

# Thirty-eighth Meeting

## Stockholm, 15-16 November 2016

### ECDC Communication Strategy

<b>Document number:</b> MB38/06	<b>Date:</b> 20 October 2016
<b>Summary:</b>	The new ECDC Communication Strategy outlines the vision and the objectives for ECDC communication until 2020.
<b>Action:</b>	Review and adopt the proposed strategy for ECDC communication until 2020.
<b>Background:</b>	<p>The previous ECDC Communication Strategy, adopted by the Management Board in October 2009, established principles for the development of communication activities for the period 2010–2013. Subsequently, the strategic multi-annual programme (SMAP) 2014–2020 further emphasised that the objectives of ECDC were to be a main source of authoritative and independent scientific information within the areas of its mandate, and to be a valued partner to Member States and the Commission in relation to outbreak/crisis communication and support and coordination. It also re-identified the four target groups that ECDC serves: health professionals, policymakers, the media and health communicators. The SMAP leaves out the general public as a primary audience of ECDC, but rather states that ECDC will support national authorities and other stakeholders in an effort to reach their citizens.</p> <p>The period of the last communication strategy up until present has been one of building trust and confidence in ECDC, our reputation, and our scientific outputs. Communication activities have mainly focused around ECDC publications and events. Furthermore, ECDC has increasingly been supporting risk and crisis communication capacities in the Member States, including as part of generic preparedness planning.</p> <p>Based on the second external evaluation of ECDC, during its Thirty-fifth Meeting, (16-17 June 2017), the Management Board concluded that:</p>

1. the first priority of the Centre should be to provide added value at the EU level; in particular, through disseminating its products to potential stakeholders and to inform policy decisions in the Member States;

2. the Centre should provide more analysis and interpretation of surveillance data and produce information and knowledge which the Member States and the Commission can use to inform policy and practice.

ECDC and the Commission should review the continuing coherence of the communication processes of the Centre and the Commission in the light of the 1082 Decision and the Member States' own national competency. Results of the 2015 and 2016 stakeholder surveys call for ECDC to ensure more proactive communication, and improved searchability and navigation on the website.

The Strategy was discussed in the ECDC Advisory Forum during its meeting on 13-14 September 2016. Apart from a comment on the ambition level of one of the indicators, the AF approved of the strategy with no further discussion.

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## Background

1. The previous ECDC Communication Strategy, adopted by the Management Board in October 2009 established principles for the development of communication activities for the period 2010–2013. Subsequently, the strategic multi-annual programme (SMAP) 2014–2020 further emphasised that the objectives of ECDC were to be a main source of authoritative and independent scientific information within the areas of its mandate, and to be a valued partner to Member States and the Commission in relation to outbreak/crisis communication and support and coordination. It also re-identified the four target groups that ECDC serves: health professionals, policymakers, media and health communicators. The SMAP leaves out the general public as a primary audience of ECDC, but rather states that ECDC will support national authorities and other stakeholders in efforts to reach their citizens.
2. The period of the last communication strategy and up to the present time has been a period of building trust and confidence in ECDC, our reputation, and our scientific outputs. Communication activities have mainly focused around ECDC publications and events. Furthermore, ECDC has increasingly been supporting risk and crisis communication capacities in the Member States, including as part of generic preparedness planning.
3. Based on the second external evaluation of ECDC, the MB in June 2015 concluded that:
  - the first priority of the Centre should be to provide added value at the EU level; in particular, through disseminating its products to potential stakeholders and to inform policy decisions in the Member States;
  - the Centre should provide more analysis and interpretation of surveillance data and produce information and knowledge which MS and the Commission can use to inform policy and practice;
  - ECDC and the Commission should review the continuing coherence of the communication processes of the Centre and the Commission in the light of the 1082 Decision and the Member States' own national competency. Results of 2015 and 2016 stakeholder surveys call for ECDC to ensure more proactive communication, and improved searchability and navigation on the website.

