



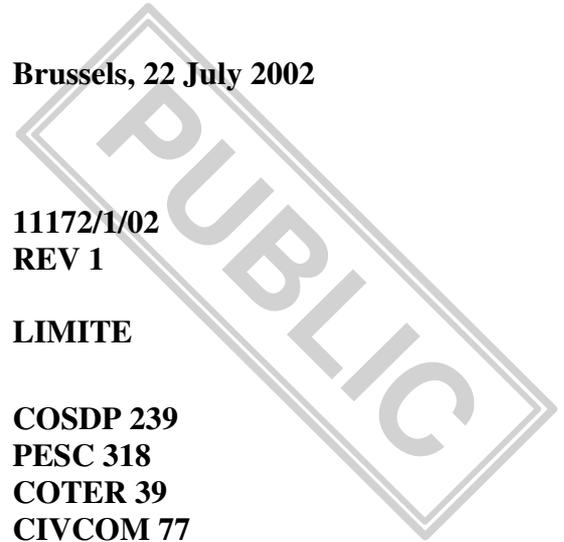
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FORWARDING NOTE

From : Secretariat
To : Delegations

Subject : EU Inventory – Protection of civilian populations against NRBC terrorist attacks

Delegations will find attached the document "EU inventory on protection of civil populations against NRBC (Nuclear, Radiological, Biological and Chemical) terrorist attacks" elaborated by the Council Secretariat and the relevant Commission Services. The contribution from the Commission Services pertains to and is limited to matters that fall under Community competence.

EU Inventory - Protection of civilian populations against NRBC terrorist attacks

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I. Introduction

The present paper is conceived to provide an overview of the range of civil protection measures of which the European Union avails. These measures include first and second pillar instruments and cover both possible internal action, i.e. civil protection within the EU as well as possible external action, i.e. civil protection outside the EU.

In this context, and in the wake of the 11 September 2001 attacks, the Council and the Commission were entrusted with a role of initiative and co-ordination of all EU policies in the field of the struggle against terrorism. At the European Council of Ghent on 19 October 2001 the Heads of State and Government examined the threats of the use of biological and chemical means in terrorist operations. They stated that these threats called for adapted responses on the part of each Member State and of the European Union as a whole.

II. Internal Action

A. Civilian Aspects

1. Action Programme

- 1.1 The European Council of Ghent of 19 October 2001 examined the threats of the use of biological and chemical means in terrorist operations, requested "*increased vigilance and co-operation between the intelligence, police, civil protection and health services*" and asked "*the Council and the Commission to prepare a programme to improve co-operation between the Member States on the evaluation of risks, alerts and intervention, the storage of such means, and in the field of research.*

The programme should cover the detection and identification of infectious and toxic agents as well as the prevention and treatment of chemical and biological attacks".

The European Council of Laeken on 13 and 14 December 2001 invited "the Council and the Commission to move swiftly towards finalising the programme to improve co-operation

between Member States with regard to threats of the use of biological and chemical means; the work of the European Civil Protection Agency will provide the framework for such co-operation". It has been agreed that the joint Council/Commission programme should be ready in time for the Copenhagen European Council on 12-13 December 2002.

- 1.2. In response to the request of the Heads of State or Government to improve co-operation between the Member States in preparedness, detection and intervention to reduce the consequences of Nuclear, Radiological¹, Biological and Chemical (NRBC) threats to society, the Commission has set out its contribution in a Communication of 28 November 2001². In particular, the Commission undertook to intensify its activities in current actions and programmes, work closely with the national authorities and industry to consolidate measures already taken, and keep the Council and Parliament informed of progress made in implementing the programme.

A recent Commission Communication (COM (2002) 302 final of 11 June 2002, Civil Protection - Progress made in implementing the programme for preparedness for possible emergencies) sums up the main progress made, in particular in developing and implementing interfaces between the civil protection co-ordination mechanism, the network for epidemiological surveillance and control of communicable diseases, and activities in key complementary sectors such as research and the pharmaceutical field.

