healthcare staff and public health staff is described. The importance of the EU Health Task Force is highlighted, as well as the importance of cross-border training in neighboring regions: *"In cross-border regions, joint cross-border training, sharing of best practices and familiarity with public health systems for healthcare staff and public health staff shall be promoted*".

Article 20-22 describes the Commission's response to a public health crisis. A risk assessment shall be made available by the relevant agency or body, and the situation is coordinated regarding national response, communication and adoption of opinions and guidance. The Commission may adopt recommendations on common temporary public health measures.

Articles 23 and 24 state that the Commission may formally recognize a public health emergency at union level, as well as terminate a public health emergency.

Altogether the new regulation will ensure that the member states have updated all-hazards PPR plans including cross-sectional and cross-border cooperation, and that these plans are implemented and exercised. In the case of a serious public health crisis, the Union will coordinate the response within the member states to enhance the power of the measures taken. The Commission has the means to formally recognize a public health emergency at union level and take appropriate actions without waiting for the announcement of a public health emergency of international concern (PHEIC) by WHO.

2.3 EU cooperation on civil protection and EU guidelines on Host Nation Support

Disasters know no borders and can simultaneously affect one or several countries without warning. When an emergency overwhelms the response capabilities of a country in Europe and beyond, it can request assistance through the EU Civil Protection Mechanism (UCPM) (5). The European Commission established the UCPM in October 2001. The Mechanism aims to strengthen cooperation between the EU countries and nine participating states on civil protection and enables a more rapid and effective response to emergencies by coordinating the delivery of civil protection teams and assets to the affected country and population.

To support the effort of member states and participating states to provide and receive assistance through the UCPM, the EU developed non-binding guidelines (6) for Host Nation Support (HNS) in 2012. These EU HNS-guidelines define how a country, as a provider, recipient, or as a transit country, can prepare itself for a situation in which assistance is needed from the EU or through other forms of international assistance.

Over the past ten years, EU cooperation on civil protection has developed rapidly. In 2019, the EU strengthened all components of its disaster risk management. The upgrading of the UCPM established a new European reserve of additional capacities

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(the 'rescEU reserve') (7) that also includes medical resources such as medical evacuation capacities, medical teams trained for setting up field hospitals and medical stockpiles for medicines, equipment, and vaccines. RescEU is aiming at boosting the preparedness and response capacity for different types of crises, including health crises such as pandemics and serious CBRN-events. The reserve will only be used as a last resort, when national means are exhausted, when bilateral- or regional agreements on facilitating cross-border assistance are not sufficient, and capacities registered in the European Civil Protection Pool are not available.

2.4 The Emergency Medical Teams (EMT) initiative

The World Health Organization (WHO) launched the Emergency Medical Teams (EMT) initiative (8) in 2016 to improve the timeliness and effectiveness of health services provided in the immediate aftermath of a sudden-onset emergency or outbreak.

The Initiative was also established in alignment with the IHR (2005), in which the Member States are required to develop certain minimum public health capacities to "detect, assess, notify and report events" and to "respond promptly and effectively to public health risks and public health emergencies of international concern".

The Global EMT Initiative enables countries to improve their own national capacity, which can be used to assist other countries in emergencies. It enables affected countries to accept and use EMTs in a timely, coordinated manner. Host governments and affected populations can depend on EMTs from the list to arrive trained, equipped, and capable of providing the intervention promised. Victims and their families can expect the clinical teams treating them to be of a safe minimum standard.

According to WHO's Classification and minimum standards for emergency medical teams (9), coordination is at the heart of an effective rapid response to health-related emergencies and for the delivery of humanitarian assistance. Governments have a primary role and responsibility in institutionalizing national or subnational health capacities for coordinated responses. For most sudden onset disasters, disease outbreaks or civil conflicts, national EMTs are almost always better placed to provide immediate assistance to those in need. During large-scale emergencies, however, national authorities may turn to international responders for additional help, bringing in well-trained, self-sufficient EMTs to temporarily supplement national health resources or assist with a surge in health-care requirements.

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3. The Nordic Agreements

3.1 The Nordic Public Health Preparedness Agreement

Under *the Nordic Public Health Preparedness Agreement* (1) of 2002, the Nordic countries have committed to cooperating in providing healthcare and social welfare in case of emergencies and disasters, taking into account their national needs, and with the intention to increase the Nordic countries' overall ability to manage crises. The goal of the agreement is to supplement NORDRED (10) and other bi- and multilateral agreements that do not take public health into account, and to ensure that principles of cooperation also apply to Nordic health care officials and services.

The agreement in itself is an agreement of intention. According to the agreement the Nordic countries are required, as far as possible, to:

- provide each other with assistance in crisis situations
- inform and consult each other regarding measures that are implemented in crisis situations
- promote cooperation by removing obstacles in national rules etc
- cooperate on exchange of experience and increase of expertise

Distribution of administrative and financial consequences arising from cooperation on health and medical care preparedness referred to in Article 3(a) in the agreement is agreed upon on a case-by-case basis. In the case of assistance on occasions when one of the contracting states suffers an emergency or disaster, referred to in Article 3(b), the provisions given in the NORDRED agreement concerning financial compensation is applied as far as possible. According to NORDRED, in short, the country providing assistance is entitled to compensation from the aid-seeking country for costs related to actions, to the extent that these may be attributed to the assistance performed.

The Nordic health preparedness group (the Svalbard group) (11) is the permanent cooperation body for follow-up of the agreement. The leadership role rotates between the countries on a yearly basis. Matters related to the Nordic health preparedness agreement are reported to the Nordic Council of Ministers via a committee of government officials.

The Nordic Public Health Preparedness Agreement forms the basis of several other cross-border agreements, both on national- as well as on regional/local level, operationalizing the agreement. The essential point is that The Nordic Agreement underpin a common commitment and motivation to cooperate and to find solutions to identified or emerging obstacles or challenges.

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3.2 Nordic Mass Burn Casualty Incident Response Plan

The Nordic Mass Burn Casualty Incident Response (MBCI) Plan (12) is an example of a direct operationalization of the requirements set in the Nordic health preparedness agreement. The Nordic MBCI plan was developed to ensure effective management of mass casualty situations involving burns

The Nordic MBCI Plan promotes measure of preparedness to ease cross-border cooperation in the event of a mass burn casualty incident, such as fully trained burn teams (B-teams). The B-teams are deployed on request of the affected country and perform their mission in collaboration with the local staff and authorities. There are also common standards of burn care practiced in the Nordic countries, and all burn centres are members of the European Burns Association (EBA). The newly started EBA verification process for burn centres ensures that high standards of care are met in verified centres.

3.3 Other examples of cooperation under The Nordic Public Health Preparedness Agreement

Cross-border communication
Norway, Sweden, and Finland are the first countries in the world to have developed a bridge between their national emergency networks. Theradio communication systems namely Norwegian *Nødnett* was linked with Swedish *Rakel* in 2017 and with Finnish *Virve* in 2018. The emergency services have been involved in the preparations, and arrangements have been made for Nordic emergency and preparedness actors to work together in joint speaking groups across the countries and when working in neighbouring countries. The large forest fires in Sweden in the summer of 2018 showed how important it is to be able to communicate in joint rescue efforts. Norwegian fire resources and the Red Cross' response during the forest fires provided valuable experience on how cross-border communication works in practice, and what challenges are encountered.

