

European Centre for Disease Prevention and Control

During the pandemic and beyond

SUMMARY

The European Centre for Disease Prevention and Control (ECDC) is a decentralised European Union (EU) agency based in Stockholm, Sweden. It began operating in 2005. Its mission is to identify, assess and communicate current and emerging threats to human health posed by infectious diseases.

The ECDC is governed by a management board. Its director, Andrea Ammon, is guided by an advisory forum composed of the Member States' competent bodies, which also serves as an information exchange platform. The ECDC also works with partnerships and networks.

For the 2020 financial year, the ECDC's budget is €60.4 million. Its 2020 establishment plan provides for a total of 286 staff. The ECDC's main activities include: surveillance, epidemic intelligence and response; scientific advice; microbiology; preparedness; public health training; and country support. Its disease-specific activities are organised within horizontal disease programmes. Its organisational chart was restructured in January 2020.

The ECDC is playing an important part in the EU's response to the unfolding coronavirus pandemic. Among other things, it provides systematically updated risk assessments, guidance and advice on public health response activities to EU Member States and the European Commission. Stakeholders have nevertheless criticised the ECDC's handling of the pandemic, while remarking on the ECDC's lack of authority and executive power.

In a recent resolution, the European Parliament called the ECDC's competences, budget and staff to be strengthened. A similar call was made in a joint Franco-German initiative, and will reportedly be a topic for the upcoming trio of EU Council presidencies. A strong role for the ECDC is also among the initiatives announced by the Commission under its recovery plan for Europe.



In this Briefing

- Legal role and mission
- Structure and resources
- Main activities
- The ECDC's role in the coronavirus pandemic
- Stakeholders' views
- Outlook

Glossary

Competent body: any structure, institute or other scientific body recognised by Member States authorities as providing independent scientific and technical advice or capacity for action in the field of human disease prevention and control.

Epidemic intelligence: all the activities related to early identification of potential health threats and, their verification, assessment and investigation so as to recommend public health measures to control them.

Epidemiological surveillance: the systematic collection, recording, analysis, interpretation and dissemination of data and analysis on infectious diseases and related special health issues.

Monitoring: the continuous observation, detection or review of changes in a condition, situation or activities, including a continuous function that uses systematic collection of data and analysis on specified indicators relating to serious cross-border health threats.

SARS-CoV-2: acronym for severe acute respiratory syndrome coronavirus 2, the official name for the novel coronavirus that causes the coronavirus disease (Covid-19). In non-technical communication, it is also referred to as the Covid-19 virus.

Vector: a living organism that can transmit infectious pathogens between humans, or from animals to humans, for instance bloodsucking insects.

Vector-borne disease: any human illness caused by parasites, viruses and bacteria that are transmitted by vectors.

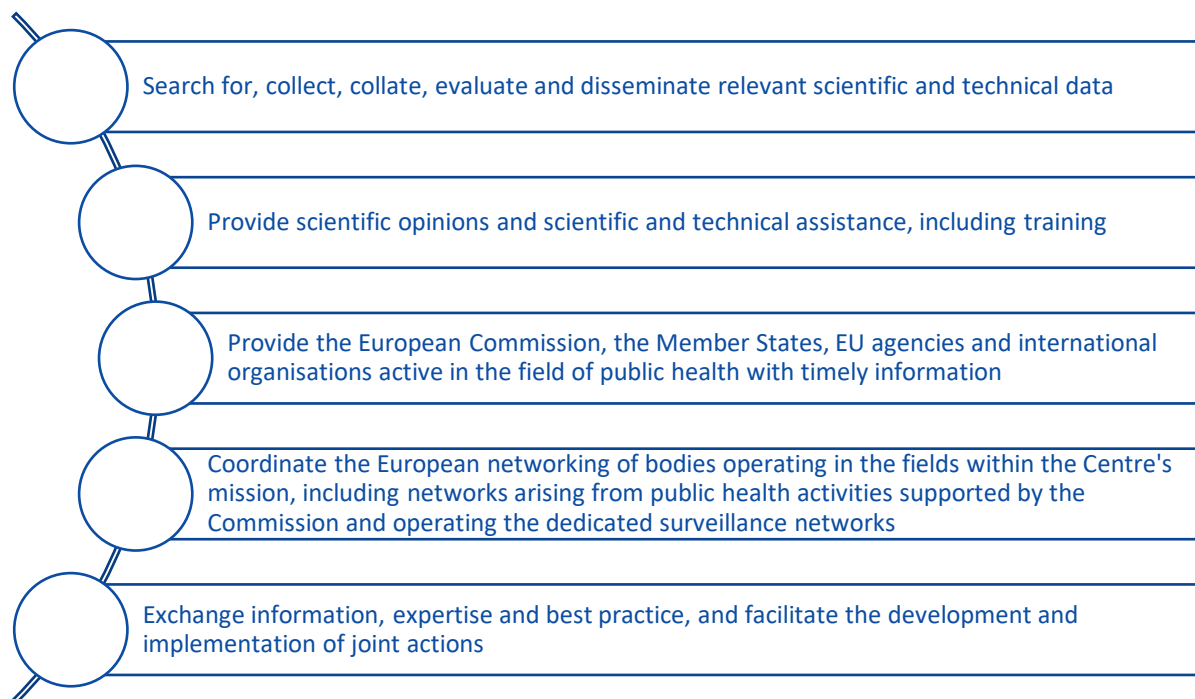
Zoonosis: any disease or infection that is naturally transmissible from vertebrate animals to humans.

