

ECDC Accession support to the Western Balkans and Türkiye Annual Meeting of national ECDC correspondents in the Western Balkans and Türkiye

5–6 December 2023, Tirana, Albania



1. Background

ECDC has been working with the national authorities in the Western Balkans (Albania, Bosnia and Herzegovina, Kosovo¹, Montenegro, Serbia, North Macedonia) and Türkiye to support and strengthen their capacities for future participation in ECDC, as part of their process towards EU membership. As part of ECDC's technical cooperation activities supported by the European Commission under the projects financed by the Instrument of Pre-accession Assistance (IPA), representatives from the countries participate as observers in ECDC activities, meetings, networks, and technical discussions related to epidemic intelligence, threat detection, communicable disease surveillance and control, preparedness and response.

The cooperative activities with Western Balkans and Türkiye are currently as follows:

- implementing ECDC action funded by the Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR) of the European Commission, under IPA (Instrument of Pre-accession Assistance) on '[Preparatory measures for the participation of the Western Balkans and Türkiye in the European Centre for Disease Prevention and Control with special focus on One-Health against AMR and enhanced SARI surveillance, 2020–2024](#)' (ECDC-IPA6 project);
- supporting the Western Balkans with whole genome sequencing services for SARS-CoV-2;
- engaging the countries in the Mediterranean and Black Sea Programme for Intervention Epidemiology Training (MediPIET) as part of the [EU Initiative on Health Security](#) under ENI (European Neighbourhood Instrument).

The cooperation with the Western Balkans and Türkiye is reviewed, defined and planned by ECDC through dialogue with officially-nominated national ECDC correspondents, primarily at the annual meetings. During the last meeting of national ECDC correspondents, held on 23 November 2022 (meeting report available [here](#)), ECDC presented the technical cooperation activities with the Western Balkans and Türkiye and discussed future developments, based on the achievements in recent years.

1.1 Scope and objectives of the meeting

Following up on the discussions in 2022 and reflections on recent developments at ECDC, taking into account that the next year is the last year for the implementation of the ECDC-IPA6 Action, this annual meeting of National ECDC Correspondents focused on the technical cooperation developments over the last year in the areas of disease surveillance, microbiology, preparedness and response, and will generate reflections on key multi-annual priorities for future ECDC support to national authorities in Western Balkans and Türkiye. To keep various stakeholders from Western Balkans and Türkiye informed and engaged, the National ECDC Correspondent meeting was organised in the Western Balkan region with 35 representatives from each beneficiary country attended the meeting on-site and many more remotely to discuss thematic priorities of cooperation with ECDC.

Specific meeting objectives were:

- To update National ECDC Correspondents on recent developments related to new mandate of ECDC;
- To reflect on achievements, lessons learned, and next steps in the specific areas of cooperation, implemented through the ECDC-IPA6 project, in particular with regard to implementation of *EU acquis* on communicable diseases, strengthening surveillance, enhancing preparedness and response capacities, supporting public health microbiology laboratory systems, and engagement in specific disease surveillance networks;
- To discuss and reflect on the future needs of the countries for support to deepen cooperation between ECDC and national authorities in Western Balkans and Türkiye – that can form an outline for the upcoming ECDC-IPA Action as of 2025.

1.2 Participants

To discuss cooperation activities with ECDC and priority areas for future activities with Western Balkans and Türkiye, under the ECDC-IPA6 project (Contribution Agreement ECDC-IPA6/2019/409-781), the following roles were invited to attend the meeting:

- National ECDC correspondents (on-site)
- Observer NFP for Surveillance (on-site)
- Observer NFP for Microbiology (on-site)
- Observer NFP for Threat Detection (on-site)
- Observer NFP for Preparedness and Response (on-site)
- Observer NFP for Respiratory Viral Diseases and related Contact Points for Operations (remotely)
- Observer NFP for Emerging and Vector-Borne Diseases and related CPOs (remotely)
- Observer NFP for Antimicrobial Resistance (remotely).

The list of participants of the meeting is available in Annex 2.

¹ This designation is without prejudice to positions on status, and is in line with UNSCR 1244 (1999) and the ICJ Opinion on the Kosovo declaration of independence.

2 Discussion

2.1 Update on recent developments by the European Commission

Representatives from DG NEAR provided updates on EU Health Policy and EU acquis within the EU accession framework and processes.

To support the efforts of the Western Balkans and Türkiye in aligning with EU standards and policies, the EU integration process has been boosted by investment packages to help the economies to diversify work and increase private sector investment, while prioritising the new growth plan for the Western Balkans. Another pillar of the work has been the European Commission (EC) focus on helping the Western Balkans and Türkiye to implement socio-economic reforms as a commitment towards the EU enlargement progress.

In November 2023, the EC adopted the 2023 Enlargement Package, providing a detailed assessment of the state of play and the progress made by Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia, Serbia, Türkiye, and for the first time also Ukraine, the Republic of Moldova and Georgia on their respective paths towards accession to the European Union.

Communicable diseases and cross-border health threats appear in Chapter 28 Consumer and Health protection, under Cluster 2 Internal Market of the recommendations and comments on country progress in the [2023 Communication on EU Enlargement Policy](#).

- [Albania Report 2023](#): 'Significant progress still needs to be made to implement a One Health approach and all-hazard health preparedness...'
- Preparations are at an early stage in the area of consumer and health protection. There was only limited progress made on last year's recommendations, which remain relevant, via alignment to the EU acquis on serious cross-border health threats (although the implementing legislation still has to be adopted) and its integration into the EU COVID-19 surveillance system.
- [Bosnia and Herzegovina Report 2023](#): 'Legislation on serious cross-border health threats, including communicable diseases, is not yet aligned with the EU acquis at all levels of government'.
- Bosnia and Herzegovina is at an early stage of preparation in the field of consumer protection and public health. No progress has been made in the area - none of last year's 95 recommendations were implemented, so they remain valid. The legislation on serious cross-border health threats, including communicable diseases, is not yet aligned with the EU acquis at all levels of government.
- [Kosovo Report 2023](#): 'On communicable diseases and serious cross-border threats to health, Kosovo made some progress in strengthening its capacities for surveillance and reporting data to WHO. The Assembly adopted the law on communicable diseases in line with ECDC recommendations and the EU acquis in August 2023'.
- Kosovo is at an early stage of preparation in this area. There was limited progress overall via the adoption of the Law on General Product Safety, however the Law on Consumer Protection has not yet been adopted. Kosovo achieved compliance with the EU Digital COVID Certificate.
- [Montenegro Report 2023](#): 'In February 2023, the government adopted a programme for mandatory immunisation of population against certain communicable diseases and related implementing legislation'.
- Montenegro is moderately prepared in the area of consumer and health protection. Overall, limited progress has been made on last year's recommendations.
- [North Macedonia Report 2023](#): 'On communicable diseases, the upgrade of the syndromic disease reporting system in real time was completed'.
- In the area of consumer and health protection North Macedonia remains moderately prepared. Some progress was made on addressing last year's recommendations. Alignment with EU health acquis remains incomplete.
- [Serbia Report 2023](#): 'Surveillance and response capacity for serious cross-border health threats, including communicable diseases, remains limited and requires modernisation'. Serbia is moderately prepared in consumer and health protection. Limited progress has been made concerning the use of the newly established online platform for alternative dispute resolution, awareness-raising on consumer rights, and the quality control of medicines. The recommendations of the previous report remain valid.
- [Türkiye Report 2023](#): 'Türkiye made good progress on serious cross-border health threats including communicable diseases, especially in workforce development and in building institutional capacity for central and provincial public health professionals'. Türkiye has a good level of preparation on consumer and health protection. Limited progress was achieved overall during the relevant reporting period. Efforts were made to strengthen its surveillance system for health (security) services and to tackle serious cross-border health threats.

2.2 Relevant updates for countries to reflect recent changes in ECDC's mandate, the Serious Cross-Border Threats to Health Regulation and the EU Global Health Strategy

In response to the COVID-19 pandemic, as part of the European Health Union, the European Council has adopted:

- [Regulation \(EU\) 2022/2370 of the European Parliament and of the Council of 23 November 2022 amending Regulation \(EC\) No 851/2004 establishing a European centre for disease prevention and control](#)
- [Regulation \(EU\) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health and repealing Decision No 1082/2013/EU](#)

With Regulation 2022/2370, the European Council has reinforced ECDC's mandate in a number of operational areas, including:

Expanded international role

- Establish clear procedures for **cooperation with the public health actors in third countries and international organisations**, such as WHO, hence contributing to the Union's commitment to reinforcing partners' preparedness and response capacity.
- Support the **strengthening of preparedness capacities** under the International Health Regulations (IHR) **in third countries, in particular partner countries**
- Article 3: Mission and tasks
- Article 5b: Prevention, preparedness and response planning
- Article 9: Scientific and technical assistance and training
- Article 11: Collection and analysis of data
- Article 11a: Support for international and field preparedness and response (EU Health Task Force).

ECDC is a key player in public health outside of EU borders and its reinforced mandate will involve the Centre contributing even more actively to EU's international cooperation and global health security preparedness.

EU Global Health Strategy calls ECDC to further prioritise health resilience in its neighbourhood and support the EU candidate countries and potential candidates in aligning their health legislation with EU health law and to being able to implement it.

ECDC's updated Strategy 2021–2027 and Strategic Roadmap 2027 include relevant actions under Strategic Objective 4: Streamline coordination and collaboration with Member States and other ECDC key partners in the EU and globally.

Action area 4.2. Global Health: Work with international partners to enhance preparedness and response to present and future public health threats globally – work with EU candidate countries and potential candidates is aligned with EU policy priorities and subject to EC funding:

- The Western Balkans and Türkiye have been gradually integrated into ECDC's systems; regional and targeted actions have been taken to strengthen disease prevention and control capacities.
- Ukraine, Moldova and Georgia – cooperations is advancing.

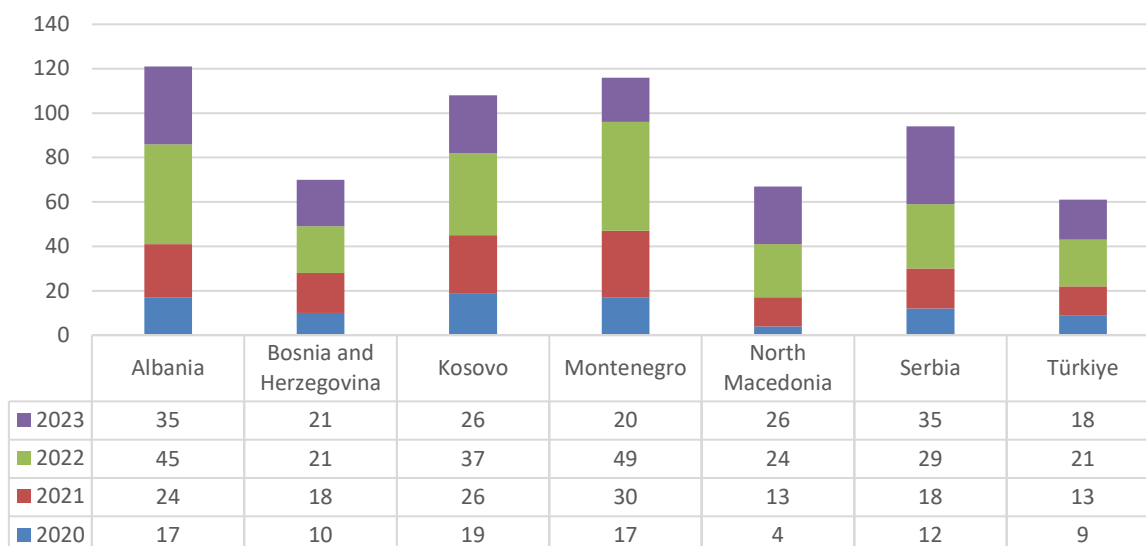
2.3 ECDC-IPA6 project: achievements and plans

The ECDC-IPA6 project is structured around three work streams of activities to be implemented during the period 2020–2024. The key milestones achieved after the last annual meeting of national ECDC correspondents in 2022 are set out below.

Work Stream 1. Preparatory measures for the participation of the Western Balkans and Türkiye in ECDC (systems, networks, activities)

Objective: to support national authorities in the implementation of EU acquis on serious cross-border threats to health, and in particular, by strengthening surveillance, preparedness, and microbiology laboratory system capacities supporting public health.

- Annual meetings of national ECDC correspondents in the Western Balkans and Türkiye
 - [2022 Meeting Report available](#)
 - At the 2023 meeting the future of ECDC accession support was discussed.
- Attendance at ECDC meetings and training courses in 2023 – 181 experts attended meetings in 2023. In total, 637 national experts from beneficiary countries attended ECDC meetings during the period 2020–2023:
 - 2020: 18 virtual events
 - 2021: 29 virtual events
 - 2022: 28 events (in-person, hybrid, online).
 - 2023: 24 events (in-person, hybrid, online).

Figure 1. Number of participants from the countries participating in ECDC meetings, 2020–2023

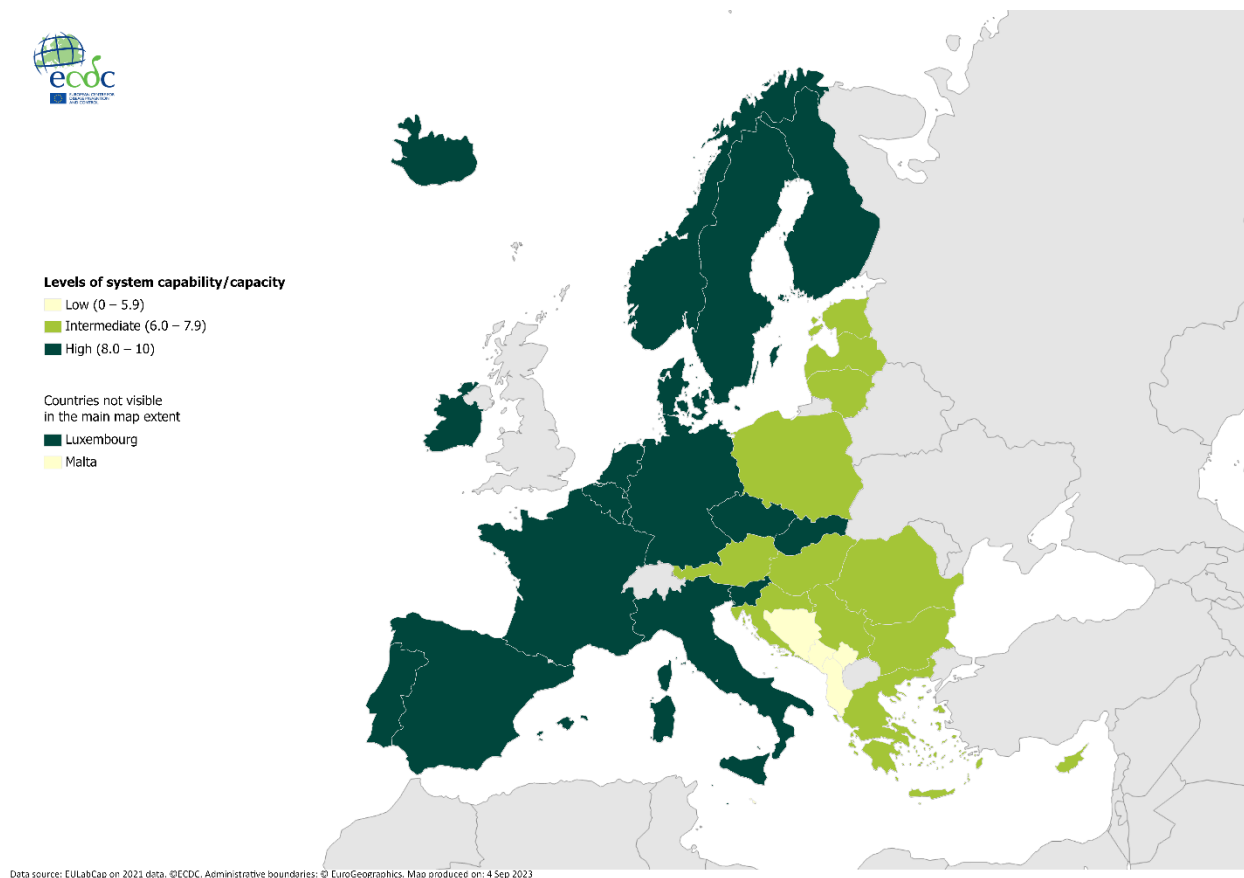
- Preparations for the 2024 Work Plan
- Management of contacts in SRM:
 - Western Balkans – updates by national ECDC correspondents directly in SRM
 - Türkiye – in the process of granting access to SRM
 - Important to keep the country contacts in nominated roles up-to-date all the time in SRM.

