



## ECDC **CORPORATE**

# ECDC international relations policy 2020

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This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Nabil Safrany.

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# Abbreviations

Africa CDC	Africa Centres for Disease Control and Prevention
AMR	Antimicrobial resistance
EEAS	European External Action Service
EU	European Union
EEA	European Economic Area
ELDSNet	European Legionnaires' Disease Surveillance Network
ENP	European Neighbourhood Policy
EPIS	ECDC Epidemic Intelligence Information System
FTE	Full-time equivalent
FWD	Food- and waterborne diseases
GOARN	Global Outbreak Alert and Response Network
IcSP	Instrument contributing to Stability and Peace
IPA	Instrument of Pre-Accession Assistance
MoU	Memorandum of Understanding
MediPIET	Mediterranean Programme for Intervention Epidemiology Training
TAIEX	The European Commission's Technical Assistance and Information Exchange instrument
TATFAR	Transatlantic Task Force on antimicrobial resistance
UN	United Nations
US CDC	United States Centers for Disease Control and Prevention
WHO	World Health Organization
WHO/Europe	World Health Organization Regional Office for Europe

# Health security in the EU and international cooperation against communicable diseases

Strengthening Europe's defences against communicable diseases is key to effectively achieving a high level of health security within the EU and is at the core of ECDC's mission.

Protecting EU citizens against the threat of communicable diseases represents a particular challenge. In our increasingly interconnected world, major public health threats related to communicable diseases are global, impacting upon several countries and all sectors of the economy. In such an environment, the epidemiological situation outside the EU/EEA and the security of people in Europe are increasingly intertwined.

This is illustrated by ECDC's epidemic intelligence and risk assessment activities. From 1 June 2005 until 31 December 2016, 1 146 threats were identified and monitored by ECDC due to their potential impact for the EU/EEA and its citizens. Approximately 10% of those occurred in the EU's neighbouring countries and 27% in other non-EU/EEA countries. Similarly, 53% of the rapid risk assessments and 96% of the epidemiological updates produced by ECDC in 2016 on potential threats to Europe were related to outbreaks and other events occurring outside the EU/EEA.

This demonstrates that strengthening Europe's defences against communicable diseases entails a parallel interest from ECDC in the situation outside Europe.

This interdependence is reflected in ECDC's Founding Regulation [1], which lays down the basis for ECDC's collaboration with non-EU/EEA partners by giving ECDC the mandate to act beyond the EU borders in situations where communicable disease outbreaks may threaten the health of people living in the EU and the health of EU citizens living abroad.

This link between the security of EU citizens and the situation outside Europe is further stressed in EU external policies. Highlighting that 'my neighbour's and my partner's weaknesses are my own weaknesses', the Global Strategy for the EU's Foreign and Security Policy [2] calls for strategic investment in Europe's security by building stronger cooperation with its partner countries, notably the EU neighbouring and surrounding regions. The 2015 review of the European Neighbourhood Policy [3] indicates that 'the EU will also put stronger emphasis on health security aspects by strengthening country capacities to respond effectively to health threats including communicable diseases'.

ECDC can effectively contribute to these policy objectives. By exchanging information, developing partnerships, supporting the approximation of EU standards and best practices<sup>i</sup>, and strengthening capacity, ECDC can help partner countries to be better prepared to prevent, detect, and respond to disease before they spread to the EU, thereby strengthening health security in Europe. Through its expertise, ECDC can also provide technical support to the Commission in its current and future health dialogues with bilateral partners and multilateral organisations in the framework of relevant EU external policies

However, effectively supporting the implementation of those EU policy priorities requires establishing technical collaboration with key international partners, setting up networks of contact points, exchanging information and, when relevant, formalising this cooperation through agreements. In addition, as an EU Agency, ECDC international activities must be prioritised according to their relevance to our core mission and to the EU external public health priorities. Finally, those activities must also be implemented in a coordinated way with the competent EU Institutions and bodies.

The ECDC International Relations Policy [4] adopted in 2014 was aimed at addressing this need for prioritisation and coordination by providing a coherent framework for action and priority setting for ECDC international relations activities. This prioritisation relied on four key criteria:

- the level of cross-border interactions between the EU/EEA and other regions
- the epidemiological situation in these regions and its potential public health impact to the EU/EEA
- the current status of relations between the EU and potential partners
- the EU external relations policies and priorities [3].

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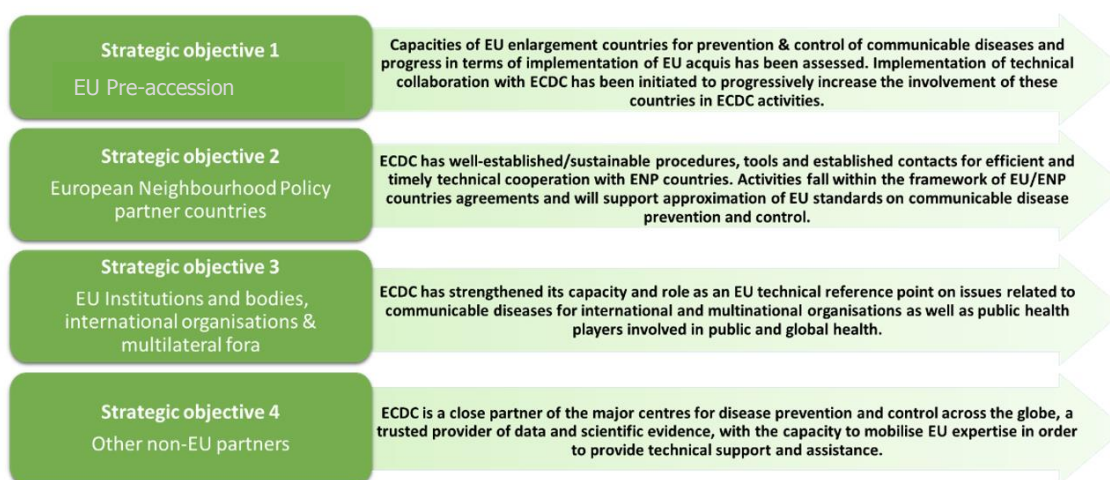
<sup>i</sup> As set in Decision No 1082/2013/EU and other EU policy initiatives forming the EU acquis on communicable diseases