Sources: [Decision No 1082/2013/EU](#); [Regulation \(EC\) No 851/2004](#); R. Kaiser et al., 'What is epidemic intelligence, and how is it being improved in Europe?', *Eurosurveillance*, Vol. 11(5), February 2006; World Health Organization websites on [Naming the coronavirus disease \(COVID-19\) and the virus that causes it](#); [Vector-borne diseases](#) and [Zoonoses](#).

Legal role and mission

The European Centre for Disease Prevention and Control (ECDC) is a decentralised EU agency based in Stockholm, Sweden. It was established on the basis of [Regulation \(EC\) No 851/2004](#) ('Founding Regulation') and began operating in 2005. The ECDC does not have any regulatory power. According to Article 3 of its Founding Regulation, the ECDC's mission is to identify, assess and communicate current and emerging threats to human health posed by infectious diseases. The ECDC works in partnership with national health protection bodies across Europe, thereby pooling health knowledge to develop scientific opinions about the risks posed by infectious diseases (see also 'Partnerships and networks' below).

Figure 1 – The ECDC's mission as per its Founding Regulation



Data source: [Regulation \(EC\) No 851/2004](#) and [ECDC's mission](#), ECDC.

Structure and resources

Management board and director

The ECDC's [management board](#) is made up of one member designated by each of the EU Member States, two members designated by the European Parliament and three members representing and appointed by the European Commission. The members' term of office is four years. The management board approves and monitors the implementation of ECDC's work programme and budget, and adopts the annual report submitted by the director (the latest being the [2018](#) report). The board also appoints a director, the legal representative of the ECDC responsible for day-to-day administration. The current [director](#), Andrea Ammon, began her five-year term on 16 June 2017, after serving as acting director from 1 May 2015. An [audit committee](#) assists the management board in fulfilling its oversight responsibilities for financial reporting, internal control and audit. It consists of seven members of the management board and one member representing internal audit expertise. The ECDC's [organisational chart](#) was [restructured](#) in January 2020.

Advisory forum

The [advisory forum](#) advises the director on the quality of the ECDC's scientific work and serves as a platform for exchanging information, pooling health knowledge and furthering public health cooperation. It is composed of senior representatives of national public health institutes and agencies ("[competent bodies](#)") that undertake tasks similar to those of the ECDC,¹ a public health official from the European Commission, and observers from European scientific associations and civil society groups. The World Health Organization (WHO) is invited to attend the meetings so as to ensure synergy in the work. The advisory forum meets at least four times a year.

Partnerships and networks

The ECDC works closely with the European Commission and also advises and reports to the European Parliament, the Council and the Presidency. Within Parliament, the Committee on the Environment, Public Health and Food Safety (ENVI) is responsible for relations with the ECDC. ENVI holds a parliamentary hearing with ECDC director-nominees before their approval by the management board, and follows the ECDC's work closely. The director is invited to address ENVI to give updates on the epidemiological situation regularly.

The ECDC also cooperates with other EU agencies, including the European Medicines Agency ([EMA](#)), the European Food Safety Authority ([EFSA](#)), the European Monitoring Centre for Drugs and Drug Addiction ([EMCDDA](#)) and the European Environment Agency ([EEA](#)). The ECDC's main interaction with the EU Member States is through the [networks](#) linked to the competent bodies (see 'Advisory forum' above). It also coordinates and supports [disease and laboratory networks](#) across the EU Member States, to enhance capabilities and strengthen capacity for pathogen detection and characterisation, and surveillance of specific diseases and antimicrobial resistance. Moreover, the ECDC closely cooperates with the European Economic Area/European Free Trade Association ([EEA/EFTA](#)) countries Iceland, Liechtenstein and Norway; EU candidate countries and potential candidates; and European Neighbourhood Policy ([ENP](#)) partners.

