

ECDC **CORPORATE**



Consolidated Annual Activity Report

2024

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2024



This report, written in pursuance of Regulation (EU, Euratom) 2024/2509 of the European Parliament and of the Council of 23 September 2024 on the financial rules applicable to the general budget of the Union* (recast), Framework Financial Regulation No 2019/7151**, and the ECDC Financial Regulation 2019***, was coordinated by the Planning and Performance Section, Resource Management Services (RMS) Unit.

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Abbreviations

AAR	After-action review
ABAC	Accrual-Based Accounting (European Commission integrated budgetary and accounting system)
ABB	Activity-Based Budgeting
ABC	Activity-Based Costing
AD	'Administrator' Function Group
AF	Advisory Forum
AI	Artificial Intelligence
AMC	Antimicrobial consumption
AMR	Antimicrobial resistance
APHEA	Agency for Public Health Education Accreditation
APHL	Association of Public Health Laboratories
ARHAI	Antimicrobial resistance and healthcare-associated infections
ASPHER	Association of Schools of Public Health in the European Region
AST	'Assistant' Function Group
BCMS	Business Continuity Management System (BCMS)
BREEAM	Building Research Establishment Environmental Assessment Method
CA	Contract agent
CAAR	Consolidated Annual Activity Report
CAF	Common Assessment Framework
CCB	Coordinating Competent Body
US CDC	US Centers for Disease Control and Prevention
CDTR	Communicable disease threats reports
COVID-19	Coronavirus disease 2019
CPCG	Committee on procurement, contracts and grants
CPD	Continuous Professional Development
CUBE	Cultural, Behavioural and Media Insights Centre
DART	Development Acceleration with Release Train
DCG	Director Consultation Group
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG HERA	Directorate-General for Health Emergency Preparedness and Response Authority
DG INTPA	Directorate-General for International Partnerships
DG NEAR	Directorate-General for Neighbourhood and Enlargement Negotiations
DG RTD	Directorate-General for Research and Innovation
DG SANTE	Directorate-General for Health and Food Safety
DPO	Data protection officer
DPR	Disease Programmes
DTS	Digital Transformation Services
E3	European Environment and Epidemiology (E3) Network
EEA	European Economic Area
EAAD	European Antibiotic Awareness Day
EACCME	European Accreditation Council for Continuing Medical Education
EARS-Net	European Antimicrobial Resistance Surveillance Network
ECA	European Court of Auditors
ECDC	European Centre for Disease Prevention and Control
ECED	ECDC Candidate Expert Directory
ECHA	European Chemicals Agency
ECMP	Enterprise Content Management Platform
ECRAID	European Clinical Research Alliance on Infectious Diseases
EEAS	European External Action Service
EFTA	European Free Trade Association
EFGS	European Federation Gateway Service
EFSA	European Food Safety Authority
EFVED	Emerging, Food- and Vector-Borne Diseases
EHDS	European Health Data Space
EHFG	European Health Forum, Gastein
EHU	European Health Union
EIOS	Epidemic Intelligence from Open Source
ELDSNet	European Legionnaires' Disease Surveillance Network
EMA	European Medicines Agency
EMAS	EU Eco-Management and Audit Scheme

EMC	European Medical Corps
EMPHNET	Eastern Mediterranean Public Health Network
ENI	European Neighbourhood Instrument
ENP	European Neighbourhood Policy
ENVI	Committee on the Environment, Public Health and Food Safety of the European Parliament
EOC	Emergency Operations Centre
EOHA	European One Health Strengthening Association
EOHSP	European Observatory on Health Services and Policies
EPHESUS	Evaluation of European Union/European Economic Area Public Health Surveillance Systems
EPIET	Epidemiology path of the ECDC Fellowship programme
EpiNorth	Co-operation project for communicable disease control in northern Europe
EpiPulse	European surveillance portal for infectious diseases
EQA	External Quality Assessment
ERLI-Net	European Reference Laboratory Network for Human Influenza
ESAC-Net	European Surveillance of Antimicrobial Consumption Network
ESCAIDE	European Scientific Conference on Applied Infectious Disease Epidemiology
ESCMID	European Society of Clinical Microbiology and Infectious Diseases
ESPID	European Society For Paediatric Infectious Diseases
EU	European Union
EUAN	European Union Agencies Network
EU-ANSA	EU Agencies Network on Scientific Advice
EUCAST	European Committee on Antimicrobial Susceptibility Testing
EUDA	European Union Drugs Agency
EUHTF	EU Health Task Force
EUIPO	European Union Intellectual Property Office
EULabCap	EU Laboratory Capability Monitoring System
EUPHA	European Public Health Association
EUPHEM	Public health microbiology path of the ECDC Fellowship Programme
EURGen-Net	European Antimicrobial Resistance Genes Surveillance Network
EURL	European Union Reference Laboratories
EuroCJD	European and allied countries collaborative study group for Creutzfeldt-Jakob disease
Euro-GASP	European Gonococcal Antimicrobial Surveillance Programme
EVA	ECDC Virtual Academy
EVD	Emerging and vector-borne diseases
EVIP	EU Vaccination Information Portal
EVIS	European Vaccination Information System
EWRS	Early Warning and Response System
FAO	Food and Agriculture Organization of the United Nations
FG	Function Group
FTE	Full-time equivalent
FWD	Food- and waterborne diseases and zoonoses
FWD-Net	European Food- and Waterborne Diseases and zoonoses network
GLLP	Global Laboratory Leadership Programme
GOARN	WHO Global Outbreak Alert and Response Network
HaDEA	European Health and Digital Executive Agency
HAI	Healthcare-associated infection
HAI-Net	Healthcare-Associated Infections Surveillance Network
HEPSA	Health Emergency Preparedness Self-Assessment
HIV	Human immunodeficiency virus
HR	Human Resources
HSC	EU Health Security Committee
IAS	Internal Audit Service
ICF	Internal Control Framework
ICJ	International Court of Justice
IHR	International Health Regulations
IMF	Integrated Management Framework
IPA	Instrument of Pre-Accession Assistance
IPC	Infection prevention and control
IRIS	Issue-Resources-Impact-Solidarity (decision-making and prioritisation tool)
IUPE	International Union for Health Promotion and Education
IUSTI	International Union against Sexually Transmitted Infections
JACRA	Joint Interagency Antimicrobial Consumption and Resistance Analysis

JRC	Joint Research Centre
KPI	Key Performance Indicator
MB	Management Board
MDRO	Multidrug-resistant organism
MediPIET	Mediterranean and Black Sea Programme for Intervention Epidemiology Training
MoU	Memorandum of Understanding
MSM	Men who have sex with men
NFP	National Focal Point
NGO	Non-governmental organisation
NITAG	National Immunisation Technical Advisory Group
OECD	Organisation for Economic Co-operation and Development
PAE	Postgraduate Training for Applied Epidemiology (ECDC)
PHE	Public Health Emergency
PHEPA	Public Health Emergency Preparedness Assessment
PHF	Public Health Functions
PLF	Passenger locator form
PRIME	Planning, Resources, Information, Monitoring and Execution
RMS	Resource Management Services
ROA	Rapid Outbreak Assessment
RRA	Rapid Risk Assessment
RT-PCR	Reverse Transcription Polymerase Chain
RVL	Respiratory Viruses and Legionella
SARI	Severe Acute Respiratory Infection
SARMS	Scientific Advice Repository and Management System
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SAVE	Strategic Analysis of Variants in Europe
SCBTH	Serious Cross-Border Threats to Health (Regulation (EU) 2022/2371)
SDD	Staff Development Dialogue (appraisal)
SDG	Sustainable Development Goals
SIP	Science Impact Framework
SLA	Service level agreement
SMS	Scientific Methods and Standards
SNE	Seconded National Expert
SoHO	Substances of Human Origin
SPAR	State Party Self-Assessment Annual Report (IHR)
SPD	Single Programming Document
STEC	Shiga toxin-producing <i>E. coli</i>
STI	Sexually transmitted infections
TA	Temporary agent
TALD	Travel-associated Legionnaires' disease
TATFAR	Transatlantic Task Force on Antimicrobial Resistance
TB	Tuberculosis
TESSy	The European Surveillance System
TTT	Threat Tracking Tool
UNSCR	United Nations Security Council Resolution
VEBIS	Vaccine Effectiveness, Burden and Impact Studies
VectorNet	European Network for Arthropod Vector Surveillance for Human Public Health and Animal Health
VENICE	Vaccine European New Integrated Collaboration Effort
VMP	Vaccine Monitoring Platform
VPD	Vaccine-preventable disease
WGS	Whole genome sequencing
WHO	World Health Organization
WOAH	World Organisation for Animal Health (formerly known as OIE)

Management Board analysis and assessment

The Management Board (MB) has assessed ECDC's Consolidated Annual Activity Report for the financial year 2024. The MB appreciates the results achieved by the Centre and notes in particular the areas set out below.

Implementation of the work programme 2024

The MB notes with satisfaction that ECDC was able to complete, or is in the process of completing, 99% of the outputs in its Single Programming Document (SPD) 2024–2026.

Human resources

As part of the review of ECDC's mandate, the Centre received an additional 73 posts (both Temporary Agents and Contract Agents) during the period 2021–2024. Consequently, as in previous years, 2024 was marked by a high volume of recruitment, driven by the increase in posts, the new Early Warning and Response System (EWRS) project, and a significant number of replacement recruitments, as 36% of the new posts were filled by internal candidates transitioning to new roles. In total, 33 posts were filled during the year. The Centre successfully maintained the vacancy rate below the 5% target, with 4.4% of the Temporary Agent posts remaining vacant at the end of 2024. To enhance the services of Human Resources (HR) and strengthen its branding, ECDC modernised its vacancy notices and improved the recruitment-related pages on its website.

Budget

The Centre's core budget for 2024 (EUR 93.9 million) increased by 4.2% compared to 2023 (EUR 90.2 million). Budget implementation in terms of commitment appropriations was 99.1% and in total, 74.7% of the Centre's budget was paid in 2024.

The Centre carried forward EUR 22.8 million from 2023 into 2024 and paid EUR 21.9 million throughout the year, corresponding to 95.8%.

Public health emergencies

In August 2024, ECDC activated its Public Health Emergency (PHE) plan for approximately five weeks in response to the expansion of mpox caused by MP clade II in the Democratic Republic of the Congo (DRC).

The PHE activation enabled ECDC to reallocate essential resources to support European Union (EU) Member States and the European Commission. During the period, ECDC published multiple epidemiological updates, including the development of a methodology for assessing the mpox clade II transmission patterns at the national level and globally. These updates, along with the transmission pattern assessments, were published weekly in the Communicable Disease Threats Report (CDTR). In addition, ECDC published rapid scientific advice on public health measures for mpox, which continues to be updated as more information becomes available.

In conclusion, the MB welcomes the Consolidated Annual Activity Report 2024, which provides a good overview of the Centre's achievements, as set out in the SPD 2024–2026, adopted by the MB.

Foreword by the Chair of the Management Board



It is my great pleasure to introduce the ECDC Consolidated Annual Activity Report 2024, which summarises the work carried out by ECDC last year with special focus on implementing the Agency's strengthened mandate.

The year 2024 was the first in which ECDC's amended mandate was implemented. Similarly, the provisions of the EU Regulation on Serious Cross-Border Threats to Health related to ECDC's work were also put into effect and began to move ahead at full speed. This included the initiation of the Public Health Emergency Preparedness Assessments (PHEPA) to evaluate the prevention, preparedness and response plans of the EU Member States and European Economic Area (EEA) countries, with seven assessments conducted. In addition, the EU Health Task Force (EUHTF) was operationalised for remote support and rapid in-country field deployment in the EU and beyond, and has already had several deployments to Africa to support responses to mpox and Marburg virus disease outbreaks.

In the area of surveillance strengthening, which remains the backbone of disease prevention and control, the Centre's work involved the development of surveillance standards, the building of whole genome sequencing infrastructures and laboratory support, with the designation of the first EU Reference Laboratories (EURLs) for public health.

Key developments also included the adoption of the ECDC Prevention Framework; ECDC's One Health Framework to strengthen, develop and implement the One Health approach for the prevention and control of communicable diseases; and the ECDC Foresight Programme.

The COVID-19 pandemic showed the importance of close collaboration and coordination between countries to address potential global health threats. In 2024, ECDC intensified collaboration with non-EU countries and international partners. The Centre has implemented several technical assistance projects, funded by the European Commission, to support the EU enlargement and the European Neighbourhood Policy partner countries and has also worked in partnership with the Africa Centres for Disease Control and Prevention (CDC) to build capacities to prevent and combat threats from communicable diseases. ECDC continued to work closely with the World Health Organization (WHO), while developing international relationships with new partners to establish mutually beneficial collaboration to help contribute to global health security preparedness.

As Chair of the Management Board, I would like to draw your attention to certain elements of ECDC's work in 2024 which will have a far-reaching impact for the future, including the elections of the new ECDC Director and the Chair of the Management Board.

During its sixth extraordinary meeting in February 2024, the Management Board elected Dr Pamela Rendi-Wagner as the new Director of ECDC for the period 2024–2029.

At its sixtieth meeting in March, the Management Board was updated on the methodology, planning process and timeline of the PHEPA, the work of the EUHTF, and progress with the EURLs and the ECDC draft One Health framework. At the sixty-first and sixty-second meetings in June and November, the Board members received a report on the PHEPA missions conducted, along with feedback from the Member States assessed. The Board found this to be a very useful exercise for sharing experiences and best practices and will therefore continue to follow and receive regular updates on this topic. At its sixty-second meeting in November 2024, the Board elected Gesa Lücking and Lieven De Raedt as Chair and Deputy Chair of the Management Board respectively.

During the course of 2024, the Management Board approved the Memorandum of Cooperation between ECDC and the Ministry of Health, Labour and Welfare of Japan. It also endorsed the Internal Audit Service (IAS) 2024 Audit Plan for ECDC and appointed a working group for the revision of the Management Board rules of procedure and the Audit Committee mandate.

In accordance with legal obligations, the Management Board approved the Consolidated Annual Activity Report 2023 and the final annual accounts for 2023. It also approved the ECDC Single Programming Document 2025–2027 and the budget and establishment table for 2025. In addition, the Board members discussed the draft ECDC Single Programming Document 2026–2028. Other topics presented and discussed were ECDC's international activities and collaboration with other relevant EU agencies.

I would like to take this opportunity to thank my fellow Board members for their valuable and insightful contributions during the ECDC Management Board meetings. I also wish to express my profound gratitude to ECDC staff for their invaluable collaborative work in public health, and for embracing emerging challenges and opportunities. With our strong foundation, let us continue to be inspired in our shared quest to improve lives across Europe and globally.

Gesa Lücking
Chair of ECDC Management Board

Introduction by the Director



As ECDC prepares to mark its 20th anniversary, I am pleased to introduce you to the Centre's Consolidated Annual Activity Report 2024 (CAAR).

In today's increasingly complex world where public health faces challenges from climate change, natural disasters, geopolitical conflicts, population displacement, growing health inequalities and misinformation and disinformation campaigns, there is a need for a strong and resilient European infectious disease agency.

Reflecting the rapidly changing public health landscape in Europe and globally, and with a new European Parliament elected in 2024 and a new European Commission, our aim is to build a more proactive and forward-looking ECDC.

Since taking up office as the fourth director of ECDC in June last year, my priority has been to ensure that ECDC can act with efficiency and agility to respond to health threats in a timely manner, providing relevant guidance and recommendations to the EU Member States, EEA countries and key partners.

With ECDC's reinforced mandate, the Agency plays a key role in implementing Public Health Emergency Preparedness Assessments (PHEPA) in EU Member States, as required in the EU Regulation on Serious Cross-Border Threats to Health. ECDC collaborates with EU and EEA countries to identify best practices, gaps, or areas for improvements in national prevention, preparedness, and response plans. In 2024, seven PHEPA missions were conducted, and ECDC developed country-specific recommendations to ensure that Member States have robust plans in place for health emergencies, thus enhancing overall preparedness at Union level.

ECDC played an active role in the Cross-Agency One Health task force, in 2024, working with the European Medicines Agency (EMA), the European Food Safety Authority (EFSA), the European Chemicals Agency (ECHA) and the European Environment Agency to build on existing joint activities, strengthen collaboration, and advance the implementation of the One Health approach.

With regard to antimicrobial resistance (AMR), while progress has been achieved in the EU in a number of critical areas, AMR continues to threaten to undo a century of medical advances. We must continue to find innovative ways to tackle the threat of AMR, while continuing to promote antimicrobial stewardship and the prudent use of antibiotics.

In line with ECDC's commitment to supporting Member States, the Agency produced several risk assessments and provided public health guidance, including guidance for national health authorities on managing mass gatherings during the Paris Olympics and the EURO 2024 football tournament. ECDC also made additional resources available to Member States that enable enhanced surveillance activities, whole genome sequencing, long-term funding of EU Reference Laboratories, training in genomic surveillance and improved e-health surveillance.

Following the declaration of mpox as a public health emergency of international concern in August 2024, we promptly delivered a rapid risk assessment for the EU/EEA in response to the upsurge in cases in the Democratic Republic of the Congo, to ensure national public health systems were prepared for potential further spread or importation of cases into the EU.

Furthermore, detections of vaccine-derived polio virus type 2 through environmental surveillance in several cities across four EU Member States have sounded the alarm for heightened surveillance and vaccination efforts to prevent polio disease from recurring in the EU. In response, ECDC launched a process of rapid data collection from the affected Member States, with particular focus on reporting sequenced polioviruses data to the Centre. ECDC also convened experts and country representatives to discuss this unprecedented situation in the EU and to prepare EU-wide guidance on response and vaccination measures.

In line with our Agency's strengthened mandate, ECDC has increased its international outreach and response work during the past year, working in close collaboration with key partners such as WHO and major Centers for Disease Prevention. In October 2024, ECDC signed a Memorandum of Cooperation with the Ministry of Health and Welfare in Japan. This agreement strengthens our relationships in East Asia - a vital region for global surveillance - and complements our existing agreements with China and South Korea.

The European Health Task Force deployed experts to the Democratic Republic of the Congo, Zambia and Rwanda to support local response efforts for mpox clade Ib, Marburg virus disease and cholera. These deployments enabled ECDC to gather crucial intelligence about the new clade and inform our risk assessments for the EU/EEA.

For ECDC to succeed in its mission, it is essential that we rebuild public trust in science following the COVID-19 pandemic. Providing timely, relevant updates in plain language that engage the public will form the foundation of this work. To that end, ECDC began the roll-out of a social listening platform to detect false narratives early - before they gain traction. Such narratives can then be countered with clear, evidence-based information. ECDC has also adopted a new methodology that places social and behavioural sciences at the heart of our work.

Our commitment to leading in prevention activities and international collaboration, and working in partnership with Member States is reflected in the adoption of our Single Programming Document 2025–2027, which will further expand ECDC's potential for impact. We will also continue to work closely with our EU and international partners to advance a One Health approach to addressing Europe's public health challenges.

I look forward to building on the achievements laid out in this report as we work toward a healthier, safer, and more resilient Europe.

Pamela Rendi-Wagner
ECDC Director

Executive summary

Agency in brief

Legal and procedural background

This document is based on Founding Regulation (EC) No. 851/2004 of the European Parliament and of the Council of 21 April 2004¹, Article 14.5(g), which determines that 'the Board shall adopt before 31 March each year, the general report on the Centre's activities for the previous year.' Following its sixty-third meeting (27–28 March 2025), the MB approved the final version of the Consolidated Annual Activity Report 2024.

Mission statement

The Centre's mission is set out in Article 3 of the Founding Regulation:

'[...] the mission of the Centre shall be to identify and assess current and emerging threats to human health from communicable diseases and related special health issues, to report thereon and, where appropriate, to ensure that information thereon is presented in an easily accessible way. The Centre shall act in collaboration with competent bodies of the Member States or on its own initiative, through a dedicated network. The mission of the Centre shall also be to provide science-based recommendations and support in coordinating the response at Union and national levels, as well as at cross-border interregional and regional level, to such threats, where appropriate. In providing such recommendations, the Centre shall, where necessary, cooperate with Member States and take into account existing national crisis management plans and the respective circumstances of each Member State. In the case of other outbreaks of diseases of unknown origin that may spread within or to the Union, the Centre shall act on its own initiative until the source of the outbreak is known. In the case of an outbreak that is clearly not of a communicable disease, the Centre shall act only in cooperation with the coordinating competent bodies and upon their request and provide a risk assessment.'

The Centre's mandate is derived from Article 168 of the Treaty on the Functioning of the European Union (EU), with an overarching principle of ensuring a high level of human health protection in the definition and implementation of all Union policies and activities.

Key tasks of ECDC include:

- operating dedicated surveillance networks;
- providing scientific opinions and promoting and initiating studies;
- operating the Early Warning and Response System;
- providing scientific and technical assistance and training;
- identifying emerging health threats;
- collecting and analysing data;
- communicating on its activities to key audiences.

ECDC's vision

To improve lives in Europe and globally through the application of scientific excellence, thus empowering the Member States, the European Commission, and other partners to drive public health policy and practice.

Strategic work areas

The Amended ECDC Strategy 2021–2027² has five main objectives:

Strategic objective 1. Maintain the independence and rigour of scientific processes and strengthen the relevance and accessibility of scientific outputs to support public health policies and practices at national and EU level.

This strategic objective focuses on promoting the setting of standards and the use of defined methodologies and diverse data sources for data analytics; transferring knowledge to bridge the gap between science, policy and practice; addressing areas of uncertainty and knowledge gaps through modelling, forecasting and collaboration, and communicating the research priorities identified to EU research initiatives and other EU bodies, and communicating risk (i.e. providing relevant, timely, accessible and actionable information on infectious disease epidemiology, prevention and control).

¹ Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 establishing a European Centre for Disease Prevention and Control, Official Journal of the European Union. 2004; L 142:1–11.

² The ECDC Strategy 2021–2027 was amended in 2023, and the new structure took effect in 2024, which is thereby reflected in the CAAR 2024. The amended ECDC Strategy 2021–2027 is available on ECDC's website ([Amended ECDC Strategy 2021–2027](#))

Strategic objective 2. Provide relevant, reliable and timely information and science-based recommendations to enable evidence-informed decision-making at national and EU-level. This strategic objective focuses on surveillance through the delivery of timely information and robust evidence via surveillance and monitoring; public health evidence and recommendations through the provision of science-based advice and recommendations from public health expertise, and digital solutions for surveillance, through the provision of support in adapting, adopting and exploring new technologies.

Strategic objective 3. Support the development of plans, systems and capacities for prevention, preparedness and control of communicable diseases and related special health issues at national and EU level. This strategic objective is focused on supporting countries to strengthen their programmes and systems to prevent and control communicable diseases and related special health issues; supporting countries and the Commission in preparedness planning, risk assessment and outbreak response, and providing adequate training opportunities for the public health workforce.

Strategic objective 4. Streamline coordination and collaboration with Member States and other ECDC key partners in the EU and worldwide. This strategic objective is delivered through coordination and collaboration: ensuring seamless coordination of priorities and related actions with ECDC partners and stakeholders and working with international partners to enhance preparedness and response to present and future public threats worldwide.

Strategic objective 5. Create an acknowledged, agile organisation through efficient systems, structures, processes and skilled staff. This strategic objective focuses on increasing organisational effectiveness, efficiency and excellence, by implementing an integrated management system; recruiting and retaining capable, motivated and resilient staff and developing efficient and agile support services that enable operational excellence while ensuring compliance. It also focuses on digital transformation services and internal communication to enhance the understanding of ECDC's vision, mission and strategic priorities and provide a platform to inform and connect staff.

Organisational structure

Since January 2020, ECDC's organisational structure has comprised three operational units, two support services units and the Director's Office.

- The Disease Programmes (DPR) Unit focuses on the disease-specific aspects necessary to support ECDC's partners in shaping public health policy and practice. A significant portion of ECDC's outputs originate from this Unit, guided and supported by the Scientific Methods and Standards (SMS) Unit and the Public Health Functions (PHF) Unit.
- The SMS Unit strengthens scientific excellence and knowledge dissemination within ECDC and to external partners. It oversees quality assurance of the Centre's scientific work and organises the ESCAIDE conference.
- The PHF Unit manages ECDC's core public health functions, including surveillance, training and emergency preparedness and response support. It collaborates closely with the DPR Unit, providing the necessary data and systems for disease-specific outputs.

The Director's Office, Resource Management Services (RMS) Unit and Digital Transformation Services (DTS) Unit support the operational units in achieving their objectives.

- The Director's Office coordinates responses to political developments, external relations, and critical scientific and public health matters, while managing the Agency's internal operations. It handles the Centre's external strategic relationships within the EU (Member States, Advisory Forum (AF), Management Board (MB), Coordinating Competent Bodies (CCB) and EU institutions) and with external stakeholders. The Office is divided into two sections, Governance and International Relations, and Policy Coordination and Communication. The Data Protection Officer, Accountant and IT Security Officer report directly to the Director in their respective functions.
- The RMS Unit is integral to the effective management of ECDC's human and financial resources and plays a pivotal role in implementing the Centre's overarching strategy. The Unit ensures that the Agency's strategic objectives are achieved by providing essential support and infrastructure across key functions. Its mandate is to align resource management activities with the Centre's long-term goals, optimising the allocation and use of resources to advance ECDC's mission. The Unit consists of six sections: Corporate Services, Finance and Accounting, Human Resources, Legal Services, Planning and Performance and Procurement.
- The DTS Unit delivers digital solutions, maintains IT products and provides IT services, which are instrumental to the operation and administration of the Centre. It also provides a digital workplace addressing the needs for mobility, communication and collaboration of staff. The Unit's work is carried out in three sections: Digital Governance, Digital Solutions and IT Operations.
- This report follows the structure of ECDC's SPD 2024–2026, presenting the Centre's achievements in alignment with the amended ECDC Strategy 2021–2027³.

³ This document presents the overall programme priorities for 2021–2027 in the context of which ECDC operates and the changes and challenges that will affect communicable diseases in the EU/EEA Member States during that period: https://www.ecdc.europa.eu/sites/default/files/documents/amended-ECDC-Strategy-2021-2027_0.pdf

2024 in brief

In 2024, ECDC successfully completed, or is in the process of completing, 99% of the outputs in its SPD 2024–2026. Of the 122 total outputs defined, 76 were completed, 45 were in progress and one was postponed.⁴ ECDC refined scientific outputs, integrated innovative tools, and deepened collaboration with Member States and international partners, reinforcing its leadership in communicable disease prevention and control. The Agency also provided transparent, evidence-based information to support decision-making and safeguard public health. Below are some of ECDC's key achievements derived from its five strategic objectives.

Strategic Objective 1: Maintain the independence and rigour of scientific processes and strengthen the relevance and accessibility of scientific outputs to support public health policies and practices at national and EU level.

Strengthening public health outputs: ECDC undertook a comprehensive review of its public health output categories and types to improve clarity, relevance and impact.

Scientific excellence and knowledge dissemination: *Eurosurveillance* maintained its status as a leading journal in infectious disease research, consistently ranking at the top across key metrics. The annual ESCAIDE conference, a hallmark event for public health professionals, saw over 750 in-person attendees and nearly 2 500 online participants from 122 countries, reinforcing its role as a premier global public health forum.

Strategic foresight: Concluding a two-year initiative, ECDC completed its strategic foresight project, integrating multiple systematic methodologies such as desk research, expert elicitation, and scenario-based analysis. The project bolstered ECDC's ability to anticipate future public health challenges and to strengthen resilience against emerging health threats.

Communication: as part of its planned work programme, and in response to emergencies and unforeseen events, ECDC ramped up its risk communication activities.

AI Integration: The Centre's AI working group rolled out critical deliverables by developing a use case repository, setting responsible AI guidelines, and piloting productivity tools to drive efficiency and innovation.

Strategic Objective 2: Provide relevant, reliable, and timely information and science-based recommendations to enable evidence-informed decision-making at national and EU level.

Antimicrobial resistance: In 2024, ECDC monitored the EU's progress towards the 2030 reduction targets on AMR and antimicrobial consumption (AMC). Two key annual epidemiological reports were published: AMR (EARS-Net) and AMC (ESAC-Net), both highlighting progress, challenges, and areas for improvement across Member States. The third point prevalence survey (PPS) on healthcare-associated infections and antimicrobial use in European acute care hospitals (2022–2023) was also published, covering infection, prevention and control (IPC) and antimicrobial stewardship practices in acute-care hospitals. The Centre also issued a rapid risk assessment on emerging resistant strains, including *Klebsiella pneumoniae* ST23 and *Escherichia coli* ST131, and initiated a genomic survey on *Acinetobacter baumannii*. To strengthen IPC efforts, ECDC organised its annual Multidrug-Resistant Organism (MDRO) course, worked together with the European Committee on Infection Control (EUCIC) on an advanced Healthcare-Associated Infection (HAI) training course, and began developing EU IPC guidelines for the European Commission.

Respiratory virus surveillance and preparedness: working with WHO's Regional Office for Europe, ECDC developed the European Respiratory Virus Surveillance Summary (ERVISS), providing weekly updates on influenza, respiratory syncytial viruses (RSV), and SARS-CoV-2 across the EU/EEA. Together with the European Food Safety Authority (EFSA), ECDC led a simulation exercise on avian influenza preparedness for Member States, hosted by the European Commission. ECDC and WHO co-organised a pandemic preparedness meeting in Rome, uniting European networks. In 2024, ECDC expanded forecasting with RespiCast, a platform sharing forecasts for indicators such as influenza-like illnesses (ILI), acute respiratory infections (ARI) and COVID-19. ECDC also launched an online platform simulating long-term respiratory disease scenarios.

Vaccine-Preventable Disease (VPD) surveillance: ECDC continued monitoring and strengthening the epidemiological and laboratory surveillance of VPDs, focusing on improving the quality of reporting and supporting the implementation of the WGS strategy. The VPDs under surveillance served as a pilot for the launch of the EpiPulse case in 2024. In addition, the Centre issued Threat Assessment Briefs on measles and pertussis, raising awareness of the resurgence of these diseases in the EU/EEA and providing public health recommendations. ECDC also issued an updated risk assessment and rapid scientific advice on public health measures for mpox clade Ib in Africa in 2024, along with an overview of vaccine deployment in the EU/EEA for the European Commission.

HIV, STI, hepatitis and tuberculosis surveillance: Marking World AIDS Day 2024, ECDC and WHO released updated HIV surveillance data for the European Region, emphasising challenges in underdiagnosis and late diagnoses. Key reports included the first survey on HIV stigma in the healthcare setting, the annual joint ECDC/WHO tuberculosis (TB) surveillance report, prevalence studies on chronic hepatitis B and hepatitis C in EU/EEA countries; hepatitis C serosurveys, a joint factsheet on liver cancer inequalities in Europe and the role of

⁴ Please refer to Annex 1. Core business statistics 2024 for more information.

viral hepatitis (together with the European Cancer Inequalities Registry of the European Commission), a systematic literature review on the prevalence of sexually transmitted infections (STI) in Europe, and expert recommendations on doxycycline post-exposure prophylaxis (doxyPEP) for STIs. ECDC also updated monitoring data to assess progress towards the Sustainable Development Goal (SDG) targets for HIV, STI, hepatitis B and C and TB.

Zoonotic and foodborne disease surveillance: The joint ECDC/EFSA European Union One Health Zoonosis report was published, highlighting trends in zoonotic diseases, such as listeriosis and salmonellosis. Overall, reported cases of zoonotic diseases in humans increased, while there was a slight decline in foodborne outbreaks. ECDC hosted the Emerging and Vector-Borne Diseases EVD-Net and the EVD-LabNet meetings, emphasising the emergence of dengue in Europe, and the need to strengthen surveillance, prevention and control measures. The potential emergence of Oropouche virus disease was also discussed. ECDC and EFSA produced joint public health risk assessments on cross-border foodborne threats (*Salmonella enteritidis* infections and *Salmonella Strathcona* infections).

European Union Reference Laboratories (EURL): ECDC and the European Commission took a major step towards strengthening microbiological capacities by launching the establishment of six EURLs. Three of these EURLs began operations in January 2025. The initial group will focus on 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. The remaining three EURLs, which will focus on food- and water-borne bacteria, and food-, water-, and vector-borne helminths and protozoa and food- and water-borne viruses, will begin operations in 2026.

Supporting National Immunisation Technical Advisory Groups (NITAGs): ECDC expanded its collaboration with the NITAG Collaboration Network, working closely with the Directorate-General for Health and Food Safety (DG SANTE) and the European Health and Digital Executive Agency (HaDEA). The Centre provided technical support to NITAGs for the generation of robust scientific evidence to inform national decision-making on key issues related to new vaccines and vaccination strategies. Systematic reviews were published on the efficacy, effectiveness and the safety of newer and enhanced seasonal influenza vaccines, and on the efficacy, effectiveness and safety of HPV vaccination in women with co-infection. Two additional systematic reviews, on RSV vaccine and pneumococcal vaccine 15 valent, were accepted for publication.

Microbial safety of Substances of Human Origin (SoHO): ECDC published a systematic review identifying the risk factors for *Trypanosoma cruzi* infection in non-endemic countries and a report on the risk of tick-borne encephalitis virus transmission through SoHO, strengthening the foundation for policy recommendations.

Mathematical modelling and forecasting: ECDC provided advanced modelling support for EU Member States, including the launch of RespiCast, integrating multiple modelling hubs for respiratory disease forecasting, and RespiCompass, an online platform that uses mathematical modelling to simulate respiratory disease dynamics under various longer-term scenarios.

Strategic Objective 3: Support the development of plans, systems, and capacities for prevention, preparedness, and control of communicable diseases and related special health issues at national and EU level.

Emergency preparedness and response: The EU Health Task Force (EUHTF) played a pivotal role in strengthening preparedness, supporting nine assignments across seven EU Member States. Expert teams were deployed for emergency response operations in four major outbreaks across the Middle East and Sub-Saharan Africa. Further enhancements to preparedness mechanisms included the establishment of expert pools, the delivery of expert training, and ongoing dialogue with Member States.

ECDC developed a new methodology for assessing prevention, preparedness and response plans in EU/EEA countries, as required by Article 8 of the Regulation on Serious Cross-Border Threats to Health (SCBTH). The methodology for the first cycle (2024–2026) of the Public Health Emergency Preparedness Assessments (PHEPA) was piloted in Belgium, Finland, Estonia and Spain and then in Sweden, Malta and Luxembourg. These missions, involving 10 or more experts from ECDC, DG SANTE, the Health Emergency Preparedness and Response Authority (DG HERA), WHO and an EU Member State, assessed 16 preparedness capacities to identify best practices and provide recommendations for strengthening both national and EU preparedness for public health emergencies.

Advancing disease prevention and social sciences in public health: ECDC launched the ECDC Lighthouse, an EU-wide online community of practice focused on using social and behavioural sciences to prevent infectious diseases⁵. The ECDC framework for prevention of communicable diseases and related special health issues was published in 2024, with the aim of supporting and promoting effective, evidence-based prevention of communicable diseases in the EU/EEA.

Vaccination coverage and effectiveness studies: ECDC published a report on national seasonal influenza vaccination recommendations and coverage rates in EU/EEA countries. The report detailed influenza vaccine recommendations in the EU/EEA for the 2023–24 season and analysed trends in national influenza vaccination coverage rates for the 2021–22, 2022–23 and 2023–24 seasons. In addition, the Centre published three reports

⁵ The launch took place at the ESCAIDE Conference in November 2024.

on COVID-19 vaccination coverage in the EU/EEA during the 2023–24 season campaigns, including two interim reports and one final analysis. The Centre also continued its vaccine effectiveness studies through the Vaccine Effectiveness, Burden and Impact Studies (VEBIS) project, part of the Vaccine Monitoring Platform (VMP) with EMA. These studies assessed the effectiveness of SARS-CoV-2 and influenza vaccines across various settings and populations.

Fellowship Programme: In 2024, 36 fellows graduated from the ECDC Fellowship Programme, the Mediterranean and Black Sea Programme for Intervention Epidemiology Training (MediPIET) and the EPIET-associated programmes.

Continuous Professional Development: A wide range of training courses, including both instructor-led and e-learning courses were offered. The ECDC Learning Portal, launched to replace the ECDC Virtual Academy (EVA), aims to enhance user experience with improved features, functionalities and design.

Strategic Objective 4: Streamline coordination and collaboration with Member States and other key partners in the EU and worldwide.

ECDC strengthened its coordination with EU institutions and agencies, and collaboration with non-EU countries, global partners and stakeholders.

The **Cross-agency One Health Task Force** (ECDC, EMA, EFSA, the European Environment Agency and ECHA), established in late 2023, launched its operational collaboration with the development and publication of the [Cross-agency One Health task force framework for action \(2024–2026\)](#). Within this framework, ECDC leads on strategic Objective 4: One Health Stakeholder engagement and communication, and co-leads with EFSA on strategic Objective 3: One Health capacity building.

ECDC increased its international outreach and response work during the past year, working in close collaboration with key partners such as WHO and major Centers for Disease Prevention.

In October 2024, ECDC signed a Memorandum of Cooperation with the Ministry of Health and Welfare in Japan. This is the seventh bilateral agreement with other CDCs and strengthens ECDC's relationships in East Asia.

Capacity building projects were implemented with funding from the European Commission's Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR) for Western Balkans and Türkiye under the Instrument for Pre-accession Assistance (IPA) and the EU Initiative on Health Security for European Neighbourhood Policy (ENP) partner countries and from the Directorate-General for International Partnerships (DG INTPA) for the Africa CDC-ECDC partnership.

In response to public health emergencies as part of the European Health Task Force, ECDC facilitated six deployments for an mpox outbreak in the Democratic Republic of the Congo (29 July–24 December 2024), a two-week deployment to Rwanda for a Marburg outbreak (October 2024), and a deployment to Zambia for cholera response (25 March–26 April 2024).

ECDC convened four virtual meetings with its focal points at major Centres for Disease Control (CDCs) within the network of CDCs. Discussions covered topics such as psittacosis, avian influenza, mpox clade I and hospital sentinel surveillance.

Strategic Objective 5: Create an acknowledged, agile organisation through efficient systems, structures, processes and skilled staff.