Considering those criteria, four groups of stakeholders were identified in 2014 as key priorities for ECDC international collaboration activities:

- EU candidate and potential candidate countries (hereafter referred to as pre-accession countries), i.e. countries that have applied to join the EU and developed a close partnership with the EU under the EU enlargement policy (Albania, Bosnia and Herzegovina, Kosovo<sup>i</sup>, the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Turkey<sup>ii</sup>)
- European Neighbourhood Policy (ENP) partner countries, i.e. the EU's closest Eastern European and Southern Mediterranean countries (Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Republic of Moldova, Morocco, Palestine<sup>iii</sup>, Tunisia and Ukraine)
- EU institutions and international organisations
- Other non-EU/EEA countries.

Strategic objectives were then defined for each of these priorities in accordance with ECDC's core mission and mandate as follows:

**Figure 1. ECDC International Relations Policy 2014, Strategic Objectives**



Three years into the implementation of the Policy, it was essential to take stock of the results achieved, review persisting challenges, and identify new opportunities for ECDC international activities. Building on these lessons learnt, the ECDC international relations priorities and objectives should be revised accordingly and a new framework for ECDC International Relations Policy for 2020 laid out.

<sup>i</sup> This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

<sup>ii</sup> This list of countries is based on the status of the relationship between the EU and these countries at the time this policy was drafted. It can be subject to changes.

<sup>iii</sup> This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue.

# ECDC international relations activities from 2014 to 2016: achievements, challenges, and new opportunities

In line with its strategic objectives, ECDC has initiated and supported several technical collaboration initiatives with international partners since 2014. Those activities led to important achievements while several challenges persist, and new opportunities emerged.

## Achievements

Through technical assistance projects initiated by ECDC with EU external financial assistance<sup>i</sup>, ECDC made significant progress towards the gradual integration of EU pre-accession countries into ECDC activities and in bringing them closer to EU standards and systems on communicable disease prevention and control. From 2014 to 2016, 346 national experts from EU pre-accession countries participated in ECDC seminars, workshops, and capacity building initiatives representing a 35% increase in participation from 2011–2013. More importantly, ECDC cooperation with EU pre-accession countries has become more institutionalised since 2014 with the designation of EU pre-accession observers into 11 ECDC national focal points networks (e.g. National Focal Points for preparedness, threat detection, microbiology), the integration of these countries into EPIS-ELDSNet and EPIS-FWD, and the pilot reporting of national surveillance data on selected diseases to The European Surveillance system. This cooperation proved mutually beneficial as it contributed to strengthening the prevention and control capacities of these countries, supporting them in their EU pre-accession preparations while enabling ECDC to better understand the epidemiological situation, needs and challenges in relation to communicable disease prevention and control in a region close to the EU/EEA.

The added value of this cooperation was further enhanced through ECDC's support to the Commission in assessing the national systems of EU pre-accession countries for the prevention and control of communicable diseases. From 2014 to 2016, ECDC conducted two assessments: in Turkey in 2015 and the former Yugoslav Republic of Macedonia in 2016. This helped countries that were assessed in identifying gaps and challenges in their capacities to prevent, detect, and respond to communicable disease threats. It also provided them and the Commission with an evidence-based review of the progress made in adopting the relevant EU legislative acquis such as Decision 1082/EC/2013 [5] to support accession negotiations. The systematic formalisation of recommendations following each assessment along with ECDC technical assistance for the development of national action plans supported the countries in addressing those gaps and reforming their national system accordingly. The positive impact of this activity on the countries' EU pre-accession preparations was enhanced through a complete revision of the ECDC assessment package in 2016 to reflect the new EU requirements for the prevention and control of cross-border health threats.

Similar progress was made in developing ECDC cooperation with ENP partner countries. Through an EU-funded project<sup>ii</sup>, ECDC successfully initiated the progressive integration of these partners into ECDC activities. From 2014 to 2016, 203 national experts from ENP partner countries were involved in joint activities, including 107 experts trained on epidemic intelligence, risk assessment, and preparedness. This initiative contributed in strengthening the prevention and control capacities of these countries against communicable diseases.

In addition, through best practice workshops on threats of common interest involving ECDC, ENP partner countries and EU Member States, this EU-funded project enabled both the EU and its neighbours to better understand the regional epidemiological situation, challenges, priorities, systems, and opportunities for collaboration against communicable diseases. It contributed to familiarising these partners with the EU standards and best practices as set in Decision No 1082/2013/EU and other EU policies forming the EU acquis on communicable diseases. The project also initiated steps towards an institutionalisation of this collaboration through the designation of National ECDC Correspondents in the countries, along with 30 national contact points from eight ENP partner countries integrated into two ECDC EPIS platforms (FWD and ELDSNet). This resulted in an improved capacity to quickly exchange information between ECDC and these partners thereby contributing to the objective to strengthen our mutual means to detect and assess potential threats.