The COVID-19 pandemic
During the pandemic the Svalbard Group held frequent on-line meetings, both to ensure a common understanding of the situation in the region, by giving each other updates on the development, needs etc., in different phases of the pandemic, but also for knowledge sharing. There were also examples of cross-border assistance between the Nordic countries, in terms of medicines and material etc.

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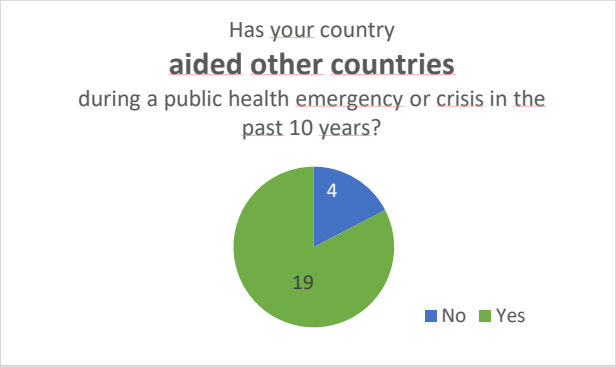
4. Results from the survey

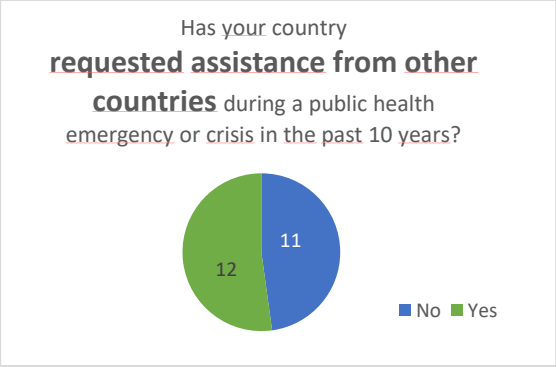
A survey on countries' experiences with cross-border assistance was developed by the Norwegian Directorate of Health and distributed to JA SHARP member countries in December 2022 (Annex 1). The main target population was the authorities (health departments, agencies, and public health institutes).

The aims of the survey were to identify key challenges in national and international collaboration between governments and national authorities during health emergencies, and to elaborate on measures for the operationalization of obligations related to response from health systems, cross- sectoral efforts and effective assistance between member states when needed.

The survey received 23 replies from 17 countries.

The results of the survey showed that several European countries engage in cross-border assistance. Of the 23 respondents, 19 responded that their country had aided other countries during a public health emergency or crisis in the past 10 years. Countries had for instance provided assistance during the Ebola outbreak (2014-2016) and during the war in Ukraine, through participation in WHO Global Outbreak Alert and Response Network (GOARN) (13) deployments, and by aiding neighboring countries experiencing earthquakes and other natural disasters. Moreover, 12 of 23 responded that their country had requested assistance during a public health emergency or crisis in the past 10 years. These countries had requested assistance during the COVID-19 pandemic, the mpox outbreak in 2022, the war in Ukraine, the migration wave in 2015-16, and due to natural disasters and burn incidents.





To both request and provide assistance, the European Civil Protection Mechanism, diplomatic channels and bilateral agreements were used equally as much.

In terms of formalized procedures for requesting and receiving assistance, 12 out of 23 responded that their country's health emergency preparedness plan includes procedures for assisting other countries.

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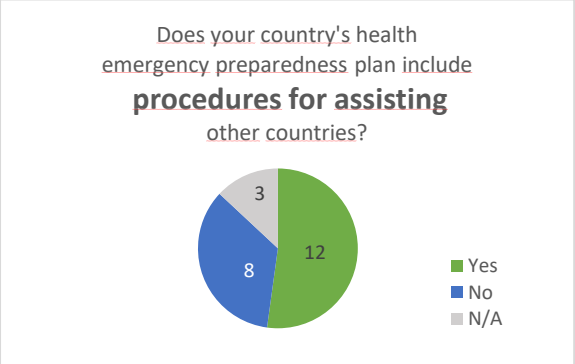
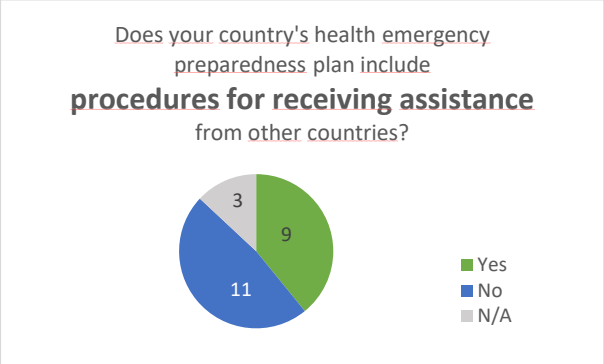
Nine out of 23 respondents reported that their country has procedures for receiving assistance in their health emergency preparedness plans.

11 out of 23 respondents reported that their country has formalized cross-border agreements with neighboring countries with regards to public health emergencies. Of the 12 who did not have a formalized cross-border agreement with neighboring countries, seven identified a need to establish such agreements.





The most prominent challenges with both receiving and providing cross-border assistance identified in the survey include practical and logistical issues, legal issues, certification/authorization of health care personnel, as well as medical issues related to AMR. Countries reported fewer challenges with receiving assistance compared with providing assistance. It should also be noted that five out of 19 respondents reported no challenges.

To solve the challenges they had experienced, many countries had received support from DG ECHO, DG SANTE and other EU bodies.

The survey also asked about cross-border assistance during the COVID-19 pandemic, where many respondents answered that they had experienced challenges in cooperating with countries they normally collaborate with.

When asked what would make it easier for countries to assist each other in the future, the responses from countries can be categorized into five groups:

1) Enhanced coordination at the European level, where respondents expressed support for the new EU health union regulation, the development of a European preparedness and response plan, the ability to declare a public health emergency at European level, the EU health data space, as well as common European strategies and rules.
2) Expanded international collaboration, such as increasing the collaboration with NATO and developing an agreement internationally which allows for easy movement of qualified healthcare personnel.

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3) Improved legal frameworks and operational procedures which better facilitate cross-border assistance.
4) Exchange forums, such as improving the information exchange in EWRS, use the European Reference Network (ERN) infrastructure, and more generally ensure that countries have useful platforms to share their needs and requests.
5) Training programs, such as the EPIET fellowship, but also encourage the development of shorter training programs.

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5. Report from the workshop

We arranged a 2-day workshop with 87 participants (43 on site, 44 online) from 19 different countries to discuss needs and challenges in improving cross- border collaboration during crises. All JA SHARP member countries were invited to the workshop. As for the survey, the main target population was the authorities (health departments, agencies, and public health institutes).

The aims of the workshop were to discuss some of the lessons learned during the COVID-19 pandemic and the proposed changes in EU preparedness, and to discuss whether creating a template agreement of intention for cross-border collaboration between authorities during crisis is a way forward.

We used the results from the survey to prepare a program designed to give the participants more insights into the new EU regulation and health preparedness as well as the Nordic Public Health Preparedness Agreement, and to give room for discussions. The program was divided in four sessions:

1) The legal framework in EU to assist neighboring countries during crisis
2) Clinical management of difficult cases of possible epidemic-prone disease. Is there a need for a European reference network for High Consequence Infectious Disease?
3) Improving National health preparedness plans including measures against serious cross border threats to health
4) Cross-border agreements, protocols, or memorandum of understanding (MoUs) with regards to public health emergencies between neighboring countries

The program for the workshop is included in the annex (Annex 2).

