



ECDC Advisory Forum

Minutes of the Seventy-sixth Meeting of the Advisory Forum
Stockholm, 5-6 March 2024

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Opening and adoption of the programme

1. Andrea Ammon, Director, ECDC, welcomed the participants to the 76th meeting of the Advisory Forum (AF), which took place in person with some joining via teleconference. She announced that it was Dr Mike Catchpole's final AF as he was retiring at the end of March and handed over to him for chairing the meeting.
2. Mike Catchpole, Chief Scientist, ECDC, also welcomed the participants to the meeting, in particular Otto Helve, the newly nominated member for Finland, and Dimitrios Hatzigeorgiou, the newly nominated alternate member for Greece. Apologies had been received from France. The following countries did not confirm their participation: Bulgaria, Cyprus.
3. The draft programme was adopted with no changes, and no conflicts of interest were declared.

Adoption of the draft minutes from the 75th meeting of the Advisory Forum, 12 December 2023

4. The draft minutes of the 75th meeting of the Advisory Forum had been circulated, and amendments had been requested from Norway on point 34, which had been incorporated. No other changes were proposed, and the minutes were duly adopted.

Update from the Scientific Methods and Standards Unit on ECDC scientific production – review of 2023 and forward look 2024

5. Helena de Carvalho Gomez, Head of ECDC's Scientific Process and Methods section, gave a presentation reviewing the agency's scientific and technical outputs and communications and training activities in 2023, as well as its planned scientific outputs for 2024: 176 outputs have been registered in the agency's publications management system for this year. She also updated participants on a new catalogue of 'output types' introduced by the agency to improve the clarity and consistency of its outputs and ensure audiences have a better understanding of what content they can expect. These revisions are the result of extensive consultation and follow earlier discussion and endorsement by the AF in 2023.
6. Mike Catchpole invited comments from participants, saying it would be particularly useful to have their reflections regarding the balance between ECDC's reports published on its website and the scientific manuscripts it publishes in peer-reviewed journals. He noted that the presentation had arisen from a discussion several years ago about the concerns that some scientific outputs produced by the agency use data from Member States where perhaps experts in those countries would have liked to have been involved, and he welcomed participants' feedback on this point as well.
7. Koen Blot, AF Alternate, Belgium, welcomed the approach of presenting a transparent overview of what the agency was planning for its scientific outputs. He asked what methodology ECDC had used to identify and prioritise what topics to address in its scientific outputs for the coming year.
8. Mike Catchpole replied that this is done as part of the Centre's annual planning cycle, which results in the production of the 'Single Programming Document'. Following discussions within the disease program teams and with the agency's functional disease networks, it identifies key issues for the Centre to produce outputs on.
9. Henrik Ullum, AF Member, Denmark, also thanked Dr Gomez for the overview, and asked about the distinction between scientific outputs and manuscripts. He could see how in many instances the agency could take the same kind of output and have two versions of it, one for the website and one for a peer-reviewed journal, thereby reaching both the scientific community and policy-making officials across the EU and asked if this was the agency's strategy. Regarding the co-production of outputs with Member States, he asked how many outputs are produced in this way and remarked that many countries would probably wish to be involved in such outputs.
10. Helena de Carvalho Gomez, commenting on the distinction between scientific outputs and manuscripts, explained that many documents that include more in-depth analysis are published in

journals rather than as technical reports on the agency's website, but that the Centre has also previously published more technical documents on its own site, accompanied by a shorter manuscript in a journal. She confirmed that the reason for such parallel publication is to reach different audiences, and that the agency sees value in this, but noted that it can be complicated: some journals will not publish material that is already in the public domain, for instance. For this reason, ECDC is looking at the situation afresh, both in terms of its own categories and output types but also its approach to identifying and prioritising the topics it covers. The agency is also currently looking more closely at the purpose, audience and intended impact of documents it produces, considering relevance and identifying needs among partners in the Member States. The idea is also to be more anticipatory and focus more on collaboration with the agency's networks, such as its National Focal Points and Competent Bodies.

11. Regarding documents co-authored with experts from Member States, she said that the experience had been mixed, with some outputs receiving very little feedback and others asking to include many people from a country as co-authors, neither of which were ideal. This is also something ECDC is working on at the moment. The agency follows the recommendations of the International Committee of Medical Journal Editors (ICMJE) and also has its own policy on authorship and acknowledgment of contributions which state that being a co-author requires more than providing data or participating in a single call. The agency has a list of hundreds of experts it can consult if needed, but some journals do not accept very long lists of authors, so the agency is looking to find a good balance on this with the Member States.

12. Otto Helve, AF Member, Finland, asked whether ECDC generally receives replies from Member States in a timely manner when contacting them about co-authorship or requesting that they contribute to a manuscript, and if there were any issues related to this.

13. Ute Rexroth, AF Alternate, Germany, also appreciated the systematic and comprehensive approach. She wondered if ECDC staff might feel restricted by the output categories when creating reports, and if it limits their creativity.

14. Mike Catchpole replied that the categories are mainly for the ease of external audiences, and that he didn't believe the agency's experts were constrained by them but rather that they select the labels that will best identify what they are doing.

15. Helena de Carvalho Gomez added that her presentation had only dealt with the core outputs, and that there is a range of other outputs the experts can use where suitable, such as news items, press conference material, social media infographics, podcasts, and policy and evidence briefs.

16. Adriana Pistol, AF Member, Romania, asked what criteria the agency uses to decide how many reports they should produce in each area during the year.

17. John Middleton, Member, Association of Schools of Public Health in the European Region (ASPHER), noted that One Health activities were also on the meeting's agenda and felt that due to this and ECDC's role wider issues regarding the impact of communicable diseases in relation to food, agriculture and veterinary considerations should feature in this kind of partnership output with Member States.

18. Dirk Meusel, DG SANTE, European Commission, commented that the agency's reports should be written in a way that is accessible to the layperson. The agency's outputs are sometimes written in very scientific language, and this could be revised in a way so that they are in plainer and therefore more accessible language. He asked how ECDC implements the recommendations in its regular outputs for coordinated actions, which is part of the agency's new mandate, and also how the prevention of communicable diseases fits into the Centre's outputs.

19. Helena de Carvalho Gomez replied that the agency is looking at this in ongoing work, with seminars provided for staff on how to write for the internet, as well as training on clear writing and how to write for different audiences. She reiterated that apart from the technical reports, which are primarily aimed at a technical audience as ECDC is a technical agency and this is its main audience, the Centre also produces material for the public and additional audiences via press releases, social media activity and other outputs.

20. Mike Catchpole added that ECDC has been reviewing this issue in detail to set in place a system so that authors starting an output need to kick off with a discussion on its intended impact, audience, and the best mode of delivery. A 'public health outputs re-engineering project' regarding the agency's

publications is also launching, and this will aim to identify the best process, format and language for outputs. He said this is an important issue for the agency and has been part of a review taking place over the last couple of years.