At international level, the WHO's Regional Office for Europe ([WHO/Europe](#)) is an important technical partner, as recognised by a 2005 [memorandum of understanding](#). The ECDC has also signed memoranda of understanding and administrative agreements to foster cooperation with other major centres for disease prevention and control around the world, such as in Canada, China, Israel and the United States.

European Parliament calls for a stronger ECDC

In an April 2020 resolution on the coronavirus pandemic, Parliament calls for the competences, budget and staff of both the ECDC and the EMA to be strengthened substantially, to enable them to coordinate medical responses in times of crisis. Parliament also suggests that the Covid-19 expert panel – set up on the basis of a mandate from EU Member States and composed of epidemiologists and virologists – should be made into a permanent independent expert team on virus outbreaks. According to Parliament, it 'should work with the ECDC to develop standards, issue recommendations and develop protocols to be used by the Commission and the Member States in the event of a crisis'.

Source: [Resolution on EU coordinated action to combat the COVID-19 pandemic and its consequences](#), 17 April 2020; [COVID-19: Commission launches European team of scientific experts to strengthen EU coordination and medical response](#), European Commission press release, 17 March 2020.

MEP exchanges with the ECDC Director and ENVI Chair letter to the Council Presidency

ENVI coordinators had exchanges with ECDC Director Andrea Ammon in March/April. On behalf of the coordinators, ENVI Chair Pascal Canfin wrote to the Croatian Council Presidency, calling for ECDC staff numbers to be increased as a matter of urgency to enable it to respond to current and emerging threats.

Source: [ENVI coordinators work to step up EU response to COVID-19](#), ENVI highlights, 8 April 2020.

Resources

The [ECDC's budget](#) for the 2020 financial year is €60.4 million. This includes an EU contribution of €59 million and a European Economic Area (EEA) subsidy of €1.4 million. Appropriations for staff for 2020 amount to €31.7 million. The establishment plan for 2020 provides for a total of 286 staff (180 temporary administrator (AD) and assistant (AST) posts and an estimated 106 contract staff or seconded national experts). The number of temporary posts has remained unchanged since 2018, while the number of contract staff and seconded national experts has increased by one. Between

2013 and 2018, to comply with staff reductions requested by the European Commission and the budgetary authorities, the ECDC cut a total of [20 posts](#) (see Table 1). As the ECDC has pointed out, this is despite the fact that its work load actually increased during that time.

Table 1 – Staff reductions in ECDC establishment plans from 2013 to 2018

	2013	2014	2015	2016	2017	2018
Administrators	-1	-2	-2	-2	-2	-1
Assistants	-1	-2	-2	-2	-2	-1

Data source: [Single Programming Document 2018-2020](#), ECDC.

Main activities

Surveillance, epidemic intelligence and response

[Surveillance](#) is one of the ECDC's core tasks, as laid down in its Founding Regulation and reiterated in [Decision 1082/2013/EU](#) (the 'Health Threats Decision'). The ECDC systematically collects, analyses and disseminates surveillance data on a number of [communicable diseases and related special health issues](#)² from the 27 EU Member States and two EEA countries, Iceland and Norway. As the ECDC points out, surveillance data collected at European level are predominantly case-based and comprise demographic, clinical, epidemiological and laboratory information. Data submission and validation are the responsibility of networks of disease experts, nominated by the Member States and coordinated by the ECDC through its disease programmes (see 'Partnerships and networks' above). One dedicated tool developed by the ECDC is the interactive [Surveillance Atlas for Infectious Diseases](#), which contains 2005-2018 data from across Europe. The objective of the ECDC's [epidemic intelligence activities](#) is to rapidly detect and assess public health threats of any origin so as to ensure the EU's health security. In addition to open-access [information sources](#), the ECDC's epidemic intelligence tools also include restricted sources, such as the threat-tracking tool (TTT), a database developed by the ECDC, and the epidemic intelligence information system EPIS (see text box). The ECDC also provides technical support for the EU-level response to public health threats, including by coordinating the rapid assessment of risks and identification of response options.