Integrated Management Framework (IMF): Based on four key pillars—governance, organisational performance management, quality management, and the internal control framework—and supported by the cross-cutting areas of innovation and change management, the Integrated Management Framework continued to enhance organisational effectiveness and transparency. One milestone in 2024 was the launch of PRIME, a next-generation planning, reporting, implementation and monitoring tool that replaces the former Management Information System (MIS).

Country Overviews Dashboard: An important element of data accessibility, the Country Overviews Dashboard was launched for use by nominated Member States, offering a centralised, continuously-updated, accurate resource for essential health system data and infectious disease status. The data, sourced from ECDC databases and reports, Eurostat, WHO and the Organisation for Economic Co-operation and Development (OECD), provides a robust evidence base to inform decision-making at national and EU levels.

Part 1. Policy achievements

Indicators of the multiannual programme

Strategic KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2024
Stakeholder satisfaction with ECDC: 1. Surveillance 2. Microbiology 3. Preparedness and response 4. Public health training 5. Communication 6. Antimicrobial consumption, antimicrobial resistance, and healthcare-associated infections 7. Emerging and vector-borne diseases 8. Food- and waterborne diseases and zoonoses 9. STI, blood-borne viruses and TB (SBT) 10. Viral respiratory diseases 11. Vaccine-preventable diseases	1. 83% 2. 80% 3. 90% 4. 92% 5. 90% 6. 79% 7. 92% 8. 86% 9. 94% 10. 89% 11. 67%	85%	Stakeholder satisfaction survey	Biennial	1. 83% 2. 80% 3. 90% 4. 92% 5. 90% 6. 79% 7. 92% 8. 86% 9. 94% 10. 89% 11. 67% (Survey was conducted in 2022)
Uptake of ECDC scientific outputs: a. Success in addressing the public health threats/issues; b. Changes in legislation; c. Changes in national policies; d. Improvements or corrective measures in public health systems (including IT systems); e. Changes in national guidance/recommendations; f. Communication to your target audience (e.g. decision makers, media, public, healthcare workers); g. Discussion with peers and colleagues (inside or outside your organisation).	a. 56% b. 32% c. 44% d. 47% e. 58% f. 69% g. 74%	Not applicable as this is the first instance in which the KPI was measured.	Stakeholder satisfaction survey	Biennial	a. 56% b. 32% c. 44% d. 47% e. 58% f. 69% g. 74% (Survey was conducted in 2022)
Overall stakeholder satisfaction with the work of ECDC.	86%	70%	Stakeholder satisfaction survey	Biennial	86% (Survey was conducted in 2022)
Level of laboratory capacity reached in Member States: EULabCap Index for EU/EEA countries (mean national EULabCap index + potential inter-country index variation).	EULabCap: 7.8 mean national index (2018)	0.3 point increase	EULabCap surveys	Biennial or Triennial	EULabCap: 7.9 (5.6 to 9.3) mean national index (2021)
Percentage of ECDC staff engagement.	57%	75%	Data collected through Human Resources (HR) survey	Biennial	57% (Survey was conducted in 2024)

Strategic objective 1. Maintain the independence and rigour of scientific processes and strengthen the relevance and accessibility of scientific outputs to support public health policies and practices at national and EU level

1.1 Standards and methodologies: promote standard-setting and the use of defined methodologies and diverse data sources for data analytics

Based on the guiding principles of relevance, independence, quality, transparency and accessibility, endorsed by the AF and ECDC senior management in 2022, in 2023 ECDC revised its public health output categories and output types to take into account the amended mandate, the main purpose and intended impact of the output.

Related processes and tools, such as the internal procedures on scientific outputs and advice, sorting of requests for ECDC scientific input and advice, and the Scientific Advice Repository and Management System (SARMS, see also 1.3) were updated in 2024.

Since ECDC's formal commitment in 2017 to fair acknowledgement of contributions to its work and outputs and to open access publication when publishing in peer-reviewed journals, the Centre has improved its open access indicator from 73% in 2016 to 94% in 2024 (see Annex 10).

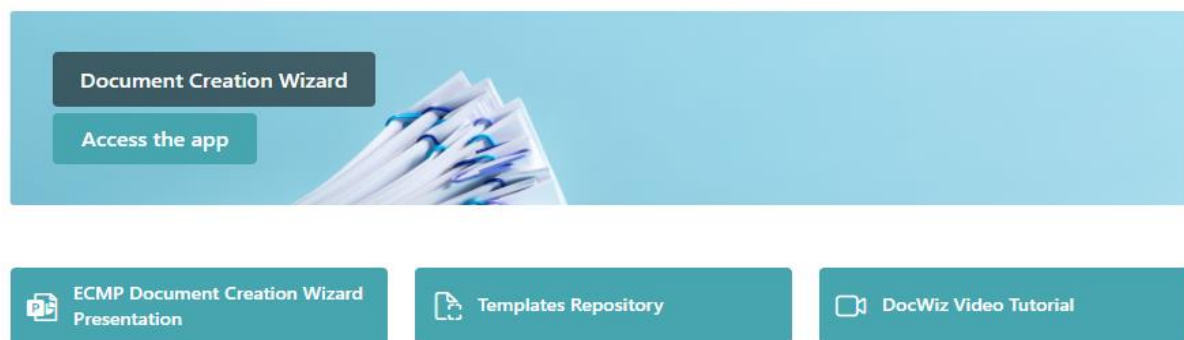
1.2 Knowledge transfer: bridge the gap between science, policy, and practice

In 2024, content searchability within the Enterprise Content Management Platform (ECMP) was enhanced with personalised search and targeted content. A new search centre and search verticals were introduced, providing quick access to relevant records with advanced filters.

Staff were supported in use of these tools by training sessions and awareness campaigns, and duplicate content was removed to improve discovery.

A new document creation wizard (DocWiz) was developed to ensure compliance with ECDC's metadata, structure and branding requirements, helping users save documents to appropriate locations, such as OneDrive or Team Site, for easier retrieval.

Figure 1. Document creation wizard



Collaboration Centre

The Collaboration Centre continued to serve as a key hub for inter-agency and external stakeholder collaboration. In 2024, over 20 extranets were migrated into its framework, bringing the total number of external collaboration spaces to 90. This expansion significantly supported external engagement and teamwork.

Communities of practice

Communities of practice remained highly active in 2024, fostering increased participation and engagement. Popular communities at ECDC included the Security Awareness Community, the Young Professional's Network, Digital Tips and Tricks, Data Science, Project Management and Diversity, Equity and Inclusion.

Information Asset Catalogue

The Information Asset Catalogue⁶, which provides a unified overview of ECDC's information assets, underwent several structural improvements in 2024. Asset owners contributed by updating the information assets under their responsibility, thereby ensuring better accessibility and management of critical information.

Artificial Intelligence Working Group

The AI Working Group continued to meet monthly throughout 2024 to promote and adopt AI tools and methods, such as constructing an AI use case repository, developing organisational guidelines for responsible use of AI, and piloting AI productivity tools for selected groups.

Enhancing scientific report impact

As part of an ongoing project to 're-engineer' its outputs, ECDC launched a dedicated initiative to improve accessibility, relevance and actionability of its scientific reports. Interim deliverables included: i) Implementation of new scientific report categories; ii) Enhancements to the report production process; and iii) Framing the main objectives and scope of the reports. Three key project streams began in Phase I: Mapping and analysis; Format and tools investigation; and Content strategy. In addition, ad hoc efforts focused on enhancing report quality and bolstering writing and publishing expertise across ECDC. Initiatives included editorial training courses, writing clinics and the development of resource materials.

Eurosurveillance

The scientific journal *Eurosurveillance* has been offering public health experts/scientists and policy-makers high-quality, open-access information and data relevant for timely public health action since 1996. When producing the journal, the editorial team applies stringent quality control and supports authors and peer reviewers to ensure that the articles, which are published as open access under a [Creative Commons \(CC\) BY 4.0 license](#), contain sound, reliable, understandable and actionable evidence for a diverse audience.

In 2024, *Eurosurveillance* published 245 articles, including 81 rapid communications. Submissions emanated from 73 countries across five continents, with published articles representing 40 countries and maintaining a focus on European public health relevance. Of the published peer-reviewed articles, 85% (189) were authored by non-ECDC contributors, while 15% (35) were written by ECDC staff.

Compared with the four previous years, the number of articles submitted and published on COVID-19/SARS-CoV-2 was expectedly lower, but with 30 published articles, COVID-19/SARS-CoV-2 still featured substantially in the journal. Examples of rapid communications providing timely information about the mpox public health event of international concern are: an early report in a possible new clade of MPXV in March 2024; reports on the situation in Burundi and the Democratic Republic of the Congo in October, and in November, two short reports described the first two imported cases of clade Ib MPXV in Europe (in Sweden and Germany), and the public health responses taken in Italy. A short report in November provided details on 199 autochthonous cases that occurred in a small coastal city in central Italy between August and early October 2024, constituting the largest autochthonous outbreak of dengue so far in Europe. In addition to these examples, articles reflected relevant aspects of ECDC's strengthened mandate and also covered important topics such as antimicrobial resistance, healthcare-associated infections, SDG-related diseases (e.g. viral hepatitis, HIV/AIDS and tuberculosis), as well as food- and waterborne diseases, sexually transmitted infections and different aspects of surveillance, including avian influenza H5N1.

Peer review plays a central role in quality assurance in scholarly publishing. One important activity in 2024 was to provide incentives for peer reviewers in the form of training resources and recognition. A short [manuscript review e-learning series](#) consisting of three modules and accredited by the Agency for Public Health Education Accreditation (APHEA) was developed together with the ECDC Continuous Professional Development team. Moreover, complementary reviewer recognition mechanisms were established through the Web of Science reviewer recognition service and continuing medical education recognition credits for completed reviews through the European Accreditation Council for Continuing Medical Education (EACCME). The journal continued to actively encourage co-reviews for early-career researchers as a mentoring and capacity-building activity.

⁶ The [Information Asset Catalogue](#) (IAC) is a key repository of ECDC's valuable information assets. An information asset is defined as a coherent set of data, documents, or other content related to a specific function, managed under the accountability of a designated business owner who is responsible for decisions regarding its management, quality and lifecycle. The catalogue offers a unified overview of all information assets within ECDC. It also serves as an entry point for accessing these assets and provides the contact details of the staff responsible.

Figure 2. Eurosurveillance e-learning courses for peer reviewers

In 2024, several *Eurosurveillance* activities focused on aspects of diversity and inclusion as important principles to ensure equity and reduce inequalities which also apply to infectious disease and public health research and reporting. *Eurosurveillance* has several policies and activities in place to promote diversity and inclusion and in 2024, editors audited the male/female composition of the editorial board and reviewers. Results show the male-to-female ratio in the editorial board has been well-balanced over the years, while there has been a consistent predominance of male reviewers since 2010 (except for 2023). Editors will continue monitoring and striving to achieve a more balanced composition among reviewers for *Eurosurveillance*. The topic of the 2024 *Eurosurveillance* scientific seminar was [Diversity and inclusion in research and scholarly publishing](#). Already at the beginning of 2024, inspired by the [Cape Town Statement on Fostering Research Integrity through Fairness and Equity](#), the *Eurosurveillance* editorial board endorsed a [policy](#) that encourages interdisciplinary collaboration, diversity and inclusion, and supports the principles of fairness and equity, encouraging authors to recognise the important contributions of various actors.

The regular exchanges with editors from the Emerging Infectious Diseases journal published by the United States CDC continued and was further intensified, and the network of editors from open access journals published by non-for-profit organisations will be formalised in 2025.

In 2024, *Eurosurveillance* editors continued their engagement in training activities for various audiences (including fellows of the traineeship programmes). These activities took the form of direct face-to-face interactions and online webinars focusing on peer review and scientific/research integrity aspects. *Eurosurveillance* editors were present at a number of scientific conferences, including the European Society of Clinical Microbiology and Infectious Diseases (ESCMID), the European Society For Paediatric Infectious Diseases (ESPID), ESCAIDE, World Conference on Research Integrity (WCRI) and the World Health Summit (WHS), and held a pre-conference scientific publishing workshop ahead of ESCAIDE which was very well received.

The provision of authoritative and high-quality, peer-reviewed articles aims to build trust. A key area in which trust needs to be built is vaccination. To encourage an exploration of various issues pertaining to vaccination, the 2025 theme '[Vaccine-preventable diseases in humans – today's challenges and tomorrow's opportunities](#)' was published in October 2024. Articles submitted in response to the 2024 annual theme '[Changing urban environments and effects on infectious diseases and their epidemiology, surveillance, prevention and control](#)', are available through a collection on the journal's website.

Looking at various metrics, *Eurosurveillance* continued to be well placed among the leading journals in infectious diseases and public health in 2024. With an Impact Factor of 9.9 for 2023 and ranking sixth among 132 journals listed in the Clarivate Journal Citation Reports category 'Infectious Diseases', *Eurosurveillance* remained the highest ranked open-access journal. The Scopus CiteScore of 32.7 for 2023 places *Eurosurveillance* 3/665 in the category 'Public Health, Environmental and Occupational Health', and also among the top 10 in the categories 'Infectious Diseases', 'Immunology and Microbiology (miscellaneous)', 'Virology', 'Microbiology', 'Microbiology (medical)' and 'Epidemiology'. The SCImago Journal Rank is 86/2 494 in the category 'Medicine (miscellaneous)', 6/134 in 'Epidemiology' and 7/656 in 'Public Health, Environmental and Occupational Health' (h-index: 131). Google Scholar Metrics places *Eurosurveillance* 3 in the category 'Epidemiology' and 9 in 'Communicable Diseases' (h5-index: 102).

Figure 3. Scientific journal impact factor ranking

ESCAIDE 2024 in Stockholm brought together over 750 in-person attendees and nearly 2 500 online participants from 122 countries, underscoring its growing importance as a global public health forum. The hybrid format once again proved its value, removing barriers, such as travel costs, to ensure wide accessibility.

The conference explored critical topics, including balancing prevention and treatment, responding to health threats in conflict zones, and improving surveillance systems through better data and innovative technologies. The question of global preparedness for future unknown threats, often referred to as 'Disease X', sparked significant discussion. The resurgence of diseases previously thought to be under control was another key focus. A packed programme of abstract presentations addressed a broad range of diseases and public health functions relevant to the Agency's work. Pre-conference workshops provided practical advice on evidence-based public health and publishing in scholarly journals. Additional sessions tackled complex issues, such as diversity and inclusion in research and scholarly publishing, risk communication, community engagement and infodemic management, as well as the role of mobile laboratories in health crises.

Feedback from participants was overwhelmingly positive, with 95% expressing high satisfaction. The conference was praised for its relevance, the quality of its content, and the networking opportunities it provided. The hybrid format and free admission were frequently highlighted as key strengths. In summary, ESCAIDE 2024 reaffirmed its role as a forum for public health professionals to share knowledge, build connections and generate ideas to address current and future challenges.

Following a successful call for expression of interest in November 2023, the tenth edition of the **Observership** took place again in person at ECDC's premises on 14–18 October 2024. There were 31 participants from ESCMID, the European Society for Clinical Virology (ESCV) and the European Committee on Infection Control (EUCIC). The Observership week serves as a link between ECDC and the learned societies contributing to the positive reputation and visibility of the Centre among young and mid-career professionals. It serves as an excellent platform for knowledge transfer and for future recruitment (as witnessed by an increasing interest of the observers in applying to ECDC vacancies, traineeships, and fellowships). The Observership was highly successful, with positive feedback from ECDC staff, the learned societies and the observers. The observers stressed how the week helped them to understand ECDC's mandate and work, increased interest in public health topics, and supported networking. They praised ECDC staff for their professionalism and availability to share their expertise and knowledge. The ECDC Observership week will reconvene in 2025, subject to resources.

1.3 Foresight, modelling and research engagement: address areas of uncertainty and knowledge gaps through modelling, forecasting, and collaboration, and communicate identified research priorities with EU research initiatives and other EU bodies

The Centre continued to engage with other EU agencies producing scientific advice within the EU Agency Network on Scientific Advice (EU-ANSA). The network met twice in 2024, focusing on the future strategic direction of the network and the agencies' role in supporting evidence-informed policy making in the EU. Significant progress was made in the topic-specific clusters, which addressed qualitative methods, scientific impact and scientific publishing. In addition, a renewed commitment was made to continue collaborative efforts in the cluster focused on foresight and futures approaches in the agencies. EU-ANSA also received updates from institutional partners, including the European Parliament and the European Commission (the Directorate-General for Research and Innovation (DG R&I) and the Joint Research Centre (JRC)) on current and upcoming initiatives within the science-for-policy ecosystem.

Foresight

In 2024, ECDC concluded its strategic Foresight project, which began in early 2022. This comprehensive project utilised multiple systematic methods, including desk research and expert elicitation, to enhance preparedness and resilience against future health threats and other long-term developments. The strategic actions previously identified for ECDC to ensure effective mission delivery until 2040 were evaluated for their relevance, effectiveness and efficiency through surveys and in-depth interviews with ECDC staff and key external experts, decision-makers and stakeholders. These actions were then tested using 'wind-tunnelling' exercises, conducted with ECDC staff and the AF, to assess their robustness against six future threat scenarios developed earlier in this project. This process resulted in a refined set of 'future-proofed' actions for operational, strategic and policy consideration.

In parallel, ECDC provided monthly foresight training courses and hands-on workshops for all staff, further bolstering the Centre's anticipatory capacity. A range of relevant foresight skills and competences were taken up in the Competency Library for ECDC staff: under transversal competencies for all staff, specifically for managers under 'strategic vision', and as core technical competencies for staff in operational positions. The capacity building curriculum included a general introduction to Foresight, deep-dives into easy-to-apply Foresight methods that teams would be able to use independently, and advanced sessions on institutionalising strategic Foresight and anticipatory culture.

Modelling

ECDC's biostatistics and mathematical modelling team continued contributing in-depth and advanced biostatistical and mathematical modelling analyses and insights to ECDC outputs, such as rapid risk assessments and technical reports. ECDC also expanded the successful European COVID-19 Forecast and Scenario Hubs to include additional respiratory diseases: [RespiCast](#) combines multiple forecasting models into an ensemble forecast for several respiratory disease indicators, including influenza-like-illness (ILI), acute respiratory infection (ARI), and indicators related to COVID-19, while RespiCompass provides insights by simulating respiratory disease dynamics under different scenarios.

Research engagement

ECDC remained actively engaged in supporting EU-level research efforts. Projects identifying knowledge gaps and research priorities in specific areas using systematic literature-based approaches continued in 2024. The chosen topics were knowledge gaps on the risk of communicable disease transmission from blood donor to blood recipient, and knowledge gaps that limit public health action to detect, control and prevent legionellosis and Legionnaires' disease. Literature reviews, expert-led consultations and reviews of identified gaps were completed in 2024 and the final reports are currently in production. In 2024, a third topic-specific research activity on One Health was launched to strengthen the evidence base for an EU research agenda for One Health, a key strategic goal of ECDC and the Multiagency Task Force on One Health. This included a literature review to identify knowledge gaps and research needs impeding One Health implementation in the EU. In October, a workshop brought together research coordinators from participating agencies in the EU Multiagency Task Force (ECDC, EFSA, EMA, European Environment Agency and ECHA) to align efforts and develop joint approaches to support EU One Health research.

Throughout 2024, ECDC staff also engaged with ongoing EU-funded research projects and coordination mechanisms, including as members of advisory boards and scientific committees, to support the exchange of emerging data and knowledge. Examples include regular attendance at activities under the Coordination Mechanism for Cohorts and Trials project and involvement in the BE-READY project developing strategic research innovation agenda and the pandemic preparedness partnership. The Centre has also organised joint 'research for policy' meetings together with DG R&I. The meetings provide a forum for EU projects to share information on policy-relevant science addressing specific topics. The most recent meeting focused on public health risks from H5N1 avian influenza in November 2024. In the pre-funding research phases, staff members also supported EU funders in the development and evaluation of EU research calls.

1.4 External and risk communication: provide relevant, timely, accessible and actionable information on infectious disease epidemiology, prevention and control

In 2024, ECDC continued implementing its communication policy (2022–2027), engaging diverse audiences such as health professionals, policymakers, the public, the media and ECDC staff. Tailored communication efforts addressed varying needs and engagement levels (e.g. awareness, engagement, and cooperation).

Risk communication

ECDC carried out risk communication activities as part of its annual work programme, and in response to emergencies or ad-hoc events. During key global awareness campaigns (e.g. World Tuberculosis Day, World Hepatitis Day, World Hand Hygiene Day, World Polio Day, Flu Awareness Week, European Immunisation Week (EWI), European Antibiotic Awareness Day (EAAD), and World AIDS Day), the agency shared its work and the latest data, customising messages for specific target groups, including the public, healthcare professionals, policymakers and the media.

ECDC engaged in risk communication activities for events, disease outbreaks and health emergencies, including the UEFA European Football Championship 2024, the Olympics and Paralympics 2024, and outbreaks of Marburg, mpox and pertussis.

ECDC developed risk communication materials and campaigns, using traditional media, social media, videos, toolkits, infographics, and other content formats that were shared with partners and stakeholders across the EU. Materials were developed in editable formats and could be easily adapted to local languages and practices. As in previous years, in collaboration with WHO's Regional Office for Europe, ECDC published joint communication outputs on TB and HIV/AIDS.

Five influencers' campaigns in 2024 engaged 96 influencers across all EU countries, promoting key messages on vaccination and immunisation, AMR and AMC, HIV/AIDS, STIs and respiratory viruses. These campaigns produced 457 pieces of content, reaching over 10.2 million people.

EAAD was marked with a digital campaign⁷, in partnership with the World AMR Awareness Week. A digital event with the theme 'AMR is invisible, but patients are not'⁸ gathered over 480 participants from the human and animal health sectors, patient and professional organisations. The focus was on AMR targets outlined in the One Health approach. During EAAD, 25 influencers from eight EU/EEA countries collaborated to highlight key messages on the prudent use of antibiotics and antibiotic resistance in their national languages, accounting for 91 publications, a reach of 2.14 million people, generating 2.67 million impressions. New patient stories, highlighting the issues posed by AMR and the importance of keeping antibiotics working, were published on the EAAD website and shared widely in media⁹ along with infographics, an updated interactive AMR brief, and web updates. A communication toolkit was shared in November, providing partners and stakeholders with the latest data and editable material.

Similar campaigns were also conducted for respiratory viruses and HIV/AIDS, with influencers raising awareness on vaccination and addressing misconceptions about HIV/AIDS. These efforts reached millions: 18 influencers for respiratory viruses (128 publications, 494 000 reach, 554 000 impressions), and 18 for HIV/AIDS (96 publications, 2.3 million reach, 2.74 million impressions).

⁷ <https://antibiotic.ecdc.europa.eu/en/european-antibiotic-awareness-day-eaad-2024>

⁸ <https://www.youtube.com/watch?v=QWHcRO9Is4A&t=5392s>

⁹ <https://antibiotic.ecdc.europa.eu/en/patient-stories>

Figure 4. Example of risk communication content

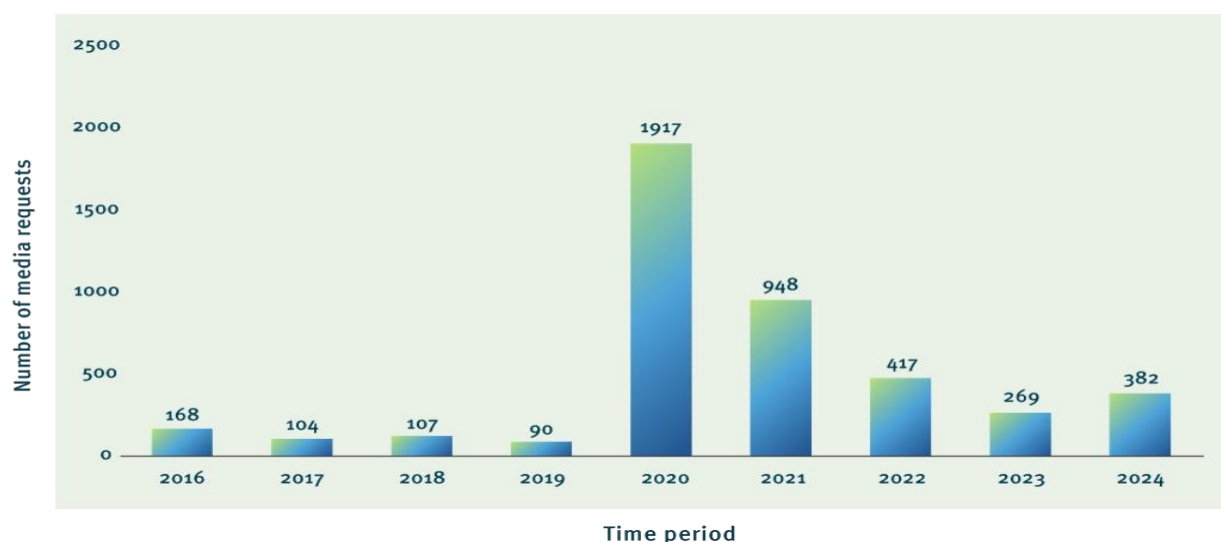
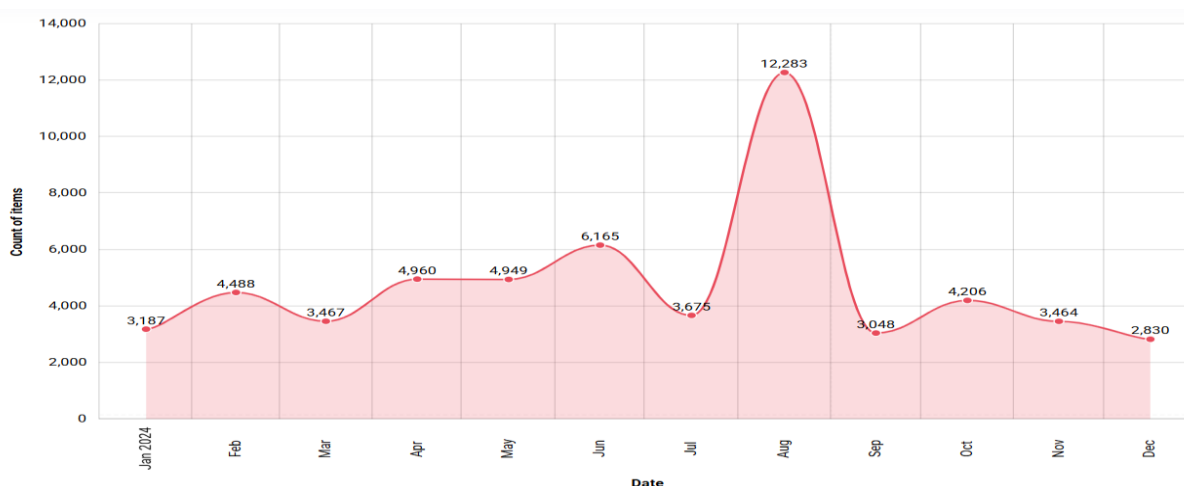
Press and media

In 2024, ECDC continued its active engagement with journalists across the EU and internationally on key public health topics, including AMR, avian influenza, mosquito-borne diseases, STIs, HIV, and vaccination, among other topics.

ECDC's Press Office handled 382 media requests in 2024 – 42% more than in 2023 – spanning a variety of formats, from expert interviews to written responses. ECDC experts gave 44 media interviews throughout the year, with requests originating from a wide array of outlets, ranging from major international news agencies to fact-checking organisations. Notable media outlets such as Politico, Reuters, AFP, ANSA, BBC, Euractiv, The Telegraph, and Deutsche Welle were among those seeking ECDC's expertise.

ECDC maintained a strong presence in mainstream media throughout the year, with a total of 55 515 references in high-quality European and international media. The majority of the coverage was neutral or positive, covering topics such as vaccination, STIs, respiratory viruses, mosquito-borne diseases, and AMR. Italy, Greece and Germany saw particularly high volumes of published articles and other outputs.

In 2024, ECDC convened five press conferences, drawing participation from journalists across most EU/EEA countries. These conferences addressed critical issues such as STIs, VPD, mosquito-borne diseases, AMR and HAI.

Figure 5. Number of media requests sent to ECDC per year**Figure 6. Number of media mentions in monitored EU/EEA/UK/US media per month in 2024**

Social media

In 2024, ECDC's corporate X account (@ECDC_EU) lost 2 972 followers, dropping to 101 550 from 104 522 in 2023. The outbreaks X account (@ECDC_Outbreaks) also lost 798 followers, with similar decreases observed across other ECDC X accounts. Overall, ECDC's current following across nine X accounts decreased by 2.3% to 159 041 followers in 2024.

The decrease in reach and impressions on X was significant, driven by platform-wide privacy and technical changes that affected the algorithm and user behaviour. Top-performing content in the platform included the nomination of Pamela Rendi-Wagner as ECDC's Director (95K impressions), the annual meeting of the EU Respiratory Virus network (87K), the risk assessment on mpox (25K), potential travel-related Marburg cases in Germany (13K), and ECDC Crowd (12K). Due to ongoing changes to the platform, ECDC decided to deactivate its satellite X accounts, retaining only the corporate account (@ECDC_EU) as of 1 January 2025.

ECDC's Facebook page experienced a slight increase in followers, reaching 296 849 (2.9% growth). Most followers were from Italy, Romania, Greece, Portugal, Sweden and Germany. Throughout the year, 194 posts were published, reaching over 21 million users with no change in the overall reach. The top-performing content on Facebook included the measles rapid risk assessment (32K impressions), the nomination of Pamela Rendi-Wagner as ECDC's Director (30K), the cervical cancer webinar (26K), World Health Day (25K), and the first annual meeting of the EU Health Task Force (20K).

On LinkedIn, ECDC posted 202 updates, marking a 25% increase in activity. These updates reached 1.7 million users (+0.2M), generating 90K clicks (69% increase) and 30K engagements (20% increase). The follower base grew from approximately 62K to over 74K. High performing posts included the mpox RRA (72K reach, 1.4K reactions), potential travel-related Marburg cases in Germany (32K reach, 754 engagements) and the AMR visit to North Macedonia (23K reach, 174 engagements).

ECDC's YouTube channel saw a significant surge in subscribers in 2024, growing from 46K to 173K. Instagram also saw an increase, gaining nearly 3K followers, reaching a total of 4 491. ECDC continued exploring alternate platforms, maintaining a presence on Threads, which reached 455 followers by December 2024. In addition, ECDC launched its BlueSky account in December, quickly gaining over 2 000 followers by the end of the year.

Table 1. Changes in followers across social media accounts

Channel	Accounts	December 2023 Followers	December 2024 Followers
Twitter (followers)	ECDC_EU ECDC_TB	104 522	101 550 (-2972)
	ECDC_Flu	3 968	3 931 (-37)
	ECDC_VPD	7 959	7 750 (-209)
	ECDC_HIV/AIDS	6 708	6 526 (-182)
	ECDC_Outbreaks	3 545	3 509 (-36)
	EAAD_EU ESCAIDE	25 695	24 894 (-801)
	ECDCPHT	4 681	4 570 (-111)
		2 762	2 818 (+52)
Facebook (followers)		3 439	3 493 (+54)
	ECDC	273 209	296 849 (+23 640)
	ESCAIDE	1 574	Page merged
LinkedIn (followers)	EAAD	13 926	14 025 (+99)
	ECDC	61 944	74 666 (+12 722)
YouTube (subscribers)	ECDC	46 251	173 985 (+127 734)
Instagram Threads	ECDC.EU	1 691	4 491 (+2800)
		203	455 (+252)
Spotify	ECDC on Air	35K plays No data 45 episodes	49K plays (+14K) 1147 followers 56 episodes (+11)

Websites

In 2024, ECDC's website saw a 45% increase in traffic, with a peak in August, driven by heightened interest in updates on mpox, COVID-19, dengue and West Nile virus. The website recorded 2.4 million sessions from users in European countries, marking a 50% increase compared to 2023, while overall traffic remained stable.

Other popular topics included pertussis, AMR, rising STI cases, and the regular Communicable Disease Threats Reports (CDTR). The top five countries for visitors to ECDC's website were the United States, the United Kingdom, Germany, Italy and India.

In total, there were 488 018 downloads, with reports on HAI and AMR and AMC being the most frequently downloaded.

The European Vaccination Information Portal (EVIP) saw a considerable increase in traffic in 2024, with 2 821 634 page views, reflecting a 316.3% rise compared to 2023. The most viewed content included whooping cough in Bulgarian, Czech, Hungarian and Slovak, human papilloma virus (HPV) and shingles in Greek, benefits of vaccination in English, and mpox and hepatitis B in Bulgarian. In 2024, many of the visits came from Czechia, Bulgaria, Greece, Slovakia, Romania and Hungary.

Audiovisuals

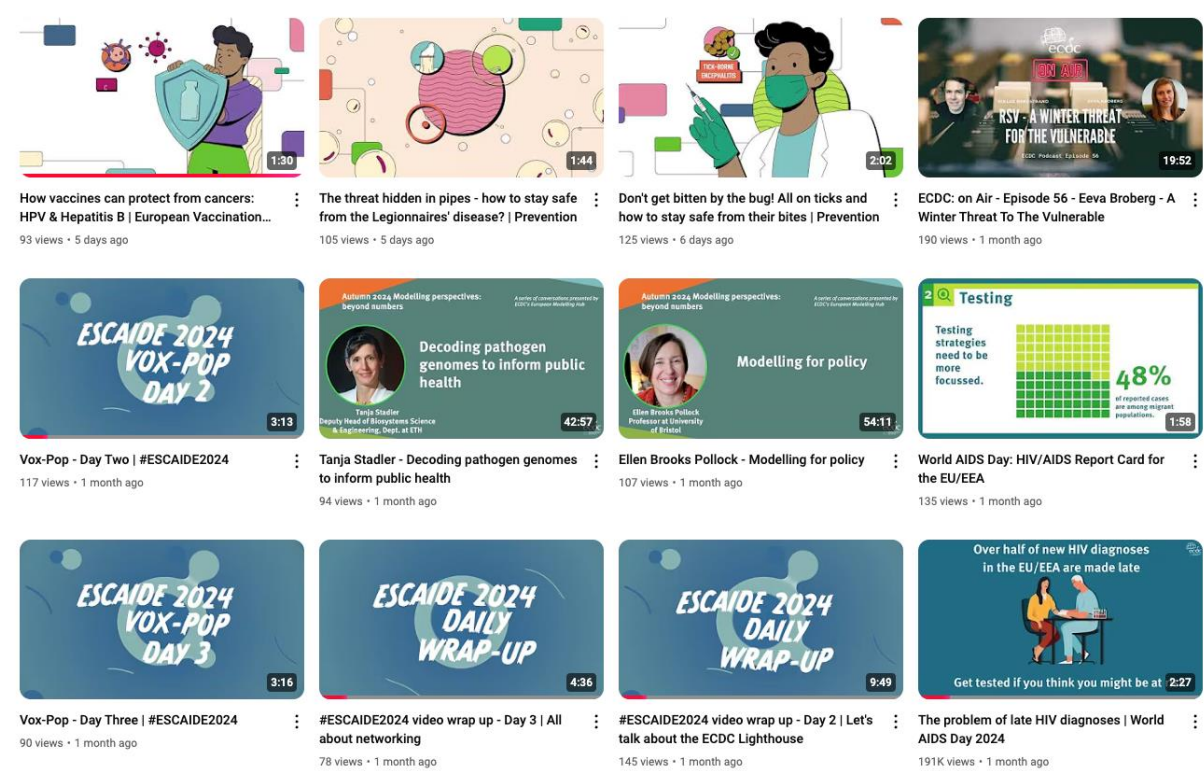
In 2024, ECDC released over 120 infographics, posters and animations across its social media channels, representing a 33% increase. These materials covered a wide range of topics, including food-borne diseases, mosquito-borne diseases, COVID-19, antibiotic resistance, vaccination, HPV, hand hygiene, and ESCAIDE. Some of these were translated and made available on ECDC's website, while editable versions were shared with partners and stakeholders across the EU.

ECDC produced 116 videos in 2024, including 91 publicly available on YouTube, and 25 created for internal purposes, such as internal campaigns and video statements for external events. This marked a 3% decrease compared to 2023. The YouTube videos received 2.9 million views (+0.8M), and the subscriber count grew significantly, from 46K at the end of 2023 to approximately 173K by the end of 2024, largely driven by paid promotion efforts.

In August 2021, ECDC launched its podcast 'ECDC: On Air'. To date, 56 episodes have been aired, accumulating 442K plays across platforms (including YouTube), with 11 episodes published in 2024. The podcast is available on all major platforms, including Spotify, Apple Podcasts, Google Podcasts, YouTube and SoundCloud. Popular podcasts covered topics such as epidemic intelligence, the ECDC fellowship, mathematical modelling, mosquito-borne diseases and avian influenza.

In addition, ECDC organised two digital events, focusing on AMR, attracting 521 and 588 participants, respectively.

Figure 7. Selection of videos published in 2024



Strategic objective 1. Performance indicators

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2024
Scientific quality assurance: proportion of ECDC's scientific outputs following the respective workflows, formally reviewed and cleared before dissemination	99.5%	100%	SARMS workflows, publication statistics	Annual	100%
Attendees' satisfaction with ESCAIDE	94%	> 75%	Conference satisfaction survey	Annual	95%
Placement of <i>Eurosurveillance</i> in journal rankings (basket of metrics)	IF 21 (Journal Citation Reports, Clarivate analytics, 2022) #5/95 Scopus CiteScore 22 (Scopus), #3/562 category Medicine (Public Health, Environmental and Occupational Health), #4/108 Medicine (Epidemiology); SCImago Journal Rank (SJR): #45/2,489 journals in the category 'Medicine miscellaneous')	Q1 in all metrics and 5-year IF ranging between 6 and 10	SCIMAGO journal rank, Google Scholar journal rank, Clarivate analytics, CiteScore	Annual	100%
Submissions from ' <i>Eurosurveillance</i> ' countries	Submissions received from 32 of 36 countries represented by an advisor on the journal's editorial board	Submission from minimum 20 countries	<i>Eurosurveillance</i> submission system	Annual	100%
Use of ECDC scientific outputs: - access to ECDC scientific outputs (number of citations) - impact factor of ECDC articles in peer-reviewed journals	52.42 10.83	>20 in the five years following publication >5	Journals	Annual	61.12 9.72
EU research and innovation engagement	Report on knowledge gaps and research priorities in respect of COVID-19 prevention and control, as perceived by experts working at ECDC, in national public health institutes, and in other ECDC collaborating partner organisations.	Knowledge gaps and research priorities identified for at least two topic areas	ECDC content/outputs/ reports	Annual	Literature review and stakeholder consultation on knowledge gaps for Public Health action against 1) <i>Legionella</i> and 2) infectious disease risks from blood transfusion completed in 2024. Final reports in production.

