

Central registry of stakeholders comments (available on DMS)

SPD 2022 preparation

Stakeholders										ECDC				
No	Date	Country	From	Link	Comments	Strategy	Unit	Section/DP	Date	From	ECDC comment	ACTION	Related to	
1		Portugal			We would like to emphasize a range of potential actions to address the issues posed by COVID-19 to be considered, with particular attention to the following items: (1) Harmonization of methods, data and information across the EU/EEA countries and the UK for reliable cross-national comparative purposes;	1.1 1.2 1.3	DPR	CAI	10/26/2020	5.1.2a	The future work of ECDC on COVID-19 will be defined in close collaboration with the MS, through the CCB networks and the AF, and based on the external evaluation of the initial ECDC COVID-19 response. Agree and this is already in progress.	n/a		
2		Portugal			We would like to emphasize a range of potential actions to address the issues posed by COVID-19 to be considered, with particular attention to the following items: (2) Development of guidance for a common criteria framework, namely regarding epidemiological criteria, for orientation towards a coordinated approach at EU level related to travel and borders' management;	2.4	DPR	CAI	10/26/2020	5.1.2a	ECDC will continue to address the many various aspects of COVID-19 both in 2021 and 2022. The specific issue on travel and border management will need to be addressed before 2022.	n/a		
4		Portugal			We would like to emphasize a range of potential actions to address the issues posed by COVID-19 to be considered, with particular attention to the following items: (4) Provision of nowcasts and forecasts, eventually in collaboration with modelers in Member States, to contribute to the evidence provided to tackle the pandemic;	1.2	DPR	CAI			We will consider this in the light of all the other priority demands placed on our small modelling team.	n/a		
5		Portugal			We would like to emphasize a range of potential actions to address the issues posed by COVID-19 to be considered, with particular attention to the following items: (5) Development of guidance for assessing the impact of measures implemented to tackle the pandemic;	2.4	DPR	CAI			Agree and this is already in progress.	n/a		
6		Portugal			We would like to emphasize a range of potential actions to address the issues posed by COVID-19 to be considered, with particular attention to the following items: (6) Better articulation between the ECDC and WHO, to help mainstream while avoiding duplication of efforts, namely regarding the technical guidance publications (to be produced in a more coordinated, timely and coherent manner) and joint activities.	4.3	DPR	CAI	10/26/2020	5.1.2a	The future work of ECDC on COVID-19 will be defined in close collaboration with the MS, through the CCB networks and the AF, and based on the external evaluation of the initial ECDC COVID-19 response. We are continuously working to ensure that any joint guidance is produced in a more coordinated, timely and coherent manner	n/a		
7	24-Jul-20	EUROPOL	Monica De Attis Office of the Executive Director		As in previous years, we are committed to the successful implementation of joint ECDC - Europol activities on the basis of the Agreement on Strategic Cooperation between our organisations. This year, the COVID-19 crisis has resulted in the postponement of the joint multi-sectoral training; however, I can assure you that Europol remains committed to continue the good cooperation with this and further initiatives addressing the challenges in preparedness and response to biological threats.	2.4	DIR	ExO	10/26/2020	5.1.2a	The good collaboration with EUROPOL in the area of emergency preparedness and response will be continued. No need to amend the SPD.	n/a		
8	26-Jul-20	Austria	5.1.2a	(AF)	page 18: You might consider to add another page more clearly indicating the end of the document. Presently the end comes very abruptly. I had to check if I lost some pages in the printer.	na	DIR	ExO			Done	Document updated.		
9	26-Jul-20	Austria	5.1.2a	(AF)	page 4: please explain the abbreviation "AI" (couldn't I also read machine learning?)	na	PPH	SUR	10/26/2020	5.1.2a	AI (Artificial Intelligence) includes several process: Machine learning, supervised learning, unsupervised learning and machine learning. All these process are part of AI.	n/a		
10	26-Jul-20	Austria	5.1.2a	(AF)	page 6: (third to the last line in the paragraph before topic no. 6) HIV is not a disease, therefore please rephrase: "HIV, TB and hepatitis ... to help tackle the three diseases"	na	DPR	SMT	6/26/2020	5.1.2a	Changed from HIV to HIV infection.	Document updated.		