5.1 The legal framework in EU to assist neighboring countries during crisis

New EU Health Union legislation
The New EU Health Union legislation was presented by a representative from DG Sante with focus on serious cross-border threats to health. The importance of these new legislations being *regulations* that are binding in their entirety and directly applicable in all EU Member States was highlighted. The focus was especially on the overarching legislation REGULATION (EU) 2022/2371 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 23 November 2022 on serios cross-border threats to health and repealing Decision No 1082/2013/EU.

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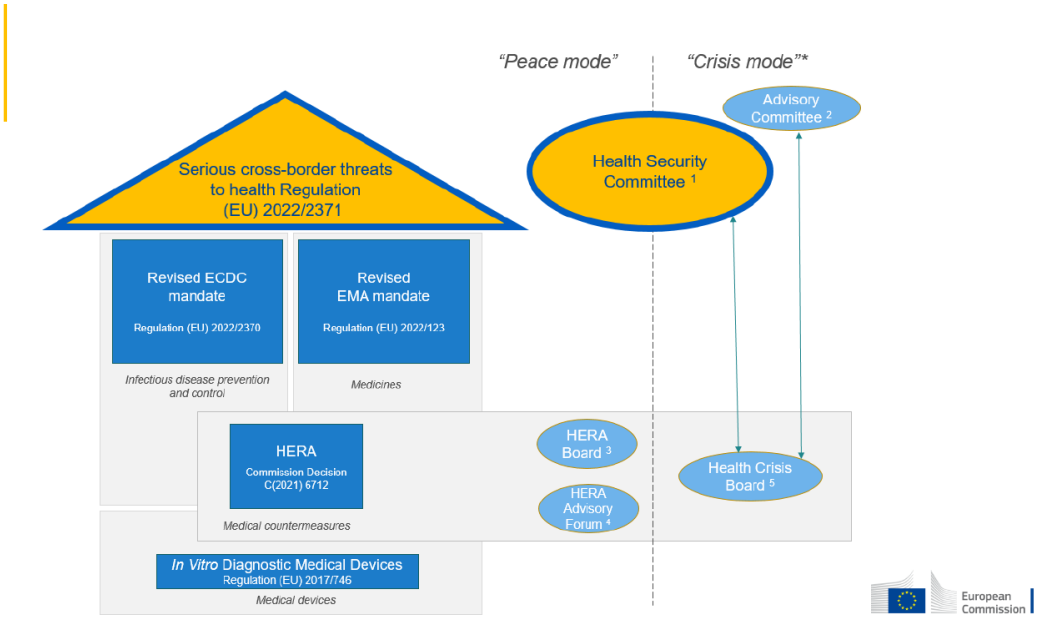
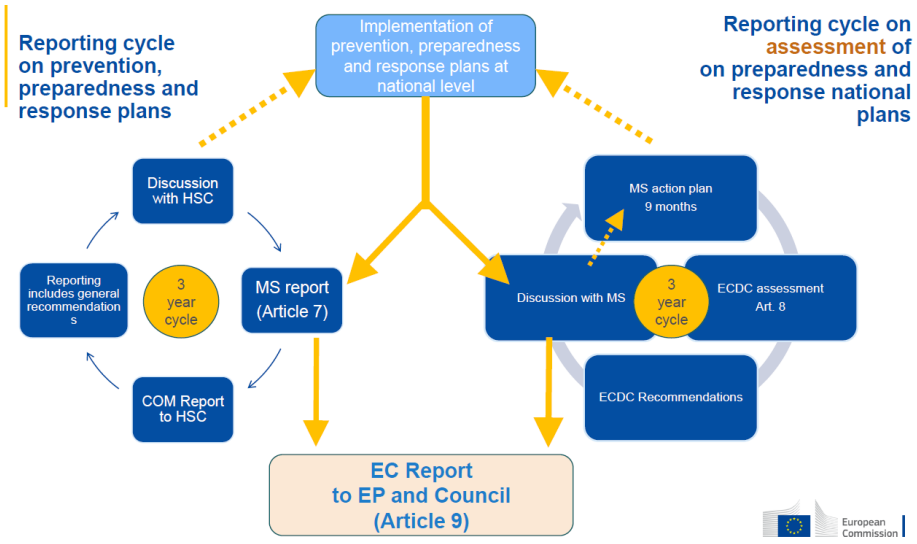


The new elements of the regulations were discussed, as well as the consequences for the countries. The importance of PPR plans at national level was highlighted, as well as the reporting cycle on these plans:



The relevance of JA SHARP for the EU Health Union

WP 4 held a presentation on the relevance of JA SHARP for the EU Health Union showing that the purpose, objectives and deliverables of the Joint Action, established pre-pandemic, contribute to EU Health Security. Although the preparedness to health emergencies of biological, chemical, environmental and unknown origin across Europe was at a high level before the pandemic, gaps do exist across the EU

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Member States and European countries. The COVID-19 pandemic amplified the importance of coordination among European countries to protect people's health and boost preparedness for new cross-border health threats and led to the creation of the new EU Health Union. The outcomes of the JA SHARP work packages are in line with the new legislative framework for EU Health Security and might be important for the oncoming work to improve preparedness against all hazards serious cross-border threats to health in the EU (14).

Panel discussion:

During the panel discussion several countries raised concerns about the time frame and the amount of work that the new regulations will create in terms of implementation. Most countries are in a process of revising their preparedness plans based on lessons learned during the pandemic. It was pointed out that some countries do not have updated plans in place. Some countries are in the process of revising and adjusting their legislation due to lessons learned from the pandemic and to implement the new EU regulations. There was a clear wish from the audience to have more guidance from the EC, preferably a draft preparedness plan and a clear, long-lasting, live EC plan of implementation of activities from where national levels can draw implementation plans.

There was also a request for a wise timeframe for implementation of the new legislations. The EC pointed out that the work needs to be done within the current timeframe. The EU will try to help the member states, but they will not be able to provide all the advisory tools they would like in time. The EC pointed at the fact that the member states should already have plans in place in line with the now revised EU decision 1082/2013, and thus should be able to report on their preparedness plans within nine months, and then every three years. The member states should not wait for the EU's assistance but work in parallel with the development of a Union PPR plan that will complement National PPR plans (that also includes stress tests, simulation exercises etc.).

Group discussions:

Questions for discussion:

- How are you planning to work to implement the new EU regulation?
- How should we ensure political priority for health emergency preparedness in our countries?

The major feedback was that although the best opportunity for updating PPR plans and develop cross-border agreements with neighboring countries is now before the experiences from the pandemic are forgotten, both time and personnel resources are already challenging. Several of the representatives explained how they went from working all hours with the pandemic, to continue working hard with other health crisis like the Ukrainian war and mpox as well as with the pandemic. Finding time and

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resources to update and implement the new EU regulations regarding cross-border preparedness and collaboration is difficult within the provided timeframe.

Many of the participants pointed out that they have not yet started revising PPR plans. As addressed during the panel discussion, most countries are looking at lessons learned, and some countries are revising their legislation prior to adjustments in their PPR plans. Priorities change, and the political focus now is on other challenges in the health care system. Regional workshops with the EC to facilitate especially cross-border cooperation, were welcomed. These workshops should be planned in collaboration with the local context.

