

European Health Emergency Preparedness and Response Authority Public Consultation

Fields marked with * are mandatory.

Introduction

The outbreak of the COVID-19 pandemic revealed vulnerabilities in European health preparedness and crisis response for serious cross-border threats to health. Member States encountered difficulties in ensuring monitoring on needs, swift development, manufacturing, procurement, and equitable distribution of key medical countermeasures such as personal protective equipment, medical devices and in vitro diagnostic medical devices (including tests and testing materials), available therapies, vaccines and essential medicines. Some of these (e.g. protective equipment, such as masks or gloves, swabs, reagents, ventilators and some other medical devices and medicines used in intensive care units) ran short, whilst much-needed vaccines and therapies were not at authorisation or even at late stage development. Overall, the pandemic revealed vulnerabilities in global supply chains and insufficient oversight of manufacturing capacities and research priorities in the EU.

This new initiative is an integral part of the [European Health Union proposal](#) of November 2020. It aims to equip the Union with a new Authority, similar to the US BARDA, which addresses all future serious cross-border threats to health. The new Authority, which will be called the “European Health Emergency Preparedness and Response Authority” (HERA), will take into account the EU institutional setting and provide for a coordinated approach to health preparedness for the full array of serious cross-border threats to health that takes into account competences of the Member States in this area. HERA will complement and create synergies with the work of existing national and EU Agencies, in particular the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA). Further [background information](#) on the creation of the legislative proposal for HERA may be found in the hyperlinks.

Please note that this consultation relates specifically to the European Health Emergency Preparedness and Response Authority. The Commission Communication ‘[Hera Incubator: Anticipating together the threat of COVID-19 variants](#)’ of February 2021 is not a legislative proposal. Therefore, this consultation does not serve to provide feedback on the work being undertaken by the Commission on mitigating, preventing and preparing for COVID-19 variants described in that Communication.

This questionnaire will be available in all EU-languages in the coming weeks. It includes several thematic sections. The specific terminology is explained at the beginning of the relevant sections.

About you

* Language of my contribution

- Bulgarian
- Croatian
- Czech
- Danish
- Dutch
- English
- Estonian
- Finnish
- French
- German
- Greek
- Hungarian
- Irish
- Italian
- Latvian
- Lithuanian
- Maltese
- Polish
- Portuguese
- Romanian
- Slovak
- Slovenian
- Spanish
- Swedish

* I am giving my contribution as

- Academic/research institution
- Business association
- Company/business organisation
- Consumer organisation
- EU citizen
- Environmental organisation
- Non-EU citizen
- Non-governmental organisation (NGO)
- Public authority

- Trade union
- Other

* First name

Panagiotis

* Surname

Chaslaridis

* Email (this won't be published)

panagiotis.chaslaridis@efanet.org

* Organisation name

255 character(s) maximum

European Federation of Allergy and Airways Diseases Patients' Associations

* Organisation size

- Micro (1 to 9 employees)
- Small (10 to 49 employees)
- Medium (50 to 249 employees)
- Large (250 or more)

Transparency register number

255 character(s) maximum

Check if your organisation is on the [transparency register](#). It's a voluntary database for organisations seeking to influence EU decision-making.

28473847513-94

* Country of origin

Please add your country of origin, or that of your organisation.

- | | | | |
|-------------------------------------|------------------------------------------|-------------------------------------|--------------------------------------------------------|
| <input type="radio"/> Afghanistan | <input type="radio"/> Djibouti | <input type="radio"/> Libya | <input type="radio"/> Saint Martin |
| <input type="radio"/> Åland Islands | <input type="radio"/> Dominica | <input type="radio"/> Liechtenstein | <input type="radio"/> Saint Pierre and Miquelon |
| <input type="radio"/> Albania | <input type="radio"/> Dominican Republic | <input type="radio"/> Lithuania | <input type="radio"/> Saint Vincent and the Grenadines |

- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Eswatini
- Ethiopia
- Falkland Islands
- Faroe Islands
- Fiji
- Finland
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- French Polynesia
- French Southern and Antarctic Lands
- Gabon
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Luxembourg
- Macau
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia
- Moldova
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar /Burma
- Namibia
- Samoa
- San Marino
- São Tomé and Príncipe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Sint Maarten
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the South Sandwich Islands
- South Korea
- South Sudan
- Spain
- Sri Lanka
- Sudan
- Suriname
- Svalbard and Jan Mayen
- Sweden