Focus area 1.1 Strengthening surveillance and data sharing

- Country visits on surveillance as per terms of reference for the surveillance country visits and assessment questionnaire:
 - North Macedonia 3–4 May 2023. Report available.
 - Montenegro 13–14 September 2023. Report in progress.
 - Albania Q1 2024, others – to be agreed.
- Countries invited to report emerging and vector-borne disease data as of 2023.
- Analysis of surveillance data; support for data reporting.
- Reflections on the level of engagement of the Western Balkans and Türkiye in ECDC surveillance activities and disease networks.

Focus area 1.2 Public health microbiology laboratory system capacities

Figure 2. Level of public health microbiology system capability/capacity by ENLabCap (Western Balkans) and EULabCap (EU/EEA countries) index scores in 2021



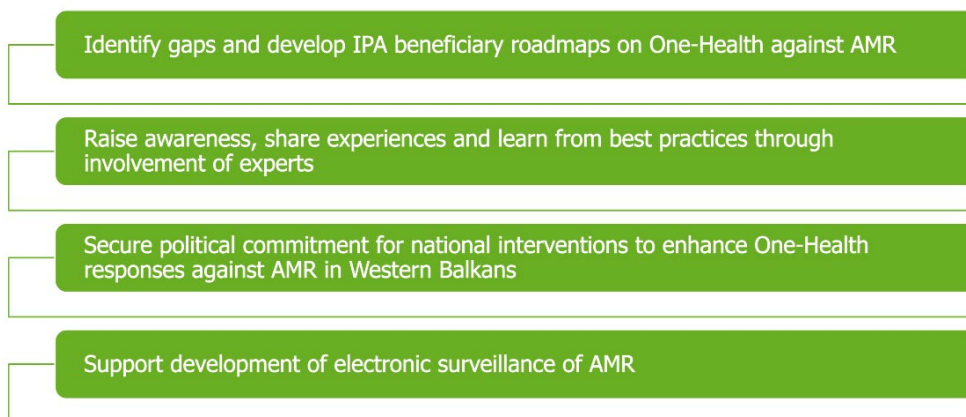
- Data collection for ENLabCap with 2021 data completed, individual reports distributed to countries. North Macedonia and Türkiye did not participate.
- Engaging four beneficiary countries in the work of Euro-GASP. Countries that expressed an interest and have been accepted: Albania, Kosovo, Serbia, Montenegro

Focus area 1.3 Public health emergency preparedness and coordination

- Some activities implemented.
- EU support available for preparedness from other EU financial instruments:
 - EUR 7 million to WHO Regional Office for Europe from DG NEAR/IPA 'Strengthening health systems resilience in the Western Balkans', including *SO1 package on preparedness* that is being implemented by WHO Health Emergencies Balkan Hub.
 - EU4Health WP 2022 Direct grant/contribution of EUR 5.8 million to WHO Regional Office for Europe – Part 05 Reinforce Union cooperation with WHO on crisis preparedness by protecting people in the Union and its neighbourhood from serious cross-border health threats.
- ECDC developments with EU Member States on implementation of Article 7 and Article 8 of the new EU Regulation 2371
- Future targeted ECDC support to Western Balkans and Türkiye to strengthen public health emergency (PHE) preparedness and response in the Western Balkans and Türkiye, as per EU acquis, to be discussed and included in future ECDC accession support work.

Work Stream 2. Advancement of One-Health responses against antimicrobial resistance in the Western Balkans (ECDC/EFSA)

The objectives of Work Stream 2 (WS2) of the ECDC-IPA6 project are set out below.



With the support of the EU under the Instrument of Pre-accession Assistance, ECDC commissioned the Consortium of IQLS and Epiconcept to contribute to the advancement of a 'One-Health' approach against antimicrobial resistance (AMR) in the Western Balkans through: (i) identification of gaps in the current national AMR strategies and action plans; (ii) development of country roadmaps; (iii) support in the development of electronic surveillance of AMR; and (iv) awareness-raising initiatives. Specific Contract No 1 ECD.14631 ID 25341 implementing Framework Contract No ECDC/2022/006 'Country support to advance One-Health responses against antimicrobial resistance in Western Balkans' has started.

Based on the terms of reference, all six national authorities in the Western Balkans have signed an expression of commitment to participate in the project and nominated observers to the network of ECDC National Focal Points (NFP) for AMR, to serve as a key contact for the implementation of One-Health activities against AMR in the Western Balkans.

The first country visit to Kosovo on One Health against AMR took place on 9–13 October 2023. The team of ECDC, DG SANTE F, EFSA, two EU Member State experts (Spain and Finland), IQLS, and Epiconcept discussed a wide range of issues related to AMR from a 'One-Health' perspective, with multiple national and regional health and veterinary authorities.

In 2024, the following One Health AMR country visits are planned:

- to North Macedonia 29 January–2 February 2024
- to Montenegro 10–14 June 2024
- to Serbia or Albania – to be confirmed.

Work Stream 3. Enhancement of severe acute respiratory infection (SARI) surveillance in the Western Balkans

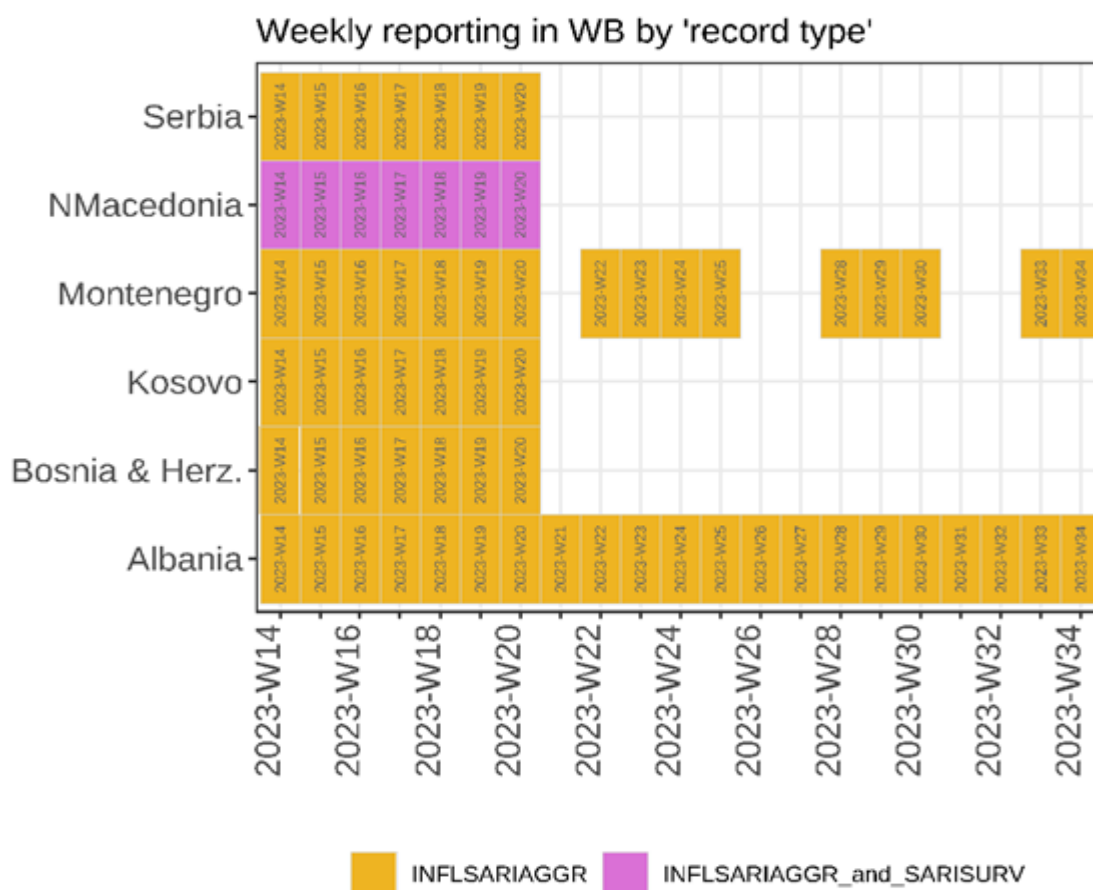
Objective: to support the implementation of fit-for-purpose surveillance systems in the Western Balkans and engage in vaccine-effectiveness studies.

ECDC technical support to national authorities is continuing through Epiconcept for implementation of surveillance activities and studies, as well as for training and capacity building: SC2 ECD.13017 and SC4 ECD.14646 ID. 25342 implementing Framework Contract No ECDC/2021/016 until April 2024 (without extension). This contract was designed to enhance capacity in the countries to enable them to implement protocols, validate data and contribute to ECDC activities, as per standards applicable to EU Member States.

Epiconcept conducted four site visits on country-specific surveillance protocols and SARI surveillance systems:

- Montenegro 11 September 2023
- Serbia 13 September 2023
- Albania 15 September 2023
- North Macedonia 18 September 2023.

Figure 3. Weekly reporting in the Western Balkans by record type



2.4 ECDC opportunities for the Western Balkans and Türkiye in the future 2024–2027

2.4.1 Strengthening surveillance and participation in disease networks: feedback on country progress so far, challenges observed, outlook for joining ECDC disease networks

Indicator-based surveillance

During the latest data call (Spring 2023), the Western Balkans and Türkiye were asked to report data for the following diseases (record types are indicated in bracket):

- Gonorrhoea infection (GONO)
- Hepatitis A (HEPA)
- Emerging and Vector-borne Diseases (EVD)
- Influenza, Zoonotic Influenza
- Severe acute respiratory infections (SARISURV, SARISURVDENOM)
- COVID-19 (NCOVAGGR, NCOVTEST, NCOVACC, NCOVARIANT)
- Respiratory virus surveillance (RESPISURV), Respiratory virus severity indicators (RESPISEVERE).

Table 1. Diseases reported to TESSy and data format, 2017–2022

Disease	Albania	Bosnia and Herzegovina	Montenegro	North Macedonia	Serbia	Türkiye	Kosovo
Gonorrhoea	C		C	C	A		C
Hepatitis A	A		C	C	A		A
West Nile Virus	C		C	C	C	C	A
Other EVD**							

*Türkiye reported gonorrhoea cases in 2017 and 2018, and hepatitis A cases in 2017.

** It has been requested that other EVDs be reported from 2023.

Table 2. Disease or syndromes reported to TESSy and data format, 2023

Disease	Albania	Bosnia and Herzegovina	Montenegro	North Macedonia	Serbia	Türkiye	Kosovo
COVID-19	A	A	A	A		A	A
Influenza	A	A	A	A	A	A	A
SARI	A	A	A	A		A	A

Legend 1

Fully reported

Partially reported

Not reported

Did not participate

Legend 2

C – Case-based data

A – Aggregated data

- **Hepatitis A:** notification rates were generally lower or similar to the EU/EEA rate, except for North Macedonia (2018–2020) and Kosovo (2017–2019). Only Montenegro and North Macedonia reported case-based data in 2017–2022. The completeness of data was low, and data for some key variables are missing, e.g. transmission mode, gender, hospitalisation.
- **Gonorrhoea:** notification rates for the Western Balkans and Turkey were lower than the EU/EEA. The completeness of data for HIV status, site of infection, and transmission was low.
- **West Nile Fever (WNF):** only North Macedonia and Serbia reported WNF cases in 2023. The completeness for key variables was good (e.g. age, gender, hospitalisation status, disease outcome).
- **COVID-19:** timeliness of data was good in Albania, Bosnia and Herzegovina, and North Macedonia. Laboratory data was not available in most countries.
- **SARI:** the completeness of weekly data for all countries was low.
- **Other EVDs:** no country reported EVD data (with the exception of WNF) in 2023.
- In summary, data were not consistently reported for some diseases. Only a few countries reported case-based data. There is probably underreporting or under-ascertainment of cases for some diseases.

Event-based surveillance

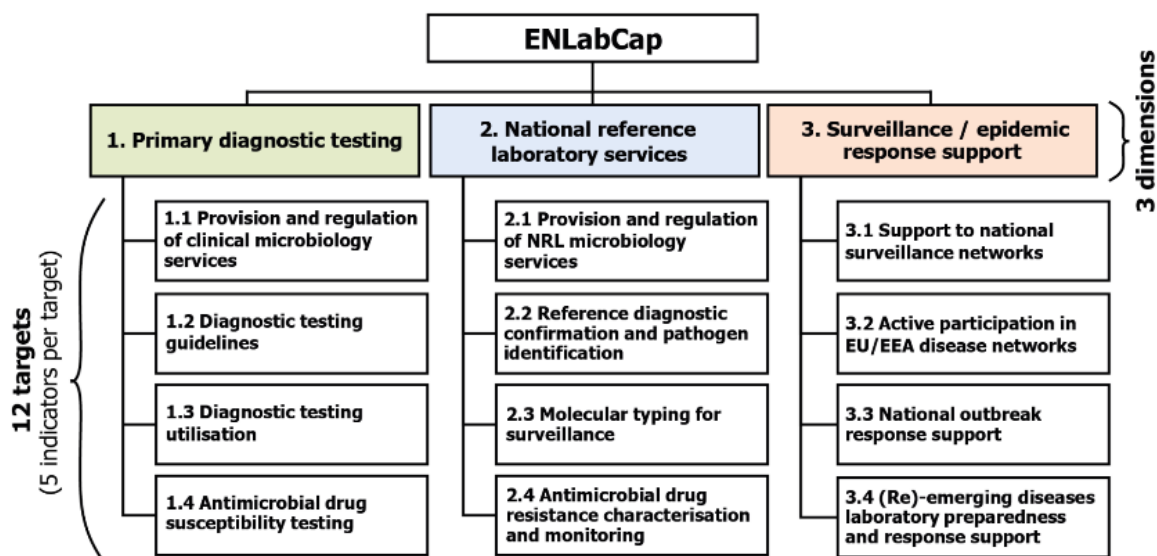
Only a few events were reported by the Western Balkans on the EpiPulse event platform:

- Four EpiPulse events were reported by the Western Balkans.
- 11 EpiPulse events, for which six beneficiaries in the Western Balkans were reported as the country of possible exposure:
 - Serbia: eight
 - Montenegro: one
 - North Macedonia: one
 - Bosnia and Herzegovina: one.