<sup>i</sup> Preparatory measures for the participation of IPA Beneficiary countries in the work of ECDC, funded by the EC (DG NEAR) under the Instrument of Pre-accession Assistance: grant or contribution agreements No 2007/147-091 (ECDC-IPA1), No 2009/202-963 (ECDC-IPA2), and No 2011/282-291 (ECDC-IPA3); No 2015/361-042 (ECDC-IPA4 project)

<sup>ii</sup> Preparatory measures for the participation of ENP partner countries in the European Centre for Disease Prevention and Control, ENPI/2013/325492



This cooperation was further deepened with Eastern ENP partners as ECDC supported the Commission with the implementation of the new Association agreements between the EU and Ukraine, Moldova and Georgia. ECDC assessments were conducted in Moldova (2014) and Ukraine (2015) to evaluate the strengths and weaknesses of their national systems for the prevention and control of communicable diseases and formulate recommendations to support ongoing national reforms.

Capacity building in field epidemiology in both EU pre-accession and ENP partner countries was further complemented through the successful finalisation of phase 1 of the Mediterranean Programme for Intervention Epidemiology Training (MediPIET) and ECDC's continuous scientific support to MediPIET II, funded by the EC EuropeAid through the Instrument contributing to Stability and Peace (IcSP), through the project run by the consortium of Spanish public institutions.

Cooperation with other major non-EU/EEA National Public Health Institutes and Centres for Disease Prevention and Control was also continued through joint initiatives (e.g. Transatlantic Task Force on AMR, ECDC-US CDC cooperation for Ukraine's assessment), exchange of best practices and exchange of epidemic intelligence, in particular with these organisations that have an existing Memorandum of Understanding (MoU) or bilateral agreement with ECDC (so-called MoU partners). This contributed in continuously improving the mutual knowledge base against communicable diseases.

Finally, new internal procedures, tools, and coordination structures (e.g. ECDC-WHO/Europe coordination meetings) were put in place to improve coordination with the European Commission and WHO/Europe.

## Challenges

Despite these achievements, several challenges persist and emerged since 2014.

The reporting of EU pre-accession countries surveillance data into The European Surveillance system has taken place through a pilot initiative, and whilst this is an important milestone, the inclusion of these data into ECDC surveillance activities and scientific outputs requires further formalisation through a clear strategy defining procedures and criteria. In addition, important limitations in the microbiology laboratory services in EU pre-accession countries limits the possibility to fully integrate these countries into ECDC surveillance activities.

The impact of the assessment of the national systems for the prevention and control of communicable diseases could be further enhanced through improved monitoring of the post-assessment phase. Currently, no post-assessment follow-up country reports were conducted to document how countries have addressed the assessment recommendations. Additionally, none of the countries assessed in 2015 and 2016 formalised their approach to the recommendations through an action plan. This hampers the possibility for a coordinated national approach to the assessment conclusions.

Despite successes, various challenges remain in relation to collaboration with ENP partner countries. The current cooperation is characterised by different levels of commitments from ENP partner countries to effectively participate in the proposed activities as illustrated by significant variation in countries' attendance rates to ECDC activities (i.e. from 0% to 96%). Needs assessments conducted with the National ECDC Correspondents have also demonstrated that the scope of the cooperation needs to be extended to maximise its impact. Participating countries have called on ECDC to deepen the cooperation in risk assessment and epidemic intelligence, while expanding it to other critical areas such as public health microbiology, antimicrobial resistance, and vaccine-preventable diseases.

The sustainability of this collaboration has also not yet been established. At present, ECDC ENP cooperation activities (including MediPIET led currently by the consortium FIIAPP-ISCI III, with the scientific leadership of ECDC) are project-based relying on EU financial assistance.

However, this financial support ended in 2016 for ECDC activities with ENP partner countries and will end in 2018 for MediPIET II. Considering the non-availability of ECDC core resources, the lack of EU financial assistance will put at risk the possibility of continuing these initiatives and ultimately threaten the results achieved so far.

Due to the 2014 West Africa Ebola outbreak, the strategic coordination of the cooperation with other non-EU/EEA partners and the monitoring and evaluation of its implementation were delayed. As a result, ECDC collaboration with other major National Public Health Institutes and Centres for Disease Prevention and Control, and other international organisations is conducted only on an ad hoc basis rather than through a strategic approach.

Finally, experience from joint activities has demonstrated that partnerships and coordination with key international organisations such as WHO/Europe and other UN agencies is essential for all ECDC international strategic objectives. Rather than an individual objective, this partnership should be a guiding principle for the implementation of all ECDC international relations activities.

## New opportunities

Since the adoption of the ECDC International Relations Policy in 2014, new activities and opportunities for international cooperation have emerged.

In 2014 and 2015, ECDC had a major contribution to outbreak response operations in the field with the mobilisation of 62 experts<sup>i</sup> by ECDC for deployment through WHO/ Global Outbreak Alert and Response Network (GOARN) to support the international Ebola response in Guinea. An evaluation carried out by ECDC has demonstrated the high value of this initiative and the important contribution of ECDC in mobilising highly qualified epidemiologists for outbreak response in the field. This contributed in raising ECDC's profile as a potential contributor to the EU and international emergency and crisis management mechanisms (e.g. EU Medical Corps, WHO/GOARN).

