Contribution ID: faa2d6bf-a90c-4a7f-9074-dbf22061b72b
Date: 11/05/2021 15:57:24

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 (https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2041) 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 (https://ec.europa.eu/commission/presscorner/detail/en/SPEECH_20_1655%20&https:/eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52020DC0724&from=EN&https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12870-European-Health-Emergency-Response-Authority) 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’ (https://ec.europa.eu/info/sites/info/files/communication-hera-incubator-anticipating-threat-covid-19-variants_en.pdf) 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

English

*I am giving my contribution as

Academic/research institution

*First name

axel

*Surname

debry

*Email (this won't be published)

axel.debry@embl.de

*Organisation name

255 character(s) maximum

European Molecular Biology Laboratory

*Organisation size

Large (250 or more)

Transparency register number

255 character(s) maximum

Check if your organisation is on the transparency register (http://ec.europa.eu/transparencyregister/public/homePage.do?redir=false&locale=en). It's a voluntary database for organisations seeking to influence EU decision-making.

*Country of origin

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

Germany

The Commission will publish all contributions to this public consultation. You can choose whether you would prefer to have your details published or to remain anonymous when your contribution is published. **For the purpose of transparency, the type of respondent (for example, 'business association, 'consumer association', 'EU citizen') country of origin, organisation name and size, and its transparency register**

number, are always published. Your e-mail address will never be published. Opt in to select the privacy option that best suits you. Privacy options default based on the type of respondent selected

* **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 (https://ec.europa.eu/info/law/better-regulation/specific-privacy-statement)

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 (EMA).

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 (https://ec.europa.eu/health/funding/eu4health_en), Horizon Europe (https://ec.europa.eu/info/horizon-europe_en), European Innovation Council (https://eic.ec.europa.eu/index_en), European Regional Development Fund (https://ec.europa.eu/regional_policy/en/funding/erdf/), Emergency Support Instrument (https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/emergency-support-instrument_en), the

European Defence Fund (https://ec.europa.eu/defence-industry-space/index_en); Advanced Purchase Agreements under the EU Vaccines Strategy (https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/public-health/eu-vaccines-strategy_en), the Union Civil Protection Mechanism and its rescEU (https://ec.europa.eu/echo/what/civil-protection/resceu_en), Emergency Response Coordination Centre (https://ec.europa.eu/echo/what/civil-protection/emergency-response-coordination-centre-ercc_en), Innovation Partnership, and external action support under EU programmes supporting our partners across the world (https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1267).

[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:	○	○	○	◉	○	○
1.2 The EU capability to manufacture (production) medical countermeasures is:	○	○	○	◉	○	○
1.3 The EU capability to deploy (distribution) medical countermeasures is:	○	○	◉	○	○	○

If relevant, please provide further comments:

500 character(s) maximum

It is clear and demonstrable that the EU is effective in marshalling the components for a powerful pandemic response, including, for example Pfizer vaccine manufacturing capacity at multiple European sites, as well as the production of ventilators in Germany and Sweden. The matter of coordination of this capacity is more complex, including the logistics for delivery of solution, including vaccines, and HERA could assist EU Member States here.

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?

1,000 character(s) maximum

The concept of HERA is welcomed and is a good use of EU resources. For it to be successful, forming vital links, early on, with the R&I community within both applied and fundamental research organisations (such as EMBL) will be key. This should help avoid replication of research and development. Links should be established with data infrastructures for data sharing capabilities and large research infrastructures for the core facilities they offer, such as synchrotrons. It will also be vital that HERA builds strong relationships with national healthcare systems to facilitate timely responses to future health crises.

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.	○	○	◉	○	○	○
Sufficient capacities are in place at national level to ensure demand analysis of healthcare delivery ahead of a health emergency.	○	○	◉	○	○	○
Sufficient capacities are in place at national level to ensure planning of healthcare delivery ahead of a health emergency.	○	○	◉	○	○	○
There is a risk of low-quality, non-compliant medical countermeasures entering the EU market.	○	○	◉	○	○	○
Real-time, reliable and comparable information/data on global and national shortages of medical countermeasures is available at EU level.	○	○	◉	○	○	○
Real-time, reliable and comparable information/data on available supplies (including global value chains and national stocks) is available at EU level.	○	○	◉	○	○	○
Third country trade restrictions on medical countermeasures and/or inputs critical to their development/ production impact Member States.	○	○	◉	○	○	○
EU Member States have unequal access to medical countermeasures.	○	○	◉	○	○	○
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).	○	○	◉	○	○	○
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).	○	○	◉	○	○	○
Lack of coordination at EU level of manufacturing capacity for medical countermeasures (leading to under- or overcapacity).	○	○	◉	○	○	○

