BREXIT BRIEFING

Health protection and health security
maintaining an effective working relationship between the UK and the EU
Key points

– Health protection and security in the UK has been fundamentally shaped by our membership of the EU (European Union). This includes efforts to combat infectious diseases, AMR (antimicrobial resistance), climate change, water, waste and air pollution and maintaining high food standards.

– Adopting a divergent approach to health protection and health security would likely lead to:
  – weakened pandemic preparedness planning and response to communicable disease outbreaks;
  – weakened environmental protection standards;
  – weaker regulation and surveillance of imports and exports, such as food.

– To minimise these potential impacts, the UK Government should:
  – negotiate an agreement to continue to share intelligence and access data, evidence and planning for pandemic preparedness with ECDC (the European Centre for Disease Prevention and Control);
  – in the short-term, maintain an aligned approach to the EU on environmental standards in the EU Withdrawal Bill and then work with experts and stakeholders to implement the UK’s environmental plan;
  – negotiate a formal agreement to continue to work with the EU, and specifically the EFSA (European Food Standards Agency) to maintain health standards on imports and exports.

– For the UK, this approach would:
  – maintain the fullest possible ongoing access to ECDC’s emergency preparedness systems, including EWRS (Early Warning Response System), enabling the UK to continue sharing data and evidence with the EU and vice versa to protect its citizens and ensure that preparedness is coordinated and complementary;
  – provide clarity and stability about the short-term future of environmental protection standards in the UK while supporting the development of robust and evidence-based environmental protection standards over the long-term;
  – ensure imported products continue to be regulated to a high standard to protect health and minimise the barriers to export of UK products.

– For the EU, this approach would:
  – ensure ongoing access to UK data, evidence and expertise of communicable diseases to maintain coordinated and complementary emergency preparedness across Europe;
  – guarantee that the UK continues to take comprehensive and complementary action on regional environmental issues, such as water, waste and air pollution;
  – ensure that product and particularly food standards in the UK are sufficiently high/aligned such that additional inspection of UK exports to the EU is not necessary.

– Should there be a failure to conclude a future partnership agreement by March 2019, there would be considerable uncertainty about the UK’s ability to coordinate pandemic preparedness planning and response with its European neighbours, weakening the capacity of all parties to respond to cross border health emergencies effectively. Loss of access to UK research and expertise could further undermine pandemic preparedness planning and response in Europe. There would be an alarming lack of clarity about the future of environmental protection standards affecting shared resources, such as air and water. Any uncertainty about the quality of imports and exports would need to be managed through additional inspections to ensure consumer safety and confidence. Risks and costs of such a breakdown in the current exchange of knowledge and goods would impact significantly on the EU as well as the UK. Failure to negotiate an agreement deal also risks ending access to reciprocal healthcare arrangements for UK citizens and residents within the EU, which may act as a barrier to patients accessing services and increase the likelihood of the spread of disease.
Background

All countries face global hazards and threats which they need to plan for, and respond to, in order to protect the health of the population. These hazards and threats do not recognise national borders. Health protection and health security issues include tackling infectious diseases, AMR (antimicrobial resistance), climate change, water, waste and air pollution, and maintaining high food standards. A range of experts are involved in health protection from doctors, nurses and practitioners to administrative staff, working closely with PHE (Public Health England), microbiologists, infection and prevention control teams and educational institutions.

The principle of working collaboratively with regional and international partners to respond to such global hazards and threats is well accepted. The EU works with member states (and associated countries) in the following three key areas to ensure the European region is working together in a coordinated and complementary way to protect and respond to threats to the shared environment:

- facilitating the sharing of data, expertise and national strategies for pandemic preparedness planning and response via ECDC (the European Centre for Disease Prevention and Control) (see box 1);
- developing regulations and directives to help member states take regional action on a wide-range of global health protection issues which cut across territorial borders and cannot be addressed at a domestic level, for example air pollution;
- developing standards to provide protections for the imports and exports of products, such as the trade of food.