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2024
Number of media clippings and media requests	24 460 clippings 471 requests	10% increase	Media monitoring report from external contractor, requests received on the press inbox	Annual	55 515 clippings 382 media requests (42% increase compared with 2023)
Website statistics: - page views, - website sessions, - document downloads, returning visitors.	45 157 11 22 677 30 2 473 47 40%	10% increase 7% increase 7% increase at least 40%	Google analytics	Annual	Page views: 8 647 708, +64.5% Website sessions: 4 071 258, +76% Downloads: 488 018 (105% increase)
Stakeholder engagement: Number of actions in which communication stakeholders are engaged: - NFP meetings - meetings ahead of European Antibiotic Awareness Day - digital and on-site events/visits, information stands.	One NFP meeting 10 meetings with stakeholders Five events/visits	One At least eight At least three	ECDC website, Information Centre, EAAD statistics	Annual	Five press conferences, one media visit, four study visits, four info stands, 10 meetings with stakeholders two digital events, NFP meeting postponed to early 2025.
Social media statistics: - Twitter followers for the ECDC corporate account, - Twitter followers for the outbreaks account, Followers on Facebook	105 764 25 881 273 361	20% increase	Social media channels	Annual	Twitter followers for ECDC_EU: 101 550 (-2 972), ECDC Outbreaks: 24 894 (-801), Facebook followers: 296 849 (+23 640)
Communication campaigns	Eight	At least five	ECDC website	Annual	Five major communication campaigns and four minor campaigns
Audio-visual content	201 outputs	3% increase	Social media and ECDC website	Annual	More than 236 outputs, including more than 120 infographics and 116 videos (91 on YouTube and 25 internal), plus 11 podcast episodes

Strategic objective 2. Provide relevant, reliable and timely information and science-based recommendations to enable evidence-informed decision-making at national and EU-level

2.1 Surveillance: provide timely information and robust evidence through surveillance and monitoring

Throughout 2024, the Centre continued its 24/7 threat detection and assessment efforts using both indicator-based and event-based surveillance. Monitoring included traditional and social media, supported by manual and electronic approaches, including the Epidemic Intelligence from Open Source (EIOS) tool. This was complemented by the increased use of EpiPulse events by Member States and integration of indicator-based surveillance data in situational awareness, enhancing the effectiveness of epidemic intelligence. Evidence from event monitoring was systematically assessed, integrating data from scientific literature, indicator-based surveillance, and inputs from relevant partner agencies.

In the summer of 2024, ECDC monitored two major mass gathering events, the UEFA European Football Championships in Germany, and the Paris Olympic and Paralympic Games. In collaboration with national public health institutes in Germany and France, this monitoring reduced the burden on local teams by facilitating the effective sharing of public health information related to the events. A dedicated dashboard with information on detected signals was established for the Paris Games, available to EpiPulse users.

Through its surveillance activities, the Centre continued to support and inform public health authorities across more than 60 communicable diseases in all 27 EU Member States and two EEA countries (Iceland and Norway). Focus was placed on improving data quality, timeliness of data collection and reporting, and the comprehensiveness of surveillance reports. Key activities included the promotion of molecular surveillance, strengthening of whole genome sequencing (WGS), infrastructure and training, and enhancing the accessibility, relevance and usability of surveillance outputs.

Surveillance and epidemiological reports

In 2024, ECDC regularly updated key surveillance tools, including the Surveillance Atlas of Infectious Diseases, dashboards, and geographical maps, to communicate the latest data on AMR in Europe, VPDs, and other priority health issues. The Centre continued to update surveillance data and publish reports on measles, rubella, diphtheria, polio, West Nile Virus and AMR. For details on surveillance reports and outputs referenced in subsequent paragraphs, please refer to Annex 10¹⁰.

ECDC produced several key surveillance reports, including Annual Epidemiological Reports on all notifiable diseases in the EU/EEA, as well as enhanced reports on various diseases, both independently and in collaboration with partners such as EFSA, the European Environment Agency and WHO's Regional Office for Europe. In partnership with EFSA and EMA, ECDC co-published a joint summary on AMR surveillance data in Europe with WHO's Regional Office for Europe and produced the fourth joint inter-agency report (JIACRA IV) on antimicrobial consumption and resistance in bacteria from humans and food-producing animals in the EU. ECDC also collaborated with EFSA on the production of surveillance reports on zoonotic diseases (the EU Summary Reports on zoonoses) and on AMR in zoonotic and indicator bacteria from humans, animals and food.

In relation to respiratory viruses, and in collaboration with WHO's Regional Office for Europe, ECDC produced several important reports, including weekly updates on influenza, COVID-19 and RSV. An epidemiological update was published in December 2024, which assessed the seasonal respiratory virus situation in the EU/EEA during the winter season. ECDC also actively engaged with Member States to improve surveillance of respiratory viruses, for severe acute respiratory infections (SARI) and RSV. A specific focus was placed on the improvement of Severe Acute Respiratory Infection (SARI) reporting and indicators of severe respiratory viral disease to TESSy.

ECDC conducted a survey on seasonal influenza vaccination recommendations and coverage rates in EU/EEA countries during the 2023–24 season, also analysing trends in vaccination coverage for 2021–22, 2022–23, and 2023–24. In addition, the Centre released three reports on COVID-19 vaccination coverage in the EU/EEA for the 2023–24 season campaigns, including two interim reports and one final analysis, providing an overview of COVID-19 vaccine coverage from 1 September 2023 to 31 July 2024.

¹⁰ ECDC reports are available on the Centre's website. Each report has a landing page with a brief summary, and a link that opens the report so it can either be read in the browser or downloaded.

ECDC produced quarterly reports with updates on avian influenza in collaboration with EFSA.

In cooperation with WHO's Regional Office for Europe, ECDC published joint surveillance reports for HIV/AIDS and TB in 2024.

Annual surveillance data were used for World AIDS Day and World TB Day communication campaigns. To improve HIV surveillance, ECDC conducted a survey of HIV surveillance systems in EU/EEA countries, with results expected in 2025. A working group on TB surveillance was also convened to align EU/EEA surveillance with WHO guidance, and the work is continuing in 2025.

The Centre also collected national vaccination data for mpox, although this data was not made publicly available.

The Centre also updated its monitoring data on progress toward the SDG target for HIV, and prepared for the first collection of STI, hepatitis and TB data. Reports on HIV in migrant populations, the continuum of HIV care, and hepatitis B and C prevention were published. In partnership with the European Cancer Inequalities Registry of the European Commission, ECDC co-published a factsheet on liver cancer inequalities and viral hepatitis in Europe and published the results of the first survey on HIV stigma in the healthcare setting.

In May 2024, ECDC published the third Point Prevalence Survey (PPS) on HAI and antimicrobial use in European acute care hospitals (2022–2023). The Centre also continued developing structure and process indicators for IPC and antimicrobial stewardship in long-term care facilities, which will be published in 2025.

The Centre continued monitoring and strengthening the epidemiological and laboratory surveillance of VPDs, with renewed efforts to improve quality of reporting and continued investment in supporting the implementation of the WGS strategy. The VPDs under surveillance were the pilot for the launch of EpiPulse cases in 2024.

ECDC continued to implement its strategic framework¹¹ to support the use of genomic surveillance across all disease areas, enhancing pathogen monitoring at EU-level.

ECDC produced quarterly reports with updates on avian influenza in collaboration with EFSA.

European Union Reference Laboratories (EURL)

In 2024, ECDC continued its work on the implementation of EURL to enhance public health microbiology capacity across EU/EEA countries. Together with the European Commission, ECDC initiated the establishment of six EURLs, three of which are set to begin operations in January 2026. These initial EURLs will focus on 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. The remaining three EURLs, focusing on food- and water-borne bacteria, and food-, water-, and vector-borne helminths and protozoa and food- and water-borne viruses.

ECDC also worked with WHO's reference laboratory network to provide technical support to public health laboratory networks across the EU and to EU enlargement countries. This support included External Quality Assessment (EQA) exercises, training and capacity-building activities. ECDC also continued to offer sequencing support to Member States and other partner countries. Sequencing was performed for 1 800 samples of *Campylobacter* spp. and *Salmonella enterica* to support surveillance objectives, and 1 200 samples of SARS-CoV-2 for post-pandemic surveillance purposes. In addition, sequencing services were provided to support investigations into specific events for over 100 samples of *Klebsiella pneumoniae*, *Listeria monocytogenes*, mpox and *Neisseria meningitidis*.

ECDC continued its efforts in AMR through the continued implementation of the EURL for AMR (EURL-PH-AMR). In support of the strategic framework, ECDC reported on the emergence of *Escherichia coli* ST131 carrying carbapenemase genes and launched a genomic-based survey of carbapenem-resistant *Acinetobacter baumannii* in Europe. In collaboration with EFSA, ECDC conducted routine analysis of WGS data for foodborne pathogens and AMR indicators, ensuring the timely detection of and response to cross-border foodborne outbreaks using a One Health approach.

In 2024, the first EURL for Legionnaires' disease was nominated. A protocol for EU/EEA genomic surveillance was produced, shared and discussed with Member States' representatives at the European Legionnaires' Disease Network meeting. ECDC also conducted continuous, near real-time surveillance for Traveler-Associated Legionnaires' Disease (TALD).

In the area of respiratory viruses, ECDC continued to provide support for influenza, SARS-CoV-2 and RSV surveillance through training opportunities for Member States, including wet lab external quality assessments (EQAs), bioinformatic ring trials, and twinning opportunities. Virological analysis of data was regularly undertaken in TESSy. For VPDs, preparatory work was conducted to implement the EURL for diphtheria and pertussis. In addition, WGS surveillance for meningococcal disease was implemented, with monthly reports published on EpiPulse. Bioinformatics training was also provided to support VPD diagnosis.

¹¹ ECDC strategic framework for the integration of molecular and genomic typing into European surveillance and multi-country outbreak investigations 2019-2021 <https://www.ecdc.europa.eu/sites/default/files/documents/framework-for-genomic-surveillance.pdf>.

ECDC published the results of gonorrhoea AMR surveillance and performed EQA for *Neisseria gonorrhoeae* antimicrobial susceptibility testing. To support TB diagnosis and susceptibility testing, ECDC organised the annual meeting and capacity-building workshop for the EURL-TB.

Throughout the year, ECDC organised webinars to share knowledge on emerging pathogens, such as vibriosis, diagnostic and laboratory surveillance of mpox, Crimean-Congo haemorrhagic fever, and WGS for food safety. The Centre also continued to help strengthen microbiology capacity in Member States by addressing gaps identified through the EULabCap indicators and EQA schemes. Efforts focused on improving the rapid communication of laboratory-based information for surveillance and alerts.

Collaboration with networks and coordination committees

In 2024, ECDC enhanced its collaboration with Member States through disease and laboratory networks and their coordination committees. The disease networks cover the main areas of disease activity at ECDC, details can be found [here](#). In 2024, the Centre coordinated annual meetings of the disease networks (in some cases together with WHO's Regional Office for Europe) and convened them for the networks and network coordination committees jointly. Working groups were also created to advance disease-specific surveillance objectives.

The Centre hosted additional network meetings throughout the year, for example, on the epidemiological and virological surveillance of respiratory viruses, and joint webinars with EFSA on the surveillance data of avian influenza with a One Health approach.

Epidemic intelligence activities were further developed through the establishment of the Epidemic Intelligence Network, with its inaugural meeting held in Rome in May 2024.

2.2 Public health evidence and recommendations: provide science-based advice and recommendations through public health expertise

ECDC continued to deliver independent, scientific advice on communicable disease prevention and control measures through expert opinions, public health guidance, technical reports, systematic reviews, and scoping reviews. For details pertaining to published outputs, please refer to Annex 10¹².

In 2024, ECDC published a risk assessment on the emergence of hypervirulent *Klebsiella pneumoniae* ST23 carrying carbapenemase genes in EU/EEA countries, and delivered an EFSA/ECHA/EMA/ECDC/European Environment Agency + JRC joint scientific report on the impact of azole fungicide usage, other than as human medicine, on the development of azole-resistant *Aspergillus* spp. In collaboration with EFSA, ECDC produced public health risk assessments (rapid outbreak assessments) on cross-border foodborne threats, following outbreaks of *Salmonella enteritidis* infections linked to egg consumption and *Salmonella* Strathcona infections associated with tomato consumption. Additional risk assessments were conducted for Oropouche virus disease cases imported to the EU and the Marburg virus disease outbreak in Rwanda.

ECDC contributed to, or led several peer-review publications, covering topics such as airport and luggage (Odyssean) malaria in Europe, the spatial relationship between leishmaniases and sand flies in Europe and neighbouring countries, continued circulation of mpox, an epidemiological and phylogenetic assessment, European Region (2023–2024), the potential emergence of Japanese encephalitis in the EU, and streamlining malaria prevention recommendations for travellers.

In vector-disease control, ECDC organised a consultation on *Aedes*-borne diseases in April 2024 and initiated a guidance document on their surveillance, prevention, and control.

The Centre continued its role in the Climate and Health Observatory, providing scientific advice and steering the agenda.

With regard to respiratory viruses and avian influenza, ECDC collaborated with EFSA and, in March 2024 published a report on options for public health measures. The two agencies also produced a report on how to manage an avian influenza outbreak affecting both humans and animals. A scientific opinion reviewing evidence about genomic evolution of avian influenza viruses and the risk of adaptation to humans was also published, providing One Health recommendations on public health measures to be implemented to reduce the risk of avian influenza using a One Health approach. ECDC provided regular risk assessments for the risk posed by avian influenza, both as part of the quarterly joint ECDC/EFSA avian influenza monitoring reports and on an ad-hoc basis (e.g. avian influenza in cattle in the USA). Systematic literature reviews produced in 2024 included the impact of COVID-19 vaccination on risk and duration of post COVID-19 condition; the impact of respiratory virus co-infection on COVID-19 disease severity; diagnostics for Legionnaires' Disease; and sero-epidemiological studies of avian influenza viruses in humans.

¹² ECDC reports are available on the Centre's website. Each report has a landing page with a brief summary, and a link that opens the report so it can either be read in the browser or downloaded.

ECDC advanced work on STIs and viral hepatitis, publishing a systematic literature review on STI prevalence in Europe and studies on the prevalence of chronic hepatitis C and B infection. The Centre supported several EU/EEA countries in conducting hepatitis C serosurveys to yield new population estimates.

An expert advisory group was created in 2024 to provide public health recommendations on the use of doxycycline for post-exposure prophylaxis (doxyPEP) for STIs. This group will continue its work during 2025, with a forthcoming opinion on public health considerations for the use of doxyPEP in the EU/EEA. ECDC also continued its work on HIV care standards, focusing on testing, PrEP, antenatal screening, co-morbidities and antiretroviral treatment, with publications planned for 2025.

To enhance the microbial safety of substances of human origin (SoHO), ECDC published a comprehensive systematic review identifying risk factors for a *Trypanosoma cruzi* infection in non-endemic countries and a report on the risk of tick-borne encephalitis virus transmission through SoHO (see Annex 10). ECDC also included assessments of SoHO risks and relevant response recommendations in ECDC rapid risk assessments.

For vaccine-preventable diseases, ECDC provided public health advice on immunisation, including a Threat Assessment Brief on measles and a risk assessment on pertussis resurgence in the EU/EEA. The Centre also provided an updated risk assessment and rapid scientific advice on public health measures for mpox clade 1b in Africa during 2024, along with an overview of vaccine deployment in the EU/EEA for the European Commission.

In 2024, ECDC continued to carry out vaccine effectiveness studies on COVID-19 and influenza vaccines, through the Vaccine Effectiveness, Burden and Impact Studies (VEBIS) project and as part of the Vaccine Monitoring Platform (VMP) with EMA. As part of the VEBIS project, several studies on vaccine effectiveness against SARS-CoV-2 and influenza were published on ECDC's website, or in peer-review journals. These studies were carried out in different settings, such as hospitals and primary care, and in different study populations (general population, healthcare workers and hospitalised individuals).

By maintaining a strong scientific foundation in public health decision-making, ECDC continued to provide timely, evidence-based recommendations throughout 2024, ensuring informed and effective responses to emerging health threats.

2.3 Digital solutions for surveillance: provide support in adapting, adopting and exploring new technologies

In 2024, EpiPulse Cases went live with the collection of vaccine-preventable disease surveillance data from 2023, marking the beginning of its phased replacement of The European Surveillance System (TESSy) over the next two years. ECDC also expanded electronic health record-based surveillance, adding STIs to its existing monitoring of SARI and bloodstream infections. The first e-health-based surveillance network meeting was held in September to support this transition.

ECDC successfully completed its pilot of the European Health Data Space (EHDS), demonstrating the feasibility of federated data query and analysis through EHDS infrastructure using AMR data from Belgium, Croatia and Finland.

In 2024, EpiPulse Events continued to be further developed through the ECDC surveillance portal for infectious diseases. This included the implementation of interoperability with the Early Warning and Response System (EWRS) which allows the sharing of daily and weekly CDTR, as well as situational awareness on events under monitoring across the two platforms. In addition, work started on improving the user experience for the EpiPulse platform, including its functionality to allow direct communication between users within the platform. This functionality will be implemented in 2025. Furthermore, ECDC initiated the planning and design of an open source EpiPulse-like solution for Member States as a first step to offer a global solution for event-based surveillance. This project, entitled Epi+, has garnered significant interest from several Member States, and it will continue until 2026. Following interest expressed by Member States, an intersectoral team initiated regular contact with a handful of Member States regarding a pilot in 2025 building on the experience of EpiPulse Events. During 2024, six pilot countries and four observers were identified and the high-level requirement gathering was initiated. Development will take place in 2025 based on an open-source system (DHIS-2) with piloting scheduled for 2026. Given its open-source technology, the system will benefit the global event-based surveillance community.

Collaborating with WHO and the Norwegian Institute of Public Health, ECDC began developing a digital solution (mobile app) to support EU/EEA countries in monitoring hand hygiene compliance through direct observation.

ECDC also supported the European Commission in defining suitable surveillance projects eligible for EU4Health funding through national grants, with the call for applications closing in February 2024.

Epidemic intelligence operations were further strengthened by transitioning from the open-source system to the epidemic intelligence system as the primary media aggregator tool. Automation of event detection and the role of AI were further explored in 2024, with the preparation of an outsourcing framework for broader implementation.

The ECDC Crowd platform continued to pilot crowdsourcing to support evidence synthesis, with potential applications in epidemic intelligence and foresight activities under assessment.

Strategic objective 2. Performance indicators

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2024
Stakeholder satisfaction with daily and weekly Communicable Disease Threat Reports (CDTR)	Weekly CDTR: all indicators rated as good or excellent by 100% Daily CDTR: all indicators rated as good or excellent by 100%, except timeliness(86%)	80%	Stakeholder survey	Biennial	All indicators rated as good or excellent by 100%.
Timely publication of updated surveillance data in the Surveillance Atlas	13% of diseases within three months 74% within five months	In all, 80% of diseases within three months of end of data collection	Surveillance Atlas	Annual	15% of diseases within three months 83% within five months
Efficiency: proportion of ECDC scientific outputs delivered and external requests for scientific input replied to within agreed deadlines	N/A	100%	SARMS, Chrono, and similar request management systems	Annual	Not measurable in 2024.
Accessibility: proportion of ECDC scientific manuscripts published as golden standard open access	98%	100%	Publication databases, SARMS	Annual	94% (98.1% for all ECDC outputs)
Proportion of requests for sequencing services from Member States delivered	100%	100%	Requests received in PHF by DPR	Annual	50% (2/4)
Comprehensiveness of eHealth-based surveillance implementation	16 countries conducting eHealth-based surveillance of SARI, 18 countries working with BSI	One additional disease from the group of STIs	Project manager, content of specific contract, contract deliverables	Annual	An additional disease (gonorrhoea) was added, and 10 countries agreed to participate from 2024.
EpiPulse cases (EpiPulse cases rolled out as per plan)	EpiPulse Cases not launched yet	Diseases included, as per plan	EpiPulse cases	Annual	EpiPulse Cases launched for vaccine-preventable infections
Use of EpiPulse (number of posts uploaded to the platform)	192 per month (median)	Annual increase in number of posts by 5%	EpiPulse focal point	Annual	181
Percentage of diseases with integrated operational WGS surveillance schemes, as per strategic framework and annual planning	WGS operational for 60% of diseases	60%	EpiPulse	Annual	50%
Introduction of AI in epidemic intelligence processes	N/A	One AI process per year	Epidemic Intelligence group	Annual	Application developed to facilitate transcription and translation of text from images and videos

Strategic objective 3. Support the development of plans, systems and capacities for prevention, preparedness and control of communicable diseases and related special health issues at national and EU level

3.1 Prevention and control: provide support for countries to strengthen their programmes and systems to prevent and control communicable diseases and related special health issues

Targeted country support

In 2024, ECDC continued working closely with EU/EEA Member States through the ECDC Coordinating Competent Bodies (CCBs) and the national coordinators to enhance knowledge and align targeted country support with ECDC's annual planning cycle. ECDC established an integrated approach and process to support a coherent and coordinated overview. An internal procedure on ECDC's integrated approach for targeted country support was adopted in July 2024. Furthermore, the Country Overview Dashboard was released to nominated Member State users, who provided feedback on the data points. Based on their feedback and ECDC's core work developments, the dashboard was updated, and ongoing maintenance work will continue.

Country missions

In 2024, the corporate country mission report form and a central repository was established at ECDC, which contributed to information sharing on missions. Work continued on the establishment of a consolidated annual country mission programme, which included all country missions undertaken by the Director, following an invitation from a country or dialogue between ECDC and the country experts. This work will be taken forward during 2025.

EU funding opportunities for Member States

ECDC published a list of funding opportunities entitled 'European Commission funding opportunities in support of Health' which is updated regularly. The list provides an overview of EU funding sources to assist EU/EEA countries with the identification of suitable financing that may cover communicable diseases. The document was presented to the AF in September 2024 to raise awareness of existing opportunities and to facilitate navigation through the funding website of the EU.

Social and behavioural aspects of disease prevention

ECDC has continued to address social and behavioural aspects of the prevention and control of communicable diseases. Specific 2024 outputs and activities are detailed below.

ECDC published the [ECDC framework for prevention of communicable diseases and related special health issues](https://www.ecdc.europa.eu/en/publications-data/ecdc-framework-prevention-communicable-diseases-and-related-special-health-issues)¹³, which sets out a vision for strong, effective and evidence-based prevention of communicable disease in the EU/EEA. As per ECDC's extended mandate, the framework broadens ECDC's approach to prevention (building on the agency's historical biomedical, microbiological and epidemiological expertise) to include the social and behavioural sciences, health promotion, health literacy, health education, behaviour change and to address socio-economic risk factors. A key initiative of the framework was the development, piloting and launch of the [ECDC Lighthouse](https://prevention.ecdc.europa.eu/public-home)¹⁴ at ESCAIDE 2024, an EU-wide online community of practice dedicated to the prevention of infectious diseases through the use of social and behavioural sciences. Membership of the Lighthouse is open to professionals in public health authorities, universities and research institutions, and civil society and community-based organisations from all EU/EEA countries. The platform provides an online space for support including networking and the exchange of good practices, as well as trainings and other learning opportunities. By December 2024, ECDC had conducted one informal training event and four webinars on health literacy; social and behavioural science in action; trust in public health; and promoting vaccination acceptance and uptake. The ECDC Lighthouse currently includes around 200 verified members with geographical coverage from across the EU/EEA.

¹³ <https://www.ecdc.europa.eu/en/publications-data/ecdc-framework-prevention-communicable-diseases-and-related-special-health-issues>

¹⁴ Lighthouse: A Community of Practice by ECDC: <https://prevention.ecdc.europa.eu/public-home>

ECDC also convened two social and behavioural science training courses for public health professionals in Ukraine on [addressing HIV/TB-related stigma and informing vaccination campaigns for Ukrainians living in Ukraine and neighbouring EU countries](#). In addition, the Centre conducted a three-day qualitative research module for the EPIET fellows and contributed to the ECDC Observership and the ECDC/Europol Bio-risk Awareness and Mitigation training course.

Close engagement with WHO's Regional Office for Europe remained a priority, with a joint publication on [country experiences of applying behavioural and cultural insights to health: qualitative baseline study](#). Collaboration with the European Commission's JRC resulted in the publication of a policy brief on [embedding the findings from social and behavioural sciences into public health policymaking](#). ECDC is represented on the Advisory Board for the Cultural, Behavioural and Media Insights Centre (CUBE) at THL in Finland and the Advisory Board for EU-JAMRAI 2. Several presentations were delivered on the role of social and behavioural science in infectious disease prevention and control in other fora, such as Africa CDC, Japan CDC, the International Federation of the Red Cross, and the European Directorate for the Quality of Medicines (EDQM).

One Health initiatives

In May 2024, ECDC's One Health Task Force published the [ECDC One Health Framework](#)¹⁵, outlining how the Centre will strengthen, develop and implement the One Health approach in its activities. The Framework has three strategic objectives at EU level, focused on effective coordination mechanisms and collaboration at EU level; and three strategic objectives for supporting the Member States in surveillance, risk assessment, preparedness and capacity building.

The Cross-agency One Health Task Force (ECDC, EMA, EFSA, European Environment Agency and ECHA) formally established at the end of 2023, initiated its operational collaboration with development and publication of the joint One Health Framework for Action (2024–2026). ECDC leads on strategic objective 4 of the Framework's five strategic objectives which is dedicated to One Health Stakeholder engagement and communication. In addition, ECDC co-leads on strategic objective 3: One Health capacity building, together with EFSA. In 2024, ECDC took on the chairmanship of the Cross-Agency One Health Task Force and organised its annual meeting, hosted by EMA.

ECDC has joined several One Health partnerships, including membership of the One Health Partners' Forum of the Quadripartite (WHO, World Organisation for Animal Health (WOAH), UN Food and Agriculture Organisation (FAO), United Nations Environment Programme (UNEP)) and participated in the first One Health seminar organised by the Forum's European Region. ECDC also became a member of the European One Health Association (EOHA), consisting of 33 organisations from 18 countries, to ensure dissemination of One Health European Joint Programme (EJP) results, and participated in the kick-off meeting in September 2024. ECDC is also one of the founding partners of the Global Laboratory Leadership Programme (GLLP) and further contributed to the development of the programme and hosted the annual GLLP partners meeting at ECDC in November.

Capacity-building efforts were undertaken through the organisation of a MediPIET One Health module, the ECDC winter workshop, and participation in the consultation workshop on competencies for One Health prevention and preparedness and One Health workforces across the pan-European Region. ECDC also conducted interviews with EU/EEA Member State experts, to identify enablers and barriers to intersectoral collaboration, and discuss their ideas on policies at national level and expectations for country support to facilitate One Health implementation.

Strengthening Member State capacities

ECDC supported Member States in strengthening their capacity on prevention related to disease areas that are considered to be priority at national level.

In the area of AMR and HAI, as part of its efforts to support Member States in strengthening capacity and knowledge in IPC, ECDC continued organising a virtual course 'Control of Multi-Drug-Resistant Micro-organisms (MDRO) in Healthcare Settings' (5, 8, 12, 15 November 2024). To strengthen EU/EEA country capacity in IPC, ECDC continued its collaboration with the European Committee on Infection Control (EUCIC) to organise an advanced training module on surveillance of HAIs as part of the European Certificate on Infection Prevention and Control (24–27 January 2024). ECDC also started work on the development of EU IPC guidelines, at the request of the European Commission.

With regard to the Section STI, blood-borne viruses and TB, several activities were organised to support Member States with the prevention and control of the diseases targeted by the SDGs. These activities included face-to-face workshops, (online) training courses, exchange visits and webinars. Further targeted support was provided in response to country requests to carry out a mid-term review on a national sexual health strategy (Germany) and to review the HIV surveillance system (France). During 2024, ECDC also organised a webinar and two one-day online training courses for National Focal Points (NFP) to increase the accessibility and capacity of EU/EEA countries of implementing the ECDC-EUDA guidance on prevention of infections among people who inject drugs (published at the end of 2023).

The toolkit on hepatitis elimination in prison settings was also finalised in close collaboration with EUDA and will be available on ECDC's website in 2025.

¹⁵ <https://www.ecdc.europa.eu/en/publications-data/ecdc-one-health-framework>

In 2024, ECDC worked on the development of technical guidelines on the prevention of donor-derived transmission of communicable diseases through SoHO in the EU for the infectious diseases HIV, hepatitis, and syphilis. The HIV guidelines were reviewed by the SoHO network, and a revised version was developed for external review. The drafting of the hepatitis guidelines is ongoing. ECDC organised two face-to-face SoHO network meetings: the first meeting of the organs sub-network, and the second meeting of the blood sub-network.

Vaccine-related activities

ECDC reinforced scientific exchanges with the NITAG collaboration network, in close collaboration with DG SANTE and HaDEA, by providing technical support to NITAGs in generating scientific reviews that inform national decision-making on priority questions related to new vaccines or vaccination strategies. Two systematic reviews were published in 2024, one on [efficacy, effectiveness and safety of newer and enhanced seasonal influenza vaccines](#), and the other on [efficacy, effectiveness and safety of HPV vaccination in women with conisation](#). Two systematic reviews, one on RSV vaccine and another on pneumococcal vaccine 15 valent, have been accepted for publication. ECDC also organised the NITAG annual meeting in November 2024.

ECDC also focused on vaccine acceptance, behavioural insights and misinformation, publishing a report in 2024 on effective communication around the benefit and risk balance of vaccination in the EU/EEA¹⁶.

Laboratory support

ECDC continued laboratory support for the different pathogens included in the list of notifiable diseases in EU/EEA, collaborating closely with the National Reference Laboratories, to improve their capacities in the detection and analysis of micro-organisms using different diagnostic methods. EQAs were performed for *Listeria*, *Salmonella*, STEC and *Aedes*-borne dengue, Zika, and chikungunya, yellow fever and Japanese encephalitis viruses. Laboratory support for influenza, SARS-CoV-2 and RSV was outsourced through the Aurorae consortium, with virological analysis of the data regularly provided in TESSy.

A protocol for EU/EEA genomic surveillance of Legionnaires' disease was produced and shared and discussed with Member States' representatives at the European Legionnaires' Disease Network meeting in October in Dresden.

ECDC published the results of gonorrhoea AMR surveillance and performed an EQA for *Neisseria gonorrhoeae* antimicrobial susceptibility testing. To support quality and up-to-date diagnosis of tuberculosis and susceptibility testing, the Centre organised the annual meeting and large capacity-building workshop of the European Reference Laboratory Network for Tuberculosis.

3.2 Preparedness and response: provide support to countries and the Commission for preparedness planning, risk assessment and outbreak response

In 2024, ECDC played a key role in supporting the European Commission/DG SANTE with the analysis of the questionnaire on the prevention, preparedness and response planning under Article 7, submitted by EU/EEA countries in December 2023. This led to the development of a comprehensive report. ECDC also completed the first cycle of Public Health Emergency Preparedness Assessments (PHEPA) for EU/EEA countries, with seven PHEPA missions conducted in Belgium, Estonia, Finland, Luxembourg, Malta, Spain and Sweden. These missions, involving 10 or more experts from ECDC, DG SANTE, DG HERA, WHO and an EU Member State, assessed 16 preparedness capacities to identify best practices and provide recommendations to strengthen both national and EU preparedness for public health emergencies.

In relation to the EUHTF, ECDC established the EUHTF Advisory Group, comprising experts from six Member States, four European Commission Directorates-General (DG SANTE, the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO), HERA and the Directorate-General for Research and Innovation (RTD)), one representative from EMA, two representatives from WHO (WHO's Regional Office for Europe and the Global Outbreak Alert and Response Network (GOARN)), one representative from the European Public Health Association (EUPHA), and one from an NGO (Médecins Sans Frontières). The group met four times in 2024 and provided guidance on EUHTF's technical, operational, and administrative progress. EUHTF supported 13 assignments, including nine in EU countries and four in response to emergencies in the Middle East and Sub-Saharan Africa, deploying 13 experts.

ECDC continued to enhance the EWRS, based on the needs of the European Commission and Member States. A mechanism was developed to improve data exchange and complementarity between EWRS and EpiPulse. Launched in 2021, EpiPulse was extensively used for data collection and expert exchange during disease outbreaks. Its maintenance and enhancement remained a priority, with ECDC experts collaborating closely with stakeholders. In

¹⁶ <https://www.ecdc.europa.eu/en/publications-data/effective-communication-around-benefit-and-risk-balance-vaccination-eueea>

addition, the WGS module was integrated into EpiPulse, and training courses were provided to Member State experts. Preparations were made to improve user-friendliness and design for 2025.

ECDC also worked on further developing SOPs and a new PHE Management tool to align with the updated ECDC PHE plan. ECDC's close collaboration with WHO Regional Office for Europe led to the establishment of European EOC-NET in 2024, supporting Member States in enhancing their Emergency Operations Centres (EOCs) or other emergency mechanisms to improve coordination and response to public health crises.

ECDC published several rapid risk/outbreak assessments to aid Member States and the European Commission in their preparedness and response to public health events. A total of eleven rapid risk assessments and threat assessment briefs were published in 2024, on mpox clade I, Marburg, Oropouche and Parvo B19 viruses and VPD, while four were joint ECDC/EFSA rapid outbreak assessments as part of the 'One Health' approach in response to cross-border foodborne threats.

Several literature reviews related to emergency preparedness and response were initiated and/or completed in 2024. These covered ongoing health crises, such as mpox and the provision of support to Africa CDC, preparedness for mass gatherings in advance of the 2024 Summer Olympic Games, a forthcoming update of ECDC risk assessment guidelines for infectious diseases transmitted on aircraft (RAGIDA), doxycycline prophylaxis as an intervention to prevent bacterial STIs in at-risk populations in the EU/EEA, monitoring and adherence to public health and social measures, workforce capacity, impact of heatwaves and flooding on infectious diseases, and adaptation and preparedness strategies to address the impact of climate change on infectious disease.

A new guidance document 'Public health and social measures for health emergencies and pandemics in the EU/EEA', was published in 2024, outlining key issues regarding public health and social measures and recommendations based on consultations with experts and ECDC stakeholders. The guidance aims to help public health institutions identify priority areas and emphasise the continued work needed related to monitoring and outbreak related research. At the Pandemic Preparedness Meeting in Rome (3–4 December 2024), a scenario-driven group discussion emphasised the potential application of public health and social measures during emergencies and underscored the need for clear decision-making.

ECDC also delivered multiple training courses, workshops, and a simulation exercise to support public health professionals in the EU/EEA and European Neighbourhood Policy partner countries in the context of the Epidemic Intelligence Initiative on Health Security. In November 2024, in collaboration with Europol and the Greek Police, ECDC organised a training course entitled 'Biorisk awareness and mitigation' in Athens for representatives of EU/EEA countries, the Western Balkans and Türkiye.

In collaboration with the National Institute of Public Health of Serbia and other experts, ECDC delivered a One Health module for two MediPIET cohorts in Belgrade at the 'Dr Milan Jovanović Batut' Institute of Public Health in Serbia in June 2024 (26 fellows and several nominated participants from MediPIET countries as well as local public health staff from the institute).

ECDC is developing a new training programme 'Public Health Preparedness and Response (PHPR)' under the framework contract 'Emergency preparedness and response training for workforce capacity building' signed in 2024. Under work package 1 (signed May 2024), the project plan, training curriculum and training materials were developed ahead of the first cohort in February 2025 (with four more cohorts planned over next two years). The course consists of 112 hours of planned activities over a four-month period and will cover all aspects of the preparedness cycle, using a mixed methods approach and expects to train up to 150 individuals over the duration of the contract.

During the year, ECDC's network of NFPs for Preparedness and Response and the NFPs for Threat Detection, EWRS and International Health Regulations (IHR) were involved in regular webinars, and an annual meeting was jointly organised with WHO's Regional Office for Europe and the IHR focal points for the entire European Region in Sofia in September 2024.

ECDC continued to ensure that lessons are learned from the COVID-19 pandemic through informed revisions to national pandemic preparedness plans and action plans. ECDC and WHO's Regional Office for Europe co-organised a European meeting in Rome in December 2024, bringing together the respiratory diseases and preparedness networks. The meeting enabled the exchange of best practices and challenges faced at national levels to revise pandemic preparedness plans, identified priority areas for follow up in 2025 and beyond, including scenario-based workshop methodology early warning signals, public health and social measures, and medical countermeasures. ECDC organised further preparedness activities, such as a risk ranking expert consultation to prepare for work in 2025, and several simulation exercises, in particular one on avian influenza with two sectors and all EU/EEA countries as well as several Commission Directorates.

In collaboration with EFSA, in December 2024, ECDC coordinated a large simulation exercise on avian influenza preparedness and response with Member States, hosted by the European Commission in Brussels. ECDC and WHO jointly organised a respiratory virus pandemic preparedness meeting in Rome in December 2024 involving the European networks for preparedness and respiratory virus surveillance. In December 2024, an epidemiological update was published with an assessment of the seasonal respiratory virus situation in the EU/EEA during the winter season.

ECDC regularly assesses the characteristics and impact of the circulating SARS-CoV-2 through its internal Strategic Analysis of Variants in Europe (SAVE) group.

In February 2024, ECDC coordinated a large simulation exercise on an outbreak of extensively multi-drug-resistant gonorrhoea. More than 50 experts participated from the STI network, external stakeholders from the International Union against Sexually Transmitted Infections (IUSTI), civil society, WHO's Regional Office for Europe and the US CDC.

In 2024, ECDC deployed staff working in the area of vaccine-preventable disease and immunisation as part of an EU task force/GOARN mission to Jordan to support activities in Gaza. This included an analysis of vaccine coverage data, assessment of the surveillance systems in place, and support for the deployment of an early warning system.

