

ECDC CORPORATE



# ECDC Strategy 2021–2027

To improve lives in Europe and globally apply scientific excellence,  
thus empowering Member States, the European Commission and  
other partners to drive public health policy and practice

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## Abbreviations

<b>CPM</b>	EU Civil Protection Mechanism
<b>COVID-19</b>	Coronavirus disease
<b>EEA</b>	European Economic Area
<b>EEAS</b>	European External Action Service
<b>ESF+</b>	Updated version of the European Social Fund for the Multiannual Financial Framework (MFF) period 2021–2027
<b>ENP</b>	European Neighbourhood Policy
<b>GOARN</b>	Global Outbreak Alert and Response Network (GOARN)
<b>IHR</b>	International Health Regulations
<b>IRIS</b>	Methodological approach for prioritisation of ECDC's work: issue, resource, impact, and solidarity
<b>MFF</b>	EU multiannual financial framework
<b>SO</b>	ECDC Strategic Objective
<b>SPD</b>	Single Programming Document

## Foreword

Since becoming operational in 2005, ECDC has established and maintained strong working relations with stakeholders and partners in EU Member States, European Economic Area (EEA) countries and several non-EU countries. Close partners include the European Commission, the WHO Regional Office for Europe and a number of EU agencies. ECDC is now acknowledged as the European Union’s scientific agency actively monitoring communicable diseases and strengthening Europe’s defences against disease outbreaks.

Working together with its partners, ECDC has achieved remarkable successes. One of the Centre’s biggest achievements was the launch of TESSy (The European Surveillance System), a database system that made European disease surveillance data accessible to all EU Member States and stakeholders. Before TESSy, disease surveillance was carried out by 17 different disease surveillance networks. ECDC built one homogenous, comprehensive system for the collection, analysis, and dissemination of disease data, covering all EU Member States and EEA countries.

Initiated by ECDC in 2008, European Antibiotic Awareness Day, held annually on 18 November, achieved unprecedented success by increasing awareness of antimicrobial resistance throughout Europe. ECDC also promoted the use of standardised EU methodologies beyond EU borders. For example, ECDC’s EU Laboratory Capability Monitoring System was adapted for EU pre-accession countries, providing the Centre with a powerful tool to monitor capacity and capability in public health microbiology laboratories.



The COVID-19 pandemic continues to have a profound impact on public health and healthcare systems worldwide, as well as massive consequences on the economies of all countries. There will be evaluations and after-action reviews at all levels, which will provide lessons learned for all involved to be better prepared in the future. However, one can already conclude that we need robust surveillance systems to be functional even during a crisis, when public health personnel are busy with the response, preparedness plans have to be reviewed and strengthened, and training needs re-assessed. The importance of the international dimension in the prevention and control of infectious diseases has been reaffirmed through this pandemic. These are all areas that are covered in the final draft of the Strategy. Should future evaluations recommend changes to the mandate of ECDC or to the way EU Agencies operate, the Strategy will be adjusted accordingly.

ECDC’s Strategy 2021–2027 is directed at both external and internal audiences and is transformational in the sense that it gives a clear direction on necessary changes to make ECDC’s work more impactful. It defines ECDC’s goals for years to come, ensuring that decision-makers receive the necessary advice and scientific evidence in the field of communicable disease prevention and control to support the necessary changes in policy and practice.

This strategy is intended to guide annual planning and resource allocation, all with the goal of safeguarding public health in Europe. In order to achieve this goal, a monitoring framework will be developed to gauge progress, make adjustments and put on record the actual impact of ECDC’s actions.

Internally, a public health strategy will help employees align around a common vision and shared objectives. This will increase organisational efficiency and, ideally, have a positive impact not only on the structure of the organisation itself but will also reduce the infectious disease burden in the EU.

Andrea Ammon  
Director, ECDC



## 1. A changing landscape for public health

The new European Commission took office in December 2019, and President Ursula von der Leyen put forward the six main priority areas of the Commission for the next five years and beyond. These priorities are: 1) A European Green Deal; 2) An economy that works for people; 3) A Europe fit for the digital age; 4) Protecting our European way of life; 5) A stronger Europe in the world; and 6) A new push for European democracy.

Furthermore, in the mission letter to Commissioner for Health and Food Safety, Stella Kyriakides, the President of the Commission tasked her to support Member States in constantly improving the quality and sustainability of their health systems. She was advised to put particular emphasis on 1) ensuring that Europe has sufficient supply of affordable medicines; 2) focusing on the effective implementation of the new regulatory framework on medical devices; 3) making the most of the potential of e-health to provide high-quality healthcare and reduce inequalities (e.g. a European Health Data Space); 4) focusing on the full implementation of the European One Health Action Plan against Antimicrobial Resistance and working with international partners to advocate for a global agreement on the use of and access to antimicrobials; 5) prioritising communication on vaccination; 6) putting forward Europe's Beating Cancer Plan; and 7) contributing to the delivery of a European Green Deal through food safety, animal welfare, and plant health. From the last one there has been a spin-off action on climate change and health.

From these public health focus areas, ECDC is already working on the implementation of the European One Health Action Plan against Antimicrobial Resistance, and this work will continue in the coming years. Furthermore, on vaccination ECDC is supporting the implementation of the road map for the Council Recommendation on improved collaboration against vaccine-preventable diseases (2018/C 466/01), and this work is scheduled to continue. The Strategy 2021-2027 identifies the need for ECDC to find its place to support Member States in adapting and adopting new technologies, including e-health (SO3, action area 3.3.). This work was initiated in 2019 with a cross-unit programme on e-Health. ECDC has already carried out work on climate change and communicable diseases, and the Strategy 2021-2027 indicates under SO3, action area 3.1., that 'Vulnerability assessments and activities targeted toward climate change adaptation to improve countries' preparedness will be one important area for action.' There are also well-defined causal links between communicable diseases and the development of cancer (e.g. Hepatitis B virus, Human Papilloma Virus) and thus ECDC could explore

possibilities to support the future Commission activities in cancer, as requested.

