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Speech for 110th Anniversary of L'Institut Scientifique de Sante Publique/
Wetenschappelijk Instituut Volksgezondheid

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ECDC's vision of National Public Health Institutes as partners in an International European Health Policy setting

- Dear Excellencies, ladies and gentlemen, dear friends,
- It is a **great honour** for me to be here today on this very special occasion; the **110th anniversary** of such an important grand dame.
- And it is a particular pleasure for me, as **Belgium has a very special place in my heart.**
- My wife is from Belgium, and been as I grew up in Maastricht, I spent parts of my youth in your country.

- I would soon like to invite you for **a mental exercise.**
- But before we embark on this exercise, I would first like to give you a **brief introduction to what ECDC does.**

- The European Centre for Disease Prevention and Control (ECDC) was **established in 2005 in Stockholm, Sweden.**
- It is the European Union agency with **responsibility to strengthen Europe's defences against infectious diseases.**
- ECDC's mission is **to identify, to assess and communicate current and emerging threats to human health posed by infectious diseases.**
- The role of ECDC is also to **support and help coordinate European Union countries' preparedness and response capacities.**

- Infectious diseases are our business.
 - We have to be vigilant, efficient and effective, because a lot depends on us.
 - European governments understand that as **infectious diseases know no borders**, there is a **constant need for surveillance and assessment of risks** to provide a strong and reliable line of defence for all Europeans.
 - Our scientific work is **closely linked with that of Health Ministries, of National Public Health Institutes**, public health researchers, managers and of practitioners **in every country in Europe**.
 - We have daily contact with these different stakeholders by exchanging information, providing analysis, guidance and technical support.
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- Protecting Europe from infectious diseases is not a chance benefit.
 - ECDC has been **built on well-coordinated public health alert and response systems**.
 - ECDC's work also **relies on rigorous independent scientific evidence and analysis** as well as the capacity to take quick and decisive action.
 - Communication expertise is also crucial to **deliver reliable information rapidly** to those who need it.
 - All ECDC's central and field operations are organised to **support and strengthen** these vital public health functions,
 - and aims to **add value to country-led responses**, particularly in these times of financial constraint.
 - Thus, **our aim is to help save lives**.
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- **ECDC is a scientific and technical agency**, not a political body.
 - It is **our role to provide** the European Commission, the European Parliament and national health policymakers with the **advice and evidence** they need to take decisions and the appropriate action to protect health.

- ECDC is unique.
 - We are proud to be at the **hub of Europe's vast network of dedicated public health specialists**, scientists, microbiologists and epidemiologists - over 10 000 in number - who work with us and other partners, such as the WHO, to protect people from infectious disease threats.
 - We work hard to fine-tune these efforts so as **to be worthy of Europe's continued trust and support.**
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- It is now time to invite you for the mental exercise I mentioned earlier, and to pretend that it is not 2014 but **2024**,
 - and that this is not the 110th anniversary of your public health institute but the **120th anniversary** and that you have invited me to speak again.
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- It is a great honour for me to be here again for your 120th anniversary, and it is truly fantastic to enter this **new state-of-the-art building!**
 - I remember that all your previous buildings were spread across the city, and it is therefore amazing to be here today at this beautiful site, in such a nice landscape.
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- Back to business.
 - Maybe I could use this opportunity to look back at what has happened over the past 10 years.
 - At that time I was Director of ECDC and in that capacity a participant of what I would like to call the European project.
 - There were several citizens who, at the time, were very critical towards the EU-project.
 - In fact, 2014 was an EP election year and the number of EU sceptics elected to the European Parliament increased considerable.
 - At that time I had many American friends who wanted me to explain the EU.