3.3 Training: provide adequate training opportunities for the public health workforce

Coordination of training programmes and the provision of support to Member States, the European Commission, and key stakeholders in public health, lies at the core of ECDC's mandate. In 2024, the Centre consolidated its offer of continuous professional development (CPD) activities and continued to implement the ECDC Fellowship Programme (EPIET/EUPHEM). This included the development and initial roll-out of a revised curriculum, with expanded training in One Health, emergency preparedness and response and social and behavioural sciences. In addition, the Centre continued the implementation of the Mediterranean and Black Sea Programme in Intervention Epidemiology Training (MediPIET), running two cohorts in parallel and offering modules to externally nominated experts from the MediPIET countries.

In 2024, 36 fellows graduated from the ECDC Fellowship Programme (EPIET/EUPHEM), MediPIET and the EPIET-associated programmes. By year end, 86 fellows were enrolled (50 from cohort 2023 and 36 from cohort 2024). The fellowship programmes are made possible through partnerships with public health institutes and laboratories located in EU/EEA countries, where fellows are employed as fully-fledged professionals, learning through service. Fellows contribute to surveillance, response and applied research in field epidemiology and public health microbiology. To maintain and enhance training quality, seven training site visits were conducted in Member States: Slovenia, The Netherlands, Ireland, Germany, Denmark, Latvia and Croatia.

The AF were consulted on the newly developed competency framework and the accompanying curricular revision roadmap which were approved. The revised curriculum, based on this new competency framework, is being implemented, with full integration expected by 2026. The new core and elective components of the curriculum have been well received. The revised introductory course, now partly run in R, includes a new simulated outbreak exercise, expanded surveillance content (covering molecular surveillance and integrated surveillance approaches), and an introduction to expanded competency areas (e.g. One Health, emergency preparedness and response, social and behavioural sciences). The revised introductory course, along with several other training modules, was delivered in collaboration with facilitators from the wide network of supervisors and alumni. In 2024, a new core EUPHEM module on bioinformatics and WGS, along with a core EPIET module on basic phylogeny, were developed and successfully delivered for the first time. Many of the training modules in the ECDC Fellowship Programme were jointly delivered with MediPIET (Table 2).

Information about projects in EU/EEA countries and international assignments carried out under the ECDC Fellowship Programme in 2023–2024 is available on ECDC's website, in the final reports published for each graduating cohort annually¹⁷.

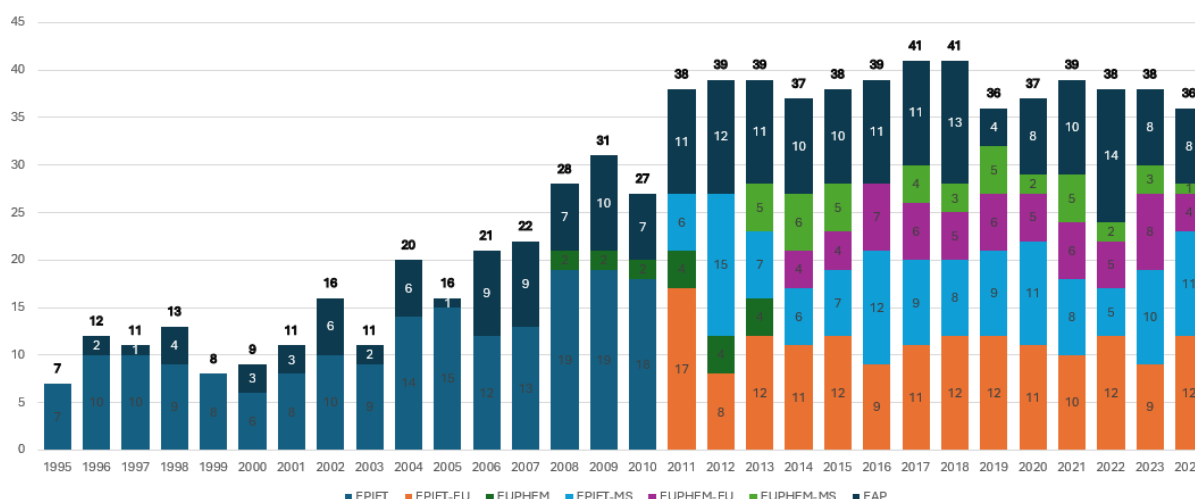
Table 2. Training modules of the ECDC Fellowship Programme and MediPIET in 2024

Module/event	Programme (Cohort)
Qualitative Research module	ECDC Fellowship (C2022, C2023) MediPIET (C5, C6)
Vaccinology	ECDC Fellowship (C2022)
Biorisk and Quality Management	ECDC Fellowship (C2022 & C2023)
One Health and Vector-borne Diseases module	MediPIET (C5, C6)
Whole Genome Sequencing and Bioinformatics	ECDC Fellowship (EUPHEM C2022 & C2023)
Basic Phylogeny	ECDC Fellowship (EPIET C2022 & C2023)
Management, Leadership and Communication in Public Health	ECDC Fellowship (C2022)
Multivariable Analysis	ECDC Fellowship (C2023) MediPIET (C6)
Rapid Assessment and Survey Methods	ECDC Fellowship (C2023) MediPIET (C6)
Project Review module	ECDC Fellowship (C2022, C2023) MediPIET (C5, C6)
Introduction to R	ECDC Fellowship (C2024) MediPIET nominated experts
Introductory Course	ECDC Fellowship (C2024) MediPIET nominated experts
Study Protocol and Scientific Writing	ECDC Fellowship (C2024) MediPIET nominated experts
Time Series Analysis	ECDC Fellowship (C2023) MediPIET (C6)

¹⁷ <https://www.ecdc.europa.eu/en/training-and-tools/training-programmes/fellowships/fellowship-programme-epi-teuphem/about>

MediPIET, a core component of the EU Initiative on Health Security, is implemented in alignment with the ECDC Fellowship Programme (EPIET/EUPHEM). In 2024, the programme had 26 fellows in training, including 15 fellows from Cohort 5 (the graduating cohort) and 11 active fellows in Cohort 6 (who began their training in September 2023). In November 2024, the Cohort 6 fellows graduated alongside the EPIET, EUPHEM and Postgraduate Training for Applied Epidemiology (PAE) fellows. MediPIET operates across 14 training sites in 21 partner countries. In countries without a fellow, nominated participants continued to attend MediPIET modules, fostering further knowledge transfer in a train-the-trainer format. The MediPIET Alumni Network held its second in-person meeting in 2024, providing an opportunity to discuss the ongoing operationalisation of the network and to reflect on and celebrate over 10 years of the programme. Full details can be found under Action Area 4.1.

Figure 8. ECDC Fellowship Programme: number of enrolled participants per cohort, 1995–2024



In 2024, 35 EPIET, EUPHEM and MediPIET fellows undertook 35 international assignments in collaboration with various partners, including GOARN (n=13), ECDC/Epidemic Intelligence (n=10), ECDC/EUHTF (n=4), Médecins Sans Frontières (MSF) (n=3), the Robert Koch Institute (n=3), Santé Publique France (n=1), and Epicentre (n=1). Of these assignments, 25 (71%) required face-to-face deployments, while the remaining (n=10) involved virtual work. Fellows supported outbreak responses for mpox in the Democratic Republic of the Congo (n=5, including one EPIET scientific coordinator), cholera in South Sudan (n=3), Comoros (n=1), Mayotte (n=1), Zambia (n=1) and several other countries (n=1). They also worked on strengthening surveillance systems for arboviruses in *Aedes*, mosquito vectors in Madagascar (n=1), and provided support during crises such as the drought and food insecurity in the Greater Horn of Africa (n=4), the protracted emergency in Myanmar (n=2), and the escalation of violence in Israel and the occupied Palestinian territories (n=1). In addition, fellows participated in epidemic intelligence activities related to mass gathering events, such as the 2024 UEFA European Football Championship and the 2024 Summer Olympics (n=5), and were involved in operational research projects, including surveys and data analysis from India, Guinea, Mali, and the Democratic Republic of the Congo (n=6). Four fellows are currently developing R training materials for Africa CDC.

The National Focal Points for Public Health Training (NFPs) and members of the Fellowship Training Site Forum (TSF) regularly met in 2024 to discuss improvements in collaboration, supervisor support, the use of AI, and curricular revision. Specifically, the NFPs and TSF provided detailed feedback on the final version of the revised curriculum, which was presented to the AF in May 2024. In November 2024, a meeting held at ECDC focused on improving the ECDC Fellowship Programme and strengthening collaboration with training sites, as well as processes related to the organisation of other training activities in Member States, where the NFPs play a crucial role.

In 2024, ECDC continued to offer a wide range of CPD training courses, including both instructor-led and e-learning courses. Many experts and teams at ECDC were involved in the production and delivery of these courses. The ECDC Learning Portal, launched to replace the EVA, aims to enhance user experience with improved features, functionalities and design. The new platform provides a more user-friendly display of courses and training materials, and it also integrates curated training from other organisations to enrich the overall training offer.

The ECDC Learning Portal hosts training activities and materials for ECDC training programmes, including open-access online courses and webinars for invitation-only audiences. The 2024 CPD catalogue covered themes such as disease-specific/disease-related, preparedness and response, public health communication, AMR and HAI, data collection and analysis, scientific methods, microbiology and bioinformatics. Twenty instructor-led courses and 18 webinars were held, including GenEpi-BioTrain on genomic epidemiology and public health bioinformatics, VectorNet webinars, and ECDC capacity-building related to the SDGs. For the first time, One Health training was implemented during the winter workshop 'Contributing to the implementation of a One Health approach to preparedness, response, prevention and control of communicable diseases', with representatives from the animal health, environmental health and public health sectors, and contributions from EFSA, the European Environment Agency, DG SANTE and other stakeholders. A total of 22 e-learning courses were launched in 2024 (four new), and three exchange visits focused on preparedness and response were held in Portugal, Luxembourg and France, with five or six experts per visit.

ECDC public health training also contributed to the World Health Summit 2024, hosted by the WHO Berlin Hub for Pandemic and Epidemic Intelligence, where the Global Field Epidemiology Partnership's work was defined.

In addition, a micro-learning course was developed in 2024 on 'Effective Communication on the Benefits/Risks Balance of Vaccines'.

Strategic objective 3. Performance indicators

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2024
Use of ECDC risk assessments: number of downloads of each RRA and ROA document from ECDC's website within 30 days of publication	Non-PHE Related RRAs in 2022 (8/14): averaged 255 downloads within 30d of their publication	180 downloads within 30 days of publication	ECDC webmaster	Annual	Non-PHE related rapid risk assessments in 2024 (10/11): averaged 873 downloads within 30 days of their publication
Proportion of requests for deployment or remote operational support - in response to cross-border public health emergencies - for which support is provided by the EU HTF to Member States and the European Commission	100% (six requests where support was provided out of six requests received)	80%	Number of requests for a country visit or remote support	Annual	100%
Number of scientific articles of public health relevance published by attendees of the ECDC Fellowship Programme (during and two years after graduation)	244% increase in scientific articles published following the ECDC Fellowship Programme compared to the two years prior to the programme	>50% increase compared to the two-year period before entering the programme.	Bibliometric analysis in PubMed, Scopus (ECDC library).	Annual	244% increase in scientific articles published in the two years following the ECDC Fellowship Programme compared to the two years prior to the programme
Overall satisfaction of participants with CPD training courses	80% of the courses have an average satisfaction rate above 8/10	80% of the courses have an average satisfaction rate above 8/10	Question on the overall satisfaction for each training course	Annual	100% of the courses that had an overall satisfaction question
Satisfaction with the Learning Portal	82% consider the relevance of the Learning Portal to be good or excellent	80%	Stakeholder survey	Biennial	82%
Satisfaction score for the relevance of ECDC's CPD activities	78% consider relevance to be good or excellent	80%	Stakeholder survey	Biennial	78%
Satisfaction score for the timeliness of ECDC's CPD activities	73% consider timeliness to be good or excellent	80%	Stakeholder survey	Biennial	73%
Satisfaction score for the scientific quality of ECDC's CPD activities	82% consider scientific quality to be good or excellent	80%	Stakeholder survey	Biennial	82%
Score of the perceived added value of ECDC's CPD activities for the organisation/country	55% consider added value to be good or excellent	80%	Stakeholder survey	Biennial	55%
Score of the perceived contribution to sustaining and/or increasing the public health services' workforce capacity in the organisation/country of ECDC's CPD activities	55% consider the contribution to increased capacity to be good or excellent	80%	Stakeholder survey	Biennial	55%

Strategic objective 4. Streamline coordination and collaboration with Member States, and other ECDC key partners in the EU and globally

4.1 Coordination and collaboration: ensure seamless coordination of priorities and related actions with ECDC partners and stakeholders

ECDC strengthened its coordination with key EU institutions, global partners and stakeholders to align priorities and policy objectives.

Close cooperation continued with the European Commission (DG SANTE, DG HERA, DG ECHO, DG NEAR, DG INTPA and JRC), the EU External Action Service (EEAS), and EU delegations to support the implementation of the amended ECDC mandate and the provisions of the SCBHT Regulation related to ECDC work, as well as the EU Global Health Strategy.

ECDC actively participated in the Health Security Council meetings, including plenary sessions at director level, general working group online meetings, and technical level working groups on EWRS and preparedness. ECDC made significant contributions to the drafting and consulting for implementing and delegated acts under the SCBTH, covering topics such as the list of diseases under EU/EEA surveillance and their case definitions, the network for epidemiological surveillance, the surveillance platform, the surveillance standards, the EUHTF and the Article 8 preparedness assessment methodology.

In ECDC's disease-specific activities, close collaboration was maintained with the European Commission through weekly coordination meetings and ad-hoc meetings to discuss specific matters or requests and regularly responded to ad-hoc requests by the Commission. ECDC representatives were part of the DG HERA's DURABLE project steering committee and technical meetings with DG HERA were held regularly.

With regard to AMR and HAI, ECDC continued to contribute to the implementation of the 2021–2026 workplan of the Transatlantic Task Force on Antimicrobial Resistance (TATFAR). According to this workplan, ECDC contributes to 11 TATFAR actions, and leads on one (4.3 – Share successes and challenges related to the fight against AMR). The work on this action started in 2023 and will continue in 2025.

Capacity building projects were implemented with funding from DG NEAR for the Western Balkans and Türkiye under the Instrument for Pre-accession Assistance (IPA) and the EU Initiative on Health Security for ENP partner countries and from DG INTPA for the Africa CDC-ECDC partnership.

In response to public health emergencies, ECDC facilitated six deployments for an mpox outbreak in the DRC (29 July–24 December 2024), a two-week deployment to Rwanda for Marburg outbreak (October 2024), and a deployment to Zambia for cholera response (25 March–26 April 2024).

In 2024, regular cooperation, hearings and exchanges of views continued to take place between ECDC and the European Parliament, with the Committee on the Environment, Public Health and Food Safety (ENVI), and its subcommittee on Public Health (SANT). Following the election of a new European Parliament in June 2024, ECDC hosted a delegation of MEPs from the SANT sub-committee to present the Agency in detail, provide insights on how ECDC is implementing its strengthened mandate and discuss future cooperation with the European Parliament and how to support the newly appointed MEPs in their mandate.

ECDC's Director appeared before the newly established ENVI committee on two occasions following her nomination hearing in March. The first was a hearing on mpox in September, alongside representatives from EMA and DG HERA, to discuss the emergence of a new clade of the mpox virus. The second was a joint hearing, together with the Directors of EMA, EFSA, ECHA and European Environment Agency, to present the work of each Agency, and explain how they work together in a One Health approach to meet the needs of European citizens.

ECDC also followed and supported the work of the Council of the European Union by providing updates on ongoing health emergencies and through the active participation of the Director to the EU-Africa Union high-level event under the Belgian Presidency and during the informal Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) meetings of the Belgian and Hungarian Presidencies and related EU Presidency events and conferences.

The Cross-agency One Health Task Force (ECDC, EMA, EFSA, the European Environment Agency and ECHA), established in 2023, launched its operational collaboration with the development and publication of the cross-agency One Health Task Force framework for action (2024–2026), with ECDC leading on strategic objective 4: One Health Stakeholder engagement and communication, and co-leading with EFSA on strategic objective 3: One Health capacity building.

Collaboration with EMA and EFSA continued, while the EASA-ECDC Aviation Health Safety Protocol was phased out in 2024. The ongoing collaboration on flight contact tracing involving WHO's Regional Office for Europe and the International Civil Aviation Organization (ICAO) continued.

Further collaboration with EFSA and the European Commission focused on avian influenza, leading to the production of two comprehensive technical reports (one published), a major scientific opinion, a simulation exercise, and regular quarterly joint surveillance monitoring reports. Steering Committee meetings between ECDC and EFSA are convened regularly and technical meetings between managers and experts have been held frequently on an ad-hoc basis. ECDC also worked with EMA and the European Agency for Safety and Health At Work (EU-OSHA) to provide rapid scientific advice on zoonotic avian influenza vaccines and preventive measures in occupational settings to the European Commission.

Following a request from EFSA, ECDC contributed to the EFSA/BIOHAZ scientific opinion on the 'Current status of the occurrence and spread of carbapenemase-producing Enterobacterales in the food chain in the EU/EFTA. Part 1: 2013-2025' which was due for publication in March 2025.

During the European Health Forum Gastein (24–27 September 2024), ECDC organised a session on a multi-sectoral One Health approach to preparedness. Participant numbers, immediate feedback and post-event evaluations highlighted the session's success in exploring how the One Health approach can improve Europe's preparedness for pandemics and other public health emergencies. It also addressed the impact of cross-sectoral collaboration, research coordination and stakeholder engagement on public health resilience.

ECDC's close collaboration with WHO continued. ECDC's Director attended the 74th session of WHO Regional Committee for Europe. However, the negotiation of both the revised MoU between ECDC and the WHO's Regional Office for Europe and the co-publishing agreement have been delayed and are now foreseen to be concluded in 2025.

Work with WHO's Regional Office for Europe remained extensive, with 82 joint activities covering emergency preparedness, HIV/TB (SBT), respiratory viruses (RVL), AMR and vaccine-preventable diseases and immunisation. In addition, ECDC continued its collaboration with the WHO Hub for Epidemic and Pandemic Intelligence, the WHO European Centre for Preparedness for Humanitarian and Health Emergencies, and WHO's Regional Office for the Eastern Mediterranean.

ECDC continued to collaborate with WHO's Regional Office for Europe on the joint summary on AMR surveillance data in Europe. The Second EU Joint Action on AMR and HAIs (EU-JAMRAI 2) started at the beginning of 2024. ECDC attended the kick-off meeting on 13 February 2024, and was asked to contribute with advice to several EU-JAMRAI 2 work packages (i.e. WP5 – National action plans, WP6 – Antimicrobial stewardship, WP7 – Infection prevention and control, WP8 – Surveillance of AMR) and followed up with separate meetings to better define the actions of each work package and the role and involvement of ECDC. Collaboration with the EU-JAMRAI 2 will continue in 2025 and 2026.

ECDC also maintained close collaboration with WHO's Regional Office for Europe on respiratory virus surveillance through monthly coordination meetings, weekly European Respiratory Virus Surveillance Summary (ERVISS) updates, joint webinars and events (monthly joint laboratory network meetings, joint respiratory virus surveillance network webinars, annual network meeting), and the production of joint virological reports for WHO's global influenza vaccine composition meetings twice a year.

Through these coordinated, collaborative efforts, ECDC continues to strengthen partnerships, align with EU health priorities and enhance global health security.

4.2 Global health: work with international partners to enhance preparedness and response to present and future public health threats at European level and globally

With financial support from the European Commission's DG NEAR under the IPA, ECDC continued to implement the action described in the Contribution Agreement 2019/409-781 and 2020/422-255 '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). The implementation of project activities and the [2024 Work Plan](#) was structured around three work streams, as set out below.

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

To support national authorities in implementing EU acquis on serious cross-border threats to health by strengthening surveillance, preparedness, and microbiology laboratory system capacities supporting public health, the experts from IPA beneficiary countries were invited to participate as observers in ECDC NFP forums and meetings. A total of 174 experts from the Western Balkans and Türkiye attended 22 meetings during 2024, including seven capacity-building events. ECDC provided surveillance feedback to countries on the reported surveillance data on mutually agreed diseases¹⁸ to TESSy, as per ECDC reporting standards and EU requirements.

In 2024, ECDC conducted three country visits on surveillance¹⁹ to Albania (27–28 February 2024), Serbia (8–10 April 2024), and Bosnia and Herzegovina (24–26 September 2024). The overall aim of the visits was to identify areas in the surveillance of communicable diseases where further work (and possibly ECDC support) would be required to implement the EU acquis on serious cross-border health threats and related ECDC standards and practices.

ECDC also provided a targeted EpiPulse Events training session (17 December 2024) and an introductory R training on data management, analysis, and visualisation to experts from the Western Balkans and Türkiye (2–6 December 2024).

ECDC provided support to four engaged beneficiaries in the European Gonococcal Antimicrobial Surveillance Programme (Euro-GASP) project (Albania, Kosovo²⁰, Serbia and Montenegro), including an EQA for susceptibility testing of *N. gonorrhoeae*, molecular typing for surveillance of *N. gonorrhoeae*, country missions, training and capacity building activities in STI laboratory diagnostics.

On 2–3 October 2024, ECDC organised the annual meeting of the national ECDC correspondents in the Western Balkans and Türkiye in Stockholm, Sweden. Key stakeholders from the region discussed project achievements, identified country-specific needs for ECDC support, and agreed on ECDC's proposed action for the potential 2025–2028 project, which will be submitted to the European Commission for award decision under the IPA.

Work Stream 2. Advancement of 'One Health' responses against AMR in the Western Balkans (ECDC/EFSA/DG SANTE)

With the support of an external consortium, ECDC (with technical expertise from the Antimicrobial Resistance and Healthcare-Associated Infections (ARHAI) team) jointly with EFSA and DG SANTE/F advanced the One Health approach to 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 for the development of electronic surveillance of AMR; and (iv) awareness-raising initiatives. As a result, the following milestones were achieved with national public health, food safety, and animal health authorities, covering surveillance, prevention, and control of AMR:

- Following the ECDC/EC/EFSA One Health visit to Kosovo on AMR (9–13 October 2023), a technical meeting on the development of a One Health roadmap in Kosovo was held (22–23 May 2024). Led successfully by the human health sector, a comprehensive One Health roadmap on AMR was developed to address the recommendations in human health, food safety and animal health.
- European Antibiotic Awareness Day (EAAD) materials were translated into Albanian for use in public awareness campaigns in Kosovo and will be published on ECDC's EAAD site.
- A team of experts from the European Commission (DG SANTE/F), ECDC, EFSA, and EU Member States conducted the One Health country visit to North Macedonia and provided recommendations for the consideration of the national authorities (29 January–2 February 2024).
- The ECDC/EC/EFSA One Health country visit to Montenegro took place (10–14 June 2024), and the technical meeting on roadmap development is planned for the first quarter of 2025.

The following outputs have been published under this work stream: [Technical report on ECDC/EC/EFSA country visit to Kosovo²⁰ to advance One Health responses against antimicrobial resistance](#), [Methodology for conducting One Health country visits on antimicrobial resistance in the Western Balkans](#), and [Guide for the development of national One Health roadmaps on antimicrobial resistance in the Western Balkans](#).

Work Stream 3. Enhancing SARI surveillance in Western Balkans

To support the implementation of fit-for-purpose surveillance systems in the Western Balkans and engage in vaccine effectiveness studies, ECDC continued to support Western Balkans in the E-SARI-Net activities until April 2024. The activities aim to enhance the countries' capacities to implement protocols, validate data and contribute to ECDC activities, as per standards applicable to EU Member States.

¹⁸ 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, NCOVVACC, NCOVVARIANT) and respiratory virus surveillance (RESPISURV), respiratory virus severity indicators (RESPISEVERE).

¹⁹ In accordance with the agreed terms of reference and ECDC's [assessment tool for national communicable disease surveillance systems](#)

²⁰ This designation is without prejudice to positions on status and is in line with UNSCR 1244/1999 and the International Court of Justice (ICJ) Opinion on the Kosovo declaration of independence.

The implementation of ECDC-IPA6 project ends in April 2025 and continuation of ECDC technical cooperation activities with the Western Balkans and Türkiye is subject to the availability of external financial assistance from DG NEAR.

EU Initiative on Health Security: This Initiative (2020-2025) aims to establish a regional workforce responsible for the prevention and control of challenges posed by communicable diseases and enhancing regional cooperation to tackle cross-border health security threats in EU candidate and potential candidate countries, as well as European Neighbourhood Policy partner countries.

Work Package 1 (WP1): Field epidemiology workforce development through the Mediterranean and Black Sea Programme for Intervention Epidemiology Training (MediPIET)

In 2024, MediPIET organised several training modules for two cohorts - Cohort 5 (graduating in November 2024), and Cohort 6 (graduating in 2025). WP1 activities kicked off in January with a virtual 'Qualitative Research Inject Days'. The first face-to-face training activity – the February 'Multivariable Analysis Module' was organised for Cohort 6 fellows in Berlin, Germany. In March, fellows of both cohorts were offered an optional online module on qualitative research. In April, Cohort 6 fellows participated in an online vaccinology inject day and a hybrid training module in Dublin on 'Rapid Risk Assessment and Survey methods' together with ECDC Fellowship programmes. In June, MediPIET organised a face-to-face course for both cohorts on 'One Health approaches in MediPIET countries' held at the 'Dr Milan Jovanovic Batut' Institute of Public Health of Serbia in Belgrade. In August, MediPIET fellows and supervisors, together with EPIET, EUPHEM and Postgraduate Training for Applied Epidemiology (PAE) fellows, participated in the 'Project Review Module' in Lisbon. In November, MediPIET fellows participated in the ESCAIDE conference and graduation ceremony of Cohort 5. A total of 10 fellows were accepted to present their projects at ESCAIDE scientific sessions. Finally, in December, Cohort 6 fellows participated in the 'Time Series Analysis Module' in Bilthoven, Netherlands, together with EPIET and PAE fellows. Although MediPIET did not have a cohort this year, capacity building support continued for countries through places offered to nominated experts in ECDC Fellowship modules. ECDC increased the number of nominated experts from 14 partner countries invited to ECDC fellowship courses for the new cohorts recruited in September 2024. The first activity, offered to 14 MediPIET participants, was the 'Introductory course 2024', which took place in Spetses, Greece, preceded by an online 'Introduction to R course', and followed by virtual inject days dedicated to 'Study protocol, scientific writing and ethics'.

A total of five MediPIET training site visits were completed in 2024. ECDC visited the National Institute of Public Health in Podgorica, Montenegro (29 February–1 March). A training site review was conducted at the 'Dr Milan Jovanović Batut' Institute of Public Health of Serbia in Belgrade (4–5 March). ECDC also visited the National Agency for Public Health in Moldova (14–15 May). Two site reviews took place in Tunis: one with supervisors and fellows from the National Centre of Disease Control (NCDC) in Libya (21–22 October 2024) and another with supervisors and fellows at the Tunisian National Observatory of Emerging and Reemerging Diseases (24–25 October).

In November, ECDC hosted an event in parallel to ESCAIDE 2024, featuring a scientific presentation on the MediPIET project in Libya. The event also included the second face-to-face meeting of the MediPIET alumni network, celebrating over 10 years of the programme and discussing plans for its future sustainability with the broader network. On 22 November, Cohort 5 fellows graduated alongside EPIET, EUPHEM and PAE fellows.

In addition to modules and site visits, other activities included the active participation of 13 fellows in various professional development opportunities. Five fellows delivered oral presentations at prominent conferences, including the International Union for Health Promotion and Education (IUHPE) in Lodz, the Annual International Symposium in Athens, the International Health Congress in Belgrade, and the European Public Health (EPH) conference in Lisbon. Seven fellows engaged in exchange visits to institutions such as the Robert Koch Institute (RKI), the National Institute for Public Health and the Environment (RIVM), the Institute of Public Health (IPH) Malta, and the Norwegian Institute of Public Health (FHI). One fellow was assigned to ECDC, focusing on epidemic intelligence. Four fellows also published their work in peer-reviewed international scientific journals.

MediPIET also actively involved supervisors and senior public health experts from MediPIET training sites by inviting them to ECDC fellowship modules to facilitate or participate in 'train-the-trainers' sessions. In May 2024, the WP1 team organised the participation of experts from the MediPIET network in ECDC's Summer School 2024, a face-to-face course 'Introduction to mathematical modelling and strategic foresight for assessing and anticipating threats in public health'.

Work Package 2 (WP2): Epidemic intelligence, risk assessment, preparedness and response

In 2024, WP2 focused on a wide range of capacity-building events addressing global health security, fostering multilateral collaboration, and promoting knowledge sharing and networking within ENP partner countries. A comprehensive training on epidemic intelligence and rapid risk assessments, the largest of its kind organised by ECDC to date, was held at ECDC with representatives from EU/EEA countries. A training workshop on managing contact tracing data to control the spread of infectious diseases was held at ECDC's facilities in partnership with WHO. Together with Egypt's Ministry of Health and Population, ECDC organised a regional workshop in Sharm el Sheik to assess the impact of climate change on infectious disease patterns and to identify needs and strategies for further action. The meeting brought together a multidisciplinary group of experts from the EU and the EU's Southern Neighbourhood region. A training workshop on mathematical modelling for public health threats was

hosted at the Carlos III Health Institute in Madrid. The workshop aimed to equip non-modellers with essential concepts in mathematical modelling, to better understand its application in disease transmission and control, and its role in public health decision-making. ECDC also worked with public health authorities of Ukraine to design and implement two bilateral activities: one in Krakow, focusing on the role of social and behavioural sciences in combatting infectious diseases across Ukraine, with participation from the Polish Ministry of Health, and another in Rzeszów, to support the development of targeted interventions to reduce stigma around infectious diseases and increase vaccination uptake among people in Ukraine and neighbouring countries. ECDC continued to provide technical guidance to Libya's Emergency Operations Centre (EOC) to meet its operational demands. WP2 experts also represented ECDC at various international meetings to continue strengthening partnerships and networks. Notable events included the Eastern Mediterranean Public Health Network (EMPHNET)'s Eighth Regional Conference in Jordan; a WHO Joint External Evaluation mission; a train-the-trainer workshop on simulation exercises in collaboration with the Africa CDC in Tunis and a landmark conference in Cairo on the progress towards hepatitis C elimination, co-organised with Egypt's Ministry of Health and Population.

Work Package 3 (WP3): Integration into ECDC systems, knowledge sharing and networking

In 2024, the expert exchange programme, launched in 2023, organised two additional visits. The first visit to Egypt took place in March to foster dialogue and cooperation among stakeholders working towards combatting HIV/AIDS. The visit, attended by representatives from ECDC, Cyprus, and Egypt, included an overview of Egypt's ongoing efforts in HIV prevention and control, insights into the country's AIDS programme, strategies for mitigating the spread of HIV, as well as several field visits. The second visit took place in June, when a delegation from Azerbaijan visited the Public Health Agency of Sweden to share experiences on the implementation of the IHR and the strengthening of laboratory capacity. In November, in collaboration with Egypt's Ministry of Health and Population, ECDC organised a conference on the progress towards hepatitis C elimination. The event, held in Cairo, brought together EU Member States, EU Neighbouring countries and other key stakeholders to share experiences, discuss challenges, and identify pathways to achieving the elimination of hepatitis C.

In 2024, ECDC signed a new contribution agreement with the European Commission (DG NEAR) entitled 'Support for health resilience in the Eastern Partnership'. This three-year agreement will involve a series of activities aimed at testing the resilience of Eastern Partnership health systems to emergencies, providing capacity building opportunities, and strengthening regional dialogue on common challenges and opportunities.

ECDC also signed a Memorandum of Cooperation with the Japanese Ministry of Health, Labour and Welfare and made significant progress in negotiations for a new MoU with the Gulf CDC and Africa CDC.

Throughout the year, ECDC convened four virtual meetings with its focal points at major CDCs within the network. Discussions covered topics such as psittacosis, avian influenza, mpox clade I and hospital sentinel surveillance. The network aims to meet three times a year via teleconference and once a year in person, with additional meetings as needed.

ECDC also arranged 12 bilateral meetings with other CDCs, including those with established MoUs such as the US CDC, and new stakeholders, including the Kuwaiti CDC and the Somali Ministry of Health. ECDC continued to engage virtually and in-person with organisations developing new CDCs, such as in the Association of South East Asian Nations (ASEAN) region. In-person visits were hosted from delegations representing Tokyo iCDC and Taiwan CDC.

In collaboration with Africa CDC, ECDC continued the technical partnership project, renamed 'Africa CDC – ECDC Partnership', with funding from the European Commission's DG INTPA. The project, officially extended at no-cost (18 October 2024 until 29 April 2026), aims to contribute to health security in Africa by sharing EU practices and strengthening Africa CDC's capacities in preparedness, surveillance and response to health threats posed by communicable diseases.

Work package 1: Preparedness, outbreak response, and emergency operations

In the area of disease prioritisation, the team co-organised the second regional workshop at the Southern Regional Coordination Centre and the second round of continental risk-ranking. This effort aimed to cascade the methodology for risk-ranking and prioritisation of epidemic-prone disease and pilot the revised risk-ranking tool.

The team supported the first cohort of the Africa CDC Public Health Emergency Management fellowship, hosting a study visit to ECDC and participating in the training package review as members of the Technical Advisory Committee. Numerous learning events were held to equip experts with skills in public health emergency preparedness response planning, including a simulation exercise for training of trainers in Tunisia.

The mpox outbreak in the Democratic Republic of the Congo became a key priority for Africa CDC in July after a dramatic increase in cases, prompting the project to adapt its workplan. An initial deployment of an ECDC epidemiologist took place in July–August to provide immediate on-the-ground support, followed by six project-funded deployments until December 2024. A rapid literature review on mpox was also commissioned and is set to be published in the first quarter of 2025.

Work package 2: Surveillance, data management and sharing, epidemic intelligence

In addition to the regular exchange of information on public health events, significant progress was made in the digitalisation and visualisation of public health data for event-based surveillance, with the development of both a

mobile application and a data analytics platform firmly underway. In line with emerging priorities from Africa CDC, the project actively contributed to the development of the new Africa CDC Public Health Intelligence Report, attending multiple sessions and supporting the tool's development. The team is also rolling out tailored R training for Africa CDC experts at its headquarters and at the regional coordination centres. In the third quarter of 2024, it was agreed to shift the focus from indicator-based surveillance to AMR, HAI, and One Health. As part of this shift, the project co-organised a side event during the World One Health Congress on tackling infectious diseases and AMR through One Health approaches in Africa.

Work package 3: Public health workforce development and capacity building

Collaboration between ECDC and Africa CDC's Division of Public Health Institutes and Research focused on supporting the launch of the first cohort of the African Epidemic Service (July–November 2024). This included reviewing and developing training materials, as well as creating and localising e-learning content for the Learning Management System initiated by Africa CDC.

The mapping of field epidemiology training programmes in Africa is ongoing. A survey among African Union Member States was completed in the second quarter of 2024, and analysis of the results is in progress. A framework for a professional exchange programme between African Centres of Excellence, Africa CDC and European public health institutions is being developed, with implementation planned for 2025. In collaboration with Eurosurveillance and Africa CDC's science office, the project also concluded a pilot series of webinars for capacity building in scientific writing and publishing.

Work package 4: Horizontal activities

The team arranged 38 meetings from inception to delivery and managed nine procurement procedures. Key achievements included securing a positive outcome for the no-cost extension request, submitting an additional instalment request in July, and finalising the external mid-term project evaluation. In February 2024, the data-sharing agreement was signed, enabling the advancement of specific activities.

Strategic objective 4. Performance indicators

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2024
Rate of implementation of activities in the annual work programme offered to ENP countries	85%	80%	EIC statistics	Annual	93%
Goal of having three teleconferences and one face-to-face meeting per year for the network of major CDCs achieved	Three teleconferences and one face-to-face meeting	Three teleconferences and one face-to-face meeting organised or attended (depending on ECDC's role)	Meeting reports	Annual	Four teleconferences
Number of new cooperation agreements with major CDCs signed	0	N/A	Agreements signed	Annual	One Memorandum of Cooperation with the Ministry of Health, Labour and Welfare of Japan
Rate of implementation of activities in the annual work plan, validated annually by the Africa CDC – ECDC Partnership steering committee	N/A	80%	Annual report, project steering committee report	Annual	50%, but 16 additional activities (approved) completed outside of workplan
Percentage of requests to EICS from the European Commission and Member States answered within agreed timeline	100%	95%	SARMS and Chrono	Annual	100%

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2024
Percentage of requests from the European Parliament answered within agreed timeline	100%	95%	SARMS and Chrono	Annual	100%
Satisfaction of participants at ECDC's session during the European Health Forum Gastein	96%	80%	External (EHFG organisers)	Annual	Feedback from EHFG: ECDC's session was one of the top three of all sessions organised
Rate of implementation of activities in the annual joint action plan with WHO's Regional Office for Europe	87%	90%	Joint action plan with WHO's Regional Office for Europe	Annual	88%
Average rate of participation at ECDC meetings and in ECDC activities	58%	75%	Meeting statistics	Annual	Not measurable
Rate of expectations met, and objectives fulfilled with meetings	92%	75%	End-of-meeting satisfaction survey	Annual	Not measurable
Percentage of country stakeholders satisfied with ECDC country support activities	86.5%	80%	Feedback gathered after country support activities	Annual	87.5%
Satisfaction of members of the ECDC governance bodies with the cooperation and coordination support offered by ECDC	AF 93% NC 75%	75%	Stakeholder survey	Biennial	AF 93% NC 75%

Strategic objective 5. Create an acknowledged, agile organisation through efficient systems, structures, processes and skilled staff

5.1 Organisational excellence: increase organisational effectiveness, efficiency and excellence through implementation of an integrated management system

ECDC maintains an Integrated Management Framework (IMF) built on four pillars – governance, organisational performance management, quality management, and internal control framework – supported by two cross-cutting areas: innovation and change management. This framework defines how ECDC operates and ensures that ECDC's management has the necessary information for timely, well-informed decision-making.

In 2024, the IMF Working Group progressed with the development and implementation of the framework, including an external assessment to support future enhancements.