The draft Strategy 2021-2027 is fully in line with the conclusions and recommendations of the ECDC Management Board on the third External Evaluation of ECDC. The future focus on understanding the needs and gaps of Member States, and designing the interventions on that basis (SO2) covers the first recommendation. The Strategy describes the principles and priorities for ECDC's work with different international partners and non-EU countries (SO4), covering the third and sixth recommendation (collaboration with the WHO European Regional office). The recommendations focusing on the use and relevance of ECDC's outputs (SO1), methodologies regarding ECDC's scientific outputs (SO1), visibility of ECDC (SO1 and SO5), and efficiency (including key performance indicators) (SO5) are all focus areas in the Strategy, but recommendations are very practical and therefore better addressed in the Strategic Roadmap and in the Single Programming Document/annual work programs.

To be able to carry out its tasks laid down in the Founding Regulation, focus on the areas described in the Strategy 2021-2027, and respond to requests coming from Member States and the Commission based on their priorities, ECDC has to prioritise its work. This will be done in consultation with relevant stakeholders based on their roles vis-à-vis the Centre, using prioritisation methods inbuilt in ECDC's planning process. Furthermore, new priorities and focus areas might also need new competencies of staff, which will be one of the areas addressed under SO5. The current COVID-19 global pandemic has demonstrated the need for ECDC to remain flexible in order to respond to unpredictable public health crises.

The COVID-19 pandemic continues to have a profound impact on public health and healthcare systems worldwide, and together with its massive consequences on the economies of all countries reminds us that, rather than just being a cost public health and emergency preparedness constitute one of the most important investments of our societies.

The COVID-19 pandemic is also a reminder that despite all the achievements of ECDC and its partners, at national and EU level, the fight against infectious diseases remains a major challenge. Increased scientific knowledge does not provide the certainty of being able to predict and prevent pandemics. Horizon scanning is slower than the speed of the emergence, mutations, and adaptations of pathogens. The threats will never disappear, but preparedness, including resilient (public) health systems, can increase our ability to prevent, and our response might mitigate and counteract massive damage. After-action reviews for the COVID-19 pandemic

will be conducted at all levels to learn lessons and be more prepared in the future.

Although the exact outcomes of these evaluations and after-action reviews are not yet on the table, observations from the first months of the pandemic allow a few conclusions. We need robust surveillance systems at the EU and national levels that provide reliable and timely data even in a crisis. An increased level of digitalisation and implementing the lessons learned from the electronic solutions tested during the COVID-19 pandemic, application of AI for data validation, analysis, and automated reporting could provide solutions reducing the time public health experts spend on surveillance. As regards improving the preparedness plans of EU Member States, the part of hospital preparedness will require reviewing and strengthening. Undoubtedly, there will also be new priority areas for training, such as risk/crisis communication and modelling. International coordination and cooperation has been reaffirmed as a critical aspect of handling and controlling the pandemic. This is equally relevant for the immediate neighbourhood of the EU and the rest of world. These all are areas covered in the ECDC Strategy 2021-2027. However, should the remit of ECDC be expanded or the way we are operating changed based on the recommendations of the foreseen reviews, the Strategy will be adjusted accordingly.

To gain further understanding on the changing landscape of public health in Europe, ECDC commissioned a study<sup>1</sup> to explore the political, economic, social, and technological forces that could have an impact on ECDC's work. This chapter below briefly describes the main findings of this study and the possible implications for ECDC's future strategic choices.

The study looked at four different areas, namely:

- health system evolution and changes in population behaviours;
- national public health systems;
- global public health; and
- evolution of digitalisation in the health sector and analytics in global public health.

Below is a summary of the areas suggested by the study:

- Population aging will put healthcare systems under pressure and increase the need for cost-effective and targeted preventive actions, such as lifelong vaccinations.