The Communication of November 2001 made it clear how the Commission had brought the various services and networks responsible for civil protection, health protection and research expertise under one heading in order to have at its disposal a common platform to co-ordinate the Community's optimum response to all types of emergencies.

¹ Radiological threats refer here, for instance, to the theft of isotopic sources for criminal purposes. Such sources placed in public areas could insidiously contaminate many people.

² COM(2001) 707 final, Civil protection - State of preventive alert against possible emergencies.

2. Community Mechanism

2.1. Within the field of Civil Protection, a Community Mechanism to facilitate reinforced co-operation in civil protection assistance interventions³ has been established by a Council decision of 23 October 2001. The Community Mechanism can be used to cover interventions within and outside the European Union, though Member States retain their national competence and can also opt to provide assistance without using this instrument. It is also foreseen that the Community Mechanism "could, under conditions to be determined, also be a tool for facilitating and supporting crisis management referred to in Title V of the Treaty on European Union" - see Section III of this paper.

Within the framework of the Community Mechanism, the Commission is undertaking work to reach the specific objectives mentioned in the Council decision. To this effect, the following must be noted:

- a matrix has been elaborated within the Community Mechanism in order to identify the available civil protection resources of the EU;
- on the basis of this matrix, a call for contributions has been launched for civil protection interventions foreseen within the Community Mechanism;
- information was received following the call for contributions and is stored within the relevant Commission services;
- the Community Mechanism foresees the establishment of the "capability to mobilise and dispatch, as quickly as possible, small teams of experts responsible for:
 - assessing the situation for the benefit of the Member States, the monitoring and information centre and the State requesting assistance;
 - facilitating, when necessary, co-ordination of assistance operations on site and liaising, when necessary and appropriate, with the competent authorities of the State requesting assistance".

³ The Community mechanism to facilitate the reinforced co-operation in civil protection assistance interventions was established by Council Decision 2001/792/EC, EURATOM of 23 October 2001.

2.2. The Community mechanism, which can be used in emergencies both within and outside the EU, is open to the candidate countries. The Council Decision describes the actions to be undertaken by Member States and the Commission. Accordingly, the Commission has given absolute priority to initiatives in five main areas. Funding available within the Community budget for civil protection purposes in 2002 amounts to € 7.5 million.

- Teams of experts for co-ordinating intervention

The added value of the mechanism largely depends on the availability of experts capable of organising and co-ordinating intervention teams made available by the Member States. To enable the Commission and the Member States to properly select the experts required and to ensure that the ability of these experts is recognised by all concerned, it was necessary to agree on selection criteria developed, approved and used by the Member States in compiling and supplying lists of experts. The Commission now has a list of experts available in the Member States with the necessary qualifications in NRBC fields.

- Intervention teams and means that can be made available by the Member States

Within the framework of the mechanism, civil protection intervention capacities are provided by the Member States. To ensure that optimum use can be made of these capacities, a preliminary inventory had to be compiled in order to discern any requirements not sufficiently covered within the EU. This stocktaking exercise, which has been extended to the candidate countries and to the countries of the European Economic Area, has provided an overview of the means currently available for various types of interventions (including the response to NRBC risks). In drawing up the inventory of specific means such as serums and vaccines, there has been excellent co-operation with the pharmaceutical sector (see below).

- Training and exercises for intervention teams

Effective use of the co-ordination mechanism requires the availability of highly qualified personnel with proper experience with this type of exercise and of teams used to working together in a European context. All the levels involved, from the head of a national intervention team down to the senior official responsible for co-ordinating the action of national teams, should be fully prepared to be integrated in a Community response to emergencies. Training ought to be an ongoing process; a programme has already been adopted to this effect. The first training courses will start in the winter 2002. They are designed in particular, to ensure compatibility and complementarity between intervention teams that are likely to be deployed under the mechanism.