21. Andrea Ammon reiterated that the agency is in the process of changing the way it defines and presents its outputs, partly due to the experience of the pandemic but also in response to the new mandate, the legal text of which clearly states that the Centre should make its reports easily accessible and understandable. She added that the agency has a communications policy, approved by the Management Board, where in addition to the scientific community that is a very important target audience, there are now other audiences that the agency wants to cater for, namely politicians and decision-makers, journalists, and the general public. These audiences can require quite different outputs and language so need to be combined with the changed approach that Mike Catchpole had outlined, defining the intended impact and target audience to determine the best outputs to develop. The agency's annual communications plan also determines what communications activities are needed for these planned outputs. She said that this plan could be made accessible to AF members.

22. In response to Adriana Pistol's question on how the agency counts its outputs, she said it uses an electronic workflow and all experts who want to have a scientific output or scientific manuscript need to register in it what they plan to produce during the year, and this was the source for what Helena de Carvalho Gomez had presented.

Update on the Article 8 assessments: methodology, planning processes and timelines

23. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, gave a presentation updating participants on the agency's Article 8 assessments of Member States' prevention, preparedness and response plans.

24. Koen Blot, AF Alternate, Belgium, asked whether the assessment of One Health zoonosis and environmental risks will necessitate identifying one person for all the areas or whether it should be one person from the veterinary sector, one person from human public health, one from the food chain, etc.

25. Vicky Lefevre replied that food safety is not in the scope of these assessments, but that food health, animal and public health and environmental aspects should be covered. However, the practical set-up of the assessment will need to be discussed in the pre-meetings with each country.

26. Fernando Simón Soria, AF Member, Spain, asked if the assessments would only be looking at central state capacity or if regions would also be involved.

27. Vicky Lefevre replied that it would mostly be at national level, and that especially for surveillance systems and laboratory capacity it would make sense to focus as much as possible on the federal, central level. However, site visits might take place at regional level, for instance if a country advises that a particular laboratory should be visited.

28. Bernhard Benka, AF Member, Austria, inquired about the composition of the assessment teams, in particular whether they will only include ECDC staff members or if experts from Member States and WHO will also be involved.

29. Vicky Lefevre replied that the teams would be comprised of ECDC staff, and could also include experts from WHO, DG SANTE, EFSA, HERA and Member States, in agreement with the country visited – some have indicated that they might be interested in an expert from another Member State joining the team. The agency is considering including someone from DG SANTE from animal health in each team and is working with EFSA to define the methodology and how it will carry out the assessments. It may also be that ECHA is involved as ECDC has no competence in the chemicals area. At least at the start, the teams will consist of eight to 10 people, but in larger countries there could be a need for larger teams as there will be a greater number of people to talk to.

30. Jurijs Perevoščikovs, AF Member, Latvia, asked if ECDC would send letters to countries' Ministries of Health or competent bodies to initiate the process.

31. Vicky Lefevre replied that ECDC has been in contact with National Focal Points in the Health Security Committee (HSC) and counterparts in the countries regarding the planning of these visits and

some countries have contacted ECDC directly. When ECDC has an indication of a suitable date for a country, an official letter is sent to the country's HSC member and in copy to the CCBs. The HSC member who receives the letter will appoint the contacts in the countries and then ECDC will start with the more detailed planning.

32. Otto Helve, AF Member, Finland, noted that the WHO's Joint External Evaluations (JEEs) are valued by the countries and asked if ECDC already has a process for including recently performed JEEs in these assessments. He mentioned this particularly in relation to the visit to Estonia, which he said could be a pilot for this.

33. Vicky Lefevre said that Estonia recently had a JEE (in October 2023) and ECDC will take the results of that evaluation into account as part of its desk review for its assessment. Estonia has expressed the wish to have the JEE and ECDC assessment close together so that one action plan can be drawn up. If a country wishes to combine a JEE with an Article 8 assessment, that can also be accommodated. She added that the HSC had given feedback that the validation process should not be a box-ticking process and the agency feels the same way: self-assessment was not enough, and there should be an external verification and validation.

34. Andrea Ammon, Director, ECDC, commented that the whole of EU legislation has in mind the purpose of being better prepared for another pandemic or crisis. She said that these eight coming assessments and the action plans and the implementation of those action plans are the core element where the Centre can work directly with Member States to target and tailor the areas where they need to improve their preparedness. She said that the reports will not by default be public but even if there is access to documents there will be the potential to reduce what can be shared to the outside world as they may contain issues related to national security, for example. She felt this meant the countries have the opportunity to be as open as possible, and that this will make the assessments impactful.

35. Koen Blot, AF Alternate, Belgium, commented that Belgium's Ministry of Health is considering the development of viral outbreak plans according to groups such as vector-borne and respiratory diseases, but that this is currently in its early stages. He wasn't sure whether this was something obligatory within the EU framework or if it had deadlines associated with it. He understood that countries need to have some generic preparedness plans, but asked whether such disease-specific outbreak plans are simply up to the willingness of countries to develop them or necessary.

36. Vicky Lefevre commented that while similar pathogens should be covered in some way in preparedness plans, the requirements are not so specific or detailed.

37. Andrea Ammon added that early on there had been a discussion about whether pandemic preparedness plans mentioned in the legislation should be generic or by pathogen area. The agency said it should be as general as possible but then Member States can of course develop concrete additions if a pathogen causing an outbreak, pandemic or other crisis deviates from the general plan.

38. Adriana Pistol, AF Member, Romania, commented that sometimes plans need to involve stakeholders such as Ministries of the Interior and civil protection authorities, for example when considering biological, chemical, radiological and some other threats. She asked if ECDC would also be consulting these stakeholders in the assessments.

39. Vicky Lefevre replied that while the scope will mainly be infectious diseases, it seemed likely that most countries would involve people from those ministries. However, this would be up to the countries to decide.

ECDC One Health Framework

40. Ole Heuer, Head of Section, Epidemic-Prone Diseases, Disease Programmes Unit, ECDC, gave a presentation on ECDC's One Health Framework. This is a high-level document describing how the Centre can develop and implement the One Health approach in its activities on prevention and control of communicable diseases. A One Health approach means that, as human health, animal health, and the environment are all linked, threats must be tackled taking all three into account. Due to the cross-sectoral nature of this approach, ECDC's external collaboration across sectors is a key element in One Health. The framework seeks to unite the efforts of ECDC, the European Commission, other EU agencies, and Member States in identifying, preventing, controlling, and responding to threats from current and emerging infectious diseases in a One Health perspective. It describes the pathways to

enable a One Health approach and provides a set of strategic objectives to be achieved to implement this both internally at ECDC and externally in interaction with ECDC's stakeholders and the Member States, as well as the ways and means to be employed to achieve these objectives.