Some of the suggestions regarding how to enhance the implementation of the new regulations, were:

- Improve public and political awareness regarding these challenges
- Start with the most important areas before continuing with the less important ones
- Build on what is already in place
- Stakeholders' meetings
- Meetings at the national political level to discuss the new legislation and the consequences for the country

During the COVID-19 pandemic new systems were made; new platforms for communication were introduced and new systems for surveillance etc. were developed. These systems might be important both in new crises, but also in the preparedness phase outside of a crisis. New communication areas might also be helpful in the implementation process.

5.2 Clinical management of difficult cases of possible epidemic-prone disease. Is there a need for a European reference network for High Consequence Infectious Disease?

The Norwegian Directorate of Health presented the work of WP10 and WP 5, task 5.2 about characteristics of an expert clinical consultation and support service. A resumé of the talk follows.

Management of Ebola cases in 2014-2015 was challenging as there was limited experience of this kind of diseases among clinicians and infection prevention and control personnel in the receiving hospitals in Europe (High level isolation units). Since then, other outbreaks of high consequence infectious diseases (HCIDs) have also demonstrated the utility of clinical consultations and information sharing among international experts involved in the care of these patients.

WP10 task 10.3 constitutes a feasibility study for an expert clinical support service for HCIDs, including an expert consultation platform for case management and

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infection prevention and control. Based on literature search, two platforms for clinical consultation and support service were identified within the European Reference Networks (ERNs). ERNs are virtual networks connecting healthcare professionals around Europe with expertise in rare diseases, allowing them to discuss the diagnosis and care of a patient. In order to meet legal requirements such as the General Data Protection Regulation (GDPR), ERNs consist of a list of members with strict rules for inviting external experts into the discussions, and a secure IT platform is used.

The two different platforms identified, are:
1. The Clinical Patient Management System (CPMS). Using the CPMS, health professionals, with the consent of patients, can upload relevant patient data, images and examination findings, and discuss the case in the panel of experts.

2. COVID19-CMSS. During the early phase of the covid-19 pandemic, the ERNs set up a web conferencing COVID19 clinical management support system (COVID19-CMSS) based on a Webex platform. The setup of this communication system was based on the experience and knowledge gained through the ERN system, and access was similarly regulated through strict rules.

At present, the above platforms are not available for clinical consultation among experts on HCIDs. However, they fulfil requirements for exchange of information, clinical consultation and support, and could be adopted for use by a HCID reference network in the future. In addition to clinical consultation, a network may also potentially provide different types of support such as:

- International referral – requests and offers for treatment capacity in cooperation with mechanisms already in existence in Europe (Emergency Response Coordination Centre (ERCC), RescEU, NOJAHIP).
- Deployment of equipment (e.g. personal protection equipment and laboratory capacity) and medication/vaccines to institutions in other countries.
- Deployment of staff or consultants if the patient is not transportable.
- Development of guidelines and being a repository for guidelines/Standard operating procedures (SOPs).
- Research database.

Effective handling of such offers may require some modifications and additions to the digital platforms.

The main challenge for the clinical consultation and support service has been to ensure compliance with the GDPR. The creation of a European Health Data Space (EHDS) is one of the key components of a strong European Health Union and might enable sharing patient data across borders in Europe through a mechanism for patient referral, trans-country medical consolation and for clinical information exchange. It will empower individuals through better digital access to their personal health data and it will support free movement by ensuring that health data follow

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people. Natural, people will be able to effectively share their personal electronic health data in the language of the country of destination when travelling abroad. They will have additional possibilities to digitally access and transmit their electronic health data for clinical consultations without compromising the required safety measures to protect natural person rights under the GDPR.

The ERNs demonstrate that patients located anywhere in a Member State can benefit from advice on the diagnosis and treatment of their diseases from the best specialists in the EU, using a digital consultation platform such as the CPMS. This should thus be feasible also for High Consequence Infectious Diseases by establishing a reference network for HCIDs.

The feasibility study proposes the establishment of a permanent reference network of clinical experts on HCIDs recruited from High Level Isolation Units across Europe that would replace present informal networks.

Group discussions:

Questions for discussion:

- Do we need an expert clinical service?
- What are the obstacles?

All the groups concluded that we need an expert clinical service. Even though most of the countries have their own experts on HCIDs, not all countries have experts with actual experience with the different diseases. An expert clinical consultation service where several doctors with different experiences will be able to interact and give advice, will be very helpful in these situations.

There are, however, several challenges. Some of the challenges discussed were:

- Finance - who should pay for the service?
- Logistics – who will be responsible for the service?
- Insurance – who is responsible for the patient and the treatment?
- How to ensure good cooperation within the service? – The experts in the group will probably work better together if they meet at a regular basis.
- Selection criteria
- Legal issues

The audience thought that the legal issues probably will be the most difficult ones but might be partly solved through the European Health Data Space. The ERN-model was also highlighted as a solution to some of these challenges.

During the discussion, it was also pointed out that ECDC has a directory of experts on specific HCIDs. These experts have knowledge on specific diseases that

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supplements the experts from High Level Isolation Units (HLIUs) and might be invited to join the clinical consultations or to participate in an ERN for HCIDs.

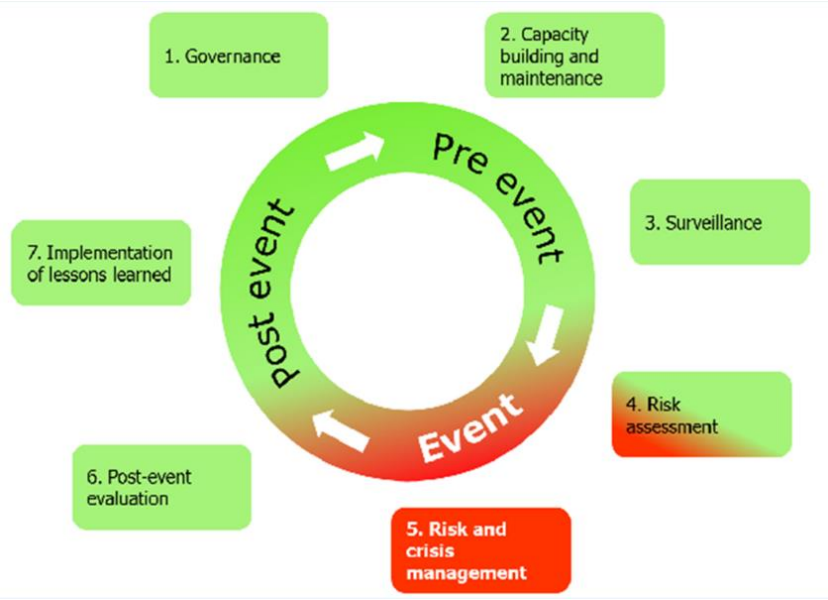
An ERN for high consequence infectious diseases will be further discussed in WP 10.

5.3 Improving National health preparedness plans including measures against serious cross border threats to health

In this session we focused on preparedness plans

The results of our survey were presented by the Norwegian Directorate of Health, followed by a presentation: *National health preparedness plans? Developing and testing operational preparedness and response plans for serious cross-border health threats* by a representative from the Dutch National Institute for Public Health and the Environment (RIVM).

In the Netherlands, the authorities (RIVM) recommend using the public health emergency preparedness cycle (PDCA cycle) based on the HEPSA tool (15) and Belforid et al from 2020 (16):



The HEPSA tool divides preparedness for Public Health Emergencies in seven domains: Three involving domains pre-event, two in the event phase and two in the post event phase.

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Together the domains constitute the *plan-do-check-act (PDCA)* system. When consistently followed, the evaluations of events will lead to continuous strengthening of the system.