## Legal basis

4. According to Article 3 of the Founding Regulation (851/2004/EU), ECDC's mission is 'to identify, assess and communicate current and emerging threats to human health posed by infectious diseases.'
5. Further, Article 12 states that:
  - 'The Centre shall communicate on its own initiative in the fields within its mission, after having given prior information to the Member States and to the Commission. It shall ensure that the public and any interested parties are rapidly given objective, reliable and easily accessible information with regard to the results of its work.'
  - 'The Centre shall act in close collaboration with the Member States and the Commission to promote the necessary coherence in the risk communication process on health threats.'
  - 'The Centre shall cooperate as appropriate with the competent bodies in the Member States and other interested parties with regard to public information campaigns.'
6. Decision 1082/2013/EU on serious cross-border health threats substantially strengthens the coordination component in any serious cross border health threat. A response to an identified threat includes risk assessment and risk management aspects. ECDC's mandate covers risk assessment and communication, as well as support to Member States and the Commission in the risk communication process. With regards to the Commission's responsibility that ECDC supports, the Decision lays down the following: 'The coordination of the response within the HSC, assisted by relevant subgroups, should,

therefore, encompass rapid information exchange concerning communication messages and strategies and addressing communication challenges with a view to coordinating risk and crisis communication, based on robust and independent evaluation of public health risks, to be adapted to national needs and circumstances.'

## Vision

7. Based on the ECDC's **mission** to communicate current and emerging threats to human health posed by infectious diseases, ECDC has the following **vision** for its communication activities:
8. ECDC will be a trusted partner in communicable disease prevention and control that communicates scientific and technical information that has an impact at the European level, collaborates with European networks and supports communication capacity across Europe. This work will be done in close partnership with the Member States, the Commission and other stakeholders.

## Strategic objectives to arrive at the vision

9. (i.) By proactively assessing the needs of its target audiences, ensure that ECDC scientific and technical outputs are timely, easily available, impactful, reusable and adjusted to the needs of our target audiences.
10. (ii.) Consolidate the reputation of ECDC as an independent, transparent agency that produces and disseminates high quality scientific content.
11. (iii.) Support sharing of knowledge, information and analysis among stakeholders, with a focus on strengthening communication capacity and preparedness in EU Member States.

## Role of ECDC in the European communication landscape

12. ECDC, as the main European agency for risk assessment in the area of communicable diseases affecting humans, has an important role in ensuring that health professionals and policymakers across Europe act on the basis of the best available information and evidence. This information may be generated by ECDC and its networks as well as by partners in the countries including academia.
13. ECDC-generated content is disseminated through an array of communication channels and in close partnership with communication experts across Europe. Content from other parties may be disseminated through communities of practice supported by ECDC.
14. Risk communication is considered an essential part of risk management, and is thus the prime responsibility of the Member States and the Commission. To support this, the role of ECDC is to facilitate identification of shared priorities, provide data and analysis, and share best practice with risk communicators in the countries, for example, by supporting the European Antibiotic Awareness Day. ECDC works closely with its counterparts in the Commission to ensure consistency, synergy and alignment with the Commission's activities and priorities in the health area (currently, crisis preparedness and antimicrobial resistance), and supports the Commission in its coordinating role in the context of serious cross-border health threats.
15. ECDC also has an important role in supporting Member States to build and reinforce their risk communication capacities as part of their generic national preparedness planning.

## Target audiences

16. As identified in the SMAP, and based on previous research and audience segmentation, the Centre will tailor its communication to a number of target audiences.
17. **Health professionals:** One of the most important target audiences for ECDC is health professionals working in the area of communicable diseases and public health. ECDC defines this target audience as those who spend a substantial part of their daily duties working to prevent or control communicable diseases at a population/group level. This group should benefit directly from the scientific and technical outputs ECDC produces as well as being in a position to disseminate them further. This group can include: healthcare workers, epidemiologists, public health microbiologists, GPs and other similar professions.