The Commission has issued a call for proposals to the relevant services of the Member States with a view to holding one or more full-scale simulation exercises in the field of NRBC terrorist attacks. The intention is to hold one or more exercises in the last quarter of 2002 in order to ascertain the efficacy of the various components of the new EU civil protection mechanism and particular contingency plans of the Member States. The response capacity of the Member States will be tested and response methods will be validated and adapted where necessary. Moreover, a programme for exchanging NRBC experts will be set up in September 2002 to disseminate national best practices more effectively and enable information transfer among Member States.

- Emergency communication and information system

The Commission and the Member States have adopted the technical procedures and security constraints of the dedicated communication network that will be established in particular to enable urgent information to be exchanged in response to NRBC threats. Establishing a communication system that is powerful and reliable even in emergencies is a challenge. The solution adopted will specifically guarantee the authenticity, integrity and confidentiality of information exchanged under routine conditions and in emergencies. Provision has of course

been made for inter-linking this communication system with other Commission existing networks, in particular for radiological and health emergencies. The interconnections will be tested and validated through exercises.

- Monitoring and Information Centre

The Monitoring and Information Centre serves as the nerve centre of the mechanism as it is here that decisions are taken on the basis of information received from the various networks and the Member States. This enables the Centre to speed up and facilitate the selection of the most appropriate means of intervention and to ensure ongoing co-ordination while liaising with the national authorities.

The Centre's work is based on the round-the-clock network of contacts set up by the Commission to ensure uninterrupted links with the civil protection centres of the Member States. Through this network there is immediate access to essential information on the expertise available to control the effects of NRBC attacks.

The Centre also serves as an interface with other networks likely to be involved in dealing with an emergency. In this framework, appropriate measures will be taken to continue to guarantee optimum co-ordination between the civil protection network and other networks such as ECURIE (European Community Urgent Radiological Information Exchange) and the network for epidemiological surveillance and control of communicable diseases.

3. Health Security

- 3.1. The Health Security Committee (HSC) has been set up on 26 October 2001. The HSC is comprised of high-level representatives of the Member States charged with raising the alert, exchanging information rapidly and co-ordinating health responses in case of emergency following a deliberate release of biological or chemical agents to cause harm. Following a proposal by the Commission, the HSC agreed on 17 December 2001 a programme on preparedness and response to biological and chemical agent attacks (health security) as requested by Ministers at the meeting of the Health Council on 15 November 2001. The programme comprises 25 actions grouped under 4 objectives.

3.2. A 14-member strong Task Force has been set up by the Commission (DG SANCO), comprising 8 experts nominated by the members of the HSC. The Task Force is charged with the implementation of the health security programme and has become fully operational on 1st May 2002.

3.3. The 4 objectives of the health security programme are summarised below; detailed information can be found in Annex I.

- Objective 1: setting up a mechanism for information exchange, consultation and co-ordination for the handling of health-related issues related to attacks in which biological and chemical agents might be used or have been used, has nearly been achieved.
- Objective 2: creating an EU-wide capability for the timely detection and identification of biological and chemical agents that might be used in attacks and for the rapid and reliable determination and diagnosis of relevant cases.
- Objective 3: creating a medicines stock and health services database and a stand-by facility for making medicines and health care specialists available in cases of suspected or unfolding attacks.
- Objective 4: drawing up rules and disseminating guidance on facing-up to attacks from the health point of view and co-ordinating the EU response and links with third countries and international organisations, efforts have concentrated, at this stage, on international co-operation.

4. Outlook

Work on implementing the Community mechanism will have to pursue two main lines of action. First, the establishment of a genuine dedicated and securised communication network, reliable even in emergencies, will require a considerable amount of work for development and integration. Second, simulation exercises will have to be held regularly to ensure the smooth functioning of all components of the civil protection co-ordination mechanism.

In the field of health, the EU has already established an efficient mechanism for rapid alert and co-ordinated management of health aspects of crises precipitated by a biological or chemical attack. Current work on surveillance and laboratory research should in the near future enable rapid detection and treatment of disease and contamination involving biological and chemical agents following criminal acts.

In the research field, the Commission will strive to implement the recommendations of the research and development group of experts in the context of the sixth framework programme, continue to co-ordinate research activities and ensure exchange of information between Member States.

