



ECDC Advisory Forum

**Minutes of the Fifty-second meeting of the Advisory Forum  
Stockholm, 20-21 February 2017**

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## **Opening and adoption of the programme (noting the Declarations of Interest and Specific Declarations of Interest, if any) (Document AF52/01)**

1. The meeting was opened by Andrea Ammon, Director, ECDC, who welcomed the participants and highlighted that this would be the last Advisory Forum meeting in the current premises. She also informed colleagues that the meeting would be live-streamed.
2. Mike Catchpole, Chief Scientist, ECDC, welcomed the AF members and other participants, in particular, Frank Van Loock from DG SANTE, Dorit Nitzan from WHO, John Watson as invited expert from the UK while he is being formally appointed as UK Alternate. Apologies had been received from Cyprus, France, Hungary, Lithuania, Turkey and Aura Timen, European Public Health Association (EUPHA).
3. No declarations of conflict of interest were made.
4. Kevin Kelleher, AF Member, Ireland, requested a discussion on Brexit in the May Advisory Forum meeting.
5. Andrea Ammon, ECDC Director, said that there will shortly be a meeting with the Commission and EU Agencies to get further details on Brexit.
6. The draft programme was approved without changes.

## **Adoption of the draft minutes of the 51<sup>st</sup> meeting of the Advisory Forum (12 December 2017) (Document AF52/02)**

7. Osamah Hamouda, AF Member, Germany, pointed out that his name was missing from the list of attendees in the Annex to the minutes of the previous meeting.
8. The draft minutes were adopted without further amendments.

## **Update from ECDC on the main activities since the last Advisory Forum (Document AF52/03)**

9. Andrea Ammon, ECDC Director, gave a brief update of the main activities since the last Advisory Forum meeting.<sup>1</sup>
10. Carlos Matias Dias, AF Member, Portugal, requested further details on the visit to ECDC from the Director of the Africa CDC.
11. Andrea Ammon clarified that the Africa CDC were interested in ECDC's experience working as a supranational organisation and also its experience of working with WHO regions. Other topics of interest for the Africa CDC were microbiology, the EU LabCap, as well as ECDC's work with epidemic intelligence and rapid risk assessments.
12. Frode Forland, AF Member, Norway, said he supported ECDC meeting Africa CDC for common preparedness.
13. John Watson, Invited expert UK, asked about UK involvement in the EPIET/EUPHEM training programmes before Brexit. He wanted to confirm that until Brexit takes effect, the UK is still a fully participating member in the programmes.
14. Andrea Ammon responded that for the 2018 cohort, ECDC has suspended/put on hold the participation of the UK in hosting EU fellows because of the uncertainty of what will happen over the coming years. Instead it is foreseen to increase the participation of the UK Member State track.
15. Agoritsa Baka, AF Member, Greece, said that EUPHEM has offered a lot to Member States and it looks like it is approaching a critical point for the programme so she was pleased to see efforts were made to enhance the functioning of the programme.

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<sup>1</sup> Update on ECDC activities (A Ammon)

## ECDC Surveillance and Response - Epidemic Intelligence update

16. Josep Jansa, Acting Deputy Head of the Surveillance and Response Support Unit, ECDC, gave a short update on seasonal influenza in Europe, influenza A(H7N9) in China, Listeria and *Salmonella* Agona.<sup>2</sup>

17. Anders Tegnell, AF Member, Sweden, inquired about the experiences in other Member States of the collaboration with food authorities during health outbreaks.

18. Tyra Grove Krause, AF Member, Denmark, said that Denmark has used whole genome sequencing (WGS) on isolates from both listeria cases and food items for several years and detects an increasing number of clusters. It is a challenge to define the clusters both in terms of the relatedness of isolates but also in terms of definition of time periods between cases in a cluster. Denmark has experienced Denmark has had the same challenges with the food authorities. However, the food authorities are now listening more to epidemiological evidence. Denmark recently had a Hepatitis A outbreak and the food authority withdrew the item from the market very quickly mainly based on epidemiological evidence.

19. Fernando Simón Soria, AF Member, Spain, stressed the need to decide when it is really useful to use WGS. He also echoed the sentiment that collaboration with the food authorities in the country can sometimes be challenging.

20. There was some discussion on the flu vaccine including how ECDC could support countries. Mike Catchpole mentioned that ECDC produced an expert opinion on antivirals last year and encouraged Member States to look at it.

## Mid-term review of the long-term Surveillance Strategy 2014-2020

21. Bruno Ciancio, ECDC, gave a presentation on the review of the long-term surveillance strategy 2014-2020.<sup>3</sup>

22. Anders Tegnell, AF Member, Sweden, asked whether ECDC could develop clear guidelines on when to include new diseases in TESSy, and a clearer process of when to take diseases out of the system. He also said that it should be clear what the EU-added value is in the strategy.