18. **Policymakers:** A policymaker in the area of communicable diseases is a person with the power to influence or determine public health policies and practices in the area of communicable disease prevention and control. This can include politicians, civil servants and some public health professionals. Most of the policymakers ECDC would address are those in the EU institutions, national ministries of health, national public health institutes and other health authorities. This strategy aims to place more focus on this group and produce content that is useful for them in a format that is easily usable.
19. **Health communicators:** Public health communicators are those engaged in public health campaign work and those working towards behavioural change. This group also includes non-governmental organisations working in public health.
20. **The media:** The media includes traditional journalists/editors and specialised journalists working for the mainstream media as well as scientific journals. This group also includes bloggers and influential actors on social media. The media is an important target audience for raising awareness of the areas and subjects ECDC works with, promoting ECDC's reputation and profile as well as acting as a vehicle for disseminating information to our other target audiences. The role of media cannot be underestimated especially in crisis, when ECDC should be able to capitalise on excellent **media relations and trust established during 'peacetime'**.
21. The general population in EU Member States is not a direct target audience for ECDC in its communication activities, however, transparency and an obligation to make its information public remain important goals in everything that ECDC does, and is a requirement in the Centre's founding Regulation.

## Stakeholders

22. ECDC will also identify and engage with stakeholders to understand their needs and specifics, and to enable them to become multipliers and ambassadors of ECDC messages.
23. Mapping, engaging with and mobilising stakeholders whose interests intersect with ECDC spheres of activity is essential for ECDC to be able to reach specific segments of its target audiences and enable them to act as multipliers and ambassadors of ECDC messages and content. Engaging directly with stakeholders will be another important vehicle to ensure that ECDC meets its communication objectives.
24. A core stakeholder group to engage and mobilise are ECDC national focal points in the Member States within the overall ECDC Coordinating Competent Bodies (CCBs) structure. In the area of communication, this is the network of National Focal Points for Communication that consists of nominated members and alternate members from all Member States and EEA countries working in the area of public health communication and that collaborates closely with ECDC to exchange information, advise on priorities and provide feedback on plans and outputs.
25. Other important actors on national, supra-national and international arena include the Commission, other European institutions and agencies, the WHO, professional associations and NGOs.

## Meeting new challenges

26. In order to meet the expectations of its stakeholders, and to add value in the modern communication landscape, ECDC will produce information that is impactful and can be re-used and shared easily.
27. In order to maximise its impact, ECDC will focus its communication efforts on prioritised public health issues in developing and disseminating its messages and content. ECDC will continue to communicate around the whole range of ECDC content and will put an emphasis on outputs at the core of ECDC work, such as surveillance, risk assessment and scientific advice.
28. The dissemination of ECDC content will be integrated and comprehensive, reaching out through a range of communication channels including social media, providing content that is adapted and appropriate in each of the channels and enabling further adaptation and reuse.

29. Recognising the great diversity across Europe and the different needs of our target audiences within Member States, we will tailor our communication work to meet these specific needs. In line with ECDC's country support strategy, we will work with our country counterparts to foster and develop risk communication capacities in Member States.

30. To be able to better target our communication and outputs, we will invest in stakeholder mapping and acquiring a greater understanding of our audiences with the aim of producing more useful content for them in the future. To this goal, we will also employ the power of communities of practice, engaging with them and using them as ambassadors to amplify the impact of ECDC content.

31. In order to implement the knowledge gained through evaluation and stakeholder engagement, communications expertise will always be involved from the beginning of the content creation process within ECDC.

## **Guiding principles**

32. To support reaching its objectives, all ECDC communication work will be underpinned by a number of guiding principles.

### ***Prioritisation***

33. ECDC will invest its communication resources strategically to support a limited number of public health priorities that are of key importance to its stakeholders and where ECDC can make the strongest impact and contribute significant added value.