In the pharmaceutical field, work on developing new vaccines and stockpiles has already led to significant advances; this work will continue. At the same time, a system for centrally co-ordinating distribution networks throughout the EU will be developed, with possible amendments being made to legislation on pharmaceuticals with a view to facilitating a response to bio-terrorist threats. The results of the work described above concerning vaccines and other medicines to counter bio-terrorism will be taken into account in drafting proposals for action at EU level, in particular with regard to reserve stockpiling.

5. EC instruments

Community instruments of relevance with respect to biological and chemical terrorism are listed in Annex II.

As a matter of priority, an assessment should be made of the instruments available under the existing legislation, in the light of concerns raised by biological and chemical threats, and of any need to adapt that legislation accordingly.

The Community should work in close co-operation with other relevant international organisations in order to establish adequate information exchange and rapid alert systems. In this respect, the UNECE Convention on the Trans-boundary effects of industrial accidents, and the Basle Convention on the control of Trans-boundary Movements of Hazardous Wastes and their Disposal are of particular importance.

B. Military Aspects

1. The Political and Security Committee asked the EU Military Committee for advice on whether, how, and under what conditions military forces could assist in protecting the civil population both in the EU and in third countries.

2. Military forces have developed inherent capabilities and specialised units to perform their military tasks to deal with NRBC threats. These assets are focused on force protection.

3. Such capabilities and units may be used, on a case by case basis, to support civil protection measures against bio-terrorism. Obviously, the military assets of Member States can be called upon by the competent authorities of that State to perform tasks in the protection of their civil population.

4. Inside the EU, the use of military assets is possible either on a bilateral basis or in the framework of the EU (use of the Community Mechanism, co-ordinated approach between appropriate bodies in the Commission and the Council). Title V instruments might be used if the attack on the Union comes from an external source with effects within the EU.

III. External Action

In the case of a terrorist attack occurring in a country outside the EU, the EU could be called upon to counter the effects of such an attack. It could be linked with an EU led crisis management operation. The tasks envisaged would fall within the Petersberg tasks as described in Article 17 TEU.

It is recalled that the Community Mechanism for civil protection can be used in case of emergencies outside the EU and modalities are under consideration; it is foreseen that the Presidency will have a co-ordination role in such a case. As from 2003, there will be no difference regarding co-operation in terms of the Community Mechanism between EU Member States on the one hand and the candidate countries and the countries of the European Economic Area on the other. Moreover, operations outside the Union may be the response to accidents, natural disasters etc, which fall outside the scope of crisis management operations.

A. Civilian aspects of crisis management

The present section indicates progress made and sketches foreseen future work in the area of Civil Protection for interventions within the context of crisis management and therefore outside the EU.

1. Within the context of crisis management (Title V of the TEU), an important tool to be used is the Community Mechanism, described in Section II.A.2. of this paper. Indeed, this possibility was foreseen in the Council decision of 23 October 2001 setting up this structure⁴. The Council has made initial progress in defining modalities for the use of the Community Mechanism in a crisis management situation and adopted a text to this effect on 17 June 2002⁵ that was subsequently annexed to the ESDP report attached to the conclusions of the Seville European Council. The following can be noted:

- The Presidency of the Council of the European Union may request Civil Protection assistance in the event of an emergency outside the European Union in the context of crisis management.
- It is foreseen that non-EU Member States, within modalities to be determined, could contribute to Civil Protection interventions in crisis management situations.

Further work will be carried out to develop procedures and modalities governing the use of the Community Mechanism in crisis management situations.

2. The Göteborg European Council set a series of concrete targets for the civilian aspects of crisis management to be attained through voluntary contributions by 2003. In the field of Civil Protection, Member States agreed to provide, on a voluntary basis:

⁴ "Such a Community Mechanism could, under conditions to be determined, also be a tool for facilitating and supporting crisis management referred to in Title V of the Treaty on European Union" (recital 12 of Council Decision 2001/792/EC, Euratom)

⁵ Doc. 9394/02 ("The use in crisis management of the Community mechanism to facilitate the reinforced cooperation in civil protection assistance operations".)