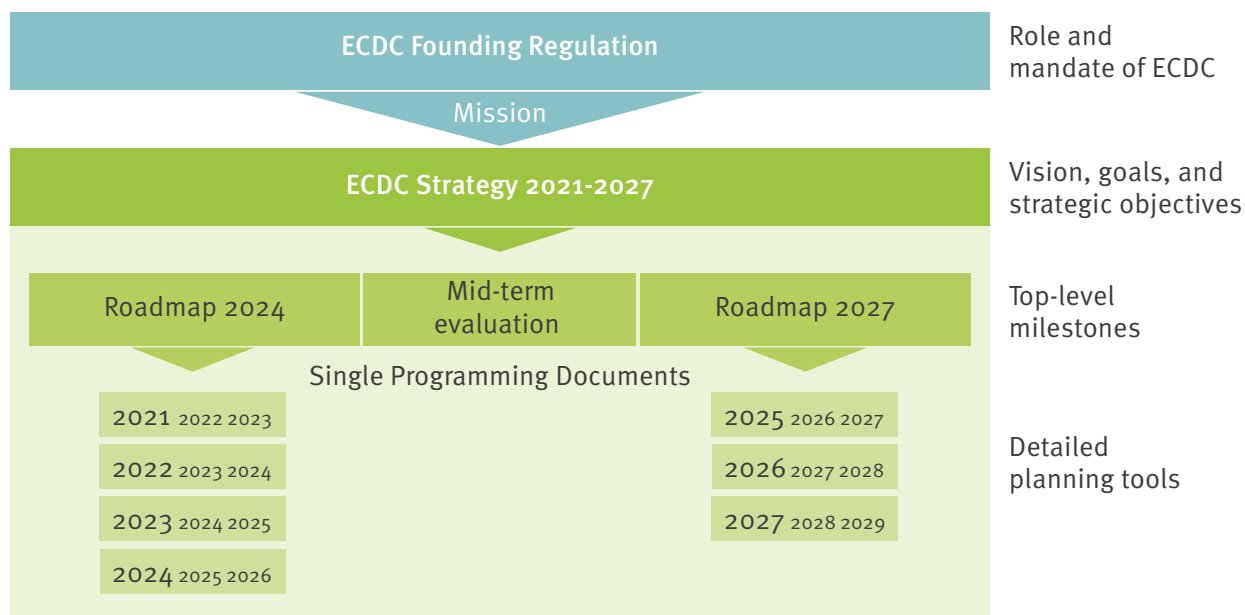
- ECDC could provide evidence-based and tailored guidance and information to partners to support their decision-making at all levels.
- Many established and emerging communicable diseases require continuous attention from ECDC, for example HIV and tuberculosis. This includes antimicrobial resistance and vaccine hesitancy.
- Changing population behaviours call for new approaches. For example, air travel between Europe and Africa and Asia has increased by 60% since 2005, which has had an impact on how and how fast communicable diseases spread. Another example is decreasing condom use in several high-risk groups, which is associated with a rise in sexually transmitted diseases. ECDC could act together with EU Member States and international partners to promote health-related behavioural change.
- ECDC runs an effective system of EU-level surveillance for communicable diseases. The Centre could also explore the advantages of next-generation DNA sequencing for surveillance and treatment (SO<sub>3</sub>).
- The study indicates that national public health agendas in the EU share similar priorities, but also have a number of country-specific priorities. Based on the study, the health systems in eastern European countries need to be strengthened with regard to preparedness and prevention capacities. To improve the situation, ECDC could provide more tailored services, for example country visits and country action plans that would complement the Centre's generic services.
- European capacities and capabilities to counter large-scale threats caused by communicable diseases need to be improved. In this context, ECDC could focus on supporting the Commission in the implementation of Decision No 1082/2013/EU<sup>2</sup>, especially Article 4 on preparedness. ECDC could also provide countries with technical support on emergency preparedness.
- The global public health situation has changed significantly over the last few years, which provides ECDC with an opportunity to increase technical support for EU neighbourhood countries. This also gives ECDC an opportunity to define its role in global public health.
- Climate change is associated with a substantial risk to public health. Vector-borne diseases are on the rise. Already, some disease vectors have spread to geographical areas in Europe that used to be too cold for them. Consequently, ECDC and its international

<sup>1</sup> McKinsey & Company: European public health market assessment, November 2018. The full study can be obtained on request from ECDC.

<sup>2</sup> Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC Text with EEA relevance. Available from: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32013D1082>



## ECDC operational framework



partners could strengthen their focus on infectious diseases associated with climate change.

- The study indicates that no global institution/agency has taken a comprehensive approach to climate change and its health effects. This provides ECDC with an opportunity to further explore this topic and add it to its list of priorities.
- A recent survey carried out by McKinsey on the evolution of digitalisation in the health sector and analytics in global public health showed three trends:
  - strengthened data integration and data sharing;
  - improved in-country reporting and data collection; and
  - innovative data leveraging for predictive analytics.

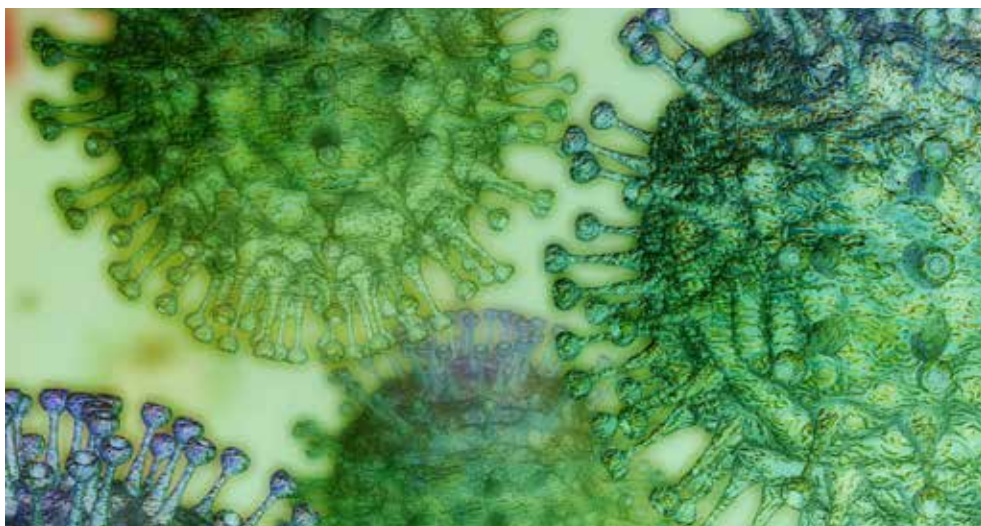
Efforts to further digitise the health sector are hampered by difficulties in defining common objectives, inadequate and fragmented technology platforms, and a shortage of appropriate skills to take this agenda forward at European level.