41. Ole Heuer closed his presentation with two questions for participants:

- Are there any topics related to the environment that they would identify as priorities for One Health collaboration?
- Which prerequisites and controls should ECDC have in place in order to maintain its scientific independence when developing joint One Health risk assessments and One Health scientific advice?

42. Koen Blot, AF Alternate, Belgium, replied in relation to the first question that when Belgium was transitioning out of the pandemic and was adapting its surveillance systems for integrated surveillance, the technical reports and guidelines developed with WHO had been particularly useful. He suggested there could be room to develop guidelines or standards for in terms of surveillance, as sometimes this is done ad hoc in countries, and from these then developing a plan and applying for funding.

43. John Middleton, Member, ASPHER, also responded to the first question. He noted that ECDC collaborates with the European Environmental Agency in the European Climate and Health Observatory, adding that the One Health approach strikes him as very linear by each sector, from zoonoses to foodborne infections, but that there wasn't a strong sense of the ecology of what is happening between the animal, health and environmental sectors. He felt that conversations and coordination along these lines are vital, and gave as an example the forest fires in Europe in the last two years, which will be liberating rodent and bird populations but also destroying pollinators and impacting on food supply, a fundamental health issue. Regarding the second question, he wondered whether issues of food supply and an agricultural ecology could also be relevant, particularly regarding the pollution of rivers and water systems. In addition, he said the continuing risks of avian influences and the next possible pandemic would also be important issues to consider.

44. Jaap van Dissel, AF Member, Netherlands, felt that it could be useful for ECDC to mention in the introduction to the framework precisely what areas it covers, and if it entails some of the wider issues alluded to by John Middleton. He added that the Netherlands' One Health experts had reviewed the document and had felt that non-elementary pathogens seemed to be lacking in it, and that emerging pathogens should also be reflected more. He also felt that the environmental aspect could be augmented in the document. He added that WHO is also working on a strategic framework for One Health and that this should be cross-referenced in ECDC's document, because the Centre should ensure that they and WHO augment each other's approaches rather than be in competition with each other. The European Cross-Agency Task Force is mentioned with respect to coordinating the advice from the different bodies, but the Dutch experts had suggested that ECDC might need to develop a kind of One Health structure, more like an agency that coordinates over the different domains. It had also been mentioned that several institutes and bodies were referred to in the document but that the European Environmental Agency is not. Overall, the experts in the Netherlands suggested considering broadening the scope of the surveillance and investigating the idea of a structure connecting all the agencies on this topic.

45. Jan Kynčl, AF Member, Czechia, commented that he had also discussed with colleagues in this field in his country, and one point that had arisen was the possibility of having some joint reference laboratories to investigate human, animal, and environmental samples using the same method. Another possible issue to consider giving more emphasis to was epidemic intelligence services for automated recognition and systems to alert for unusual occurrences. They also discussed having some activities related to food, such as investigating which plants are easy to grow and have enough nutritional value for humans, as well as joint efforts to diminish the impact of the meat industry. On the second point, they suggested using an evidence-based public health approach, as well as some slightly less strict administrative rules that would enable a more action-oriented approach. They also proposed that at least in part there be an attempt by ECDC to carry out less outsourcing, as there were mixed experiences in this area regarding the level of expertise. Regarding the area of risk assessments and scientific advice in collaboration with EU agencies, he commented that there was frustration that there are already specific rules how these work, time schedules, clearances, and discourse (on the EFSA side) significant delays on the availability of joint rapid risk assessments. He points out that in practice these

were not always very rapid, and when responding to some European threat time was crucial. He felt these rules and habits should be changed to make them faster if possible.

46. Henrik Ullum, AF Member, Denmark, said that Denmark's SSI is a One Health institute, with both human and veterinary expertise in-house, and noted that nevertheless they sometimes found being able to navigate the space between different professions agencies areas very difficult, especially when it came to seeing concrete results. In defining the concrete actions ECDC wants to achieve in the One Health area, he felt that there should be a separation between those actions that were already present or ongoing, such as work on AMR and foodborne outbreaks – he noted that zoonosis is not mentioned and it would be important to have working groups and standing groups on this, as Denmark does at a national level and it is very useful – and long-term issues like climate change and possible changes in vector-borne diseases and the greater risk of floods and fires as a result. On a national level, they found that it was not always possible to produce a single output from two different agencies, although they could coordinate these. Regarding what could be done to make themselves ready for this, he commented that this should be in their training and capacity-building because without that Member States would not be ready to participate in this.

47. Greg Martin, AF Member, Ireland, commented that one aspect of One Health that they were finding frustrating in Ireland is that it is difficult to know where it sits; he said everybody wants to own it, but they want to own their part of it, and they don't have the resources to develop a bespoke One Health team; so they have a zoonoses and vector-borne disease team and an environmental health team and a microbiology team working on AMR, but none of them own One Health.

48. Ute Rexroth, AF Alternate, Germany, commented that emerging vector-borne diseases, zoonoses and climate change were all very important issues. She added that food safety had been raised, genomic surveillance is an issue, and also wastewater, which is a joint project with environment and veterinary experts, as well as surveillance in general. She said that training could also be an issue where well-established collaborations could be beneficial. Regarding independence, she agreed that it was important to discuss, as this could be rather vague and not concrete. It is not always the case that all the actors have the same interest, and it should be clear that on some occasions, food safety and veterinary health, for example, do not have the same interest as human health. In terms of politics, those sectors might also be stronger, meaning there will likely be more lobbying behind them; in such situations it could be difficult if ECDC always pursues having joint statements because this may result in the health message being diluted and the priorities no longer clear and the audience will not know which perspective the assessment has considered most; the assessment might also be delayed as a result of attempting the collaboration. She suggested that ECDC keep the freedom to come out with its own statements rather than only pursuing joint ones. She gave as an example that standing up for the health of migrants and socially vulnerable groups might be difficult for the agency to achieve when collaborating with the meat industry, so keep the possibility of such collaborations if they have the same interests, but also to go separately when suitable.

49. Trygve Ottersen, AF Member, Norway, supported the previous comments, adding that in Norway two areas where they would like to strengthen the One Health collaboration related to the environmental sector were surveillance, where they sometimes find difficulties with collaborations with the animal side and with regard to zoonotic outbreaks. He gave a recent avian influenza outbreak as an example, where they had not very well-defined goals and a lot of challenges that they hadn't anticipated, such as handling dead birds. Regarding the second question, he agreed with Ute Rexroth's comment, saying that there are clear pros and cons with committing to taking others' advice directly: one can save time and improve the coordination between the sectors, which is a great benefit, but it can also be quite risky on a principled basis to permit whatever comes from other entities, so perhaps it was good to try to keep some flexibility and operate more on a case-to-case basis.