The domains involve:
1 Governance: Among other tasks, governance involves legislation and preparedness plans. The preparedness plan should be a multisectoral public health emergency preparedness plan including self-assessments and capacity building strategies.

2 Capacity building and maintenance: There should be especially focus on a trained public health workforce.

3 Surveillance system and reporting network.

4 -5 Early warnings and alerts are assessed timely. Risk assessment and response according to response plans including zoonotic partners, antibiotic microbial resistance (AMR), and involving an outbreak management team (OMT), led by competent authorities and assembling relevant cross-sectoral stakeholders (17).

6 Events are evaluated.

7 Recommendations and lessons learnt are implemented.

Group discussions:
Questions for discussion:

- Do your preparedness plans include cross-sectoral cooperation?
- Do you have routines for testing the operationalization of your preparedness plans?
- What are the main challenges or obstacles regarding preparedness for cross border assistance?

The answers to these questions were diverse, varying between countries. Some have necessary cross-sectoral plans in place, others have plans just for some specific sectors. Everybody agreed that cross- sectoral cooperation is important, but also challenging. Especially challenging is the fact that different sectors often have conflicting goals. For example, during the COVID-19 pandemic, the education sector often wanted to keep the schools open, while the health sector was more concerned about the spread of the virus. The challenging question was often which sector should be responsible for the decisions.

The routines for testing the operationalization of the PPR plans also varied between the countries. Most countries said that yes, they test some of the plans, but not everything, and not routinely.

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When it came to cross-border assistance, several challenges were discussed. Some of the main challenges were:

- Authorization of health care workers
- The possibility of sharing information
- National information protocols may make the information float across borders difficult
- Legislation challenges between EU countries and non-EU countries
- Different approaches to the crisis management may enlarge the difficulties

5.4 Cross-border agreements, protocols, or memorandum of understanding (MoUs) with regards to public health emergencies between neighboring countries.

In this session the Norwegian Directorate of Health presented *The Nordic Public Health Preparedness Agreement* with country experiences followed by the Ministry of Health in Portugal presenting the Portuguese experience with regional agreements. Both presentations highlighted the importance of agreements of intention and memorandums of understanding. However, they also highlighted that the agreements need to be maintained and adjusted to the local situation. More detailed operational agreements in special areas are needed to solve specific issues.

Group discussions:

Questions for discussion:

- Do you have any suggestions to adjustments to the Nordic agreement for your country?
- In what areas would you suggest more detailed cross-border agreements?

The overall feedback from the group discussion was that an agreement of intention like the Nordic agreement could be useful but would need local adjustments depending on the countries involved. Some countries in a region have very different governmental systems, which can challenge cooperation across borders.

Several situations for more detailed cross-border agreements were suggested:

- Rescue operations
- Health care professionals working on both sides of the border
- Environmental disasters
- Toxicological disasters
- Medical countermeasures
- Outbreak of foodborne, waterborne or vector borne diseases

In any situation where a more detailed cross-border agreement is formalized, the need for a detailed standard operation procedure that is easy to activate including who contacts who, was highlighted.

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6. Discussion

Key challenges in national and international collaboration between governments and national authorities during crises were identified through the survey and the workshop as described above. The overall feedback was that yes, there have been and still are unresolved challenges in the collaboration during crises, especially between different sectors nationally and between national authorities across borders in neighboring countries.

Even though the COVID-19 pandemic forced forward solutions to collaboration challenges, some of these changes are temporary or COVID-19 specific, leaving unresolved challenges for the next crisis.

The challenges most often reported in the survey and the workshop, were:

- Financial issues
- Authorization/certification of health care workers
- Sharing of information between countries
- Logistical issues
- Legal issues, both between EU countries and between EU and non-EU countries
- Challenges regarding different approaches/strategies to crises
- Medical issues including AMR

Exactly which ones of the challenges are reported as more important, vary depending on the region, the country and the authority or department involved.

The EU and WHO systems and their mechanisms for assistance during crises comprise of the UCPM, the HNS, the rescEU reserve and the EMT and GOARN initiatives among others. Even though these mechanisms are important in severe crises, they might be too complicated or not practical in crises involving neighboring countries. Local or regional collaboration agreements may ensure rapid and well-organized collaboration. The effectiveness of these systems is also complicated by the fact that the communication systems for health crises and other crises are different.

In the survey the countries were asked about what would make country to country assistance easier in future health crises. One important answer was the need for enhanced coordination at the European level. With the new EU regulations, the legal framework for combatting serious cross-border threats to health has been broadened and the EU has confirmed the power and the means to provide medical measures and coordination of a crisis response in the EU.

An important part of the new regulation is the requirement of PPR plans regarding cross-border assistance with neighboring countries. The regulations require the

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Member States to solve or prepare to solve regional challenges in national and international collaboration between governments and national authorities during crises. However, the new regulations are not yet followed by instructions of how the challenges should be solved.

Based on the discussions about agreements of intention like the Nordic Public Health Preparedness Agreement and the Portuguese memorandums of understanding (MoUs), we conclude that a template agreement of intention for neighboring countries will be helpful in the process of fulfilling the expectations for preparedness and response plans by EU at the regional level, whilst at the same time fulfilling obligations under the IHR. An agreement of intention will help ensuring the base for collaboration to take place. These agreements will need to be supplemented by more detailed operating plans and agreements in the necessary areas, including plans for communication between the different authorities.

The most important purpose of an agreement of intention is to ensure that the countries agree to cooperate and prepare systems and countermeasures before a crisis occurs, so they are known and easily accessible during the next crisis. Hence the agreements of intention should follow an all-hazard approach, ensuring the countries to be able to complement each other's resources during all kinds of crises.

Our experiences with the Nordic Public Health Preparedness Agreement have shown us that the agreement of intention needs a co-operative body for the authorities that are party to the agreement with regularly meetings, to ensure the readiness and effectiveness of the agreement and its countermeasures. As an example, the co-operative body of the Nordic Public Health Preparedness Agreement, the Svalbard group, meets at least twice a year. In addition, an annual Nordic health preparedness conference is organized. The co-operative body is also responsible for the development and maintenance of the more detailed operational plans and agreements following the agreement. For the Nordic countries, the Nordic Mass Burn Casualty Incident Response Plan as well as the agreement ensuring the bridge between the national emergency networks in Norway, Sweden, Denmark and Finland are both operational plans following the Nordic Public Health Preparedness Agreement.

At our workshop in Lisbon, several situations where more detailed cross-border agreements would be helpful, were suggested:

- Rescue operations
- Health care professionals working on both sides of the border
- Environmental disasters
- Toxicological disasters
- Medical countermeasures
- Outbreak of foodborne, waterborne or vector borne diseases

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In line with the results of these discussions we have developed a template for an agreement of intention based on the Nordic Public Health Preparedness Agreement, as an example of an overarching agreement between countries.

7. Conclusion

Based on the information we have received from the survey and the discussions at our workshop in Lisbon, we conclude that an agreement of intention similar to the Nordic Public Health Preparedness Agreement may be helpful in the process of fulfilling the expectations for preparedness and response plans by EU at the regional level, whilst at the same time fulfilling obligations under the IHR.

We suggest a template agreement of intention for cross-border multisectoral support between neighboring countries or countries who are able to assist bilaterally. The template is based on the Nordic Public Health Preparedness Agreement. The template is enclosed.