11	26-Jul-20	Austria	5.1.2a	(AF)	page 10: please explain the abbreviations NFPs and OCPs	1.4	DIR	ExO			National Focal Point, Operational Focal Point. Added in the glossary	Document updated		
12	26-Jul-20	Austria	5.1.2a	(AF)	pages 12 and 16: keep uniformity in the way to write US CDC (versus U.S. CDC)	3.3 4.1	DIR	ExO			Text amended accordingly.	Document updated		
13	26-Jul-20	Austria	5.1.2a	(AF)	page 14: explain abbreviation VPD	3.1	DIR	ExO			Vaccine preventable diseases.	n/a		
14	26-Jul-20	Austria	5.1.2a	(AF)	page 16: Consider to explain the term "Western Balkans" (cooperation for Western Balkans?), to me, there is only one Balkan, shouldn't it read "Western Balkan states? Which states are Western balkan.	4.1	DIR	EIC			The term "Western Balkans" is adopted by the European Commission DG NEAR to refer to 6 countries in the region that are covered under the EU enlargement policy. Please refer https://ec.europa.eu/commission/presscorner/detail/en/p_20_1816	n/a		
15	31-Jul-20	EEA	6.1.2a		In the context of the Strategic Objective 3, and 3.1 "Identify gaps: Work with partners to identify and address key knowledge gaps and areas of uncertainty...", we very much welcome ECDC's highlighting of the potential importance of the environment as a possible driver for communicable diseases. EEA would welcome opportunities to explore further cooperation together on this topic, and with other key partners such as WHO. We also anticipate further close joint activities in the context of the virtual observatory for climate change and health alluded to in this section.	3.1	DIR	ExO	10/26/2020	6.1.2a	Well noted. ECDC will convene an expert consultation group to review potential trends in drivers of infectious disease, including any environmental factors that are highlighted by the scoping study being undertaken in 2021 as part of the Foresight initiative. ECDC would be pleased to engage with EEA on the consultation on likely trends in environmental drivers.	n/a		

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16	31-Jul-20	EFSA	5.1.3a	EFSA identified several opportunities throughout the document to highlight more the cooperation with other EU / ENVI agencies, especially when referring to the 'One Health' approach: (1) Preparedness and surveillance areas are proposed as opportunities for cooperation and mutual benefit aiming at building robust surveillance systems and preparedness plans that would benefit from interaction and interoperability with surveillance and monitoring of animal diseases and the role of animal populations in emerging human diseases. Monitoring of environmental and other risks factors is also important to this direction.	1.2 2.4 3.1	PHF DPR	SURV EPRS EFVED	10/26/2020	5.1.3a	Indeed, this will be continued. This is included in section 2.4 'For cross-border foodborne threats, ECDC will continue assessing cross-border clusters, using Whole Genome Sequencing, and prepare as needed jointly with EFSA, public health risk assessments in a 'One Health' perspective, with data analyses performed with EFSA, European Union Reference Laboratories, Member States and other relevant parties.' and also in other parts of the SPD.	Document updated	
17	31-Jul-20	EFSA	5.1.3a	EFSA identified several opportunities throughout the document to highlight more the cooperation with other EU / ENVI agencies, especially when referring to the 'One Health' approach: (2) Antimicrobial resistance is indicated as an area where current interagency collaboration ECDC-EFSA-EMA activities on AMR (IACRIA II) could be emphasized and further intensified.	2.2	PHF DPR	SURV EPRS 5.1.3a	10/26/2020	5.1.3a	EFSA, EMA and WHO are now specifically mentioned as key collaborators when working in a one health approach.	Document updated	
18	31-Jul-20	EFSA	5.1.3a	EFSA identified several opportunities throughout the document to highlight more the cooperation with other EU / ENVI agencies, especially when referring to the 'One Health' approach: (3) Assess and integrate developments in innovation areas such as whole genome sequencing (WGS) techniques, big data and artificial intelligence. In doing so, to maximise possibilities of collaboration among ENVI agencies implementing the Health Policy Agencies and European Commission Collaboration (HPAC) One Health strategy, and co-design with ENVI agencies the collaboration framework of the future. Recent examples is the identification of reusable IT building blocks (like EUCUO) in EFSA-EMA collaboration) or embarking on common bilateral developments (like joint activities in the area of WGS to support the detection and investigation of multi-country foodborne outbreaks).	1.2	PHF DPR	SURV EPRS EFVED	10/26/2020	5.1.3a	The collaboration with EFSA is mentioned in several parts of the document: e.g. in the areas of preparedness and response, surveillance, food and waterborne (WGS, rapid outbreak assessments, joint surveillance reports) and AMR.	n/a	
19	31-Jul-20	EFSA	5.1.3a	Capacity building activities and exchange of good practices in: (1) emergency preparedness, where EFSA and ECDC should continue to organise dedicated trainings and develop a multiannual plan addressing the needs for risk assessment and communication in coordination with EC and MS.	2.4	PHF	EPRS	10/26/2020	5.1.3a	The collaboration with EFSA is mentioned in several parts of the document: e.g. in the areas of preparedness and response, surveillance, food and waterborne (WGS, rapid outbreak assessments, joint surveillance reports) and AMR.	n/a	
20	31-Jul-20	EFSA	5.1.3a	Capacity building activities and exchange of good practices in: (2) EUFORA, EFSA's Fellowship Programme: joint activities to strengthen transdisciplinary One Health cooperation and increase preparedness for future pandemics.	2.3	PHF	PHT	10/26/2020	5.1.3a	Indeed there is exchange of good practices between ECDC and EFSA on the Fellowship programme. As this is rather a continuous activity without specific outputs, it has not been included in the SPD in analogy with other similar activities.	n/a	
21	31-Jul-20	EFSA	5.1.3a	Capacity building activities and exchange of good practices in: (3) Pre-accession and ENP countries training, with a focus on resources. Get advantages of the already good cooperation with EFSA through pre-accession and ENP, and as these countries have proven to be a possible route of entry of zoonotic diseases in the past, and consider delivering some of capacity building activities jointly with EFSA, in a 'One Health' approach.	4.1	DIR	EIC	10/26/2020	Jevgenijs Golovcovs	We will be looking into this possibility more closely. Proposed activities for ENP partner countries can be considered within the EU Initiative on Health Security, as it has specific work package for cooperation under different DPs.	n/a	