A key milestone was the deployment of PRIME, ECDC's new planning, reporting, implementation and monitoring tool, replacing the former Management Information System (MIS). PRIME integrates the planning of all actions and resources, including procurement and meetings, enabling a more streamlined and effective management of the Centre's workplan.

ECDC also strengthened its steering and support systems, notably by developing a new action plan tool, TeamMate+, which is set for implementation 2025.

In quality management, ECDC reinforced its system by appointing Quality Management Focal Points (QMFP) representing each Unit. These focal points will play a key role in supporting the development of quality management initiatives in 2025 and beyond. The Centre also refined its instructional documents and process management, reviewing and enhancing key policies and procedures. Adoption of the Suppliers, Inputs, Process, Outputs, Customers (SIPOC) methodology improved process descriptions, and a newly developed process management tool ensures easy access to all ECDC processes.

ECDC's Internal Control Framework (ICF) remains robust and was further improved through new indicators developed in response to recommendations from the Internal Audit Service (IAS). Several activities were undertaken under the ICF (e.g. annual risk and fraud risk assessments, annual review of sensitive functions, and ex-post verifications of grant agreements in accordance with the grant verification plan). As part of the 2024 CAAR assessment of ICF implementation, ECDC performed its second bi-annual Internal Control Survey in January/February 2025, receiving over 200 responses.

5.2 Engaged staff: recruit and retain capable, motivated, and resilient staff

In 2024, recruitment efforts were high due to the expansion of posts, the launch of the new EWRS project, and a significant number of replacement recruitments due to internal candidates taking up new posts (36% of the posts were filled by internal candidates). A total of 33 posts were filled during the year, and the Centre successfully maintained its vacancy rate below the 5% target, with only 4.4% of the temporary agent posts unfilled by year-end. To enhance human resources (HR) services for candidates and strengthen the Centre's employer brand, ECDC modernised its vacancy notices and improved the recruitment-related pages on its website.

The ECDC strategy provides the foundation for modernising and consolidating HR management services. In line with this strategy, the People@ECDC framework was implemented, focusing on staff health and wellbeing, professional development, and fostering a diverse and inclusive workplace.

As part of the continued implementation of the hybrid work model, the introduction of new staff and internal staff taking up new posts, HR services played a key role in supporting employees and managers through periods of change. This included offering medical and counselling services, as well as mindfulness training and coaching, to support overall well-being.

The 2024 ECDC training plan was fully executed, offering a broad baseline of training, including compliance topics, as well as a special focus on the 'Working with the Stakeholders' programme. Building on the results of the 2023 360-degree feedback exercise, a new leadership development programme was also launched.

The reclassification (promotion) process was reviewed, with a new process set to launch in 2025. The appraisal system was aligned with this new reclassification process and enhanced with tools designed to improve performance management.

In March 2024, ECDC adopted the EU Agencies' Network (EUAN) Charter on Diversity and Inclusion, reinforcing its commitment to fostering a diverse and inclusive workplace. Throughout the year, several actions were taken to promote diversity and inclusion, including reviews of HR processes, webinars and workshops designed to cultivate a more respectful work environment.

Other notable projects concluded in 2024 included the Staff Engagement Survey, which achieved a record high response rate (83%), and a staff engagement rate of 57%. In response to the survey results, an action plan was developed and will be implemented in 2025. Special attention was also given to enhancing collaboration in the hybrid work environment and ensuring opportunities for staff to connect, both within and outside the Centre's premises. One important focus in the organisation-wide workplace transformation project is to make the Centre's premises more conducive to networking and collaboration, both internally and with external stakeholders. Promoting collaboration and ensuring cohesion remain key priorities for improving staff engagement.

5.3 Responsive support: develop efficient and agile support services that enable operational excellence while ensuring compliance

In 2024, the Resource Management Services (RMS) Unit was instrumental in supporting operational needs, ensuring the efficient and high-quality delivery of services across finance and accounting, human resources management, legal services, corporate services, procurement and planning and performance.

Throughout the year, ECDC successfully completed over 387 procurement and grant exercises, managed a meetings plan consisting of 237 meetings (62 with grant funding), organised 783 missions (including core, grant funded and learning and development activities), and implemented 99.1% of its budget; all with the able support of RMS. In addition to the operational support tasks and the activities mentioned under 5.1 and 5.2 above that are managed by the Planning and Performance and Human Resources Sections, several projects were undertaken to enhance the Centre's performance, effectiveness, and efficiency in future periods:

- **Corporate Services:** in line with the EU Eco-Management and Audit Scheme (EMAS), ECDC achieved its registration in 2024, which was subsequently confirmed for 2025. The workplace transformation project continued, with a view to fostering staff collaboration. An architect service was procured to develop cost-effective measures to further enhance staff collaboration and well-being. ECDC also modernised and upgraded its security system to ensure a safer work environment.
- **Finance and Accounting:** the asset management framework was finalised, and improvements were made in financial transactions processing to enhance accuracy and efficiency.
- **The Legal Services Section** provided comprehensive legal advice across the Centre on legal questions related to the mandate and the administration, including EUHTF, EHDS and country visits. It also ensured ongoing staff training on data protection and fraud risks and conducted an internal data protection audit. In addition, it supported the implementation of the Centre's independence policy for staff and non-staff jointly.
- **Procurement:** the Centre increased its use of Commission eProcurement tools (e.g. Public Procurement Management tool, Funding & Tenders Portal, MyWorkPlace). Internal procurement planning and monitoring was enhanced through PRIME and other IT solutions. Efforts were also made to continuously update processes and tools to improve usability and streamline procurement activities.

Figure 9. Budget execution

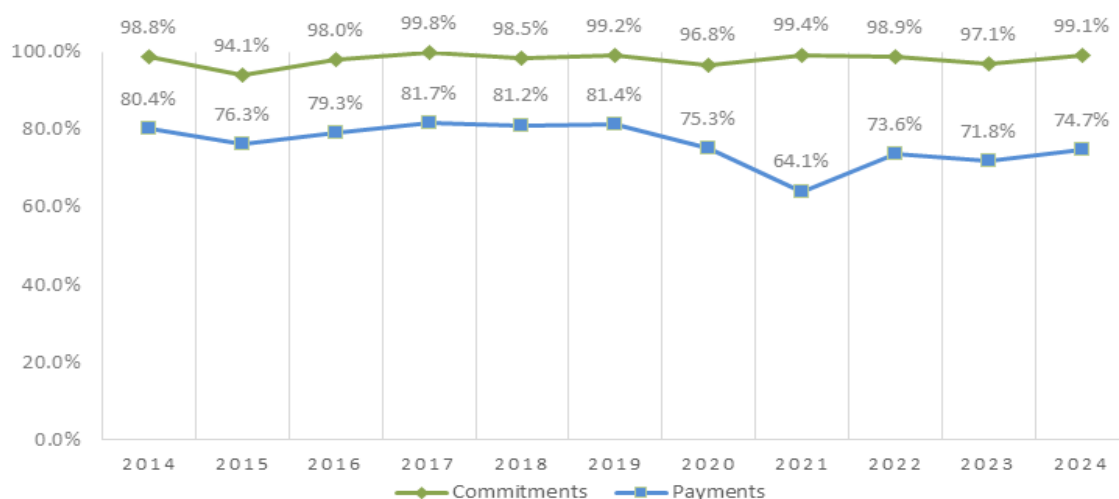
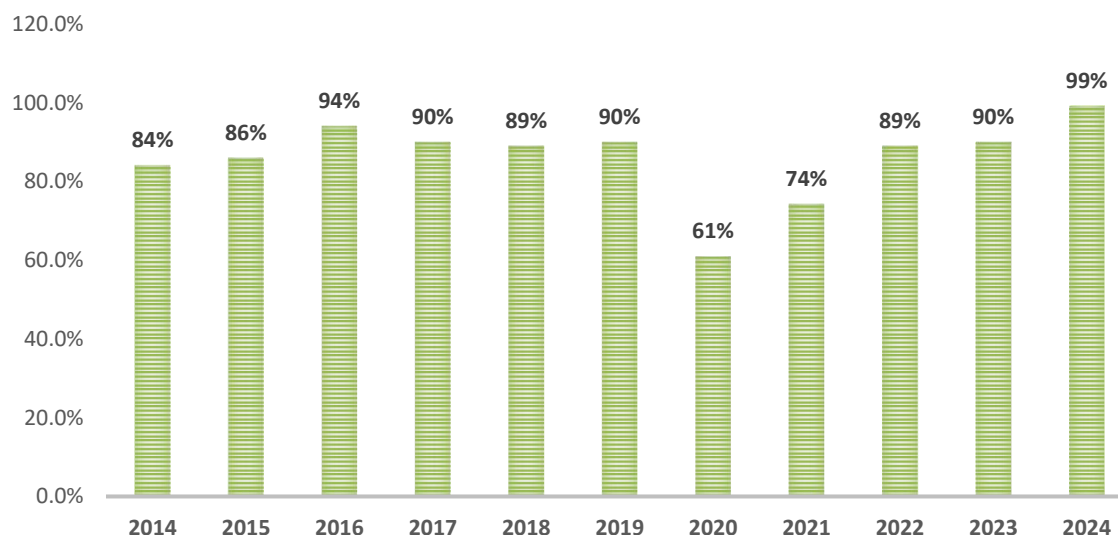


Figure 10. Work programme implementation

5.4 Digital transformation services

Digital Transformation plays a crucial role in supporting ECDC's core work in disease surveillance, response and epidemic intelligence. In addition, ECDC relies on IT systems to facilitate its administrative processes.

In 2024, four major projects were successfully completed: PRIME, EpiPulse Cases, TALD, and DART.

PRIME delivered an integrated, modern and user-friendly system for planning and monitoring ECDC's work programmes, enabling informed and efficient decision-making. The new system was launched on time for the preparation of the 2025 workplan, with all users receiving the necessary training and guidance.

EpiPulse Cases reached the readiness level required for a progressive rollout by disease, in accordance with the established schedule. The milestone marks the successful replacement of TESSy and the completion of the revamped Surveillance Data Warehouse.

TALD was also prepared for production, enhancing the quality of historical data and improving efficiency gains through embedded automation and cloud deployment for better performance.

Development Acceleration with Release Train (DART) marked the full adoption of Agile/DevOps methodologies for the Target Operating Model 2027, improving software quality and delivery timelines for digital solutions.

In cybersecurity, no major incidents were reported in 2024, allowing a focus on strengthening ECDC's preparedness and compliance with the Regulation laying down measures for a high common level of cybersecurity at the institutions, bodies, offices and agencies of the Union.²¹ In addition, the identity and access management project was successfully implemented, providing single sign on and multi-factor authentication for internal and external applications jointly.

Finally, a contribution agreement was signed with DG SANTE to enhance and strengthen the EU Early Warning and Response System (EWRs). This agreement establishes a five-year roadmap for the system's further development.

²¹ Regulation (EU, Euratom) 2023/2841 of the European Parliament and of the Council of 13 December 2023 laying down measures for a high common level of cybersecurity at the institutions, bodies, offices and agencies of the Union [OJ:L 202302841:EN:TXT.pdf](#)

Table 3. List of mission-relevant IT solutions (not exhaustive)

System application	Description
Enterprise Content Management Platform (ECMP)	The Enterprise Content Management Platform is a unified Microsoft 365 based platform for communication, collaboration and knowledge sharing, and for storage of ECDC's documents and records. It provides a single, unified search experience (Microsoft Search) supported by metadata-tagging and terminology management.
Early Warning and Response System (EWRS)	A rapid alert system that supports critical communication on serious cross-border health threats, in accordance with Regulation (EU) 2022/2371, through a web-based platform used to exchange information on public health threats, between the EU/EEA Member States, the European Commission, other EU agencies and WHO.
ECDC data warehouse	ECDC's data warehouse hosts all indicator and event-based surveillance data along with determinants of health data. It covers information relevant for performing standard or specific epidemiological surveillance analysis and reporting, along with harmonised terminology between datasets for all the communicable diseases and related special health topics covered by ECDC. In addition, through its dataset management and storage, ECDC data warehouse supports the ECDC Open Data Framework.
ECDC extranets	Support collaboration of public health networks, working groups and institutional bodies (MB and AF). In 2024 more than 20 extranets were migrated successfully to the ECMP, Collaboration Centre, providing new functionalities and an improved user experience. The last two extranets (MB and AF) will be also migrated to the Collaboration Centre in line with the business needs.
ECDC Library	A hybrid service owned and managed by experienced library staff encompassing both desktop electronic resources and a physical library service. The physical library facilitates access to the print collection as well as to a range of other resources - dedicated workspaces, administrative tools and a collaboration space where colleagues can come together to discuss ideas and present information.
ECDC Virtual Academy (EVA)	Launched in 2014, EVA is the learning management system supporting ECDC public health training activities. It provides access to e-learning, courses and training materials, and facilitates the administration of face-to-face activities, including the ECDC Fellowship Programme (EPIET/EUPHEM), MediPIET and CPD activities designed, developed, and implemented with ECDC teams and experts.
ECDC websites	The ECDC websites (ECDC corporate site, ESCAIDE, EAAD and European Vaccination Information Portal) support the communication of ECDC's activities and scientific publications to external audiences.
ECDC Candidate Expert Directory	ECDC Candidate Expert Directory is a roster of potential external experts, allowing ECDC, when deemed necessary, to expand the number of experts and areas of knowledge and skills beyond its own expert staff and expertise.
EpiPulse (European Surveillance Portal for Infectious Diseases)	Online portal for European public health authorities and global partners to collect, analyse, share, and discuss infectious disease data for threat detection, monitoring, risk assessment and outbreak response. EpiPulse was launched in 2021 and integrates several surveillance systems that were previously independent (The European Surveillance System (TESSy), the five Epidemic Intelligence Information System (EPIS) platforms and the Threat Tracking Tool (TTT)), providing new functionalities and seamless access to data in a single platform. The portal facilitates the collection, analysis and dissemination of indicator- and event-based surveillance data on infectious diseases and associated health issues, including global epidemic intelligence, WGS, and health determinants.
European Federation Gateway Service (EFGS)	Component of the technical interoperability solution agreed by participating Member States in the eHealth Network to enable interoperability of approved mobile apps supporting contact tracing, as set out in the Commission Implementing Decision (EU) 2020/1023 of 15 July 2020 amending Implementing Decision (EU) 2019/1765 as regards the cross-border exchange of data between national contact tracing and warning mobile applications with regard to combatting the COVID-19 pandemic. The EFGS was deactivated in 2023 following the off-boarding of all participating Member States and configured in stand-by mode to scale up in case of a new health threat.
<i>Eurosurveillance</i> publication platform and website	The platform allows publication (content management), storage and dispatch of articles and related information to various repositories and databases as well as the web publication of <i>Eurosurveillance</i> , a European journal on communicable diseases ranking among the top 10 journals in its field. In addition, the electronic submission system is a separate platform where authors can upload articles that are then processed and monitored by editors, based on strict workflows that entail internal and external evaluation (peer review).
Planning, Resources, Information, Monitoring and Execution (PRIME)	Internal, integrated, modern and intuitive system for planning and monitoring of ECDC work programmes that enables informed and efficient decision-making.
PHE Intranet (EOC)	Internal crisis management tool where response activities and resources are gathered, managed and maintained.
Remote access to ECDC systems	Allows the continuity of work by ECDC staff when away from the Centre's premises (e.g. during missions and when on stand-by duty).
Scientific Advice Repository and Management System (SARMS)	ECDC Scientific Advice Repository and Management System supports the production of ECDC outputs with scientific content from registration to clearance and dissemination using electronic workflows and provides a repository of ECDC scientific outputs for reference and auditing purposes.

System application	Description
Stakeholder Relationship Management system (SRM)	A primary business system that provides a view of information of ECDC stakeholders and the nature of their relationships with ECDC. The system supports the official nominations and automation processes and designed to facilitate and improve cooperation between ECDC and the Member States, as well as other stakeholders from non-EU countries. The system is a user-friendly one-stop-shop with the potential for evolution to meet growing business needs.
Surveillance Atlas of Infectious Diseases	Launched in 2014, this tool provides highly interactive, graphical access to surveillance data. It is accessible via ECDC's web portal. The Atlas has been evolving by increasing the number of diseases covered.
The European Surveillance System (TESSy)	Supports collection and validation of data for public health surveillance, provided by EU Member States and other associated countries. TESSy will be gradually integrated into EpiPulse.
Threat Reports Mobile App	Free and open-access mobile application that gives direct access to key updates and reports on communicable disease threats of concern to the EU on mobile devices.

5.5 Internal communication: enhancing the understanding of our vision, mission and strategic priorities and providing a platform to inform and connect staff

Internal communication

In 2024, the internal communication team published 282 news items and 195 events announcements on ECDC's Information Centre intranet page, averaging 2.6 items published per working day. Additional content was created by page-specific content providers.

The ongoing development and improvement of the Information Centre remains essential for efficient and effective communication within the agency. In 2024, six sections of the Information Centre were updated and further refined: HR, facilities management, IT, beyond work, mailroom and archives and Director's Support Group. These updates were based on the 2023 usability study and feedback from colleagues serving as content providers for the sections. The focus firmly remained on internal communications as a service and support to ECDC staff. In addition, a page on the ECDC Director's delegations was introduced and has been regularly updated, becoming the most viewed item of the year.

The most visited pages on the Information Centre related to electronic workflows, guidance and templates, procurement, time management, and employment conditions. At the beginning of the year, the internal communication campaign, supporting a transformational programme named ASPIRE, was successfully concluded.

Throughout 2024, ECDC's internal newsletter 'On the Spot' was published regularly and the internal communications team actively contributed to the organisation of several internal staff activities and events. In addition, the team played a key role in the preparation and implementation of seven staff meetings as part of its broader internal communication activities.

Other information sharing mechanisms and outputs

ECDC received 19 806 emails through its information mailbox, of which 5 922 were registered and information requests processed. Of these, 114 emails were sent to the Communication team for further handling. The Communication Section hosted four study visits for various groups: the Norwegian Union of Pharmacists (June), Karolinska Institutet Global Health masters students (September), Residents in Microbiology from the Karolinska Institutet (November), and Residents from the University of Porto (November). In addition, four information stands were set up at key conferences, including the European Congress of Clinical Microbiology & Infectious Diseases (ECCMID), the 25th International AIDS Conference, the EU Agencies and Joint Undertakings networking event 'Contributing to Europe's resilience' at the European Parliament and ESCAIDE.

Strategic objective 5. Performance indicators

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2024
Proportion of key processes reviewed	28%	20%	Process landscape	Annual	66%
Proportion of activities implemented from the annual work programme	89%	85%	Consolidated Annual Activity Report	Annual	99%
Percentage of indicators reaching the target	60%	90%	Consolidated Annual Activity Report	Annual	73%
Percentage of audit recommendations implemented*	67%	90%	Internal Control Excel file	Annual	63%
Percentage of the Internal Control Framework implemented	80%	100%	ICF annual review	Annual	82%
Timeliness of recruitment process	9.9 weeks	Maximum 12 weeks	HR data	Annual	11.2 weeks
Number of (short-term and long-term) sick leaves*	1.39% (short-term) 1.32% (long-term)	<2% (short-term) <3% (long-term)	Allegro absence data	Annual	1.34% (short term) 2.46% (long term)
Average vacancy rate for Temporary Agent posts (post occupied)	4.2%	<5%	HR data	Annual	4.4%
Procurement/grant procedures launched on originally planned date	60% launched on the originally planned date.	75%	PRIME	Annual	Data unavailable
Percentage of changes made in the procurement plan throughout the year	42%	<20%	PRIME	Annual	18 %
Proportion of submitted and reviewed annual and specific declarations of interest: - MB, - AF, - Senior management, - External experts at meetings, - External experts for RRA	97% 97% 100% 95% 100%	100% for each category	Legal Services Section files	Annual	94% 93% 100% 98% 100%
Proportion of replies to requests for Access to Documents (ATD) processed within the legal deadline	100%	100%	Legal Services Section files	Annual	100%
Percentage of confirmatory requests responded to within the legal deadline	N/A, no confirmatory applications were received	100%	Legal Services Section files	Annual	100%
EU Eco-Management and Audit Scheme (EMAS)	90%	100%	EMAS Environmental Statement	Annual	100%
Percentage of meetings launched on planned date	75%	80%	PRIME/SRM	Annual	Data unavailable
Percentage of changes made in the meeting plan throughout the year	33%	20%	PRIME/SRM	Annual	Data unavailable
Budget implementation of the Centre - C1 Commitment rate*	97.1%	100%	ABAC WF	Annual	99.1%
Percentage of invoices paid within the time limits of the ECDC Financial Regulation*	93.5%	95%	ABAC WF	Annual	97%
Rate of cancellation of payment appropriations*	16.1%	<10%	ABAC WF	Annual	4.2%
Rate of budgetary outturn*	11.23.%	5%	Budget outturn account	Annual	1.1%

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2024
Internal communication: - News items - Newsletters - Staff meetings - Views for the top five pages of the year	397 24 6 3 122	At least 250 At least 50 At least 1 000 views for the top five pages of the year	Google Analytics and internal communication inboxes	Annual	282 news items 10 On the Spot newsletters and 22 from other internal teams Seven staff meetings 3 967 views for top five pages
Quality of software products: Code quality	This KPI was introduced in late 2023; therefore, there is no baseline.	Pass rate > 55%	Azure DevOps, SonarQube	Annual	72%
Availability of hosted applications under SLA	08:00–18:00: 99.92% 24/7: 99.91%	99.0%	ECDC Infrastructure Service Management Report	Annual	08–18: 99.39 % 24/7: 99.85
Business owners' satisfaction with the DTS Unit services	69%	At least 70%	Key business stakeholders' satisfaction survey	Annual	76%
Proportion of ICT Front-Office requests and incidents resolved, as per SLA	Requests: 95.93% Incidents: 95.70%	Above 95%	ECDC Infrastructure Service Management Report	Annual	Requests: 98.2 % Incidents: 97.9 %
Digital literacy	64%	70%	Microsoft Productivity Score	Annual	61%

* Indicators according to the [Guidelines on key performance indicators \(KPI\) for Directors of EU decentralised agencies, 13 March 2015, SWD \(2015\) 62 Final](#).

Part 2a. Management

1. Management Board

During its Sixth Extraordinary meeting in February 2024, the MB elected Dr Pamela Rendi-Wagner as the new Director of ECDC for the 2024–2029 term. At its 60th meeting in March, the Management Board was updated on the methodology, planning process and timeline of the Public Health Emergency Preparedness Assessment (PHEPA), the work of the EUHTF and progress on the EURLs, and the ECDC draft One Health Framework. At its 61st and 62nd June and November meetings, the Board members were informed about the PHEPA missions conducted and received feedback from the Member States who had been assessed. The MB has found it very useful to share experiences and best practices in this topic area and will therefore continue to schedule time for further discussions. At its 62nd meeting in November, the Board elected Gesa Lücking and Lieven De Raedt as Chair and Deputy Chair of the Management Board respectively.

During the course of 2024, the Management Board approved the Memorandum of Cooperation between ECDC and the Ministry of Health, Labour and Welfare of Japan. It also endorsed the Internal Audit Service (IAS) 2024 Audit Plan for ECDC and appointed a working group for the revision of the Management Board rules of procedure and the Audit Committee mandate.

In accordance with legal obligations, the Management Board approved the Consolidated Annual Activity Report 2023 and the final annual accounts for 2023. It also approved the ECDC Single Programming Document 2025–2027 and the Budget and Establishment Table 2025. In addition, the Board members discussed the draft ECDC Single Programming Document 2026–2028. Other topics presented and discussed were ECDC's international activities and collaboration with other relevant EU agencies. No risks or control issues were brought before the MB for discussion in 2024.

2. Major developments

New ECDC Director

Dr Pamela Rendi-Wagner²² assumed her role as ECDC Director on 15 June 2024, succeeding Dr Andrea Ammon. She aims to strengthen ECDC's role in European public health, particularly in the wake of the COVID-19 pandemic.

Organisational adjustments at ECDC

Following consultations with the Staff Committee and individual staff, an organisational adjustment took effect on 1 November 2024.²³ The Director's Office was restructured into two sections: Governance and International Relations (including the governance functions of the Executive Office) and Policy Coordination and Communication (European Parliament, EU agencies). The Communications Section moved to the SMS Unit, while the remaining functions of the Executive Office were moved to the RMS Unit under the responsibility of the newly created Planning and Performance Section. The Disease Programme (DPR) Unit was reorganised by creating two new sections: Emerging, Food- and Vector-Borne Diseases (EFVED) and Respiratory Viruses and Legionella (RVL) that were previously groups within the Epidemic-Prone Diseases section. These adjustments were designed to enhance the Centre's efficiency, strengthen collaboration, and improve its ability to achieve strategic objectives.

New European Parliament

Following the European Parliament elections from 6 to 9 June 2024, a newly formed European Parliament, consisting of 720 MEPs, was constituted on 16 July in Strasbourg.

Roberta Metsola (EPP, MT) was re-elected as President until 2027, securing 562 of 699 votes in the first round. MEPs also elected 14 Vice-Presidents and five Quaestors and determined the composition of standing committees and sub-committees. Committee assignments, including those relevant to public health and ECDC-related matters, were decided by political groups and non-attached members and announced in plenary during the July session.

A key development for ECDC with regard to the new European Parliament was the vote by the Members of the European Parliament on 18 December 2024 to upgrade the SANT Sub-committee within the ENVI Committee to a fully-fledged committee. ECDC is now under the remit of the Committee on Public Health (SANT), together with EMA.

²²Prior to being appointed ECDC Director, Dr Rendi-Wagner served as Director General for Public Health and Chief Medical Officer at the Ministry of Health in Austria, where she was responsible for key areas such as pandemic preparedness and crisis management. She was also a member of ECDC's Management Board and the Standing Committee, a subcommittee of the WHO Regional Committee for Europe. In 2017, she was appointed Minister of Health and Women's Affairs in Austria. See also <https://www.ecdc.europa.eu/en/about-us/who-we-are/director-ecdc>

²³Please refer to the Organisational Chart in Annex 3 of this report.

ECDC Director's engagement with the European Parliament

ECDC strengthened its collaboration with the European Parliament, particularly with the ENVI Committee²⁴ and its SANT sub-committee. Following the June elections, the Agency hosted a delegation of MEPs to present its mandate and explore future cooperation.

ECDC's Director appeared before the ENVI Committee twice, first in September for a hearing on mpox alongside EMA and DG HERA representatives, and again on 4 December in Brussels for an exchange of views with the Executive Directors of EFSA, ECHA, the European Environment Agency and EMA. This session introduced the agencies' work to the new Parliament and highlighted their collaboration on cross-sectoral policies, with EMA leading a joint presentation on the 'One Health' approach. In her address, ECDC's Director outlined the Centre's expanded role in prevention, preparedness, and response, emphasising its new mandate on cross-border health threats and the importance of rebuilding public trust. MEPs engaged in discussions, reinforcing cooperation between the ENVI Committee and EU health agencies. ECDC will continue engaging with the European Parliament to ensure public health remains a key priority in EU policymaking.

New European Commission

The new European Commission officially began its mandate on 1 December 2024. Earlier in the year, President Ursula von der Leyen proposed a list of Commissioner-designate candidates²⁵, which was subsequently approved by the European Parliament during a plenary session in Strasbourg on 27 November 2024. Among the newly appointed Commissioners²⁶, two have played a particularly critical role in relation to ECDC's work: Commissioner for Health and Animal Welfare, Mr Olivér Várhelyi (Hungary), responsible for DG SANTE, and Commissioner for Equality, Preparedness and Crisis Management, Ms Hadja Lahbib (Belgium), responsible for DG HERA.

Throughout 2024, ECDC closely engaged with both Commissioners and their respective Directorate-Generals, contributing to key policy discussions and implementation efforts within the agency's mandate. As the new Commissioners established their teams and priorities, ECDC remained committed to supporting their work in strengthening EU health security and crisis preparedness.

AI Act entered into force

On 1 August 2024, the European Artificial Intelligence Act²⁷ (AI Act) took effect, introducing EU-wide regulations on AI. It aims to mitigate risks to citizens' health, safety and rights while providing clear guidelines for businesses. The Act classifies AI systems based on risk: minimal-risk AI faces no obligations; chatbots and automated systems must disclose their AI nature; high-risk AI, including applications in healthcare and hiring, is subject to strict oversight. The Act aims to balance innovation with safety, supporting AI-driven progress in healthcare, transport and public services. To further this, the EU is developing a General-Purpose AI Code of Practice, expected by April 2025, to be enforced by the AI Office.

Given the consequential implications of AI, ECDC appointed an AI Act Correspondent to oversee legal, ethical, and governance adherence, with a specific focus on the impact of AI on public health. This role will involve close coordination with the European Data Protection Supervisor (EDPS) to ensure AI systems are implemented responsibly and in line with regulations.

3. Budgetary and financial management

Fund source C1 (current year appropriations)

Budget execution in terms of commitment appropriations at year-end reached 99.1%, equivalent to EUR 93.1 million. Budget execution in terms of payment appropriations at year-end reached 74.7%, equivalent to EUR 70.1 million.

Information on transfers and amending budgets

The Director exercised her right to amend the budget within the limitations of Article 26.1 of ECDC's Financial Regulation and approved net budget transfers of EUR 6 million between several budget lines within the different titles to optimise the use of the budget.

²⁴ European Parliament, Committee on Environment, Public Health and Food Safety

https://multimedia.europarl.europa.eu/en/webstreaming/envi-committee-meeting_20241204-0900-COMMITTEE-ENVI

²⁵ This confirmation followed over 80 hours of hearings, during which various parliamentary committees assessed the candidates' suitability for their respective portfolios.

²⁶ More information on the Commissioners and mission letters concerning their policy priorities can be found here: [Commissioners-designate \(2024-2029\) - European Commission](#).

²⁷ Proposed in April 2021 and finalised in December 2023. AI Act enters into force, Directorate-General for Communication, European Commission https://commission.europa.eu/news/ai-act-enters-force-2024-08-01_en#:~:text=On%201%20August%202024%2C%20the%20European%20Artificial%20Intelligence,artificial%20intelligence%20development%20and%20deployment%20in%20the%20EU

Level of appropriations carried forward to the following financial year

ECDC carried forward EUR 23 million to 2025 (compared to EUR 22.9 million which was carried forward to 2024).

Implementation of appropriations carried forward from the previous financial year

Budget execution in terms of payment appropriations for the fund source C8 at year-end reached 95.8%, EUR 21 889 944 was paid from EUR 22 861 340 carried forward to 2024.

Procurement procedures

During 2024, the following contracts were concluded following a procurement procedure:

- Ten open calls ending in 10 framework contracts with a total value of EUR 68 115 000.
- Three middle-value negotiated procedures ending in two framework contracts and one direct contract with a total value of EUR 373 500.
- One low-value negotiated procedure ending in one direct contract with a total value of EUR 60 000.

Under the framework contracts, ECDC concluded specific contracts and order forms. Under the calls for expression of interest, ECDC contracted external remunerated expert contracts, and within the field of grants, ECDC concluded framework partnership agreements and multiple grant agreements.

Summary information on budgetary operations for the year

The core budget of the Centre for 2024 (EUR 93.9 million) increased by 4.2% compared to 2023 (EUR 90.2 million). The Centre paid EUR 804.38 interest to suppliers for late payments (>30 days) in 2024.

For additional information, see Annex 8 - Final annual accounts 2024.

Controls and control results

A short description of the controls and the control results can be found below in relation to the internal control objectives mentioned in ECDC's Financial Regulation, Article 30.2.

Several control results are reported to the Director every year for ongoing and/or separate assessment to ascertain whether the components of internal control are present and functioning.

The following assessments are prepared, and made available to the Director, at least annually:

- Overall self-assessment of internal control at ECDC, including main deficiencies reported;
- Self-assessment of the implementation of the ECDC Internal Control Framework;
- Results of the specific assessment(s) performed;
- Analysis of exceptions reporting, including action plans for possible remedial action;
- Status of internal control and quality weaknesses reported;
- Results of the ex-post controls for the grant verifications;
- Summary of the interactions with OLAF, European Ombudsman and Data Protection Officer;
- Analysis of the audit observations/recommendations from the Internal Audit Service and the European Court of Auditors to identify internal control deficiencies, including monitoring ECDC's implementation of the corrective actions being implemented in a timely manner.

Legality and regularity of the underlying transactions

ECDC's budget is executed through four main types of transactions: salaries and salary related entitlements, reimbursements (to staff or external persons), procurement-related expenditure and grants.

The main objective of ECDC's budgetary controls is to ensure compliance with applicable regulations, thereby ensuring the legality and regularity of the underlying transactions.

The main ex-ante controls to be performed are described in internal procedures (IPs). The most important of these are the IP on the Advisory Committee for Procurement, Contracts and Grants (CPCG); the IP on Procurement; the IP on Contract Management; the IP on Grant Management, and the IPs on the Financial Workflows for Commitments and Payments (including the checklists for the ex-ante verifications to be performed).

In addition to these ex-ante controls, ECDC conducts ex-post controls for grant agreements, which are performed every year, in line with the Centre's Grant Verification Policy and Grant Verification Plan. The verifications are performed by an external audit firm.

In 2023, two grants were selected for verification and the results of the verifications were concluded in 2024. In 2024, another two grants were selected, with final results expected in the first quarter of 2025.

The sample of verifications performed per year is not representative of the total amount of grant agreements or directly linked to the payments made for 2024. However, the result of the verifications received to date does not indicate that the most likely average error relating to grant agreements at ECDC is above the 2% materiality criteria.

Prevention, detection, correction and follow-up of fraud and irregularities

ECDC has a dedicated anti-fraud strategy in place for 2024–2026, approved by the MB in November 2023. This strategy is based on a fraud risk assessment and includes a range of activities, such as internal fraud training, an annual review and refinement of the fraud risk assessment, and the selection of a specific area annually for in-depth analysis and potential control improvements. The fraud risk assessment was updated in 2024, and the implementation of the associated action plan is continuously monitored.

ECDC also maintains a European Anti-Fraud Office (OLAF) coordinator responsible for managing issues regarding fraud and irregularities and contacts with OLAF. The OLAF coordinator reports to the Director at least once a year on fraud-related activities, ongoing investigations, and the overall status of fraud prevention efforts.

Safeguarding of assets and information

At the end of 2024, the total net value of ECDC's fixed assets was EUR 2.2 million. These assets are managed in the ABAC Assets IT tool, and a physical inventory is performed once every year. The most recent inventory, covering both IT equipment and furniture, was conducted in 2024. Based on the results, it was concluded that the most likely error rate for asset management is below the materiality threshold. ECDC also formalised an IP on Asset Management, outlining the roles and responsibilities of all staff in relation to the Centre's assets.

Information security at ECDC is protected by an Information Security Management System (ISMS) and a cybersecurity framework, both managed by the IT Security team. The core team includes the IT Security Officer, IT Security Operations Specialist, and Cybersecurity Architect. The extended team involves ECDC management and representatives from various units. A Security Authority Steering Committee coordinates with business units and provides oversight for security-related decisions. These responsibilities fall under the Digital Transformation Services Unit (DTS). For 2024, the newly introduced composite measurement 'Overall information security risk score' was assessed at 3.83 (on a scale of 1 to 5), indicating good protection and compliance with the standards in the area.

Reliability of reporting

ECDC carries out financial reporting both internally and externally at regular intervals. Reports on budget implementation are provided monthly to the Director and Heads of Unit. Budget implementation reports are provided to the Audit Committee and the MB in conjunction with the meetings held three times per year. External financial reporting is mainly provided through the annual accounts of the Centre and the annual report on budgetary and financial management, in accordance with ECDC's Financial Regulation. These external reports are audited by the European Court of Auditors (ECA) and no material anomalies were noted for 2024.

Effectiveness, efficiency, and economy of operations

The effectiveness, efficiency and economy of operations is mainly covered by Part 1 of the Consolidated Annual Activity Report, but sound financial management is also an integral part of the ex-ante controls performed for the individual transactions authorised.

Costs and benefits of controls

ECDC's controls are designed to optimise effectiveness and efficiency, while striking the right balance between the benefits of the controls, in terms of the legality and regularity of the underlying transactions, and their effectiveness and efficiency, taking into consideration the risks involved.

In terms of the effectiveness of the controls, the European Court of Auditors (ECA) issued an unqualified opinion on the legality and regularity of the underlying transactions of ECDC's 2023 accounts.

With regard to the efficiency and economy of controls, no serious anomalies were reported. The estimated costs of control for ECDC in 2024 are outlined in Table 4 below.

Table 4. Estimated costs of control 2024

Relevant control system	Ex-ante controls			Ex-post controls			TOTAL		
Title	Estimated costs of control (€)	Funds managed (€)	Ratio (%)	Estimated Costs of Control (€)	Amount verified and/or audited (€)	Ratio (%)	Estimated costs of control (€)	Funds managed (€)	Ratio (%)
Salaries and other entitlements	345 486	40 142 371	0.86%	-	-	0.00%	345 486	40 142 371	0.86%
Reimbursements	181 295	1 049 287	17.28%	-	-	0.00%	181 295	1 049 287	17.28%
Procurements	3 571 257	48 105 311	7.42%	-	-	0.00%	3 571 257	48 105 311	7.42%
Grants	673 585	2 746 986	24.52%	39 655	211 158	18.78%	713 240	2 746 986	25.96%
TOTAL	4 771 624	92 043 955	5.18%	39 655	211 158	18.78%	4 811 279	92 043 955	5.23%

The table is split according to the relevant control systems, based on how ECDC implements its budget, and by ex-ante and ex-post controls. The table and calculation methods are based on the approach used at the European Commission.

The estimated costs of control include the estimated salary costs (including social charges) of staff directly involved in the relevant control systems. These staff include those working on accounting and financial management issues in the Finance and Accounting Section; staff managing salaries in the Human Resources Section; staff overseeing reimbursements in the Missions and Meetings Group of the Corporate Services Section and the Human Resources Section; staff involved with procurements and grants in the Legal Services Section and Procurement Section; and operational staff working directly with grants in the Fellowship Programme Group of the Public Health Training Section. In addition, an estimate has been made for the time spent by operational staff involved in procurement-related expenditure.

It should be noted that the estimated costs of control do not include any direct or indirect information technology costs, staff costs for general control-related activities (e.g. planning, quality management, internal control coordination, anti-fraud-related work) or any other overhead costs (e.g. costs for office space).