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
Putting in place real-time monitoring of preparedness regarding the demand and supply of critical medical countermeasures in the EU	○	○	◉	○	○	○
Ensuring increased coordination of efforts at EU level (e.g. avoid competition - e.g. research and development and procurement - between Member States).	○	○	◉	○	○	○
Joint procurement by central purchasing bodies buying on behalf of other public buyers	○	○	◉	○	○	○
Strengthening the EU Joint Procurement Agreement (https://ec.europa.eu/health/security/preparedness_response_en)	○	○	◉	○	○	○
Creation of a tailored EU procurement instrument for health emergency response and management.	○	○	◉	○	○	○
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.	○	○	◉	○	○	○
EU approach to address the whole life cycle of medical countermeasures capacity building (including tailored research and development, testing, certification, production and delivery logistics).	○	○	◉	○	○	○

If relevant, please provide further comments:

500 character(s) maximum

EMBL is an intergovernmental organisation and a European life sciences research laboratory. As such, we do not feel we are best placed to respond to this question, nor is it within our competency.
We would reiterate that EMBL is a resource for all of European Institutions, ready and able to be exploited to enable the aims of HERA.

[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)	○	○	◉	○	○	○	○
Capacity for modelling and foresight of serious cross-border threats to health at EU level (including global threats)	○	○	◉	○	○	○	○
EU instruments for **research, innovation and development** of medical countermeasures[1]	○	○	◉	○	○	○	○
EU instruments for **access and deployment** of medical countermeasures[2]	○	○	◉	○	○	○	○

If relevant, please provide further comments

500 character(s) maximum

In order to be successful in meeting its aims, HERA will require robust interfaces with modeling capability, data science, and research. Modeling cannot be undertaken without reference to data. Data at scale and tools for the analysis and exploitation by modelers is accessed through EMBL's bioinformatics capability which houses the world's largest collection of molecular data, freely and openly available.

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:	○	○	◉	○
6.2 EU capacity for **modelling and foresigh**t of serious cross-border threats to health at EU level and including global threats:	○	○	◉	○
6.3 EU instruments for **research, innovation and development**[3] of medical countermeasures:	○	○	◉	○
6.4 EU instruments for **access and deployment**[4] of medical countermeasures:	○	○	◉	○

If relevant, please provide further comments

500 character(s) maximum

```
It is key to HERA's success that it does not seek to duplicate research capacity
that already exists across Europe. Instead, HERA's efforts are best expended in the
areas of strengthening coordination and leveraging synergies between research
institutions across Europe. EMBL, for example, offers world leading life science
research and services, already funded by its Member States, on which HERA could
rely.
```

[1] e.g. Horizon Europe (https://ec.europa.eu/info/horizon-europe_en), European Innovation Council (https://eic.ec.europa.eu/index_en), European Regional Development Fund (https://ec.europa.eu/regional_policy/en/funding/erdf/), the European Defence Fund (https://ec.europa.eu/defence-industry-space/index_en)

[2] e.g. Joint Procurements, Advanced Purchase Agreements under the EU Vaccines Strategy (https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/public-health/eu-vaccines-strategy_en), Emergency Support Instrument the Union Civil Protection Mechanism and its rescEU (https://ec.europa.eu/echo/what/civil-protection/resceu_en) 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 (https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/public-health/eu-vaccines-strategy_en), Emergency Support Instrument the Union Civil Protection Mechanism and its rescEU (https://ec.europa.eu/echo/what/civil-protection/resceu_en) 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	○	○	○	○	○	◉
EU level knowledge of exports of medical countermeasures from EU Member States to third countries	○	○	○	○	○	◉
EU level knowledge of suppliers and supply chain of medical countermeasures into EU Member States	○	○	○	○	○	◉
EU level knowledge of supply deliveries of medical countermeasures into EU Member States	○	○	○	○	○	◉
Market intelligence to anticipate possible interruptions in the demand and supply of medical countermeasure	○	○	○	○	○	◉
EU level knowledge on logistical distribution of medical countermeasures to Member States	○	○	○	○	○	◉
EU level knowledge on manufacturing capacities within the EU for medical countermeasures	○	○	○	○	○	◉

EU level knowledge on identification and support to repurposing/reconversion activities of manufacturing capacities for medical countermeasures within the EU	○	○	○	○	○	◉
Sustainability of EU supply chains of medical countermeasures and flexible supply of key inputs	○	○	○	○	○	◉
EU level knowledge on supply dependency from third country	○	○	○	○	○	◉
stockpiling capacity (e.g. virtual or physical or otherwise) at EU level	○	○	○	○	○	◉
Market intelligence for new countermeasures or innovative technologies	○	○	○	○	○	◉
EU level knowledge on national public sector investment into research and development of medical countermeasures	○	○	○	○	○	◉
EU level knowledge on private sector investment into research and development of medical countermeasures	○	○	○	○	○	◉

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?	○	○	○	◉

If relevant, please provide further comments

500 character(s) maximum

N/A

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

N/A

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?	○	○	○	◉	○	○

If relevant, please provide further comments

500 character(s) maximum

EMBL believes that this should be viewed from a global perspective. In case of future health crises, Europe should have the capacity to look after itself, but should also have the capacity to be one of the players to offer support to other areas of the world.
It is important that the EU takes a world view and considers mechanisms for vaccine development and medical information dissemination for all parts of the world.