Possible tasks for ECDC could include the addition of analytical functionality for aggregated data, the provision of an IT infrastructure for data aggregation (collecting, storing, integrating, interpreting), and predictive analytics. ECDC could also host expert group discussions

to inform policy interventions, conduct training courses, and provide guidance on standardised data collection.

ECDC is already working on several of the areas of action, which came out of the study: ECDC work on TB, HIV, Antimicrobial resistance and health care associated infections, and vaccine-preventable diseases. Furthermore, ECDC supports the Commission in the implementation of Article 4 on Preparedness from the Decision 1082/2013/EU. ECDC work with the EU enlargement countries has been ongoing for 10 years through external funding from the Commission, and for some years ECDC has established, with the financial means from the Commission, its working relations with the EU Neighbourhood policy partner countries.

The draft Strategy 2021-2027 aims to put a strong focus on targeted, tailor-made support to Member States in the areas within ECDC's remit, increasing e.g. the country visit approach. In order to strengthen the infectious disease prevention and control programs in Member States, ECDC will put more emphasis on e.g. aspects on behavioural change. The Centre is already working on the digitisation of public health as well as on climate change and health and, as mentioned before, might explore further taking a stronger role in these areas depending also on the requests from the Commission.



## 2. ECDC's strategic and operating environment

### Mission

ECDC's mandate and tasks are outlined in Regulation 851/2004 of the European Parliament and of the Council<sup>3</sup> and in Decision No 1082/2013/EU of the European Parliament and of the Council on serious cross-border threats to health<sup>4</sup>.

Article 3 of the Founding Regulation defines ECDC's mission as follows:

'[...] identify, assess, and communicate current and emerging threats to human health from communicable diseases. In the case of other outbreaks of illness of unknown origin, which may spread within or to the Community, it shall act on its own initiative until the source of the outbreak is known.'

Also in Article 3, the main tasks of the Centre are described as follows:

- to search for, collect, collate, evaluate, and disseminate relevant scientific and technical data;
- to provide scientific opinions and scientific and technical assistance including training;
- to provide timely information to the Commission, Member States, Community agencies, and international organisations active within the field of public health;
- to coordinate the European networking bodies operating in the fields within the Centre's mission, including networks arising from the public health activities supported by the Commission and operating the dedicated networks; and
- to exchange information, expertise and best practices, and facilitate the development and implementation of joint actions.

ECDC works in an environment defined by EU legislation and implementing regulations, rules, and procedures. The Centre is also embedded in the overall EU architecture that defines ECDC's position in relation to EU institutions and bodies (e.g. the European Commission, the European Parliament, the Council of the European Union, the European External Action Service, and the EU agencies). This outlines the Centre's role and mandate, but also provides a framework for the planning and

implementation of work, as well as monitoring and reporting.

To achieve its mission and carry out the tasks the Centre continues to work on the following areas

#### 1. Generic and disease-specific surveillance and scientific advice

ECDC supports efficient public health decision-making by providing timely, accurate, and relevant information. This covers generic and disease-specific epidemiological and microbiological guidance, systematic reviews and expert opinions on the control and prevention of infectious diseases, surveillance reports, health communication materials, gap analyses to inform the setting of research priorities, and methodological guidance and toolkits. The publication of Eurosurveillance, the organisation of ESCAIDE, convening expert and advisory meetings (e.g. Disease and Public Health Network meetings, ECDC Advisory Forum meetings) contribute to this work.

#### 2. Emergency preparedness and capacity building

Strengthening European capacities and capabilities to effectively prevent and control of communicable diseases is one of ECDC's central tasks. Specific examples in this area include preparedness guidance and toolkits, needs assessments, generic and disease-specific country peer review visits, simulation exercises, laboratory support and support to implementation of Decision 1082/2013/EU and IHR. The cooperation and coordination with WHO, other agencies and institutions in third countries as well as the cooperation with enlargement and neighbourhood countries are part of this work as well. ECDC has specific training activities that seek to develop workforce competences, necessary to strengthening capacities and capabilities of public health systems in order to develop country knowledge to identify and support ways to address gaps. These include the ECDC Fellowship Programme (EPIET/EUPHEM), the ECDC Continuous Professional Development Programme (CPDP), the ECDC Virtual Academy (EVA), and ad hoc training requested by the MS, twinning, expert exchange and collaboration with other training partners across Europe.

#### 3. Support to response

ECDC activities support risk managers at national and EU level by carrying out effective health threats detection providing risk assessments and support control activities when requested. Specific examples include all epidemic intelligence activities, EPIS, molecular cluster detection, EWRS operation, the production of rapid assessment of risks and the identification of options for response, and lastly the support for national and international field response.

<sup>3</sup> Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 establishing the European centre for disease prevention and control <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:32004R0851>

<sup>4</sup> [https://ec.europa.eu/health/sites/health/files/preparedness\\_response/docs/decision\\_serious\\_crossborder\\_threats\\_22102013\\_en.pdf](https://ec.europa.eu/health/sites/health/files/preparedness_response/docs/decision_serious_crossborder_threats_22102013_en.pdf)

Together with EU/EEA- and non-EU countries, the Commission, EU and international agencies, the WHO and other relevant partners, ECDC's work contributes to a broad range of important common goals in the public health sector, both in Europe and internationally. These include the implementation of the International Health Regulations<sup>5</sup> (IHR), the UN Sustainable Development Goals<sup>6</sup> (SDGs), and several disease-specific global and regional policies and action plans (e.g. on HIV/AIDS, viral hepatitis, tuberculosis, immunisation, and antimicrobial resistance/healthcare-associated infections).