The international public health landscape has also evolved since 2014 with the emergence of new potential partners for ECDC such as the Africa Centres for Disease Control and Prevention (Africa CDC) launched in 2017. The regional mandate and transnational responsibilities for the prevention and control of communicable diseases of both the Africa CDC and ECDC create opportunities for collaboration, exchange of experiences, information, and lessons learnt. The importance of this new partner is further strengthened by its geographical scope, as Africa CDC covers several ENP partner countries ECDC has developed a partnership with.

However, an effective capitalisation on these opportunities calls for a formalised and coordinated approach.

## ECDC International Relations Policy 2020

It is essential to address these developments through an updated ECDC International Relations Policy 2020 setting new priorities and objectives, building upon the achievements of past activities, and laying out a new framework addressing challenges and opportunities.

### Vision for 2020

In accordance with its mandate, this ECDC International Relations Policy relies on a vision for 2020 where ECDC, through its international work, effectively contributes to health security in the EU and strengthens Europe's defence against communicable diseases by:

- enhancing neighbouring countries' capacity to detect, assess, and respond to current and emerging threats to human health from communicable diseases before they spread to our shores
- establishing ECDC as a highly respected scientific reference partner for the prevention and control of communicable diseases
- supporting the EU's objective of a stronger Europe on the global scene.

### Priorities

ECDC international relations activities will be prioritised taking into account:

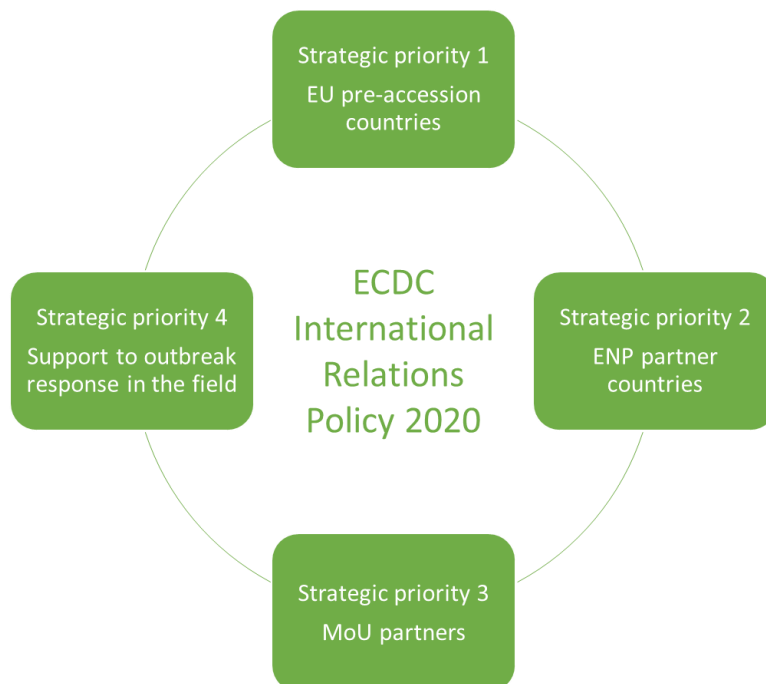
- the level of interdependence and cross-border interactions between neighbouring regions and the EU/EEA
- the potential added value of international cooperation activities for health security in the EU/EEA
- the EU external relations policies and priorities [3]
- the lessons learnt from the ECDC international relations activities from 2014–2016

In accordance with these criteria, the implementation of the ECDC International Relations Policy 2020 is articulated around four priorities as follows:

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<sup>i</sup> Deployment breakdown by affiliation: 35% ECDC staff; 46% EU Member States and 19% EPIET and EUPHEM.

**Figure 2. ECDC International Relations 2020 priorities**



This new priority setting maintains ECDC’s commitment to continue and deepen cooperation with EU pre-accession and ENP partner countries bordering the EU while reflecting the necessity for ECDC to strengthen its cooperation with major National Public Health Institutes and Centres for Disease Prevention and Control that have a formalised bilateral partnership with ECDC. It also addresses the Centre’s new role in supporting international outbreak response in the field. This new setting acknowledges the need to raise the collaboration and cooperation with the EU institutions and international organisations, such as WHO, as a guiding principle across all priorities rather than an isolated objective.

## Strategic objectives

This new priority setting is to be implemented in accordance with the following strategic objectives for 2020.

### Strategic objective 1: assessment and preparation of the EU pre-accession countries for participation in ECDC activities

By 2020, the capacities of EU pre-accession countries for prevention and control of communicable diseases and progress in terms of implementation of EU acquis has been assessed. Implementation of technical collaboration with ECDC progressively increases the involvement of these countries in ECDC activities and helps them to implement actions to strengthen their communicable disease prevention and control systems.

Strengthening the capabilities of EU pre-accession countries in the overall context of the EU enlargement process is a key priority of the ECDC International Relations Policy 2020.

Under this revised policy, ECDC will continue to assess the capabilities of EU pre-accession countries for the prevention and control of communicable diseases and their progress in terms of implementation of the EU acquis on communicable diseases, with financial support from the Technical Assistance and Information Exchange instrument of the European Commission. ECDC will aim at having all countries assessed by 2020. However, to enhance its technical support to the European Commission and EU pre-accession countries, ECDC will step up its efforts to effectively monitor the post-assessment phase in the countries already assessed through regular updates. While the initiation of national action plans addressing the assessment recommendations is the responsibility of the assessed countries, ECDC will follow-up and monitor the progress made by these countries and provide evidence to the European Commission on the post assessment status. When relevant, ECDC will provide technical advice to the countries and the Commission in defining and implementing actions strengthening communicable disease prevention and control systems.