Box 1 — The systems managed by ECDC

- TESSy (The European Surveillance System) — routine indicator-based data reporting at regular intervals;
- EPIS (Epidemic Intelligence Information System) — immediate reporting of events or outbreaks and raising of ad-hoc alerts;
- TTT (Threat Tracking Tool) — database of verified events used to detect and assess emerging threats;
- EWRS (Early Warning Response System) — platform for outbreak management and communication of control measures.

ECDC also funds and supports a two-year fellowship programme with two paths: EPIET (a field epidemiology path) and EUPHEM (a public health microbiology path). Both approaches provide training and practical experience in sites across the EU and EEA member states. ECDC also sets competencies for FETP (Field Epidemiology Training Programme), a UK programme of training and experience to develop the skills and competencies agreed for field epidemiologists in the EU.
The UK’s relationship with the EU on health protection and security

Health protection and security in the UK has been fundamentally shaped by our membership of the EU. A number of UK departments and agencies interact with EU bodies to meet the UK’s commitments in this area.

– **Pandemic preparedness planning and response**
PHE acts as the CCB (coordinating competent body) for health protection, fulfilling the UK’s obligation under EU law to provide evidence and data on communicable disease — for example, AMR, influenza outbreaks and other infectious diseases — to ECDC. Each CCB then works with ECDC to coordinate additional monitoring of disease outbreaks and support response planning. PHE then disseminates information to relevant bodies in the UK (including the Home Office, NHS England and devolved nations organisations). The UK works particularly closely with the EU in areas where it has specific expertise. For example, PHE research on genome sequencing helps diagnose tuberculosis and other infections more quickly and more accurately, which in turn helps to inform ECDC’s pandemic preparedness response. PHE also hosts EPIET and EUPHEM fellows in the UK.

ECDC also works closely with WHO/Europe (World Health Organization Regional Office for Europe). As members of WHO (World Health Organization), each EU member state has an obligation under IHR (International Health Regulations) to notify WHO of events that may constitute a public health emergency of international concern. ECDC routinely monitors a wider range of diseases and conditions than are also notifiable under IHR. Where there is overlap, ECDC and WHO/Europe work together to reduce duplication and strengthen reporting mechanisms by integrating monitoring and alert systems, for example EPIS, EWRS and IHR-EIS (the IHR Event Information Site), harmonising surveillance procedures and building existing WHO and ECDC networks to expand monitoring and response.

– **Environmental protection standards**
The EU’s environmental protection standards make up a patchwork of different policy instruments — regulations, directives, principles, objectives, declarations and resolutions — which the UK has implemented. This includes regulations and directives on water, waste and air pollution and climate change — all issues that cut across borders and therefore require a regional approach. In some areas the UK has gone further, such as the Climate Change Act 2008, but generally the EU has driven environmental protection standards in the UK. A recent House of Lords European Union committee report looked at the overall landscape of the UK and EU’s relationship on global environmental issues (see Box 2).

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**An international legal instrument that is binding on 196 countries across the globe, including all the Member States of WHO. Their aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.**
Box 2 – Key environment and climate change policies at the EU level

A report from the House of Lords European Union Committee sets out the range of EU policy instruments which the UK has transposed into domestic legislation.

**Environment**
- Chemicals regulations (such as the registration, evaluation and labelling of chemical substances)
- Clean air (such as ambient air quality, industrial emissions and transport related air directives)
- Noise pollution
- Waste and recycling (such as packaging requirements)
- Water resources (such as the Water Framework Directive, river basin and flood risk management, drinking and bathing water).

**Climate change**
- Adapting to climate change
- Emissions trading
- Energy efficiency (such as the EcoDesign Directive setting standards for electronic goods, rules on buildings, industry, consumer products and transport)
- Fluorinated greenhouse gases.