The ECDC's IT systems for disease control

The ECDC operates three web-based systems, each covering a specific aspect of disease control in the EU:

- **threat detection alerts:** [EWRS](#) (early warning and response system), a tool for monitoring public health threats;
- **epidemic intelligence:** [EPIS](#) (epidemic intelligence information system), a communication platform that allows public health experts exchange technical information to assess whether current and emerging public health threats have a potential impact; and
- **disease surveillance:** [TESSy](#) (the European surveillance system).

Source: [About the EU – ECDC](#), European Commission.

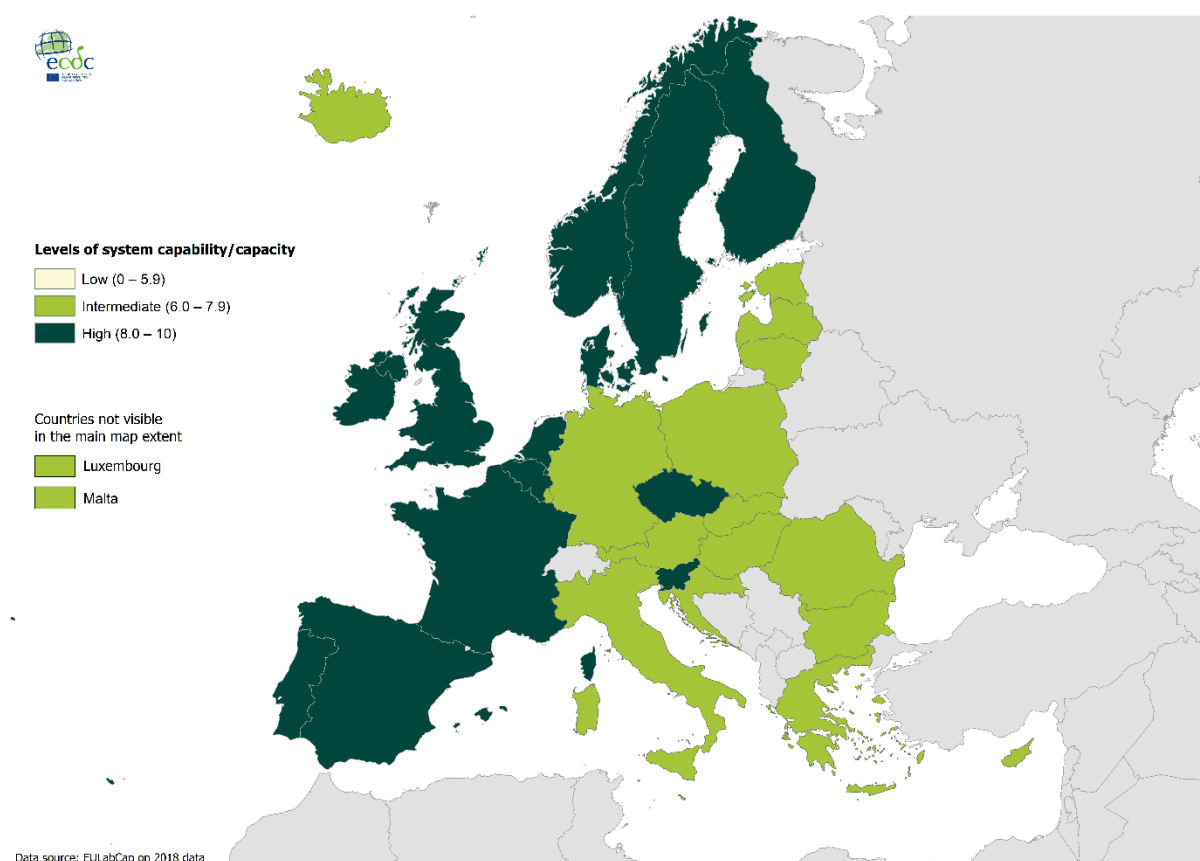
Scientific advice

Providing scientific opinions and scientific and technical assistance is another of the ECDC's core tasks. The ECDC issues scientific opinions at the request of the European Commission, the European Parliament or a Member State, as well as on its own initiative. Its scientific advice is intended to inform decisions at European and Member State levels. It is issued in the form of [expert opinions](#), [systematic reviews](#) and [public health guidance](#). Moreover, the ECDC issues [technical guidance](#) related to operational or methodological aspects of infectious disease prevention and control.