50. Dirk Meusel, DG SANTE, European Commission, welcomed this initiative from ECDC. He noted that, as the Commission is involved in these collaborations, in the future they would like such documents to be sent to them for consultation in advance of being shared with the Advisory Forum. He said they would also send all their detailed comments on the document, but he highlighted a few points. He noted that on Objective 6, regarding the ongoing collaboration with other agencies, they felt that this should be one of the first listed in the document, with the second step then being to discuss risk assessments and scientific advice. He noted that Objective 3 deals with the coordinating mechanism established at national level in all Member States, yet there is no point of reinforcing this yet, so perhaps the AF could address what interest there is in their countries in these activities. He also suggested that

Annex 1 be included in the main text, specifically the key principles. In general, he recommended that as well as referring to Article 8, Article 7 also be referred to throughout the document. He noted that the links in Annex 2 and 3 do not work. Reference to the cross-agency and One Health Task Force could also be included in the main body of the document. Responding to the first question posed to the group, to consider the collaboration with the European Climate and Health Observatory, and perhaps also extend this to the WHO Centre in Bonn and others to have all the resources that are already working on climate and health included in the document. This document could also develop specific guidelines for the Task Force on how to respond in the event of environmental disasters. Regarding the second question, he noted there had been many previous discussions on the legal basis of risk assessments, specifically with EFSA, which has a different mechanism to initiate them, so coordinating a more flexible approach with EFSA on agreeing risk assessments would be very welcome.

51. Otto Helve, AF Member, Finland, highlighted that interests might not be the same within the relevant sectors nationally, and this might also apply to legislation. Different sectors also sometimes do not have the same crisis management capabilities, making cooperation even more difficult at short notice. Regarding the question of where the One Health entity sits, he remarked that it was crucial to keep clear on the terminology under discussion, e.g. whether it is planetary health or One Health.

52. Fernando Simón Soria, AF Member, Spain, responded in regard to the first question that he liked the coordinating of the approach to human and animal issues. He said that working with the impact of environmental variables in vector-borne diseases and zoonoses and water-borne diseases is a key area in coming years. However, it should be taken into account that many countries are already trying to link many databases from different sectors and ministries, and to link environmental data to individual data. As these systems are being developed by individual countries, they will all probably end up having very different systems, so he thought that this would be one of the areas ECDC would have to work on in the near future. There are already difficulties in comparing information from the different surveillance systems, and this will become even worse if the countries take different approaches to coordinating their health sector issues. In response to the second question, he acknowledged that when needed ECDC should stand alone with their own assessments and reports, but that he would not want to find two reports from two EU agencies on the same issue saying different things. He felt that this would be a huge problem for most countries so the approach should more often be to create a single document. This would involve from the outset firmly establishing the objectives and principles directing the writing of such reports and not signing off on them until the agencies agree with their findings. Different agencies may have somewhat different approaches at times, so it might not be easy, but ultimately everyone involved wants to protect human health, so he advocated for creating single joint reports as much as possible.

53. Kärt Sõber, AF Member, Estonia, responded on the first question, regarding the environment, climate change, vector-borne diseases and related health threats should be very much the focus. Regarding the second question, she agreed with Fernando Simón Soria's comments and that different sectors have different approaches, priorities and interest so she supported the idea of a single document rather than having separate ones in different places. The recommendations should be in one document, but the question was who should then decide what to prioritise and what the scope and impact would be across sectors – would it be the countries who decide how to implement these or some form of EU-level coordination.

54. Bernhard Benka, AF Member, Austria, commented that his institute AGES (the Austrian Agency for Health and Food Safety) also comprised many sectors under a single roof, and the coordination mechanism was one of the most important areas, and one they were still trying to improve as there are sometimes silos in the work and in joint projects it can be unclear which sector should be in the lead, who decides how many staff should be involved, etc. He said that on a national level Austria looks at the epidemiology and surveillance of heat-related communicable diseases, including estimating mortality rates due to heat, and asked which EU agency has that responsibility and if there is any collaboration on this issue even though it is not mandatory in the EU.

55. Mike Catchpole noted that water quality might be an interesting common issue across countries as due to climate change, we can foresee there will be both more drought and more flooding. On the second question, he remarked that one danger with having a single joint report is that the messages become so weakened through discussions between the experts in all the different sectors that you might take two years to produce a report that ends up saying nothing.

56. Ole Heuer thanked participants for their feedback. He said that in entering the One Health discussion the feeling might be that now we need to integrate the third component, the environment, everywhere possible, but that the comments had indicated this might not be possible. As has been seen previously, there may be areas where we conclude we cannot incorporate the environmental elements but stay with the other sectors. ECDC is now in the centre of this issue with some requests, and supported Mike Catchpole's concern that in the end if you must agree before you sign a joint report, you can end up with conclusions that say nothing. For this reason, there is a need to find ways to the settings that the agencies are in, the legal backgrounds, the interests of the organisations that are behind each sector, to be able to reach One Health conclusions otherwise there is no reason to attempt to produce joint reports.

57. Andrea Ammon thanked the participants for all their practical examples. She said that One Health is often just a verbal shell for a concept, but it is vital that multi-sectoral collaboration like this becomes a reality or issues such as climate change will be impossible to tackle. She said that ECDC has also experienced some of the difficulties highlighted by participants, and that the second question emerges from the fact that when one collaborates with other agencies on reports, they might have different clearance processes – ECDC's is entirely in-house, but for other agencies clearance involves the Commission. The question becomes which agency is in the lead, i.e. who has the final say in the report. She commented that neither of the scenarios presented – a muddled joint report with no meaningful conclusions or separate reports with differing messages – were desirable. Solving this issue will take time, and she said that practical cases, such as avian influenza, offer opportunities to look at the obstacles and try to resolve them. However, she said the basic principle of working together and coming to a common understanding of how to tackle these issues should be preserved. She said that Africa CDC might be able to provide some help, as the European Commission's department for International Partnerships (DG INTPA) are preparing a Team Europe initiative for training a One Health workforce. This needs to be completely developed and will take place in Africa, and she felt that at some point in the future it might foster a common understanding and common purpose to work on these topics jointly, and that ECDC will likely work on this and see if some parts of this can be used in Europe.

58. Mike Catchpole added that there was perhaps also an opportunity with the inter-agency One Health Task Force to try to understand why there might be different approaches and interests.

Eurosurveillance annual theme 2024: Changing urban environments and effects on infectious diseases and their epidemiology, surveillance, prevention and control

59. Ines Steffens, Editor-in-Chief of *Eurosurveillance*/Head of *Eurosurveillance* Editorial Office, Scientific Methods and Standards Unit, ECDC, gave a presentation on the journal's annual theme. Since 2022, *Eurosurveillance* has switched from issuing calls for special issues to announcing and running annual themes. The 2024 theme is 'Changing urban environments and impact on infectious diseases epidemiology, surveillance, prevention and control'.