**Regulation and market surveillance of imports and exports**
The FSA (Food Standards Agency) is the designated body in the UK with responsibility for working with the EFSA to ensure domestic standards are in line with EU regulations. This includes a range of EU policy instruments – covering hygiene, controls on the origin of food and foodstuffs, and general food law – which provide assurance to UK consumers that products imported from within or outside the EU have been regulated and are in line with robust standards to protect health. The EFSA also carries out scientific work and advice to examine emerging issues and hazards across the EU supply chain. To enforce standards, the FSA conducts food supply chain inspection at a domestic level for products sold in the UK market. The EC (European Commission) provides wider ranging supply chain surveillance for all food products imported into the EU from all countries with an FTA (free trade agreement).
Potential consequences of the UK’s exit from the EU on health protection and security

– Weakened pandemic preparedness planning and response to communicable disease outbreaks

The centralised process of pandemic preparedness planning ensures that member states are working in a coordinated and complementary way. This strengthens the planning and response to communicable disease outbreaks. For example, during the 2014 Ebola outbreak, the EU (through EWRS) maintained regular contact with member states to ensure they were sharing evidence of outbreaks and being guided on best-practice for implementing measures to contain the outbreak. The UK also shared its significant expertise in emerging infectious disease research and treatment, and similarly benefited from EU expertise. This expertise is fostered through EPIET, EUPHEM and FETP. The coordinated response helped ensure that the number of cases of the outbreak in the EU/EEA (European Economic Area) was limited to 8 in total. This contrasted with the response to the 2009 H1N1 influenza pandemic – where the lack of regional coordination and preparedness led to widespread criticism and led to ECDC developing a more closely aligned system.

Should the UK decrease its level of collaboration with the EU after March 2019, reduced information sharing between the UK’s reporting systems and the EU would lead to delays in reporting, which would limit disease tracking and render analysis on rapidly changing outbreaks out-of-date. This would diminish the effectiveness of both the UK and EU’s pandemic preparedness planning and response by creating barriers to coordinated action towards containing infectious diseases. It is of particular concern that EWRS access is restricted to EU and EEA member states. Other European nations, including Switzerland which is part of EFTA (the European Free Trade Association) but is not a member of the EEA, do not have routine access to this system, although temporary access can be granted to facilitate management of an outbreak deemed a threat to the European region.

While it is not clear to what extent the WHO system of reporting under IHR would lessen the impact of the UK being outside the ECDC framework, reporting criteria under the two are sufficiently divergent that loss of access to ECDC would create significant intelligence gaps in many disease categories. Further, reporting under IHR would not mitigate against the delays incurred due to loss of access to the EWRS notification procedure, and would not replicate the ability to take coordinated preventative and responsive action across the European region.

– Weakened environmental protection standards

The wide range of EU policy instruments which shape the UK’s environmental protection landscape will have to be transposed, updated and reshaped when the UK formally leaves the EU in March 2019. The complex nature of these instruments will exacerbate challenges in transposing EU policy through the EU Withdrawal Bill. While regulations are already transposed in domestic law, directives and declarations require enabling legislation, and therefore may not have been transposed into UK legislation. These complexities will create a significant burden for the government in replicating the body of law in the EU Withdrawal Bill, if they are to ensure protections are in place for March 2019. Failure to do so, as has been indicated in early stages of the Bill, would result in significant uncertainty for policy makers in the UK and the EU and potentially create gaps in environmental protections.

EU law will continue to evolve after the UK leaves. Should the UK adopt a divergent approach to the EU’s robust policy framework in the EU Withdrawal Bill then this would risk UK environmental protection. For example, it has been suggested that the Bill may be seen by policymakers as an opportunity to weaken EU legislation, such as the Ambient Air Directive which sets legally binding limits for concentrations in outdoor air of major pollutants. EU regulations are legally binding legislative acts which have to be applied in their entirety. While an EU directive sets a goal that all EU countries must achieve, the legislation by which this is achieved is at the discretion of the Member State.
would have significant environmental and public health consequences – outdoor air pollution causes an estimated 40,000 deaths in the UK every year,\textsuperscript{21} while exposure is estimated to lead to a loss of 15 minutes of life expectancy each day.\textsuperscript{20} Divergence over time may also potentially weaken standards – EU chemical regulations have been amended over 35 times since 2006 and therefore would have to be regularly monitored to ensure the UK does not fall behind equivalent protections at an EU level in the future.\textsuperscript{22}