- Bonaire Saint Eustatius and Saba
- Bosnia and Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- British Virgin Islands
- Brunei
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Guadeloupe
- Guam
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Heard Island and McDonald Islands
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Nauru
- Nepal
- Netherlands
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- North Korea
- North Macedonia
- Norway
- Oman
- Pakistan
- Palau
- Palestine
- Panama
- Papua New Guinea
- Paraguay
- Switzerland
- Syria
- Taiwan
- Tajikistan
- Tanzania
- Thailand
- The Gambia
- Timor-Leste
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom

- Clipperton
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo
- Cook Islands
- Costa Rica
- Côte d'Ivoire
- Croatia
- Cuba
- Curaçao
- Cyprus
- Czechia
- Democratic Republic of the Congo
- Denmark
- Jamaica
- Japan
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Kosovo
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia
- Peru
- Philippines
- Pitcairn Islands
- Poland
- Portugal
- Puerto Rico
- Qatar
- Réunion
- Romania
- Russia
- Rwanda
- Saint Barthélemy
- Saint Helena Ascension and Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- United States
- United States Minor Outlying Islands
- Uruguay
- US Virgin Islands
- Uzbekistan
- Vanuatu
- Vatican City
- Venezuela
- Vietnam
- Wallis and Futuna
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

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* Contribution publication privacy settings

The Commission will publish the responses to this public consultation. You can choose whether you would like your details to be made public or to remain anonymous.

Anonymous

Only organisation details are published: The type of respondent that you responded to this consultation as, the name of the organisation on whose behalf you reply as well as its transparency number, its size, its country of origin and your contribution will be published as received. Your name will not be published. Please do not include any personal data in the contribution itself if you want to remain anonymous.

Public

Organisation details and respondent details are published: The type of respondent that you responded to this consultation as, the name of the organisation on whose behalf you reply as well as its transparency number, its size, its country of origin and your contribution will be published. Your name will also be published.

I agree with the [personal data protection provisions](#)

EU framework to develop, manufacture and deploy medical countermeasures

Medical countermeasures refer to medicines, medical devices and other goods or services that are aimed at combating serious cross-border threats to health[1], 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 countries. These medical countermeasures may necessitate coordination at Union level in order to ensure a high level of human health protection. Examples consist of infectious diseases such as COVID-19, a pandemic influenza, or other events caused by biological or unknown agents, accidents caused by chemical agents, natural events of environmental origin or deliberate acts.

The EU framework for cross-border threats to health is based on Decision 1082/2013/EU, which sets out how the EU coordinates preparedness and response to serious cross-border threats to health. In light of COVID-19, the Commission put forward a proposal to revise this framework and proposed a Regulation for serious cross border threats to health, as well as reinforcements to the mandates of the key EU Agencies: The European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (E M A) .

In addition to Decision 1082/2013/EU, under which the Early Warning and Response System, the Health Security Committee and the Joint Procurement Agreement is established, the Commission has additional instruments that are active in the area of development, manufacturing and deployment of medical countermeasures.

These will be mentioned in below, but comprise for example: [EU4Health](#), [Horizon Europe](#), [European Innovation Council](#), [European Regional Development Fund](#), [Emergency Support Instrument](#), the [European Defence Fund](#); Advanced Purchase Agreements under the [EU Vaccines Strategy](#), the [Union Civil](#)

[Protection Mechanism and its rescEU](#), [Emergency Response Coordination Centre](#), Innovation Partnership, and [external action support under EU programmes supporting our partners across the world](#).

[1] Decision 1082/2013/EU on serious cross-border threats to health

1. What is your view on the existing EU capability to develop, manufacture and deploy medical countermeasures (e.g. vaccines, antitoxins, antibiotics, chemical antidotes, antiviral drugs, personal protective equipment, medical devices, etc.) aimed at combating serious cross-border threats to health?

	Fragmented	Sub-optimal	Adequate	Good	Very good	Don't know
1.1 The EU capability to develop (including research) medical countermeasures is:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2 The EU capability to manufacture (production) medical countermeasures is:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3 The EU capability to deploy (distribution) medical countermeasures is:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If relevant, please provide further comments:

500 character(s) maximum

2. What is your view on the EU added value of HERA in light of the existing EU capacities in place to develop, manufacture and deploy medical countermeasures aimed at combating serious cross-border threats to health?