- 2 or 3 assessment and/or co-ordination teams consisting in all of 10 experts, that could be dispatched within 3-7 hours, depending on the circumstances. The experts should be on 24-hour call from a group of up to 100 specially selected experts for this purpose;
- civil protection intervention teams consisting of up to 2,000 persons at short notice;
- supplementary or more specialised resources from the competent services or, where relevant, non-governmental organisations and other entities in response to the specific needs in each crisis, that could be dispatched within 2 days to a week.

In this context, it is recalled that a Co-ordinating Mechanism for Civilian Aspects of Crisis Management⁶ at the Council Secretariat retains information on various assets in the field of civilian crisis management, including Police, Rule of Law, and Civilian Administration. The Co-ordinating Mechanism for Civilian Aspects of Crisis Management would, before and during a crisis situation, have information on the whole range of civilian assets available, including their capabilities and state of readiness for Title V crisis management operations. As regards civil protection, this information will also be available within the Monitoring and Information Centre of the Community Mechanism for civil protection.

3. In the perspective of the concrete targets indicated above, a call for contributions has been launched on 12 June 2002 with a view to obtaining information on assets that Member States may be ready to put at the disposal of the EU for a Civil Protection intervention in a crisis management scenario, i.e. outside the EU. Information following this call for contributions is to be received by 15 September 2002 by the Co-ordinating Mechanism for Civilian Aspects of Crisis Management at the Council Secretariat, as well as by the Monitoring and Information Centre of the Community Mechanism for civil protection.

B. Military aspects of crisis management

1. Military forces could be called upon to assist in tackling a bio terrorist attack outside the EU in the framework of a Petersberg mission.

⁶ Established at the Helsinki European Council ("set up at the Council Secretariat and fully interacting with the Commission services").

By Council decision, the task of civil protection can be given to military forces, within existing quantitative limitations. Such tasks would be made explicit in the mission statement and necessary assets have to be available by Member States.

Should the Community mechanism be used outside the EU, the modalities for co-ordination would be defined.

2. Military forces in an EU-led military crisis management operation could also, within capabilities, assist in the protection of civilian populations against bio-terrorism. A significant need for support to civil protection should be made explicit in the military task. In this case, the Member States would provide additional capabilities adequately tailored for the mission. The support could be planned in advance by the military chain of command and carried out in the field in close co-ordination with the civilian authorities and civil protection teams.

3. In the light of the need to augment the EU-led forces' ability to protect themselves against bio-terrorism, the EU Military Committee has tasked the Headline Task force to undertake a complementary study related to an extended biological and chemical risk assessment. The HTF concluded at this stage that no additional requirements have been identified.

C. Seville Declaration on the contribution of CFSP, including ESDP, in the fight against terrorism.

The Seville declaration adopted by the European Council on 21 June 2002 stressed that priority action for the EU should focus on:

- Devoting greater efforts to conflict prevention.
- Deepening political dialogue with third countries to promote the fight against terrorism, including by the promotion of human rights and democracy as well as non-proliferation and arms control, and providing them with appropriate international assistance.
- Strengthening arrangements for sharing intelligence and developing the production of situation assessments and early warning reports, drawing on the widest range of sources.
- Developing our common evaluation of the terrorist threat against the Member States or the forces deployed under ESDP outside the Union in crisis management operations, including the threat posed by terrorist use of weapons of mass destruction.
- Determining military capabilities required protecting forces deployed in EU crisis management operations against terrorist attacks.
- Exploring further how military or civilian capabilities could be used to help protect civil populations against the effects of terrorist attacks.

The European Council requests the Presidency and the Secretary General-High Representative, and the Commission as appropriate, to step up their efforts in these priority areas by promoting co-ordinating work within Council bodies and with relevant international organisations, notably the UN and NATO, in order to increase the effectiveness of the contribution of CFSP including ESDP in the fight against terrorism, as well as to report to the General Affairs Council on this matter.