22	31-Jul-20	EFSA	5.1.3a	Capacity building activities and exchange of good practices in: (4) ECDC invited to join the scientific programme committee of the 4th Scientific Conference EFSA is organising in 2022. To ensure preparedness for future challenges (e.g. evolving policy objectives resulting from the Green Deal and its implementing strategies) and reinforce the cooperation mechanisms necessary to address them, ensuring a multidisciplinary approach for the progressive implementation of the 'One Health' goal.	1.4	SMS	SPM	10/26/2020	5.1.3a 5.1.3a	ECDC would be pleased to join the scientific programme committee of the 4th Scientific Conference EFSA is organising in 2022. This has been noted on p42. The framework will carve out the specific role of ECDC in the collaborative work on One Health.	Document updated	
23	31-Jul-20	EFSA	5.1.3a	Communication and stakeholder's engagement: (1) Proposal to further exchange learnings and best practice on the new framework for stakeholder management programme as EFSA is carrying out the same exercise and it could be an opportunity to exchange learnings and best practice, despite the two Agencies not having the same target audiences.	5.3	DIR	COM	10/26/2020	Andrea HK	Thank you for the suggestion. We will look into the possibility to liaise with other agencies that have similar approach in the stakeholder's management and develop exchange of practices.	n/a	
24	31-Jul-20	EFSA	5.1.3a	Communication and stakeholder's engagement: (2) Proposal to explore the "social science research" as a tool to understand future public health opportunities and threats	3.1 5.3	SMS	SPM	10/26/2020	5.1.3a	ECDC recognises the importance of social science research, and will identify potential opportunities for such research through its Foresight work and its work on identifying knowledge gaps that represent research opportunities and priorities (e.g. Horizon 4.2.1.1).	n/a	
25	31-Jul-20	EFSA	5.1.3a	Communication and stakeholder's engagement: (3) Potential collaboration on outreach and materials development and dissemination.	5.3	SMS	IKM	10/26/2020	5.1.3a	We noted. ECDC will continue to engage with partners such as EFSA in areas of mutual scientific interest, through bilateral arrangements and through 'cluster' approaches, such as those developed through the EU-ANSA collaboration.	n/a	

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26	31-Jul-20	EFSA	5.1.2a		Outsourcing opportunities, in specific scientific areas such as antimicrobial resistance, artificial intelligence, stakeholder engagement methodologies, and optimisation of shared services and capabilities (at EUAN level or with selected agencies).	4.3	SMS	EPM	10/26/2020	5.1.2a	Well noted. ECDC will continue to engage with partners at EUAN level or with selected agencies in areas of mutual scientific interest, through bilateral arrangements and through 'cluster' approaches, such as those developed through the EU-ANSA collaboration. Added to section 4.3, second bullet point, on cooperation with other Agencies that "possibilities to launch joint procurements will be explored." We are doing this anyway on an ongoing basis by exchanging our procurement plans within the small "ENVI" group and participating in the JPP in the NAPD Network.	Document updated	
27	31-Jul-20	EFSA	5.1.2a		Governance: Implement HPAC governance and projects and build on the ENVI agencies' ambitions and strategy for greater collaboration by maximising partnerships.	4.3	DIR	ExO			Indeed, ECDC is part of the HPAC and is leading on the One health WGS solution 2020 project and involved also in other projects such as AI for literature review. This approach will continue in the future. Regarding the EFSA-ECDC joint activities in the area of WGS to support the detection and investigation of multi-country foodborne outbreaks, the further implementation of the roadmap for the implementation of the ECDC-EFS system for joint analysis of WGS was proposed by ECDC to be included under the HPAC umbrella but DG SANTE G4 did not agree to this.	n/a	
28	24-Jul-20	Cyprus	5.1.2a (MB)		An update on implementation of the International Health Regulations would be very useful during future MR meetings.	4.3	DIR	ExO			Well noted	n/a	
29	31-Jul-20	Estonia	5.1.2a (AF)		Supporting the integration of health data from different Health Information Systems/ sources (clinical picture, mortality data, case reporting system, behavioral, etc...) is crucial and should be stressed as a way forward. Nowadays only multiple sources give us possibility to deal with complex problems and it was again confirmed by COVID-19 lesson.	1.2	PHF	SURV	11/2/2020	5.1.2a	Agree, this is included in SPD 2021 and 2022 (e.g. determinants data, electronic health records).	Document updated	
30	31-Jul-20	Estonia	5.1.2a (AF)		Horizontal strategic objectives: the consolidation and improvement of the MS and EU-Surveillance System should always be the priority, specially before putting resources in other systems.	1.2	PHF	SURV	11/2/2020	5.1.2a	Agree, this is included in SPD 2021 and 2022 (e.g. EPHEUS, SSR programme, molecular surveillance roadmap, surveillance standards).	Document updated	
31	21-Jul-20	Germany	5.1.2a (MB)		We support the proposed priorities. We agree that the follow-up of COVID-19 lessons learned will be one of main tasks in the coming years. But we also welcome that tackling antimicrobial resistance will stay a priority in 2022.	na	DIR DPR	ExO 5.1.2a			Well noted, and thanks for the support of our AMR work.	n/a	
32	21-Jul-20	Germany	5.1.2a (MB)		p. 3; 3. "Address priority conditions..."; first bullet point: The Joint Action on AMR and healthcare-associated infections (JAMRAI) was supposed to end in August 2020 but has been prolonged until end of February 2021 due to the COVID-19 crisis. There is no decision taken yet about a "JAMRAI II", starting in 2022/2023. Therefore a support by ECDC in 2022 is currently not necessary.	na	DPR	5.1.2a	9/7/2020	5.1.2a	Now deleted.	Document updated	
33	21-Jul-20	Germany	5.1.2a (MB)		p.5f: Could be possible to integrate more diseases in the integrated surveillance by extending its coverage or to create an integrated surveillance system for other diseases with pandemic potential. Is it conceivable to strive for a generic integrated system as a basis applicable for different epidemic situations?	1.2	PHF	SURV	11/2/2020	5.1.2a	The objective is to evolve towards robust digitalised integrated surveillance systems as much as possible. The initial focus is on SARI, pandemic prone viral respiratory infections and laboratory based surveillance of outbreak prone diseases.	n/a	