## Vision for 2027

**ECDC's vision is to improve lives in Europe and globally applying scientific excellence, thus empowering Member States, the European Commission and other partners to drive public health policy and practice.**

By 2027, the Centre, together with its partners, will have improved the health of all people in order to enable them to pursue their lives as undisturbed by infectious diseases as possible. The Centre puts equal focus on prevention, early detection, and control of infectious diseases because only the combination of all three aspects will make an impact and reduce the infectious disease burden.

ECDC's primary focus is EU countries and then their neighbours. In order to protect the EU from infectious diseases, the Centre engages in global collaboration and international strategic partnerships.

Scientific excellence is at the core of the Centre's work. Scientific independence and continued relevance of the Centre's activities for all partners, combined with the highest standards of scientific work, are the hallmarks of ECDC's work.

ECDC's work addresses public health in general as well as disease-specific aspects. The Centre aims to provide a scientific reference point for decisions and policies at all levels. The results of ECDC's work are available as Open Access and free of charge.

As ECDC is at the interface between science and public health delivery, the Centre translates and adapts scientific and technological advances to the context of its partners. By doing so, ECDC's partners are able to

drive public health policy and practice, thus improving public health and the lives of all people.

## Strategy

The ECDC mission, as outlined in the legal basis and the aforementioned vision for 2027, forms the basis for the Strategy 2021-2027. The strategy takes aim at the areas in which ECDC has to transform the way it works to enhance its impact and added value to achieve the vision. The strategic objectives set out in this strategy will also inform ECDC's Single Programming Document (SPD). The prioritisation of the Centre's activities, as derived from the strategic objectives outlined below, will be achieved e.g. by applying an IRIS (issue, resource, impact, and solidarity) approach.

### 3. Goals, strategic objectives, and action areas

#### Goal 1

**By 2027, all ECDC scientific outputs have a high impact, informing decisions on public health policies and practices in the EU**

#### **Strategic objective 1. Strengthen and apply scientific excellence in all ECDC activities and outputs to inform public health policy and practice**

ECDC will focus on the promotion of standards, particularly with regard to statistical analysis, modelling, and cost-benefit analysis. ECDC will carry this out in a transparent way, together with EU and international partners. ECDC will use existing data to conduct analyses that are even more comprehensive. It will also develop new methods to extract and combine data from different data sources. Having common standards and methods will provide a solid and comprehensive basis for all future outputs in communicable disease prevention and control.

ECDC will further strengthen the relevance, accessibility and timeliness of its scientific advice and information products. Based on the collection, analysis, and dissemination of data, ECDC will ensure that its partners (for example EU Member States, the European Commission, relevant EU agencies, WHO) will have fast and reliable access to all ECDC outputs so they can take

<sup>5</sup> International Health Regulations (2005); available from: [https://apps.who.int/iris/bitstream/handle/10665/43883/9789241580410\\_eng.pdf;jsessionid=44DCE7465455BDCEFF553D7BC63E9B5?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/43883/9789241580410_eng.pdf;jsessionid=44DCE7465455BDCEFF553D7BC63E9B5?sequence=1)

<sup>6</sup> Sustainable Development Goals; available from: <https://www.un.org/sustainabledevelopment/sustainable-development-goals>

informed decisions on practices and policies related to communicable disease prevention and control. ECDC will also closely monitor the impact of its outputs. To achieve this, the Centre will use the results of implementation research, linking research and practice to accelerate the development and delivery of public health approaches. In addition, the Centre will develop an organisation-wide approach to better tailor ECDC products to key stakeholders. This will increase the coherence and impact of activities and facilitate the transfer of research evidence and knowledge into practice and policy.

**Action area 1.1. Standards: Promote standard setting to facilitate the use of data and the implementation of public health policies**

ECDC will use its position as the coordinator of expert networks and the central hub for infectious disease data to promote a consensus on standards (statistical analysis, modelling, cost–benefit analysis, etc.) in areas related to communicable disease prevention and control. The development of standards will be carried out through open and transparent processes, and together with relevant EU and international partners.

**Action area 1.2. Evidence: Provide partners with robust evidence and guidance for public health policies and practice**

ECDC will rely on the engagement of Member States and other partners in order to set programme priorities to ensure that the Centre’s outputs are relevant for its stakeholders. ECDC will provide its partners with evidence-based facts and guidance to support the decision-making process in Member States. ECDC will develop additional indicators and assessment tools so that its stakeholders can evaluate/assess their national public health policies and practices more easily.

**Action area 1.3. Methodologies: Contribute to the development and implementation of methodologies to increase the impact of actions targeted to reduce the burden of infectious diseases**

ECDC will make better use of existing epidemiological data through more advanced analyses and new digital technologies. ECDC will, in collaboration with its partners, develop and promote the use of new methodologies to increase the impact of public health actions in the field of communicable disease prevention and control, e.g. by consolidating data from different data sources. ECDC will also create a common repository for its partners to share, retrieve, and analyse epidemiological data and information; this will include data to monitor the impact of public health actions that are within ECDC’s remit.

**Action area 1.4. Knowledge transfer: Bridge the gap between science, policy, and practice to ensure sustainable impact on prevention and control of infectious diseases**

ECDC will develop and implement a cross-organisational framework for knowledge transfer, making use of results from implementation research carried out elsewhere. The Centre will develop, together with EU Member States and other partners, a standardised approach to support evidence use. With this, ECDC aims to bring the outcomes of its technical work into the use of public health practitioners in a way that is most suitable and relevant for their purposes. Other areas to be addressed include easy access to evidence and the provision of a communication framework for evidence dissemination.