ECDC asked participants the following questions:

- Indicator-based surveillance:
 - What prevented some countries from reporting their data (e.g. EVD data)?
 - Do countries face challenges for timely reporting (keeping to the deadlines)?
 - How could ECDC help improve data quality (e.g. data completeness)?
- Event-based surveillance:
 - Are there any challenges during the reporting process?
 - What could be done to enhance timely reporting within 24–48 hours?
 - Should countries nominate contacts for all domains?

2.4.2 Strengthening public health microbiology laboratory capacities



EN Laboratory Capability monitoring system

- identify public health microbiology system strengths;
- assess public health microbiology system vulnerabilities;
- monitor the impact of capacity-building activities.

Five countries participated in the ENLabCap survey on 2021 data

The capability/capacity index scores ranged from 5.2 to 6.6 out of a scale of 10.

In 2021, all five countries reported an increased ENLabCap index score compared to 2018.

Strengths:

- antimicrobial drug susceptibility testing;
- participation in disease specific network activities.

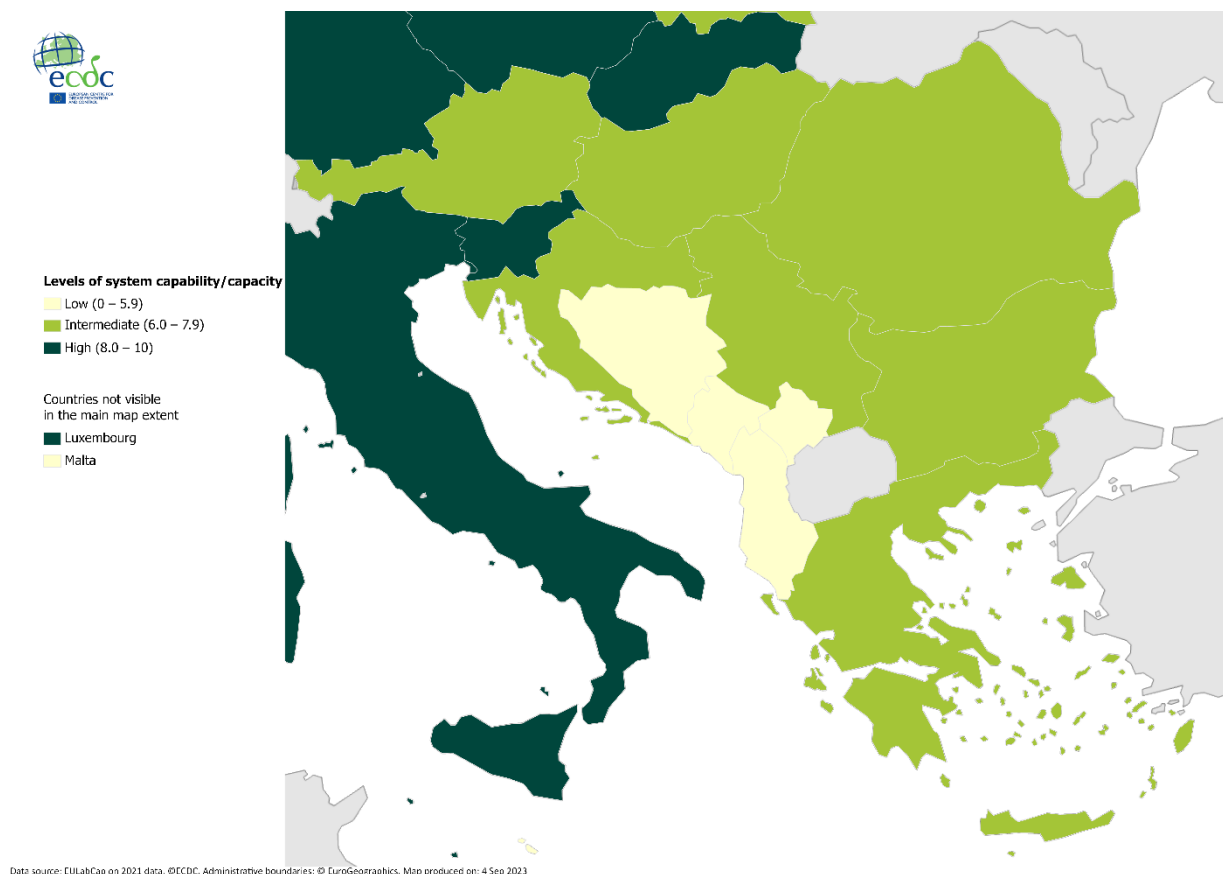
Weaknesses:

- molecular typing for surveillance;
- diagnostic testing guidelines.

Individual ENLabCap reports have been sent to countries participating in the 2021 data collection.

ENLabCap revision plan includes:

- identifying indicators for revision, based on defined criteria (e.g. outdated indicators, inconsistencies in scoring options, etc.);
- proposing indicator pathogens/diseases;
- defining new indicators;
- surveying tools for data collection (replace Excel-based data collection tool);
- automatically analysing data using R (replace Excel-based data analysis).

Figure 4. Levels of system capability/capacity – Western Balkans**EU reference laboratories (EURLs) for public health**

Legal basis:

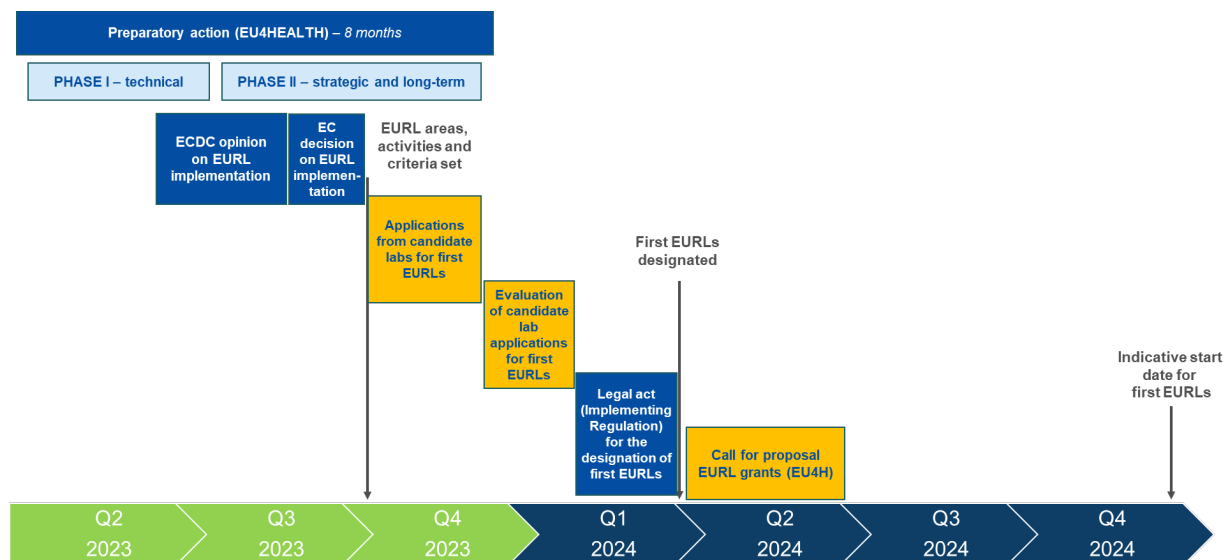
- Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health and repealing Decision No 1082/2013/EU
 - Published in the Official Journal on 6 December 2022, entry into force 26 December 2022.
 - Article 15 – EU reference laboratories.
- Regulation (EU) 2022/2370 of the European Parliament and of the Council of 23 November 2022 amending Regulation (EC) No 851/2004 establishing a European centre for disease prevention and control
 - Article 5 - Operation of dedicated networks and networking activities
 - Article 11 - Support for international and field preparedness and response.

2023 calls for application for EURLs for public health

On 2 October 2023, the Directorate General for Health and Food Safety (DG SANTE) published the first calls for applications for EU reference laboratories (EURL) for public health, in the following fields:

- antimicrobial resistance (AMR) in bacteria;
- vector-borne viral pathogens;
- emerging, rodent-borne and zoonotic viral pathogens;
- high-risk, emerging and zoonotic bacterial pathogens;
- *Legionella*;
- diphtheria and pertussis.

Information on these calls is available here: https://health.ec.europa.eu/health-security-and-infectious-diseases/surveillance-and-early-warning/eu-reference-laboratories-public-health-calls-application_en. The deadline for submission of applications was 5 January 2024.

Figure 5. EU reference laboratory planning and implementation process

The number of EURLs will depend on various factors, including EU public health priorities and budget availability in future EU4Health annual work programmes, etc.

ECDC is currently in discussion with the European Commission on how colleagues from the Western Balkans and Türkiye can continue to be active partners in the EU laboratory networks.

2.4.3 Strengthening preparedness and response capacities for public health emergencies

The [new EU regulation \(October 2022\) on serious cross border threats to health \(Regulation \(EU\) 2022/2371\)](#) reinforces preparedness, surveillance, risk assessment, early warning and responses at EU and Member State level. Among the updated provisions, the Regulation stipulates the following:

- A Union health crisis and pandemic plan will be established by the European Commission and approved by the EU Health Security Committee (EU Health Crisis Management Body).
- This will be coupled with revisions of Member States' prevention, preparedness and response plans.
- Member States report on their prevention, preparedness and response planning every three years in synergy with the reporting obligations to WHO in the context of the IHR (self-assessment).
- ECDC will conduct assessment missions in Member States every three years. ECDC will provide recommendations. Member States will have to develop action plans.

Health Security Committee

- The Health Security Committee (HSC) plays an enhanced role in coordinating action taken by the European Commission and EU Member States.
- It may adopt opinions and guidance on response measures for the prevention and control of threats to health.

Stress tests and joint procurement

- Stress tests will ensure the operational functionality of the EU preparedness and response plans and update the plans as necessary.
- The European Commission and Member States will be able to jointly purchase medical countermeasures through the Health Emergency Preparedness and Response Authority (HERA) in charge of medical countermeasures preparedness.

The EU Health Task Force (EU HTF)

Background: Shortcomings in EU mechanisms for managing threats & lack of readily available human resources for timely deployment → ECDC amended mandate to establish and coordinate EUHTF in collaboration with EC and EU/EEA MS

Vision: EUHTF as **EU deployable public health work force** providing **operational response** and **crisis preparedness support** to countries and contributing to wider global health security;

- Country or crisis focused
- Flexible body, mobilised in different situations and under different mechanisms
- Work closely with European Commission and international partners, e.g. WHO GOARN
- Remote support and rapid in-country field deployment

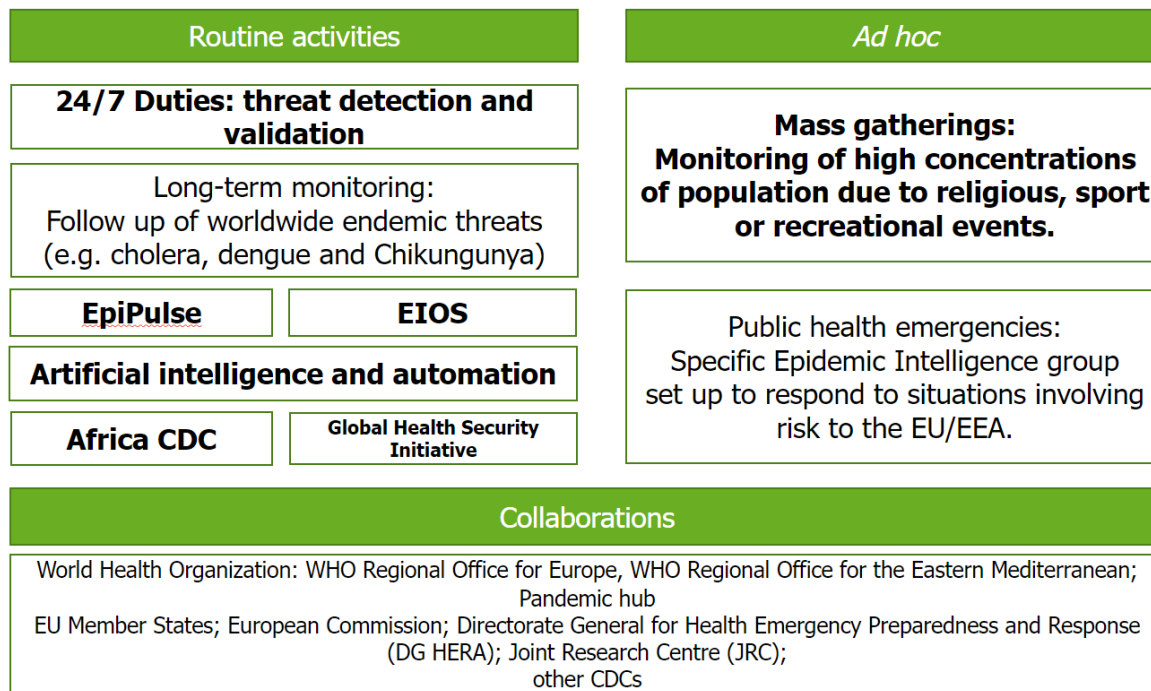
Epidemic Intelligence

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

Scope at ECDC:

- any potential threat to the EU/EEA;
- originating from the inside the EU/EEA or globally.

Figure 6. Epidemic intelligence activities to bring assessed events to the desk of decision-makers



Focus areas for preparedness and response

- Article 8 assessments alignment and readiness;
- Coordination in national action plans;
- Greater involvement of NFPs in wider range of ECDC preparedness/response activities: e.g. 2024 Pandemic Preparedness meeting in collaboration with WHO Regional Office for Europe; pandemic preparedness capacity building support; contact tracing and research preparedness activities;
- Workshops on rapid risk assessment methodology;
- Simulation exercises and after-action reviews: training, facilitation;
- Capacity strengthening in rapid risk assessment, risk communication, community engagement;
- Threat prioritisation;
- Outbreak investigation support.

2.5 Latest in-country advancements and ideas for future support from ECDC

The Western Balkan countries and Türkiye were invited to an interactive discussion and presentations on the latest in-country developments. This high-level overview of the situation in the country paved the way for further discussions in the working groups on the second day of the meeting. The country presentations included the following:

- Latest developments in your country (since 2022) in the areas of communicable disease surveillance, preparedness, prevention, and control.
- Relevant ongoing projects, programmes, partners that are working together with the national authorities to strengthen communicable disease surveillance, preparedness, prevention, and control.
- Country needs and ideas for future support from ECDC on strengthening surveillance in the areas of:
 - data collection (e.g. metadata)
 - data management (e.g. automated data cleaning and quality checks)
 - data analysis (e.g. training in R to prepare outputs).
- Country needs and ideas for future support from ECDC on strengthening public health microbiology laboratory systems.
- Country needs and ideas for future support from ECDC on strengthening preparedness and response capacities.