34	21-Jul-20	Germany	5.1.2a (MB)		p. 7: first bullet point and p. 14; 3.1: third para. describe a closer collaboration with the environment sector as driver for communicable diseases. Are there specific activities planned in the context of AMR, in particular in the assessment of the risk to humans resulting from resistant pathogens, resistance genes or antibiotics in the environment? Furthermore the focus on the effects of climate change is supported. However, Germany also suggests including the effects of other changes in the environment, such as urbanisation, agriculture and pollution, in the assessment.	3.1	DPR SMS	5.1.2a SPM	10/26/2020	5.1.2a	ECDC is undertaking work in 2021 that will identify Foresight studies that address infectious diseases and their drivers. The review process through which these studies will be identified will not be limited to any particular diseases or drivers, and therefore the effects of changes in the environment will be included. If identified as drivers in the studies that are ascertained, ECDC will also include the EEA in its expert consultation on potential drivers of infectious disease (including AMR).	n/a	
35	21-Jul-20	Germany	5.1.2a (MB)		p. 7: third bullet point, P. 8-9: the promotion of the digitalisation of the surveillance is supported. However we think that it is not sufficient to analyze and develop guidance material. MS, the Commission and ECDC should foster the digitalization of surveillance systems and work together to link national systems with the EU system.	1.2	PHF	SURV	11/2/2020	5.1.2a	Agree. It is with this aim that the planned pilots and POCs (SARI, pandemic prone viral respiratory infections) have been developed.	n/a	
36	21-Jul-20	Germany	5.1.2a (MB)		p. 11, footnote: Which other external data sources are to be used depends a lot on what country specific data are to be collected and with what objective. To what extent the information will cover more general public health aspects or aspects of health system data in general - beyond the narrow field of communicable diseases. The ECDC should specify here which external reference data is envisaged.	2.1	PHF	SURV	10/26/2020	5.1.2a	Data to be integrated needs to be decided but we have in mind to access data that we don't normally collect and it would complement what we have internally in order to have a more comprehensive picture at the country level, e.g.: general country information, health governance data. The sources we propose are (subject to further discussions): OECD, WHO, Eurostat. They are now included in the updated text.	n/a	
37	21-Jul-20	Germany	5.1.2a (MB)		p. 11 last sentence "In 2022 ECDC will start developing an overall framework for its "One Health activities and interventions." What exactly is meant by this activity and what is the aim of the framework?	2.2	DPR	EFVED	10/18/2020	5.1.2a	The paragraph focuses on AMR. The last sentence on overall framework was deleted.	Document updated	

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38	21-Jul-20	Germany	5.1.2a	IMB	p.13: first paragraph: Germany acknowledges that monitoring of resources (e.g. hospital) and stockpiles of essential medicines and equipment is useful. However, it must be borne in mind that an effective and efficient mapping of capacities in medical care is a challenge. Germany would be happy to present its system to monitor beds.	2.4	PHF	SURV	10/26/2020	5.1.2a	Well noted. ECDC would be interested to learn more from the German system to monitor beds.	n/a	
39	21-Jul-20	Germany	5.1.2a	IMB	p.17: we kindly ask you to add EASA.	4.3	DIR	EIC		5.1.2a	We have mentioned in particular the Agencies within the health sector. We did not include either Frontex or EMA with which ECDC collaborated during the pandemic. However, the way it is drafted "such as" covers also other Agencies. If necessary we can add them and include also EASA.	Document updated	
40		Germany	5.1.2a	NC	As the situation is still evolving and the pandemic is far from over, ECDCs strategy for the next years will have to remain flexible. It is therefore quite reasonable, to state - as you did - that the document will be adopted to upcoming needs. Also, the findings of the ECDC evaluation and the Joint Strategy Meeting will need to be reflected.	na	DIR	ExO			Well noted. Reference to external evaluation added	Document updated	
41		Germany	5.1.2a	NC	We also support that you include after action review of COVID-19 response in ECDCs strategic document. However, it might be necessary to call it "in action review".	2.4	DIR PHF DPR	ExO EPRS CAI	10/26/2020	5.1.2a	The ECDC strategy is a high level document (covering a 7 year period) and has already been approved by the MB. The AAR will be included in the implementation roadmap accompanying the strategy.	n/a	
42		Germany	5.1.2a	NC	As addresses the situation in 2022, we hope that COVID-19 will not be the only topic for public health then. The pandemic might even increase other public health needs. Economic crisis will lead to poverty, which leads to health inequality. Research on social determinants of health, including social, environmental and behavioral aspects will be needed.	3.1	SMS	EFM	10/26/2020	5.1.2a	Well noted. ECDC shares this hope. ECDC's Foresight initiative starts in 2021 with a review of evidence from previously conducted Foresight studies (and other Foresight studies), to identify all drivers of infectious disease that have been recognised as important in those studies, and will also undertake an expert consultation to identify other drivers that might not have been considered in previous Foresight studies.	n/a	
43		Germany	5.1.2a	NC	Though evaluation on COVID-19 response has not even fully started, it is already clear, that training and capacity building for public health services in the member states will need substantial enforcement. The countries will have to invest in considerable enlargement of public health workforce - and these newly engaged staff will need training. Common training of public health workforce increases the chance of common standards and procedures across Europe.	2.3	PHF	PHT	10/26/2020	5.1.2a	Well noted. ECDC will continue its efforts to build capacity and strengthen public health workforce in the MS through its training programmes.	n/a	