To complement the assessment activities, the progressive integration of EU pre-accession countries into ECDC activities will also be a key component of this objective until 2020. To this end, ECDC will build upon existing activities with these countries and initiate a new EU-funded technical assistance project to support this objective. This new initiative will continue to emphasise the need to strengthen the capacities of the competent national public health authorities in these countries to support their future participation in ECDC activities.

To further support the integration of EU pre-accession countries into its surveillance systems, and data reporting into The European Surveillance system, ECDC will define a formal strategy on progressive integration of EU pre-accession countries into EU surveillance activities setting clear procedures and criteria for the inclusion of those data into ECDC outputs. This will be carried out in consultation with the Commission and the WHO Regional Office for Europe.

Strategic objective 1	Indicator	Target 2020
Capacities of EU pre-accession countries for prevention and control of communicable diseases and progress in implementation of EU acquis has been assessed	A. Number of assessed EU pre-accession countries B. Proportion of pre-accession countries for which progress is monitored annually	A. All 7 EU pre-accession countries assessed B. Annual update sent to the Commission for 100% of countries assessed
Implementation of technical collaboration with ECDC progressively increases the involvement of these countries in ECDC activities	A. Average annual attendance rate to ECDC events by country B. Level of satisfaction against agreed objectives from EU pre-accession on ECDC support for their progressive integration into ECDC C. Adoption of a strategy on integration of EU pre-accession countries into EU surveillance D. Quality of data and number of diseases reported by EU pre-accession countries to ECDC systems	A. 75% B. 75% of respondents satisfied C. Strategy adopted D. At least 75% of variables reported comparing to EU/EEA levels

## Strategic objective 2: capacity building and integration of ENP partner countries

By 2020, providing availability of EU financial assistance, ECDC has contributed to health security in the countries closest to EU borders by strengthening the capacities of ENP partner countries to respond effectively to threats related to communicable diseases and supported their progressive integration into ECDC activities.

Depending on the availability of EU financial assistance, ECDC will continue to deepen its technical cooperation with ENP partner countries. Supporting the overall EU policy objective of enhancing health security by strengthening the capacities of ENP partner countries to respond effectively to threats related to communicable diseases, ECDC will propose a new long-term cooperation programme with these countries. Building upon the results from our previous cooperation initiatives, this new programme will aim to:

- strengthen preparedness, prevention and control, threat detection, and assessment capacities
- continue the progressive integration of ENP partner countries into ECDC networks, activities, and systems
- support the approximation of EU standards and best practices.

More particularly, this cooperation will promote new joint activities and cooperation between ECDC, ENP partner countries, and EU Member States in new areas of common interest (e.g. public health microbiology, antimicrobial resistance, vaccine preventable diseases). This will be supported by expanding the participation of experts from ENP partner countries in existing networks of observers and contact points to achieve seamless exchange of information on potential threats and best practices.

In addition to opening this cooperation to new topics, ECDC will aim at increasing the number of ENP partner countries involved. Simultaneously, ECDC will continue to support the Commission in implementing the new EU Association Agreements with Eastern ENP partner countries (i.e. Ukraine, Moldova and Georgia).

In case MediPIET II would be extended to 2018 by the European Commission under the EU’s Instrument contributing to Stability and Peace, ECDC support to MediPIET II will remain a priority with a view to strengthening the capacities of the participating countries (i.e. EU pre-accession and ENP partner countries) in field epidemiology. However, anticipating the end of the second phase of this initiative in 2018, ECDC will investigate with the Commission and MediPIET partners possible solutions to maintain the activities initiated under this project beyond 2018. The continuation of these activities will be essential to ensure the sustainability of the results achieved.

Strategic objective 2	Indicator	Target 2020
Strengthening the capacities of ENP partner countries to respond effectively to threats related to communicable diseases and supported their progressive integration into ECDC activities	A. Number of ENP experts involved in ECDC activities	A. >300
	B. Number of ENP experts trained by ECDC	B. >150
	C. Number of ENP observers to ECDC network of National Focal Points	C. At least 4 by country
	D. Number of ENP partner countries with an average attendance rate to ECDC events higher than 75%	D. >10
	E. Number of ENP partner countries integrated into EPIS platforms	E. >10

### Strategic objective 3: strengthened collaboration with memorandum of understanding partners

By 2020, ECDC has strengthened its cooperation and developed a mutually beneficial partnership with major centres for disease prevention and control across the globe with formal bilateral agreements.

To support continuous improvement of threat detection and assessment through international cooperation, the International Relations Policy 2020 will prioritise streamlining our technical cooperation with the major non-EU/EEA communicable disease programmes that have formalised bilateral partnership with the Centre (e.g. US CDC, Public Health Agency of Canada, Centres for Disease Prevention and Control)

This objective will be achieved through a designated network of contact points in these organisations to coordinate, support, and promote the implementation of bilateral agreements. It will also support the identification of potential planned joint activities between ECDC and their respective organisations. This cooperation will aim at bringing added value to ECDC activities for the prevention and control of communicable diseases through strategic coordination, exchange of information and best practices, and joint activities on threats of common interest. This partnership will be monitored and evaluated in order to assess its added value and identify potential gaps in these agreements and to point out the need for new cooperation arrangements.

Apart from bilateral activities, ECDC will seek areas where joint actions, such as developing global/common benchmarking with these partners (and other relevant international organisations) would add value to the prevention and control of communicable diseases globally (e.g. common standards on the geographical classification of risks, whole genome sequencing, clinical breakpoints for bacteria).