Annex I

Additional information on EU action in the field of Health Security

- The first objective of the programme, namely setting up a mechanism for information exchange, consultation and co-ordination for the handling of health-related issues related to attacks in which biological and chemical agents might be used or have been used, has nearly been achieved. It gives effect, as regards bio-terrorist events, to the provisions of Commission Decision of 22.12.1999 on the early warning and response system for the prevention and control of communicable diseases under Decision 2119/98/EC and Article 2 of the Council Decision establishing the mechanism. The HSC members are being linked via direct lines and a 24hour/ 7 day a week alert system of contact points in the Member States and the Commission with appropriate operating procedures. A series of visits and tests is foreseen to ensure that arrangements are properly understood and can be acted upon so that alerts and co-ordination can take place effectively and rapidly in case of crises.
- As regards the second objective, creating a EU-wide capability for the timely detection and identification of biological and chemical agents that might be used in attacks and for the rapid and reliable determination and diagnosis of relevant cases, the agents that are prioritised are those in the US Centre for Disease Control list that are included in the existing case definition list in Commission Decision 2000/96 (taken under the Council Decision 2119/98/EC), with the addition of tularaemia, Q-fever and smallpox; for the other pathogens, various approaches are to be studied, such as syndrome-based or sentinel-based, so as to render the surveillance effective.

Part of this work involves the inclusion of agents in Council Regulation 1334/2000/EC setting up a Community regime for the control of exports of dual-use items and technology, in particular the proposals discussed in the Australia Group of developed countries to expand the list of biological agents and related products and technology which are the subject of export control.

The Commission has already begun work to adjust and expand the operation of the network for the epidemiological surveillance and control of communicable diseases in the Community (Decision 2119/98/EC) to cater for pathogens that might be used in bio-terrorist attacks. Case definitions for particular pathogens that may be used in deliberate releases are being worked out.

For purposes other than surveillance, a matrix will be produced by the Task Force which will list the various interventions (lab analysis, clinical investigation, stockpiling, etc.) that need to be undertaken for the pathogens which may be used for deliberate releases to cause harm. At the 4 June meeting of the HSC, it was decided to establish working groups on clinical diagnosis and case management guidelines, laboratory co-operation and chemical agents to drive the corresponding actions of the programme forward.

- On the third objective, namely creating a medicines stock and health services database and a stand-by facility for making medicines and health care specialists available in cases of suspected or unfolding attacks, emphasis has been put on vaccines, antibiotics and antiviral. In November 2001 a joint Commission-pharmaceutical industry task force was set up to address these issues. In December 2001 the joint Task Force held several meetings. A specific network was also created via the Pharmaceutical Committee of the EU, comprising contact points in the Member States. The purpose of this network is to exchange information, work closely with the joint Task Force and to act as a liaison with the relevant authorities at national level. This allowed an assessment of the current situation to be made as regards stockpiles in the Member States, as required under Article 4 of the Council Decision establishing the Community mechanism, and proposals to be formulated for the next steps.
- Also, at the request of the Commission, the European Medicines Evaluation Agency (EMEA) established two expert groups: one to develop guidance on the use of medicines against potential pathogens and the other to develop specific recommendations and guidance with respect to vaccines, in particular vaccines against small pox.

These initiatives had the following results:

1. Medicines available in the EU to treat or protect against a number of pathogens that could be used in a bio-terrorist attack have been inventoried. This is complemented by guidance developed by the EMEA and its scientific committee, the CPMP, on the recommended use of these medicines. The latter is published on the EMEA and Commission web sites.