Albania

Table 1. Albania country needs

	Latest in-country developments	Country needs and ideas for future support from ECDC
Communicable disease surveillance	<ul style="list-style-type: none"> • Improvement of integrated surveillance system and work on establishing a mosaic and collaborative surveillance (system changes, training, One-Health collaboration). • Digitalisation improvement – government funding established for surveillance and immunisation information system digitalisation and integration with civil registry, primary care, hospital care and health insurance. • A 'One Health' digital surveillance platform has been established that links human and veterinary systems and an agreement on sharing One-Health information and collaboration (Agreement No. 2243) was signed by the Ministries of Health and Agriculture on 23 May 2022. • Revision of case definition. • Public/private partnerships by including private labs and clinics within the surveillance system. 	<ul style="list-style-type: none"> • Data quality check methodology. • R training. • Link of SISI with TESSy for exchange of data. • Surveillance evaluation. • AI and epidemic intelligence tools. • Improvements in healthcare-associated infection surveillance. • Field epidemiology in country training.
Public health microbiology laboratory systems	<ul style="list-style-type: none"> • New reference laboratory investment in the Institute of Public Health • New investment in clinical diagnostics and infectious diseases. • Improvement of laboratory diagnostics with public/private laboratory partnership of hospitals by increasing and improving laboratory diagnostics all over the country (syndromic testing, etc.). • Increased molecular diagnostics and sequencing capacities within public health laboratories. • New collaboration for environmental surveillance with Agricultural University. • Data quality check methodology. 	<ul style="list-style-type: none"> • Establish a public health laboratory strategy and action plan • Increase molecular diagnostic capacities for bacterial diseases • Improve quality assurance capacities • Improve AMR surveillance and AMR lab capacities • Finalize establishing in country sequencing and smart genomic surveillance • Environmental surveillance
Preparedness, prevention, and control	<ul style="list-style-type: none"> • National health security plan. • National emergency preparedness plan in collaboration with the agency of civil protection under the Ministry of Defence. • SISI digitalised integrated surveillance system also serving for early warning, cross border health threats and risk assessment. Risk assessment and early warning all hazard guidelines have been updated and approved by the Institute of Public Health, based on Law 15/2016 and prepared in collaboration with Robert Koch Institute, Germany 	<ul style="list-style-type: none"> • Assistance on analytical, models and prediction capacities. • Strengthening public health emergency analytical capacities and establishing the national centre. • In-country training on intra-action and after-action reviews. • AMR One-Health preparedness support. • Country tabletop exercises to test different elements of plans.

	Latest in-country developments	Country needs and ideas for future support from ECDC
	<p>and WHO Regional Office for Europe, based on ECDC guidelines.</p> <ul style="list-style-type: none"> • Update of epidemic preparedness and IHR implementation plan, monkeypox preparedness plan and others. • Working group on respiratory virus pandemic preparedness plan established and draft plan prepared. • EpiTel. • EIOS, MEDYSYS and link with SISI • Participation in JADE exercise with WHO Regional Office for Europe. • Preparation of multiple emergencies One-Health cross-border scenario, adapt the online system and participation. • Standard Operating Procedure for Public Health Analyses Emergency Operation Centre. • New vector control methods and vector control programme update. • Draft Order of PM on new cross-border directive within the national communicable disease legislation and associated changes. • AMR surveillance established (Standard Operating Procedures, guidelines, reporting). • AMR action plan updated. • Introduction of human papillomavirus (HPV) vaccine in November 2022 with 70% use to date. • New integrated immunisation strategy and plan of action. • New updated web-based immunisation information system. 	

Relevant ongoing projects, programmes, partners

- One-Health AMR surveillance – ECDC via Epiconcept and IQLS.
- Support for SARI surveillance – ECDC via Epiconcept.
- Sequencing support – ECDC.
- MediPIET participation – ECDC.
- EU IPA CARE project for emergencies.
- EU support for COVID vaccines and personal protective equipment (PPE).
- Twinning project to strengthen laboratory surveillance with ISS, Italy.
- Strengthening frontline biosecurity and biosafety – EU project.
- Emergency preparedness project - Swiss cooperation.
- Collaboration agreement with Robert Koch Institute on surveillance and preparedness.
- Pandemic preparedness – USAID (investments, etc.).
- US Centers for Disease Control and Prevention (CDC) surveillance and laboratory support for respiratory pathogens (lab equipment, kits, reagents, surveillance, digitalisation, training, guidelines, One-Health activities, burden of disease, etc.).
- Japan International Cooperation Agency (JICA) – increase of logistic capacities.
- The Partnership for International Vaccine Initiatives (Task Force for Global Health) support for COVID and Influenza vaccines
- Sandia laboratories support for new vector control strategy.
- Ending pandemics support for digitalisation and One-Health response.
- TBI Consulting support for digital health strategy.
- FFX analyses.
- COVEAL – COVID-19 and influenza vaccine effectiveness study in healthcare workers.
- SARI Vaccine Effectiveness – COVID-19 and influenza vaccine effectiveness study on prevention of severe acute respiratory infections.
- KAP survey for COVID -19, influenza and HPV vaccination in healthcare workers, pregnant women and parents.
- COVID-19 and influenza vaccination coverage cluster survey.

Bosnia and Herzegovina

Health-related competencies in the country

- The health systems in Bosnia and Herzegovina are under the jurisdiction of:
 - The Federation of Bosnia and Herzegovina
 - The Republika Srpska and
 - Brčko District of Bosnia and Herzegovina.
- The Ministry of Civil Affairs of Bosnia and Herzegovina is responsible for international reporting (including communicable diseases).

Table 2. Bosnia and Herzegovina country needs

	Latest in-country developments on communicable disease surveillance, public health microbiology laboratory systems, preparedness, prevention, and control
Federation of Bosnia and Herzegovina	<ul style="list-style-type: none"> • Strengthening the capacity of laboratories (mostly with equipment during the COVID-19 pandemic); • Established integrated surveillance of respiratory pathogens (RSV, influenza and SARS-CoV-2) with reporting to TESSy; • Established surveillance network for AMR of invasive isolates and reporting to CAESAR and GLASS; • Established surveillance for measles and rubella (WHO referral laboratory); • Developed strategy/action plan for testing and sequencing of SARS CoV-2 in the Federation of Bosnia and Herzegovina.
Brčko district of Bosnia and Herzegovina	<ul style="list-style-type: none"> • Improved laboratory capacity (also achieved during the COVID-19 pandemic); • Established and improved integrated surveillance of respiratory pathogens (RSV, influenza and SARS-CoV-2) with reporting to TESSy; • Adopted two rulebooks concerning antimicrobial reporting to the Public Health Sub-Department in relation to clinical isolates and detected causative agents (Rulebook on the method of reporting, content of records and content of reports of infectious diseases) and on the reporting of emerging antimicrobial resistance in a zoonotic causative agent (Rulebook on the methods of mutual notification between the healthcare institutions and veterinary organisation on the emergence and movement of zoonosis).
Republika Srpska	<ul style="list-style-type: none"> • Surveillance is continuously carried through regular reporting of illnesses and conditions according to the Law on Protection of the Population from Communicable Diseases (Official Gazette of Republic of Srpska no. 90/17, 42/20, 98/20 and 63/22); • In addition to other diseases mandatory for reporting, continuous reporting of monkeypox was introduced during 2022 (there were no cases detected or reported); • Surveillance was introduced for hepatitis of unknown origin (there were no cases detected or reported); • Introduction of bi-weekly seasonal SARI surveillance is being considered; • Ability to report to TESSy on hepatitis A, gonorrhoea and West Nile virus on request, although these pathogens are rare; • In order to improve prevention of sexually transmitted diseases, vaccination against HPV has been introduced (since 2023); • Strengthening of laboratory capacities - more laboratories equipped and trained for PCR diagnostics; • Education and training of experts; • Procurement of tests and reagents; • Introduction of new diagnostics for emerging and re-emerging pathogens; • Support from WHO for the introduction of gene sequencing in the Public Health Institute's laboratory; • Development of planning document on gene sequencing; • Strengthening of the network of epidemiologists; • Strengthening and expansion of cold chain capacity; • Preparation for development of preparedness plans at hospital level/for each hospital; • Established and improved integrated surveillance of respiratory pathogens (RSV, influenza and SARS-CoV-2) with reporting to TESSy; • Establishment of an information system for immunisation.

Relevant ongoing projects, programmes, partners

Federation of Bosnia and Herzegovina

- Participation in the external quality control programmes.
- Improved standardisation of methodology in laboratories.
- Participation in European Antimicrobial Resistance Genes – Reference Laboratory Capacity (EURGen-RefLabCap) project (ECDC/DTU/SSI).

Republika Srpska

- Interreg project funding IPA (pre accession assistance) Croatia-Bosnia and Herzegovina-Montenegro public health preparedness for epidemics and emergency situations that cross-national borders;
- Period of intensive routine immunisation through the Republika Srpska Public Health Institute (WHO);
- Cold chain capacity strengthening project (The United Nations Children's Fund -UNICEF).

Country needs and ideas for future support from ECDC	
Communicable disease surveillance	<p>Federation of Bosnia and Herzegovina</p> <p>Brčko district of Bosnia and Herzegovina</p> <ul style="list-style-type: none"> • Support for the establishment of an electronic data surveillance system. • Training of staff working at data entry points and on data collection. • Study tours and sharing of good practices. • Development and implementation of integrated collaborative interdisciplinary/intersectoral approach. • Designation of national reference laboratories. • Assistance in creating a roadmap on antimicrobial resistance. <p>Republika Srpska</p> <ul style="list-style-type: none"> • Support for the establishment of an electronic data surveillance system. • Training of staff working at data entry points and on data collection. • Study tours and sharing of good practices.
Public health microbiology laboratory systems	<p>Federation of Bosnia and Herzegovina</p> <p>Brčko district of Bosnia and Herzegovina</p> <ul style="list-style-type: none"> • Further strengthening of laboratory capacity. • Procurement of reagents for whole genome sequencing (WGS) due to limited budget (implementing WGS in Brčko). • Learning new skills in laboratory methods and bioinformatics (training and education). • Enhancement of laboratory biosafety. • Automation in the laboratory. • Quality assurance and quality control: accreditation of medical laboratories in accordance with ISO15189. • Participation in external quality-assurance schemes. <p>Republika Srpska</p> <ul style="list-style-type: none"> • Education and training for experts in microbiology. • Procurement of tests and reagents. • Introduction of new diagnostics for emerging and re-emerging pathogens. • Support for sequencing at the Public Health Institute's laboratory, particular with regard to the introduction of sequencing of AMR genes of certain agents of interest.
Preparedness, prevention, and control	<p>Federation of Bosnia and Herzegovina</p> <p>Republika Srpska</p> <p>Brčko District of Bosnia and Herzegovina</p> <ul style="list-style-type: none"> • Education and training. • Strengthening the capacity of epidemiologists to process and analyse data. • Further strengthening of the immunisation programme and improvement of vaccination coverage.

Kosovo²

Latest in-country developments on communicable disease surveillance, public health microbiology laboratory systems, preparedness, prevention, and control

- Enforcement of LAW No: 08/L-200 for Prevention and Control of Communicable Diseases, adapted to EU Directives;
- Updated list of communicable diseases and HAI, case definitions based on EU Directives;
- Public Health Emergency Operation Centre was established at the premises of the Institute of Public Health right before the pandemic, in the process of functionalisation (WHO support - development plan, procedures, standard operating procedure, training courses);
- Developed digitalised surveillance system (24/7), to be piloted during January 2024;
- Capacity building on data management and analysis (WHO, MediPIET fellows, Epiconcept-R, SECID-CDC);
- Joint external evaluation process WHO, May 2023;
- Plan for prevention, readiness, response and resilience for pandemic respiratory pathogens, final draft December 2023;
- The National Response Plan (NRP) and Annex 8 Emergency Support Function (ESF 8- public health and medical services) of the Plan are in the final stage of review;
- Framework for Zoonotic Disease Response Preparedness in Kosovo (2022) - submitted for approval;
- Public health risks have been assessed at the central level in 2023, in accordance with the 'Strategic Tool for Assessing Risks' (STAR);
- Infectious disease programme with three-year action plan, specifically designed to address recommendations from ECDC Technical Assessment Report;
- National guidelines for antibiotic use in primary care, 2023.

² This designation is without prejudice to positions on status, and is in line with UNSCR 1244 (1999) and the ICJ Opinion on the Kosovo declaration of independence.

Relevant ongoing projects, programmes, partners

- SARI VE-WHO, Epiconcept- SARI, W1, WP3, WP4-RKI.
- ECDC project to promote One-Health responses to combat AMR in the Western Balkans- first visit in Kosovo.
- International Centre for Antimicrobial Resistance Solutions (ICARS)- three-year project on antimicrobial stewardship (AMS) in primary care and memorandum of understanding with three ministries for long-term support.
- Establishment of sequencing capabilities (RKI).
- World Bank loan for support of AMR and HAI activities.
- IPC training courses at primary-care level (SDC).

Laboratory capacities: participation in External Quality Assessments

- External Quality Assessment (EQA) on antimicrobial susceptibility testing for national public health laboratory for *Salmonella* and *Campylobacter* in the Food-and Waterborne (FWD-Net).
- ECDC EQA for *Legionella*.
- Euro-GASP external quality assessment (EQA) for *Neisseria gonorrhoeae*.
- Central Asian and Eastern European Surveillance of Antimicrobial Resistance (CAESAR) External Quality Assessment Exercise Antimicrobial Susceptibility Testing.

Laboratory capacities: participation in networks

- ELDSNet (The European Legionnaires' disease Surveillance Network (ELDSNet)).
- EURGen-Net (European Antimicrobial Resistance Genes Surveillance Network).
- FWD AMR-RefLabCap (Food- and Waterborne Diseases Antimicrobial Resistance).
- CAESAR (Central Asian and European Surveillance of Antimicrobial Resistance).
- Global GLASS (Antimicrobial Resistance Surveillance System).

Table 3. Kosovo country needs

	Country needs and ideas for future support from ECDC
Communicable disease surveillance	<ul style="list-style-type: none"> • Technical assistance for capacity building (analytical epidemiology). • Training courses, workshops. • Networking. • Joint research projects.
Public health microbiology laboratory systems	<ul style="list-style-type: none"> • Drafting protocols or use of ECDC or EURGen-RefLabCap network protocols. • Continuous training and education of laboratory personnel in the field of genotyping and sequencing of priority pathogens. • Participation in projects similar to EURGen-RefLabCap to strengthen laboratory diagnostic capacity; • Cooperation with laboratories in the neighbouring countries and reference laboratories in Europe; • Organisation of practical workshops for the personnel working in the AMR network laboratories; • Participation in projects and EQA which are useful for increasing diagnostic capacities.
Preparedness, prevention, and control	<ul style="list-style-type: none"> • Establishing a health security focal point for IHR with a clear mandate, a 24-hour staff member and roster of experts with clear terms of reference. • Training, workshops and simulation exercises at the national, regional and international level on IHR, including emergency preparedness with an all-hazards approach. • Implement Public Health Emergency Operations Centre (PHEOC) manual (including standard operating procedures, tools and logistics) and operationalise it by conducting training and simulation exercises. • Coordination and communication with neighbouring countries, reporting of cases and exchanging information through the platform between countries for sharing common problems and interests. • Implementation and monitoring of specific recommendations identified in the assessment of public health preparedness and response capacities at points of entry. • Global Outbreak Alert and Response Network.

Montenegro**Latest in-country developments on communicable disease surveillance, public health microbiology laboratory systems, preparedness, prevention, and control**

- Preparation of the National Action Plan for Health Security (NAPHS) as well as its finalisation, which defines a multi-sector approach in the development and updating of priority activities identified in the IHR external evaluation report (JEE IHR) on capacities from May 2019, with the analysis of the COVID-19 response (Intra Action Review), including the definition of relevant indicators and the cost assessments for the implementation of priority activities.
- The first national study point prevalence survey (PPS) of healthcare-associated infections and antimicrobial use in acute care hospitals.
- An activity plan for the implementation of HPV vaccination has been developed and started.
- The construction of the EU-funded Centre for the Control and Prevention of Infectious Diseases, with the first Public Health Emergency Operations Centre (PHEOC) within the Institute of Public Health, which is in its final phase, the first of its kind in the Western Balkans. This Centre will ensure that Montenegro is better prepared for any future pandemic. The goal of establishing the PHEOC is to strengthen preparedness and capacity to respond to public health emergencies. A functional PHEOC plays a vital role in coordinating partners responding to public health threats and emergencies.