23. Herman van Oyen, AF Member, Belgium, said that one of the main problems in European surveillance is that it deals with different systems and non-comparable data. Machine to machine data collection doesn't change the quality of the data. The reflection on the quality of data is missing from the document. He welcomed point 11 where the focus is on behavioural aspects as the socio-economic position is also important. It is important to deal with clinical aspects, lab aspects and epi aspects, and bring these three together in a stronger way.

24. Agoritsa Baka, AF Member, Greece, said that dropping all the points of risk management means one of the most important targets of surveillance (to further policies and make decisions) is missed. It needs to be ensured that the data is being used.

25. Frode Forland, AF Member, Norway, agreed with most of the changes in the document. He noted, however, that there are serious budget cuts in Norway, which will affect the way the country reports to TESSy. Also, some of the surveillance reports have old data and more recent data would be appreciated.

26. Aleksandar Šimunović, AF Member, Croatia, asked if ECDC is ready to simplify the surveillance system and everything that entails.

27. Frank Van Loock, European Commission, noted a worrying decrease in reporting surveillance data to TESSy. The balance between what is needed and what Member States can provide should be set. He stressed that there is an obligation for Member States to provide data to ECDC.

28. Osamah Hamouda, AF Member, Germany, agreed with most of the suggested changes. He recommended focusing on the integrative part of surveillance (joining together epi, lab and clinical aspects) and not letting the enthusiasm for new methods make us lose focus.

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<sup>2</sup> Epidemic Intelligence (J Jansa)

<sup>3</sup> Mid-term review of long-term surveillance strategy 2018-2022 (M Struelens)

29. Mika Salminen, AF Member, Finland, said that changes in technology should be embraced while keeping the focus on why we are doing the work.
30. Jan Kynčl, AF Member, Czech Republic, said that surveillance is essential and added that a simplification of reporting would be welcome.
31. Bruno Ciancio, ECDC, responded that ECDC will take into account the comments made by AF members.

## Evaluations of EU/EEA public health surveillance systems (EPHESUS)

### *a) Evaluation of EU/EEA Surveillance of AMR*

32. Ole Heuer, Senior Expert Surveillance, Surveillance and Response Support Unit, ECDC, gave a short presentation on the evaluation of EU/EEA Surveillance of Antimicrobial Resistance (EARS-Net).<sup>4</sup>
33. Kevin Kelleher, AF Member, Ireland, said it wasn't clear if this was review of the system or the programme and he said that the impact on Member States of changes is one of the big problems we face.
34. Jaap van Dissel, AF Member, Netherlands, endorsed the evaluation. However, it is indicated that ECDC is increasing the number of variables while in the Netherlands efforts are made to decrease the number.
35. Mika Salminen, AF Member, Finland, endorsed the report.
36. John Watson, Invited Expert UK, said that the UK is reporting to the WHO Global Antimicrobial Resistance Surveillance System (GLASS) system and wondered if there was a possibility to do joint reporting.
37. Anders Tegnell, AF Member, Sweden, said that the report is excellent and EARS-net has been useful in raising awareness of the issues. However, the fact that there is a separate collection system for EARS-Net is problematic.
38. Frank van Loock, European Commission, endorsed the report and called for alignment with WHO GLASS as much as possible.
39. Dominique Monnet, Head of Disease Programme Antimicrobial Resistance, Office of the Chief Scientist, ECDC, said that ECDC is very happy about the link with WHO and discussions are ongoing on how to improve this collaboration.

### *b) Evaluation of EU/EEA Surveillance of HAI*

40. Carl Suetens gave a short presentation on the Evaluation of EU/EEA surveillance of Healthcare Associated Infections (HAI-Net).<sup>5</sup>
41. Jaap van Dissel endorsed the evaluation. He said that, in the Netherlands, the system is collapsing under the weight of details. There is an increase in process indicators which is of use to the inspectorate but has no role in public health surveillance so a simplification of the system would be welcome.
42. Kevin Kelleher said that if the EU thinks this is a major priority it needs to look at resources. This is quite an imposition on Europe but given the fact that this is the single biggest patient safety issue he fully supports ECDC's work in this area. However it is challenging to get healthcare professionals on the ground to participate.
43. Guðrún Sigmundsdóttir, AF Member, Iceland, said that for the smaller countries it is impossible to participate in the surveillance because of the complexity and workload needed to collect all this data.