- I always said that you could not compare the European Union to the USA, since their history was in this respect much longer.
- At that time I was the Director of ECDC with 350 staff members compared to the 15.000 staff members of the US CDC.
- Nevertheless many things have changed since then.
- Of course the EU discussions at the time also had consequences on the national situation, in particular on the National Institutes for Public Health.
- Around the time of 2014, I was **every month visiting a National Institute of PH** in an EU member state.
- And I was always surprised by the diversity of the institutes.
- Not only did they **differ in size** (from 20 to 2000 staff members) but also their **mandate and scope varied**.
- I remember that when I was invited to visit your national institute back then, I was impressed by the size, the broad scope of your institute, the high quality and even the quality assurance.
- Nevertheless at that time there were two pending issues:
 - some differences between the Communes, the Gemeenten, in your country,
 - and discussions regarding the budget of the institute.
- The good news was that there was a **keen interest in health issues at the communitarian level**.
- The less good news was that **several of the functions could only be executed at a national or EU level because of the costs and a uniform methodology**.
- Regarding the budget, I would like to refresh your memory that there were strong views on 'valorisation of knowledge' and 'market competition'.
- However after several years it became clear that PH is an important value for citizens and should be taken care of by a national government.

- Nowadays we see that most of the governments in the EU provide a solid budget for their NIPH.
 - At the same time these governments called upon cost efficiency at a EU level.
 - I remember that your Director at that time had a clear vision on this: there should be a strong NPHI, serving the different communities of Belgium and it should have a strong European profile in order to be competitive as a European centre of excellence.
 - Looking around, my impression is that you have succeeded in this!
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- Between 2015 and 2020, there was a fundamental debate in the EP and the Member States.
 - After this so called Eurosceptic intermezzo between 2012 and 2017, the EU citizens and parliamentarians started paying more attention to PH, also strongly fuelled by the WHO.
 - Of course the question was how we could improve PH in the EU, and how does this affect the current structures.
 - **In 2015, an important committee was established in order to develop a proposal on how to strengthen PH** in the EU and on what would be the appropriate infrastructure.
 - To nobody's surprise this committee advised that it was **important to go beyond infectious diseases at a European level.**
 - Of course the, at the time, new **Serious Cross Border Health Threats legislation** was an important milestone (approved November 2013). From a PH perspective infectious diseases are important, however the **burden of disease is highest in Non-communicable diseases.**
 - Moreover - as also advocated by the Belgian Institute for Public Health - it was recognised that **public health improvements depend strongly on joint approaches and techniques.**
 - And as there was less reason to keep the communicable and non-communicable diseases as separate issues, the committee advised

that **the European Centre for Disease Prevention and Control should enter a second phase**, namely **paying attention to health metrics and best practices of prevention of NCD**.

- After several debates the EP, Council and Commission fully supported this idea and were willing to enlarge the staff and budget of ECDC in order to make this possible.
 - Nevertheless this was not the only recommendation of this important Committee.
 - They also reviewed the European capacity of NPHI and were **surprised by the diversity of the institutes**.
 - From an economic perspective they advised to establish more European collaboration and in fact to **establish a European PH infrastructure where ECDC played a coordinating role**.
 - Contrary the CDC of the USA they were not in favour of a big institute in Stockholm, but **advocated better coordination of the existing PH infrastructure**.
 - Hence a new committee was established with the aim to develop, in close cooperation with ECDC, proposals in order to improve the EU PH infrastructure.
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- Now I would like to look back at the threats of the past 10 years.
 - Ten years ago, we were very **concerned about antimicrobial resistance**.
 - We promoted prudent use, the development of new antibiotics and to find a new business model.
 - I know that Belgium has done a lot regarding the prudent use of antibiotics, and has set up a system for AB consumption.
 - People are much more aware of the limitations regarding AMR.
 - There is very good collaboration between the national institutes and EMA, EFSA and ECDC. Finally the use of AB in the vet sector has been reduced dramatically.
 - By the way, did you know that Belgium was one of the first who really paid attention to nosocomial infections.