## Goal 2

**By 2027, ECDC has improved its knowledge of countries, thus, by enhancing disease-specific work, surveillance, training and emergency preparedness, is able to equip/empower partners to drive public health policy and practice**

**Strategic objective 2. Support the countries to strengthen their capacities and capabilities to make evidence-based decisions on public health policies and practice**

Europe shows a diverse picture in terms of public health capacities, the capabilities of national health systems, and the epidemiology of infectious diseases. The countries with the least resources often face the biggest burden of infectious diseases. ECDC aims to support countries in their improvements of prevention and control programmes as well as implementation of core competencies as stipulated in Decision No 1082/2013/EU and the International Health Regulations. This can be achieved by offering training courses and other targeted support activities that respond to the changing needs. Based on previous experience, ECDC will continue the coordination of deployments of public health teams within and outside the EU through EU or global mechanisms.

ECDC will enhance its grasp of the needs of countries by systematically processing and analysing existing data. ECDC will streamline the way it structures data storage, processing and analysis, bringing together data and information from several of its present data sources into a more comprehensive system for country information, putting epidemiological information from the surveillance systems into a broader perspective. The Centre will focus on a further engagement with Member

States in a continuous dialogue and involvement in ECDC activities; this process will be initiated at an early stage, i.e. at the point when the Centre discusses its priorities for the work plan.

This will present ECDC with an opportunity to provide tailored support to Member States, with clear prioritisation and resource allocation. This approach should also help Member States and the Commission to identify EU mechanisms such as ESF+ (European Social Fund) or Digital Europe that could be tapped into fund communicable disease prevention and control systems as part of entire national health systems.

Disease-specific work will remain at the core of fulfilling this strategic objective, with a focus on the prevention of infectious diseases. ECDC's evidence-based information and guidance will be specifically designed to inform the policy agenda at national and EU levels and thus contribute to accomplish regional and global targets/standards in public health, for example, the UN Sustainable Development Goals (SDGs) or national and regional action plans.

ECDC will enhance the mutual exchange of best practices at the international level by participating in collaborative actions with international organisations, such as WHO, other UN bodies, and global centres for disease control. This will be fully aligned to the Commission (DG SANTE and Joint Research Centre) work on best practices.

In order to advance its disease-specific work, ECDC will increase its understanding of drivers of communicable diseases by monitoring specific determinants for infectious diseases and specific health issues; this will also include socio-economic, behavioural, and environmental factors.

**Action area 2.1. Country focus: Use country information to better target ECDC activities and improve country support**

ECDC will apply an approach that will consolidate the data and information collected from countries<sup>7</sup> in a way that will help ECDC to tailor its work to country-specific needs and thus improve the relevance of its outputs. As per requests from the countries, ECDC will carry out regular country visits in a harmonised way. In this way ECDC will increase its understanding how communicable disease prevention and disease control systems work in different national contexts. ECDC will explore the gaps and barriers that hamper the implementation of policies and guidance. The Centre will suggest approaches how to successfully involve its partners in the work of ECDC, for example by the extended use of expert panels or stakeholder forums for consultations on public health topics and work plan priorities. ECDC will use the established networks more

effectively to continue to discuss problems, needs and solutions with its specific network of national experts.

**Action area 2.2. Prevention and control programmes: Support and strengthen capacity to deliver programmes targeted at the prevention and control of infectious diseases**

ECDC will continue to support Member States in enhancing their targeted prevention and control programmes. More emphasis will be placed on addressing the determinants of infectious diseases, notably behavioural aspects that are needed for national programmes to be successful. Areas of ECDC work that will benefit most from this approach include HIV, TB, vaccine-preventable diseases, antimicrobial stewardship and hospital-acquired infections. Such an approach will also contribute to achieving the UN SDGs related to infectious diseases.

ECDC will identify those ECDC activities that would add the most value to a general 'One Health' approach, including those related to antimicrobial resistance. This will provide better understanding and coherence regarding the activities considered under the 'One Health' heading, facilitate resource allocation and help measure the impact of ECDC actions in 'One Health'.

ECDC will further strengthen its work in areas where prevention is an instrumental part of public health policies and practices. ECDC will continue to monitor drivers for infectious diseases, e.g. environmental conditions that contribute to the spread of disease vectors or travel pathways through which pathogens could be introduced to the EU/EEA. ECDC will also explore the feasibility of developing a disease determinants platform with easy access to information on disease drivers of wider relevance.

**Action area 2.3. Training: Provide adequate training opportunities taking into account the changing environment for infectious disease prevention and control**

ECDC's Fellowship Programme aims to prepare public health epidemiologists and microbiologists for the challenges in the field. Due to scientific and technological developments and challenges related to infectious disease epidemiology, the approach, e.g. on how to collect, analyse, interpret, and communicate data will change. The Fellowship Programme will therefore need to adapt its learning objectives and curriculum to support development of necessary new skills and competences. The Centre will engage in a comprehensive review process that will be based on the results of an external evaluation of the Programme (EPIET and EUPHEM paths), recurrent training needs assessments, and participation in global training initiatives. This process will involve all relevant partners in the countries that participate in the Programme, and the Centre's continuous professional development activities.

**Action area 2.4. Emergency preparedness: Support countries in emergency preparedness and response**

<sup>7</sup> Typically data are collected through TESSy, country visits, assessments, and network meetings.

ECDC will continue to support Member States in the implementation of Decision No 1082/2013/EU<sup>8</sup> and the International Health Regulations<sup>9</sup>, in particular regarding emergency preparedness and response, depending on the needs and gaps of EU Member States (e.g. after-action reviews).

