

**Conclusions of the**  
**Conference on lessons learned from the A(H1N1) pandemic**  
**Brussels, 1 and 2 July 2010**

***Context***

As the incoming Presidency of the European Union, Belgium, in cooperation with the European Commission, organised a conference on lessons learned from the A(H1N1) pandemic. On 1 and 2 July, over 300 experts representing **ALL** of the Member States of the Union and European institutions, namely the Commission, the European Medicines Agency and the European Centre for Disease Prevention and Control as well as the World Health Organization took part in that conference. A number of representatives from the USA, Canada and the EU's candidate and/or neighbouring countries also travelled to Brussels to take part in the debates.

The European Parliament was also represented at the conference by representatives of the Committee on the Environment, Public Health and Food Safety.

The participants debated four major themes in a spirit of constructive criticism: surveillance, multi-sectoral aspects, communication and medical measures (antiviral medication and vaccines).

***Conclusions***

For the session on **surveillance**, the participants raised the following points:

1. In order, during epidemics, and also in other circumstances, to be able to have reliable figures on the number of cases, the severity of the disease, the at-risk groups, etc., it is necessary to continue to invest in national surveillance centres, both in the area of **epidemiological surveillance** on the number of people afflicted, deaths, etc., and in the area of **virological surveillance** on the genetic characteristics of the virus: mutations and resistance but also **serological surveillance** to be able to determine whether many cases are asymptomatic.

2. During periods of crisis there should be agreement in advance on a **minimum set of necessary data** to enable decision-making in order avoid excessive pressure on surveillance centres. The harmonisation of data within the European Union should be better prepared and integrated in national plans to be able to compare and share this data.
3. It is important to continue to increase investment in research to be able to **better assess and predict the impact of the influenza** both in the inter-pandemic period and at its very beginning. Functional mathematical models should be promoted and developed at the European level.
4. To be able to better communicate the risks and explain the thinking behind measures, it is necessary for sociologists to participate with scientists and communicators.

With regard to the session on the **multi-sectoral aspects**, the following conclusions were reached:

1. The pandemic **prompted the drawing up or updating** of companies' business continuity plans (BCPs).
2. The World Health Organization's International Health Regulations were acknowledged as an important and necessary tool. The development of the **national capacities** essential to their implementation in full remains a challenge and must be improved in the health sector and in the other sectors concerned.
3. A "**BCP for Dummies**" must be developed. It will explain in a generic, simple and flexible way how each company can prepare itself.
4. There is a need for better cooperation both between **social partners** (employers and employees), and between the **private and public sectors** not only in the context of preparation, but also for the implementation of the response.

5. The added value of the European Union could be important in filling in the gaps in knowledge and the common understanding of the **vulnerabilities and interdependencies** of the different socio-economic sectors in the event of a pandemic.

The session on **communication**, an important element in the context of crisis management, was debated with partners from the media. Together they arrived at the following conclusions:

1. The framework for communication between the Member States and the Commission was in place before the pandemic thanks to the creation within the Health Security Committee of the Communicators' Network. The **HSC Communicators' Network**, which played a key role in harmonising the Member States during the pandemic, sought to share the communication challenges with which the members were confronted, while providing support and advice to each other in the writing of common guidelines as well as in the development of the messages on key subjects. In decision-making on future policies, the HSC must take into account communication factors, which can be obtained through the collection of the comments, the feedback and the experiences of the HSC Communicators' Network. The existing tools available to the Network must be improved and adjusted (like HEDIS and Medisys).

2. Surveys of the members showed the possibility of using stakeholders and the media to communicate both to the population in general and to specific target groups. Identifying and establishing a relationship with stakeholders and the media before a pandemic is essential. Establishing **relationships of trust** with journalists before a crisis begins is judged to be essential to better guarantee good working relationships during a crisis. The existence of a **select group of available experts** to answer questions from journalists at all times, as well as the availability of a **spokesperson**, are factors that are both considered essential.

3. Although the **"at-risk" groups** had been identified, there was no pan-European **global strategic approach** on how to reach them and communicate with them. Global analyses of the target groups, including their use of the media, their consumer behaviour, the information sources they trust and which they consider credible, would be useful in order to develop key messages that are tailored and personalised for the respective target groups. Furthermore, polls and surveys are considered to be essential

tools for understanding the perceptions and behaviours of our citizens in a health crisis. These methods make it possible to monitor changes in behaviour and, consequently, to assess whether we are passing on the right messages. A plan for conducting polls / surveys must be established before a crisis. The polling methods, the models and the results should be shared between countries as a source of information and the exchanging of good practices.

4. The use of **new social media** (Web 2.0) is increasing ever more rapidly and will offer new possibilities for reaching specific target groups. The possibility exists to monitor and analyse the activity of these groups and by so doing to spot the early warning signs of alarm and trends. The current trend should continue and cannot be ignored or left out of any communication plan. Social media is managed by the users and is a two-way form of communication. The institutions must get involved in these recent developments and learn to communicate “with” and not “to” the public so that there is rapid response. In this way, the key messages can be adjusted according to what is being said online.

During the session on **medical measures**, only the aspects relating to accelerated centralised registration mechanisms and vaccines and antiviral medications were addressed. Here are the participants’ conclusions:

1. There is a need for studies that are independent from the pharmaceutical companies on the vaccines and antiviral medications including for the monitoring of the vaccination coverage. To date we have been too dependent on the pharmaceutical companies for these studies.
2. It is necessary to define the **roles and relationships** between the European Medicines Agency (EMA), the European Centre for Disease Prevention and Control (ECDC), the national regulatory authorities and the public health authorities, as well as with the World Health Organization (WHO).
3. It is necessary to review **purchasing procedures** to include in them elements such as the flexibility necessary to adjust the quantities ordered to actual needs, to review the terms on the liability aspects, etc.

4. Seeking solutions for the **joint purchasing** of vaccines and antiviral medications must be explored to be able to ensure equitable access, at the lowest price. This joint approach should increase authorities' negotiating power.
5. Communication to **health workers** must be improved. They must be more involved in the formulation and implementation of crisis response measures.