

ȘTEFANIA SZEIBERT-KEREKEȘ

HEALTH POLICY STRATEGIES APPLICABLE IN CASE OF PANDEMIC/ EPIDEMIC OUTBREAK IN EU AND USA



PRESA UNIVERSITARĂ CLUJEANĂ

ŞTEFANIA SZEIBERT-KEREKEŞ

**Health Policy Strategies
Applicable in Case of Pandemic/Epidemic Outbreak
in EU and USA**

ȘTEFANIA SZEIBERT-KEREKEȘ

**Health Policy Strategies
Applicable in Case of Pandemic/
Epidemic Outbreak in EU and USA**

PRESA UNIVERSITARĂ CLUJEANĂ

2025

Referenți științifici:

Prof. univ. dr. abil. Melania-Gabriela Ciot

Prof. univ. dr. Nicolae Păun

ISBN 978-606-37-2554-8

© 2025 Autoarea volumului. Toate drepturile rezervate.
Reproducerea integrală sau parțială a textului, prin orice
mijloace, fără acordul autoarei, este interzisă și se pedep-
sește conform legii.

Universitatea Babeș-Bolyai
Presa Universitară Clujeană
Director: Codruța Săcelean
Str. Hasdeu nr. 51
400371 Cluj-Napoca, România
Tel.: (+40)-264-597.401
E-mail: editura@ubbcluj.ro
<http://www.editura.ubbcluj.ro/>
<https://libraria.ubbcluj.ro/>

Table of Contents

Abbreviations	7
Preface	9
Author's note	11
PART I	15
A1. Global health governance.....	15
A2. Governance mechanisms.....	31
A3. Global Health Security Initiative and Global Outbreak Alert and Response Network	36
A4. Triggering mechanisms of infectious diseases.....	51
A5. Crisis management mechanisms.....	60
A6. Conclusions	73
PART II	79
B1. Actions in the field of health to combat SARS-CoV-2 pandemic.....	79
B2. Existing legal instruments in the EU.....	92
B3. Legislative proposals in the EU	98
B4. The optimal strategy for managing the SARS-CoV-2 pandemic	111
PART III	125
C1. The Romanian healthcare system.....	125
C2. SWOT-TOWS analysis of the strategies applied in Romania during the 2020-2021 pandemic period.....	133

PART IV	147
D1. United States response to the SARS-CoV-2 pandemic	147
D2. Case study: Michigan’s response to the COVID-19 pandemic compared to Romania’s response	157
D3. Summary of strategic approaches in Romania and Michigan.....	169
Final conclusions	175
Annexes	183
Bibliography	281

Abbreviations

- ARGUS** – European Commission's internal rapid alert system
- CCM** – The COVAX Coordination Meeting Group
- CDC** – Centers for Disease Control and Prevention (USA)
- CEPI** – Coalition for Epidemic Preparedness Innovations
- CNAS** – National Health Insurance House of Romania
- CNSCBT** – National Center for Surveillance and Control of Communicable Diseases of Romania
- CNSSU** – National Committee for Special Emergency Situations
- CoR** – European Committee of the Regions
- COVAX** – Vaccination pillar of the EU's “The Access to COVID-19 Tools (ACT) Accelerator” program
- CRII** – Coronavirus Response Investment Initiative
- DG** – Directorates-General
- DG SANTE** – Directorate-General for Health and Food Safety
- DSU** – Department for Emergency Situations of Romania
- ECDC** – European Centre for Disease Prevention and Control
- EEA** – European Economic Area
- EMA** – European Medicines Agency
- ERCC** – Emergency Response Coordination Centre
- ESI** – EU Emergency Support Initiative
- EU** – European Union
- Euphin-HSSCD** – Health Surveillance System for Communicable Diseases within the European Public Health Information Network
- EWRS** – Early Warning and Response System
- FDA** – Food and Drug Administration (USA)
- FEMA** – Federal Emergency Management Agency (USA)
- GAVI** – GAVI, the Vaccine Alliance

GDP – Gross Domestic Product
GHSI – Global Health Security Initiative
GOARN – Global Outbreak Alert and Response Network
HHS – Department of Health and Human Services (USA)
HIV – Human Immunodeficiency Virus
HSC – EU Health Security Committee
HTA – Health Technology Assessment
IHR – International Health Regulations
INSP – National Institute of Public Health of Romania
IPG – The Independent Product Group
JPA – The EU's Joint Procurement Agreement
MDGs – Millennium Development Goals
MERS – Middle East Respiratory Syndrome
MIC – The Monitoring and Information Centre
MSDC – The Market Sensitive Decisions Committee
NGO – Non-Governmental Organizations
NIH – National Institutes of Health (USA)
OMC – Open Methods of Coordination
PPP – Public-Private Partnership
PRG – Procurement Reference Group
SARS – Severe Acute Respiratory Syndrome
SDGs – Sustainable Development Goals
SMURD – Mobile Emergency Service for Resuscitation and Extrication of Romania
TESSy – The European Surveillance System
TFEU – Treaty on the Functioning of the European Union
UN – United Nations
WHA – World Health Assembly
WHO – World Health Organization
WTO – World Trade Organization

Preface

This work by Stefania Szeibert-Kerekes addresses one of the most critical global challenges of our time—the management of health crises during pandemics. A pandemic, by definition, is the outbreak of an infectious disease that crosses the borders of many countries. But each country can have a different response to the outbreak. These varying responses can substantially impact how fast the disease spreads not only within the country’s border but also outside to another country. Yet, there has been little appetite for transferring power to a larger political entity, like the EU, a regional office of the WHO, or the UN, to combat a pandemic.