### ***Partnership***

34. ECDC will work in close cooperation, seeking synergies and aligning plans and priorities with its stakeholders: first and foremost, the Member States, through the National Focal Points for Communication, and the Commission, through contact points in DG Santé Communication Unit and C3. Regular and mutual coordination of plans and activities will help identify synergies and avoid overlaps across European level communication networks.

### ***Efficiency***

35. ECDC will rigorously and regularly assess its communication activities to ensure they deliver the required results to justify the financial and resource input.

### ***Evaluation***

36. All communication activities will have clear objectives and will be measured against them. Routine activities will be periodically reviewed to ensure they continue to meet expectations.

### ***Translation***

37. Due to the high cost of translation, ECDC will continue to provide content targeted at the expert community in English only. However, it must be acknowledged that providing content in only one language limits the ability of the message to reach the intended audience, including members of the public health community. Therefore, we will actively encourage and facilitate translation by national authorities, and closely follow the advancement of machine translations to see where such features could fit the needs of ECDC.

38. Decisions on translating documents that are targeted at less technical audiences, for example, policymakers, will generally be made in consultation with the Member States, via their National Focal Points (NFPs) for communication, considering the public health relevance in each target language and weighting it against the cost implications.

39. Although directly targeting the European public is mainly the responsibility of the Member States, there is nevertheless a basic obligation to provide public information and the EU's policy on multilingualism needs to be respected. Thus a limited set of key information for the public will be provided in all official languages, within available budget.

### **Reuse**

40. To facilitate adaptation, translation and re-use of ECDC communication material, outputs will be increasingly available in a variety of open formats, allowing the user to re-package data or other content to suit their needs.

41. ECDC will also engage further with other platforms such as the EU Open Data Portal to make European public health data available to a wider audience and facilitate re-use.

42. In line with the EU's policy on re-use of public sector information, ECDC will ensure that as much material as possible is free of any copyright restrictions, including for commercial use.

### **Strategic objective 1: By proactively assessing the needs of its target audiences, ensure that ECDC scientific and technical outputs are timely, easily available, impactful, reusable and adjusted to the needs of our target audiences**

43. The new ECDC website will be more focussed on the needs of the users ('user-centric') and adaptable to technological developments and trends. It will be easily searchable and will enable us to fully support audio-visual content, from maps, infographics and data visualisations to contemporary video and audio formats. ECDC will move to generating more web-based content that is appropriate for, and easily used by, the media, and media outreach and social media outreach will be integrated.

44. Up to the present time we have focused mostly on communicating around ECDC publications, but in the future we will diversify the focus of our communication outreach to include all outputs from the Centre. We will redefine the understanding of what is an ECDC output to include a broad range of items with communication value, including, among others, the following: peer-reviewed articles with substantive ECDC authorship, surveillance data, rapid risk assessments, scientific advice and other technical reports, outbreak information, tools and training materials, conference presentations and participation in events.

45. We will ensure timeliness of ECDC output in a multitude of ways, by simplifying the formats, releasing data before its extended analysis, and improving planning.

46. We will measure the impact of ECDC outputs through an integrated approach to monitoring and analysing communication metrics. In key areas of ECDC work, special attention will be given to analysing the impact on policies in Member States or the European level.

47. We will add value to scientific content produced by ECDC by making it more usable for our target audiences. Some content will be specifically produced for a less technical audience (e.g. policymakers) and different publication formats will be developed to support this.

48. We will produce adaptable content and provide advice to the Member States in their efforts to adapt our content to their needs.

### **Strategic objective 2: Consolidate the reputation of ECDC as an independent, transparent agency that produces and disseminates high quality scientific content**

49. In order to consolidate the reputation ECDC already enjoys as a Centre producing high quality scientific content, we will work to increase the visibility of ECDC's scientific content in the public health world. This will include all valuable content produced by ECDC experts, irrespective if published in an ECDC report, in a scientific journal or in conference proceedings.