We also propose that an agreement of intention will need to be maintained and further developed by a co-operative body for the authorities that are party to the agreement, and that detailed operative plans and agreements need to be established in which the main obstacles are defined and solved.

8. Template

We propose the following template for an agreement of intention based on the Nordic Public Health Preparedness Agreement. This template may contribute to the strengthening of preparedness and response against serious cross-border threats to health. The template is in line with the new EU regulations and may simplify the implementation of the new regulations. The template encompasses all-hazards threats to health and thus requires close cooperation with other sectors responsible for crises, especially civic protection mechanisms:

REGIONAL PREPAREDNESS AGREEMENT

The Governments/competent authorities of *(state the countries and/or regions)*

> … agreeing on the necessity of cooperation between the relevant authorities in the contracting states in order to increase the capacity of the countries in the region to deal with emergencies and disasters (all hazard`s, i.e. natural disasters and events (pandemics, accidents or acts of terror) involving, for instance, radioactive emissions, biological substances and chemical substances),
>
> … desiring to ensure effective assistance when one of the above-mentioned countries or regions suffers an emergency or disaster and assistance is not

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covered by other regional multilateral and bilateral agreements,

… desiring a framework agreement that is conducive to further operationalization in specific areas of regional preparedness,

… further promoting improved cooperation in the area,

… have agreed to enter into a Regional Preparedness Agreement worded as follows:

Article 1
Definitions
For the purposes of this Agreement, the expressions below shall have the following meaning:
(Define the countries and/or regions involved, state the responsible authority in the different countries etc).

Article 2
Purpose
This Agreement shall provide a basis for cooperation between the neighboring/regional countries in order to strengthen the ability for cross-border preparedness and assistance when needed.

Article 3
Scope
The scope is all hazards.

This Agreement applies to cooperation between the responsible authorities. The cooperation encompasses:

a. preparation of contingency measures and
b. assistance on occasions when one of the contracting states suffers an emergency or disaster.

The distribution of the administrative and financial consequences arising from cooperation on health and medical care preparedness referred to in Article 3(a) shall be agreed on a case-by-case basis.

In the case of cooperation referred to in Article 3(b), the guiding principles concerning financial compensation are that the country providing assistance is entitled to compensation from the aid-seeing country for costs related to actions within its territories, to the extent that these may be attributed to the assistance performed. *(A template for agreement of financial and legal aspects is included below)*.

This Agreement shall not constitute an obstacle to these countries fulfilling their

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obligations under international law or participating in international cooperation.

Within the framework of this Agreement, the responsible authorities may enter into agreements in individual areas.

Article 4
Commitments of the participating countries

The countries undertake to:

1. provide assistance to one another upon request, as far as possible under the provisions of this Agreement,
2. inform one another, as promptly as possible, of measures they plan to implement, or are implementing, that will have or are expected to have a significant impact on the other countries,
3. promote cooperation and as far as possible remove obstacles in national legislation, regulations and other rules of law,
4. provide opportunities for the exchange of experience, cooperation and competence building,
5. promote the development of cooperation in this area,
6. inform one another of relevant changes in the countries' preparedness regulations, including amendments of legislation.

Article 5
Application of the Agreement

The relevant authorities in the contracting states shall meet at regular intervals to discuss problems in the area covered by the Agreement. The practical implementation of this Agreement requires the responsible authorities to maintain direct contact with one another. Each year the responsible authorities shall together evaluate the development and implementation of this Agreement.

The agreement should include a date for entry into force and rules for termination of the agreement and signatures.

We also propose a template agreement for guiding financial and legal aspects based on the Nordic Nordred agreement: (18)

TEMPLATE FOR GUIDING FINANSIAL AND LEGAL ASPECTS:

1. This agreement shall, through cooperation across the territorial borders of the countries concluding the agreement, prevent or limit damage to people, property, or the environment in the event of accidents and imminent danger of accidents. The countries should, in their national legislation and other provisions, remove obstacles to such cooperation as far as possible.

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2. The individual country (assisting country) concluding the agreement undertakes, in the event of accidents or imminent danger of accidents, to provide the necessary assistance in accordance with its capabilities and the provisions of this agreement. The provisions in points 3-5 shall apply, unless otherwise follows from bilateral or other multilateral agreements.

3.
    a. An authority in a country (Requesting country) concluding the agreement which, in the event of accidents, is responsible for taking precautions to prevent or limit damage to people, property or the environment can request assistance directly from the relevant authority in another country concluding the agreement. The authority in the country where assistance is requested decides whether it can be provided.
    b. The requesting state shall have full responsibility for the use of the assistance. Any personnel provided by the assisting party shall be subject to the direction and supervision of the requesting country in the performance of their function while within the borders of this country. Personnel from the helping country are, however, mostly available under the direction of their own commander and serve in the country seeking help in accordance with the regulations that apply in their own country.
    c. It is the responsibility of the country seeking help to ensure that vehicles, rescue equipment and other equipment brought along in an action can be taken across borders without import or export formalities and with exemption from taxes and duties. Vehicles, rescue equipment and other equipment must be used in accordance with the applicable regulations of the assisting country without special permission. After the end of the effort, vehicles, rescue materials and other equipment must be taken out of the country as soon as possible. The same applies to exercises.
    d. If assistance consists of military personnel, state-owned vessels or aircraft and military vehicles that require special permission to cross the border, the authority in the country seeking assistance that has requested the assistance must issue such permission. Until this is clarified, the territorial boundary must not be exceeded.

4. Costs for the aid effort in accordance with this agreement must be paid as follows:
    a. The assisting country is entitled to compensation from the aid-seeking country for costs in connection with actions, to the extent that these can be attributed to the assistance provided.
    b. The aid-seeking country may withdraw its request for assistance at any time, but the helping country is then entitled to compensation for any

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costs it may have incurred.

c. The assisting country must always be ready to give the country seeking help an overview of incurred costs.
d. The self-cost principle shall be the basis for calculating the costs.
e. These provisions do not restrict the right of the contracting countries to charge costs from third parties in accordance with other provisions and rules that are in accordance with national legislation or international law.

5. Liability
    a. The assistance-seeking country is responsible for damage caused through assistance provided within its territory in accordance with this agreement. The aid-seeking country must answer for the damages in court or negotiate a settlement regarding compensation claims made by a third party against the assisting country or personnel. The country seeking assistance is responsible for court costs and other costs in connection with such claims.
    b. The aid-seeking country must compensate the assisting country in connection with death or personal injury caused to personnel, as well as loss or damage to equipment or material caused on the territory of the aid-seeking country in connection with the assistance.
    c. The helping country is responsible for damage that occurs on its own territory,
    d. The country seeking help has the right to submit a counterclaim for compensation that the country has paid in accordance with this article to the person seeking help who has caused the damage through no fault of their own or for gross negligence.

6.
    a. The parties concluding the agreement must provide each other with information about the organization and relevant authorities in their own country, as well as legislative measures and other important changes of importance for this agreement. Furthermore, the countries must work for the development of cooperation in the area.
    b. Before the practical arrangement of this agreement is implemented, it is assumed that the authorities concerned in the respective countries must be in direct contact with each other.
    c. The meetings must be held within the framework of this agreement whenever possible.

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10. Annex

10.1 Survey WP 5.2: Strengthened International HeAlth Regulations and Preparedness in the EU - Joint Action

SHARP JA is a collaborative effort by health authorities in European countries to improve health regulation compliance and preparedness.