ECDC will strengthen the coordination of public health teams in response to requests from EU/EEA and other countries. Pending resources, teams will be deployed through EU or global mechanisms, such as the EU Civil Protection Mechanism (CPM) or the Global Outbreak Alert and Response Network (GOARN).

## Goal 3

**By 2027, ECDC actively engages in the assessment of relevant innovation and is a trusted source for supporting countries in the adaptation of technological advances for infectious disease prevention and control**

### Strategic objective 3. Future outlook: Prepare for the future through foresight and innovation assessments

For ECDC and its partners (e.g. Joint Research Centre, other EU Agencies, international partners), understanding future challenges is vitally important. Applying foresight methods, the Centre will use a structured approach for assessing future trends and threats related to the (re-)emergence of infectious diseases. Foresight is based on a combination of quantitative and qualitative methods that support the prioritisation of activities and the identification of future skill sets required in the work force. It is also helpful in anticipating future developments, risks, and opportunities, and identifying future demands and challenges.

Innovation in public health includes the identification, adoption, and exploitation of new or improved systems, products, technologies, and methods. Public health innovations make it possible to respond to unmet needs through new or improved ways of thinking and working, including new multidisciplinary partnerships. This

adds value through improved efficiency, effectiveness, quality, and sustainability. It is, for example, essential to link public health experts and experts in e-health networks to respond to the digital transformation in the health sector.

Whole genome sequencing (WGS) is another example of a transformation of technology/methodology that has rapidly become standard technology and is now becoming integrated into routine surveillance. The lessons learned during the implementation of this technology can be used as a case study for other innovative technologies (e.g. digital transformation of the health sector, big data).

ECDC will work with EU Member States, EEA countries, the European Commission, EU agencies, WHO and others to develop and implement novel multidisciplinary approaches.

#### Action area 3.1. Foresight: Work with partners to identify and address key knowledge gaps and areas of uncertainty and develop new multidisciplinary approaches to prevent and control infectious diseases

ECDC will work with EU Member States, EEA countries, EU agencies and global centres to produce evidence reviews, foresight studies, and consultations to identify important knowledge gaps and describe uncertainties that need to be addressed in order to improve the prevention and control of infectious disease threats. Vulnerability assessments and activities targeted toward climate change adaptation to improve countries' preparedness will be one important area for action.

#### Action area 3.2. Engage: Promote innovation through active engagement with EU research and innovation initiatives

ECDC will collaborate with partners to address gaps and uncertainties that lie within the Centre's mandate and capacity. ECDC will link up with relevant partners such as Directorates-General of the European Commission regarding knowledge gaps that need to be addressed by further research. ECDC will continue to improve the collaboration and coordination with existing EU-level research and innovation activities to avoid duplication and suboptimal use of resources, and to enhance the sustainability of their outputs.

#### Action area 3.3. Support transformation: Promote and contribute to the Digital Health actions and support Member States in adapting, adopting, and exploiting new technologies for infectious disease prevention and control

<sup>8</sup> Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC Text with EEA relevance. Available from: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32013D1082>

<sup>9</sup> International Health Regulations (2005). Available from: <https://apps.who.int/iris/bitstream/handle/10665/246107/9789241580496-eng.pdf;jsessionid=A05F5EC4817FA5D760A9A2EC7BF478B9?sequence=1>

ECDC will explore, together with its partners, the most relevant role for the Centre in this area. ECDC could, for example assist with advanced data analytics, standardisation of data collection, and the introduction of aggregation methods to facilitate cross-country comparisons and analysis.

ECDC will assess the impact of new technologies and methods on public health/communicable disease prevention and control, and harness these technologies – if of value to Member States – to promote more effective and timely outputs.

## Goal 4

### By 2027, ECDC contributes to increased health security in the EU through international collaboration and alignment regarding infectious disease policies and practice

#### Strategic objective 4. Increase health security in the EU through strengthened cooperation and coordination between ECDC and partners in non-EU countries

Intercontinental mobility of people and goods is increasing, and infectious diseases do not respect borders. Consequently, ECDC needs to cooperate with technical partners outside the EU. ECDC will continue to provide technical assistance to countries bordering the EU to improve the detection, assessment and response to health threats caused by infectious diseases in these countries. This will be done through targeted support to the Western Balkans and Turkey and European Neighbourhood Policy (ENP) partner countries in the implementation of Decision No 1082/2013/EU and the International Health Regulations. The Centre will also offer capacity building activities and training courses.

As demonstrated by massive measles outbreaks, increased vaccine hesitancy, and antimicrobial resistance, infectious disease threats are often a global phenomenon. It is important to work across borders and strategically link major technical centres for disease prevention and control, including those that already have a formal bilateral agreement with ECDC. Only global cooperation can ensure the rapid exchange of information between partners and provide a platform to develop common approaches to the prevention and control of infectious diseases.

In the framework of external EU policies, ECDC's expertise should be used to provide technical support to the

European Commission. This will add factual knowledge to the Commission's dialogues with bilateral partners, multilateral organisations and global health initiatives (e.g. Global Health Security Agenda).

Outside the EU's borders, ECDC is one of many organisations working to fight infectious diseases. These organisations – the European Commission, the European External Action Service (EEAS), the WHO with its Regional Offices, global CDCs, the World Bank, other UN organisations, public health authorities in EU Member States – also support non-EU countries to implement the IHR and reach internationally agreed objectives and targets. Good coordination between partners will be essential to avoid overlaps, find synergies and take action.