44		Germany	5.1.2a	NC	The interest in surveillance and outbreak, but also risk communication, pandemic preparedness and response is higher than ever. We also all need to learn how to better communicate scientific evidence to political decision makers at all levels, media and the public.	5.3	DIR	COM	10/26/2020	Andrea HK	We welcome this comment. As we will continue our work to improve the risk communication and media functions, we will consequently look into ways to enhance the internal processes with the aim to ensure that the input from the relevant internal structures will directly contribute to enhancing the outreach of ECDC messages to different audiences. In addition to the review of internal processes, the two functions - risk communication and media will benefit from additional capacity in the future, which will enable more tailored and proactive approaches in both risk communication and media activities.	n/a	
45		Germany	5.1.2a	NC	EPIET has played off. The programme should be enlarged, and - depending on ECDCs mandate - extended to NCDs. If ECDC can enlarge its important contribution to training offers, it will be highly appreciated. Interested target audiences are at local, intermediate and national level of public health services.	2.3	PHF	PHT	10/26/2020	5.1.2a	Well noted. Based on the recommendations from the 2018/2019 external evaluation of the Fellowship Programme, ECDC will start implementing the roadmap for an improved programme, by launching the call for applications for Cohort 2022. As our mandate is currently reviewed, we can't really comment furthermore at this stage.	n/a	
46	7/27/2020	ECHA	5.1.2a		Regarding the activities, and with reference to the collaboration with other EU agencies in particular, we are aligned with the objective of a strengthened inter-agency cooperation between the Health and Environment Cluster, both within the framework of the European Agencies Network and at an operational level. This would contribute to a more efficient exchange of information and the enhanced cooperation and communication channels could then also be leveraged in times of crisis, ultimately resulting in increased benefits for European citizens.	4.3	DIR	ExO	11/5/2020	5.1.2a	ECDC welcomes the comment and is committed to work towards strengthened inter-agency collaboration within the EUAN as well as in the Health Cluster. No need to change the text at this junction.	n/a	
47	7/31/2020	France	5.1.2a		Page 5: it is indicated that ECDC will use the results of after actions reviews and lessons learned to strengthen its investment in preparedness and capacity building activities. Does ECDC foresee which after action reviews, in particular at the MS level would be available at the time of planning such actions?	2.4	PHF DPR	EPRS CAI	10/26/2020	5.1.2a	PHF: this will depend which MS will conduct AAR or ask support from ECDC to do this.	n/a	

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48	7/31/2020	France	5.1.2a	page 5 : "An integrated surveillance system for viral respiratory infections prone to pandemic (influenza, coronavirus) should be established by 2022, addressing the main gaps identified to optimise surveillance at EU level." This item needs to be further detailed before a new version of the SPO is presented to the MS. More in depth discussions and exchanges with the MS/NFPs on the quality and comparability of MS surveillance systems are required.	1.2	PHF DPR	SURV CAI			The details of this work are already being discussed with WHO for the entire WHO European Region. We will first prepare a proposal that will be discussed with the technical counterparts in the MS (OCs and NFPs) and once that is finalised this can then be discussed at MB level if they feel that is appropriate. ECDC extended the description of the activities to strengthen COVID-19 surveillance, specifying that in 2022 we will work to implement the surveillance standards developed in 2021 and will expand the SARI surveillance to include more countries and a larger EU population.	Document updated	
49	7/31/2020	France	5.1.2a	Regarding Covid 19, it has to be noted, that more reactivity was expected by ECDC in the early stages of the covid 19 pandemic. One example is the case definitions which were issued very late by ECDC, well after the MS had defined their own as they needed to initiate the surveillance systems. It would have been genuinely expected to have the case definitions provided by ECDC in time to allow MS developing their surveillance systems, this created confusion and misunderstanding. The issue of the relations between ECDC and WHO regarding the case definition should also be addressed in that perspective. It would be worth including this issue in the lessons learned exercise planned by ECDC or the European Commission.	1.2	PHF DPR	SURV CAI		5.1.2a	This will definitely be part of the lessons learned exercise. The HSC and the AF have been adamant for ECDC to follow the WHO case definition, even when that was clearly obsolete. Despite the pressure from MS, at some point we deviated from the WHO case definition as it was clear that the risk of importation to the EU was not limited to the market of Wuhan and the province of Hubei. Eventually also WHO changed their case definition.	n/a	
50	7/31/2020	France	5.1.2a	Page 7: The « Surveillance systems reengineering programme » is considered as a negative priority in 2022. Without further explanation, it may not appear coherent with the need to develop an integrated surveillance system for viral respiratory infections prone to pandemics. An update on this project which started a few years ago would be welcome, including what will not be done in 2022 and the potential consequences.	na	PHF	SURV		5.1.2a	Most of the projects within the SSR programme will be completed by 2022. Therefore this programme will require less resources from 2022. ECDC would be happy to provide an overview of the main achievements of the SSR programme.	n/a	
51	7/31/2020	France	5.1.2a	Page 7, priority 4: Health data digitalisation, artificial intelligence, and big data, especially for surveillance and preparedness: Covid 19 demonstrates the need for specific and diversified surveillance systems to cover the different needs at the level of primary care, health professionals, hospitals...	3.2	PHF	SURV		5.1.2a	We further detailed the COVID-19 surveillance priorities including the progressive implementation of surveillance standards developed in 2021 and the expansion of SARI surveillance.	Document updated	