Instead, as public health researchers, we are left with examining how countries or regions within a country have dealt with the outbreak. In this way, we can learn from one another and be better at preventing as much illness as possible during the next outbreak.

Stefania’s research examines health policy strategies in both the European Union and the United States, focusing on Romania and Michigan during the COVID-19 pandemic as case studies. By applying a comparative analysis of health policies in these two distinct regions, the book reveals both the strengths and shortcomings of different strategies of managing a pandemic. Through detailed policy reviews and a SWOT-TOWS analysis, Stefania has highlighted key strategies for mitigating future health crises. Her work is especially valuable in understanding how health governance and global cooperation play essential roles in addressing transnational health emergencies.

I got to know Stefania over the course of her PhD. Stefania was a Fulbright Scholar at the University of Michigan during 2020-2021. The Fulbright Program is a competitive, international educational initiative sponsored by the U.S. Department of State’s Bureau of Educational and

Cultural Affairs. Its aim is to foster mutual understanding and cooperation between the United States and other countries by facilitating the exchange of students, scholars, and professionals. Stefania embodied the best of this program as she travelled internationally during the COVID-19 pandemic, spending time in a foreign country learning what she could through in person and online classes and meetings.

Through this work, Stefania offers back to us a synthesis of some of her knowledge. Her dedication to understanding cross-country policy differences and her ability to distil this information into actionable recommendations are impressive. It was an enriching experience to work alongside her, and her commitment to both academic excellence and real-world impact is evident in this work.

The importance of cross-country comparisons in public health cannot be overstated. Many countries seem to be standing at a crossroads, deciding how much to reach to another country to learn, or whether to turn increasingly inwards. Yet, the social connections across our borders are always increasing. Stefania's book underscores the value of international collaboration and policy coherence in times of crisis. By comparing different responses to the same global challenge, her research demonstrates that no country or region can tackle a pandemic in isolation. The insights gained from such comparisons are instrumental in shaping future global health policies and ensuring more resilient systems to protect public health worldwide.

Abram L. Wagner, PhD, MPH

Assistant Professor of Epidemiology and Global Public Health
University of Michigan

Author's note

The analysis of health policies and international relations theories at the global level was done with the aim of improving existing strategies in Romania. All information comes as a recommendation for decision makers in pandemic management.

Romania, as a member of the European Union, needs to readapt and rethink its policies, considering the country's economic development and the diversity of its population. As the countries in Western Europe have a much more developed healthcare system and much greater funding power, Romania has had to adapt the recommendations coming from the European Union, considering the realities of the Romanian healthcare system. The recently ended pandemic has shown that we need health policy experts who can devise appropriate preparedness plans to cope with the management of emerging and re-emerging diseases.

Healthcare systems play an important role in modern society, being built on common values: accessibility, quality, equity, and solidarity (Com(2014) 215 final). Effective management of health crises necessitates negotiations and extensive discussions among experts from states and other relevant entities. The establishment of a team of specialists to implement global health policies provides the basis for this paper. It aims to offer guidance on pandemic management by outlining essential strategies and recommendations necessary for success in managing future global pandemics.

The paper analyses health policies before and during the pandemic, outlining strategies in pandemic management and comparing health policies between the EU and the US, with a focus on Romania and the State of Michigan.

Even before the outbreak of the COVID-19 pandemic, experts in the field emphasized that existing strategies need to be updated. Priority

should be given to addressing deficiencies in the management strategy, and national plans should be promptly reassessed with a strong emphasis on system development.

Also, drafting a pandemic treaty will be very difficult to achieve and comply with for various reasons, such as economic and cultural differences between countries, the obligation of signatory states to respect the rules, the level of involvement of different organizations/ companies/ institutions in these pandemic rules, the influence of the global market, etc.

We have observed that there were minor differences in the strategies applied on the two continents during the COVID-19 pandemic. In the vast majority of cases, the United States followed the same rules as the EU regarding mask-wearing, rules on the movement of people, isolation/quarantine rules, etc. This can be explained by the fact that all countries followed the International Health Regulations and the guidelines of competent organizations, such as the CDC, WHO, and ECDC. Differences arose in the mode of financing and the period in which the rules were applied. For example, the mandatory wearing of masks was introduced at different times, and later this decision sparked discontent among the population, accusing governments that this decision is unconstitutional.