In addition, depending on the level of pre-existing interaction with ECDC (e.g. existing joint activities, number of threats opened in the concerned countries, participation and/or integration in existing ECDC platforms), the expected added value to ECDC’s core mission, and EU external policies [3], ECDC will explore the possibility and potential benefit of initiating new administrative arrangements with other National Public Health Institutes and Centres for Disease Prevention and Control during the period. Along with the Africa CDC, possible candidates for further partnerships include India and Brazil (in particular for AMR and emerging vector borne diseases respectively).

Strategic objective 3	Indicator	Target 2020
Strengthened ECDC cooperation and mutually beneficial partnership with those major centres for CDCs across the globe with formal bilateral agreements with ECDC.	A. Proportion of partner CDCs for which focal points have been designated	A. 100%
	B. Proportion of partnership agreements for which evaluations are conducted	B. 75% of MoUs/partnerships evaluated
	C. Completion of an agreed list of joint activities established between ECDC and its MoU partners	C. Degree of completion of planned activities in annual Single Programming Document: 85% activities successfully implemented

## Strategic objective 4: Support to outbreak response in the field outside the EU

By 2020, ECDC is a close partner to the EU and major international outbreak response mechanisms with the capacity to mobilise EU expertise for the response in the field. This capacity relies on a strategic vision setting out the direction, scope, priorities, partnerships, and ways in which ECDC can support such activities.

The positive impact of ECDC's intervention in Guinea in 2014/2015 contributed to raising its profile among EU and international partners as a technical body with the capacity to mobilise highly qualified experts to support outbreak response activities in the field. Through its networks of EU/EEA Member State experts, ECDC fills a gap with its capacity to mobilise field epidemiologists beyond its core resources. As a result, ECDC might increasingly be requested to contribute to outbreak response initiatives outside the EU/EEA, notably following the launch of the European Medical Corps by the Commission.

For outbreaks occurring within the EU/EEA, the current EU legislation on cross-border health threats and ECDC internal processes already provide a framework for ECDC contribution to outbreak response. However, to build upon its successes and establish a sustainable capacity to support outbreak response in the field outside the EU/EEA, ECDC will develop a strategic vision formalising its approach to such activities in coordination with the Commission services, ECDC governing bodies, and key stakeholders. This strategy will set out the direction, scope, priorities, partnerships, mechanisms (e.g. European Medical Corps, WHO/GOARN) and ways in which ECDC could support outbreak response activities taking into consideration its mandate, resources and capacity to mobilise experts through its staff, Member State networks and ECDC Fellowship Programme. This would in turn be the basis for further developing ECDC capacity to contribute to the EU and major international outbreak response mechanisms in accordance with this strategy.

Strategic objective 4	Indicator	Target 2020
ECDC is a close partner to the EU and major international outbreak response mechanisms with the capacity to mobilise EU expertise to support outbreak response in the field	A. Adoption of a strategy on ECDC contribution to outbreak response in the field outside the EU/EEA	A. Strategy adopted and implemented

## Guiding principles

The implementation of these priorities and strategic objectives will rely on a set of coordination and partnership guiding principles across all ECDC international activities.

### Coordination with the EU Institutions and bodies

The first guiding principle common to all ECDC international activities is the coordination between ECDC and the competent EU Institutions and bodies.

As an EU Agency, the implementation of ECDC activities must be coordinated with the competent EU Institutions and bodies (e.g. European Commission and European External Action Service). Effective coordination on international matters between ECDC and those services will therefore be actively pursued throughout the four ECDC strategic objectives. This will be achieved through regular exchanges and communication procedures between ECDC and the Directorate-General for Health and Food Safety, and when necessary, interaction with other Commission services and EU bodies (e.g. the European External Action Service, EU Delegation). Additionally, ECDC will also continue providing technical assistance to the EU competent bodies and the Commission upon request, on the implementation of their current and potential future external policy priorities on health security, and the prevention and control of communicable diseases with third countries and multilateral bodies.

Finally, ECDC will seek to further develop and intensify the coordination of its activities with other EU agencies notably in the context of the informal network of EU agencies with Pre-Accession and European Neighbourhood Policy programmes. The objective of this network is to improve cooperation and develop synergies in matters of mutual interest, in particular through sharing experiences, lessons learned and good practices between network coordinators of the agencies. As part of this coordination, ECDC will explore when relevant possibilities for joint international cooperation actions with EU Agencies on issues of common interest (e.g. on antimicrobial resistance with the European Food Safety Authority and the European Medicines Agency).



## Partnership

As ECDC activities with its international partners can also contribute to the successful implementation of the International Health Regulations and the Sustainable Development Goals in non-EU countries, the Centre must also actively interact with competent international organisations such as WHO. In this context, ECDC will aim at strengthening its partnership with such organisations to mitigate risk of duplication, enable synergies and align our activities to increase their impact.

In accordance with the scope set by the Joint Declaration between the European Commission and WHO/Europe including its Roadmap for Collaboration on Health Security [6], ECDC will aim at continually strengthening its technical cooperation with WHO/Europe. With a view to achieving a coordinated and mutually beneficial cooperation, this strengthened cooperation will be implemented through the finalisation and implementation of the General principles of collaboration between ECDC and WHO/Europe and guidelines for implementing joint actions in the areas defined in the bilateral Administrative Arrangement. This document will aim at serving as a reference for the discussion and facilitating the monitoring of progress to take place yearly in the Joint Coordination Group. It will detail the proceedings for joint initiatives at operational level in surveillance, joint meetings, country visits/missions, and publications.