52	7/31/2020	France	5.1.2a	There is a need to use the most relevant approach i.e. epidemic intelligence able to detect early signals (in absence of diagnosis, particularly for emerging infectious diseases affecting health practitioners for example). This item would better fit under Preparedness	2.4	PHF	EPRS	10/26/2020	5.1.2a	Epidemic intelligence is a part of integrated surveillance, consisting of event-based, indicator-based and laboratory surveillance.	n/a	
53	7/31/2020	France (comment supported by NI)	5.1.2a	Real-time or near real-time surveillance has been an issue. France suggests to have a look at the potential use or needs for update of the guidelines and criteria for potential sources for the development of such systems at MS level which were developed by the Triple S project funded by the health programme. Sante CI and ECDC were part of the steering committee, real time or near real-time surveillance (as undertaken by Triple S) which was not included in the ECDC surveillance strategy 2014-2020 at the time, see: https://webgate.ec.europa.eu/cha/rea_pdb/health/projects/20091112/summary	1.2	PHF DPR	SURV CAI		5.1.2a	This is now part of the new long term surveillance strategy that will be submitted to the MB in early 2021. We will be looking into this possibility more closely.	n/a	
54	7/31/2020	France	5.1.2a	p.18 : Framework for stakeholder management. It is very important for ECDC to expand and strengthen its collaboration with the learned societies and health professionals associations. This would be particularly useful to provide scientific and operational advice on emerging diseases. In addition, as discussed in the context of the 3rd external evaluation, there is a need for ECDC to map in a more detailed way its interactions with the different stakeholders and to have a regularly updated stakeholder mapping.	5.3	DIR	COM	26/10/2020	Andrea HK	Thanks for this suggestion. While the idea of emergency preparedness and response was implicit, it is good to add it more explicitly. As ECDC will carry out the work on the development of stakeholders engagement framework in consultation with all concerned internal partners, we will look into the mapping of all stakeholders and further define the needs for future engagements at Centre level, which will intrinsically be linked to analyse the needs for strengthening the approach.	n/a	
55	7/31/2020	France	5.1.2a	In relation to evidence-based advice, interventions and decisions : in light of the covid 19 experience and the wearing of face masks in the community, it would be worth reflecting of the issue of evidence and pragmatic advice, interventions and decisions. This issue could be in the ECDC lessons learned exercise.	1.2	PHF DPR	SURV EPRS CAI			Agree and this is already in progress	n/a	
56	7/31/2020	France	5.1.2a	As a general observations, as in many public health organisations, covid 19 issues drive the agenda for the future, nevertheless other major issues remains relevant and some needs to be prioritized such as arthropod-borne viral diseases.	2.2	DPR	EFVED	10/26/2020	5.1.2a 5.1.2a	The Emerging, Food- and Vector-borne Diseases DF keeps arthropod-borne diseases prioritised in 2022. Besides baseline surveillance and response activities, the DF runs dedicated long-term projects focussing on the entomological aspects (VectorNet) and the laboratory aspects (5.1.2a) of vector-borne viral diseases. Another project is planned in 2022 to review of the emerging / vector-borne diseases occurring in the overseas countries and territories and the outermost regions and risk of importation to continental EU.	n/a	

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57	8/3/2020	Netherlands	5.1.2a (MB)	We strongly support that the lessons learned from the COVID-19 pandemic will be broadly incorporated in the SPD. It is important that these lessons learned are thoroughly incorporated in the strategic objectives, especially in emergency preparedness and the response to cross-border health threats. It is not only important that the lessons learned from after-action reviews will be incorporated, recommendations from the external evaluation of the COVID-19 response need to be implemented as well. This is not possible now but please just make remarks on this.	2.4	DPR PHF DIR	CAI SURV ExO	10/26/2020	5.1.2a	Well noted.	n/a	
58	8/3/2020	Netherlands	5.1.2a (MB)	On page 13 is stated that improvements on the EWRS will be implemented, based on the need of MS. How will the MS needs be assessed? The lessons learned from the COVID-19 pandemic need to be taken into account in identifying the needs for improvements as well. See as well the comments of Anne Catherine.	2.4	PHF	EPRS	10/26/2020	5.1.2a	This will be done based in the input collected from DG SANTE and NFP's for Threat detection and IHR. The use of EWRS will also be considered during I&A/AR.	n/a	
59	8/3/2020	Netherlands	5.1.2a (MB)	We are - also this year - happy to see that priority is given to tackle AMR, as well as ECDC's support on the One Health Action plan against AMR. On page 14 is stated that an important part of the effort for addressing future knowledge gaps and trends is the area of environment, as one possible driver for communicable diseases. Will this include AMR as well? And what kind of actions do you have in mind?	3.1	PHF DPR	EPM EFVED	10/26/2020	5.1.2a	The exact details for this activity is still to be developed.	n/a	
60	8/3/2020	Netherlands	5.1.2a (MB)	It is very positive that section 3.1 (page 14) takes, besides global warming, other factors into account as well: eg. deforestation, urbanisation and displacement of wildlife. In NL we aim to be alert on side effects of environmental policy on infectious diseases and try to anticipate on the impact on infectious diseases beforehand. We support the ECDC in working on identifying gaps in this field.	3.1	PHF	EPM	10/26/2020	5.1.2a	Noted. No change needed.	n/a	
61	8/3/2020	Netherlands	5.1.2a (MB)	Page 16 emphasis is put on increased collaboration with major CDC. We believe that collaboration with national public health authorities of MS could be more present in the SPD, eg. general priority 2, strategic objective 2 and 3.1	4.2	DIR	EIC	11/5/2020	5.1.2a	Text as been amended to reflect that the dialogue with MS authorities will be further strengthened and slightly amend the text.	Document updated	