Relevant ongoing projects, programmes, partners

- The Vector Monitoring and Control Programme, with an action plan for the period from 2023 to 2025, prepared by a multisectoral working group, has been adopted by the government. Through this programme Montenegro will for the first time establish comprehensive and continuous monitoring of the most important groups of vectors. This will ensure better preparedness for potential epidemics and control of outbreaks of possible infectious diseases in humans and animals which can be transmitted by vectors.
- IAEA project, RER5026 'Enhancing the Capacity to Integrate Sterile Insect Technique in the Effective Management of Invasive Aedes Mosquitoes';
- SARI monitoring – ECDC via Epicconcept;
- A One-Health epidemic research and response guide is being prepared, involving representatives of the public health and veterinary sectors;
- In cooperation with the Robert Koch Institute (RKI), on 17–18 October 2023, a workshop was organised on strengthening cross-border capacities in Podgorica.
- Development of generic document for capacity building at cross borders (point of entry (PoE)) has been foreseen in line with IHR, in collaboration with RKI Berlin.
- Development of standard operating procedures for airports, ports and ground PoE.

Table 4. Montenegro country needs

Country needs and ideas for future support from ECDC	
Communicable disease surveillance	<ul style="list-style-type: none"> • Education/training in medical entomology. • Training in R. • Study visit to countries with well-coordinated IHR team in order to share experience with Montenegro. • Capacity building on PoE. • Organising simultaneous exercises with neighbouring countries to get better preparedness and response to cross border threats and PHE.
Public health microbiology laboratory systems	<ul style="list-style-type: none"> • Established network of microbiological laboratories in Montenegro. • Development of a procedure for sending samples and transport at national level. • Defining priority diseases and diagnostic methods. • Establishing a joint body for biosafety and biosecurity at the national level, which would cover activities in all sectors, both public and private. • Create a list of dangerous pathogens and toxins and grant lab licenses. which will work on the diagnosis of defined pathogens in all relevant sectors. • Implement biosafety and biosecurity requirements in accordance with international standards in all laboratories handling dangerous pathogens.
Preparedness, prevention, and control	

North Macedonia

Latest in-country developments on communicable disease surveillance, public health microbiology laboratory systems, preparedness, prevention, and control

National communicable disease surveillance system

- Prepared electronic surveillance (reporting in e-health system) for 64 communicable diseases.
- Law on Protection of the Population against Communicable Diseases to be harmonised with EU law (on hold).

SARI surveillance

- Updated full year electronic surveillance combining clinical, epidemiological and virological data.
- Reporting in e-health system.
- Integrated surveillance for SARS-CoV-2; Influenza A and B; RSV (for samples negative for influenza and SARS-CoV-2).

PHEOC Handbook

- Describing PHEOC organisational structure.
- SOPs for activation and functioning.
- National action plan for health security (NAPHS).
- Development of national and sub national health emergency response policy plans and procedures (SOPs).

Action plan for elimination of measles, rubella and prevention of CRI, updated in 2022

Relevant ongoing projects, programmes, partners

- NAPHS with WHO.
- SARI surveillance with ECDC and vaccine effectiveness study with WHO Regional Office for Europe.
 - Influenza prevention and control – PIVI (vaccine donation, vaccination campaigns, KAP survey among healthcare workers).
- Collaboration with RKI
 - Epidemiological crisis management/preparedness and response.
 - Use of population health metrics for the improved surveillance of dynamic outbreaks within and across countries.

Table 5. North Macedonia country needs

	Country needs and ideas for future support from ECDC
Communicable disease surveillance	<ul style="list-style-type: none"> • Data analysis: <ul style="list-style-type: none"> – Face to face training in R – IPH staff – Seven steps training – Prepared R scripts to run. • Data collection and data management: <ul style="list-style-type: none"> – Digitalised reporting with data cleaning and quality checks (pending).
Public health microbiology laboratory systems	<ul style="list-style-type: none"> • Law on Protection of the Population against Communicable Diseases to be harmonized with EU law (on hold) (mandatory reporting of microbiological isolates in electronic, case definition for AMR). • The public health laboratories have been gradually implementing EUCAST since 2013 and the workshops with EUCAST updates. • To date, there are no national reference laboratories designated by the Minister of Health. • Public microbiological laboratories well equipped with laboratory equipment. • Working conditions improved, especially in terms of biosafety and biosecurity. <p>System of surveillance AMR</p> <ul style="list-style-type: none"> • LIMS - Laboratory Information Management System under construction - module under the electronic health system 'MY TERMIN' • LIMS – Laboratory Information Management System is planned to integrate the microbiology sector, the epidemiology sector and the veterinary sector. • Routine sequencing of SARS CoV 2 and other respiratory viruses is carried out, a good basis for WGS for AMR purposes.
Preparedness, prevention, and control	<ul style="list-style-type: none"> • PHEOC SimEx. • RRT training courses. • Epidemic intelligence training. • Outbreak investigation protocol. • Establishing event-based surveillance. • Re-establishing of ILI/ARI sentinel surveillance.

Serbia

Latest in-country developments on communicable disease surveillance, public health microbiology laboratory systems, and Preparedness, prevention, and control

- Since 1 January 2022, the standardised electronic system for reporting infectious diseases and HAI, as well as outbreaks, through the Public Health Service information system has been operational. This system is methodologically designed, developed and managed by the Institute of Public Health of Serbia. Expert-methodological instructions were distributed to all health institutions and other healthcare providers through the network of 24 public health institutes. Electronic reporting of the results of microbiological testing through the Public Health Service system is not fully implemented yet; individual reports are submitted in writing using the prescribed form.
- Integrated SARI surveillance (joint surveillance on respiratory viral infections among SARI cases) in selected healthcare institutions is being implemented as part of an ongoing ECDC project – Epiconcept.
- The Institute of Public Health of Serbia is the MediPIET training site and there are currently two fellows in Cohort 5 and 6. The fellow from C4 2021 graduated this year.

AMR control

- National AMR action plan approved by government and is being implemented.
- Educational workshops, online education and lectures organised, as well as awareness-raising on the need for rational use of antibiotics in the area of human and animal health.
- Regular monitoring and reporting of AMR for significant pathogens continued.
- Work continued on legislation to control the presence of antibiotics and pathogen resistance in the environment.
- Adequate workforce is still lacking, along with training in most sectors (except human health).
- Despite significant progress in the exchange of information between sectors, this is still insufficient.
- The information flow is mainly between the animal health and human health sectors.

Relevant ongoing projects, programmes, partners

- Twinning project - Ministry of Health 'Strengthening the capacity of Serbia's health sector for communicable diseases surveillance', implemented by THL and IPHS, 2023-2025;
Overall objective: to contribute to the strengthening of the institutional capacities and the legislative framework for fulfilling the requirements of EU membership in the area of public health, for effective participation in the EU communicable disease surveillance network and reduction of the risks of serious cross-border health threats.
Specific objective: to improve the system of communicable disease surveillance and outbreak investigations, by strengthening and harmonising the laboratory diagnostics (including molecular methods) of the network of public health institutes and national reference laboratories (NRL).
- Project 'Enabling a More Responsive Healthcare System', 2023–2026, implemented by UNDP and WHO.
The overall objective of the project is to enhance the resilience, responsiveness and capacity for emergency management of serious national public health threats. The specific objective is to improve Serbia's healthcare system capacities for response to emergencies in line with EU and international standards.
Primary beneficiary is Ministry of Health. Other beneficiaries: National Institute of Public Health of Serbia (NIPH), Office for Information Technology, and eGovernment of the Government of Serbia (ITE), Prime Minister Office (PMO), Republic Geodetic Authority (RGA) and network of institutes for public health, primary health care centres, local communities, administrations, and civil society organizations.
 - Contribute to the development of effective, efficient and sustainable organisational structures for preparedness and response to major public health threats at all levels of healthcare and support the health sector in Serbia to meet its national policy objectives (the Public Health Strategy 2018–2026).
 - Addressing the need to develop effective, efficient and sustainable organisational structures for preparedness and response to major threats at all levels of healthcare and emergency management.
 - Support the increasing number of fully operational laboratories, complying with the requirements defined by the fourth edition of the WHO's Laboratory Biosafety Manual (LBM4).
- **FWD AMR-RefLabCap 2021–2024:** the purpose is to strengthen coordination, support and capacity building in national microbiology reference laboratory functions for the testing and surveillance of AMR in *Salmonella* and *Campylobacter* from human samples. Statens Serum Institute (SSI) and the Technical University of Denmark (DTU) are the contractors. National Reference laboratory for *Salmonella* (IPHS Batut, Belgrade) and National Reference laboratory for *Campylobacter* (IPH Nis).
- **EURGenRefLabCap 2021–2024:** provision of EU support to NRLs in improving their capacities in detection, phenotypic and genotypic characterisation of carbapenem- and/or colistin-resistant Enterobacterales and two additional HCA pathogens of public health relevance. Contractors are the Technical University of Denmark (DTU Food) and Statens Serum Institute (SSI). NRL for AMR (IPH Vojvodina, Novi Sad).
- **ENLabCap Survey,** Report on 2021 data Version 1, 13 October 2023. Serbia provided data for 92% of the indicators. With an overall ENLabCap index of 6.6/10 in 2021 as compared to 6.5 in 2018, 6.7 in 2017 and 6.1 in 2016, data provided by Serbia indicate a stable, intermediate level of capability/capacity for their public health microbiology system, which appears well-balanced across system targets. Note: Serbia's overall ENLabCap index scores could be biased due to incomplete indicator reporting.

Serbia have implemented EU standards on antimicrobial susceptibility testing, with EUCAST breakpoints adopted at the clinical level.

Diagnostic confirmation and pathogen identification testing was indicated to be available for 54 of the 57 diseases listed in Decision (EU) 2018/945 of 22 June 2018.

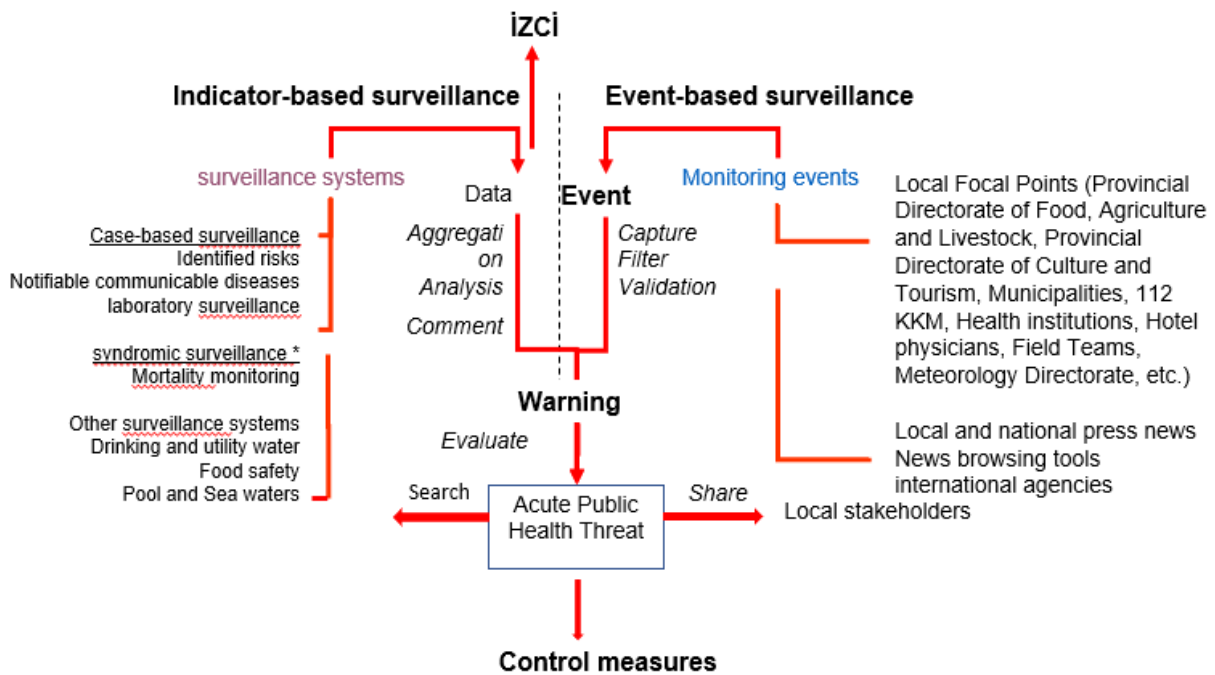
Table 6. Serbia country needs

	Country needs and ideas for future support from ECDC
Communicable disease surveillance	<ul style="list-style-type: none"> • Collaboration, partnership and networking with national authorities for surveillance (national IPH) in EU Member States in order to exchange and share best practices and to build capacities, preferably on site (study visits, network meetings, etc.) • To expand national reporting to TESSy for more diseases and learn from data validation in the near future and to provide training courses for epidemiologists and IT staff at national level in order to be able to prepare data for reporting to ECDC, especially case-based data set which is very demanding. • Support in analysis of surveillance data, as well as AMR and antimicrobial consumption data, at national level and preparation of relevant information for key stakeholders in a best/the most efficient way. • To explore the possibility for support (financial and/or other) with the monitoring of infectious agents of interest and the presence of antimicrobials in wastewater and other environmental samples in order to be able to detect agents which could pose potential public health treat of concern (ALERT system). • To explore possibility of taking part in some ECDC projects in order to strength capacities at national level. • Expand the network of fully and partially trained professionals in the field of AMR control. With an emphasis on multisector cooperation and examples of good practice in the EU Member States, which are applicable to the conditions in Serbia. Future collaboration with ECDC and EU Member States on this type of activity is needed. • ECDC to conduct gap analysis and enable implementation of country roadmaps on One-Health against AMR, and support the development of an electronic surveillance of AMR.
Public health microbiology laboratory systems	<ul style="list-style-type: none"> • Euro-GASP IPA beneficiaries CEI 2023. • Serbia expressed interest in participating in the European Gonococcal Antimicrobial Surveillance Programme (Euro-GASP). • Training for integrated genomic typing and large-scale training programme in genomic epidemiology and public health bioinformatics as part of ECDC strategy. • Capacity-building through bioinformatics training, twinning and WGS and RT-PCR standardisation.
Preparedness, prevention, and control	<ul style="list-style-type: none"> • To strengthen pandemic and outbreak preparedness through: <ul style="list-style-type: none"> – mandatory event-based surveillance, – joint sentinel surveillance of respiratory viral infections, – weekly reporting of aggregate lab-confirmed cases of outbreak-prone diseases and automated signal detection, – defining minimum pandemic data and strengthening whole genome sequencing capacities. • To provide support in development/revision prevention and response plans and elaborate assessment framework. • Non-binding recommendations for risk management.

Türkiye

Latest in-country developments on communicable disease surveillance, public health microbiology laboratory systems, preparedness, prevention, and control

- After the devastating 2022 earthquake, Türkiye enhanced its national surveillance system to cover not only ER admissions but all health service admissions in real time at all the centres.
- In Türkiye, data is collected in real-time and covers all admissions from family medicine centres to hospital clinics.
- There is a further need for data cleaning and AI-based categorisation and training in R to prepare automatised outputs and infectious disease models, time series analysis and predictions.