50. Recognising that ECDC's core audience are public health professionals who to a large extent use peer-reviewed journals and scientific conferences to keep up to date with developments in the field, we will communicate on relevant articles published by ECDC experts in journals and on key conference presentations. To this end, we will work to understand how to best engage with journals to maximise visibility. We will also strive to improve the visibility of ECDC reports in bibliographic databases and searches.
51. ECDC will continue to publish and promote *Eurosurveillance*, its editorially independent peer-reviewed journal devoted to epidemiology, surveillance, prevention and control of communicable diseases, with a focus on topics of relevance to Europe.
52. ECDC will continue its strong corporate branding as "One ECDC" that will help to convey its corporate identity, and will apply it consistently in all its communications. ECDC will continue to support a limited set of sub-brands: its annual scientific conference on Applied Infectious Disease Epidemiology ESCAIDE, its editorially independent scientific journal *Eurosurveillance*, the European Antibiotic Awareness Day campaign support platform and materials, and the ECDC Fellowship Programme [pending decision on name].
53. ECDC Director and Chief Scientist, supported by Heads of Disease Programmes and other senior experts, will continue to play an important role in reinforcing ECDC messages and public image. They will be given adequate support and training by communication staff.
54. ECDC will define clear rules of engaging in joint and supportive activities with stakeholders and partners in ways that respect its independence and strengthen its scientific reputation. This will include use of logos, joint press releases, exchange of quotes and other communication activities.
55. ECDC will continue to contribute to the ongoing public health debate with our scientific expertise and within our mandate, providing context and content on European issues from a European public health perspective. This will range from providing ECDC comments in our own channels on relevant developments in public health, to preparation of articles and editorials for scientific journals and active participation in scientific conferences.
56. In the context of serious cross border threats to health, ECDC will on request provide technical support to the Communicators' network under the Health Security Committee as well as provide direct scientific support to the European Commission's efforts in crisis communication.

### **Strategic objective 3: Support sharing of knowledge, data and analysis among stakeholders with a focus on strengthening communication capacity and preparedness in EU Member States**

57. ECDC is a central part of a vast European network of technical and scientific experts across Europe. This puts ECDC stakeholders in a position to benefit from science and information produced both by ECDC and its partners across Europe.
58. Stakeholder mapping and engagement will help us to better understand where our target audiences get their information and what information they need. This will not only allow us to more effectively target our work and produce more relevant outputs, but will also put us in a position to network and support sharing of knowledge, data and analysis among stakeholders. Communication expertise will be incorporated from the start of the content creation process in ECDC through sharing knowledge gained from mapping, monitoring and evaluation with other sections.
59. Under clear rules of engagement, ECDC will provide its support and engage in joint activities and outputs to mobilise relevant stakeholders to effectively and efficiently disseminate its messages and content to target audiences, essentially converting them into ECDC ambassadors.
60. An efficient way of collaborating on equal terms is through 'communities of practice', where public health experts across the areas of ECDC work engage in discussions and share relevant data, information and experience. ECDC has an important role to play in supporting such communities, e.g. through providing necessary technical platforms for information exchange, as well as leading and fostering debate and exchange among members of these communities.

61. In line with ECDC strategy on country support, ECDC will engage with EU Member States to identify and respond to their diverse needs with a view to strengthening their risk and crisis communication capacity, in the context of national preparedness planning. ECDC will continue to support the Member States by providing training in the broad area of risk and crisis communication, as well as facilitate networking and sharing of knowledge and information on best practice amongst the NFPs for Communication within the overall ECDC Coordinating Competent Bodies (CCBs) structure.