Microbiology

[Public health microbiology](#) is a cross-cutting discipline, with a focus on human health and disease. According to the ECDC, microbiology laboratories are a 'first line of defence' against health threats from communicable (that is, infectious) diseases and antimicrobial resistance, and the EU's health security depends on its collective laboratory capacity. The ECDC fosters the development of that capacity by encouraging cooperation between laboratories, in particular through its [public health microbiology programme](#). In its [2018-2022 public health microbiology strategy](#), the ECDC sets out its vision that 'by 2022, communicable disease and antimicrobial resistance threat detection, risk assessment, public health surveillance, and response in the EU/EEA will be underpinned by reliable and comparable microbiology data, shared and used in a timely manner'. In 2018, the [levels of public health microbiology system capabilities and capacities](#) were considered to be intermediate to high in most European countries (see Figure 2).

Figure 2 – Levels of public health microbiology system capabilities and capacities, 2018



Source: [ECDC](#).

Preparedness

Under the WHO's 2005 [International Health Regulations](#) (IHR), EU Member States have to develop, strengthen and maintain core public health capacities for surveillance and response, and report to the WHO on IHR implementation. They are required to notify the WHO of any event that may constitute a public health emergency of international concern ([PHEIC](#)). The European Commission and the ECDC meanwhile coordinate their activities with the WHO. At European level, the Health Threats Decision also provides for EU-wide preparedness and response planning relating to [serious cross-border health threats](#). The ECDC supports the EU/EEA Member States and the Commission in [public health preparedness](#). It works to: identify good practice through the collection and assessment of scientific evidence and real-life case studies; disseminate good practice by means of

tools, guidelines and workshops; and strengthen capacities through the development of training curricula and the delivery of training. The ECDC notes that it aims to carry out these activities together with its stakeholders and partners, and to structure them according to the three preparedness cycle stages: anticipation, response and recovery.³

Public health training

The ECDC's role in [public health training](#) is to help equip the Member States and the European Commission with sufficient numbers of trained specialists – in particular for epidemiological surveillance and [field investigation](#) – and to have a capability to define health measures to control disease outbreaks. Activities are focused on three areas: training programmes in intervention epidemiology; country support (see below); and virtual tools for public health training, such as the ECDC Virtual Academy ([EVA](#)), an online learning platform on disease prevention and control.

Health communication

The ECDC's [health communication activities](#) are three-pronged and comprise the following:

- 1 efficiently communicating the ECDC's scientific and technical output to professional audiences through technical and scientific reports authored by internal and external experts;
- 2 communicating key public health information to the media and the European public, working closely with national authorities to ensure its public health messages have maximum impact in country-specific contexts; and
- 3 supporting the development of Member States' health communication activities by delivering training in health communication skills, providing adaptable toolkits and guidance, and facilitating the exchange of good practice in health communication.

A key part of the ECDC's health communication activities is [Eurosurveillance](#), a peer-reviewed journal in the field of infectious disease surveillance, epidemiology, prevention and control, published weekly in electronic format. The ECDC also publishes weekly bulletins for epidemiologists and health professionals on active public health threats ('[communicable disease threats reports](#)').

Country support

The ECDC also provides [country support](#). With its 2016 [country support strategy](#), the ECDC aims to realise its vision of ensuring 'well-coordinated capacities across Europe to effectively prevent, detect, assess and control communicable diseases that threaten the health of the European population'. One of the tools available for country support is the [vaccine scheduler](#), which allows comparisons of different countries' vaccination schedules.

Disease programmes

The ECDC's disease-specific activities are organised within horizontal [disease programmes](#). These cover all of the ECDC's aforementioned core activities, although the [relative importance](#) given to them varies. As per the ECDC's new organisational structure, they are grouped into two sections. The air-borne, blood-borne and sexually transmitted infections (ABS) section comprises the following programmes: [HIV/AIDS, sexually transmitted diseases and hepatitis](#); [tuberculosis](#); and [vaccine-preventable diseases](#). The 'one health related diseases' (OHRD) section comprises diseases that fit under a 'one health approach':⁴ [food- and waterborne diseases and zoonoses](#); [emerging and vector-borne diseases](#); and [antimicrobial resistance and healthcare-associated infections](#).

The ECDC's role in the coronavirus pandemic

ECDC rapid risk assessment as at 17 January 2020

Key points of the ECDC's initial rapid risk assessment on the novel coronavirus (then referred to as 2019-nCoV):

'In light of the current knowledge and the number of unknown factors, ECDC considers that:

- [...] There is a low likelihood of importation of cases in EU/EEA countries, due to the less extensive traffic of people with Wuhan;
- Adherence to appropriate infection prevention and control practices, in particular in healthcare settings, in EU/EEA countries, and the evidence of limited person-to-person transmissibility, make the assessed likelihood that a case reported in the EU would result in secondary cases within the EU/EEA very low.'