Joint Action 848096 / SHARP Joint Action Grant Agreement Number: 848096 which has received funding from the European Union Health Programme (2014 - 2020). Full details at https://sharpja.eu/.

This survey aims are to identify key challenges in national and international collaboration between governments and national authorities during health emergencies., and to elaborate on measures for the operationalization of obligations related to response from health systems, cross- sectoral efforts and effective assistance between member states when needed.

The results of this survey will be used for discussion in our SHARP expert workshop in February 2023 and later compiled in a report.

The survey is expected to take 10-20 minutes to complete, depending on your previous involvement with responding to health emergencies. Please feel free to engage or consult with any other experts within your sector for additional information if you need it. Unless otherwise specified, the provided answers should be validated by the organization to which the responders belong. The information you provide will not be used for any purpose outside of the Joint Action SHARP without prior written consent from you.

As you may need to answer the survey in different time slots you can use the “save the draft” button that you will find on the right side of the survey if you need to stop and continue later enabling you to create a temporary link to continue the survey later.

Data Protection

Consent is required to process your data in line with Regulation (EC) N°45/2001, of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data.

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* **Question 1:** Do you agree and give explicit consent to the processing of my personal information including on this form, according to the above statement?

- I consent
- I don't agree

About you

The personal information about you such as your name and email address which will only be used by us to contact you for follow up, if needed.

* **Question 2:** Your name: ……..

* **Question 3:** Country of your organization (pick one):

- Austria
- Belgium
- Bosnia and Herzegovina
- Bulgaria
- Croatia
- Cyprus
- Czechia
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Island
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Netherlands
- Norway
- Other
- Poland
- Portugal
- Romania
- Serbia

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- Slovak Republic
- Slovenia
- Spain
- Sweden
- United Kingdom

* **Question 4:** Organization (for instance Ministry of Health, Public Health Institute, Agency). Please provide the full name of the organization without abbreviations: ……
Question 5 (optional): Unit/ Department: ……

Question 6 (optional): Job title: ……

* **Question 7**: Email address: ……

Preparedness for health crisis

* **Question 8:** Does your country have a health emergency preparedness plan?
  - Yes
  - No

If yes to question 8, please answer the following:
* **Question 8a**: Does your country's health emergency preparedness plan include procedures for receiving assistance from other countries?
  - Yes
  - No

* **Question 8b**: Does your country's health emergency preparedness plan include procedures for assisting other countries?
  - Yes
  - No

* **Question 8c:** On a scale from 1-5, how adequate do you consider your health emergency preparedness plan to be? (1=not adequate and requires updating, 5=very adequate and does not require updating)
* **Question 8d:** Has your country updated its health emergency preparedness plan after the Covid-19 outbreak?
  - Yes
  - No

Experience of cross-border assistance during recent public health emergencies or crisis

* **Question 9**: Has your country needed assistance from other countries during a public health emergency or crisis in the past 10 years? (For instance, needed medical equipment, healthcare workers, evacuation of patients). Multiple options possible

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- Yes, during the Covid-19 pandemic
- Yes, during the Ukraine war
- Yes, during other public health emergencies or crisis. Please describe……
- No

* **Question 10**: Has your country requested assistance from other countries during a public health emergency or crisis in the past 10 years? (For instance, requested medical equipment, healthcare workers, evacuation of patients). Multiple options possible

- Yes, during the Covid-19 pandemic
- Yes, during the Ukraine war
- Yes, during other public health emergencies or crisis. Please describe……
- No

If yes to question 10…

* **Question 10a**: What kind of mechanisms were used to request assistance? (More than one option is possible)

- European Civil protection mechanism
- Diplomatic channels
- Bilateral agreements
- Other: please describe……

* **Question 10b**: What kind of assistance did your country request? (More than one option is possible)

- Health care workers
- Equipment
- Evacuation of patients
- Other: please describe……

* **Question 10c:** Did your country receive the help you requested?

- Yes
- Partially
- No

* **Question 10d:** Did you experience any of the following challenges when requesting/receiving assistance from other countries? (More than one option is possible)

- Certification/authorization of health care personnel and national legal obstacles
- Legal issues related to personnel operating in another country – donor country or recipient country employer responsibility
- Responsibility for insurance- personal safety, malpractice

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- Pull-out clause
- Financial – who pays, how to create predictability
- Medical issues related to AMR / Medical practices – i.e. which protocols to follow, who leads the medical team etc.
- Practical, i.e. responsibility and minimum requirements for transport, logistics, security, housing
- Other. Please describe the situation ……
- None

Question 10e (optional): if you experienced any challenges when requesting/receiving assistance from other countries, how did you solve the challenges? ……

* **Question 11:** Has your country aided other countries during a public health emergency or crisis in the past 10 years? (For instance, provided medical equipment and healthcare workers)

- Yes, during the Covid-19 pandemic
- Yes, during the Ukraine war
- Yes, during other public health emergencies or crisis. Please describe……
- No

If yes to question 11…

* **Question 11a**: What kind of mechanisms were used to help? (More than one option is possible)

- European Civil protection mechanism
- Diplomatic channels
- Bilateral agreements
- Other: please describe……

* **Question 11b**: What kind of assistance did your country provide? (More than one option is possible)

- Health care workers
- Equipment
- Evacuation of patients
- Other: please describe……

* **Question 11c:** Did you experience any of the following challenges when providing assistance to other countries? (More than one option is possible)

- Certification/authorization of health care personnel and national legal obstacles
- Legal issues related to personnel operating in another country – donor country or recipient country employer responsibility

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- Responsibility for insurance- personal safety, malpractice
- Pull-out clause
- Financial – who pays, how to create predictability
- Medical issues related to AMR / Medical practices – i.e. which protocols to follow, who leads the medical team etc.
- Practical, i.e. responsibility and minimum requirements for transport, logistics, security, housing
- Other. Please describe the situation ……
- None

Question 10e (optional): if you experienced any challenges when giving assistance to other countries, how did you solve the challenges? ……

Collaboration between neighboring countries

Some EU/EEA states have agreements of cooperation for mutual and bilateral support between neighboring countries. One example of such an agreement exists between the Nordic Countries: Denmark, Finland, Iceland, Norway and Sweden, knowns as the "Nordic Public Health Preparedness Agreement". The agreement is intentional, and the goal is to create a frame that should be further elaborated upon.

* **Question 12:** Does your country have similar cross-border agreements, protocols or memorandum of understanding (MoUs) with neighboring countries with regards to public health emergencies?

- Yes
- No

If **yes** to question 12…

* **Question 12a**: Which countries are included in your agreement, protocols, or memorandum of understanding (MoUs)?

……

Question 12b (optional): If possible, please describe or provide a link to the agreement, protocols, or memorandum of understanding (MoUs)

……

If **no** to question 12…

* **Question 12c**: Do you see a need for similar cross-border agreements, protocols or memorandum of understanding (MoUs) to the Nordic agreement with regards to public health emergencies between neighboring countries in your area?

- Yes
- No
- Unsure

If **yes** to question 12c…

Question 12ca (optional): If you see a need for similar cross-border agreements, protocols or memorandum of understanding (MoUs) with regards to public health

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emergencies between neighboring countries in your area, which countries would you suggest cooperating with? ……..