62. To support the structures and mechanisms for coordination under the legal framework of Decision 1082/2013/EU on serious cross border threats to health, ECDC will actively participate in the Communicators' network set up under the Health Security Committee, and will contribute its communication and capacity building expertise and outputs in close coordination with the respective counterparts in the Commission and the Communicators' network. ECDC will utilise its unique position and will work together with the Commission and other stakeholders to ensure alignment and synergy across communication-related networks in the area of public health in Europe.

## Implementation

63. After approval of the Management Board of this strategy, ECDC will work closely with the CCBs and other stakeholders in the technical and operational implementation of the strategy.

64. ECDC will annually report on the progress within the framework of the Director's Annual Activity Report.

65. A continued focus will be placed on developing and disseminating strong and impactful messages supported by ECDC data and publications in a way that highlights data visualisation, and on producing data and reports that can be re-used, and are user-friendly.

66. With a new focus on diversifying the outputs and including a broader range of outputs in the range we publicise, there will be a need for even closer collaboration between ECDC communication experts and the disease programmes and public health experts within the Centre.

67. ECDC will revise the annual planning process where outputs are prioritised for communication support, to be able to focus efforts on a limited number of priority areas identified for the Centre, while continuing to provide routine support to other outputs and areas. This yearly exercise will draw on priorities provided by the Management Board, the Commission, the NFPs for Communication and other stakeholders. This plan will be flexible enough to accommodate unforeseen priorities that occur during the year. The yearly plan will be endorsed by the Director and the Centre's senior management team and will be communicated to the Commission, NFPs for Communication and other stakeholders.

68. In order to make sure that ECDC outputs become publicly available in a timely manner and are published at a time which achieves the greatest impact, ECDC communication experts will work more closely with the disease programmes and other sections to build on the experience gained in the last few years to achieve better timeliness of outputs.

69. In order to deliver content that is relevant ECDC will rely on gaining a better understanding of the needs of our target audiences through stakeholder mapping. This will be done through existing channels already used within ECDC, in close cooperation with all ECDC work on stakeholder engagement and where appropriate initiated by ECDC communication experts.

70. To be able to engage with stakeholders in a way that respects ECDC's independence and strengthens its scientific reputation, ECDC communication staff will work across the Centre to define clear rules on stakeholder engagement as concerns external communication.

71. Communication staff will be involved more systematically from the very beginning of the content creation process at ECDC, to feed back the knowledge gained in monitoring, evaluation and engagement activities. We will also take the lead role in producing content which is targeted to a less technical audience, including material targeted at policymakers.

72. In order to communicate more effectively about articles published in peer-reviewed journals ECDC communication experts will build up its links with journals and work more closely with the Chief Scientist.

73. Implementing our support to the CCBs and the Commission will be done through the continued sharing, coordinating and support of the relevant European based networks.

74. Once approved, this strategy will be followed up with a detailed implementation plan, annual communication plans as well as regular reviews and evaluations.

## Monitoring and evaluation

75. Regular and focused monitoring and evaluation of our work will provide the foundation of how we implement and develop the strategy in future. Building on this comprehensive approach, key performance indicators for each objective which will be continuously measured and reported.

**Strategic Objective 1: By pro-actively gathering the needs of its target audiences, ensure that ECDC scientific and technical outputs are timely, easily available, impactful, reusable and adjusted to the needs of our target audiences**

Indicator	Target (measurable)	Verification
Reach of ECDC web portal and social media channels ('owned' media) <ul style="list-style-type: none"> <li>Annual increase of page views on ECDC web portal</li> <li>Annual increase of followers on Twitter</li> </ul>	<ul style="list-style-type: none"> <li>by 5 % on average (baseline 2015)</li> <li>by 10% on average (baseline 2015)</li> </ul>	Web and social media metrics
Perception of ECDC outputs <ul style="list-style-type: none"> <li>Perception of timeliness, usability and usefulness of ECDC outputs</li> </ul>	<ul style="list-style-type: none"> <li>Favourable perception of at least 75% of respondents</li> </ul>	Perception study Web and social media metrics
Reuse of ECDC content <ul style="list-style-type: none"> <li>Number of countries reusing or adapting ECDC content on national level (selected list of priority outputs as survey sample)</li> </ul>	<ul style="list-style-type: none"> <li>At least 1/3 of EU/EEA countries re-using or adapting at least 1/3 of outputs from the sample</li> </ul>	EAAD evaluation questionnaire Feedback from NFPs for Communication