1000 character(s) maximum

Provided that it will be vested with adequate capacities and operational powers, HERA can be a crucial one-stop-shop to address cross-border threats to health in the EU Europe. HERA will be an immediate lesson learnt to fill in the gaps in the EU response to the COVID-19 pandemic such as lack of anticipation from the Chinese outbreak, country-blaming and isolation when it first hit Italy, overwhelming disruptions in the supply chain leading to shortages in medicines and medical devices, lack of member state coordination and solidarity ending up in exacerbating inequalities, a deterioration and disruption in the delivery of care, and an appalling toll among the healthy and the sick. By centralising the development, manufacturing and deployment of all types of medical countermeasures, and by establishing an early warning system to anticipate a cross-border health threat, HERA could strongly bring a significant added value to the efforts of national health systems.

3. What do you believe are the key challenges that should be tackled to ensure effective EU-wide access to the most developed medical countermeasures aimed at combating serious cross-border threats to health, including global threats?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
Sufficient capacities are in place at national level to ensure foresight of healthcare delivery ahead of a health emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient capacities are in place at national level to ensure demand analysis of healthcare delivery ahead of a health emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Sufficient capacities are in place at national level to ensure planning of healthcare delivery ahead of a health emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
There is a risk of low-quality, non-compliant medical countermeasures entering the EU market.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Real-time, reliable and comparable information/data on global and national shortages of medical countermeasures is available at EU level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Real-time, reliable and comparable information/data on available supplies (including global value chains and national stocks) is available at EU level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third country trade restrictions on medical countermeasures and/or inputs critical to their development/ production impact Member States.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
EU Member States have unequal access to medical countermeasures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
EU Member States have to compete against each other for the research and development of medical countermeasures (e.g. higher prices, distorted access and lower EU wide utility).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
EU Member States have to compete against each other for procurement of medical countermeasures (e.g. higher prices, distorted access and lower EU wide utility).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Lack of coordination at EU level of manufacturing capacity for medical countermeasures (leading to under- or overcapacity).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. The Commission's preliminary assessment identified various challenges[1]

Do you think the following measures can overcome these challenges?

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
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Putting in place real-time monitoring of preparedness regarding the demand and supply of critical medical countermeasures in the EU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Ensuring increased coordination of efforts at EU level (e.g. avoid competition - e.g. research and development and procurement - between Member States).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Joint procurement by central purchasing bodies buying on behalf of other public buyers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Strengthening the EU Joint Procurement Agreement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creation of a tailored EU procurement instrument for health emergency response and management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
An EU network of relevant enterprises in the supply chain of which production capacity can be immediately mobilised or repurposed without cross-border delivery constraints.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
EU approach to address the whole life cycle of medical countermeasures capacity building (including tailored research and development, testing, certification, production and delivery logistics).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

If relevant, please provide further comments:

500 character(s) maximum

As EFA stressed in the consultation of the Pharmaceutical Strategy, the EU should adopt mechanisms to help anticipate market failures and tackle disruptions and shortages in the supply chain of medicine and medical devices, severely affecting patients and their care. This can only be done effectively by centralizing information, analysis, and action through a single authority. This information, very critical during cross-border health threats, should be transparent to other stakeholders.

[1] See question 3 for challenges (e.g. foresight, demand analysis and planning of healthcare delivery ahead of a health emergency; low-quality, non-compliant medical countermeasures entering the EU market; real-time, reliable and comparable information/data on national shortages and available supplies

(including stocks) of medical countermeasures is available at EU level; Member States can have unequal access to medical countermeasures; EU Member States have to compete against each other for the development and procurement of medical countermeasures; lack of coordination of manufacturing capacity for medical countermeasures.)

Threat and risk assessments & EU instruments

Public health modelling is an essential element for anticipatory threat and risk assessments. Modelling should be considered as the simulation of scenarios based on mathematical techniques and all available data (e.g. indicator- and event based data). In this context, it may extend to modelling of health risks and impacts of health interventions using medical countermeasures.

Needs monitoring in this context extends to the monitoring of the quantity and the specific type of medical countermeasure(s) that a Member State requires in terms of its preparedness and response to a serious cross-border threat to health.