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<sup>4</sup> EPHESUS: Evaluation of EU/EEA Surveillance of Antimicrobial Resistance (EARS-Net) (O Heuer)

<sup>5</sup> EPHESUS: Evaluation of EU/EEA Surveillance of Healthcare Associated Infections (C Suetens)

44. Frode Forland, AF Member, Norway, pointed out that standardised definitions are essential for surveillance.
45. Anders Tegnell, AF Member, Sweden, said that this is one of the most resource consuming activities and, at the moment, the results do not justify the efforts. There is a need for a discussion on how things can be done in a simpler way with less resources.
46. Aleksandar Šimunović, AF Member, Croatia, asked whether there will be a pilot project on PPS.
47. Tyra Grove Krause mentioned that, in Denmark, a real time electronic surveillance system for HAI has been set up. The case definitions used for register linkage are very different from the clinical definitions used in this network. We should have some alignment of the definitions.
48. Fernando Simón Soria, AF Member, Spain, said it is difficult to compare data between countries. Focus should be put on HAI and AMR together.
49. Herman van Oyen, AF Member, Belgium, said that there are two systems and the definitions are not always the same. Member States do not follow the definitions that are given so there is a need to upgrade them and to make the systems more efficient.
50. Carl Suetens responded that ECDC is aware of the workload for Member States. ECDC will come back with some reflections on how the results of the evaluation can be used.

## Virtual country visit to Finland

51. Mika Salminen, AF Member, Finland, gave a short presentation on 'A Health and Social Care System in change'<sup>6</sup>.

## Vaccine Preventable Diseases Programme Update: towards measles elimination

52. Tarik Derrough, Senior Expert Vaccine-Preventable Diseases and current Acting Head of Vaccine-Preventable Disease Programme, Emmanuel Robesyn, Expert Outbreak Response and Helen Johnson, Expert Mathematical modelling gave a short presentation on measles in the EU, including the latest epidemiological update and approaches to modeling, in order to discuss how ECDC could be of added value to activities ongoing in Member States.<sup>7</sup>
53. Osamah Hamouda, AF Member, Germany, said that the modelling presentation does not take into account different strains for measles. He was also interested in finding out more information on the social media monitoring project.
54. Agoritsa Baka, AF Member Greece, noted that her institute is always short of communication material such as videos so if ECDC could produce something on measles that would be useful. Infographics are also useful.
55. Jurjis Perevoščikovs, AF Member, Latvia, said the reporting of coverage data to WHO is confusing and current outbreaks have cases among adults, yet vaccination is not free for adults so it is difficult to recommend vaccination to this group. He asked what ECDC recommends regarding adult vaccination?
56. Tyra Grove Krause reported that Denmark had just decided to introduce free MMR vaccine to adults in Denmark. She said the modelling work was interesting in that respect and the conclusions it can deliver.
57. Dorit Nitzan, WHO/Europe, stressed the need to look at the first and second doses of the vaccination. WHO is looking at the household level and not just the vaccination status of the children. The Roma community also needs special attention in many countries.
58. Kevin Kelleher, AF Member, Ireland, said the issue about uptake is important. Ireland has struggled to get to 95% coverage for both doses. Ireland has 10-40% of population that are not covered (big cohort of people). It has to be ensured that Health Care Workers (HCWs) are vaccinated and, currently, knowledge of HCWs about measles is sub-optimal as well as the ability to recognise measles.

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<sup>6</sup> A Health and Social Care System in change (M Salminen)

<sup>7</sup> Measles in the EU/EEA (T Derrough)

59. Fernando Simón Soria, AF Member, Spain, said that adult vaccination is the key. Spain is conducting a serological study which should give a clear idea about immunity within the population. Working with HCWs is a key issue, and most outbreaks involve HCWs between the ages of 25–35. If 95% immunity is achieved in the whole population, there will still be an issue with the non-immune population.
60. Frode Forland, AF Member, Norway, commended ECDC for its measles work. He wondered whether the issue of compulsory vs. voluntary vaccination for HCWs should be explored.
61. Isabel De La Fuente Garcia, AF Member, Luxembourg, said that the general population has limited information about the measles situation in the EU and more effort is needed to raise awareness in the media, with more money and effort on communication.
62. Silvia Declich, AF Member, Italy, said that maybe HCWs should be a target group for immunisation and raising their awareness on measles rather than the general population.
63. Herman Van Oyen, AF Member Belgium, pointed at the long history of the efforts to eliminate measles in the EU and raised the question if the right strategy is used.
64. Mika Salminen, AF Member Finland, said that evidence-based messaging is not working for vaccine hesitancy and we need to do something else. Other types of interventions may be necessary. Additionally, not everything is about vaccine hesitancy and there are also social factors. In Finland, anybody in the health service that works with vulnerable patients, needs to have the measles vaccine and this comes into force in March 2018.
65. Mike Catchpole, ECDC, summarised the discussions concluding that common messages came through such as raising awareness in adults and HCWs in line with the life-long approach to vaccination.
66. Tarik Derrough, ECDC, added that the VPD programme had intensified its focus on measles in the EU. He added that an ECDC-led Technical Advisory Expert Committee was set up on communication in the area of vaccination to learn what works best in countries. In ECDC communication, it is mentioned that measles is not only a childhood disease, as shown by current epidemiological data, and that momentum is used to communicate as much as possible on the need for vaccination.