60. Mike Catchpole asked if there were any questions or comments, and encouraged participants to volunteer to provide articles and let colleagues know about the opportunity. He added that *Eurosurveillance* has an impressive impact factor.

61. Koen Blot, AF Alternate, Belgium, asked if when the journal tackles the topic of the integration of wastewater surveillance in the public health domain it focuses more on the final applications of wastewater or is there also room for inviting submissions on the broad scope of how it could be used because for some countries understanding the validity and relevance of it is significant. One question along these lines could be: What are the practical methodologies for a new surveillance system.

62. Ines Steffens commented that the journal had deliberately kept the scope of the annual theme wide, and that it also includes the idea of what can be done in future to mitigate some challenges that may come with urbanisation. She said that urbanisation and infectious diseases is a challenging but important topic for the future, and wondered if participants knew of initiatives in their countries looking at how changes in the urban environment effect diseases.

Strategic Foresight workshop

63. Advisory Forum members, along with senior staff from ECDC, reviewed strategic actions that have been informed by ECDC's Foresight Programme. The actions addressed were organised within five distinct clusters: One Health and climate change; health services and risk mitigation; demographics and social determinants of health; data, digitalisation, and new technologies; and governance and collaborations. A focus was on identifying strategic actions that could be robust against six future scenarios. These scenarios, developed in ECDC's Foresight Programme, featured a range of possible threat landscapes for ECDC's mission and operations in 2040.

64. Gerjon Ikinck of ECDC's Foresight project introduced the session. Participants were divided into 10 groups, with each group containing AF members and ECDC management, to look at the six scenarios for 2040 in a 'wind tunnel' setting, using 'back-casting' to consider ways in which ECDC should be responding to these potential outcomes in advance of them happening. After three and a half hours of discussion, each group reported back briefly on their findings to the plenary. The participants reflected on which of the actions in their assessments turned out to be more robust, so more core strategy, which were semi- or peripheral to the strategy, and which might be contingent-only. A detailed summary of the discussions is provided in Annex 2.

65. Mike Catchpole noted that several of the clusters had questioned how robust the actions are that are contingent on data availability. He felt this suggested the agency needs a clear strategy for how it would function should there be fragmentation of data sources and it becomes difficult to use what it has.

66. The moderator thanked the facilitators and participants for their valuable input. After a second round of wind-tunneling with other ECDC staff, they would have a fair amount of raw data. Regarding the timelines for the actions, he said that the next phase in the process would be carrying out a road-mapping looking at how the agency could get to these actions being in place in a 15-year or longer horizon. This would be a longer process with multiple groups over multiple days. The items clearly identified as 'core robust strategy' – how do we get them accomplished? What do we need to do before, how long would it take. Regarding the actions identified as semi-robust and contingent, what needs to be done to make them part of the strategy – that would be the next phase.

67. The next step is the second wind-tunneling process with ECDC staff. The third step is to take all the raw data resulting from both rounds and try to make sense of it.

68. Regarding the wording of the actions, he said the phrasing had been workshoped but that the participants' feedback today, and in the future, will refine them to make them more acceptable to everyone without losing some of their sharpness.

69. Gerjon Ikinck concluded, informing that later in the year all of the day's work would be put into a report so they could see their contributions.

Day 2.

Update from the ECDC Director

70. Andrea Ammon, ECDC Director, gave a short update, providing information about the new ECDC director-elect, Pamela Rendi-Wagner, and plans for handing over to her before departing in June. She also mentioned some outstanding projects such as setting up the internal processes to deal with ECDC's different initiatives related to country support (e.g. EU Health Task Force, possible technical support requested following Article 8 country assessments, and general disease specific support activities), and make available the knowledge gained in an overall system. ECDC had been working with the accession countries for more than a decade and the EU had now granted the status to two additional countries - Ukraine and Moldova – along with candidate status to Georgia. All three countries had already been collaborating closely with the EU and were now also part of the Health Security Initiative. ECDC had already been working with them on assessment of their infectious disease prevention and control systems and, in principle, it would now be possible to cooperate even more closely with them.

71. On 1 December 2023, the Health Minister of Ukraine had visited Sweden and ECDC, looking for help and support. It became clear during that visit that the plan for Ukraine's assessment would need to be reviewed once the situation was more stable in the country. However, there were other areas in which it was possible to work in the meantime. One example was a meeting on behavioural insights, arranged by ECDC at the end of February 2024 in Poland at which there had been 15 participants from Ukraine in attendance. In January 2024, the Director had visited Moldova and discussed what actions were necessary for accession and in April she was planning a trip to Georgia for similar purposes. She noted that providing support to the three countries was one of her priorities before departing ECDC.

72. On 7-8 February 2024, the Director had attended the International Association of National Public Health Institutes IANPHI conference in Kigali, Rwanda. During the conference, WHO's Emergency Response hub had given a presentation, and the plan was to discuss this with CCB coordinators in order to give feedback to WHO.

73. The EU Health Task Force had now officially come into existence since January 2024, although it would initially be populated with the EPIET fellows in training and graduates from the EPIET programme (rather than Member State experts).

74. A new EU Regulation on cyber security had been introduced in December to achieve a higher level of information security in all EU institutions. According to the Regulation, an inter-institutional cyber security board would be established, with significant power to oversee cyber security and even impose sanctions. As this Regulation could possibly affect ECDC and its work, it was important to be aware of it.

75. In the second week of March 2024, the Director would be visiting Norway and then her remaining missions until June would all be EU Presidency meetings.

76. Ute Rexroth, AF Alternate, Germany, asked that, when preparing for the discussion with WHO on the Emergency Response hub and the framework for emergency capacities, ECDC should include the NFPs for Preparedness and Response.

77. Andrea Ammon, ECDC Director, confirmed that she was planning to discuss this issue at the Management Board meeting the following week and ask for their advice on how to address it.

Update on Advisory Forum Working Group on Workforce Capacity

78. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, gave a short presentation and the floor was opened for discussion.

79. Andrea Ammon, Director, ECDC, was struck by the similarities in the challenges faced by each of the countries in dealing with workforce capacity issues, even though the situation was unique in each of them. It did not seem as if there was one specific measure that would work for them all and therefore

there would have to be a package – for example, creating career incentives, salary incentives, boosting training and training quality, etc.

80. Greg Martin, AF Member, Ireland, said that there had been some discussion about using maps to compare countries in terms of parameters for the public health work force. This could be very useful for providing stronger arguments when advocating to stakeholders for additional resources or arguing for other improvements/changes.