The costs of control are compared to the funds managed (defined as funds paid as C1 and/or C8 credits in 2024), which makes it possible to establish a ratio.

Ex-post costs of control include staff costs for coordinating and monitoring grant verifications, as well as the costs associated with the external audit firm performing the verifications.

ECDC will continue to refine this methodology and closely monitor the development of control costs and ratios in the coming years. While it is challenging to compare these costs and ratios to other organisations, they serve as valuable indicators for tracking the efficiency of controls in place.

The ex-ante costs of control have remained fairly stable in comparison to the previous year. Total ex-ante costs of control increased from EUR 4 426 198 in 2023 to EUR 4 771 624 in 2024, mainly due to the increase in salary costs. However, the funds managed also increased, from EUR 85 904 903 in 2023 to EUR 92 043 955 in 2024, which resulted in the control cost ratio for 2024 remaining very similar to the previous year's ratio of 5.15%, at 5.18%. Ex-post costs of control rose from EUR 21 615 to EUR 39 655, due primarily to higher costs for the external service provider. Overall, the costs of control ratios are nearly identical to those in 2023, with the overall ratio being 5.23% in 2024, compared to 5.18% in 2023. As in previous years, reimbursements (17.28%) and grants (25.96%) remain more staff- and control-intensive than procurements (7.42%), especially salary related expenditure (0.86%). However, controls for procurement incur the highest costs in real terms, meaning that any efficiency gains in that area would have the most significant impact on the overall costs of control.

4. Delegation and sub-delegation of the powers of budget implementation to agency's staff

The Director of ECDC, as authorising officer (AO), has delegated financial responsibility to the five Heads of Unit, as authorising officers by delegation (AOD).

The Heads of Unit in turn can delegate responsibility – but only in their absence – to the Deputy Heads of Unit (Authorising Officers by Sub-Delegation). Should the Deputy Head of Unit be unavailable, the authority returns to the Director. This ensures that a very limited number of people may act as authorising officers at ECDC.

The authorising officers by delegation can enter into budgetary and legal commitments and authorise payments. All budgetary and legal commitments above EUR 500 000 require the signature of the Director, while the delegations for the authorisation of payments are unlimited.

For the expenditure in 2024, the AODs signed a declaration of assurance to the AO for their area of delegated responsibility. No reservations were raised by the AODs.

5. Human resources management

Human Resources management supports the Centre's management and staff by providing continuous HR services in areas such as recruitment, working conditions, pay and entitlements, learning and development, and staff health and well-being. The objective of the Centre's learning and development activities is to offer professional growth for the individual and maintain and further strengthen the Centre's organisational performance.

As part of the review of ECDC's mandate, the Centre received an additional 73 posts (both Temporary Agents (TAs) and Contract Agents (CAs) during the period 2021–2024. Consequently, as in previous years, 2024 was marked by a high volume of recruitment, driven by the increase in posts, the new EWRS project, and a significant number of replacement recruitments, as 36% of the new posts were filled by internal candidates transitioning to new roles. In total, 33 posts were filled during the year. The Centre successfully maintained the vacancy rate below the 5% target, with 4.4% of the TA posts remaining vacant at the end of 2024. To enhance HR services and strengthen its branding, ECDC modernised its vacancy notices and improved the recruitment-related pages on its website.

The ECDC strategy guides the modernisation and consolidation of ECDC's HR management services and activities. Aligned with the strategy, the People@ECDC framework was implemented with particular focus on the health and wellbeing of staff, professional development, and promotion of a diverse and inclusive workplace.

ECDC continues to operate a hybrid way of working as a new mandate is being implemented, many new staff have entered the organisation, and internal staff have taken up new posts. To cater for, and support staff and managers through times of change, the HR function continued to provide support services to ensure the well-being of personnel with the provision of medical and counselling services, mindfulness training and coaching.

The 2024 ECDC training plan was fully implemented and comprised of a baseline training offer – including topics related to compliance – and a focus of the year dedicated to the 'Working with the Stakeholders' programme. Following the 360-degree feedback exercise carried out in 2023, a 'Leadership development programme' was launched.

The reclassification (promotion) was reviewed, and a new process is to be launched in 2025. The appraisal system was aligned with the new reclassification process and enhanced with tools for better managing performance.

The EUAN Charter on Diversity and Inclusion was adopted in March 2024 as a commitment to ensure diversity and inclusion at the Agency. Throughout 2024, several actions were taken: HR processes were reviewed to include diversity and inclusion and webinars and workshops were organised to further enhance a respectful working environment.

Meanwhile, other projects were finalised in 2024, including the Staff Engagement Survey, which achieved the highest response rate ever (83%), resulting in 57% staff engagement. Following the results of the survey, an action plan was developed, to be implemented during 2025. New ways of working in hybrid mode continued to receive specific attention to further strengthen collaboration and provide opportunities for staff to socialise, both within and outside of the Centre's premises. One important focus in the organisation-wide workplace transformation project is to make the Centre's premises attractive in terms of networking and connecting with internal colleagues, as well as external stakeholders. Collaboration and cohesion continue to be important aspects for improving staff engagement.

Most of the jobs (79.5%) at the Agency are related to the implementation of activities linked to its operational work. A total of 14.5% of the jobs fall under the category 'administrative support and coordination', while 6% of the jobs are defined as neutral (i.e. primarily in finance/accounting and internal control) (see Annex 4 - Establishment plan and additional information on human resources management).

6. Strategy for efficiency gains

In 2024, ECDC continued its efforts towards delivering efficiency gains. The Integrated Management Framework (IMF) Working Group continued to support preparations for the implementation roadmap for the IMF.

The introduction of new methodologies, including the automation of support and operational processes critical for achieving and sustaining further efficiency gains, continued in 2024. A key development was the implementation of the new planning and monitoring IT tool (PRIME). This system brings together data on ECDC actions, human and financial resources, procurements and meetings, replacing multiple IT tools and simplifying planning and monitoring processes. PRIME is expected to deliver significant efficiency gains by improving data integration and reducing administrative complexity.

ECDC also expanded its collaboration with EU institutions and agencies, participating in 14 joint procurements and using shared IT services, including the disaster recovery centre of the European Union Intellectual Property Office (EUIPO). These initiatives contribute to cost savings and operational efficiency.

7. Assessment of audit and ex-post evaluation results during the reporting year

7.1 Internal Audit Service (IAS)

ECDC is audited by its internal auditor, the Internal Audit Service (IAS) of the European Commission. The audit work is guided by the risk-based IAS strategic internal audit plan. The current plan, developed by the IAS in 2021, covers the period 2022–2024.

All observations and recommendations from the IAS audits are taken into account, and appropriate action plans are developed. The implementation of these actions is regularly monitored and reported to the Audit Committee of the MB.

In 2024, the IAS did not finalise any specific audits within ECDC. An audit on the 'Preparation, Review and Validation of External Communication Content' was initiated, but this was postponed to 2025. This delay was due to the need for several internal procedures to be finalised and implemented before the audit could proceed.

7.2 Internal Audit Capability (IAC)

Not applicable.

7.3 European Court of Auditors (ECA)

ECDC's annual accounts are audited by the European Court of Auditors (ECA). The audit includes a statement of assurance as to the reliability of the Centre's accounts and the legality and regularity of the underlying transactions.

ECDC received an unqualified opinion for 2023, indicating that the accounts are reliable, and that the transactions underlying the accounts are legal and regular. ECA made three comments in its final report on the 2023 annual accounts, all of which ECDC considers closed, pending the formal review by the ECA as part of the audit of the 2024 annual accounts.

The ECA audit of the 2024 annual accounts is ongoing. The first part of the audit was performed in November 2024. The audit will be finalised during spring 2024, and a draft report will be available by June 2025.

In 2024, the ECA finalised its audit on the EU response to the COVID-19 pandemic. ECA made one recommendation for ECDC, which is to further improve ECDC's organisation, procedures, systems and publications to be better prepared for future health emergencies. ECDC should:

- (a) cooperate with the Member States to work further on a robust European surveillance system for infectious diseases, based on EU-wide harmonised case definitions, allowing ECDC to collect comparable data by country and by region;
- (b) streamline its internal procedures so it can issue more timely and practical guidance;
- (c) publish information in plain language that is more accessible for the general public.

The target implementation date for this recommendation is 2026.

ECDC accepted the recommendation, and took the following actions:

- (a) ECDC will complete the ongoing modernisation of the European surveillance system by 2026 (digital platform for surveillance), with the integration of indicator-based surveillance in EpiPulse and the retirement of TESSy. ECDC and the Commission are supporting Member States through direct grants, training and other mechanisms, to improve the degree of automation and digitalisation of the national surveillance systems. ECDC is supporting the Commission in a review of the legal framework to harmonise EU/EEA surveillance including the list of communicable diseases, case definitions, surveillance standards, the digital platform for surveillance and the network for epidemiological surveillance.
- (b)(c) ECDC is reviewing its internal procedure to produce scientific outputs and undertaking a review of its stakeholder consultation and editorial processes to ensure the utility and accessibility of its public health outputs.

ECDC's overall target implementation date is foreseen for the fourth quarter of 2026.

8. Follow-up of recommendations and observations

8.1 Follow-up of recommendations and action plans for audits and evaluations

Audits

Two of the five IAS recommendations open at the end of 2023, with a target implementation date in 2024, were fully implemented by ECDC in 2024 and reported to the IAS for review. One recommendation was partially implemented and downgraded (from very important to important) by the IAS, with the remaining part having a new target date to be implemented by the first quarter of 2025. ECDC will closely monitor this remaining part of the recommendation to ensure its full implementation as soon as possible, but at the latest by the new target date. The remaining five open recommendations are scheduled to be fully implemented in 2025, with two planned for the first quarter of 2025, two for the third quarter of 2025, and one for the fourth quarter of 2025.

There is one remaining ECA observation open from the audit of the EU's response to the COVID-19 pandemic, but it is not planned to be implemented until the end of 2026. The other three observations received in 2024 have been closed by ECDC and are awaiting formal review by the ECA as part of the audit for the 2024 annual accounts.

Evaluations

As part of continuous improvement work, and in accordance with the Financial Regulation, the Centre has continued commissioning evaluations to enhance specific scientific interventions and operations. All evaluations use a combination of methods, including desk research, stakeholder consultations, and benchmarking and learning exchanges with similar organisations (except for global health, where comparable organisations were part of the stakeholder group). The recommendations resulting from these evaluations are analysed by the relevant teams and translated into concrete action plans, which are then monitored by the teams.

Evaluation of ESCAIDE

The improvement plan for ESCAIDE, developed following the 2021 external evaluation, is being implemented gradually in a phased and resource-conscious manner. In 2024, key actions included: i) using historical data to improve diversity and representation in the conference and its programme; ii) continuous improvement of the abstract submission tracks and the review process; iii) expanding the conference's reach by engaging more stakeholders and partnering on side events covering different specialisations; iv) strengthening targeted outreach to consistently under-represented countries; v) facilitating the participation of more journalists and public health podcasters to increase visibility and engagement. A key milestone in 2024 was the approval of a new position for the ESCAIDE team to manage the conference's increased complexity and workload.

Evaluation of ECDC4Africa

A four-year capacity and partnership-building project, 'EU for health security in Africa: ECDC for Africa CDC', was launched in January 2021, with financial support from the European Development Fund through the European Commission DG for International Partnerships. The project aims to strengthen Africa CDC capacities in preparedness and response to health threats, facilitate harmonised surveillance and disease intelligence of prioritised outbreak-prone communicable diseases across the continent, and support the implementation of Africa CDC's public health workforce development strategy. A mid-term evaluation was initiated to enhance the project's delivery. As per the recommendations of the evaluation, the current focus is on improving the support provided by the Missions and Meetings team to the project.

Evaluation of Eurosurveillance

The editorial team is continually enhancing the journal's impact on public health in Europe by providing relevant content for timely public health action and long-term policymaking. To support this, the Eurosurveillance Board approved an external evaluation in February 2024 to assess how well the journal is meeting its strategic objectives and fulfilling expectations, as well as examining its relevance to the current and emerging needs of its readers. The evaluation will include additional market research to identify best practices from other journals, complementing the recommendations from stakeholder consultations and desk research, which are traditionally part of the evaluation process.

Evaluation of procurement function

The aim of this evaluation is to assess the effectiveness and efficiency of ECDC's procurement practices and to strengthen procurement operations by adopting best practices from similar organisations. The evaluation will include a review of documentation, a benchmarking exercise with other EU agencies, a literature review and internal consultations with approximately 20 staff members.

The Centre expects to receive the final reports for both evaluations by the end of March and plans to implement the first improvement measures in 2025.

8.2 Follow up of recommendations issued following investigations by the European Anti-Fraud Office (OLAF)²⁸

As ECDC did not have any open OLAF recommendations from previous years or receive any new ones in 2024, no follow-up was required. There were no reports affecting the accounts in 2024.

9. Follow-up of observations from the discharge authority

Article 107(2) of the ECDC Financial Regulation states: 'At the request of the European Parliament or the Council, the director shall report on the measures taken in the light of those observations and comments.' In response to the Discharge Authority's observations for 2022²⁹, ECDC has made significant progress in key areas.

- **Budget and financial management:** Observation 14 is not applicable as it pertains to other EU agencies. Observation 16 is also not applicable, since ECDC has not launched any grants related to VAT reimbursement and has no immediate need for common guidance.
- **Efficiency and gains:** progress is ongoing as ECDC has shared services with other agencies and reciprocated services in return (Observation 26). With regard to energy efficiency, and reducing its carbon footprint and energy consumption, ECDC became EMAS-certified in 2023, publishing its first environmental statement for 2022³⁰ (Observation 30). With regard to digitalisation in HR and Procurement, ECDC launched Allegro's recruitment module, streamlining processes and enhancing the candidate experience. In addition, the Centre implemented the Public Procurement Management Tool (PPMT) for processes and developed e-workflows for contract management. ECDC also adopted a qualified electronic signature for external documents and an electronic signature for internal approvals in 2022. (Observation 31).
- **Staff policy:** Observation 37 is not applicable, as it relates to other EU agencies. Observation 40 is ongoing as ECDC only recruited two managers which did not impact gender balance.
- **Prevention of conflicts of interest and transparency:** Observation 48 is not applicable, as ECDC considers the risk of conflicts of interest among former MB members to be low.
- **Internal control:** The Internal Control Strategy was updated in Q4 2024 (Observation 57). The implementation of the Internal Control Framework (ICF) is currently at 82% (Observation 58).
- **Communication:** ECDC has implemented several initiatives to improve transparency and public accountability, including informing EU citizens about its work through accessible language and social media (Observation 62).

10. Environment management

ECDC achieved EU Eco-Management Audit Scheme (EMAS) registration in 2024, with confirmation for 2025. As required by EMAS, the Centre continues to improve its sustainability performance and monitor progress annually. In 2024, ECDC began calculating its greenhouse gas emission, and aims to be carbon neutral before 2027, significantly ahead of the 2030 EU Green Deal deadline.

11. Assessment by management

ECDC conducts its operations in compliance with relevant legal requirements, ensuring transparency to uphold its scientific independence and maintain high professional standards. The Agency regularly monitors the implementation of action plans based on recommendations from the ECA and IAS audits. The review of ECDC's Internal Control Framework (ICF) did not expose any significant shortcomings.

²⁸ Article 11 Regulation (EU/Euratom) 883/2013 of the European Parliament and of the Council concerning investigations conducted by the European Anti-Fraud Office (OLAF)

²⁹ European Parliament. European Parliament Resolution of 11 April 2024 on discharge in respect of the implementation of the budget of the European Union agencies for the financial year 2022: performance, financial management and control (2023/2182(DEC)) https://www.europarl.europa.eu/doceo/document/TA-9-2024-0280_EN.html.

³⁰ Environmental Statement 2022 and EMAS Policy <https://www.ecdc.europa.eu/en/publications-data/environmental-statement-2022-and-emas-policy>. This is the first environmental statement produced by ECDC and the first to be validated under the Eco-Management and Audit Scheme (EMAS). This environmental statement was prepared in accordance with the EMAS regulations, and it provides information to all the interested parties about ECDC's activities and its environmental performance. In accordance with the Environmental Management System (EMS), the environmental statement will be published annually. The second environmental statement will therefore be published in 2024. Environmental Statement 2022 and EMAS Policy <https://www.ecdc.europa.eu/en/publications-data/environmental-statement-2022-and-emas-policy>

Part 2b. External evaluations

In accordance with ECDC's revised mandate³¹, DG SANTE will organise the Centre's five-year external evaluation. The fourth external evaluation, scheduled for 2025, will primarily assess how ECDC has implemented the revised mandate. These evaluations typically assess effectiveness, efficiency, relevance, coherence, and EU added value. It will also examine the feasibility of extending the mandate of the Centre to address the impact of cross-border threats to health on non-communicable diseases.

As is customary, following the presentation of the evaluation results, ECDC will develop an action plan based on the recommendations.

³¹ 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.

Part 3. Assessment of the effectiveness of internal control systems

1. Effectiveness of internal control systems

1.1 Methodology applied for assessing the effectiveness of the internal control system

ECDC assesses the effectiveness of the internal control system at least once a year by assessing the implementation of the internal control framework, including implementation of the indicators defined, and by evaluating the main shortcomings identified by ECDC itself or reported by others, including the Internal Audit Service and the European Court of Auditors.

1.2 Internal Control Framework

The MB adopted the new ICF at its 43rd meeting in November 2018. As of 2019, the ICF formed the basis for ECDC's internal control system.

ECDC's ICF is designed to provide reasonable assurance of the achievement of the five objectives set in Article 30 of ECDC's Financial Regulation:

- effectiveness, efficiency and economy of operations;
- reliability of reporting;
- safeguarding of assets and information;
- prevention, detection, correction and follow-up of fraud and irregularities;
- adequate management of the risks relating to the legality and regularity of the underlying transactions, taking into account the multiannual character of programmes as well as the nature of the payments concerned.

The framework supplements the ECDC Financial Regulation and other applicable rules and regulations, with a view to aligning ECDC standards with the highest international standards. The framework implemented by the European Commission served as a basis for defining principles and their characteristics.

The internal control system at ECDC is based on the five internal control components:

- the control environment
- risk assessment
- control activities
- information and communication
- monitoring activities.

These are the building blocks that underpin the framework's structure and support the Agency in its efforts to achieve its objectives. The five components are interrelated and must be present and functioning at all levels of the organisation for internal control over operations to be considered effective.

Each component of the internal control system adheres to several principles which facilitate the system's implementation and make it possible to assess the system's operability at the management level. Working with these principles helps provide reasonable assurance that the organisational objectives are met. The principles specify the actions required for internal control to be effective.

The internal control framework moves away from a purely compliance-based to a principle-based system, whereby managers are offered the necessary flexibility to adapt to specific situations, characteristics and circumstances while ensuring robust internal control and consistent assessment throughout the Agency. This approach is designed to help the organisation achieve its objectives and sustain operational and financial performance by establishing diverse and objective-based managerial processes that meet each entity's specific needs.

Ongoing monitoring of the effective functioning of internal control is built into business processes and performed on a real-time basis at all levels of the organisation. This enables the entities to react in a timely manner to changing conditions and correct deviations from intended performance and effectiveness.

The Agency must be able to demonstrate not only that controls are in place, but also that these controls are effective at managing risks and that they work as intended. Internal control principle 16 states that the assessment of internal control is founded both on ongoing (continuous) monitoring and specific (periodical) assessments to ascertain whether the internal control systems and their components are present and functioning. ECDC must carry out an overall assessment of the presence and functioning of all internal control components at least once a year.

In 2019, the ICF was further reinforced with detailed indicators that were approved by the MB in November 2019, with a revision of the indicators performed in June 2020 as agreed with the Board. The ICF was further amended

by the Board, following the IAS final report on the 'limited review of the implementation of the new ECDC Internal Control Framework' at the November 2021 meeting to reflect the IAS recommendations. Furthermore, in 2022, it was decided to add a number of survey-based indicators in time for the ICF assessment to be performed in January 2023 for the CAAR 2022. The results for the survey-based indicators are taken from two ECDC surveys (the ECDC Staff Engagement Survey and the ECDC Internal Control Survey.) The plan is to run these surveys bi-annually. In total, 44 new survey-based indicators were added to the ICF. Finally, some additional changes were made to the indicators of the ICF in June 2024, based on the recommendations received from the IAS as part of their audit of information security management.

The implementation of the ICF is assessed annually and a report is sent to the Audit Committee of the MB. The assessment of the ICF for 2024 was performed in January/February 2025 and presented to the Audit Committee in March 2025. The main conclusions were as follows:

- The self-assessment performed on the implementation of the internal control framework showed that the internal control system is present and functioning, but some improvements are needed.
- At the component level, all five components are present and functioning, but with some improvements needed.
- At the principles level, 10 principles are in place and functioning well with no or only minor improvements needed, while seven principles are present and functioning, with some improvements needed.
- Overall, 41 characteristics (82%) were rated as being 'in place and functioning well, with no or only minor improvements needed', nine characteristics (18%) were rated as having a control system that 'is present and functioning, but some improvements are needed', no characteristics were rated as being 'partially present and functioning, but major improvements are needed', and none were rated as 'not present and functioning'.

1.3 Implementation and monitoring of the Agency's policies for the prevention and management of conflicts of interest

ECDC is committed to maintaining the scientific accuracy and impartiality of its products and communications. Given the Centre's reliance on many internal and external experts who shape its scientific positions, an independence policy was introduced in 2016 to ensure transparency and identify any risk of conflicts of interest. This policy has since been split into two documents: one covering non-staff, including MB and AF members, and another for ECDC staff, including the Director and the Heads of Unit. A compliance officer oversees implementation of the policy, supported by an electronic system for the submission of declarations of interest, which minimises the number of errors in submitted documents. This facilitates the implementation of the independence policy and increases the compliance rate.

In 2024, ECDC continued to apply and strengthen its independence policy for non-staff and staff members. Nearly all required declarations were submitted, with only 6% of appointed MB members/alternates and 7% of appointed AF members/alternates failing to submit them. All external experts consulted during the production of rapid risk assessments declared their interests before publication. It should be noted that all MB and AF members who attended meetings and contributed to discussions had valid ADoIs. In addition, the Director and Heads of Unit completed their ADoIs, and 98% of external experts attending ECDC meetings who required a conflict-of-interest check submitted their ADoIs.

2. Conclusions of internal control system assessment

Given the control system in place, the information obtained from the building blocks of assurance (see below) and the lack of critical findings from the Court of Auditors and the Internal Audit Service at the time of the declaration, there is no reason to question the effectiveness of the internal control system in place. However, some improvements are needed in relation to the implementation of the internal control framework (as explained in paragraph 1.2 of 'Internal Control Framework' above).

The overall conclusion is that the internal control system is present and functioning, but that some improvements are needed.

3. Statement of the manager in charge of risk management and internal control

Statement of the Manager in charge of risk management and internal control

I, the undersigned,

Manager in charge of risk management and internal control within ECDC,

In my capacity as Manager in charge of risk management and internal control, I declare that in accordance with ECDC's Internal Control Framework, I have reported my advice and recommendations on the overall state of internal control in the Agency to the Director.

I hereby certify that the information provided in the present Consolidated Annual Activity Report and in its annexes is, to the best of my knowledge, accurate, reliable and complete.

Place: Solna, Stockholm

Date: 3 March 2025



*Pontus Molin
Head of Unit, Resource Management Services*

Part 4. Management assurance

1. Review of the elements supporting assurance

The main building blocks of the Director's Declaration of Assurance are:

- the Director's own knowledge of the management and control system in place;
- the declarations of assurance made by each Authorising Officer by delegation to the Director;
- the results of the self-assessment of internal control;
- the results of the self-assessment of the Internal Control Framework implementation;
- the results of the specific assessment performed;
- the results of the risk self-assessment exercises;
- the analysis and list of recorded exceptions;
- the status of the internal control and quality weaknesses reported;
- the results of the grant verifications known at the time of the declaration;
- the summary of OLAF activities;
- the summary of the implementation of the ECDC Independence Policy;
- the report from the Data Protection Officer;
- the observations of the European Ombudsman known at the time of the declaration;
- the observations of the Internal Audit Service known at the time of the declaration;
- the observations of the European Court of Auditors known at the time of the declaration.

There were no significant weaknesses reported from these building blocks of assurance that are considered to be of such a significance that they would have an impact on the Director's Declaration of Assurance.

2. Reservations

2.1 Materiality criteria used regarding reservations

The concept of materiality provides the authorising officer with a basis for determining if an identified weakness should be subject to a formal reservation in the declaration of assurance.

When defining whether an identified weakness is material, ECDC assesses both qualitative and quantitative aspects.

2.1.1 Qualitative criteria

Weaknesses leading to critical operational damage

A detected weakness in the design or operation of ECDC's internal controls (affecting the Director's Declaration of Assurance) that would lead to critical operational damage.

The severity of the operational damage is mainly assessed through the size and sensitivity of the issue and area concerned and the potential damage to ECDC and its operations.

Weaknesses leading to critical reputational damage

A detected weakness in the design or operation of ECDC's internal controls (affecting the Director's Declaration of Assurance) that would lead to critical reputational damage.

The severity of the reputational damage is mainly assessed through the size and sensitivity of the issue and area concerned and the potential damage to ECDC's reputation, including the level of public interest.

Critical observations by auditors or OLAF

A critical observation made by the European Court of Auditors, the Internal Audit Service or OLAF could lead to a reservation.

ECDC considers whether the observation is made in an area covered by the Director's Declaration of Assurance, whether the issue was solved immediately during the reporting period, and whether the impact is potentially material.

2.1.2 Quantitative criteria

A quantifiable weakness in the control system is defined as material when ex-ante or ex-post controls detect errors regarding the legality and regularity of the underlying transactions of 2% or more (financial impact).

Therefore, if the most likely error affecting the underlying transactions for the internal control system/area in question is 2% or more, a reservation should be made.

However, the reservation is only made if the internal control system/area affected by the potential reservation represents 2% or more of the total payments made by ECDC for the year in question (for 2024, set at a minimum of EUR 1.8 million). Otherwise, no financial reservation is made (without prejudice to a reservation for qualitative reasons).

The rate of 2% is based on the materiality rate applied by the European Court of Auditors.

2.2 Reservations for 2024

None.

Part 5. Declaration of assurance

Declaration of Assurance

I, the undersigned, Director of the European Centre for Disease Prevention and Control (ECDC),

In my capacity as authorising officer,

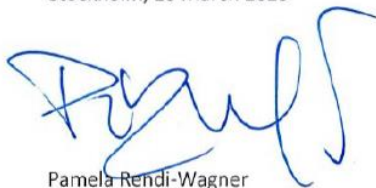
Declare that the information contained in this report gives a true and fair view.*

State that I have reasonable assurance that the resources assigned to the activities described in this report have been used for their intended purpose and in accordance with the principles of sound financial management, and that the control procedures put in place give the necessary guarantees concerning the legality and regularity of the underlying transactions.

This reasonable assurance is based on my own judgement and on the information at my disposal, such as the results of the self-assessment, ex-post controls, the work of the Internal Audit Service and the lessons learnt from the reports of the Court of Auditors for years prior to the year of this declaration.

Confirm that I am not aware of anything not reported here which could harm the interests of the European Centre for Disease Prevention and Control (ECDC).

Stockholm, 10 March 2025



Pamela Rendi-Wagner

Director

** True and fair in this context means a reliable, complete and correct view on the state of affairs in the Agency.*

Annex 1. Core business statistics 2024

In 2024, ECDC successfully completed, or is in the process of completing, 99% of the outputs in its Single Programming Document 2024–2026. Out of the total 122 outputs, 76 were completed (62%), 45 were in progress (37%), and one (1%) was postponed. The following table provides a detailed breakdown of the status of implementation of the 2024 Work Programme by key output and expected results. The calculation method for output delivery differs from the CAAR 2023. Instead of tracking the multiple sub-deliverables within each output, where applicable, a single implementation status was assigned per output.

Action Area	SPD 2024 Key Output	SPD 2024 Expected Result	Status	Comments
Strategic Objective 1: Maintain the independence and rigour of scientific processes and strengthen the relevance and accessibility of scientific outputs to support public health policies and practices at national and EU level.				
Area 1.1 Standards and methodologies				
Promote standard setting and the use of defined methodologies and diverse data sources for data analytics	1.1.1	List of planned and ongoing scientific outputs 2024 including the intended target audience and impact.	Completed	ECDC 2024 planned publications collated in SARMS including information on intended impact and target audiences, and published on ECDC website: https://www.ecdc.europa.eu/en/about-ecdc/who-we-are/key-documents/planned-scientific-outputs
	1.1.2	Revision of ECDC scientific advice process and Regulation (EU) 2022/2370 Article 7 Procedure for scientific opinions finalised and communicated internally and externally.	Completed	The internal procedures have been revised and communicated. Implementation is ongoing.
	1.1.3	Guidance and training on scientific integrity, good scientific practice, methods and tools for evidence synthesis, statistical analysis.	Completed	Several webinars and training workshops organised in 2024, among others in person and online workshops in evidence-based public health (EBPH) attended by ECDC staff and almost 160 public health colleagues from EU/EEA countries.
	1.1.4	Extensive use of the IRIS prioritisation framework beyond the AF.	Completed	The IRIS framework has been used to support planning and prioritisation. One example is the ECDC framework for action on the Sustainable Development Goal diseases , published May 2024 on the ECDC web portal
Area 1.2 Knowledge Transfer				
Bridge the gap between science, policy, and practice	1.2.1	Workshops on the margins of ECDC-organised events (ESCAIDE, ECDC summer school, traineeship project review module) at ECDC or at national public health institutes. Podcast pilot (2-3).	Completed	Delivered workshops/seminars on getting published, writing cover letters (ECDC fellowship), predatory journals, sensitive language, and peer review as part of the ECDC fellowship project review module. Presented seminar on Eurosurveillance at RKI on key messages and hosted webinars on DE&I in publishing and responsible AI use at ECDC. Co-created webinar series with Africa CDC on scientific publishing, emphasising key messages. Podcasts were deprioritised.
	1.2.2	ECDC Observership week in collaboration with European Learned Societies.	Completed	Following a new call for expression of interest, the ECDC Observership took place between 14-18 October 2024, with 30 participants ESCMID, ESCV and EUCIC. The Observership was highly successful, receiving positive feedback.
	1.2.3	2024 edition of the ESCAIDE conference in hybrid format.	Completed	ESCAIDE 2024 in Stockholm attracted over 750 attendees and nearly 2500 online participants from 122 countries, underscoring its growing global importance. The hybrid format ensured accessibility by removing barriers such as cost and travel.

Action Area	SPD 2024 Key Output	SPD 2024 Expected Result	Status	Comments
	1.2.4	Information and knowledge management solutions developed to improve the management of knowledge domains that are mission critical to ECDC.	Completed	The search engine was launched with training campaigns to boost staff proficiency. Content discovery improved through duplicate removal, and a new template wizard was introduced for compliant document creation. The Information Asset catalogue (IAC) structure was enhanced, with curated, regularly updated content.
	1.2.5	ECDC scientific outputs published on the Centre's website and/or as open access publications if published in peer-review scientific journals.	Completed	All ECDC outputs published in 2024 conformed to ECDC open access policy.
	1.2.6	At least one scientific category template redesigned in consultation with ECDC staff and stakeholders. Guidance and supporting materials produced to support ECDC scientific staff in using the new templates.	In progress	Revision of templates and implementation of revised templates ongoing.
	1.2.7	A total of 50 issues of Eurosurveillance. Scientific seminar at international conference. Board meeting with action points for 2025.	Completed	
Area 1.3 Foresight, modelling and research engagement				
Address areas of uncertainty and knowledge gaps through modelling, forecasting, and collaboration, and communicate identified research priorities with EU research initiatives and other EU bodies	1.3.1	Regular foresight/futures activities and consultations.	Completed	Capacity building series delivered in form of internal trainings, videos and hands-on workshops to support adoption and application of strategic foresight approaches within ECDC, as well as external activities (e.g. as part of the ECDC Summer School 2024).
	1.3.2	Foresight report.	Completed	Report is in final stages for publication in early 2025.
	1.3.3	Forecast and scenario modelling hubs.	Completed	Former COVID-19 hubs expanded to cover more respiratory diseases and RespiCast and RespiCompass hubs launched to support public health assessment and guidance.
	1.3.4	Modelling tools and workflows for public health emergencies. Modelling insight generation.	In progress	Biostatistical analyses, statistical and mathematical modelling support ECDC's work, enhancing robustness and relevance and supporting public health decision-making.
	1.3.5	Research priorities report and presentation.	In progress	Links with DG Research and Innovation maintained, and feedback was provided on future research actions, including strategic research and innovation on pandemic preparedness, and climate change and health proposed in 2024. A One Health research agenda is in progress, with a workshop planned for Q4 with agency partners.

Action Area	SPD 2024 Key Output		SPD 2024 Expected Result	Status	Comments
	1.3.6	Topic-specific technical report, summarising existing knowledge gaps, ongoing EU research efforts, and suggested action to address and improve the knowledge base.		In progress	Literature review and stakeholder consultation on knowledge gaps for Public Health action against 1) Legionella and 2) infectious disease risks from blood transfusion completed in 2024. Final reports in production.
	1.3.7	Coordination of ECDC staff involved with EU-funded science.		In progress	
Area 1.4 External and risk communication					
Provide relevant, timely, accessible and actionable information on infectious disease epidemiology, prevention and control	1.4.1	Risk, crisis, and external communication content published across channels including ECDC websites and social media.	Improved uptake of ECDC's information	Completed	All websites (ECDC, EAAD, EVIP) supported the publication of communication materials of various formats, marking a 45% increase in traffic. ECDC also broadly shared its content via social media channels (X, Instagram, Facebook, Threads, BlueSky, LinkedIn) and visits to YouTube channel (ECDC reached 100 000 subscribers which led to an award).
	1.4.2	Communication campaigns in collaboration with partners and stakeholders (e.g. European Antibiotic Awareness Day, Flu Awareness Campaign, European Immunisation Week).	Improved highlights of ECDC's content and increased awareness of specific topics.	Completed	Global awareness campaigns (e.g. World TB Day, World Hepatitis Day, World Hand Hygiene Day, World Polio Day, Flu Awareness Week, EWI, EAAD, and World AIDS Day) were organised with partners and stakeholders. Digital events supporting the campaigns were organised with partners and stakeholders.
	1.4.3	Activities implemented through the Stakeholder Engagement Framework.	Improved exchanges with stakeholders, leading to improved reputation and trust, and amplification of ECDC's messages.	In progress	The stakeholder engagement project received the final deliverable. The final internal review of the draft Stakeholder Engagement Framework is on-going.
	1.4.4	Risk communication, community engagement, and infodemic management (RCCE-IM) plan for ECDC.	Pathway of activities to be implemented by ECDC in the area of risk communication, community engagement, and infodemic management, including internal processes and support at country level.	Completed	Public health advice, risk communications addressing a broad range of topics were implemented. RCCE-IM activities were organised including, a Joint ECDC and WHO Regional Office for Europe Side-Event at ESCAIDE on RCCE-IM: what health emergency teams must know.
Strategic Objective 2: Provide relevant, reliable and timely information and science-based recommendations to enable evidence informed decision-making at national and EU level					
Area 2.1 Surveillance					
Provide timely information and robust evidence through surveillance and monitoring	2.1.1	JIAIRA IV		Completed	JIAIRA IV = 4th joint inter-agency report on integrated analysis of antimicrobial consumption and occurrence of AMR in bacteria from humans and food-producing animals in the EU.
	2.1.2	Systemic data collection, analysis, interpretation and dissemination (indicator-based surveillance): • Surveillance Atlas of Infectious Diseases; • Annual epidemiological reports; • Routine enhanced surveillance reports published jointly with partner agencies; • Disease overview profiles.	Timely surveillance data analysis, interpretation and data dissemination. Key information for public health decision-making is available to address stakeholders' needs.	Completed	Routine enhanced surveillance reports published jointly with partner agencies.
	2.1.3	Threat detection and monitoring (event-based surveillance). Outbreak signals for further investigation.	Timely detection, investigation, and control of outbreaks.	In progress	Ongoing activity.
	2.1.4	Protocol for monitoring adherence to standards for integrated surveillance.	Increased attention of Member States to surveillance systems performance.	Postponed	Subject to the adoption of a delegated act under Article 14 of the SCBTH (a process managed by SANTE. ECDC provided SANTE with technical inputs at the end of 2024.