5. How would you qualify:

	Fragmented	Sub-Optimal	Adequate	Good	Very Good	Other	Don't know
Capacity for anticipatory public health threat and risk assessments at EU level (including global threats)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>				
Capacity for modelling and foresight of serious cross-border threats to health at EU level (including global threats)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>				
EU instruments for research, innovation and development of medical countermeasures[1]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>				
EU instruments for access and deployment of medical countermeasures[2]	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If relevant, please provide further comments

500 character(s) maximum

While we understand the focus of this consultation is the critical medical countermeasures and their effectiveness, we find it rather narrow on its scope to address cross-border health threats. As patients impacted by the environment of pollution, pathogens, irritants and sensitisers, we call on the Commission to propose a HERA regulation that addresses hazard and intentional Chemical, Biological, Radiological and Nuclear (CBRN) threats.

6. What are your views on the following?

	This should be addressed at a national level and not by the EU	There is no need to change. The current EU system should be maintained	The EU should further strengthen coordination and capacities in this area	Don't know
6.1 EU capacity for anticipatory public health threat and risk assessments at EU level and including global threats:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6.2 EU capacity for modelling and foresight of serious cross-border threats to health at EU level and including global threats:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6.3 EU instruments for research, innovation and development [3] of medical countermeasures:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6.4 EU instruments for access and deployment [4] of medical countermeasures:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

If relevant, please provide further comments

500 character(s) maximum

The EU has an ecosystem of well-functioning financial instruments that could be used to address cross-border health threats, but that were not created for that specifically. EFA considers that these instruments should be now reviewed through the lens of a higher authority like the future HERA to ensure full foresight, preparedness, innovation, and response to address health and environmental threats. It is unclear right now which would be the instrument to address chemical and biological threats

[1] e.g. [Horizon Europe](#), [European Innovation Council](#), [European Regional Development Fund](#), the [European Defence Fund](#)

[2] e.g. Joint Procurements, Advanced Purchase Agreements under the [EU Vaccines Strategy](#), Emergency Support Instrument the [Union Civil Protection Mechanism and its rescEU](#) and Emergency Response Coordination Centre, Innovation Partnership, external action support under EU programmes supporting our partners across the world

[3] e.g. Horizon Europe, European Innovation Council, European Regional Development Fund, the European Defence Fund

[4] e.g. Joint Procurements, Advanced Purchase Agreements under the [EU Vaccines Strategy](#), Emergency Support Instrument the [Union Civil Protection Mechanism and its rescEU](#) and Emergency Response Coordination Centre, Innovation Partnership, external action support under EU programmes supporting our partners across the world

Market dynamics and supply chain intelligence

The market (e.g. demand and supply) of medical countermeasures is constantly evolving and faces a variety of changing challenges. As such, knowledge and awareness of novel technologies, as well as pressures that can affect demand and supply - that can impact the availability of medical countermeasures – is important to monitor. Such pressures include, for example, incentives of key stakeholders (such as investors, industry and innovators), return on investment, uncertainty of demand, and impacts of future risks and needs. The supply chains of medical countermeasures extends to overall awareness of the supply into the EU and countries of specific medical countermeasures, as well as manufacturing capacities within the EU (including reconversion/repurposing possibilities) and the EU's position in global supply chains for critical raw materials needed to produce the final product.

7. To what extent is there a need for EU level action to strengthen the following elements for ensuring sufficient demand and supply of medical countermeasures in the EU?

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
Real-time analysis at EU level of the demand for medical countermeasures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
EU level knowledge of exports of medical countermeasures from EU Member States to third countries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
EU level knowledge of suppliers and supply chain of medical countermeasures into EU Member States	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
EU level knowledge of supply deliveries of medical countermeasures into EU Member States	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Market intelligence to anticipate possible interruptions in the demand and supply of medical countermeasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
EU level knowledge on logistical distribution of medical countermeasures to Member States	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
EU level knowledge on manufacturing capacities within the EU for medical countermeasures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
EU level knowledge on identification and support to repurposing/reconversion activities of manufacturing capacities for medical countermeasures within the EU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustainability of EU supply chains of medical countermeasures and flexible supply of key inputs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
EU level knowledge on supply dependency from third country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
stockpiling capacity (e.g. virtual or physical or otherwise) at EU level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Market intelligence for new countermeasures or innovative technologies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
EU level knowledge on national public sector investment into research and development of medical countermeasures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
EU level knowledge on private sector investment into research and development of medical countermeasures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

8.