- **Still today influenza poses a threat.**
- There are several new types of influenza and we need to be very vigilant.
- We have set up a good EU virus surveillance system and are making use of social media in order to estimate the impact.
- The reference lab system of WHO has been further strengthened.
- The **collaboration in the food- and water borne diseases area has also been improved.**
- At the European level we are **now able to trace and track the causes of infections.**
- **Excellent collaboration between the EFSA and ECDC** under the leadership of the Commission was key to this success.
- TB was of a great concern ten years ago.
- There were **countries with very high incidence and modern big cities with clusters of high TB activity.**
- The great news is that this is **now under control.**
- We have paid much more attention in order to support the less rich countries in their fight against TB.
- We have established a good lab-network where all materials from pt are cultured and tested for resistance.
- At a European level we have found a way to support the countries that have difficulties in purchasing the anti-TB drugs.
- **Nowadays in the EU, there is no patient who does not have access to the appropriate drugs.**
- At ECDC we are able to follow the development because we received the microbial information from all patients, as well as the patient outcome information.
- Ten years ago, we **experienced major outbreaks of measles in Europe**, despite the WHO resolution to eliminate measles and rubella by 2015.
- The good news is that in 2024 is we have **succeeded in eliminating measles and rubella by concerted actions** and

thanks to the commitment of the Commission and the Member States.

- **ECDC has developed different models** for the Member States and the NPHI to use **in order to develop a national strategy.**
- Though there is no universal approach in EU, **every Member State was able to develop its own tailor-made approach** which turned out to be effective.
- Ten years ago **every Member State had its own advisory committee for the national immunisation programmes.** T
- Today **all the NPHI contribute to the EU advisory committee.**
- ECDC has set up, in collaboration with EMA, a public health advisory committee in order to provide advice to the Commission and to the MS.
- Despite the limited own capacity of ECDC, it is able to attract the top experts from the NPHI.

- Last but not least, at the Regional Committee Meeting of the WHO EURO, under the chairmanship of Daniel Reynders, **a new framework for the development of a surveillance of vector borne diseases was adopted.**
- In a **joint effort of the WHO, ECDC and the NPHIs**, we were able to develop this surveillance.
- Ten years ago we thought that EU, in general, did not suffer from vector borne diseases.
- Today we know that we need to pay attention both to the surveillance, the control measures and the behaviour of citizens.

- Of course infectious diseases do not respect EU borders, and there is still an ongoing debate at the EU level about EU membership.
- However for **ECDC** this is less relevant because, at the request of the Commission, we have **developed very good collaboration with the neighbourhood countries.**
- In fact the current activities of ECDC cover also these countries.

- I am in particular proud that Belgium is also supporting some of the less-developed NPHI in one of the neighbourhood countries, and, by the way, also some NPHI in developing countries.
- In that respect Belgium is a good example of a country that is taking its responsibility.
- My **conclusion for 2024** is that we have **succeeded to control infectious diseases in EU and beyond.**
- This has only been possible thanks to the full support of the l'Institut Scientifique de Sante Publique.
- You have provided lab capacity and special expertise.
- Contrary to ten years ago, where each NPHI tried to cover almost each topic, there is a much better coordination and division of tasks and laboratory capacity in EU.
- The vision of the management of the institute turned out to be right: more focus for WIV in order to become a European Centre of excellence for several topics.
- **ECDC can only do its work with the full and continued support of the European National Institutes of PH, like to WIV.**
- I still fully support the vision back in 2005 of the EP and Council that we should not build a new cathedral in Stockholm but rely on the good work of the NPHI.
- Finally I would like to end **by returning to 2014, and to my role as Director of ECDC.**
- I would like to use this opportunity to thank Belgium for their great support of ECDC.
- In particular, I would **like to mention Daniel Reynders who is one of the most active and prominent members of ECDC's Management Board.**
- I would also like to pay tribute to **Herman van Oyen and Sophie Quoilin who are active members of our Advisory Forum,** and who participate in numerous projects between WIV and ECDC.

- Finally, I would like to **thank my friend, Johan Peeters**, for whom I have the **greatest respect** since he has rebuild this honourable grand dame and provided her with new youth.

2529 words = approximately 23 minute speech