Source: [Rapid risk assessment: Cluster of pneumonia cases caused by a novel coronavirus, Wuhan, China, 2020](#).

ECDC rapid risk assessment as at 31 January 2020

Key points of the ECDC's rapid risk assessment on 2019-nCoV (3rd update):

'There are considerable uncertainties in assessing the risk of this event, due to lack of detailed epidemiological analyses. On the basis of the information currently available, ECDC considers that:

- the potential impact of 2019-nCoV outbreaks is high;
- [...] there is a moderate-to-high likelihood of additional imported cases in the EU/EEA;
- the likelihood of observing further limited human-to-human transmission within the EU/EEA is estimated as very low to low if cases are detected early and appropriate infection prevention and control (IPC) practices are implemented, particularly in healthcare settings in EU/EEA countries;
- assuming that cases in the EU/EEA are detected in a timely manner and rigorous IPC measures are applied, the likelihood of sustained human-to-human transmission in the EU/EEA is currently very low to low;
- the late detection of an imported case in an EU/EEA country without the application of appropriate infection prevention and control measures would result in the high likelihood of human-to-human transmission, therefore in such a scenario the risk of secondary transmission in the community setting is estimated to be high.'

Source: [Risk assessment: Outbreak of acute respiratory syndrome associated with a novel coronavirus, China: first local transmission in the EU/EEA – third update](#).

The ECDC has been playing an important role in the EU's response to the unfolding coronavirus pandemic. It provides the EU Member States and the European Commission with systematically updated risk assessments, guidance and advice on public health response activities, for instance. In order to assess the current risk of severe disease associated with SARS-CoV-2 infection in the EU/EEA and the United Kingdom (UK), the ECDC publishes regular 'rapid risk assessments'. Its first rapid risk assessment on the novel coronavirus was published on [17 January 2020](#). A number of updates have followed (see text box above; for a critical appraisal, see also 'Stakeholders' views'). The latest (10th) update was released on [11 June 2020](#). As per this 10th update, the risk of Covid-19 to the general population in the EU/EEA and the UK is low in areas where community transmission has been reduced and/or maintained at low levels and where there is extensive testing showing very low detection rates. It is moderate, meanwhile, in areas where there is substantial ongoing community transmission and where appropriate physical distancing measures are not in place. The update also notes that continuous efforts are needed to make sure the remaining physical distancing and infection prevention control measures continue to be observed to limit the spread of the disease.

The ECDC hosts a [dedicated Covid-19 website](#). It has a 'facts' section with questions and answers (Q&A); infographics and leaflets; videos and webinars; and event background information (with a timeline). Moreover, the ECDC provides updated epidemiological information as it becomes available. It publishes daily situation updates, both for the [EU/EEA and the UK](#) and [worldwide](#). These include, among other things, epidemiological curves; maps showing the geographical distribution of reported cases; case and death counts; and an [interactive situation dashboard](#). In addition to daily updates, the ECDC issues more comprehensive [weekly Covid-19 surveillance reports](#).

The ECDC has also produced technical publications and guidelines to support the response to Covid-19. These include reports on:

- [use of face masks in the community](#), giving guidance to reduce transmission from potentially asymptomatic or pre-symptomatic people through the use of face masks (8 April 2020);
- [contact tracing](#) – public health management of persons, including healthcare workers, having had contact with Covid-19 cases in the EU (9 April 2020);
- [contact tracing](#) – current evidence, options for scale-up and an assessment of resources needed; the annex includes an [algorithm](#) for the management of contacts of probable or confirmed Covid-19 cases (5 May 2020);
- [infection prevention and control measures on public transport](#) in the context of coronavirus (29 April 2020);
- [surveillance at long-term care facilities](#) (19 May 2020); and
- [management of air passengers and aviation personnel](#), prepared jointly with the European Union Aviation Safety Agency, with a view to minimising the risk of spreading SARS-CoV-2 while flying (21 May 2020).

Furthermore, the ECDC offers [laboratory support](#) with regard to SARS-CoV-2 virus testing.

Stakeholders' views

The debate can be summed up by quotes from recent articles on the ECDC and its role in, and handling of, the coronavirus pandemic (listed in chronological order). The authors express criticism of the ECDC's initial risk assessments and its allegedly ambiguous position on both laboratory capacities and the use of masks. They also comment on the ECDC's lack of authority and executive power.