62	7/30/2020	Slovenia	5.1.2a (INC)	We would like to take the chance to stress out the relevance of the 8th priority topic "Assess and integrate innovations for communicable diseases in the area of environment, technological and scientific advances" The COVID-19 pandemic has brought to light the need for almost-real time data availability in order to make informed public health decision and advise relevant stakeholders than now more than ever are taking an active role in the response to the threat posed by infectious diseases. Health data digitalisation especially for surveillance and preparedness is where ECDC must play a leading role in supporting and empowering Member States by training, development and implementation of open-source digital solutions and coordination.	3.3	PHF	SURV		5.1.2a	Well noted. ECDC is planning to facilitate surveillance digitalisation, starting from SARI surveillance in 2021 and expanding to other diseases from 2022.	n/a	
63	7/31/2020	Sweden	5.1.2a (AF)	Strategic objective 1: In 1.1. you mention the development of a catalogue of relevant standards to prevent and control infectious disease threats, standards to be implemented within the EU. However, it is not clear how these standards will be developed and which stakeholders will be involved other than ECDC. To avoid duplications and for the standards to be relevant, we suggest that the catalogue of standards is best developed in close cooperation with European and international standardisation organizations and with the WHO, and actively involving public authorities in member states.	1.1	SMS	EPM	07/09/2020 26/10/2020	5.1.2a Jevgenij Golovcuk	The catalogue will include standards of relevance to infectious disease prevention and control that have been defined by relevant authorities and partners, including those mentioned. This work will also build on the 2021 activity (1.1.2.) of identifying and defining existing methods that should be used to establish standards key gaps in standards for scientific processes and outputs to identify, assess, prevent and control infectious disease threats to public health, which will be done in collaboration with relevant stakeholders and authorities. Cooperation and coordination of activities is a guiding principle of ECDC and WHO work in general and it is explicitly mentioned in 4.3, therefore we may not mention it across the document. We have incorporated comment below regarding stronger wording for synergies and complementarities particularly in the EU neighbourhood (line 70).	n/a	
64	7/31/2020	Sweden	5.1.2a (AF)	Strategic objective 1: In 1.2 you state that "ECDC will scale up the use of whole genome sequencing (WGS) to better detect and investigate multinational outbreaks to foster EU and national prevention control strategies". We would like to repeat our comment made last year that scaling up the use of WGS is a matter of financial implications for the Member States. In the text it is not clear how ECDC intends to achieve this scale up, taking into account that decisions concerning laboratories are taken at the level of Member States.	1.2	PHF DPR	SURV EFVED			The gradual implementation of a WGS road map will be done in close discussions with the MS.	n/a	

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65	8/3/2020	European Institute of Women's Health (MB observer)	5.1.2a	We did find a paucity of explicit engagement with patient organisations and civil societies. To strengthen and enhance the single programming documents, we would suggest interacting more with patient group stakeholders. Due to the current coronavirus pandemic where buy-in and cooperation of the general public is paramount for decreasing levels of COVID-19 within society, we believe working together with civil society organisations to be of increased importance. EU citizens' adherence to public health messages, willingness to use apps, presenting for testing and contact tracing and – hopefully once available – a high uptake in vaccination will eventually halt the spread of the virus in the EU. As has been clear since the start of the 2020 coronavirus pandemic, the COVID-19 virus affects groups in society in different ways; therefore understanding the needs and targeting of these population groups through attributes such as gender, age, vulnerabilities and health and digital literacy levels will make the suppression of the disease more effective.	5.1 5.3	DIR	COM ExO	10/26/2020	5.1.2a Andrea HK	The International Association of National Public Health Institutes has been added. This will also be incorporated in the work of the mapping of stakeholders and development of stakeholders engagement plans	Document adapted.	
66	8/3/2020	European Institute of Women's Health (MB observer)	5.1.2a	Moreover, the uncertainties around guidelines, a rapidly evolving evidence base and lack of uniformity in EU-member states' national efforts to combat COVID-19 has contributed to the proliferation of distrust, misinformation and disinformation among parts of the population. Including patient representative groups at the ECDC would give valuable insights to the ECDC's scientists and leadership and would, at the same time, allow patients' perspectives and voices to be heard at a high EU level.	5.3	DIR	COM	11/5/2020	5.1.2a	ECDC welcomes the comment. Based on the ECDC Strategy 2021-2027 enhancing stakeholder relations will be one of the focus areas in the coming areas. This work could also take into account the proposal to include patient representative groups in the work of ECDC.	n/a	
67	8/3/2020	European Institute of Women's Health (MB observer)	5.1.2a	We believe that the role of the ECDC is now more important than ever. The remit and capacity of the ECDC should be expanded, having a greater mandate for scientific advice, surveillance, preparedness planning and responses to infectious disease outbreaks across all countries in Europe, liaising closely with WHO, accompanied by substantial funding increase. Cooperation across Europe Member States and beyond is vital for protection from threats to life and health posed by emerging and re-emerging infections and risks to public health. Precisely because of this, the inclusion of the patient voice is also now paramount.	5.3	DIR	COM	11/5/2020	5.1.2a	This comment is well noted. The element within ECDC remit is covered in the previous comment.	n/a	
68	8/4/2020	EMA	5.1.2a	From the veterinary division we would like to suggest to ECDC to add more detail to the collaboration with EMA on the One Health approach for tackling AMR under general priority 3 – in addition to the mention of EFSA already in the document. There is only one (high level) reference to collaboration with EMA, under strategic objective 4 in point 4.3. However, AMR is mentioned as general priority 3 (page 6) and here it would be helpful to mention cooperation with EMA, alongside EFSA, in taking the One Health approach to tackling AMR. ECDC contributes to many EMA activities also in the animal health areas, and, e.g., EMA is the third EU partner in addition to ECDC and EFSA in the JIACRA reports.	4.3	DPR	5.1.2a	10/26/2020	5.1.2a	EFSA, EMA and WHO are now specifically mentioned as key collaborators when working on AMR in a one health approach.	Document updated	