## Proposals for monitoring hepatitis in the EU/EEA

67. Andrew Amato, Head of Disease Programme for HIV, ECDC gave a short presentation on the development of an EU/EEA Hepatitis B and C monitoring system.<sup>8</sup>
68. Osamah Hamouda, AF Member, Germany, found it useful to have a dedicated group to work on this topic. He suggested having a treatment cascade similar to that used for HIV.
69. Jan Kynčl, AF Member, Czech Republic, agreed with the proposal. There is an important question on who will provide the data. Regarding the questionnaire, he suggested going through the NFPs for hepatitis. He also suggested starting with a limited number of indicators and then expanding these slowly.
70. Agoritsa Baka, AF Member, Greece, agreed that the proposal is worthwhile but cautioned that it will be very difficult to set up and new systems will need to be created. She also suggested going through the NFPs for hepatitis.
71. Marta Grgič-Vitek, AF Member, Slovenia, suggested sending the questionnaire to the NFPs for hepatitis. The decision on which indicators ECDC will collect data for, in addition to WHO C1 to C10 indicators, should be carefully considered as not to over-burden the countries. When these indicators are identified and have been piloted, the results should be presented to the AF.
72. Silvia Declich, AF Member, Italy, said mapping of different sources from which you can draw information and then give to countries for interpretation and validation is important. The NFPs for hepatitis should be the contact person for this.
73. Jurjis Perevoščikovs, AF Member, Latvia, appreciated this initiative as Hep B and C is a top priority in Latvia. He asked that the questions should be made as explicit as possible to ensure comparability, and agreed that NFPs for hepatitis should be the contact person for this extra data.

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<sup>8</sup> Development of an EU/EEA hep B and C monitoring system (A Amato)

74. Herman van Oyen, AF Member, Belgium, said the main problem would be the interaction between different partners. The list of indicators is very long and regarding the questionnaire he would suggest sending this to the NFPs for hepatitis.
75. John Watson, Invited Expert UK, supported the proposal. The UK would like to involve the nominated experts and the NFP for hepatitis. He cautioned against asking for too much in the beginning and advised to proceed step by step.
76. Frode Forland, AF Member, Norway, preferred a specifically nominated expert to be the liaison. He raised some concerns about the EU added value of this initiative and stressed the importance of avoiding double reporting with WHO.
77. Guðrún Sigmundsdóttir, AF Member, Iceland, said it is a very long list of indicators and it is difficult to get this data. She added that the situation is so different between countries that she is unsure about the added value at EU-level and the data comparability.
78. Anders Tegnell, AF Member, Sweden, said it is good timing to do this now. He also agreed that the list of indicators is very long. We also need to think about how often we need to report this data. He agreed that the Focal points should provide the data as there is a need to prioritise the already established networks.
79. Fernando Simón Soria, AF Member, Spain, felt that the NFPs for hepatitis should be involved in this work. He agreed that there were too many indicators – some were straight forward but many will require significant resources and is of dubious added value.
80. Kevin Kelleher, AF Member, Ireland, agreed with the proposal and would support a pilot project.
81. Florin Popovici, AF Member, Romania, said he would support the NFPs for hepatitis to be involved in this as he agreed with the Swedish AF Member that there is already a suitable network in place.
82. Jaap van Dissel, AF Member, Netherlands, expressed his support for the initiative but found the list of indicators to be rather long. He also suggested to follow the cascade of care as is done for HIV infection.
83. Mika Salminen, AF Member, Finland, supported the proposal. He suggested that the contact should be the NFPs for hepatitis.
84. Aleksandar Šimunović, AF Member, Croatia, said that developing such a monitoring system is more practical for the national level rather than the EU level.
85. Andrew Amato, ECDC, said the indicators will be reduced and there will be a pilot; ECDC will come back to the AF with the results of the pilot.

## Day 2 – 21 February 2018

86. Mike Catchpole, Chief Scientist, ECDC, welcomed the AF participants to Day 2 of the AF meeting. He invited all participants to briefly summarise their opinions on the scope and process of IRIS 2.0. During a tour de table, all AF participants expressed their support for the IRIS process, but suggested a number of changes and improvements.