As ECDC work with ENP partner countries spreads out to three different WHO Regions we will explore possibilities to set up formal institutional channels to exchange information between different WHO Regional Offices.

Depending on opportunities and expected added value, ECDC will seek to establish partnerships with other stakeholders relevant to the prevention and control of communicable diseases and the implementation of ECDC's international strategic objectives. This includes for example the World Bank, the Global Fund to Fight AIDS, TB and Malaria, the Global Alliance for Vaccines and Immunization, and relevant UN agencies.

## Ad-hoc cooperation

Finally, with the objective to continuously enrich the knowledge base to combat communicable diseases and to establish the organisation as an authoritative reference point for reliable and timely evidence, assessment, and scientific advice on communicable diseases, ECDC will remain open to exchange and interactions with public health authorities from non-EU/EEA countries not covered by the afore mentioned strategic objectives.

This cooperation will be implemented on an ad-hoc basis depending on specific needs and after considering the cost-efficiency and added value of the proposed actions and opportunities for cooperation.

## Resources

The capacity of ECDC to implement international relations activities for 2017–2020 will depend on the level of EU financial assistance available to support the strategic objectives 1 and 2, as well as available internal and external human resources. An overview of the ECDC internal and external resources for international relation activities is available in Annex 1.

## Monitoring and ECDC international relations beyond 2020

The implementation of the ECDC International Relations Policy 2020 will be continuously monitored.

This monitoring should notably support the development of the ECDC International Relations Policy for 2021–2027 and future discussions on potential scenarios for the expansion and consolidation of ECDC capacity building activities with EU pre-accession and ENP partner countries. Potential scenarios to be considered includes the establishment of a sustainable, integrated core programme on communicable disease prevention and control in EU pre-accession and ENP partner countries. This ECDC regional programme on health security could build upon previous projects and initiatives (e.g. ECDC IPA and ENPI projects, MediPIET currently led by the consortium FIIAPP-ISCI, with the scientific leadership of ECDC) with a view to consolidate them into one single programme with three main pillars:

- Pillar I- Strengthening capacities in the areas of communicable disease surveillance, prevention, risk assessment, epidemic intelligence, outbreak detection, preparedness, and microbiology services supporting public health.
- Pillar II- Integration into ECDC networks and activities, including ECDC disease networks, National focal point networks, Epidemic Intelligence Information Systems, the European Surveillance System, ad hoc ECDC projects, and external quality assessment schemes.
- Pillar III – Field epidemiology training programme for target countries.

Such integration would generate synergies between ECDC activities with these countries, simplify coordination, and contribute to reaching a critical mass thereby increasing the efficiency of the initiative. By joining capacity building, integration to ECDC activities and networks, and training activities under a common umbrella would result in more effective:

- strengthening of prevention and control capacities against communicable disease threats in target countries
- support for the progressive integration of these countries into ECDC networks and activities
- support for the cross-border cooperation between EU Member States and concerned countries on threats of common interest (e.g. AMR) through exchange of information, best practices, and lessons learnt
- support for the approximation of EU standards and best practices.

The implementation of such integrated regional health security programme would require additional financial and human resources to ECDC. Depending on the outcomes of the 2021–2027 EU Multiannual Financial Framework negotiations, such integrated ECDC core programme could be implemented through additional human and financial resources from the EU external financial assistance or increased ECDC core budget.



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## Annex 1. ECDC International Relations: resources from 2014 to 2018

Overview of human and financial resources by main activities:

### Assessment of EU pre-accession countries' communicable disease surveillance and prevention systems

	2014	2015	2016	2017	2018
Total full-time equivalent (FTE) for this activity	1.51 FTE	1.68 FTE	1.65 FTE	1.51 FTE	1.51 FTE
Total operational ECDC core budget for this activity under Title 3	52 524 EUR	28 855 EUR	48 521 EUR	66 000 EUR	59 000 EUR
Total additional EU financial contribution	TAIEX support	TAIEX support	TAIEX support	TAIEX support	TAIEX support

### Preparing EU pre-accession countries for participation in ECDC systems and activities

	2014	2015	2016	2017	2018
Total FTE for this activity	0.66 FTE	1.58 FTE	1.55 FTE	1.26 FTE	1.17 FTE
Total operational ECDC core budget for this activity under Title 3	n/a	44 200 EUR	36 000 EUR	n/a	40 000 EUR
Total additional EU financial contribution (through IPA projects)	110 000 EUR	125 320 EUR	97 000 EUR	142 000 EUR	130 000 EUR