Action Area	SPD 2024 Key Output	SPD 2024 Expected Result	Status	Comments
	2.1.5	EURLs implemented for six disease areas.	Strengthened capacity and improved laboratory support for laboratory networks.	Completed
	2.1.6	Training courses completed in integrated genomic epidemiology for two disease groups.	Increased application of genomic based epidemiology and increase in data reported to ECDC from active Member States.	Completed
	2.1.7	Implementation of ECDC strategic framework for genomic typing into EU-level surveillance.	Additional diseases operational for genomic surveillance and outbreak support.	In progress <i>Legionella, Acinetobacter</i> operational in 2024
	2.1.8	Reports on monitoring of prevention and control activities on HIV and viral hepatitis.	Improved strategic information on country- and EU-level situation of prevention and control for SDG-targeted diseases.	Completed
	2.1.9	European Union One Health Zoonoses Report (collaboration with EFSA covering brucellosis, campylobacteriosis, salmonellosis, listeriosis, STEC/VTEC infections, echinococcosis, Trichinellosis, toxoplasmosis, yersiniosis).	Decision-makers and health professionals are informed by trustworthy and relevant expertise.	Completed
	2.1.10	European Union Summary Report on Antimicrobial Resistance in zoonotic and indicator bacteria from humans, animals and food (collaboration with EFSA covering the occurrence of AMR in <i>Salmonella</i> and <i>Campylobacter</i>).		Completed
	2.1.11	Weekly surveillance of West Nile virus infections in human and animals to support the implementation of SoHO prevention and control measures.		Completed
	2.1.12	ECDC/WHO joint weekly bulletin (ERVIS) for integrated surveillance of respiratory viruses. (integrated weekly monitoring of respiratory viruses at the level of EU/EEA and WHO Regional Office for Europe.	Improved collaboration with partners. Strengthened surveillance of respiratory viruses in the EU/EEA.	Completed
	2.1.13	Outputs on avian influenza: • Quarterly and ad-hoc joint reports with EFSA and EURL. • Annual Epidemiological Report chapter (zoonotic flu). • Monthly RT and CDTR (zoonotic flu). • Surveillance guidance to identify human cases of avian influenza.		Completed

Action Area	SPD 2024 Key Output		SPD 2024 Expected Result	Status	Comments
	2.1.14	Outputs on seasonal influenza: <ul style="list-style-type: none">• Weekly publication of surveillance data jointly with WHO (through ERVISS)• Weekly data sharing with WHO• Weekly publication of data in Surveillance Atlas (internal and external)• Annual Epidemiological Report chapter• Virus characterisation report for VCM (twice a year)• Monthly virus characterisation report		Completed	
	2.1.15	Outputs on COVID-19: <ul style="list-style-type: none">• Weekly publication of surveillance data jointly with WHO (through ERVISS).• Weekly data sharing with WHO.		Completed	
	2.1.16	Surveillance networks coordination.		Completed	
	2.1.17	Contribute to meetings and deliverable under the Global Laboratory Leadership Programme (GLLP).		In progress	ECDC hosted in November 2024 the annual Partners face-to-face meeting of GLLP, in which a new strategic plan and priorities for 2025 were agreed.
	2.1.18	Laboratory/molecular surveillance.	Implemented for most diseases where relevant. Ongoing work to improve performance of surveillance systems and to strengthen Member States capacities and capabilities.	In progress	Progressively integrated in routine surveillance
	2.1.19	Data on structure and process indicators of infection prevention and control (IPC) and of antimicrobial stewardship (AMS), as part of the reports on the point prevalence surveys of HAIs and antimicrobial use in European acute care hospitals and long-term care facilities.		In progress	For acute care hospitals: data on structure and process indicators of IPC and AMS published as part of the report on 6 May 2024. For long-term care facilities: data will be published as part of the report on the point prevalence survey 2023-2024 (planned for May 2025).
Area 2.2 Public health evidence and recommendations					
Provide science-based advice and recommendations through public health expertise	2.2.1	ECDC list of priorities for scientific advice.	Decision-makers and health professionals are informed thanks to trustworthy and relevant expertise. Increased preparedness against respiratory viruses (including influenza, COVID-19, and RSV and zoonotic respiratory viruses such as avian influenza), healthcare-associated infections, vaccine preventable diseases, etc.	Completed	
	2.2.2	Outputs on emerging, food and vector-borne diseases: <ul style="list-style-type: none">• technical report on preparedness, prevention and control of <i>Aedes</i> borne diseases (dengue, chikungunya and Zika) in the EU;		In progress	A total of 36 Annual Epidemiological Reports were published in 2024. Ad-hoc scientific advice on EFVD included: Continued circulation of mpox: an epidemiological and phylogenetic assessment, European Region, 2023–2024; Airport and luggage (Odyssean) malaria in Europe: a systematic review; Potential for emergence of Japanese encephalitis in the European Union; The spatial relationship between leishmaniases and sand flies in

Action Area	SPD 2024 Key Output	SPD 2024 Expected Result	Status	Comments
	<ul style="list-style-type: none"> • risk assessment on tick-borne encephalitis virus via substances of human origin; • ad-hoc scientific advice on emerging, food and vector-borne diseases; • EFSA/ECDC estimates of the food-borne disease burden; • systematic review of the association of food and water-borne diagnostic matrixes and outcome severity. 			Europe and neighbouring countries; Factsheets on mpox, Marburg virus disease, STEC, and malaria; Webinars on mpox, Crimean-Congo haemorrhagic fever, and vibriosis. Systematic review on FWD diagnostic matrix and outcome severity was cancelled due to limited resources.
	2.2.3 Outputs on respiratory viruses and Legionella: <ul style="list-style-type: none"> • quarterly EFSA/ECDC avian influenza epidemiological reports; • twice yearly ECDC/WHO report on WHO European Region for the influenza vaccine composition meeting; • quarterly influenza virus characterization summary reports; • systematic reviews on respiratory viruses were produced regarding: the impact of COVID-19 vaccination on risk and duration of post COVID-19 condition; the impact of respiratory virus co-infection on COVID-19 disease severity; diagnostics for Legionnaires' Disease; and sero-epidemiological studies of avian influenza viruses in humans. • Annual Epidemiological Report chapters on seasonal and zoonotic influenza and Legionnaires' disease; • ad hoc guidance for implementation of the integrated surveillance of respiratory viruses; • ad hoc guidance on strengthening surveillance and detection of avian influenza and other zoonotic respiratory viral infections (e.g. swine influenza, zoonotic SARS-CoV-2) in humans; • updated protocols for outbreak investigation of avian influenza or other zoonotic respiratory viral infections; • public health consideration of post-COVID-19. 		In progress	AERs are being produced. Ad hoc guidance for implementation of the integrated surveillance of respiratory viruses is postponed to 2025. Public health considerations of post-COVID-19 have been cancelled. The following outputs on avian influenza have been produced as part of a joint mandate on avian influenza to ECDC and EFSA from DG SANTE: <ul style="list-style-type: none"> • Report on drivers of a potential avian influenza pandemic; • Scientific Opinion on measures for prevention, preparedness and control for avian influenza; Report on how to perform an avian influenza outbreak management with a One-Health approach; • Simulation exercise on avian influenza involving Member States.

Action Area	SPD 2024 Key Output		SPD 2024 Expected Result	Status	Comments
	2.2.4	Outputs on healthcare-associated infections: <ul style="list-style-type: none">• report on the third point prevalence survey of healthcare-associated infections (HAIs) and antimicrobial use in European acute care hospitals, 2022–2023;• Annual Epidemiological Report chapters on surgical site infections, HAIs in intensive care units and <i>Clostridioides difficile</i> infections.		In progress	
	2.2.5	Outputs on antimicrobial resistance: <ul style="list-style-type: none">• EFSA /ECHA/ EMA/ ECDC/ European Environment Agency/JRC joint scientific report on the impact of the use of azole fungicides, other than as human medicines, on the development of azole-resistant <i>Aspergillus</i> spp.;• Annual Epidemiological Report chapter on AMR in the EU/EEA, 2023;• ECDC/WHO Regional Office for Europe joint report on AMR surveillance in Europe, 2022.		Completed	The ECDC/WHO Regional Office for Europe joint report on AMR surveillance in Europe was replaced by a joint summary on 2023 data: published on 18 November 2024 (the joint summary on 2022 data had already been published on 17 November 2023).
	2.2.6	Outputs on antimicrobial consumption: <ul style="list-style-type: none">• Annual Epidemiological Report chapter on antimicrobial consumption in the EU/EEA 2023.		Completed	
	2.2.7	Outputs on sexually transmitted infections, blood-borne viruses and tuberculosis: <ul style="list-style-type: none">• standards of HIV care;• technical guidance on Chagas disease – guidance document for donor selection in the EU/EEA.		In progress	Standards on HIV care are in clearance and the technical guidance on Chagas disease was published.
	2.2.8	Vaccine-related outputs on influenza and RSV: <ul style="list-style-type: none">• ad hoc systematic reviews on burden of RSV, vaccine effectiveness against RSV and vaccine effectiveness against seasonal influenza.		Completed	Final prioritisation led to perform a systematic review on RSV vaccine effectiveness and seasonal influenza vaccine effectiveness.
	2.2.9	Outputs on VPI: <ul style="list-style-type: none">• scientific evidence summaries to inform national vaccination programmes;• measles and rubella surveillance monthly bulletin;• COVID-19 and influenza vaccine effectiveness reports deriving from commissioned studies, including those from the ECDC/EMA Vaccine Monitoring Platform;		Completed	

Action Area	SPD 2024 Key Output	SPD 2024 Expected Result	Status	Comments
	<ul style="list-style-type: none"> Annual Epidemiological Reports related to vaccine preventable diseases; Report related to vaccine coverage. 			
	2.2.10 Joint ECDC/EFSA distribution maps of arthropod vectors that have a public health and animal health relevance.		Completed	
Area 2.3 Digital solutions for surveillance				
Provide support in adapting, adopting, and exploring new technologies	2.3.1 Dataset manager 2.0	More comprehensive data to inform public health action with a decreased reporting burden.	Completed	
	2.3.2 E-health-based surveillance reports generated for three diseases/health issues.		In progress	Completed for SARI. To be completed by March 2025 for blood stream infections and gonorrhoea.
	2.3.3 Pilot for the HealthData@EU infrastructure completed.	Increased understanding of the technical requirements, advantages, and caveats of implementing the EHDS2 structure for communicable disease surveillance.	Completed	
	2.3.4 EpiPulse Cases completed.	Replacement of TESSy with a more robust and high-performing EU/EEA indicator-based surveillance platform.	Completed	Launched for vaccine-preventable infections
	2.3.5 Systems for integrated genomic epidemiology in EpiPulse built.	Systems available for all priority diseases in ECDC strategy for genomic typing	In progress	Follows the stepwise implementation of the strategic framework for integration of genomic typing into EU level surveillance
	2.3.6 Training on AI for ECDC staff and EU/EEA Member States.	Increased knowledge of the use of AI processes for public health.	In progress	First workshop for Member States implemented. Further training planned for 2025.
	2.3.7 Social media for Epidemic Intelligence.	Timely detection of public health signals globally, enabling rapid assessment and response.	In progress	
	2.3.8 AI model development.	Timely detection of public health signals from ECDC and public databases, enabling rapid assessment and response.	In progress	First AI application (translation and transcription tool) completed, with additional models in development to aid epidemic intelligence activities.
	2.3.9 Toolkit on hepatitis elimination in prison settings.	Decision-makers and health professionals are provided with support.	In progress	Toolkit has been cleared by ECDC, with EUDA clearance currently in progress.
Strategic Objective 3: Support the development of plans, systems and capacities for prevention, emergency preparedness and control of communicable diseases and related special health issues at national and EU level				
Area 3.1 Prevention and control				
Provide support to countries to strengthen their programmes and systems to prevent and control communicable diseases and related special health issues	3.1.1 Framework for the prevention of communicable diseases and related special health issues.	Enhanced coordination of prevention activities for communicable diseases in the EU.	Completed	
	3.1.2 Targeted country support activities on SDG-targeted diseases through webinars, trainings, and specific country support.	Improved Member States capacity to carry out surveillance, monitoring, prevention, and control of SDG-targeted diseases.	Completed	
	3.1.3 ECDC One Health Framework developed. ECDC One Health Task Force established.	Increased internal collaboration on One Health issues.	Completed	The ECDC One Health Task Force was established and developed the One Health Framework in consultation with the AF, publishing it in May 2024. With its main task completed, the Task Force was approved for transformation into a permanent Working Group in December 2024.
	3.1.4 EU cross-agency One Health Task Force.	Increased EU-level One Health collaboration involving five EU Agencies.	Completed	Cross-agency collaboration between One Health Task Force and agencies continues per the ToR of the Task Force and the Implementation Plan (2024-2026).
	3.1.5 Outputs related to vaccination coverage.	Better insight into coverage gaps to set targeted actions.	Completed	

Action Area	SPD 2024 Key Output		SPD 2024 Expected Result	Status	Comments
	3.1.6	Emerging, Vector, Food and Water-borne laboratory support for preparedness, e.g., EQAs and Sequencing Support.	Increased laboratory capacity in the Member States.	Completed	
	3.1.7	Respiratory virus laboratory support for preparedness, in anticipation of the establishment of the EURL.	Increased capacity and preparedness in the Member States.	In progress	
Area 3.2 Preparedness and response					
Provide support to countries and the Commission in preparedness planning, risk assessment, and outbreak response	3.2.1	Written and oral contributions upon request.		Completed	
	3.2.2	Interlinkage of EpiPulse with EWRS.	Increased situation awareness for Health Security Committee.	In progress	Systems are now linked and information shared across. Additional improvements ongoing in 2025.
	3.2.3	Integration of EIOS with EpiPulse.	Seamless information flow allowing for more timely public health signal detection, validation and response.	In progress	Discussions with relevant stakeholders commenced with implementation planned in 2025.
	3.2.4	Reports on country visits on AMR, jointly with DG SANTE/F in a One Health perspective where necessary, as per Member State request.	Comprehensive overview of the efforts made by each visited Member State to tackle AMR and ability to highlight areas in which further work would be beneficial.	Completed	Country visit to Greece (human health only): report published on 21 November 2024; One health country visit to Sweden: report published on 6 February 2025.
	3.2.5	EU Health Task Force established and fully operational.	Strengthened countries' preparedness and response capacities and capabilities.	Completed	
	3.2.6	Country support through deployments under EU Health Task Force mechanism.		Completed	
	3.2.7	Support to countries in their response to cross-border health threats through the provision of Rapid Risk Assessments and relevant guidance.		Completed	
	3.2.8	Public health training modules on emergency preparedness and response.		Completed	
	3.2.9	First group of assessments of Member States prevention, preparedness and response plans is completed, including pilot-testing of the assessment approach (under Article 8 of Regulation (EU) 2022/2371).	Strengths and challenges identified and addressed via country-specific recommendations; the submission of action plans for further improvement is monitored and followed up with potential ECDC offers for support.	Completed	
	3.2.10	Support to EU/EEA countries in respiratory pandemic preparedness planning.	Increased pandemic preparedness in Member States.	Completed	
	3.2.11	Digital tools and platforms for coordinating responses to cross-border health threats are functional and available.	Strengthened cross-border and cross-sectoral collaboration and communication in response to health threats.	In progress	Key milestones have been achieved with further work planned for 2025.
Area 3.3 Training					
Provide adequate training opportunities to public health workforce	3.3.1	Curricular updates implemented since Cohort 2023 and consolidated in Cohort 2024 (implementation of roadmap stemming from the recommendations of the external evaluation 2019).	Improved Fellowship Programme aimed at strengthening the workforce capacity in the Member States.	In progress	Implementation ongoing, with the full new curriculum set for Cohort 2026. In 2024, three Public Health Microbiology modules were introduced or revised: Basic Phylogeny PHM I; Biorisk and Quality Management (PHM II); WGS and Bioinformatics (PHM III).

Action Area	SPD 2024 Key Output		SPD 2024 Expected Result	Status	Comments
	3.3.2	Administrative improvements progressively in place: simplified cost options for hosting fellows.		Completed	
	3.3.3	Administrative improvements progressively in place: direct award grant mechanism for providing scientific coordination.		Completed	
	3.3.4	Modernisation of EVA.	Increased access to training. Member States more systematically refer to EVA as a training resource	Completed	In November 2024, ECDC launched the Learning Portal, replacing EVA to enhance user experience. The platform offers a more user-friendly display and includes curated trainings from other organisations. Promotional materials, including a video, are available on ECDC's website with key messages for automatic translation.
	3.3.5	ECDC training offer further developed, reflecting the new needs identified (particularly in emergency preparedness and response, epidemiology, surveillance, microbiology, MDRO, AMR, One Health, and Vaccine preventable diseases).	Strengthening the workforce capacity in the Member States to respond to cross-border health threats.	In progress	EPR training programme launched. One Health Winter Workshop launched.
	3.3.6	Accreditation of short courses under EACCME ³² or APHEA.	Continuous quality improvement activities, accreditation, and evaluation are an essential part of ECDC training programmes and activities.	In progress	Accreditations were implemented for the selected courses.
	3.3.7	Harmonised tools to analyse training needs within ECDC networks to support the prioritisation and scoping of training.	Trainings tailored to the needs of the Member States and reduced inequalities in capacity across Europe.	In progress	Networks perform needs assessments before implementation of trainings.
Strategic Objective 4: Streamline coordination and collaboration with Member States, and other ECDC key partners in the EU and globally					
Area 4.1 Coordination and collaboration					
Ensure seamless coordination of priorities and related actions with ECDC partners and stakeholders	4.1.1	Enhanced channels of collaboration for effective coordination and interaction with the different EU Institutions and partners. Identification of new potential areas of collaboration and joint work with other EU Agencies.	Awareness of relevant contact points, increased information sharing, effective communication and alignment of actions. Enhanced collaboration with other EU Agencies to share knowledge and best practices and promote potential synergies and joint activities.	Completed	Contacts have been established with the new European Parliament, incl. with the newly created SANT Committee. These contacts include establishing relations between ECDC's new director and the new MEPs in both the ENVI and SANT Committees. The work within the EU Agencies Network continues to be fruitful and has been further strengthened through continuous exchange of information, both at the directors' levels and with the contact points leading to joint activities and enhanced coordination. All 5 ENVI Agencies directors presented their agencies' work jointly to the new European Parliament on 4 Dec. 2024
	4.1.2	ECDC Director's annual exchange of views before the ENVI Committee of the European Parliament and hearings on specific disease-related topics. Information on ECDC activities and the Centre's disease specific areas in a format useful for policymaking.	Increased awareness of ECDC as an agency and of our mandate and activities. Ensuring that we are seen as a source of knowledge on communicable diseases and a trusted partner within the area of public health.	Completed	The annual exchange of views before the ENVI Committee took place with the former ECDC Director on 16 March 2024. In addition, several other hearings and meetings took place with ECDC and the European Parliament on topics such as HIV and stigma, Mpox and on the lessons learned from the COVID-19 pandemic. A delegation of the SANT subcommittee of the EP visited ECDC on 28-29 Oct, 2024 to be informed about ECDC's mandate and on disease-related topics. An ECDC brochure was produced for Members of the new European Parliament in Sept 2024.

³² European Accreditation Council for Continuing Medical Education

Action Area	SPD 2024 Key Output		SPD 2024 Expected Result	Status	Comments
	4.1.3	Organisation of an ECDC session at the Annual Health Forum Gastein.	Increased visibility and awareness of the work and role of ECDC among public health stakeholders with a particular focus on priority areas of our Agency.	Completed	ECDC organised a session on pandemic preparedness from a multi-sectoral One Health approach on 26 Sept. 2024 at the EHFG. The session was successful with a high number of participants.
	4.1.4	Maintenance and further development of the country overviews (internally).	Increased knowledge at each country level throughout ECDC area of work.	In progress	
	4.1.5	Specific targeted country support activities implemented.	The countries have received support in prioritised areas.	In progress	Selected countries received support addressing their needs via peer-to-peer exchanges on AMR, expert guidance and information on available opportunities
	4.1.6	Support and coordination of the work of the MB, AF, and CCB. Coordination of the Director Consultation Group. Governance of the Stakeholders Relationship Management system		In progress	
Area 4.2 Global health					
Work with international partners to enhance preparedness and response to present and future public health threats at European level and globally	4.2.1	Health Resilience in the Eastern Partnership project: Deliverables in key areas completed		Completed	Project proposal for 2025-2027 accepted by DG NEAR.
	4.2.2	National public health authorities of Western Balkans and Türkiye are integrated as observers in the majority of ECDC activities, networks, and systems. At least some countries in Western Balkans have received country visit and developed country roadmaps on advancing One Health approaches against AMR.	Ability of Western Balkans and Türkiye to fulfil and implement the <i>EU acquis</i> on serious cross-border threats to health (according to ECDC practices and in line with the EU enlargement policy priorities) increased.	In progress	In 2024, 174 experts from Western Balkans and Türkiye participated in 22 ECDC meetings and capacity building events. Three country visits on surveillance (assessment questionnaire) were conducted: Albania 27-28 February 2024 – Report available ; Serbia 8-10 April 2024 (Report drafted); Bosnia and Herzegovina 24-26 September 2024 (Report drafted). Two ECDC/EC/EFSA country visits on One Health against AMR (Methodology for conducting One Health country visits on antimicrobial resistance in the Western Balkans) were conducted: North Macedonia on 29 January – 2 February 2024; Montenegro on 10-14 June 2024. Per the ECDC Guide for the development of national One Health roadmaps on antimicrobial resistance in the Western Balkans , a technical meeting organised with inputs from ECDC, EFSA, DG SANTE/F on 22-23 May 2024 in Kosovo, resulting in a comprehensive national One Health roadmap on AMR. The project is extended until April 2025.
	4.2.3	Deliverables in key areas of the EU Initiative on Health Security project are completed: <ul style="list-style-type: none">• Workforce-oriented capabilities strengthened through MediPIET.• Increasing number of experts from ENP partner countries benefiting from regional capacity building and exchange of best practices based on ECDC methodologies and disease specific networks.• Framework for a regional health security network is defined, and preparatory work is ongoing.	ENP partner countries are familiar with and take advantage of EU practices on serious cross-border threats to health.	In progress	Request for a no-cost extension until January 2026 sent to the European Commission.

Action Area	SPD 2024 Key Output		SPD 2024 Expected Result	Status	Comments
	4.2.4	All deliverables in three technical areas of ECDC4Africa CDC project are completed: i) Increased capacity of Africa CDC to support national CDCs, laboratories and workforce in preparedness, outbreak response and coordinated emergency operations; ii) More harmonised surveillance and data management systems for prioritised communicable diseases; iii) Bolstered Africa-based public health workforce development programme in epidemiology.	Strengthening of Africa CDC's capacities to support national public health institutes in preparedness, surveillance, and response to health threats.	In progress	Project extended to April 2026 for completion of deliverables. 38 meetings delivered and 9 procurement procedures completed.
	4.2.5	Joint activities at bilateral level with MoU partners are identified and implemented. New avenues explored for ECDC partnerships on global health and new MoU signed/reviewed based on mutual interests of cooperation. Regular and ad-hoc information exchange events of the network of major CDC, including on emerging global health threats from communicable diseases.	Strengthened bilateral collaboration and networking with major CDCs and other international partners.	In progress	Continuous process. one new Memorandum of Cooperation signed.
	4.2.6	Increasing number of joint activities with WHO Europe in areas of common interest that result from the renewed MoU. Cooperation frameworks with WHO EMRO, WHO AFRO, WHO HQ, WHO Pandemic Hub explored.	Strengthened coordination, collaboration, and joint actions with a number of WHO Regional Offices, HQ and with WHO Hub for Pandemic and Epidemic Intelligence.	In progress	Continuous process. 88% of activities in workplan 2024 implemented.
Strategic Objective 5: Create an acknowledged, agile organisation through efficient systems, structures, processes, and skilled staff					
Area 5.1 Organisational excellence					
Increase organisational effectiveness, efficiency, and excellence through implementation of an integrated management system	5.1.1	Coordination of the Integrated Management Framework and implementation of the IMF roadmap.	ECDC organisational management improvements is achieved through the IMF, implementation of the IMF roadmap, and support from the IMF Working Group.	Completed	Improvements made to the IMF, with support from the IMF Working Group, including an external assessment of the IMF performed by an external service provider.
	5.1.2	Fully implemented IT tool for planning and monitoring. E-workflow applications introduced for selected ECDC key processes.	The ECDC IMF is operational thanks to integrated and automated IT tools.	Completed	The new planning, monitoring and reporting tool (PRIME) implemented.
	5.1.3	Planning, monitoring, and reporting on ECDC work programmes. Set of tools and processes are in place to support the integration of information across the organisation for regular monitoring. Scorecards/dashboards for monitoring performance internally at organisational/ Unit/Section level.	Comprehensive planning, monitoring, and reporting on ECDC activities support the implementation of the ECDC Strategy. Planning of ECDC work programmes is carried out in a more efficient way, which will save expert time. Improved achievement of set targets through enhanced KPIs and their monitoring.	In progress	The SPD documents have been developed and approved as planned, and monitoring and reporting to AC/MB performed in all meetings as planned. However, PRIME dashboards are still being improved. KPI's are part of the CAAR, however, the planned work on the strategic KPIs has been carried-forward to 2025, mainly due to the re-organisation. PRIME provides all the necessary data for monitoring and reporting on work programme implementation, including human and financial resources (apart from data on payments).

Action Area	SPD 2024 Key Output	SPD 2024 Expected Result	Status	Comments
		Guidelines and trainings on planning and monitoring. Project and programme management coordination and support across ECDC.		Projects are part of the planning cycle (and integrated into PRIME), but further improvements are being made regarding especially the support to the monitoring of projects.
	5.1.4	Deployment of the ISO 9001-based Quality Management system continues in selected Sections. Quality coordinators in all Units are nominated and trained. Selected core processes optimised as planned. Stakeholder requirements for ECDC core outputs defined. Planned evaluations coordinated and action plans developed. Instructional Documents are continuously managed.	In progress	Process management tool in place, reviewed process landscape and key processes mapped. Planned instructional documents updated. Assigned QM focal points. Planned evaluations in final stage.
	5.1.5	Audit coordination and follow-up of audit observations. Internal control coordination and internal control framework activities implemented. Grants ex-post verifications.	In progress	Audit coordination and follow-up of audit observations performed. Internal control coordination and ICF activities implemented, apart from specific assessment. Grants ex-post verifications performed. in line with Grant Verification plan. 82% of the ICF implemented.
Area 5.2 Engaged staff				
Recruit and retain capable, motivated, and resilient staff	5.2.1	Analysis of the ECDC performance management process (SDD, reclassification).	Completed	Reclassification revised and new process to be launched in 2025. SDD process enhanced with "Action plan" form for managing performance.
	5.2.2	Development of a framework for Diversity and Inclusion activities.	Completed	EUAN Charter on Diversity and Inclusion adopted in March 2024. HR processes were reviewed to integrate diversity and inclusion in various areas e.g. vacancies/job descriptions. Diversity and inclusion statement included in vacancy notices. Webinars and workshops were held to raise awareness among managers and staff.
	5.2.3	Gap analysis (including cost analysis) regarding the HR processes the current Commission HRM IT system (Sysper 2) supports and not (and which are available for agencies to implement), and comparison with the ECDC HRM IT system Allegro (currently in place).	Completed	The high-level features of both systems were mapped and analysed. Currently, there are considerable uncertainties related to the functionality of the new HRM. The analysis will thereby need to be revisited in the coming years.
	5.2.4	Provision of HR services.	Completed	HR supports the Centre's management and staff by offering ongoing services in recruitment, working conditions, learning and development, pay and entitlements.

Action Area	SPD 2024 Key Output		SPD 2024 Expected Result	Status	Comments
Area 5.3 Responsive support					
Develop efficient and agile support services that enable operational excellence while ensuring compliance	5.3.1	Service Now products		In progress	Delivered in 2024: (i) Two major platform upgrades, (ii) New applications delivered: Office Supply Database, (iii) Software Asset Management, and (iv) Governance, Risk, and Compliance (IT Security Risks). (v)Enhancements of existing systems: CORAL/DiDa, (vi) IT Service Management (ITSM), and (vii) the FM Ticketing System.
	5.3.2	Workplace Transformation		In progress	Active project: three pillars: physical space, IT and AV equipment, and collaboration/social.
	5.3.3	Provision of procurement services.	ECDC has services and goods available in the right quality and quantity and on time to pursue its mandate, by facilitating effective planning and execution of procurement and grants procedures.	In progress	During 2024 Procurement completed 389 procurement tasks and 54 amendments. The services are continuously improving with updated processes, implementation of e-tools and new systems.
	5.3.4	New and enhanced procurement workflows/further implementation of Commission workflows.	Improved effectiveness and efficiency of the procurement services.	In progress	During 2024, procurement has continued implementing the Commission systems, primarily under the Public Procurement Management Tool (PPMT). ECDC has also started exploring increased financial tender verification by implementing services offered by REA and the ARES system.
	5.3.5	Provision of legal support.	ECDC receives effective and reliable legal advice on matters related to the operational as well as administrative area of the Centre's activities.	Completed	
	5.3.6	Data protection function strengthened.	Ensure ECDC compliance with data protection legislation.	In progress	ECDC has a robust data protection function, with compliance being a continuous process, subject to existing systems or the development of new systems.
	5.3.7	ECDC independence policies for staff and non-staff.	Conflict of interest checks conducted with the aim of protecting ECDC's independence (via collection and evaluation of declarations of interest in accordance with the Independence Policy).	Completed	
	5.3.8	Coordination of access to document requests.	ECDC complies with legislation on public access to documents.	Completed	
	5.3.9	Provision of effective and efficient financial management services.	ECDC ensures correct, sound, and efficient management of its financial resources.	Completed	
	5.3.10	Preparation for and deployment of the new financial management system (SUMMA).	Improved financial management, including reporting and monitoring capacity.	Completed	Early preparation phase completed.
	5.3.11	Provision of effective and efficient corporate services, incl. EMAS.	ECDC has a sustainable, secure, and healthy workplace.	Completed	A sustainable, secure and healthy workspace was provided; EMAS certification was confirmed for 2025.
Area 5.4 Digital transformation services					
Provide digital solutions and innovative approaches to gather and exchange epidemiological information	5.4.1	ECDC provides digital solutions for the Commission, Member States, and other stakeholders.	Timely generation and exchange of standardised high-quality data to support Member States to rapidly respond to cross-border health threats of infectious diseases. Smart analytics and data visualisation allow ECDC to assess and interpret data effectively and to offer relevant and timely scientific evidence.	Completed	Maintenance of existing IT products performed. EpiPulse TALD module was delivered in October. EpiPulse Cases first version was delivered in October. EWRS improvements were implemented. PRIME, the new planning and monitoring system, was delivered in March.

Action Area	SPD 2024 Key Output		SPD 2024 Expected Result	Status	Comments
	5.4.2	Digital workplace that addresses the needs for mobility, flexibility, communication, and collaboration. Users can easily access the IT enterprise services they need via the front-office or self-service.	ECDC staff is digitally empowered with a user-centric digital workplace, guided by a common digital etiquette, and trained with the necessary digital skills. Digital infrastructure fulfils the business needs.	Completed	Azure Landing Zone configuration progressing as planned. New VPN solution established. New printer solution established. New Identity and Access Management solution "ECDC login page" implemented. Feasibilities studies and Proof of Concepts on new technologies were developed.
	5.4.3	Secure and continuously improved digital platforms.	Agile planning and resource management. Improved timeliness of IT product delivery. Improved quality of the digital solutions. ECDC information assets are adequately protected.	Completed	Digital Agile Release Train (DART), introducing Agile DevOps at ECDC, was completed. Agile planning and resource management was achieved through the IT Work Programme Board and the PRIME system. IT product delivery speed increased, with 105 deployments in Q4 compared to 79 in Q1. ECDC information was secured through implementation of security controls and regular risk assessments.
Area 5.5 Internal communication					
Enhance the understanding of our vision, mission, and strategic priorities, provide platforms and forums to inform and connect	5.5.1	News items, newsletters, and staff meetings.	Engaged and informed staff.	Completed	A total of 282 news items and 195 event announcements were published on the Information Centre averaging 2.6 items per working day. ECDC's internal newsletter "On the Spot" was published monthly, with a summer break. Seven staff meetings were organised and held.
	5.5.2	Internal communication, events, and activities.		Completed	Internal events were organised, including the closing event of the internal communication campaign supporting a transformational programme (ASPIRE). Four study visits were organised.

Annex 2. Statistics on financial management

Table 5. Budget outturn in EUR

Budget outturn (in EUR)	2022	2023	2024
Revenue actually received (+)	103 385 000	95 703 000	102 792 000
Payments made (-)	75 930 000	68 486 000	74 529 000
Carry-over of appropriations (-)	35 729 000	31 510 000	36 054 000
Cancellation of appropriations carried over (+)	13 837 000	4 059 000	971 000
Adjustment for carry-over of assigned revenue appropriations from previous year (+)	12 124 000	10 511 000	8 649 000
Exchange rate differences (+/-)	179 000	478 000	-735 000
Adjustment for negative balance from previous year (-)			
Total	17 866 000	10 755 000	1 094 000

Descriptive information and justification for: Budget outturn

First estimate of the 2024 surplus to be reimbursed to the EU budget (as assigned revenue): EUR 1 094 727.21.

The Centre cashed its budget of EUR 93 593 000 in 2024.

The expenditure of 2024, including the carry-forward to 2025, is EUR 110 583 251.79.

The amount of cancelled unused payment appropriations carried forward from previous year (2023) of EUR 971 395.90, the adjustment for carry-over from the previous year of appropriations available at 31.12 arising from assigned revenue of EUR 8 649 448.82 and the exchange rate loss for the year 2024 of EUR 735 177.17 have resulted in a positive budget outturn 2024.

In 2024, ECDC reimbursed the budgetary positive balance from 2023 of EUR 10 755 088.58 to the EU.

As a result of the above, EUR 1 094 727.21 will be reimbursed during 2025 to the EU budget (as assigned revenue) related to the Centre's 2024 budget implementation.

Cancellation of commitment appropriations

The total implementation of commitment appropriations in 2024 reached 99.14% with a total of EUR 812 222.39 cancelled for all three titles, compared to EUR 2 575 090.61 cancelled in 2023. As a result, the reductions of the EU contribution of 2% for the implementation of commitment appropriations and 2% for the cancellation of payment appropriations are not applicable for ECDC in 2026. The commitment of appropriations for the operational expenditure on Title 3 reached 98.54% in 2024.

Cancellation of payment appropriations for the year

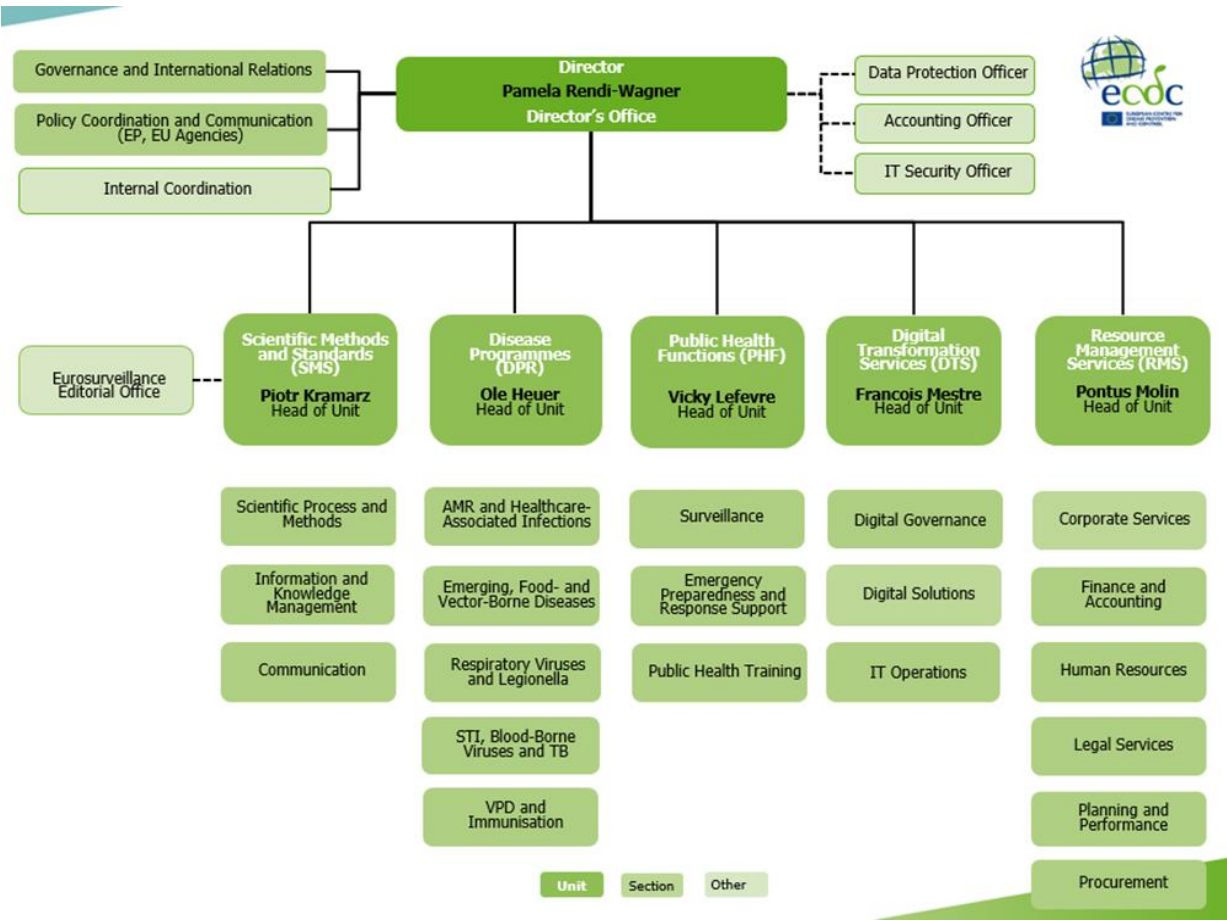
See cancellation of commitment appropriations.

Cancellation of payment appropriations carried over

The Centre has carried forward EUR 22 861 340.30 from 2023 to 2024, of which EUR 21 889 944.40 was paid (fund source C8).

This corresponds to 95.75% of the amount carried forward.

Annex 3. Organisational chart



Annex 4. Establishment plan and additional information on human resources management

Table 6. ECDC establishment table 2024

Category and grade	Establishment plan in voted EU budget 2024	
	Officials	TA
AD 16		
AD 15		1
AD 14		1
AD 13		3
AD 12		6
AD 11		8
AD 10		16
AD 9		24
AD 8		29
AD 7		23
AD 6		32
AD 5		15
Total AD		158
AST 11		
AST 10		1
AST 9		2
AST 8		6
AST 7		6
AST 6		10
AST 5		15
AST 4		19
AST 3		1
AST 2		1
AST 1		
Total AST		61
AST/SC6		
AST/SC5		
AST/SC4		
AST/SC3		2
AST/SC2		4
AST/SC1		
Total AST/SC		6
Total		225

Table 7. Recruitment grade/function group for each type of post – indicative table

Key functions	Type of contract (official, TA or CA)	Function group, grade of recruitment	Role of the function (i.e. administrative support or operations)
Head of Unit (Level 2)	TA	AD 11/AD 12	Depending on function: operational or administrative
Deputy Head of Unit (Level 3)	TA	AD 10	Depending on function: operational or administrative
Head of Section (Level 3)	TA	AD 8	Depending on function: operational or administrative/neutral
Principal Expert	TA	AD 8	Operational
Expert	TA	AD 5	Operational
Scientific Officer	CA	FG IV	Operational
Administration (e.g. HR, Procurement/Finance)/IT Officers	TA	AST 4	Depending on function: operational or administrative/neutral
Officers in support functions (e.g. Communication, IT, Legal)	CA	FG IV	Depending on function: operational or administrative/neutral
Assistants/specialists in support functions (e.g. HR, Finance, Procurement, IT)	CA	FG III	Depending on function: operational or administrative/neutral
Administrative assistants	TA	AST/SC 1	Depending on function: operational or administrative
Office assistants	CA	FG II	Depending on function: operational or administrative.