	Undesirable	Neutral	Desirable	Don't know
What is your view on increasing EU level action in the market dynamics (e.g. demand and supply, as well as supply chains) of medical countermeasures?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

If relevant, please provide further comments

500 character(s) maximum

9. What is your view on strategic autonomy in the area of medical countermeasures to respond to health emergencies considering actions at EU, regional or national level?

500 character(s) maximum

A healthy and long-lives population is the most important asset of the EU, and it should be preserved and protected as the most precious value. Without health, the Single Market and the competitiveness that makes the of the EU a global leader fall apart. Therefore, we support any EU measure that supports health autonomy, health security and independence at regional level, complementary to the national and local efforts of Member States and regions.

Development and financing of new countermeasures in times of crisis

Upfront investment and parallel development processes pertains to undertaking financial investments for the development and access to medical countermeasures prior to a final product being available, approved or produced. Parallel development processes of medical countermeasures refers to when product development occurs prior or whilst the product is undertaking trials, approvals, market demand, etc. The contrary is sequential development process, which is approached in a step-by-step fashion.

Flexible and “ready to use” EU manufacturing capacities would entail the management of manufacturing infrastructure at the EU level, that remains ready to be activated for the production of a given medical countermeasure for the EU. It should optimally be ‘flexible’ in order to be able to manufacture key medical countermeasures that may require different technological/engineering requirements.

‘One-stop shop’, refers to an entity that manages and controls all instruments related to a product or service – in this case medical countermeasures for the EU.

10.

	Very Undesirable	Undesirable	Neutral	Desirable	Very Desirable	Don't know
What is your opinion on further EU intervention in upfront investment and parallel development processes to ensure rapid manufacturing of needed medical countermeasures in a health emergency, primarily within Europe but also from a global perspective?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

If relevant, please provide further comments

500 character(s) maximum

The question is complicated because there are many types of medical countermeasures with divergent degrees of complexity. However, from our perspective the EU should have power and capacity to intervene and fill in the gap in cases of extreme emergency and scarcity of medical countermeasures. In fact, when tackling CBRN threats, it is likely that only public authorities have the means to develop countermeasures safely and effectively.

11.

	Public-private partnerships	Direct contracts	Disbursement schemes	Fees	Combined EU and national financing
What kind of tailored financial instruments would be needed in your view to facilitate upfront EU investment?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If relevant, please provide further comments

500 character(s) maximum

12. Is there an optimal stage of product development upon which financial or procurement intervention could have the highest impact?

500 character(s) maximum

13. What is needed in your view to ensure rapid EU manufacturing capacities **during a health emergency?**

	Strong disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
There is no need for EU intervention in this area/this should be addressed at a national level	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-arranged emergency contract network for EU surge manufacturing capacities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Maintaining flexible and “ready to use” EU manufacturing capacities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Voluntary licensing mechanisms facilitating an effective and rapid sharing of technology, know-how and data with other manufacturers, but also ensuring technology owners’ control over their rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Streamlined EU level initiatives relating to medical countermeasures under a ‘one-stop shop’	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

If relevant, please provide further comments

500 character(s) maximum

Public health should be preserved, especially when prevention measures can be developed at local level. There are much more than logistics happening during a health emergency, they come with an explosive cocktail of panic, unity, pain, fear, hope and death and therefore being capable to respond to the threat is fundamental to the recovery. We stand for a strong EU able to respond and build back better, locally, with its own resources and people.

Impacts, role, scope and coordination

14. How would you rate the expected health, economic, social and environmental impacts, as well as the impact on consumer protection and administrative burden (adverse or positive), which the creation of HERA[1] would trigger (primarily from an EU perspective but also from a global perspective)?

	Negative impact	Neutral impact	Positive impact	Don't know
Health	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Economic	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Environmental	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Consumer protection	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Administrative burden	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please provide further explanations:

500 character(s) maximum

HERA is created based on a real pressing need. There are only positive impacts.

15. What types of health threats should the HERA prioritize (e.g. chemical, biological, radiological and nuclear, environmental)?

500 character(s) maximum

HERA should prioritise CBRN threats as they are urgent, cross-border, multi-hazardous and directly impacting health. There is increasing evidence linking climate change facets e.g. air pollution, wildfires, heatwaves, floods and foreign pathogens to adverse health outcomes. HERA should have a leading role in establishing an early warning system in synergy with the European Environment Agency, the Climate Change and Health Observatory and the European Centre for Disease Prevention and Control.