81. Otto Helve, AF Member, Finland, said that the discussions had been useful, however the reporting would be heterogenous and therefore he strongly recommended opening up the assessment form to accommodate individual answers. This would also be beneficial as a means of pinpointing particular solutions that each country had found. The problem was that, by just using the assessment form, reporting would not be an accurate depiction of the situation. He cited the example of perception of workload, which was a problem in Finland for recruitment purposes, to such an extent that it was difficult to even get people to do training for the health work force or medical professions. Such details could be better described if the form allowed for open answers.

82. Koen Blot, AF Alternate, Belgium, said that rather than comparing countries, it might be better to identify some baseline activities and ask whether these could be performed or not. It would be difficult to push for any recommendations regarding education/training because awareness of public health generally was low among doctors and medical experts and therefore there were very few who considered it as a possible education.

83. Henrik Ullum, AF Member, Denmark, asked how the data should be shared since, from a quality control perspective, it was standard to compare with others, but for the purposes of this project, it was not so important to know how your neighbours were doing. He pointed out that it was difficult to attract recruits to the public health workforce because they had many other opportunities which was obviously a major problem for many countries.

84. Jurgita Pakalniškienė, AF Member, Lithuania, said that in her country they had already tried to look at the public health functions from a national perspective and compare with the other Baltic countries. They therefore appreciated this opportunity which might help them ascertain where they were above, below or on a par with the EU average, if the data were comparable. This could also provide them with a better idea of whether the workforce numbers were low and, if appropriate, strengthen the argument for recruiting more personnel since there were many complaints that the public health workforce was overwhelmed.

85. Jurijs Perevoškičovs, AF Member, Latvia, said that this issue was a hot topic, especially after the COVID-19 when everyone was trying to find additional resources for healthcare, rather than public health. He said that they often received requests relating to numbers - how many epidemiologists were currently employed, how many would be needed in the future, etc. In Latvia they had decided to divide the public health workforce into national and local functions as one way of looking at it. The publication of any data at EU level would therefore be interesting and useful. He also pointed out that in Latvia there was a tendency for newly educated (young) people to move away from public health or to retrain after five years and it was difficult to know how to encourage them to stay or to make the sector more attractive (one of the main issues being salaries in the public sector versus private).

86. John Middleton, AF Member, ASPHER, said that the issue with doctors not going into public health was a problem as, although public health was a multidisciplinary profession, their medical expertise was valued and necessary. In the UK, attempts had been made to increase the multidisciplinary nature of the public health workforce by recruiting information scientists, environmental scientists, nurses, etc. The Faculty of Public Health in the UK was subject to a rigorous competency assessment process that was open to medics as well as non-medics and other recognised professionals in the field of public health. At present, there were over ten applicants for every post and they were experts in many different fields including humanities, the sciences, climatology, etc. The multidisciplinary aspect was really vital to the way in which public health was developing in the UK and the training was competency-based, which was important. For example, even a social scientist coming into public health still had to be able to manage an outbreak or evaluate a high-cost drug. In his opinion, the current state of medical involvement in public health in Europe was somewhat disappointing and this was because public health was not recognised in the EU Professions Directive. ASPHER had a task force which was trying to enhance the status of public health by making it more recognised as a profession, and by encouraging ministries of health and politicians at national and European level to

take steps in this direction. The COVID-19 pandemic had helped to boost the status of public health slightly and represented an opportunity to be mined. In the US where they did extensive surveys of schools of public health, they had charted a massive increase in interest in master's degrees during the pandemic. Politicians had come to appreciate the role played by public health, particularly in the arena of emergency preparedness and response and it was vital to capitalise on this with decision makers and influencers and the results of the survey would be very helpful in that respect.

87. Adriana Pistol, AF Member, Romania, said that she was very much in favour of a country profile for the survey results as this data would help when drawing up a strategy. However, in order for it to be comparable with the EU average, it would be good to have a set of core functions in the assessment form. It was important to only count those people who were working in the public health system and carrying out necessary core functions because in Romania, after finishing medical school, people specialised in different areas and therefore not everyone was working in the public health system. She suggested that some of those with a master's degree in public health, or even economists, veterinarians and people with other specialties could be offered a career path in public health to increase the workforce. In Romania, they had been attempting to do this and had also been (re)training nurses in public health so she suggested that the survey should also distinguish between 'ordinary' nurses and nurses trained in public health.

88. Aura Timen, AF Member, EUPHA, said that it might be interesting if the questionnaire was designed to capture the potential reservoir of doctors waiting for a position in a particular medical specialty. She also suggested that initiatives could be taken at national level to stimulate people to join the public health system and become public health specialists.

89. Fernando Simón Soria, AF Member, Spain, said that the lack of human resources in the public health sector was a universal problem. He suggested it was necessary to clarify whether the survey was to obtain information on those working in public health (prevention, promotion, management, infection control) or those working in surveillance. He pointed out that there were 17 regions in Spain and some regions had exactly the same number of people working in surveillance and/or public health even though there were different sizes. This indicated that there was possibly a problem with efficiency, connected to digital development, and the availability of tools. This illustrated the fact that it might be difficult to compare the final results between regions or countries. He was also in favour of a country profile, however interpretation would not be simple as each country had its own system for public health training and education and people also frequently changed profession and therefore it was difficult to keep track of them. He also pointed out that in Spain, before branching out into public health, graduates had to finish their initial training and become fully qualified, and this could take eight or ten years.

90. Bernhard Benka, AF Alternate, Austria, said that WHO and ECDC had a vital role to play in promoting public health and trying to make jobs in public health more attractive. A national public health agency was often the starting point for an international career in public health and many young graduates starting out were interested in undertaking EPIET. He therefore suggested that it might be useful to look at EPIET statistics on trends in the number going into public health positions after graduation, and whether they ended up in the public or private sector. He also wondered whether ECDC could offer shorter internships (e.g. 3–6 months) like EFSA did, to help boost the profile of those just starting out who wished to work in public health.

91. Trygve Ottersen, AF Member, Norway, said that it was good to have a discussion about healthcare personnel and the public health workforce and the survey provided a starting point for this. He believed that at the national level there was a great deal of competency and capacity but that it had not been harnessed properly. For example, information and recruitment campaigns, highlighting some of the advantages of public health work, including international opportunities. Although he was aware that the dynamics in the public health workforce were different to those in the healthcare sector, he raised the issue of international recruitment, which also caused problems with the public health workforce. He wondered whether the survey could ask about workforce retention and whether this presented a challenge, or the extent to which a country was reliant on importing its workforce.

92. Jan Kynčl, AF Member, Czech Republic, said that it would be necessary to have median numbers of public health workforces in the EU, as the numbers could vary quite significantly, and also some anonymised data (e.g. country 1, country 2, etc.) for all 28 countries. He warned of the danger of

inappropriate or inaccurate labelling in the survey (e.g. people being described as 'professional workers') and emphasised the need to be quite specific.