\textbf{Weaker regulation and market surveillance of imports and exports}

The EU’s regulation of imports and exports maintains consistent standards across the single market, and ensures products can be traced throughout the supply chain. The advantage of this collaboration is maintaining uniform standards across a wider area, which provides assurance about the quality of imports by ensuring that robust mechanisms are in place across the supply chain. The role that EU inspectors play in ensuring that these standards on imports and exports are maintained could only be replicated by a single country at significant cost — the European Commission currently spends €250 million on food safety a year.\textsuperscript{23}

Should the UK take a divergent approach to the EU, this may introduce low-cost products — likely from countries with lower standards — into the supply chain. The US (United States) is often cited as an example of a country with which the UK could strengthen future trade relations. However, the EU has previously rejected certain US imported products on the grounds of public health safety. For example, beef from hormone treated cattle is currently deemed unsafe by the EU, while poultry dipped in chlorinated disinfectant is similarly banned.\textsuperscript{9} The US has previously stated that the UK would have to overcome these areas of divergence in order to secure a future trade deal.\textsuperscript{24}

Divergence from EU standards would mean that the UK would be obliged to establish a food inspection regime to replicate the function that is currently provided by the EU for food products from non-EU countries. Failure to do so robustly would create significant uncertainty for consumers and potentially introduce public health threats into the supply chain. Weaker domestic standards would likely raise concerns about UK products exported to the EU — currently worth £9.9bn per annum\textsuperscript{25} — and may disadvantage British business. Raising standards in the UK (‘gold plating’) could create technical barriers to importing products from the EU — currently around 30% of food consumed in the UK is imported from the EU\textsuperscript{26} — as well as from other countries where safety standards may be lower.

\textbf{Ensuring close collaboration between the UK and EU on health protection and security}

To ensure that the UK and EU continue to collaborate and coordinate their response to cross-border health protection and health security threats, the UK should negotiate a partnership agreement to maximise continued information sharing and access to data, evidence and planning arrangements for pandemic preparedness with ECDC. This could be similar to the arrangements that several non-EU countries have with ECDC — for example, Norway, Iceland and Lichtenstein all work closely with ECDC and have full access to its information sharing and alert systems (see box 3).
Box 3 – ECDC partnerships

ECDC works closely with the 28 EU member states and with the three EEA countries (Norway, Iceland and Lichtenstein). Switzerland, as an EFTA country which is not part of the EEA, has partial access to ECDC information sharing networks.\(^c\)

The agency also actively fosters links with the EU enlargement countries to ensure alignment with ECDC’s activities. European Neighbourhood Policy\(^d\) partners also work with ECDC to develop technical cooperation on the prevention and control of communicable diseases, and alignment of standards through building capacity and developing good practice.\(^27\)

Beyond the European region, ECDC grants third countries access to specific intelligence gathering platforms where appropriate for the monitoring and control of certain types of health threats (such as food and waterborne diseases).\(^28\) ECDC also has bilateral agreements with public health centres in Canada, China, Israel and the US to facilitate global information sharing and coordination.

To ensure policy stability and continued action, the UK should also maintain an aligned approach to the EU on environmental standards in the EU Withdrawal Bill. Any divergence or change in policy should only be made once existing protections have been fully transposed into domestic legislation and after thorough consultation with experts and stakeholders to understand the challenges and benefits of doing so.

Finally, there is a need to maintain and build on food, environmental and public health standards in the UK. The UK should negotiate an agreement to continue to work with the EU to maintain high consumer safety standards on imports and exports, including continued traceability of products in the food chain. The UK should agree a formal relationship with the EFSA to maintain aligned standards and ongoing inspection of the food supply chain to avoid costly duplication of effort and prevent barriers to trade from arising. The UK should also ensure that any future international trade agreements prioritise the protection of public health and safety, and where necessary strengthen standards.