## Comments and suggestions on IRIS 2.0 prioritisation tool

87. Herman Van Oyen, AF Member, Belgium, emphasised the importance of prioritisation processes, but added that it should only be applied to long-term issues.
88. Tanya Melillo Fenech, AF Alternate, Malta, agreed that IRIS was beneficial for the work plan and also quite practicable. For small countries, however, there would be a limit with regard to available resources to support this process.
89. Isabel De La Fuente Garcia, AF Member, Luxembourg, liked the idea and concept, but also pointed out that a stringent timeline for the discussion would be helpful as the process could only be carried out a few times a year. All proposals should provide a sufficient level of detail to be able to make an informed decision.
90. Jurijš Perevoščikovs, AF Member, Latvia, pointed out that the process did not always take into account local needs and interests, especially in small countries. The criteria, he said, were good, but the scoring system could be improved by changing the number of awardable points.

91. Silvia Declich, AF Member, Italy, also liked the process and the discussion among AF peers, but emphasised that proposals have to be brief and concise and that it should be clear how many proposals could realistically be carried out. It was also important, she said, to see all proposals in the context of the bigger work plan.
92. Marta Grgič-Vitek, AF Alternate, Slovenia, said that she liked the discussion, but that additional work (e.g. questionnaires) was difficult for countries with fewer resources. The new process, she added, would work very well if the AF were given a sufficient number of proposals that could be ranked. She also agreed that a scale of five would be beneficial.
93. Agoritsa Baka, AF Alternate, Greece, said that the prioritisation added transparency, but that ECDC should have a look at how projects are evaluated by the Commission, where each project is assessed independently, followed by a panel meeting, which eventually produces a priority list. She suggested that a dedicated AF meeting should be set aside for the prioritisation exercise. As to the rank order scale, a five-point scale would be better.
94. Osamah Hamouda, AF Member, Germany, said that an annual prioritisation exercise would not be able to cover a number of decisions that would have to be made ad-hoc. He pointed out that in order to rank a proposal, a balance in the number and criteria was needed: 20 detailed criteria are not necessarily better than five or six. The AF, he said, needed information on the percentage of successful projects that made it into the ECDC work plan. Also not yet addressed was the discrepancy between the number of good projects and ideas, and the lack of resources to actually carry them out. As far as the process was concerned, he found the plenary AF discussion more conducive to the prioritisation process than ranking proposals in one's office. He also emphasised that the AF would only have time for a limited number of projects.
95. Mika Salminen, AF Member, Finland, advised ECDC to further simplify the ranking process: instead of 12 awardable points, five should be sufficient for prioritisation. He thought it would be helpful to receive more background information on how many projects could be funded and what the overall budget was.
96. Kuulo Kutsar, AF Member, Estonia, commented on the positive results of the IRIS process. He also thought that it would be a good idea to emulate this process at the country level.
97. Tyra Grove Krause, AF Alternate, Denmark, said that the amount of detail needed to reach an informed decision would result in a very time-consuming prioritisation process. One of the challenges of the process was to properly understand the relationship between the often lofty objectives and the prospects of actually achieving these goals.
98. Jan Kynčl, AF Member, Czech Republic, said that the process was useful and should be used. He cautioned that the new process could be very time-consuming and that having a three-hour discussion at every AF meeting would not be ideal. ECDC should consider holding the December AF meeting in Stockholm again and dedicate it to a prioritisation exercise. This would also ensure that only those who were interested would participate.
99. Aleksandar Šimunović, AF Alternate, Croatia, also supported the new process and particularly liked the discussion after the initial and preliminary 'trend vote'. He facetiously likened the process to a 'training in democracy'.
100. Frank Van Loock, DG SANTE, appreciated the sturdy process that ECDC had created and the clarifications given as part of this process.
101. Dorit Nitzan, WHO Regional Office Europe, expressed approval for both the process and the actual project proposal.
102. Jaap van Dissel, AF Member, Netherlands, suggested that the project abstracts should be tailored towards the criteria the AF had to apply. Another problem was the capacity in terms of budget and resources, especially if projects were to be evaluated at every AF meeting. At some point in time, the AF should be given the opportunity to look at the final evaluation of an implemented project and see whether the approved projects were evaluated correctly.
103. Carlos Matias Dias, AF Member, Portugal, said that only ECDC could answer the question whether IRIS had a beneficial impact on the work plan. IRIS, he said, reminded him of the nominal group technique (a structured variation of a small-group discussion to reach consensus). To ensure comparability, projects proposals should carry the same amount of detail, e.g. on economic impact. A scoping exercise, he said, would be beneficial, both at the beginning and end of the process.

104. Florin Popovici, AF Member, Romania, said that IRIS had been useful at the national level and for ECDC. But he also thought that there should be more time to prepare, digest the discussion, discuss projects with the teams in the Member States, and then reach a final decision in Stockholm. In a tongue-in-cheek comment, he said that the current twelve-point scale reminded him of the Eurovision Song Contest (ESC); a different scale would make things easier.