G. Fortuna, [ECDC chief: Low risk for coronavirus but EU pandemic prep should be reviewed](#), EURACTIV, 7 February 2020 (updated 14 February):

In an interview with EURACTIV, the director of European Centre for Disease Prevention and Control (ECDC) Andrea Ammon said that as long as there are only a few cases and few clusters around them, there was no need to worry too much about the novel coronavirus. Ammon also called on Europe to review its pandemic preparedness plans, switching the focus from merely confining the virus and its spread to mitigation, in order to cope with a scenario like the one currently in China. [...] 'Whether it was necessary [to get panicked], we'll see perhaps in a few weeks from now when we have a better understanding of how infectious coronavirus is and when the period of transmissibility starts', she said.

D. Gros, [Creating an EU 'Corona Panel': Standardised European sample tests to uncover the true spread of the coronavirus](#), VOX/Centre for European Policy Studies (CEPRS) portal, 28 March 2020:

The entire project [of organising an EU-wide survey test] should of course be guided by the EU institutions. The Commission should be responsible for finding the necessary resources (manpower, test kits, etc.) in the EU budget. The technical details could be managed by the European Centre for Disease Prevention and Control (ECDC), which is officially the 'EU agency aimed at strengthening

Europe's defences against infectious diseases'. The ECDC has no executive powers and has so far not been able to contribute materially (except for an excellent website with data) to the management of this crisis. Managing this 'Corona Panel' would make this, so far marginal, EU agency central to the management of the crisis (and the exit strategy). The ECDC should fix the technical parameters of the guidelines (which already exist) to ensure that the tests are comparable across countries.

J. Costa-Font, [The EU needs an independent public health authority to fight pandemics such as the COVID-19 crisis](#), VOX/Centre for European Policy Studies (CEPRS) portal, 2 April 2020:

In this column, I argue that a key political lesson of this crisis is that further collaboration is required in Europe to face such health challenges. ... Most federal states have an authority or an agency with such a remit, such as the Centres for Disease Control and Prevention (CDC) in the US, a federal agency under the Department of Health and Human Services with responsibilities on global health and epidemic intelligence. In contrast, while there is a DG Health in the European Commission, the equivalent of the CDC does not exist for the EU. Responsibilities are decentralised to member states, which only began sharing information after the European Centre for Disease Prevention and Control (ECDC) was created in response to the SARS outbreak in order to coordinate a European response to future outbreaks. However, it has a limited data-sharing function and barely any authority.

N. Nielsen, [How the EU's virus-alert agency failed](#), EUobserver, 10 April 2020:

Two months before Europe was declared the epicentre of the pandemic, the EU agency meant to sound the alarm of viral infections was painting a rosy picture. [...] By then the virus had broken out from China, into Australia, Japan, South Korea, Taiwan and Thailand. When France announced its first confirmed cases in late January, the ECDC maintained its analysis. [...] In an email to this website, the ECDC defended its 25 January statement. It said their risk assessment had in fact been based on the best evidence currently available at the time. Although it communicates with the network of national contact points in each member state, the agency did not say where that evidence was sourced. Instead, it said their analysis at the time indicated that prevention and control of Covid-19 was feasible. However, at the same time, it appears to hold two contradictory positions. On one hand, it says EU member states have well-equipped laboratories.⁵ On other it says there are shortages. 'Whilst a robust network of well-equipped laboratories exists across EU countries, according to the last survey at the beginning of March, laboratories have expressed shortages of test kits, reagents, PPEs and personnel on account of the large surge in demand,' it told this website. The mixed message and the timeline of events appears to throw doubt on their analysis.

S. Petitjean, ['We could not have prevented spread of virus', says ECDC's Andrea Ammon](#), Agence Europe, 4 May 2020:

If we had it to do over again, we could have lowered the curve, but we wouldn't have been able to stop the spread of Covid-19. On Monday 4 May, this was the point made by Andrea Ammon to MEPs on the European Parliament's Committee on Public Health. The Director of the European Centre for Disease Prevention and Control (ECDC) also responded to criticism of the agency by some MEPs, especially regarding their delayed reaction and an ambiguous position on the issue of masks. However, in [Andrea Ammon's] view, it would have been very difficult to prevent the spread of the virus because of its characteristics, in particular the speed at which it spreads and the fact that an asymptomatic person can transmit it. [...] Challenged on her ambiguous position on the issue of masks ..., Andrea Ammon recalled that there were few studies proving the added value of fabric masks. She recalled that there are two categories of masks: on the one hand, FFP2 and FFP3, used in hospitals, which can protect against infection, and, on the other hand, surgical or fabric masks used in the community, which protect others from infection, 'but not the wearer of the mask', who will be more likely to touch their face, and therefore put themselves in danger, with a mask. 'And this is what we said in our guidelines', she said, stressing that the mask should not be seen as the only solution.