* **Question 12cb:** If you see a need for similar cross-border agreements, protocols or memorandum of understanding (MoUs) with regards to public health emergencies between neighboring countries in your area, in what areas do you see the most need:

- Health care workers
- Equipment
- Evacuation of patients
- Other: please describe……

* **Question 12cc:** If you see a need for similar cross-border agreements, protocols or memorandum of understanding (MoUs) with regards to public health emergencies between neighboring countries in your area, would the Nordic agreement be possible to adapt as a template?

- Yes
- No
- Unsure

Questions about specific challenges during the Covid-19 pandemic:

The covid-19 pandemic changed the dynamics in the world for the time being. Countries who normally work together during crisis, were not necessarily able to do so during the covid-19 pandemic. Restricted travelling may have influenced the workforce in the country, and different strategic approaches may have influenced the possibility to assist each other.

* **Question 13:** During the Covid-19 pandemic, many countries which normally work together in an emergency experienced difficulties doing so. Did your country experience difficulties with cross-border collaboration/contact with countries you normally have much interaction with?

- Yes
- No

Question 14 (optional): please elaborate on why/why not your country experienced difficulties with cross-border collaboration/contact with countries you normally have much interaction with during the Covid-19 pandemic

……..

* **Question 15:** During the covid-19 pandemic, did your country implement cross-border travel restrictions which required justification to the WHO according to the international health regulations (IHR)?

- Yes
- No

* **Question 16:** The cross-border travel restrictions that were implemented during the covid-19 pandemic effected many countries which relay on health care workers from

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other countries. Did your country experience a shortage of health care workers due to cross-border travel restrictions?

- Yes
- No

Question 16a (optional): please elaborate on why/why not your country experienced a shortage of health care workers due to cross-border travel restrictions
……..

* **Question 17:** On a scale from 1-5, how much did the information, recommendations, policies and coordinated measures from the EU (including ECDC and other EU bodies) influence the way your country handled the covid-19 pandemic? (1=very little, 5=greatly)
* **Question 18:** On a scale from 1-5, how important do you consider the coordinated measures between countries to have been in handling the covid-19 pandemic? (1=very little, 5=greatly)

Questions about improvements done during the covid-19 pandemic (Optional)

Question 19 (optional): Which changes made nationally or internationally during the covid-19 pandemic have made cross-border assistance easier? Please describe:
Question 20 (optional): What would make it easier for countries to assist each other in the future? Please describe:
Question 21 (optional): Are there obstacles in your national legal framework to assist neighboring countries during crisis?
Question 22 (optional): Are there obstacles in the legal framework in EU to assist neighboring countries during crisis?
Question 23 (optional): What kind of legal framework do you think is lacking?

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10.2 Agenda for the workshop

Workshop 5.2. Creating a template agreement for trans-country collaboration between authorities during crises

Submitted by the Norwegian Directorate of Health (HD) Co-Lead SHARP WP5 Task 5.2

27 and 28 February 2023, Lux Park Lisbon Hotel, Lisbon & online

Day 1- 27 February 2023 -Time is local time/WET (CET – 1 hour)

Session 1.0 – Introduction		
Time	**Content**	**Speaker /Chair**
10:00 - 11:00	Registration & Coffee	
11:00 – 11:15	**Welcome to Portugal and housekeeping rules**	*Rui Portugal Deputy Director Directorate-General of Health (DGS) – MoH, Mariana Ferreira (DGS)*
11:15 – 11:20	Practical information/aims of the meeting	*Svein Høegh Henrichsen Norwegian Directorate of Health*
Session 2.0 – The legal framework in EU to assist neighbouring countries during crisis Chair: Rui Portugal Deputy Director, Directorate-General of Health		
Time	**Content**	**Speaker**
11:20 – 12:00 20 min + Q&A	**New EU Health Union legislation** -Serious cross-border threats to health regulation	*EU representative from DG Sante Anne-Marie YAZBECK Online*
12:00 – 12:30 20 min + Q&A	**The relevance of SHARP Joint Action for the EU Health Union**	*Francois Esmyot MoH France*
12:30 – 13:15	**Panel discussion The new EU health Union legislation**	*Anne-Marie Yazbeck DG Sante Francois Esmyot (MoH France) Paula Vasconcelos (DGS) Pedro Pinto Leite (DGS) Indra Lining (Latvia)*
13:15 – 14:30	***Lunch***	

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Session 1.0 – Introduction		
14:30 – 15:00	Group discussions the new EU legislation	*Chair Group leaders / Plenary discussion*
15:00 – 15:15	Summary of group discussions	*Group leaders*
15:15 – 15:30	Coffee Break	

Day 1- 27 February 2023 - afternoon session- Time is local time/WET (CET – 1 hour)

Session 3.0 – Clinical management of difficult cases of possible epidemic-prone diseases. Is there a need for a European reference network for High Consequence Infectious Diseases?		
Chair: André Pinto (São João University Hospital Centre – CHUSJ)		
Time	**Content**	**Speaker**
15:30 – 16:00 29 min + Q&A	**Characteristics of an expert clinical consultation and support service**	*Svein Høegh Henrichsen Norwegian Directorate of Health*
16:00 – 1630	Do we need an expert clinical service? What are the obstacles?	Group discussions
16:30 – 16:45	Summary of group discussions	*Group leaders*
16:45 – 17:00	End day 1	*Ingebjørg Skrindo Norwegian Directorate of Health*
19:00	***Dinner*** Restaurante | «Cozy Restaurante» | Lisboa, Rua Professor Sousa da Câmara, nº 149B, 1070214 Lisboa, Portugal	

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Day 2- 28. February 2023 - Time is local time/WET (CET – 1 hour)

Session 4.0 – Introduction to day 2		
Time	**Content**	**Speaker**
08:30 – 08:45	Introduction	*Ingebjørg Skrindo Norwegian Directorate of Health*
Session 5.0 – Improving National health preparedness plans including measures against serious cross border threats to health Chair: Karen Dancy – Public Health Wales		
08:45 – 09:00	**Results from the WP5 survey** key challenges in national and international collaboration between governments and national authorities during health emergencies	*Siren Sletten Borge Norwegian Directorate of Health*
09:00 – 09:30 20 min + Q/A	**National health preparedness plans?** developing and testing operational preparedness and response plans for serious cross-border health threats.	*Jente Lange Dutch National Institute for Public Health and the Environment (RIVM)*
09:30 – 10:00	Challenges/ obstacles in cross border assistance	*Group discussion Chairs*
10:00 – 10:30	A plenary summary of the online and live discussions	*Plenary*
10:30 – 10:45	***Coffee Break***	
Session 6.0 – Cross-border agreements, protocols, or memorandum of understanding (MoUs) with regards to public health emergencies between neighbouring countries Chair: Renato Lourenço da Silva (DGS)		
Time	**Content**	***Speaker***
10:45 – 11:10	***The Nordic Public Health Preparedness Agreement – country experiences***	*Hanne Birgitte Sæbø Eriksen, Norwegian Directorate of Health* **Online**
11:10– 11:20	***Regional agreements – Portuguese experience***	*Inês Tavares Ferreira General Secretariat of the Ministry of Health in Portugal*
11:20– 1130	*Questions*	*Plenary*

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Session 4.0 – Introduction to day 2		
11:30 – 12:00	Template for regional agreements	*Group discussions*
12.00 - 1230	Summary of group discussions	*Plenary*
12:30 – 13:00	Wrap up and conclusions /Closing ceremony	*Rui Portugal and Paula Vasconcelos - DGS / Svein Høegh Henrichsen HD*
13:00 – 14:00	***Lunch***	

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