105. Henrieta Hudečková, AF Alternate, Slovakia, thought that the IRIS process was practicable and useful. She also supported the points made by Dr Kynčl.

106. Kevin Kelleher, AF Member, Ireland, said that he found it difficult to score projects in isolation. The process would become more pertinent if there were several projects to score per session. He expressed confidence that the process would become more sophisticated over the years.

107. Fernando Simón Soria, AF Member, Spain, said that the AF needed to improve ownership of the process. One step was to have a discussion among AF members. The overall process, he added, was practicable, but some of the questions had to be refined and the way the proposal was presented also needed to be improved. Dedicating an AF meeting in December solely for project prioritisation was a good idea. He pointed out that, if additional ad hoc sessions are needed, this could represent an important burden for AF members, and any additional meetings should therefore be considered very carefully.

108. Anders Tegnell, AF Member, Sweden, said that the overall process of prioritisation seemed practicable, but needed fine-tuning. What was lacking, however, was a connection to ECDC's mandate and goals. Another question was who could propose projects and how general or specific ('wide' vs. 'deep' projects) these projects would be. The AF and ECDC should not ignore the big picture and ensure that a project was beneficial to the entire public health spectrum. Ideally, the IRIS process would boost projects that had a wider, less narrow perspective.

109. Guðrún Sigmundsdóttir, AF Alternate, Iceland, had a positive impression and lauded the flexibility of the process. Like some other AF Members, she also pointed out the difficulty of balancing the objectivity of the prioritisation process with an informed 'gut feeling'.

110. Frode Forland, AF Member, Norway, opined that, given the number of proposals, short project descriptions were essential: three-page proposals would guarantee that AF Members could actually read them and prepare for the prioritisation exercise which should take place during a full AF meeting, with an additional half day during the following meeting if needed. The prioritisation process as such was very useful, but needed to be refined a bit. ECDC should also consider the criteria generally used for public health priorities: the seriousness of the problem, the utility of the invention, and the cost-benefit situation.

111. John Watson, Delegate, United Kingdom, condensed the discussion into a succinct summary:

- All prioritisation processes struggle to represent the complexities of the issues; none will ever be perfect.
- When looking at prioritisation processes, one has to have an understanding of the bigger reality, i.e. the routine work that has to be done. The projects are then the icing on the cake, rather than the cake itself.
- Prioritisation is a multi-stage process.
- One should not look at a project in isolation, just as one should not only talk to the experts in the same subject area as the project proposal.
- Discussing the project proposals in the AF is very helpful.

112. Mike Catchpole said that after this discussion, ECDC had a clear mandate to move forward, but that the process should be tested and refined in action. He also explained that the IRIS process was never intended to be used for single projects.

## ECDC Preparedness and Response Strategy

113. Karl Ekdahl, Head of Unit, Public Health Capacity and Communication, explained how the previous Preparedness Strategy had been expanded to also include Response and that the updated Preparedness and Response Strategy also has addressed other feedback received from the AF to address the feedback received from the AF.

114. Josep Jansa, Head of Section, Epidemic Intelligence and Response, Surveillance and Response Support Unit, ECDC, presented the revised strategy document.<sup>9</sup> In a series of slides, he illustrated the response components of ECDC's preparedness and response strategy approach as outlined in the document.

115. Jean-Claude Desenclos, AF Member, France, pointed out (via e-mail) that the document did not make it clear how uncharacterised, emerging, unknown types of threats should be handled and how this work on response would relate to the Joint External Evaluation (JEE) tool and process.

116. Anders Tegnell, AF Member, Sweden, inquired about the connection to WHO's response work and the relation between the European Commission and ECDC.

117. Jaap van Dissel, AF Member, Netherlands, liked the document but thought it would be a good idea to add information on national responsibilities, e.g. on how ECDC could support the Member States if so requested.

118. John Watson, Invited expert, United Kingdom, was initially worried that the document would go beyond ECDC's remit, but he and his colleagues soon realised that the revised Preparedness and Response Strategy was mainly about support and coordination. Needed, perhaps, was a clearer exposition of the issue of country responsibilities and what type of support ECDC could provide at a country's request.

119. Frode Forland, AF Member, Norway, said that Norway supported the Preparedness and Response Strategy. He also said Article 44 in the IHR ('Collaboration and assistance') should be kept in mind and that ECDC's preliminary work could be extended, e.g. in cooperation with the Africa CDC.

120. Kevin Kelleher, AF Member, Ireland, wondered about the two systems, IHR and EWRS. The proliferation of systems and the division and fragmentation of public health was particularly problematic for smaller countries. In this context, he also referred to the WHO's all-hazards approach (also mentioned in Decision No 1082/2013/EU) which covers all categories of threats regardless of their origin. One source of quality information, he said, would greatly simplify things.