93. Vicky Lefevre Head of Unit, Public Health Functions, ECDC, responding to the questions, said that in terms of scope, they had wanted to cover core public health functions related to the prevention and control of infectious diseases at national/sub-national level because that was how they would obtain comparable data. She acknowledged the need to be careful with comparisons and interpretations. She also noted the suggestion on including the mean/median. However, she pointed out that the success factor would be the response rate. Similarly, having individual profiles for the countries would also depend on the response rate. She suggested providing two weeks for AF members to send any additional questions, comments or suggestions for the survey in writing. She would also inquire about statistics on the EPIET alumni. She thanked the AF members for the comments and suggestions.

Composition of the Advisory Forum Preparatory Group

94. Maarit Kokki, Head of Executive Office, Director's Office, ECDC, proposed that the Advisory Forum Preparatory Group should be revived. The role of the Group was to advise ECDC's Chief Scientist on agenda items and the format of meetings and to discuss the draft programme. The Chief Scientist chaired the Group and in the past there had been around five members from the AF. The aim was for the representation to be inclusive – i.e. from different EU regions. The approximate dates for the Group meetings were already identified and these were usually around two months before the actual AF meeting. Discussions took place either via email or video so there was no need to meet in person. She asked whether the AF thought it would be useful to have such a preparatory group to help with AF meeting agendas and whether the AF was in agreement with the terms of reference. If the proposal was acceptable, she was also interested in obtaining volunteers to join the Group.

95. Dirk Meusel, AF Member, DG SANTE, agreed with the idea of reviving the Preparatory Group and volunteered to join.

96. Jan Kynčl, AF Member, Czech Republic, said that since a group had already existed previously and was not used, he was slightly sceptical about the need for it, especially since any AF member could propose topics for the agenda. However, if the group was going to be resurrected and consulted, it was important to take into consideration geographical representation and gender balance.

97. Henrik Ullum, AF Member, Denmark, Otto Helve, AF Member, Finland, Greg Martin, AF Member, Ireland and Koen Blot, AF Alternate, Belgium, all agreed with the terms of reference and volunteered to join the Group.

98. Fernando Simón Soria, AF Member, Spain, who had been a member of the group previously, said he would like to continue. He pointed out that the group was proposed because the AF members did not feel that they had enough influence over what was discussed and what was on the agenda. He also pointed out that the tasks of the group were not too extensive/time-consuming and that the idea was not to control the agenda, but to add to it.

99. Maarit Kokki thanked everyone who had volunteered and said that she would send out a meeting invitation ahead of the next AF meeting.

Chief Scientist's Report on the work of the Advisory Forum in 2023

100. Mike Catchpole, Chief Scientist, ECDC gave a short update. He thanked the AF for their important work during his time as Chief Scientist.

101. Andrea Ammon, ECDC Director said that the post of Chief Scientist at ECDC had been advertised and that she would consult with the new director as to whether to go ahead and recruit or wait until she had taken up her new post. In the interim, Piotr Kramartz would be acting Chief Scientist and would chair the next meeting in May.

102. Mike Catchpole, Chief Scientist, ECDC said that the next meeting would be on 14-15 May 2024. He wished all the AF members safe travels and thanked them for their contributions, support and friendship over the years.

Annex 1: List of participants

Member State	Representative	Status	Participation Mode
Austria	Bernhard Benka	Alternate	In person
Belgium	Koen Blot	Alternate	In person
Croatia	Aleksandar Šimunović	Alternate	In person
Czech Republic	Jan Kynčl	Member	In person
Denmark	Henrik Ullum	Member	In person
Estonia	Kärt Sõber	Member	In person
Finland	Otto Helve	Member	In person
Germany	Ute Rexroth	Alternate	In person
Greece	Dimitrios Hatzigeorgiou	Alternate	In person
Hungary	Zsuzsanna Molnár	Member	In person
Ireland	Greg Martin	Member	In person
Italy	Silvia	Declich	WebEx
Latvia	Jurijs Perevoščikovs	Member	In person
Lithuania	Jurgita Pakalniškienė	Member	In person
Luxembourg	Isabel De La Fuente Garcia	Member	WebEx
The Netherlands	Jaap van Dissel	Member	In person
Poland	Małgorzata Sadkowska-Todys	Member	WebEx
Portugal	Carlos Matias Dias	Member	WebEx
Romania	Adriana Pistol	Member	In person
Slovakia	Henrieta Hudečková	Alternate	In person
Slovenia	Marta Grgič-Vitek	Alternate	In person
Spain	Fernando Simón Soria	Member	In person
Sweden	Anneli Carlander	Alternate	In person

Observers			
Iceland	Kamilla Jósefsdóttir	Member	In person
Norway	Trygve Ottersen	Member	In person
European Commission Non-Governmental Organisations (NGOs)			
European Public Health Association (EUPHA)	Aura Timen	Member	In person
Association of Schools of Public Health in the European Region (ASPHER)	John Middleton	Member	WebEx
European Commission			
DG SANTE	Dirk Meusel		In person

Annex 2: Summary of the Strategic Foresight Workshop

Advisory Forum members, along with senior staff from ECDC, reviewed strategic actions that have been informed by ECDC's Foresight Programme. The actions addressed were organised within five distinct clusters: One Health and climate change; health services and risk mitigation; demographics and social determinants of health; data, digitalisation, and new technologies; and governance and collaborations. A focus was on identifying strategic actions that could be robust against six future scenarios. These scenarios, developed in ECDC's Foresight Programme, featured a range of possible threat landscapes for ECDC's mission and operations in 2040.

Participants were divided into 10 groups, with each group containing AF and ECDC management, to look at the six scenarios for 2040 in a 'wind tunnel' setting, using 'back-casting' to consider ways in which ECDC should be responding to these potential outcomes in advance of them happening. After three and a half hours of discussion, each group reported back briefly on their findings to the plenary. The participants reflected on which of the actions in their assessments turned out to be more robust, so core strategy, which were semi- or peripheral to the strategy, and which might be contingent-only.

Cluster 1 discussed One Health and Climate Change. They looked at Scenario I (A United EU in a Polycrisis World), Scenario III (Divide and Prejudice), and Scenario IV (Public Health in Private Hands). They realised in general that for the societies that were more united, it would be easier for us to work with, and much more difficult for the societies that were broken. They also discussed that in broken societies, ECDC might not exist anymore, as the EU might have fractured in a nationalistic situation. Even if ECDC were able to take actions, using alternative surveillance systems maybe we could manage to do it at an individual level, but there would be not much that the agency could then do with the data if society as a whole was not interested in listening to what ECDC was saying or doing. In Scenario IV, it could be that access to data is expensive.