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?	○	○	○	○	◉

If relevant, please provide further comments

500 character(s) maximum

It is important for the EC to give consideration to funding mechanisms but these should not be to the detriment of funding to current and still very relevant research priorities supported via Horizon Europe.

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

500 character(s) maximum

Regarding vaccine development, it is EMBL's experience that there is often a gap between fundamental research and fully functional solutions that can be disseminated to citizens. There might be space for non-commercial actors to step in this translational phase.

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

	Strongly 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	○	○	○	○	○	◉
Pre-arranged emergency contract network for EU surge manufacturing capacities	○	○	○	○	○	◉
Maintaining flexible and "ready to use" EU manufacturing capacities	○	○	○	○	○	◉
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	○	○	○	○	○	◉
Streamlined EU level initiatives relating to medical countermeasures under a 'one-stop shop'	○	○	○	○	○	◉

If relevant, please provide further comments

500 character(s) maximum

N/A

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	○	○	○	◉
Economic	○	○	○	◉
Social	○	○	○	◉
Environmental	○	○	○	◉
Consumer protection	○	○	○	◉
Administrative burden	○	○	○	◉

Please provide further explanations:

500 character(s) maximum

N/A

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

500 character(s) maximum

Regarding health treats, EMBL believes that the focus should be given to biological threats. However, we feel strongly that HERA should also focus on environmental and ecological threats that lead to long-term planetary challenges impacting food and water supply and the loss of biodiversity.

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

EMBL believes that vaccines and antibiotics are the medical countermeasures which should be prioritised. Whilst we recognise that antitoxins have a vital role to play, we consider that such countermeasures would have less of an impact in the event of a health crisis, and are more part of day-to-day healthcare, especially in certain parts of the world.

17. What should be the interplay of HERA with other EU Agencies (e.g. European Medicines Agency (https://www.ema.europa.eu/en), European Centre for Disease Control and Prevention (https://www.ecdc.europa.eu/en), European Food Safety Authority (https://www.efsa.europa.eu/en), European Monitoring Centre for Drugs and Drug Addiction (https://www.emcdda.europa.eu/emcdda-home-page_en), European Environment Agency (https://www.eea.europa.eu/), European Chemicals Agency (https://echa.europa.eu/), Europol (https://www.europol.europa.eu/))?

1,000 character(s) maximum

EMBL fully supports the Commission's efforts to build a European Health Union that relies on the EMA, the ECDC and in future on HERA. We also believe that HERA must look beyond these sister agencies to build strong relationships with Europe's research community. In this way, HERA would be the link between the European Research Area and the European Health Union.

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 (https://ec.europa.eu/health/funding/eu4health_en), Horizon Europe (https://ec.europa.eu/info/horizon-europe_en), European Innovation Council (https://eic.ec.europa.eu/index_en), European Regional Development Fund (https://ec.europa.eu/regional_policy/en/funding/erdf/), Emergency Support Instrument (https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/emergency-support-instrument_en), the European Defence Fund (https://ec.europa.eu/defence-industry-space/index_en); Advanced Purchase Agreements under the EU Vaccines Strategy (https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/public-health/eu-vaccines-strategy_en), the Union Civil Protection Mechanism and its rescEU (https://ec.europa.eu/echo/what/civil-protection/resceu_en), Emergency Response Coordination Centre (https://ec.europa.eu/echo/what/civil-protection/emergency-response-coordination-centre-ercc_en), 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	○	○	○	◉	○	○
Coordinated by HERA when created in close collaboration with the European Commission, Member States and other relevant agencies	○	◉	○	○	○	○
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?	○	◉	○	○	○	○

If relevant, please provide further comments:

500 character(s) maximum

We believe that, at this stage of Hera's development, structure in terms of its interaction with other EU instruments is a lower priority than the delivery of interventions for health crises. The addition of further structure has the potential to complicate and slow delivery.

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

We recognize the importance of HERA's interactions with other international agencies given the need for preparedness at a global scale. We would also encourage relationship building with European institutions that have a global scientific reach, such as EMBL.
We support the principle of sharing globally and executing locally.

[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?

1,000 character(s) maximum

We support the principle of joint funding calls as a cornerstone to support research that will have a positive impact on the long-term success of HERA and the overall EU's preparedness to face future health crises.
HERA will require highly trained data scientists and biologists with a good understanding of both biology and policy. Institutes such as EMBL train and enable scientists with these specific skills. EMBL should be considered as key partners to ensure future health security for Europe.

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.

Contact

Contact Form (/eusurvey/runner/contactform/HERAPC2021)