121. Frank Van Loock, DG SANTE, acknowledged that the revised document was vastly improved and only some minor points still needed work.

122. Aleksandar Šimunović, AF Alternate, Croatia, said that even though ECDC's strategy was largely a support strategy, it would still amount to a major challenge especially in a public health emergency.

123. Karl Ekdahl, Head of Unit, Public Health Capacity and Communication, said that all comments (WHO, JEE, national capabilities, gaps to respond to) would be addressed in the next version of the paper and before it would be presented to the MB in March.

124. Josep Jansa, Head of Section, Epidemic Intelligence and Response, Surveillance and Response Support Unit, ECDC, reassured the AF that ECDC was very closely cooperating with the European Commission and maintained close contact with Oliver Morgan's (Health Emergencies Programme, World Health Organization) team at WHO.

125. Andrea Ammon, Director, ECDC, said that she was aware of a number of comments that asked about the specific role of ECDC in the context of international organisations. She pointed out that Member States need to exactly know which problems ECDC can address and which areas and levels of expertise it can offer. ECDC should not raise expectations that it does not have the power to meet.

## **ECDC Scientific Strategy: transparency, access and equitability of contribution to ECDC's scientific work**

126. Mike Catchpole, Chief Scientist, ECDC, introduced the next topic on the agenda, ECDC's Scientific Strategy, which was first presented to the AF in May 2016.

127. Helena de Carvalho Gomes, Head of Section, Scientific Advice Coordination, Office of the Chief Scientist, ECDC, presented a number of ECDC initiatives, namely the ECDC open access and authorship policies, the draft policy on non-serial outputs, and a list of planned ECDC surveys and scientific outputs.<sup>10</sup>

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<sup>9</sup> ECDC Preparedness and Response Strategy 2018-2022

<sup>10</sup> Supporting transparency, scientific independence, collaboration and access (H de Carvalho Gomez)

128. Several AF members said that conflicts about authorships were common and that different approaches were used to arrive at solutions. It was also mentioned that ECDC should try to extend its policy to give credit to authors as much as possible.

129. Helena de Carvalho Gomes, ECDC, pointed out that ECDC's policy was based on recommendations by the International Committee of Medical Journal Editors (ICMJE) (Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, 2013). She also clarified that the ECDC policy in its current version allows co-authorship of data providers as long as the collection, management and provision of data can be considered a substantial intellectual contribution to the work.

130. The Advisory Forum also welcomed ECDC's open-access policy.

## Terms of Reference of the Third External Evaluation of ECDC

131. Fernando Simón Soria, AF Member, Spain, explained that Kevin Kelleher, AF Member, Ireland, and himself, had volunteered to contribute to the work of the Management Board External Evaluation Steering Committee (MEES) as representatives of the Advisory Forum. He briefly described the background, timing and focus of the upcoming external evaluation.

132. He encouraged further input from the AF on disease programmes/networks, surveillance, scientific advice, capacity building, laboratory EQAs, and a possible extension of the ECDC mandate.

133. Mika Salminen, AF Member, Finland, said that the AF should engage in a thorough discussion on the extension of the Centre's mandate, everything from health promotion to non-communicable diseases. It was positive, he said, that international activities were discussed as ECDC needs to be linked to international organisations. He was somewhat critical when it came to direct operational involvement: the AF should discuss direct involvement in operational activities and missions (e.g. Ebola outbreak) because sending people on outbreak missions is resource-intensive and carries a substantial risk.

134. Herman Van Oyen, AF Member, Belgium, focussed on the training programme. It needs to be assessed why there were gaps between the outlined plan and what was actually delivered. ECDC should strive for a balance between expectations and reality. He also thought that it was difficult to explain to the EU citizen why ECDC engages in certain topics.

135. Anders Tegnell, AF Member, Sweden, said that an extension of the mandate should be discussed. Disease programmes are at the core of ECDC's work. An evaluation should look at how ECDC developed the DPs and how it wanted to continue along this path. Another topic of interest for the external evaluation was ECDC's intersectoral work.

136. Frode Forland, AF Member, Norway, pointed out that the distinction between contagious and other diseases had become somewhat old-fashioned and inaccurate, especially if one looked at certain forms of cancers and chronic forms of communicable diseases. An extension in this direction would be worth a discussion. This also implied, he said, that an extension of the mandate in general should be discussed.

137. Jaap van Dissel, AF Member, Netherlands, asked how ECDC could reach and help countries that had a different level of resources and how ECDC addressed country-specific needs.

138. Silvia Declich, AF Member, Italy, also said that the AF should reflect on the mandate. The one-health perspective, which includes animal health, could lead to a readjustment of ECDC's mandate to include new aspects such as non-communicable diseases. ECDC should also discuss the Global Outbreak Alert and Response Network (GOARN) and how ECDC should interact with GOARN and similar programmes.