They could identify certain actions were suited for some scenarios while others weren't. An example is Action 1.4 (Promote alternative surveillance channels such as wastewater surveillance), they could see that when the EU is united with a certain level of investment it might make sense to do that. Even when you have a society that is highly digitalized (Scenario V – Urban Dominion and Digital Society), it could be something that could be easily done – low investment – although there are a lot of data there. But in a patchwork society with a lot of division it could be worth it, but the cost might outweigh the outcome. They had also had an interesting discussion regarding establishing a cross-organisation team tasked with coordinating and facilitating the agency's decision in climate change. In certain scenarios such as Scenario I, with a united Europe, the decision to establish this might be one made by ECDC, whereas in Scenario V, it would go without saying and it is rather obvious it would exist. An interesting result they had regarding collaboration with the EU sister agencies (ECDC, EMA, EFSA, etc) in coordinating a mechanism for cross-sectoral monitoring of AMR, in Scenario VI (A Patchwork Society), everybody thought this was no neutral, with not much added value there. The group felt it would be interesting to see in the next wind-tunneling exercise how this will turn out.

Cluster 2 looked at Health Service and Risk Mitigation. Four of the five actions they tested (against three scenarios) turned out as robust and resilient. They discussed that in Scenario VI (A Patchwork Society) was not necessarily completely negative as ECDC's contributions, especially in advocacy and communications, would be very important, as well as the continued need to support countries at the national level to provide guidance, supervise recommendations, provide evidence-based information, and so on. However, looking across all the scenarios, actions 2.2 (Develop capacity and additional expertise to support public health advocacy and prioritised and tailored risk management) and 2.3 (Develop breadth of technical expertise and communications capacity to enable ECDC to advocate and advise policy makers and the public on a holistic approach to disease prevention) were very robust across the six scenarios. Action 2.1 (Provide evidence, analysis and forecasting to identify priority R&D areas) and 2.4 (Leverage sociodemographic and spatial data in ECDC's work to identify populations who are marginalised and the blind spots of passive disease surveillance) were semi-robust, depending on some assumptions made. In the latter, impact may vary across the scenarios because the agency would be dependent on another variable, namely the availability of and access to data. Action 2.5 (Enhance engagement of local communities) was the one that they felt was the most challenging and the result was a contingency strategy, because they felt that it was beyond ECDC's scope, the agency

may not have the resources to engage with local communities, and it would not be the Centre's first priority with its current mandate.

Cluster 3 looked at Demographics and Social Determinants of Health, looking at specific groups such as migrants and older populations, youth, and issues such as mental health. Tallying their assessments, the only action that came out as entirely positive across all scenarios was 3.6 (Help educate young people about health behaviours), because they assumed that in all scenarios children would need to be educated. Action 3.4 (Update the Agency's guidelines on protecting older adults, enhance their outreach and follow up with lagging areas) was mostly positive in all scenarios but there was some debate about what age this would apply to – 60 to 80 years old, 80 years and over. The other four actions, to do with guidelines for migrants' health, access to healthcare for migrants, disadvantaged communities specifically during outbreak situations, and mental health, were all more mixed. They had noted that participants in the group sometimes gave different scores even when using the same reasoning, depending on whether or not they felt the action feasible or necessary or even if it was within ECDC's mandate. This came up in particular with Scenario III (Divide and Prejudice) where the discussion was around what ECDC's role could be.

Cluster 4 discussed data digitalisation and new technologies. The two actions that came out on top for them were 4.3 (Strengthen in-house expertise and establish continuous practices for disease signal scanning with AI via non-traditional sources like social media and non-specific health data) and 4.4 (Utilise research into effective health communication and dynamics of public health disinformation campaigns to develop an effective counter-misinformation strategy). The item that came out worst was 4.2 (Strengthen the internal working group on the proposed European Health Data Space to determine synergies and engage in knowledge-sharing on best practices for health data-sharing). The across the board outcome was that it was very important that in principle the action were good, but too much focus on ECDC being the institution in the lead – there should be collaboration, networking, building trust, and making use of expertise already there.

The opposite scenario types had two different views: you could say there is already a lot of data-sharing, so it is already open so no need to invest. But another way of looking at it would be we need to run this course with it. They got pluses and minuses on the same scenarios. If no data-sharing, however, there is no point in doing it, as nothing will be shared. Or if there is no data-sharing we need to put more effort in so that something will be shared.

For the next group, everything was about data, that kind of task is obviously always good so it was hard to find negatives in doing that. However, this did not apply to Scenario III (Divide and Prejudice), as when countries turn inward and prioritise self-reliance it could become counter-productive.

Cluster 5 looked at Governance and Collaborations. As with other clusters, their most diverse and scattered answers related to the Divide and Prejudice scenario. However, they agreed that in the case of a totalitarian governments taking power it would make little sense to review the budget as the situation could turn adverse and the budget would be cut. Supporting ECDC staff in building interpersonal, informal networks would be difficult in this kind of situation because the outcome would not be the expected one, as such governments would not invest in science.

On the positive side, most participants in this group said that it was always important to keep dialogue going even when formal cooperation is not there, and also that interpersonal relations need formal structures. In relation to Action 5.5 (Explore ways to keep up health dialogues between global blocks even if formal cooperation breaks down), they felt that this could perhaps be slightly rephrased to give a more positive outlook on this. The strongest consensus in the group was regarding Scenario V (Urban Dominion and Digital Society). In this scenario, they felt the budget could be reviewed to try to compensate for inequalities between young and old in society, as well as investing in ECDC staff in building interpersonal formal networks. Regarding Scenario VI (A Patchwork Society), the group also had rather diverse opinions, although the feedback was not completely negative. On a more general point, participants in the group was not clear of the timeframe in which carrying out the actions should be considered, as obviously waiting until 2040 would already be too late. Are they actions that should be taken in the next five years, or 10, or more? The timeframe would change the way one might see the actions.

The other group in this cluster felt that most of the actions that made sense – pretty much what we are already doing so not any reason to discontinue them in the future. Definitely think of how to enhance and adapt them. In terms of the terminology, what do we mean about 'informal' interactions?

This was flagged a lot. In addition, the idea that the agency would eventually engage more with the private sector and the industry, which might jeopardise the agency's independence. In terms of communication with the public, they that while support should be continued, it should always enhance and support rather than clash with national communications strategies. The group also felt it would be highly beneficial to have the goal for each cluster, so for the Governance and Collaborations what do we want to achieve because that could help put the scenario and actions into perspective, and might change the rankings of the evaluation. Many participants in this group had also commented on the wording of the actions and what was intended by the details, and felt they might need adapting. A strong comment here was it needs to take into consideration the context in which ECDC operates: as an EU public health agency, there seemed to be a lot of things listed that it would probably not be able to do.