Figure 7. Overview of Türkiye's surveillance

Strengthening national genomic surveillance capacities in Türkiye

- To consolidate and expand the capacities built by 2022, Türkiye has initiated the process of designing a five-year national genomic surveillance strategy to integrate different areas of infectious disease genomic surveillance, under the guidance of the Global Genomic Surveillance Strategy.
- It is recognised that the capacities established for SARS-CoV-2 can be adapted and used for other pathogens, especially high-risk pathogens and rapid pandemic and outbreak response.
- Design of a comprehensive, integrated, national genomic surveillance strategy to ensure more efficient and effective use of resources.
- Opportunities to leverage innovation and lessons learned from COVID-19 to accelerate development, including research, genomic surveillance and data sharing platforms.
- Scientific meetings to share experiences in developing a national genomic surveillance strategy and One Health/AMR coordination (May and June 2022).
- National genomic surveillance strategy evaluation meeting organised in June 2023.

Relevant ongoing projects, programmes, partners – EU funded

- Strengthening national capacity for combatting COVID-19 project (ongoing).
- Health security in Türkiye project (ongoing).

Table 7. Türkiye country needs

Country needs and ideas for future support from ECDC	
Communicable disease surveillance	<ul style="list-style-type: none"> • Active participation in all ECDC disease and laboratory networks. <ul style="list-style-type: none"> – Technical support to strengthen existing laboratory networks and developing new laboratory networks in Türkiye. – Providing information technology support for data sharing from laboratory networks. • Participation in ECDC training programmes: access to EPIET/MEDIPIET and other EVA courses for EWRS and public health workers. • Strengthening the national genome sequence surveillance capacity. <ul style="list-style-type: none"> – Technical support and on-site training on genomic surveillance and bioinformatic analysis of NGS data. • Technical support to ensure integration between laboratories in accordance with the One-Health approach. • Technical support for multi-sectoral data sharing solutions according to One-Health approach. <ul style="list-style-type: none"> – Strengthening the databases in the Ministry of Health and other stakeholders to enable information and data sharing. – Use of information technologies and artificial intelligence applications in the field of microbiology and indicator and event-based surveillance data. – Strengthening meta data sharing, data collection, data management, data cleaning and data analysis. • Participation in EpiPulse.
Public health microbiology laboratory systems	<ul style="list-style-type: none"> • Designing the Public Health Microbiology Education model. <ul style="list-style-type: none"> – Developing a legal framework that will also define the establishment of a central coordination structure so that the training programme is permanent and sustainable. – Cooperating with international institutes experienced in the field of public health microbiology. – Conducting study visits to the relevant institutes to develop a training programme equivalent to the programmes provided by ECDC in Türkiye. • Designing a central coordination structure on biosecurity, biosafety and biorisk management. • Participation in certified BSL3 training programmes at international institutes for training of trainers. • Technical study visits to national reference laboratories within ECDC. • Improving microbiology laboratory capacity: <ul style="list-style-type: none"> – Developing joint projects with ECDC to increase the number of laboratories with advanced microbiological diagnostic capacity in preparation for possible pandemics and public health emergencies; – Providing support for participation in training on current microbiological testing, including infectious disease and antimicrobial resistance. • Participation in webinar and on-site ECDC Virtual Academy (EVA) programmes and other (e.g. instructor-led) training courses. • Participation in ECDC EQA (External Quality Assurance) programmes. • Technical support and training for preparation of EQA programmes. <p>Organising simulation exercises to strengthen laboratory and epidemiology cooperation.</p>
Preparedness, prevention, and control	<ul style="list-style-type: none"> • Enhanced and open access (free) event-based surveillance systems on a regional and global scale (similar to EIOS). • Open access online and face-to-face training, guidelines, new methodology (infectious disease modelling) and technology (machine learning, AI) for surveillance systems. • Hybrid threats simulation exercises and table-top exercises. • Raising awareness among decision-makers on the need for and impact of preparedness.

2.6 Communication and visibility

The aim of the communication strategy for ECDC Accession Support to the Western Balkans and Türkiye is to raise awareness and understanding of ECDC's activities within both IPA beneficiary countries and among relevant stakeholders in EU/EEA countries. The efforts are designed to highlight the scale and impact of the actions, by outlining what is being implemented, as well as why it is important.

Communication and visibility activities implemented so far:

- New visual identity: project-specific visual identity, including templates for project documents, has been introduced to ensure consistency and professionalism across all official communications.
- Updated project webpage: the project website [ECDC Accession Support to the Western Balkans and Türkiye \(europa.eu\)](https://ecdc.europa.eu) has been updated and now features a news section to keep stakeholders informed of recent developments.
- New project mailbox: the dedicated project mailbox ECDCAccessionSupport@ecdc.europa.eu is used to streamline communication and facilitate inquiries from stakeholders.

Communication platforms

Communication is disseminated through various channels to reach our target audiences effectively:

- ECDC webpage: the dedicated webpage for ECDC Accession Support to the Western Balkans and Türkiye serves as a centralised hub for project-related information.
- Social media platforms: ECDC's social media presence is used, including X/Twitter and LinkedIn accounts, to amplify key messages and engage with a broader audience.
- Podcast channel: ECDC podcast channel provides an engaging platform to delve deeper into project activities, share insights, and spark discussions.
- International Relations newsletter: ECDC's International Relations newsletter regularly disseminates updates and fosters dialogue with stakeholders across the globe.

2.7 Working group discussions on key elements for ECDC-IPA7 Action 2025–2027

The objective of the discussions in the working groups was to reflect on the future needs of the countries for ECDC support, to deepen cooperation between ECDC and national authorities in Western Balkans and Türkiye, so that the inputs can inform the framework for future ECDC-IPA Action, as of 2025. The discussions were structured around three working groups.

Table 8. Working groups for IPA7 Action 2025–2027 and participants

Working group	Participants from IPA beneficiaries
Working Group 1 Surveillance and disease networks	Observers NFP Surveillance, Observers National Focal Point for Microbiology, online – Observers NFP for VRD, for EVD.
Working Group 2 Preparedness and response, epidemic intelligence	Observers NFP Preparedness and Threat Detection
Working Group 3 Collaboration with national authorities and interactions with ECDC	National ECDC correspondents

2.7.1 Surveillance and disease networks

Working group 1 discussions were structured around the questions below:

- What are the challenges faced by countries in order to be able to fully participate in ECDC disease network activities, especially those related to surveillance (both general and disease-specific)?
- Are there specific surveillance outputs that countries would like ECDC to produce and/or help produce?
- Are there training courses or capacity building events that would help countries strengthen surveillance and improve surveillance data quality?

The working group identified common challenges and proposed potential activities to address them. The findings are summarised in the table below:

Table 9. Common challenges faced by the Western Balkan countries and Türkiye and proposed activities

	Indicator-based surveillance	Event-based surveillance
Challenges	<ul style="list-style-type: none"> Data management: reformatting data from national surveillance systems to TESSy. Collection of information for key variables due to the lack of a list of core/required variables. 	<ul style="list-style-type: none"> Limited knowledge of the EpiPulse event system: nominating and creating events, and responding to reported events.
Proposed activities	<ul style="list-style-type: none"> Training activities in data management, R, TESSy (preferably in person). Support in the digitalisation and automation of data management process. Explore machine-to-machine upload to synchronise data between national surveillance systems and TESSy. 	<ul style="list-style-type: none"> Training on EpiPulse event platform. Grant access to all domains for all users (currently restricted to the disease primarily assigned).

Some countries also highlighted the challenges in diagnosing and reporting on some of the diseases under EU surveillance. The best way to address these challenges should be discussed further within disease-specific networks. Other countries may have faced similar challenges and experimented with possible solutions.

2.7.2 Preparedness and response, epidemic intelligence

Preparedness and response have not been strong points of emphasis in IPA-6, but participants generally agreed that moving forward, in light of Regulation (EU) 2022/2371, the topic would warrant additional attention.

Working group 2 discussions were structured around the questions below.

- What are the key lessons from the COVID-19 pandemic and other recent health emergencies concerning threat detection, preparedness and response?
- What are current priority gaps in threat detection, preparedness and response for infectious diseases?
- What level of readiness exists in the countries to undergo Article 8 assessments of Regulation 2370/2022/EU? How can this level be improved?
- What are the needs of the countries that are not addressed by other partners and donors that ECDC should focus on to strengthen threat detection, preparedness and response?

Participants indicated some activities that might be of most benefit to the country in relation to epidemic intelligence/preparedness/response:

- Simulation exercises
- AAR/IAR
- Rapid risk assessment training (workshop, simulation, observation)
- Epidemic intelligence training
- Emergency operation centres
- Modelling/evidence base on measures
- Improved communication to decision-makers
- Assessment harmonisation.

To optimise the impact of its activities, participants indicated some important approaches that ECDC could consider:

- Coordination at a higher level with WHO and other partners (e.g. national public health institutes);
- Promoting greater integration into ECDC and EU Member State systems/operations/solutions;
- Focused training/events on more practical and operational and less theoretical activities;
- Fostering technical exchange of practice and information with more concrete European examples of practice;
- Bilateral exchange/twinning between countries on specific issues (e.g. vector control, EOC, integrated surveillance, One Health);
- More inclusion in online workshops; capacity to attend F2F meetings is good but can sometimes be challenging – focus on the impact of meetings to ensure added value;
- Exploring arrangements to enable greater involvement in the EU Health Task Force, both as potential recipient countries and as potential contributing partners;
- Ensuring communication of the importance and purpose of workshops in letters to aid nomination processes;
- Hosting workshops and meetings in the region, instead of in Stockholm.
- Linking activities to existing action plans (e.g. NAPHS) or long-term training plans where feasible;
- Activities based on pre-existing assessments; some degree of 'light' Article 8 assessment could be helpful, perhaps where recent JEEs have not been conducted.

2.7.3 Collaboration with national authorities and interactions with ECDC

Draft memorandum of understanding template and draft data sharing agreement were shared with the countries before the meeting with the proviso that ECDC legal services are still waiting for feedback from the EU supervisory authority and that, based on that feedback the text of the data sharing agreement might be amended at a later stage.

Working group 3 discussions were structured around the questions below:

- Draft templates of the memorandum of understanding and data sharing agreements have been shared with each country for future signature by the national authorities. Would there be any challenges to signing them? If so, what?
- How satisfied are you with ECDC's method of collaboration with the countries?
- How useful do you find the Observer role in ECDC NFP networks (such as Surveillance, Microbiology, Preparedness and Response, Threat Detection, RVD, EVD, etc.)?
- How do you think your country uses the following ECDC applications, what are the issues and how can we address them?
 - SRM for contact management
 - EpiPulse for cross-border health threats
 - TESSy.
- What modalities for ECDC accession support can we change or introduce to deliver more relevant activities in the future?
- How can we measure this better in order to improve?
- Are there other active donors/partners in your country that support areas covered by ECDC cooperation, such as surveillance and control, AMR, preparedness? How can we ensure that we coordinate, complement and find synergies?

Key discussion points:

- All countries confirmed that they are very satisfied with the way in which ECDC collaborates with them.
- The Observer role established for Western Balkans and Türkiye in ECDC NFP networks (such as Surveillance, Microbiology, Preparedness and Response, Threat Detection, RVD, EVD, etc) was confirmed as very important, useful, and appreciated. This structure shall be maintained. There is a need to better coordinate the sharing of information from the meetings. It was suggested that there should be more frequent recaps with national ECDC correspondents on specific areas, and priorities for ECDC/EICS. Priorities for collaboration with the countries shall remain:
 - strengthening surveillance, standardisation of surveillance systems;
 - support and training for public health microbiology laboratory capacities, including WGS protocols, training, technical instructions;
 - epidemic intelligence;
 - preparedness and response, EU protocols and legislation for EPR capacities;
 - involvement of countries in studies, projects, analysis run by ECDC (collaboration on *Legionella*, HAI PPS was much appreciated);
 - collaboration with countries and with DG NEAR to support their transposition of EU legislation into national implementation practices, preparation for the subcommittee meetings and progress on Chapter 28 based on ECDC collaboration;
 - training of specialists and capacity building of public health workforce is essential: on WGS for epidemiologists and microbiologists in particular.
- The use and benefits of ECDC applications:
 - SRM for contact management:
 - It is not used widely, some countries have issues with access, some are not good at using it.
 - ECDC emphasised that it is important to keep all contacts up-to-date as these are now used for communication with users of TESSy or EpiPulse, etc. for operational actions and reporting to ECDC.
 - National ECDC correspondents had received all contact reports from SRM for the update, either directly in SRM or via EICS/Agne.
 - National ECDC correspondents will approach helpdesk if there are issues with access to SRM.
 - EpiPulse for cross-border health threats
 - Not used so actively as would have been expected.
 - EpiPulse training was needed for all countries.
 - Türkiye – importance to have access to EpiPulse!
 - TESSy – no issue in terms of management of access or reporting. Technical elements are discussed in WG1.

- Future signature of memorandum of understanding and data sharing agreements by the national authorities:
 - National ECDC correspondents will discuss in their countries who should be the signatories (Ministry of Health or Public Health Institute) of the memorandum of understanding and ask their legal departments for the opinion/clearance.
 - As soon as it is clear, countries will revert to ECDC/EICS with proposed changes or agreement for action by ECDC.
 - Memorandum of understanding should be signed either first or together with the data sharing agreement.
 - Once approved by the EC, data sharing agreements will not be changeable and need to be signed as is; signature is a prerequisite for having access to EpiPulse.
 - Additional ECDC document on data usage might be needed to be signed by the countries.
- New modalities for ECDC accession support might be relevant to be considered for the future:
 - The exchange of practices between the experts/institutions of EU Member States and the IPA beneficiary on specific priority area or topic of interest; ECDC could enable exchange of EU practices facility 'ECDC EU Exchange programme' while using the existing networks operated by ECDC;
 - Grants (small amount of financial support to the public health institute, 'seed money') to countries (e.g. for surveillance data quality improvements, similar to ECDC's support to SARI) was considered as a desired modality for future project implementation and would be preferred by all countries;
 - Joint actions with Western Balkans and Türkiye on surveillance to be funded (e.g. by DG SANTE or DG NEAR) even if countries are not eligible for EU4Health Programme. EC to support as contribution from the country to participate in EU4Health is too high and not affordable for all countries. ECDC to raise this with DG SANTE and DG NEAR.
- There are many active donors/partners in the countries that support areas covered by ECDC cooperation, such as surveillance and control, AMR, and preparedness. It is important to ensure coordination, complementarity and synergies:
 - ECDC/EICS to coordinate more closely with WHO Regional Office for Europe on activities and priorities for working with the Western Balkans and Türkiye.
 - Countries will regularly inform ECDC of bilateral cooperation with partners working in the same scope of operation.
 - ECDC to regularly coordinate with EC (DG NEAR and DG SANTE) on the funding of health security programmes in this region.

Türkiye expressed interest in learning more about ECDC's support in the area of One Health against AMR. The following actions were agreed:

- ECDC to share the methodology of country visits and concept notes on country roadmaps when this becomes available from the contractors.
- After that Türkiye might consider requesting ECDC support for the country visit and the development of the One Health AMR roadmap. In this case, ECDC will include this in the description of action for implementation after 2025.