#### Action area 4.1. Neighbourhood: Develop and implement, together with partners, a comprehensive programme to support the Western Balkans and Turkey and ENP partner countries to strengthen their infectious disease prevention and control systems and public health workforce

Pending external financial support from the Commission, ECDC will develop a comprehensive programme, in close collaboration with relevant Commission services, providing technical support for the Western Balkans and Turkey and European Neighbourhood Policy (ENP) partner countries to strengthen their public health systems. This programme is targeted at enhancing the countries' capacities for early threat detection, threat assessment, and response to health threats from communicable diseases. To facilitate the sustainability, the programme will also cover capacity building/training of the public health work force, the Mediterranean Programme for Field Epidemiology Training (MediPIET), in areas identified through technical assistance and other needs assessments.

#### Action area 4.2. Major CDCs: Increase ECDC's collaboration with major centres for disease prevention and control

ECDC will, together with major CDCs, explore further possibilities to establish processes and procedures for the rapid exchange of information in outbreak situations.

The need for and added value of multilateral collaboration among international CDCs will also be explored, for example aligned practices/control options in outbreak situations or common challenges/approaches in the prevention and control of infectious disease threats ().

#### Action area 4.3. Coordination: Ensure seamless coordination with the EU and international partners to achieve common objectives

ECDC will coordinate the development and implementation of its international activities with the Commission and EEAS to ensure alignment with EU policies and priorities.



ECDC will further strengthen its coordination with the WHO and its Regional Offices, in particular with the Regional Office for Europe. Coordination with other organisations will be based on the model tested with the WHO Regional Office for Europe and apply an adapted set of procedures.

With regard to other partners working with non-EU countries (e.g. UN organisations, EU Member States, the World Bank), ECDC will use existing relevant mechanisms for coordination at the country, regional, or global levels, for example by using bilateral coordination channels through an EU Member State or by liaising with EU delegations in non-EU countries.

## Goal 5

**By 2027, ECDC is an efficient organisation that can react flexibly and in a timely manner to the changing environment**

### Strategic objective 5. Transform the organisation to the next generation ECDC

To implement the ECDC strategy 2021–2027 and achieve the agreed vision, ECDC will ensure that its structure and systems are highly streamlined and efficient. As an expert organisation, the most important asset for ECDC is its dedicated, motivated, and skilled staff. In the future, due to a changing public health environment, the required skills and competencies may be different from today's profile, which makes it necessary to review the organisation's current state and identify its future needs.

ECDC's future resources may be more limited. Hence, the capacity for new activities will only come from efficiency gains in organising the internal work and setting clear priorities. ECDC will clearly communicate which areas of work will be deprioritised and which areas will gain in importance.

Communicating the added value of EU agencies will be one of the most important shared tasks. Therefore, ECDC will have a strong focus on further developing its communication framework to facilitate effective, targeted, and proactive communication, using innovative methods and new media. A convincing approach to communication will be a strong force against misinformation and scepticism towards scientific evidence.

ECDC is a networking organisation, and ECDC needs strong partners in all relevant sectors – also from outside

the health sector – to achieve its objectives. The selection of partners should be based on strategic considerations that take into account complementary goals and actions as well as an efficient use of resources. ECDC's strategic partnerships should be regularly reviewed to make allowance for changes in the external environment.

#### Action area 5.1. Integrated management framework: Increase organisational effectiveness and efficiency through improved processes and enhanced monitoring of organisational performance

In order to monitor the overall performance of the organisation and to support its management, ECDC will review its current management framework and supporting IT systems to transform it and gradually into an integrated framework that provides accurate and timely information on e.g. human and financial resources, key performance and compliance indicators needed for management decisions. Overall organisational efficiency and effectiveness will increase thanks to an approach of quality management and continuous improvement, for example through the systematic use of evaluations and lessons learned.

In the development and adoption of new key performance indicators for all functional areas of the organisation, ECDC also aims to measure its contribution to the impact in addition to outputs and results.

ECDC will also explore possibilities, together with other relevant EU agencies (e.g. EFSA, EMA, EEA, ECHA, and EMCDDA), to produce measurable efficiency gains by relying on shared services, joint procurements, and joint strategies.

#### Action area 5.2. Engaged staff: Recruit and retain capable, motivated, and resilient staff

ECDC will review and adapt its staff recruitment policy to ensure the diversity and flexibility of its workforce. ECDC will also develop a policy for staff training and development to ensure that staff competencies address the skills needed to implement the ECDC strategy 2021–2027.

A change management approach will be used to implement strategies for effecting and controlling change, and supporting staff to adapt to transformation. The implementation of ECDC values will create a suitable working culture for the future. The further implementation of the mutually agreed management charter will establish an effective leadership and management style throughout the organisation.

ECDC will redefine its internal communications policy to promote its mission, vision and strategy. Internal communication also has an essential role to play in the change management approach.

**Action area 5.3. Stakeholders and external communication:  
Enhance the transparency, visibility, and availability of  
ECDC's outputs**

ECDC will develop a framework for collaboration and partnership with strategic partners and stakeholders. This framework will cover the consideration of possible new partners due to the new strategic objectives and changing public health landscape (e.g. UN bodies, academic institutes, civil society organisations, and clinicians).

ECDC will tailor its communication to the needs of stakeholders and provide them with relevant information to implement successful health policies and programmes. ECDC will work closely with the Commission and other EU institutions and bodies to support their corporate communication approaches by using shared narratives about the European Union and its significance.

ECDC will ensure that the foreseen changes, challenges and opportunities identified through foresight activities will be communicated in a timely manner to support possible changes in public health practices and policies.

To facilitate ECDC's communication and knowledge transfer, the Centre will also develop and implement a public relations plan to further build the ECDC brand.

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