For the UK, this approach would:
– maintain the fullest possible ongoing access to ECDC’s emergency preparedness systems, including EWRS, enabling the UK to continue sharing data and evidence with the EU and vice versa to protect its citizens and ensure that preparedness is coordinated and complementary;
– continue to ensure access to EU training programmes, as well as practical and research expertise in emergency preparedness planning and response;
– provide clarity and stability about the short-term future of environmental protection standards in the UK;
– support the development of robust and evidence-based environmental protection standards over the long-term;
– ensure imported products continue to be regulated to a high standard; and
– avoid the burden of having to replicate EU food supply chain inspections domestically for products regardless of whether they are imported/exported between the UK and EU or between the UK and third countries.

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\(^c\) EWRS access is restricted to EU and EEA member states. Other European nations, including non-EEA/EFTA states such as Switzerland, do not have routine access to this system, although temporary access can be granted to facilitate management of an outbreak deemed a threat to the European region.

\(^d\) The European Neighbourhood Policy governs the EU’s relations with 16 of the EU’s closest Eastern and Southern neighbours. This includes Egypt, Israel and Russia.
For the EU, this approach would:
- ensure ongoing access to UK data and evidence of communicable diseases to maintain coordinated and complementary emergency preparedness across Europe;
- continue to ensure access to UK practical and research expertise in emergency preparedness planning and response;
- guarantee that the UK continues to take comprehensive and complementary action on environmental issues that need to be tackled on a regional level, such as water, waste and air pollution;
- maintain the UK’s policy expertise and leadership on environmental issues such as climate change; and
- ensure that food standards in the UK are sufficiently high/aligned such that additional inspection of UK food exports to the EU is not necessary.

Key developments

- In July 2017, DExEU (the Department for Exiting the EU) published a series of explanatory factsheets on the EU Withdrawal Bill. This included a paper on environmental protections which pledged to produce a comprehensive 25-year environment plan which would set out the Government’s strategy to protect and improve the environment as we leave the EU. This should be followed by further details and consultation on the plan.
- In August 2017, the UK Government published a policy paper outlining the UK’s position on continuity in the availability of goods in UK and EU markets at the point of EU exit, which included reference to the trade of food and feed products. The paper set out the principle that the UK and EU should facilitate the continued oversight of goods including the traceability of products in the food chain.
- In September 2017, the UK Government published a position paper setting out its vision for a future partnership with the EU on foreign policy, defence and development. This included an acknowledgement that the UK and EU face a range of shared threats affecting health security and public health, which can only be effectively addressed through close collaboration with European and wider international partners. The paper also noted that close collaboration benefits both the expertise and resilience of the UK and the EU.
- In December 2017, the European Council formally agreed that sufficient progress had been made in negotiations between the UK and EU on a number of key separation issues to allow negotiations to move onto the future partnership.
- In January 2018, the Government published a policy paper setting out a 25-year plan for the environment. The plan acknowledged that as a consequence of the UK leaving the EU, responsibility for environmental policy would return to the UK. It also set out that the Government would use the opportunity to strengthen and enhance protections on the countryside, rivers, coastline and wildlife habitats.

Summary

Health protection and health security are global issues which can only be addressed by collaboration across borders. The EU has coordinated, legislated and facilitated this over time to form what is now a wide-ranging patchwork quilt of systems, policy instruments and agencies which provide member states with a robust response to health protection and security threats. The UK’s decision to leave the EU has the potential to create barriers to this collaborative approach and limit the benefits that come with it. This presents a substantial risk to both the UK and EU of reducing the effectiveness of responses to current, emerging and future threats. It is vital that the UK Government’s negotiations with the EU prioritise the ability for the UK and EU to continue to work closely across these areas.
References


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