2.8 Updates on the latest developments and ECDC plans to continue support to advance One Health against AMR in the Western Balkans

The activities of WS2 are organised in the focus areas for the country support:

- Gap analysis and IPA beneficiary country roadmaps on One Health against AMR
 - With the support of external consultancy services, conduct a baseline gap analysis and One Health ECDC-EFSA joint visits to all Western Balkan countries, using available assessment tools and methods, also with possible involvement of experts from Türkiye;
 - Based on observations from these visits, develop country roadmaps on AMR in different sectors: human health, animal health, and patient safety;
 - The roadmaps will also advise on a mechanism to follow-up on progress and monitor implementation of recommendations after the country visits;
 - The combined roadmaps should serve as a guide for the Western Balkan region, either at regional or central level, to further develop actions with the necessary financial support.
 - ECDC AMR country visit reports: <https://www.ecdc.europa.eu/en/all-topics-z/antimicrobial-resistance/preparedness/country-visits-reports>
 - ECDC directory on AMR strategies.

- Support for the development of electronic AMR surveillance:
 - Conduct workshops to carry out an inventory and discuss state-of-play in the region with regard to AMR surveillance, from clinical and veterinary laboratories to national level.
 - The overall aim is to develop a tool on how to implement national electronic surveillance systems for AMR.
 - With the support of external consultancy services and experience from EU Member States, develop ECDC/EFSA technical guidance for IPA beneficiary countries on a standard AMR surveillance tool to facilitate data extraction, standardisation, analysis and reporting, which could be adapted by each country and implemented.
 - Digitalisation of laboratory data sharing systems should ultimately ensure that IT infrastructure facilitates interconnectedness with epidemiological data and veterinary data for better information flow within and between sectors in each country, as well as cross-border exchanges.
- Antibiotic awareness raising and securing political commitment:
 - Translation and adaptation of ECDC's European Antibiotic Awareness Day (EAAD) materials into local languages for implementation of awareness campaigns for the general public and healthcare workers.
 - Two technical meetings on One-Health against AMR involving public health and animal health representatives and experts, with the overall aim of sharing the achievements and planned initiatives, and addressing remaining challenges.
 - In close cooperation with and the presence of the European Commission, organisation of a One-Health conference at governmental level, involving Ministers of Health, Agriculture and the Environment, to ensure political commitment towards implementation of a comprehensive approach against AMR.
 - The meeting conclusions should serve as a pledge for the Ministers towards common goals and include a follow-up mechanism on the progress towards their commitments.
 - Country visit report recommends EAAD toolkits for all five target groups/areas (i.e. primary care prescribers, professionals in hospitals, self-medication, general public, social media). EAAD toolkits include key messages and key facts for use in campaigns.
 - European Antibiotic Awareness Day (EAAD) <https://antibiotic.ecdc.europa.eu>
 - EAAD 2023 <https://antibiotic.ecdc.europa.eu/en/european-antibiotic-awareness-day-eaad-2023>
 - Patient stories <https://antibiotic.ecdc.europa.eu/en/patient-stories>
 - Myth-busting videos <https://antibiotic.ecdc.europa.eu/en/misconceptions-about-antibiotics-and-antimicrobial-resistance>
 - Educational videos:
 - AMR -what can you do as a healthcare practitioner? <https://www.youtube.com/watch?v=3yxRL2TAGOQ>
 - Hand hygiene in healthcare settings <https://www.youtube.com/watch?v=2TRAVbNqE4E>
 - Hand hygiene at the office and when shopping <https://www.youtube.com/watch?v=hrNb9MI7a6s>

Table 10. Indicative timeline of WS2 activities with external contractor

Time period	Activities
Q3 2023 – Q4 2024	ECDC/EC/EFSA One-Health country visits on AMR in four Western Balkan countries.
Q1 – Q4 2024 (and beyond)	Country roadmaps on AMR in human health, animal health, HAI, including mechanism to follow-up on progress and monitor implementation of recommendations after One-Health country visits on AMR in the Western Balkans.
Q3 2023 – Q3 2024	Identify needs for awareness-raising campaigns on prudent use of antibiotics and prevention and control of AMR and materials to be translated.
Q2 – Q4 2024 (and beyond)	Develop a technical guidance document for electronic surveillance of AMR.

European Surveillance of Antimicrobial Consumption Network (ESAC-Net)

<https://www.ecdc.europa.eu/en/about-us/partnerships-and-networks/disease-and-laboratory-networks/esac-net>

Antimicrobial consumption in the EU/EEA:

- Summary of the latest data
- Annual epidemiological report for 2022 <https://www.ecdc.europa.eu/en/antimicrobial-consumption/surveillance-and-disease-data/report-protocol>

European Antimicrobial Resistance Surveillance Network (EARS-Net)

<https://www.ecdc.europa.eu/en/about-us/networks/disease-networks-and-laboratory-networks/ears-net-data>

Antimicrobial resistance in the EU/EEA:

- Summary of the latest data
- Annual epidemiological report for 2022 <https://www.ecdc.europa.eu/en/antimicrobial-resistance/surveillance-and-disease-data/report>

Third joint inter-agency report on integrated analysis of antimicrobial agent consumption and occurrence of antimicrobial resistance in bacteria from humans and food-producing animals in the EU/EEA (JIACRA, 2014-2018)

<https://www.ecdc.europa.eu/sites/default/files/documents/JIACRA-III-Antimicrobial-Consumption-and-Resistance-in-Bacteria-from-Humans-and-Animals.pdf>

Publication of the fourth report (2019–2021 data) is planned for February 2024.

3. Conclusions and next steps

The meeting gathered 35 representatives from the Western Balkans and Türkiye where national ECDC correspondents and other key counterparts were updated on recent developments at ECDC and in the countries, and reflected on achievements, lessons learned, and next steps in the specific areas of cooperation. In particular, this included implementation of EU acquis on communicable diseases, strengthening surveillance, enhancing preparedness and response capacities, supporting public health microbiology laboratory systems, and engagement in specific disease surveillance networks. The meeting was positively evaluated by the majority of meeting participants (see Annex 3 on the results of participants satisfaction survey).

The following conclusions were reached during the meeting:

- ECDC will review the proposals voiced by countries in plenary and in group discussions on future needs for ECDC support and technical cooperation. These inputs will primarily inform the description of future ECDC IPA Action for the Western Balkans and Türkiye during the period 2025–2027. Some needs may be addressed in the short-term during 2024.
- ECDC should further maintain and strengthen cooperation with the established Observer NFP roles, including the attendance of focal points at ECDC network meetings, on training courses, at workshops jointly with EU/EEA countries and with other countries in the region.
- The new modalities of the future ECDC IPA actions, such as the ECDC exchange programme, small grants facility, joint regional actions, etc. may significantly complement 'traditional' modes of ECDC assistance, such as training, meetings and country visits, to improve system capacities in the countries. More engagement of the countries in ECDC studies is also important.
- Bilateral agreements, memoranda of understanding, and data sharing agreements will be reviewed at country level, and countries will revert with their feedback, so that the memoranda can be signed in 2024. This will foster future collaboration in terms of partnerships and information sharing with ECDC.
- Both parties – ECDC and the countries – will ensure coordination, complementarity and synergies among active donors/partners that support countries in areas of mutual concern (e.g. WHO Regional Office for Europe, Robert Koch Institute, European Commission (DG NEAR and DG SANTE)).

Annex 1. Agenda of the national meeting

DAY 1, Tuesday 5 December 2023

08:30 – 09:00 Registration Bylis meeting room, Marriott Hotel, Tirana	
Chair: Antonis LANARAS, Head of Section, European and International Cooperation Section, ECDC Session 1. Setting the scene	
09:00 – 09:30	Welcome, opening and introduction to the meeting <ul style="list-style-type: none"> • Hosting country • Antonis LANARAS, Head of Section, European and International Cooperation Section, DIR
09:30 – 10:00	Update on recent developments by the European Commission (changes in policy and legislation since last year) , European Commission DG NEAR – online: Marta BRITES, Programme Manager, IPA planning, reporting, and coordination Western Balkans Andrew WILLIAMS, Policy officer, Western Balkans
10:00 – 10:15	Relevant updates to countries on recent changes in ECDC mandate and SCBTH Regulation; EU Global Health Strategy , Antonis LANARAS, Head of Section, European and International Cooperation Section, DIR. Q&A session
10:15 – 10:30	ECDC Accession Support Project: Achievements and plans <ul style="list-style-type: none"> • Agne BAJORINIENE, European and International Cooperation Section, DIR
10:30 – 11:00	Coffee/tea break and group photo
11:00 – 12:00	ECDC opportunities for Western Balkans and Türkiye in the future 2024-2027: <ul style="list-style-type: none"> • Strengthening surveillance and participation in disease networks: feedback on country progress so far, challenges observed, outlook for jointing ECDC disease networks, Julien Beaute, Principal Expert General Surveillance/ Group Leader Surveillance, PHF • Strengthening public health microbiology laboratory capacities, Daniel Palm, Principal Expert Microbiology/ Group Leader Microbiology and Molecular Surveillance, PHF (online; overview of ENLabCap results, challenges observed, possibilities for training and lab capacity support) • Strengthening preparedness and response capacities for public health emergencies Jonathan Suk, Principal Expert Emergency Preparedness and Response, PHF Q&A session.
12:00 – 13:30	Lunch
Session 2. Countries' views	
13:30 – 15:00	Feedback from countries: latest in-country advancements and ideas for future support from ECDC (10' each) <ul style="list-style-type: none"> • Albania • Bosnia and Herzegovina • Kosovo* • Montenegro • North Macedonia • Serbia • Türkiye Q&A session
15:00 – 15:30	Coffee/tea break
15:30 – 16:00	Communication and visibility , Olav GADE, Communication section (online)
16:00 – 16:30	Wrap up from Day 1
18:30	Dinner (participants are invited to dinner by ECDC).

DAY 2, Wednesday 6 December 2023

Session 3. Group discussions	
09:00 – 09:30	Recap from Day 1 and instructions for Working groups , Antonis LANARAS, Head of Section, European and International Cooperation Section, DIR
09:30 – 11:30	<p>Discussions in the Working groups with the aim to agree on key elements for ECDC-IPA7 Action 2025 – 2027:</p> <ul style="list-style-type: none"> • Working Group 1: Surveillance and disease networks (participants on-site: Observers NFP Surveillance, Observers NMFP, online – Observers NFP for VRD, for EVD) • Working Group 2: Preparedness and response, epidemic intelligence (Observers NFP Preparedness and Threat Detection) • Working Group 3: Collaboration with national authorities and interactions with ECDC (National ECDC Correspondents) <p>Three break-out rooms.</p>
10:00 – 10:30	Coffee / tea break
11:30 – 12:00	Debriefing from the groups – WG1, WG2, WG3 (10 min each; representative from the countries, debriefing focus on regional action and possibilities for specific country support) Q&A
12:00 – 13:30	Lunch
Session 4. Future outlook	
13:30 – 14:30	Updates on the latest developments and ECDC plans to continue support on advancing One Health against AMR in Western Balkans , Dominique MONNET, Head of Section, AMR and Healthcare-Associated Infections, DPR (on-line) Q&A
14:30 – 15:00	Wrap up, conclusions of the meeting and next steps , Antonis LANARAS, Head of Section, European and International Cooperation Section, DIR
15:00 – 15:30	Coffee/tea break and departure

Annex 2. List of participants

On-site participants

Country	Role and affiliation	
ALBANIA	Head, Epidemiology and Control of Infectious Diseases Department, National Institute of Public Health National ECDC Correspondent Observer NFP for Threat Detection, Observer Alternate NFP for Preparedness and Response	
	Head of Infectious Diseases Surveillance Unit, Institute of Public Health. Observer NFP for Surveillance	
	Epidemiologist, National Communicable Disease Surveillance Center, Epidemiology and Control of Infectious Diseases Department, Public Health Institute Observer Alternate NFP for Surveillance	
	Epidemiologist, Institute of Public Health CPO for Respiratory Viral Diseases, CPO for EVD	
	Virologist, Department of Epidemiology and Control of Infectious Diseases, Institute of Public Health CPO for Respiratory Viral Diseases	
	Microbiologist, Department of Reference Laboratories Institute of Public Health CPO for EVD	
	Institute of Public Health TESSy HIV Infection and AIDS	
	Deputy director National Institute of Public Health TESSy HIV Infection and AIDS	
	Deputy director National Institute of Public Health	
	Vice Director of Economy National Institute of Public Health	
	MD/ Epidemiologist, National Manager of TB Program National Institute of Public Health	
	BOSNIA AND HERZEGOVINA	Expert Advisor for Coordination in the Field of Addiction and Other Environmental Impacts on Human Health, Ministry of civil affairs National ECDC Correspondent Observer NFP for Antimicrobial Resistance
		Head of Laboratory for molecular genetics and forensic research, Veterinary Institute of the Faculty of Veterinary Medicine at the University of Sarajevo Observer Alternate NFP for Emerging and Vector Borne Diseases
		Specialist in Microbiology, Head of the Department of Human Microbiology, Public Health Institute of the Federation of Bosnia and Herzegovina Observer NFP for Antimicrobial Resistance
Epidemiologist, Public Health Institute of Republic of Srpska		
Microbiologist, University Clinical Center Tuzla		
KOSOVO*	Professor assistant of Microbiology, National Institute of Public Health National ECDC Correspondent Observer NFP for Antimicrobial Resistance	
	Epidemiologist. Head of surveillance unit for communicable diseases, National Institute of Public Health Observer National Focal Point for Surveillance	
	Head of Reference laboratories for AMR, Department of Microbiology, National Institute of Public Health Observer NFP for Microbiology	
	Epidemiologist, Department of Epidemiology, National Institute of Public Health Observer NFP for Threat Detection	
	Director, Department for Health Services, Chair, Committee for Emergency and Preparedness, Ministry of Health Observer NFP for Preparedness and Response	

NORTH MACEDONIA	Director of Institute of Public Health, National Public Health Institute. National ECDC Correspondent
	Epidemiologist, Head of Sector for Communicable Diseases Control and Prevention, National Public Health Institute. Observer NFP for Surveillance
	Microbiologist, Head of Department of Microbiology, Institute of Public Health Observer NFP for Microbiology, Observer for Antimicrobial Resistance
	Researcher, Epidemiologist, Institute of Public Health of North Macedonia Observer NFP for Threat Detection
	Researcher, Medical doctor on epidemiology specialisation, Institute of Public Health Observer NFP for Preparedness and Response Observer Alternate NFP for Threat Detection, CPO for Respiratory Viral Diseases, CPO for EVD
SERBIA	MD, epidemiologist, independent researcher, Director of Institute of Public Health National ECDC Correspondent Observer NFP for Preparedness and Response, Observer Alternate NFP for Threat Detection, Observer Alternate NFP for Surveillance, Observer NFP for Antimicrobial Resistance
	MD, epidemiologist, Head of Department for HIV infection, STIs, viral hepatitis and TB, Institute of Public Health Observer NFP for Surveillance National ECDC Correspondent Alternate, CPO for EVD
	Full Professor, University of Belgrade - Faculty of Medicine, Institute of microbiology Observer NFP for Microbiology
	MD, Head of the Center for Microbiology Institute of Public Health of Serbia Observer Alternate NFP for Microbiology
	MD, Epidemiologist Institute of Public Health of Serbia Ad hoc replacement of Observer NFP for Threat Detection
TÜRKIYE	Asst. EU Expert General Directorate for Foreign and EU Relations, Ministry of Health National ECDC Correspondent
	Head of Department, Ministry of Health
	MD, Head of National Reference Laboratory for Enteric Pathogens, General Directorate of Public Health, Ministry of Health Observer NFP for Microbiology
	Early Warning-Response and Field Epidemiology Unit General Directorate of Public Health of Ministry of Health Observer NFP for Threat Detection, Observer NFP for Preparedness and Response
ECDC	Head of Section, European and International Cooperation Section (EICS), DIR
	International relations officer, EICS, DIR
	Principal Expert General Surveillance/ Group Leader Surveillance, PHF
	Principal Expert Emergency Preparedness and Response, PHF
	Project support specialist, EICS, DIR
	Project interim scientific officer surveillance, PHF