2. An EMEA expert group is preparing guidance on the development of new small pox vaccines, which is due to be finalised and published by the end of June.
 3. There are existing and planned national stockpiles of vaccines, antibiotics, antiviral and antitoxins. The only smallpox vaccines currently available are unauthorised and have been in storage since the 1970s. New vaccines are being developed the first of that will be available at the end of 2002, although clinical trials will not be completed until the end of 2003. For smallpox vaccines, production capabilities for the new vaccines will probably be sufficient to meet demands. For antibiotics, production capabilities are sufficient to meet demands in the event of an emergency. A limiting factor in both cases is the lead-time to increase production to meet increased demands.
 4. The European association of pharmaceutical wholesalers (GIRP) is committed to developing a system for the central co-ordination of distribution networks across the EU.
 5. The joint task force and the Pharmaceutical Committee network have considered possible amendments to the pharmaceutical legislation to facilitate the response to a bio-terrorist threat. Special regulatory procedures, including fast-track assessments are also under consideration by the EMEA.
- In addition, as regards animal diseases, the intention is to reinforce the banks of vaccines against foot-and-mouth (thirty million doses in stock), classical swine fever and blue tongue.
 - As to the fourth objective of the health security programme, drawing up rules and disseminating guidance on facing-up to attacks from the health point of view and co-ordinating the EU response and links with third countries and international organisations, efforts have concentrated, at this stage, on international co-operation.

Following the meeting of the G7 ministers of health held in Ottawa on 7 November in which the Commission and Mexico also took part, a network composed of high representatives was established to deal with crises at international level.

A Global Health Security Action Group has also been set up to implement the plan worked out in Ottawa. It has opened a web site with restricted access to enable exchange of information and rules on health intervention plans, monitoring of diseases, contamination of water and food chains, and guidelines for services providing care. The Group has also initiated action relating to the purchase and storage of medicines, in particular smallpox vaccines. Its work includes questions of communication and risk management and it has compiled a programme for inter-linking P4 laboratories (laboratories equipped to study the most dangerous viruses).

Through the network developed under the European Enter-net programme, all Member States as well as the World Health Organisation (WHO), the Pan American Health Organisation and the European Commission are now interconnected and can swiftly exchange data from national surveillance systems and information on particular types of suspect cases such as contamination of food and water supply chains.

The Commission is also working with the WHO on activities concerning bio-terrorism, not only in the context of the initiatives taken in Ottawa, but also with a view to improving operational aspects of the Global Outbreak Alert and Response Network and of its integrated approach towards strengthening epidemiology and laboratory capacity. The Commission has supported the adoption, and actively participates in the implementation, of the WHO resolution on the deliberate use of biological and chemical agents and radio-nuclear attacks which urges Member States to respond "by sharing expertise, supplies and resources in order to rapidly contain the event and mitigate its effects".

The candidate countries have also been informed of the Union's action in the field of bio-terrorism.

Annex II

Other Community instruments of relevance with respect to biological and chemical terrorism

In the field of environment:

- *Directive 96/82/EC on the control of major accident hazards involving dangerous substances ("SEVESO" Directive):* This Directive provides for operators of establishments handling dangerous substances above a certain threshold to establish accident prevention policies and emergency plans. It also requires the public authorities to draw up external emergency plans;
- *Directives 80/778/EC and 98/83/EC on the quality of drinking water and Directive 75/440/EC on the quality of surface waters used for drinking water abstraction:* These Directives provide for constant monitoring of drinking water;
- *Decision 2000/2850/EC establishing a framework for co-operation in the field of marine pollution:* This Decision strengthens in particular Community co-operation in the case of accidental pollution by oil and other substances, whatever the cause of such event;
- *Directive 98/81/EC on the contained use of genetically modified micro-organisms:* This Directive requires the operators to inform immediately the competent authorities and the competent authorities to draw up emergency plans. It provides for consultations with other involved Member States and information of the Commission;
- *Regulation (EEC) No 93/259 on the supervision and control of shipments of waste within, into and out of the European Community:* This Regulation establishes a notification system for the Trans-boundary movement of waste;
- *Regulation (EEC) No 2455/92 concerning the export and import of certain dangerous chemicals:* This Regulation requires that a chemical which is banned or severely

restricted in order to protect human health or the environment should not be transported internationally without prior notification to and agreement from the designated authority of the importing country.

In the field of health:

- *Decision N° 2119/98/EC of the European Parliament and of the Council, of 24 September 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community*

 - *Commission Decision of 22.12.1999 on the early warning and response system for the prevention and control of communicable diseases under Decision N° 2119/98/EC of the European Parliament and of the Council.*
-