69	8/4/2020	EMA	5.1.2a	Although there are general references to the implementation of the One Health Action Plan, areas where we would see need for collaboration with ECDC in 2022 include: • Preparation for development of the 4th JIACRA report (due 2023) • Participation at the Antimicrobial Advice ad hoc Expert Group (AMEG), where ECDC input from the human perspective is critical. Although no review of the AMEG's categorisation is presently foreseen in 2022, there may be a need for rapid response in the event of emergence of a specific AMR health threat where a One Health approach is required (e.g. as was the case for MCR-1). It might be considered if a direct reference is needed to these specific activities in a next version of the SPD, particularly to JIACRA.	4.3	DPR	5.1.2a	10/26/2020	5.1.2a	We foresee extensive collaboration with EMA on the One Health Action Plan, and the comment is well noted, although too detailed to be put in the SPD text.	n/a	

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70	8/3/2020	WHO Europe	§ 1.2a	The described capacity building activities are not set in an overall development approach/agenda of a country. This could be a missed opportunity for the MS to take a whole-systems approach to improving the resilience of a nation. It would be useful to consider further emphasis on addressing any health inequities; while COVID-19 has exposed this issue quite clearly.	2.2	DIR	EIC		§ 1.2a	While ECDC can focus only on prevention and control of communicable diseases, in the targeted country support work a more comprehensive approach will be taken, in order to identify possible vulnerabilities and needs outside the "classic" area of ECDC work.	n/a	
71	8/3/2020	WHO Europe	§ 1.2a	Section 3.3, page 15: ECDC aims to assess and make use of new technologies to modernise its surveillance and risk assessment, in light of the infrastructural development fostered by the European Commission and of the changes in clinical public health practice in Member States. It would be better to use 'public health activities/interventions in the clinical settings'.	3.3	PHF	SURV		§ 1.2a	The sentence was rephrased accordingly.	Document updated	
72	8/3/2020	WHO Europe	§ 1.2a	Section 2.3, page 12: The overall goal is to reach a sufficient number of skilled public health specialists in each Member State to cover all needs for communicable disease prevention and control across Europe, based on a triennial assessment of capacities and training needs in countries, performed in 2021. Please consider adding "and emergency preparedness and response" (after control).	2.3	PHF	PHT	10/26/2020	§ 1.2a	Agree. This is included in the sentence above as follows: "ECDC's role in training activities is complementary to the training activities of national actors. ECDC will continue supporting the strengthening of workforce capacity in Member States and at the EU level through relevant training of public health professionals, to ensure adequate performance for communicable disease preparedness and response, prevention, detection, assessment and control nationally and cross-border."	n/a	
73	8/3/2020	WHO Europe	§ 1.2a	Section 2.3, page 12: The network of European and global training partners will be maintained and strengthened. Participation in joint activities, based on the establishment of collaboration mechanisms (e.g. collaboration agreements) will continue with partners like the European Commission, WHO, ASPHER, EUPHA, Africa CDC, US CDC and Public Health Agency of Canada, among others. It would be good if the engagement would extend to IANPHI (national public health institutes of the world).	2.3	DIR	EIC		RMS	ECDC is already participating in IANPHI meetings and the EU public health institutes are very often nominated as Competent Bodies.	n/a	
74	8/3/2020	WHO Europe	§ 1.2a	Page 6 mentions EU action plan and WHO GAP on AMR, however no mentioning of WHO European strategic action plan on antibiotic resistance.	4.3	DPR	§ 1.2a	9/7/2020	§ 1.2a	Now included (for both 2021 and 2022).	Document updated	
75	8/3/2020	WHO Europe	§ 1.2a	Page 9 mentions the expansion of ECDC work among the WHO network of labs. It would be great to highlight collaboration with WHO.	1.2	DPR	SURV	10/26/2020	§ 1.2a	The details of this work are already being discussed with WHO for the entire WHO European Region. We will first prepare a proposal that will be discussed with the technical counterparts in the MS (OCs and NFs) and once that is finalised this can then be discussed at MS level if they feel that is appropriate.	n/a	
76	8/3/2020	WHO Europe	§ 1.2a	Page 9, Mentions "work in close collaboration with the Commission and Member States towards robust surveillance systems at EU and national level that provide reliable and timely data also in a crisis situation." This is an extremely relevant point, many routine activities in AMR diagnostics and surveillance seem to become a secondary priority amidst the COVID-19 crisis in Member States.	1.2	PHF DPR	SURV § 1.2a			Well noted and we agree.	n/a	
77	8/3/2020	WHO Europe	§ 1.2a	Page 9, stronger focus on data quality and feedback to MS seems important here – integrating EQA findings in surveillance systems for quality improvement extremely relevant.	1.2	PHF	SURV			Noted. No change needed.	n/a	
78	8/3/2020	WHO Europe	§ 1.2a	Page 9, AMR can be considered in line with "measuring of the effectiveness and impact of pharmaceutical and non-pharmaceutical interventions", its only mentioned with viral infections	1.2	DPR	§ 1.2a	10/26/2020	§ 1.2a	While in essence the observation is true, this sentence refers to a specific surveillance system, which does not include AMR. This paragraph only intended to address COVID-19. Indicators that address the level implementation of structures and processes to prevent and control of AMR are now mentioned under "Antimicrobial resistance" elsewhere in the document.	n/a	
79	8/3/2020	WHO Europe	§ 1.2a	Page 11 lists relevant health advocacy events. EADD is mentioned, but World Antibiotic Awareness Week (WAAW) is missing.	2.2	DPR	§ 1.2a	9/7/2020	§ 1.2a	Now included (for both 2021 and 2022).	Document updated	