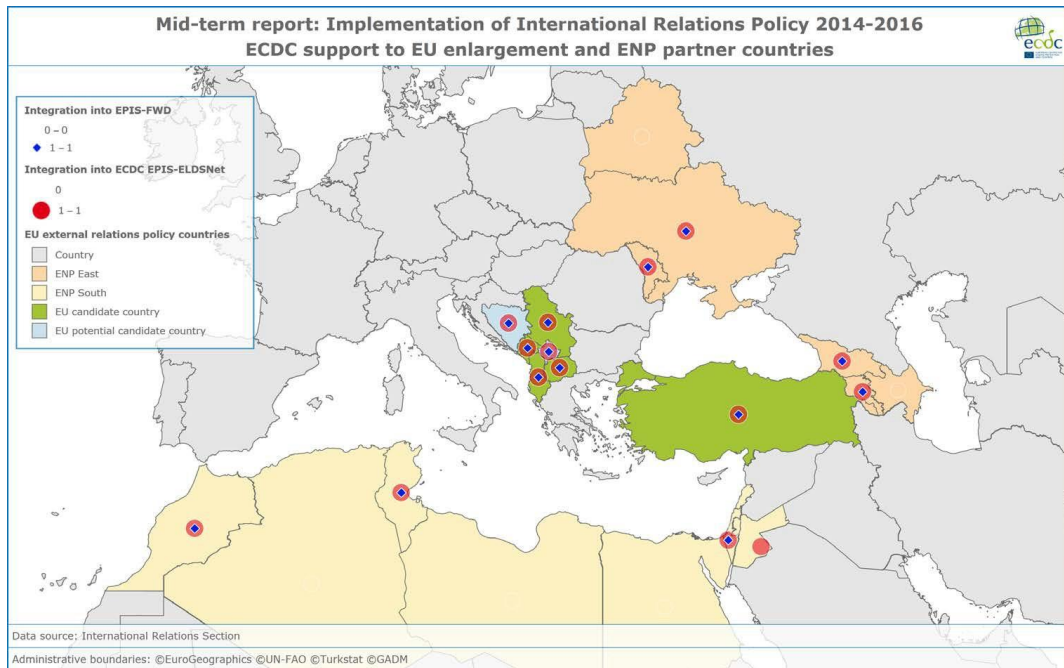
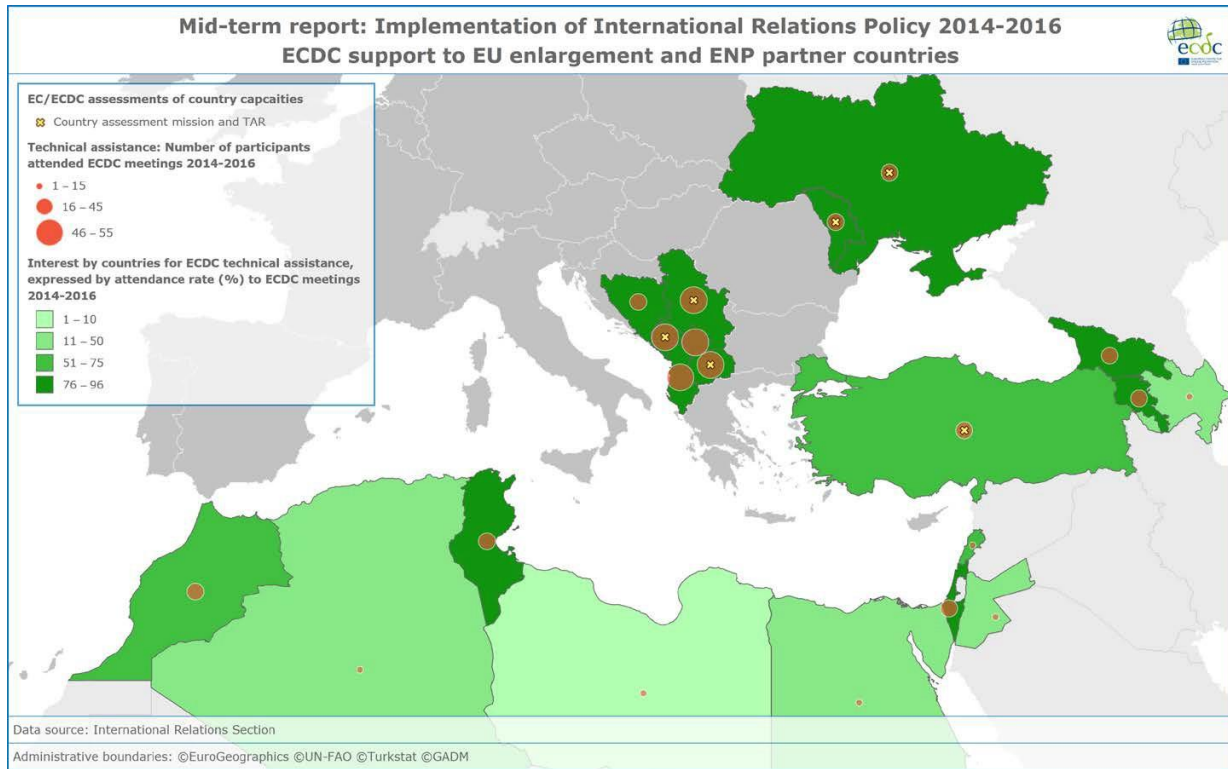
### Preparatory measures for participation of ENP partner countries in the work of ECDC

	2014	2015	2016	2017	2018
Total FTE for this activity	0.7 FTE	0.9 FTE	1.1 FTE	0.5 FTE	0.24 FTE
Total operational ECDC core budget for this activity under Title 3	n/a	n/a	12 072 EUR	21 500 EUR	n/a
Total additional EU financial contribution (through ENPI Grant)	90 363.65 EUR	124 698.04 EUR	141 046.24 EUR	n/a	n/a

### Support to scientific excellence of MediPIET

	2014	2015	2016	2017	2018
Total FTE for this activity	2.52 FTE	1.08 FTE	0.77 FTE	0.7 FTE	n/a
Total operational ECDC core budget for this activity under Title 3	n/a	n/a	n/a	n/a	n/a
Total additional EU financial contribution (through IcSP Grant)	136 000 EUR	n/a	n/a	n/a	n/a

# Annex 2. Implementation overview of International Relations Policy from 2014 to 2016 in EU pre-accession and ENP partner countries



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