[COVID-19 has shown EU action on health is more urgently needed than ever](#), EU4Health, 25 May 2020:

Shaping the future of health in the EU together is more urgent than ever. Therefore, we 17 European NGOs are uniting our voices in a joint [EU4Health](#) campaign and calling to act now for a stronger and more ambitious European health policy. To this end, we call upon the European Commission, Parliament and National Governments to: [...] 4. Place European health agencies in a better position to fight common health challenges, by reinforcing the role of the European Medicines Agency (EMA) and extending resources and mandate of the European Centre for Disease Prevention and Control (ECDC) to tackle NCDs and communicable diseases.

Outlook

During the annual exchange of views with the ENVI Committee on 3 February 2020, ECDC director Andrea Ammon presented the following [areas of priority](#) for the ECDC in 2020:

- tackle antimicrobial resistance;
- implement the [Council Recommendation](#) on strengthened cooperation against vaccine-preventable diseases;
- support the Commission in addressing the sustainable development goals (in relation to the [targets](#) on HIV, hepatitis, tuberculosis);
- support the EU and the Member States in cross-border health threat preparedness; and
- enhance the ECDC's performance.

According to her presentation, priority areas also included two new projects: one to explore the challenges and opportunities offered by new technologies (e-health), and one on foresight (with a focus on antimicrobial resistance and vaccine-preventable diseases). As per the ECDC's [Single Programming Document 2020–2022](#), these two projects would be coordinated centrally, in coordination with the European Commission, Member States and other ECDC partners:

- E-health in the area of communicable diseases: with the proliferation of new IT technologies, there are new opportunities to effectively tackle the spread of communicable diseases and provide responses to new threats in shorter time. The ECDC will explore the challenges and opportunities offered by these technologies so as to facilitate the exchange and real-time consolidation of data for infectious diseases.
- ECDC foresight: to prepare for the future, the ECDC will develop an integrated ECDC foresight study for the detection and identification of threats from emerging infectious diseases. Based on forecasting, ECDC could thereby provide options for the prevention and control of communicable diseases for decision-makers to consider.

A strengthened role for the ECDC?

In a May 2020 initiative on coronavirus recovery, France and Germany [jointly proposed](#) setting up an EU 'health task force' within the ECDC, to work with national health institutions to develop prevention and response plans in readiness for future epidemics. The upcoming German EU Council Presidency is expected to work on the detail of the plans. Indeed, it [has been reported](#) that the work of the next trio of presidencies (Germany, Portugal and Slovenia) will be focused on enhanced pandemic preparedness and strengthening structures such as the ECDC. Lastly, amid the initiatives put forward under its [recovery plan for Europe](#), the Commission [announced](#) on 27 May 2020 that it would give 'a stronger role to the ECDC in coordinating surveillance, preparedness and response to health crises'.

MAIN REFERENCES

Korver R., [EU Agencies, Common Approach and Parliamentary Scrutiny](#), EPRS, European Parliament, 2018.

Scholz N., [Cross-border threats to health: EU action on preparedness and response](#), EPRS, European Parliament, 2020.

ENDNOTES

- ¹ In accordance with its Founding Regulation, the ECDC cooperates with the Member States through competent bodies. There is one designated coordinating competent body (CCB) in each Member State. Interactions between the ECDC and the CCBs work on three levels; each Member State decides to which level it will delegate interaction.
- ² The reference list of diseases is based on [Commission Implementing Decision \(2018/945\)](#).
- ³ For more information on the cycle, see the [ECDC technical report](#) on country preparedness activities 2013-2017.
- ⁴ The 'one health' concept takes into account [multiple perspectives](#), from human and animal health, to ecology and social sciences.
- ⁵ An [ECDC news story](#) of 15 February 2020 stated: 'A first assessment looking at the preparedness of EU/EEA laboratories to detect severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) demonstrates a fast implementation of molecular diagnostics by the European specialised laboratory networks. It also shows a good geographical coverage for testing.'

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