On-line participants

Country	Role and affiliation
ALBANIA	Virologist, Department of Epidemiology and Control of Infectious Diseases, Emerging Diseases Laboratory Surveillance Unit, Institute of Public Health CPO for EVD
	DVM, Microbiologist, Department of Epidemiology and Control of Infectious Diseases, Vector Control Program, Institute of Public Health CPO for EVD
BOSNIA AND HERZEGOVINA	Microbiologist, MD, Head of the clinic for Microbiology University Clinical Centre Sarajevo Observer NFP for Microbiology
	Biologist, Department of Health and Other Services Department of Health and Other Services of Brčko District Observer Alternate NFP for Respiratory Viral Diseases
MONTENEGRO	Epidemiologist, Institute of Public Health of Montenegro. Observer NFP for Surveillance, Observer NFP for Threat Detection, CPO for Respiratory Viral Diseases
	MD, Specialist in Epidemiology, Head of Department for Communicable Diseases Centre for Disease Control and Prevention, Institute of Public Health Observer NFP for Preparedness and Response
	Specialist of Microbiology, Centre for Medical Microbiology Institute of Public Health Observer NFP for Microbiology, CPO for EVD
	Director of centre for infectious diseases control and prevention Institute of Public Health Observer NFP for Emerging and Vector Borne Diseases, CPO for EVD
	MD, Specialist in Microbiology and Parasitology, Head of Department for Sanitary Microbiology, Institute of Public Health Observer Alternate NFP for Microbiology
	Specialist of microbiology, Institute of Public Health Observer Alternate NFP for Respiratory Viral Diseases, CPO for Respiratory Viral Diseases
	Molecular biologist, Institute of Public Health CPO for Respiratory Viral Diseases
	Institute of Public Health
NORTH MACEDONIA	Epidemiologist, Head of Unit for HIV and STIs, National Public Health Institute Observer NFP for EVD, Observer Alternate NFP for Surveillance, CPO for EVD
	Epidemiologist, department of communicable diseases epidemiology, National Public Health Institute Observer Alternate NFP for Preparedness and Response
	Microbiologist, independent researcher, Head of Laboratory Bacteriology, National Public Health Institute Observer Alternate NFP for Antimicrobial Resistance
SERBIA SERBIA	Epidemiologist, MD, Epidemiologist in the Centre for Prevention and Control of Diseases, Expert for surveillance on viral hepatitis and HAI/AMR, Institute of Public Health Observer NFP for Antimicrobial Resistance, CPO for EVD
	Senior consultant epidemiologist, MD, Institute of Public Health Observer NFP for EVD, CPO for EVD
	Epidemiologist, MD, Epidemiologist in the Centre for Prevention and Control of Diseases, Expert for surveillance on viral hepatitis and HAI/AMR, Institute of Public Health Observer NFP for Antimicrobial Resistance, CPO for EVD
TÜRKIYE	Early Warning-Response and Field Epidemiology Department, General Directorate of Public Health of Ministry of Health Observer Alternate NFP for Surveillance
	MD, Microbiology specialist, Assoc Prof, National Reference Laboratory for Respiratory Pathogens, General Directorate Of Public Health Observer Alternate NFP for Microbiology
	MD, Public Health Specialist, Department of Communicable Diseases and Early Warn, MD, Public Health Specialist, General Directorate of Public Health, Ministry of Health Observer NFP for Respiratory Viral Diseases, CPO for Respiratory Viral Diseases

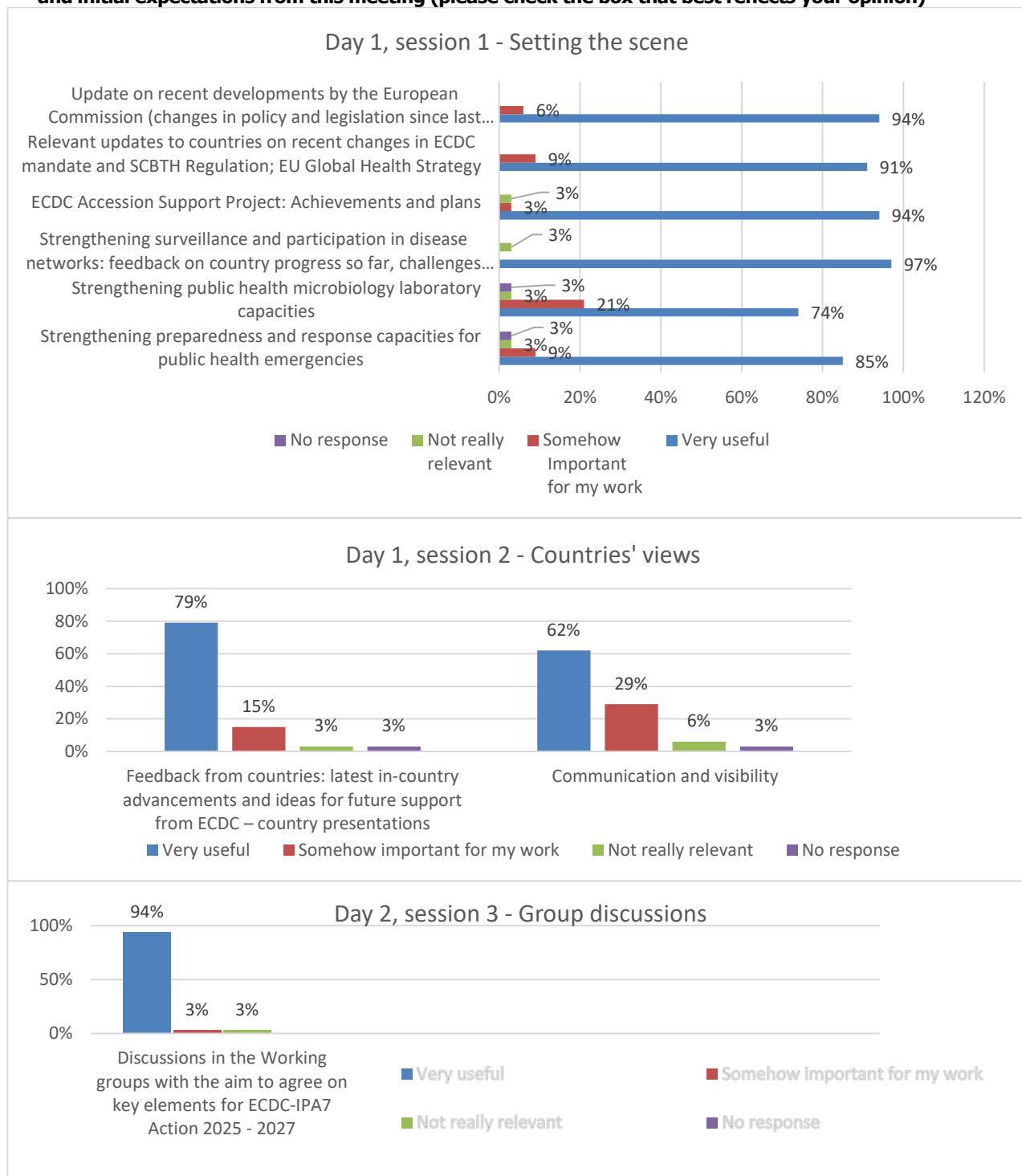
	Public health specialist, Department of Zoonotic and Vector-borne Diseases, General Directorate of Public Health, Ministry of Health Observer NFP for EVD, CPO for EVD
	General Directorate of Public Health, Ministry of Health Observer Alternate NFP for EVD
	MD, Head of National Reference Laboratory for Surveillance of Antimicrobial Susceptibility, General Directorate of Public Health, Ministry of Health Observer NFP for Antimicrobial Resistance
	Microbiology Reference Laboratories and Biological Products Department, National AMR Reference Laboratory, General Directorate of Public Health, Ministry of Health Observer Alternate NFP for Antimicrobial Resistance
	General Directorate of Public Health, Ministry of Health CPO for Respiratory Viral Diseases
	Microbiology Reference Laboratories and Biological Products Department, National AMR Reference Laboratory, General Directorate of Public Health, Ministry of Health CPO for EVD
	General Directorate of Public Health, Ministry of Health CPO for EVD
	General Directorate of Public Health, Ministry of Health CPO for EVD
DG NEAR	Programme Manager, IPA planning, reporting, and coordination Western Balkans
	Policy officer, Western Balkans
ECDC	Head of Section, AMR and Healthcare-Associated Infections, DPR
	Principal Expert Microbiology/ Group Leader Microbiology and Molecular Surveillance, PHF
	Communication section
	Principal expert Emergency Preparedness and Response, PHF
	Trainee, PHF

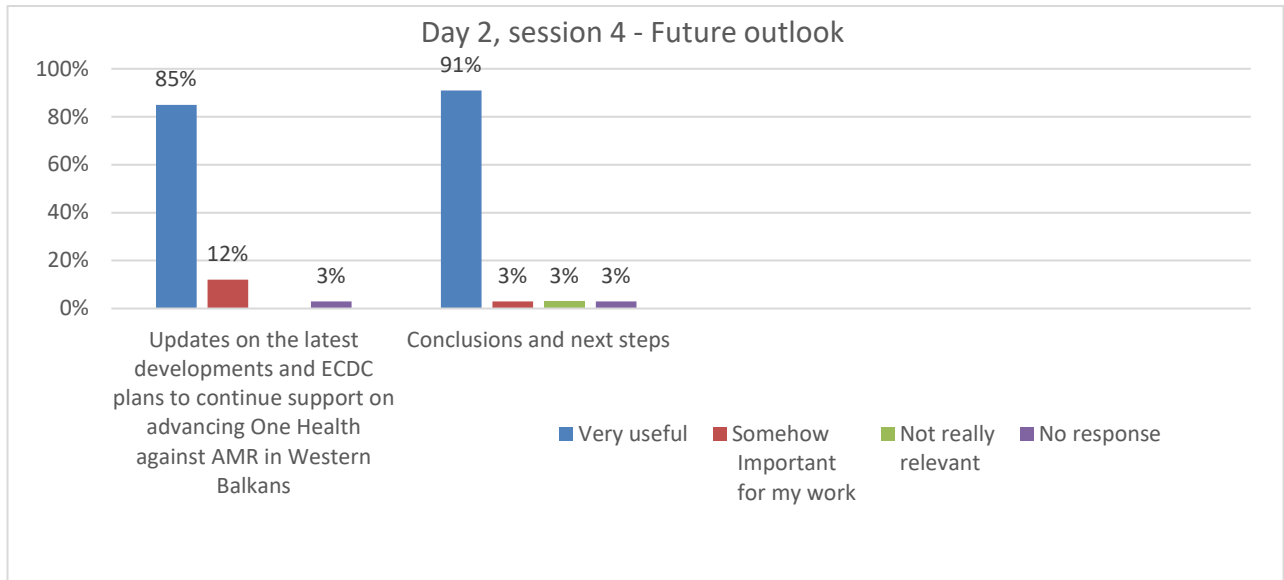
Annex 3. Participants' satisfaction survey

In order to improve future meetings of this type, the participants were invited to provide feedback on the usefulness of the information received during the meeting. A feedback questionnaire was distributed at the end of the meeting and was completed by a total of 34 participants.

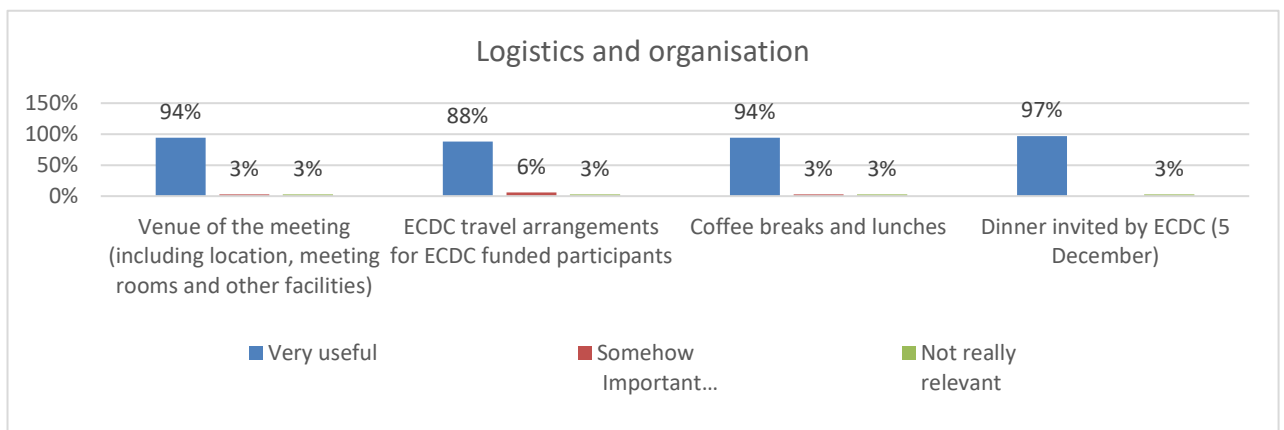
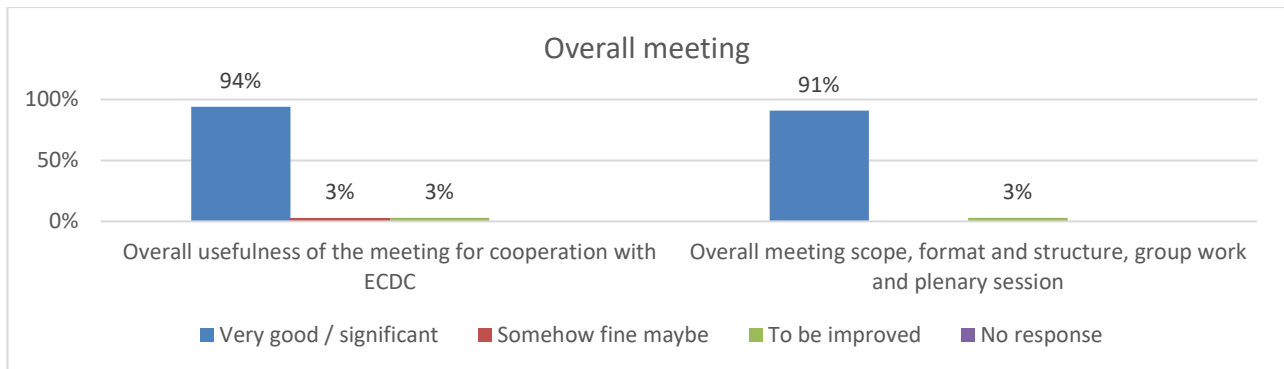
Below are the results of the responses to the questions in the satisfaction survey:

1. Please rate, how relevant were the following presentations in terms of your understanding, future work and initial expectations from this meeting (please check the box that best reflects your opinion)





2. Please rate other aspects of the meeting (please check the box that best reflects your opinion)



3. What are the areas or topics that would be of interest for you, but have not been addressed by the meeting?

In answer to this question, the participants mentioned the roadmap on AMR, courses and training on EpiPulse or EVA for national correspondents and laboratory collaborations in terms of lab infrastructure.

4. Any other comments?

The participants requested that the agenda and methodology for country visits be shared with the other countries. The participants also mentioned that it would be useful to attend courses on whole genome sequencing.

With regard to the logistical aspects of the meetings they are invited to attend, the participants wanted to receive the invitation letters well in advance.