139. Kevin Kelleher, AF Member, Ireland, concurred that the issue of the mandate should be raised. He also remarked on evaluation processes at ECDC. He estimated that ECDC spent 20% of its time on evaluations and added that this seemed to be taken up a significant amount of resources. Reports, he said, were much too long, and AF Members did not have the time to read several documents of 100 pages each. Mr Kelleher identified four areas that ECDC needed to look at: Decision 1082/2013/EU on serious cross-border threats to health, the extension of the mandate into wider public health, the one-health approach, and the international role of ECDC. ECDC's mandate extension, he said, was indeed a key question, and the AF should sit down with MB members to explore this topic further.

140. Andrea Ammon, Director, ECDC, reassured the AF that ECDC's international role needed no mandate extension. ECDC has the possibility to interact with third countries foreseen in the Founding Regulation. In response to the AF Member from Ireland, she said that there were indeed a number of

ongoing evaluations, but they were in different areas and there was no overlap. Most of the evaluations, she continued, were internal ones.

## Update from the European Commission

141. Frank Van Loock, DG SANTE, presented an update on ongoing work at the European Commission.

142. The committee on serious cross-border threats to health met on 7 December to work on the Commission Implementing Decision on the communicable diseases and related special health issues to be covered by epidemiological surveillance and relevant case definitions. A draft would be circulated for written comments. The Commission is also preparing a proposal for a Council Recommendation on vaccination.

143. A research-oriented project on the protection of EU citizens against health threats is currently in the planning stage, with a first workshop in preparation. In addition, a Commission staff working document on HIV/AIDS, TB and hepatitis is being prepared.

144. The Commission is also working on a list of NGOs who could serve as non-voting AF Members. Unfortunately, a call for interest yielded only very few organisations so the deadline has been extended.

145. He further informed the AF about two Joint Actions, one on preparedness and actions at point of entry (14 countries, launch date in April), and a second one on vaccination (19 Member States, launch date in June).

146. The Directorate-General for Employment, Social Affairs and Inclusion is currently working on a revision of Directive 2000/54/EC (biological agents at work), which will raise biosafety levels for a number of organisms which could cause problems for some Member States lacking the diagnostic capability to detect such substances.

## Update from the WHO Regional Office for Europe

147. Dorit Nitzan, Coordinator, Health Emergencies and Programme Area Manager, Emergency Operations, Division of Health Emergencies and Communicable Diseases, WHO Regional Office for Europe, presented key developments and next steps in the area of health emergencies.<sup>11</sup> She also briefly described the collaboration with ECDC and the strategic priorities of the WHO Regional Office for Europe in this area.

## Any other business

148. Herman Van Oyen, AF Member, Belgium, informed the AF that his organisation merged with the Belgian Veterinary Research Institute.

149. Osamah Hamouda, AF Member, Germany, informed the AF that Ole Wichmann would be the new German AF Alternate.

150. Mike Catchpole, Chief Scientist, ECDC, adjourned the meeting and thanked the Advisory Forum Members for their helpful advice. He looked forward to welcoming the participants to the next AF meeting convening during 15-16 May 2018 in the new ECDC building.

151. Andrea Ammon, Director, ECDC, thanked the Advisory Forum for their feedback and helpful advice.

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<sup>11</sup> Update from WHO (D Nitzan)

## Annex: List of Participants

Member State	Representative	Status
Belgium	Herman Van Oyen	Member
Croatia	Aleksandar Šimunović	Alternate
Czech Republic	Jan Kynčl	Member
Denmark	Tyra Grove Krause	Alternate
Estonia	Kuulo Kutsar	Member
Finland	Mika Salminen	Member
Germany	Osamah Hamouda	Member
Greece	Agoritsa Baka	Alternate
Ireland	Kevin Kelleher	Member
Italy	Silvia Declich	Member
Latvia	Jurijs Perevoščikovs	Member
Luxembourg	Isabel De La Fuente Garcia	Member
Malta	Tanya Melillo Fenech	Alternate
Netherlands	Jaap van Dissel	Member
Portugal	Carlos Matias Dias	Member
Romania	Florin Popovici	Member
Slovakia	Henrieta Hudečková	Alternate
Slovenia	Marta Grgič-Vitek	Alternate
Spain	Fernando Simón Soria	Member
Sweden	Anders Tegnell	Member
Sweden	Birgitta Lesko	Alternate
United Kingdom	John Watson	Delegation
<b>Observers</b>		
Iceland	Guðrún Sigmundsdóttir	Alternate
Norway	Frode Forland	Member

<b>European Commission</b>		
DG SANTE	Frank Van Loock	
<b>WHO</b>		
	Dorit Nitzan	