16. What types of medical countermeasures should the HERA prioritize (e.g. vaccines, antibiotics, antitoxins, chemical antidotes, therapeutics, diagnostics and medical equipment and supplies)?

500 character(s) maximum

While prioritizing medical countermeasures to face the health threat, HERA should also foresee actions to avoid disruption of essential sectors. In the case of the pandemic, ordinary health services were paused, leading to an irreparable excess death toll on top of the COVID-19 victims. We have great expectations about the linkages that HERA will develop with the future Health Data Space to avoid such a dramatic situation among people needing health care.

17. What should be the interplay of HERA with other EU Agencies (e.g. [European Medicines Agency](#), [European Centre for Disease Control and Prevention](#), [European Food Safety Authority](#), [European Monitoring Centre for Drugs and Drug Addiction](#), [European Environment Agency](#), [European Chemicals Agency](#), [Europol](#))?

1000 character(s) maximum

HERA should be designed as the leading EU agency in the eve of a health threat, pooling out resources and coordinating with other EU agencies as needed.

- With EMA, synergies could be built on promoting research and planning on the development and supply of medical countermeasures, also during non-emergency time, for example by supporting scientific research and fostering large-scale trials.
- With ECDC, cooperation could focus on enhancing the monitoring and anticipation capacities for cross-border health threats for the whole of the EU, and to integrate surveillance of health threats interaction with existing pandemics, such as the chronic disease one;
- With EEA, make use of the data to propose better prevention strategies addressing environmental risk factors.
- With HADEA, plan for health data monitoring and analysis, as well as counterbalance the profound paralysis in ordinary care that results from a health emergency

18. What should be the interaction of HERA with other EU instruments contributing to the development, manufacturing and deployment of medical countermeasures (e.g. [EU4Health](#), [Horizon Europe](#), [European Innovation Council](#), [European Regional Development Fund](#), [Emergency Support Instrument](#), the [European Defence Fund](#); Advanced Purchase Agreements under the [EU Vaccines Strategy](#), the [Union Civil](#)

[Protection Mechanism and its rescEU](#), [Emergency Response Coordination Centre](#), Innovation Partnership, and external action support under EU programmes supporting our partners across the world.)? Should they be:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't know
Coordinated like they are now, ensuring synergies with HERA when created	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinated by HERA when created in close collaboration with the European Commission, Member States and other relevant agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brought under the control of HERA when created by streamlining them into one full end-to end (e.g. from conception to distribution and use of medical countermeasures, incorporating all existing financial and operational instruments at EU level) Authority?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

If relevant, please provide further comments:

500 character(s) maximum

If the EU truly aims to create a European Health Union that is politically and operationally meaningful, and tangible for citizens, the EU response to a crisis needs to be equally effective across Member States, and that can only be ensured with broader EU action.

19. What would be in your view the role and interplay of HERA with key international bodies/agencies (e.g. World Health Organization, Global Preparedness Monitoring Board, U.S. Biomedical Advanced Research and Development and U.S. Centres for Disease Control and Prevention, etc.)

500 character(s) maximum

[1] This pertains to policy options 2-3, as set out in the Inception Impact Assessment

Environmental organisations, international organisations, researchers, academia

20. What would be the best cooperation model and contribution between your entities and HERA?

1000 character(s) maximum

EFA is the voice of over 200 million people living with allergy, asthma and chronic obstructive pulmonary disease in Europe. The patients we represent run a higher risk to be severely impacted by health and environmental threats. We bring their voice on regulatory issues to several agencies, as EFA is official stakeholder to EMA, ECHA and EFSA, while we also have formal relationships with WHO/Europe, the Codex Alimentarius Commission and the United Nations Framework Convention on Climate Change. EFA would be delighted to engage in a sustained partnership with HERA as stakeholder that can bring citizens' perspectives and value to the work of the agency in the planning and the operational stages. As a catalyser for change, EFA can support HERA in communicating to the public, increasing public health literacy, health literacy and pointing out to pressing needs in the field. EFA has a strong record of evidence gathering and public advocacy that would be of interest to the new authority.

Other

22. Would you like to raise other issues that need to be address?

If so, please specify:

500 character(s) maximum

23. If you wish to provide additional information (for example a position paper) or raise specific points not covered by this questionnaire, you can upload your additional document here.

Only files of the type pdf,txt,doc,docx,odt,rtf are allowed

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