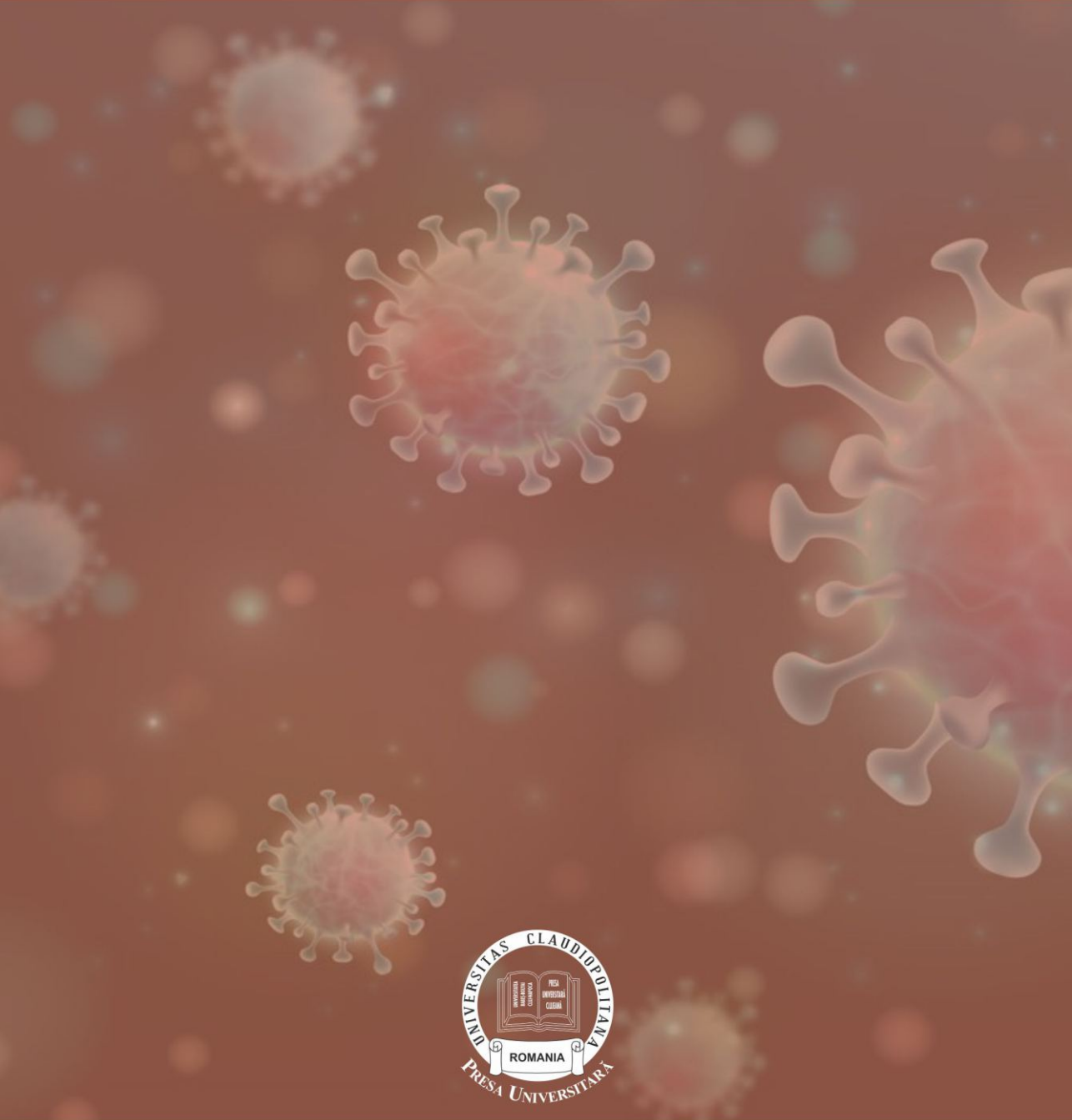
The wearing of masks by African-Americans has historical significance, as it is linked to the period of slavery when enslaved individuals were required to wear masks on sugar plantations to prevent them from consuming the sugar while working. They claimed that the mask symbolized colonialism and represented the dominance of Caucasian people.

Romanians, on the other hand, used to associate this mask with the muzzle, which is usually worn by animals so that they cannot bite. With the introduction of the mandatory wearing of the mask, a movement started in Romania on social networks called “down with the muzzle!”. In this movement, people claimed that wearing masks causes more harm than good in the long run, leading to breathing problems and ultimately death.

The regulations concerning the wearing of masks have been amended and are now presented as a recommendation, allowing individuals to make their own informed decision regarding mask usage. From a scientific point of view, it has been shown that the mask is the cheapest method of protection in the event of a pandemic and wearing it decreases the chances of spreading the virus.

By learning from the experiences of the pandemic period 2020-2021, old policies can be improved, or new, more up-to-date policies can be formulated and presented in the new pandemic treaty.

Ştefania SZEIBERT-KEREKEŞ, PhD
"Babeş-Bolyai" University



ISBN: 978-606-37-2554-8