## Strategic Objective 2: Consolidate the reputation of ECDC as an independent, transparent agency that produces and disseminates high quality scientific content

Indicator	Target (measurable)	Verification
Reach of ECDC in media in the EU ('earned' media) <ul style="list-style-type: none"> <li>Annual increase of media articles referencing ECDC and its experts</li> </ul>	<ul style="list-style-type: none"> <li>by 5% on average (baseline 2015)</li> </ul>	Media monitoring Social media monitoring
Ranking and impact of <i>Eurosurveillance</i>	<ul style="list-style-type: none"> <li>Ranking in the best quartile in its category of scientific journals</li> <li>Impact factor above 2</li> </ul>	SCImago journal rank ( <a href="http://www.scimagojr.com/">http://www.scimagojr.com/</a> ) Journal Citation Reports, Thomson Reuters
Reach of ECDC contribution to scientific debate <ul style="list-style-type: none"> <li>Number of articles by ECDC experts in scientific journals</li> <li>Number of abstract submissions to ESCAIDE conference</li> </ul>	<ul style="list-style-type: none"> <li>at least 70 articles per year</li> <li>at least 300 submissions</li> </ul>	List of peer-reviewed articles by ECDC experts ESCAIDE statistics
Perception of ECDC contribution to scientific debate among stakeholders <ul style="list-style-type: none"> <li>Number of citations per article by ECDC experts in scientific journals</li> <li>Perception of scientific quality of ESCAIDE conference</li> </ul>	<ul style="list-style-type: none"> <li>At least 15 citations on average per article</li> <li>Favourable perception of at least 75% of respondents</li> </ul>	Report by ECDC Library on peer-reviewed articles by ECDC experts ESCAIDE survey

**Strategic Objective 3: Support sharing of knowledge, data and analysis among stakeholders with a focus on strengthening communication capacity and preparedness in EU Member States**

Indicator	Target (measurable)	Verification
<p>Reach of communication capacity support activities</p> <ul style="list-style-type: none"> <li>• Number of ECDC materials, workshops, meetings and training activities in the area of risk and crisis communication</li> <li>• Provision of Lines to take (LTTs) documents for handling media queries in public health crisis, for information to Member States and the Commission</li> <li>• Inclusion of communication component in ECDC simulation exercises and country visits</li> </ul>	<ul style="list-style-type: none"> <li>• At least 3 activities every year</li> <li>• 100% of Lines To Take (LTTs) shared with Member States and the Commission</li> <li>• Communication component included in 90% of exercises and country visits</li> </ul>	<p>Annual review of communication activities</p> <p>LTTs Log</p>
<p>Perception of risk and crisis communication support</p> <ul style="list-style-type: none"> <li>• Awareness and perception of ECDC materials, workshops, meetings and training activities in risk and crisis communication</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness and favourable perception from at least 75% of respondents</li> </ul>	<p>EAAD evaluation</p> <p>Feedback from NFPs for Communication</p> <p>Participants' surveys</p>
<p>Coordination of communication activities with the Member States and the Commission</p> <ul style="list-style-type: none"> <li>• Information on prioritised communication activities shared with the Member States and the Commission</li> <li>• Regular exchanges with the Commission counterparts</li> </ul>	<ul style="list-style-type: none"> <li>• Information on 100% of prioritised communication activities shared in advance</li> <li>• At least 4 communication coordination meetings or telephone conferences held with the Commission counterparts</li> </ul>	<p>Annual Communication Plan</p> <p>Annual review of communication activities</p>