Job screening/benchmarking against previous year's results³³

Table 8. Comparison of job type category, 2023 and 2024

Job type (sub) category	Year 2023 (%)	Year 2024 (%)
Administrative support and coordination	15.8	14.5
Administrative support	14.6	13.3
Coordination	1.2	1.2
Operational	77.8	79.5
Top-level operational coordination	2.1	1.9
Programme management and implementation	66.5	68.6
Evaluation and impact assessment	0.0	0.0
General operational	9.2	9.0
Neutral	6.4	6.0
Finance/control	6.4	6.0
Linguistics	0.0	0.0

Implementing rules adopted in 2024

Management Board decisions on Implementing Rules: none.

³³ Table as per Methodology for Agencies job screening (2014)

Annex 5. Human and financial resources by activity

The activity-based costing (ABC) provides an overview of human and financial resources consumed (committed) by activity in 2024 (Table 9). It reflects the structure presented in the Consolidated Annual Activity Report. ECDC staff members record their working time per activity in the HR system Allegro, reflected in the first column (Total FTE). The table also includes time reported by interims.

Table 9. Overview of activity-based costing

Strategic objective/Action Area	Total FTEs	CA	TA	Title 1	Title 2	Title 3	Budget consumed EUR
1. Maintain the independence and rigour of scientific processes and strengthen the relevance and accessibility of scientific outputs to support public health policies and practices at national and EU levels	45	16.5	24.2	5 237 269	1 542 226	4 397 667	11 177 162
1.1 - Standards and methodologies	6.6	0.9	4.9	933 500	121 078	485 307	1 539 885
1.2 - Knowledge transfer	21.7	11.4	9	2 329 019	1 078 927	1 496 056	4 904 002
1.3 - Foresight, modelling, and research engagement	9.6		8.5	1 256 489	176 922	732 013	2 165 424
1.4 - External and risk communication	7.1	4.2	1.8	718 261	165 299	1 684 291	2 567 851
2. Provide relevant, reliable and timely information and science-based recommendations to enable evidence-informed decision-making at national and EU level	72	18.4	46.6	9 360 771	1 326 605	20 404 856	31 092 232
2.1 - Surveillance	46	11.3	29.4	5 783 530	848 989	15 663 908	22 296 427
2.2 - Public health evidence and recommendations	13.6	2.9	9.4	1 868 211	249 630	411 753	2 529 594
2.3 - Digital solutions for surveillance	12.4	4.2	7.8	1 709 030	227 986	4 329 195	6 266 211
3. Support the development of plans, systems, and capacities for prevention, emergency preparedness and control of communicable diseases and related special health issues at national and EU level	59.6	13.8	36.2	7 254 816	1 099 073	7 770 848	16 124 737
3.1 - Prevention and control	16.5	4	9.2	1 994 875	303 103	870 450	3 168 428
3.2 - Preparedness and response	27.7	5.7	18.6	3 516 768	511 876	2 973 328	7 001 972
3.3 - Training	15.4	4.1	8.4	1 743 173	284 094	3 927 070	5 954 337
4. Streamline coordination and collaboration with Member States, EU institutions, and other ECDC key partners in the EU and worldwide	23.3	11.1	7.9	2 971 824	978 877	811 564	4 762 265
4.1 - Coordination and collaboration	12.3	6.5	4.5	1 606 425	457 251	808 051	2 871 727
4.2 - Global health	11	4.6	3.4	1 365 399	521 626	3 513	1 890 538
5. Create an acknowledged, agile organisation through efficient systems, structures and processes and skilled staff	99.5	35.4	59.2	12 391 398	4 472 443	5 101 933	21 965 774
5.1 - Organisational excellence	14.7	1.9	12.1	1 958 229	988 132	-	2 946 361
5.2 - Engaged staff	16.1	3.7	11.4	2 047 309	465 447	-	2 512 756
5.3 - Responsive support	43.8	21.8	19.6	4 914 702	1 933 764	137 598	6 986 064
5.4 - Digital transformation services	23.1	7.2	15.8	3 331 806	1 052 039	4 964 335	9 348 180
5.5 - Internal communication	1.8	0.8	0.3	139 352	33 061		172 413
9.0 - Generic activities	42.2	13.2	28.1	5 684 291	816 482		6 500 773
9.0 - Generic activities	42.2	13.2	28.1	5 684 291	816 482		6 500 773
Time not worked or not reported*	11.5			1 420 251	212 616		1 632 867
Time not worked or not reported*	11.5			1 420 251	212 616		1 632 867
Grand Total	353			44 320 619	10 448 323	38 486 868	93 255 810

*This line reflects time underreported by staff, sick leave, medical part-time, part-time work and parental leave

Annex 6. Contribution, grant and service-level agreements

Table 10. Financial framework partnership agreements

		General information				Financial and HR impacts		
		Actual or expected date of signature	Total amount	Duration	Counterpart	Short description		N-1 (2023)
Grant agreements								
1. ERLTB-Net	A specific grant agreement signed each year under the four- year framework partnership agreement (FPA).	EUR 200 000 per year	Four years (FPA). One year (SGA)	Consortium led by Ospedale San Raffaele (one SGA per annum)	Implementation of lab coordination activities, including lab network coordination, EQA, training, strain collection, typing, scientific advice and technical guidance on lab issues, methods harmonisation and network meeting.	Amount	EUR 189 299	196 595.49
						No. FTEs	0.5	0.5
						No. SNEs	0	0
2. Scientific coordination of ECDC Fellowship Programme	Specific grant agreements signed each year under the four-year framework partnership agreements (FPAs).	EUR 550 000 per year	Four years (FPAs). Max duration of one year (SGAs)	On average eight specific agreements with different counterparts per annum.	Scientific coordination of ECDC Fellowship Programme (Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) paths). To ensure the availability of highly qualified scientific coordinators for the Fellowship programme.	Amount	EUR 411 485	550 000
						No. FTEs	1.6	1.4
						No. SNEs	0	0
3. ECDC Fellowship Programme: hosting of fellows.	Specific grant agreements signed each year under the four-year framework partnership agreements (FPAs). Q1 and Q3.	Various (EUR 2.0–2.5 million/year)	Four years (FPAs). Max duration one year (SGAs)	A total of 44 specific grant agreements (for hosting cohorts 2022, 2023 and 2024) with different public health institutes.	ECDC Fellowship Programme (Intervention Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) paths) hosting of fellows at training sites.	Amount	EUR 2 500 000	2 346 000
						No. FTEs	1.65	1.8
						No. SNEs	0	0
Total grant agreements						Amount	EUR 3 100 784	EUR 3 092 595.49
						No. of FTEs	3.75	3.7
Contribution agreements								
EUR 2 500 000	Five years	Preparatory measures for the participation of the Western Balkan countries and Turkey in ECDC’s work, with special focus on One Health against AMR and enhanced SARI surveillance, 2020–2024.				Amount	EUR 1 397 588.93	EUR 0
						No. FTEs	1	1
						No. SNEs	0	0
							N-1 (2023)	N (2024)

EUR 9 000 000	Four years, extended to 5.5	The Africa CDC – ECDC Partnership action aims to: strengthen capacities of Africa CDC in preparedness, risk assessment, rapid response, and emergency operations; and improve continental harmonised indicator- and event-based surveillance of infectious diseases, including platforms for data sharing and early detection of threats as well as foundations for sustainable trained public health workforce.	Amount	EUR 865 730	EUR 1 000 000
			No. FTEs	7.38	8.35
			No. SNEs	0	0
EUR 9 000 000	Four years	The EU Initiative on Health Security aims to set up a competent regional workforce for the prevention and control of challenges posed by communicable diseases and to enhance regional cooperation to tackle cross-border health security threats in EU candidate and potential candidates (EU Enlargement) countries and European Neighbourhood Policy (ENP) partner countries.	Amount	EUR 2 370 570	EUR 0
			No. FTEs	13.3	9.84
			No. SNEs	0	0
EUR 1 000 000	30 months	Reinforcement of the European Vaccination Information Portal (EVIP) through continuous and dynamic updates of the website, including new vaccine developments, links to reliable sources, content development and translation, as well as paid promotion of EVIP.	Amount	EUR 163 874.62	EUR 351 671.44
			No. FTEs	2	2
			No. SNEs	0	0
EUR 7 514 800	66 months	This action aims to upgrade the EWRS system to adapt to the new requirements to report all health threats to EWRS and to integrate to other EU alert and information system (AIS). EWRS will need to include new functionalities and modules with improved data security and data protection.	Amount	0	EUR 5 535 000
			No. FTEs	7	7
			No SNEs	0	0
EUR 2 100 000	36 months	The action will improve health resilience in the Eastern Partnership by conducting simulation exercises and after-action reviews, drafting and disseminating the Eastern Partnership Health Preparedness Compendium and establishing the Community Practitioners and Policy Makers in Health Resilience	Amount	0	EUR 1 900 000
			No. FTEs	3	0
			No. SNEs	0	0
TBC	TBC	This action will aim to improve the skills, capacities, and engagement of relevant professional groups from human/animal/environmental sectors and train new field epidemiologists in applying the One Health approach.	TBC	TBC	N/A
Total contribution agreements			Amount	EUR 4 797 763.55	EUR 8 786 671.44
			No. FTEs	33.68	28.19
Service-Level Agreements					
None					
Total service-level agreements			Amount		
			No. FTEs		
			Nr of SNEs		

Annex 7. Environment management

ECDC measures to ensure cost-effective and environment-friendly working place

In accordance with the EU Eco-Management Audit Scheme (EMAS), ECDC achieved registration in 2024, which was subsequently confirmed for 2025 at the end of 2024. In 2024, ECDC began calculating its greenhouse gas emissions and set a goal to achieve carbon neutrality before 2027 – significantly ahead of the 2030 EU Green Deal deadline. As part of its EMAS strategy, the Agency continues to enhance its sustainability performance and monitor progress annually.

ECDC's premises have been environmentally certified as a 'green building' since 2018. In December 2020, the building received the 'BREEAM Very Good' certification. The Building Research Establishment Environmental Assessment Method (BREEAM) is the world's leading sustainability assessment system for master planning projects, infrastructure and buildings.

ECDC operates on 100% hydro-powered energy. Its premises feature energy-efficient glass windows to optimise daylight and minimise solar heat, and most lighting is LED-equipped with occupancy sensors and daylight control systems. In 2021, ECDC introduced touchless taps, reducing water consumption by up to 70%.

The Agency continues to refine its recycling system, sorting waste into categories of paper, plastic, glass, organic, metal, e-waste, toners, lightbulbs, batteries, corrugated cardboard and boxes. In addition, ECDC encourages suppliers to provide environmental documentation, prioritises eco-labelled products (e.g. stationery and cleaning detergents) and incorporates references to ISO 14001 – the internationally recognised standard for Environmental Management Systems (EMS) – in its tender specifications, where applicable.

Measures to reduce the environmental impact of ECDC's operations

To minimise the environmental impact of transport, the Centre promotes sustainable commuting by providing bicycle facilities and ensuring satisfactory public transport connections. In 2024, the Centre initiated preparations to replace its official vehicle with an electric car in 2025.

ECDC's sustainable travel guidelines focus on enhancing sustainability by limiting travel to business-critical needs; thereby reducing carbon emissions. When travel is necessary, the most environmentally friendly travel options are prioritised.

ECDC also evaluates its meetings arrangements holistically, considering factors such as venue selection, accommodations, catering, etc. to align with its sustainability goals.

ECDC environmental objectives

In 2024, the EMAS environmental objectives and targets plan was finalised and incorporated into the 2023 EMAS environmental statement, available on [ECDC's website](#).

Annex 8. Final annual accounts 2024

The final annual accounts of the European Centre for Disease Prevention and Control for 2024 will be available for download at the following link:

<https://www.ecdc.europa.eu/en/about-ecdc/who-we-are/key-documents/financial-documents>

Annex 9. ECDC Management Board/Advisory Forum/Coordinating Competent Bodies

Members and Alternates of ECDC Management Board

Country	Name	Member/Alternate
Austria	Dr Sigrid Kiermayr	Member
	Dr Irene Kászoni-Rueckerl ³⁴	Alternate
Belgium	Mr Lieven De Raedt	Member
	Mr Patrick Smits	Alternate
Bulgaria	Dr Angel Kunchev	Member
	Ms Nataliya Spiridonova	Alternate
Croatia	Dr Bernard Kaić	Member
	Assistant Professor Krunoslav Capak	Alternate
Cyprus	Mr Constantinos Papantoniou ³⁵	Member
	Dr Carolina Stylianou	Alternate
Czechia	Mrs Barbora Macková ³⁶	Member
	Mr Matyáš Fošum	Alternate
Denmark	Ms Kirstine Moll Harboe	Member
	Mr Gideon Ertner	Alternate
Estonia	Ms Heli Laarmann	Member
	Ms Mari-Anne Härma ³⁷	Alternate
Finland	Dr Anni-Riitta Virolainen-Julkunen	Member
	Dr Taneli Puumalainen	Alternate
France	Dr Caroline Semaille	Member
	Ms Anne-Catherine Viso	Alternate
Germany	Dr Gesa Lücking ³⁸	Member
	Ms Charlotte Möndel ³⁹	Alternate
Greece	Dr Christakis Hadjichristodoulou	Member
	Mr Antonios Vassilogiannakopoulos ⁴⁰	Alternate
Hungary	Ms Ágnes Dánielisz	Member
	Ms Krisztina Biró	Alternate
Ireland	Ms Richael Duffy ⁴¹	Member
	Nomination pending	Alternate
Italy	Dr Francesco Maraglino ⁴²	Member
	Dr Sandro Bonfigli ⁴³	Alternate
Latvia	Ms Jana Feldmane	Member
	Professor Dzintars Mozgis	Alternate
Lithuania	Dr Audrius Ščeponavičius	Member
	Ms Ginreta Megelinskienė ⁴⁴	Alternate
Luxembourg	Dr Jean-Claude Schmit	Member

³⁴ Appointed Alternate as of January 2024.

³⁵ Appointed Member in replacement of Dr Rebecca Georgiou, as of April 2024.

³⁶ Appointed Member in replacement of Dr Pavla Svrčinová, as of September 2024.

³⁷ Appointed Alternate as of September 2024.

³⁸ Appointed Member in replacement of Dr Ute Teichert, as of February 2024.

³⁹ Appointed Alternate in replacement of Ms Miriam Schmidt, as of October 2024.

⁴⁰ Appointed Alternate in replacement of Dr Georgia Kourlampa, as of March 2024.

⁴¹ Appointed Member in replacement of Dr Colette Bonner, as of September 2024.

⁴² Appointed Member from January to September 2024, nomination pending.

⁴³ Appointed Alternate from January to September 2024, nomination pending.

⁴⁴ Appointed Alternate as of September 2024.

Country	Name	Member/Alternate
	Dr Eveline Santos ⁴⁵	Alternate
Malta	Dr Patricia Vella Bonanno	Member
	Dr Mariella Borg Buontempo	Alternate
Netherlands	Mr Frank Kooiman ⁴⁶	Member
	Ms Gerie Jonk ⁴⁷	Alternate
Poland	Mr Dariusz Poznański ⁴⁸	Member
	Mr Michał Ilnicki ⁴⁹	Alternate
Portugal	Dr Rita Sá Machado	Member
	Ms Cristina Abreu Santos	Alternate
Romania	Dr Amalia Șerban	Member
	Dr Anca Sîrbu	Alternate
Slovakia	Dr Martin Sojka ⁵⁰	Member
	Ms Lucia Paulíková	Alternate
Slovenia	Dr Mario Fafangel	Member
	Ms Vesna Marinko ⁵¹	Alternate
Spain	Mr Pedro Gullón Tosio ⁵²	Member
	Ms Marina Pollán Santamaría ⁵³	Alternate
Sweden	Ms Olivia Wigzell ⁵⁴	Member
	Dr Camilla Wallander	Alternate
European Parliament	Ms Pernille Weiss ⁵⁵	Member
	Mr Quique Bassat ⁵⁶	Member
	Mr Silvio Tafuri ⁵⁷	Alternate
European Commission	Mr Laurent Muschel ⁵⁸	Member
	Mr Wolfgang Philipp ⁵⁹	Alternate
	Ms Lorena Boix Alonso ⁶⁰	Member
	Mr Antonio Parenti ⁶¹	Alternate
	Ms Kasia Jurczak ⁶²	Member
	Ms Catherine Berens ⁶³	Alternate
Iceland (EEA/EFTA)	Ms Ásthildur Knútsdóttir	Member
	Ms Gudlin Steinsdóttir	Alternate
Liechtenstein (EEA/EFTA)	Dr Silvia Dehler	Member
Norway (EEA/EFTA)	Mr Øystein Riise	Member
	Mr Oliver Kacelnik	Alternate

⁴⁵ Appointed Alternate as of February 2024.

⁴⁶ Appointed Member in replacement of Ms Florian van der Windt, as of September 2024.

⁴⁷ Appointed Alternate in replacement of Mr Bas Joost Lambert Derks, as of September 2024.

⁴⁸ Appointed Member from January to September 2024, nomination pending.

⁴⁹ Appointed Alternate from January to September 2024, nomination pending.

⁵⁰ Appointed Member in replacement of Dr Ján Mikas, as of September 2024.

⁵¹ Appointed Alternate in replacement of Dr Mojca Gobec, as of September 2024.

⁵² Appointed Member in replacement of Dr Pilar Aparicio Azcárraga, as of February 2024.

⁵³ Appointed Alternate in replacement of Dr Manuel Cuenca Estrella, as of February 2024.

⁵⁴ Appointed Member in replacement of Dr Karin Tegmark Wisell, as of October 2024.

⁵⁵ Appointed Member in replacement of Ms Zofija Mazej Kukovič, as of November 2024.

⁵⁶ Appointed Member in replacement of Ms Maria Eleni Koppa, as of November 2024.

⁵⁷ Appointed Alternate in replacement of Mr Antonio Fernando Correia De Campos, as of November 2024.

⁵⁸ Appointed Member as of February 2024.

⁵⁹ Appointed Alternate in replacement of Mr Laurent Muschel, as of February 2024.

⁶⁰ Appointed Member in replacement of Mr Philippe Roux, as of October 2024.

⁶¹ Appointed Alternate in replacement of Ms Isabel de la Mata, as of October 2024.

⁶² Appointed Member in replacement of Ms Barbara Kerstiens, as of October 2024.

⁶³ Appointed Alternate from January to December 2024, nomination pending.

Members and Alternates of ECDC Advisory Forum

Country	Name	Member/Alternate
Austria	Dr Bernhard Benka ⁶⁴	Member
	Dr Dirk Werber ⁶⁵	Alternate
Belgium	Dr Koen Blot ⁶⁶	Member
	Dr Steven van Gucht ⁶⁷	Alternate
Bulgaria	Nomination pending	Member
	Dr Radosveta Filipova	Alternate
Croatia	Dr Vesna Višekruna Vučina ⁶⁸	Member
	Dr Barbara Bekavac ⁶⁹	Alternate
Cyprus	Dr Linos Hadjihannas	Member
	Dr Costas Constantinou	Alternate
Czechia	Dr Jan Kynčl	Member
	Dr Kateřina Fabiánová	Alternate
Denmark	Dr Tyra Grove Krause ⁷⁰	Member
	Ms Bolette Søborg ⁷¹	Alternate
Estonia	Ms Kärt Söber	Member
	Ms Olga Sadikova ⁷²	Alternate
Finland	Professor Otto Helve ⁷³	Member
	Dr Carita Savolainen-Kopra	Alternate
France	Dr Bruno Coignard	Member
	Dr Harold Noel ⁷⁴	Alternate
Germany	Dr Ute Rexroth ⁷⁵	Member
	Dr Viviane Bremer ⁷⁶	Alternate
Greece	Dr Sotirios Tsiodras	Member
	Mr Dimitrios Hatzigeorgiou	Alternate
Hungary	Ms Zsuzsanna Molnár	Member
	Ms Ágnes Hajdu	Alternate
Ireland	Dr Lois O'Connor ⁷⁷	Member
	Dr Éamonn O'Moore	Alternate
Italy	Dr Silvia Declich ⁷⁸	Member
	Dr Giuseppe Ippolito ⁷⁹	Alternate
Latvia	Dr Jurijs Perevoščikovs	Member
	Nomination pending	Alternate
Lithuania	Ms Jugita Pakalniškienė	Member
	Ms Nerija Kuprevičienė ⁸⁰	Alternate

⁶⁴ Appointed Member in replacement of Professor Dr Petra Apfalter, as of October 2024.

⁶⁵ Appointed Alternate in replacement of Dr Bernhard Benia, as of October 2024.

⁶⁶ Appointed Member as of October 2024.

⁶⁷ Appointed Alternate in replacement of Dr Koen Blot, as of October 2024.

⁶⁸ Appointed Member in replacement of Dr Sanja Kurečić Filipović, as of October 2024.

⁶⁹ Appointed Alternate in replacement of Dr Aleksandar Šimunović, as of October 2024.

⁷⁰ Appointed Member in replacement of Professor Henrik Ullum, as of October 2024.

⁷¹ Appointed Alternate in replacement of Dr Tyra Grove Krause, as of October 2024.

⁷² Appointed Alternate in replacement of Dr Natalia Kerbo, as of October 2024.

⁷³ Appointed Member in replacement of Dr Mika Salminen, as of January 2024.

⁷⁴ Appointed Alternate in replacement of Dr Henriette de Valk, as of October 2024.

⁷⁵ Appointed Member in replacement of Dr Osmah Hamouda, as of August 2024.

⁷⁶ Appointed Alternate in replacement of Dr Ute Rexroth, as of August 2024.

⁷⁷ Appointed Member in replacement of Dr Greg Martin, as of July 2024.

⁷⁸ Appointed Member from January to October 2024, nomination pending.

⁷⁹ Appointed Alternate from January to October 2024, nomination pending.

⁸⁰ Appointed Alternate in replacement of Ms Rolanda Valintélienė, as of October 2024.

Country	Name	Member/Alternate
Luxembourg	Dr Isabel De La Fuente Garcia	Member
	Dr Anne Vergison	Alternate
Malta	Dr Charmaine Gauci	Member
	Dr Tanya Melillo Fenech	Alternate
Netherlands	Professor Menno Douwe de Jong ⁸¹	Member
	Dr Susan van den Hof	Alternate
Poland	Dr Malgorzata Sadkowska-Todys ⁸²	Member
	Dr Magdalena Rosińska ⁸³	Alternate
Portugal	Ms Ana Paula Rodrigues ⁸⁴	Member
	Dr Pedro Miguel Silva Azevedo Ferreira	Alternate
Romania	Dr Adriana Pistol	Member
	Dr Radu Cucuiu	Alternate
Slovakia	Ms Helena Hudecová ⁸⁵	Member
	Dr Jana Kerlik ⁸⁶	Alternate
Slovenia	Dr Irena Klavs	Member
	Dr Marta Grgič-Vitek	Alternate
Spain	Dr Fernando Simón	Member
	Nomination pending	Alternate
Sweden	Dr Magnus Gisslén ⁸⁷	Member
	Ms Anneli Carlander ⁸⁸	Alternate
Observers		
Albania (candidate country)	Nomination pending	
Iceland (EEA/EFTA)	Ms Kamilla Jósefsdóttir	Member
	Ms Gudrun Aspelund	Alternate
Liechtenstein (EEA/EFTA)	Nomination pending	Member
Montenegro (candidate country)	Nomination pending	Observer
Norway (EEA/EFTA)	Dr Preben Aavitsland	Member
	Mr Are Berg ⁸⁹	Alternate
Serbia (candidate country)	Nomination pending	
North Macedonia (candidate country)	Nomination pending	
Turkey (candidate country)	Professor Mustafa Gokhan Gozel	Observer
Non-governmental organisations		
Croatian Association for the Promotion of Patient Rights	Ms Jasna Karacic-Zanetti	Member
The European Public Health Association	Mr Ricardo Mexia	Member
The Norwegian Research Centre	Mr Arinze Stanley Okoli	Member
The European Institute of Women's Health	Ms Rebecca Moore	Alternate
The World Organization of Family Doctors	Ms Eva Elisabeth Hummers	Alternate
The Association of Schools of Public Health in the European Region	Mr John Duncan Middleton	Alternate

⁸¹ Appointed Member in replacement of Professor Dr Jaap van Dissel, as of May 2024.

⁸² Appointed Member from January to October 2024, nomination pending.

⁸³ Appointed Alternate from January to October 2024, nomination pending.

⁸⁴ Appointed Member in replacement of Mr Carlos Matias Dias, as of October 2024.

⁸⁵ Appointed Member in replacement of Dr Jana Kerlik, as of October 2024.

⁸⁶ Appointed Member in replacement of Professor Henrieta Hudečková, as of October 2024.

⁸⁷ Appointed Member in replacement of Ms Anneli Carlander, as of February 2024.

⁸⁸ Appointed Alternate in replacement of Dr Birgitta Lesko, as of February 2024.

⁸⁹ Appointed Alternate in replacement of Dr Trygve Ottersen, as of October 2024.

ECDC Coordinating Competent Bodies

Country	Name of Coordinating Competent Body
Austria	Federal Ministry of Social Affairs, Health, Care and Consumer Protection Radetzkystrasse 2, 1031 Vienna http://www.bmg.gv.at
Belgium	Sciensano Rue Juliette Wytsman, 14 1050 Brussels https://www.sciensano.be/en
Bulgaria	National Center of Infectious and Parasitic Diseases Ministry of Health Yanko Sakazov Blvd. 26, 1504 Sofia http://www.ncipd.org
Croatia	Croatian Institute of Public Health Rockefellerova 7, 10000 Zagreb http://www.hzjz.hr
Cyprus	Directorate of Medical and Public Health Services Ministry of Health 1 Prodromou, 1449 Nicosia http://www.moh.gov.cy/moh/moh.nsf/index_en/index_en
Czechia	National Institute of Public Health Šrobárova 48, 10042 Prague 10 http://www.szu.cz
Denmark	Danish Health Authority Axel Heides Gade 1, 2300 Copenhagen http://sundhedsstyrelsen.dk
Estonia	Health Board Paldiski road 81, 10614 Tallinn http://www.terviseamet.ee
Finland	National Institute for Health and Welfare Mannerheimintie 166, 00271 Helsinki http://www.thl.fi
France	French Public Health Agency 12 rue du Val d'Osne, 94415 Saint-Maurice http://www.santepubliquefrance.fr
Germany	Robert Koch Institute Nordufer 20, 13353 Berlin http://www.rki.de
Greece	National Public Health Organization Agrafon Street 3-5, 15123 Marousi https://eody.gov.gr/eody/
Hungary	National Center for Public Health and Pharmacy Albert Flórián út 2-6, 1097 Budapest https://www.nnk.gov.hu
Iceland	Centre of Health Security and Communicable Disease Prevention Austurströnd 5, 170 Seltjarnarnes http://www.landlaeknir.is
Ireland	Health Protection Surveillance Centre 25-27 Middle Gardiner Street, Dublin http://www.hpsc.ie
Italy	Ministry of Health Via Giorgio Ribotta 5, 00144 Rome http://www.salute.gov.it

Country	Name of Coordinating Competent Body
Latvia	Centre for Disease Prevention and Control Duntes 22, 1005 Riga http://spkc.gov.lv
Liechtenstein	Principality of Liechtenstein Äulestrasse 51, 9490 Vaduz http://www.ag.llv.li
Lithuania	Ministry of Health Vilniaus 33, 01506 Vilnius http://www.sam.lt
Luxembourg	Directorate of Health 13a rue de Bitburg, 1273 Luxembourg http://www.sante.public.lu
Malta	Superintendence of Public Health Ministry of Health St Luke's Hospital, Pjazza San Luqa MRS9010 Pieta https://superintendencepublichealth.gov.mt/en
Netherlands	National Institute for Public Health and the Environment Antonie van Leeuwenhoeklaan 9, 3720 BA Bilthoven http://www.rivm.nl
Norway	National Institute of Public Health PO BOX 4404 Nydalen, 0403 Oslo http://www.fhi.no
Poland	National Institute of Public Health – National Institute of Hygiene 24 Chocimska Street, 00791 Warsaw http://www.pzh.gov.pl
Portugal	Directorate General of Health Ministry of Health Alameda D. Afonso Henriques 45, 1049-005 Lisbon www.dgs.pt
Romania	National Institute of Public Health Dr Leonte Anastasievici 1-3, Sector 5, 050463 Bucharest http://www.insp.gov.ro/
Slovakia	Public Health Authority of the Slovak Republic Trnavská cesta 52, 82645 Bratislava http://www.uvzsr.sk
Slovenia	National Institute of Public Health Trubarjeva cesta 2, 1000 Ljubljana http://www.nijz.si
Spain	Ministry of Health, Social Services and Equality Paseo del Prado 18–20, 7 planta, 28071 Madrid http://www.msssi.es
Sweden	Public Health Agency of Sweden Nobels väg 18, 17182 Solna http://folkhalsomyndigheten.se/

Annex 10. ECDC outputs published in 2024

ECDC has an active publications programme, regularly publishing reports on the [Centre's website](#). ECDC experts also regularly author or co-author peer-reviewed articles in scientific journals, including [Eurosurveillance](#), the independent journal also published by ECDC.

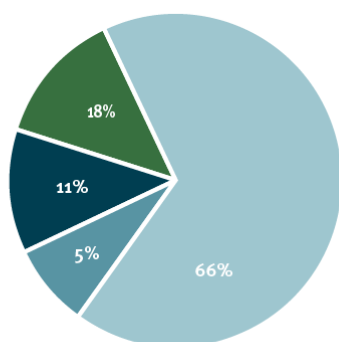
ECDC scientific reports

In 2024, ECDC scientific reports were organised into four new categories:

- Surveillance and monitoring – to inform of a current situation or status through a brief and mainly descriptive summary of data, signals, literature, etc.
- Assessment – to alert and prompt action at the European Union or national level based on a thorough expert analysis of risk, capacity, intervention effectiveness, etc.
- Public health guidance – to provide ECDC recommendations for public health action based on scientific evidence.
- Operational support – to provide instructions on how to take public health action.

The following infographics present the numbers and proportions of publications produced in 2024 by category. For each category, the most published subcategories or report types are indicated, where significant.

ECDC scientific reports published on the website in 2024*



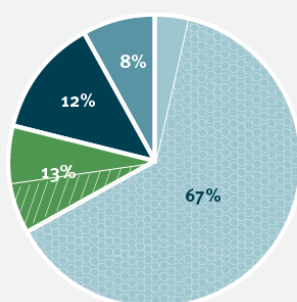
151 total reports

* Excluding recurring reports
(See 'Surveillance and monitoring reports')

Publication category

- Surveillance and monitoring (100 reports)
- Assessment (27 reports)
- Public health guidance (16 reports)
- Operational support (8 reports)

Surveillance and monitoring reports



100 total reports

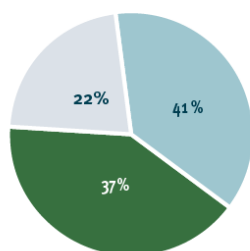
Publication subcategory

- Surveillance (67 reports)
- Annual epidemiological report (AER) (63 reports)
- Monitoring (13 reports)
- External quality assessment (EQA) (6 reports)
- Joint/Interagency (12 reports)
- Dublin Declaration monitoring (8 reports)

Recurring reports (excluded from the above totals)

- Communicable disease threats report (CDTR) – weekly
- West Nile virus transmission season update – weekly and/or monthly
- Monthly measles and rubella monitoring report
- Avian influenza overview – three times a year

Assessment reports

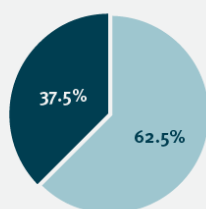


27 total reports

Report type

- Risk assessment (10 reports)
- Country visit (6 reports)
- Other (11 reports)

Public health guidance reports

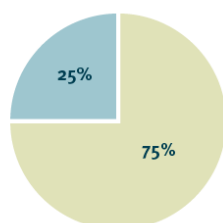


8 total reports

Report type

- Joint/Interagency (5 reports)
- Other (3 reports)

Operational support reports



16 total reports

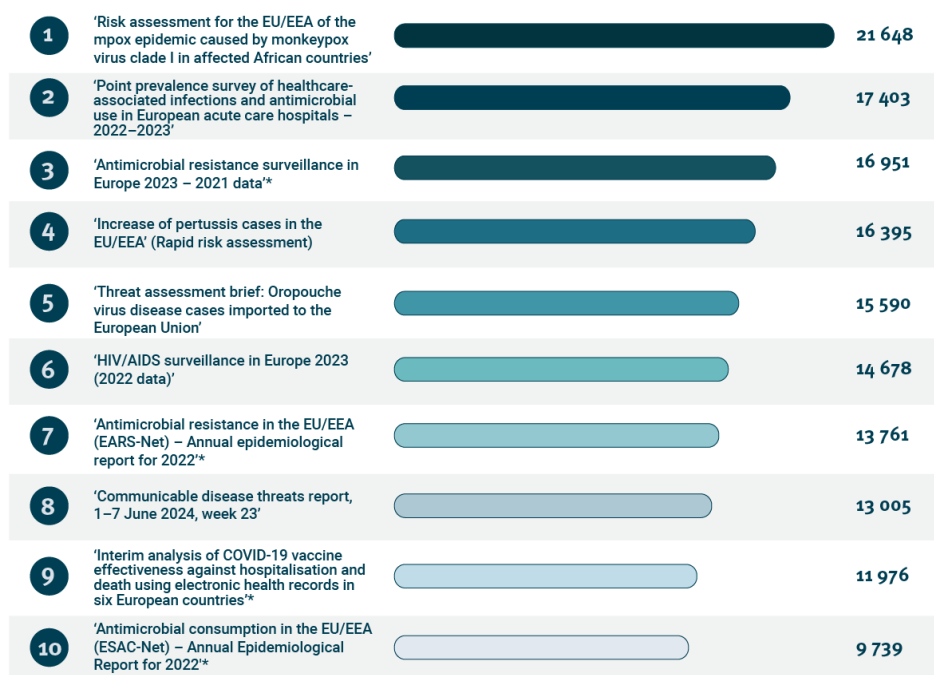
Report type

- Standards and protocols (12 reports)
- Other (4 reports)

Publication page visits and downloads

ECDC reports are available on the Centre's website. Each report has a landing page with a brief summary, and a link that opens the report so it can either be read in the browser or downloaded. The infographics below present the reports with the highest page views (including visits to the landing page and possibly viewing of the PDF in the browser) and publication downloads by external users. This information can be useful to gain a better understanding of how readers are using ECDC reports.

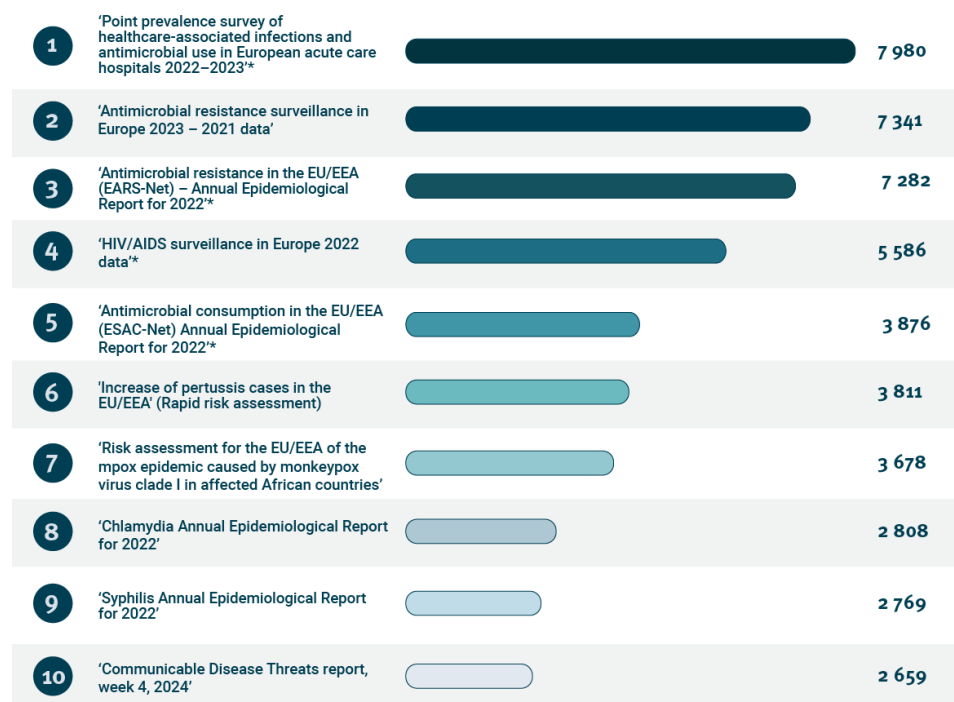
Most visited ECDC publication pages in 2024



* Published in 2023

Note that these numbers exclude internal visits by ECDC users and may capture instances of users opening the PDF in their web browser without downloading it.

Most downloaded ECDC publications in 2024



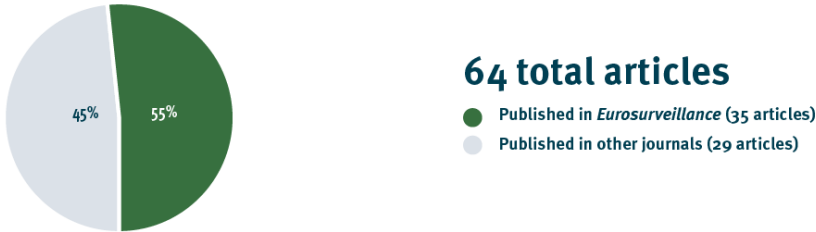
* Published in 2023

Note that these numbers exclude internal downloads by ECDC users and can only capture instances of users downloading the PDF to their computer, not simply opening the PDF in their web browser. Furthermore, the number of downloads can be reset if corrections are made to a PDF and a new version is uploaded; for such reports, the number of downloads may not be accurate.

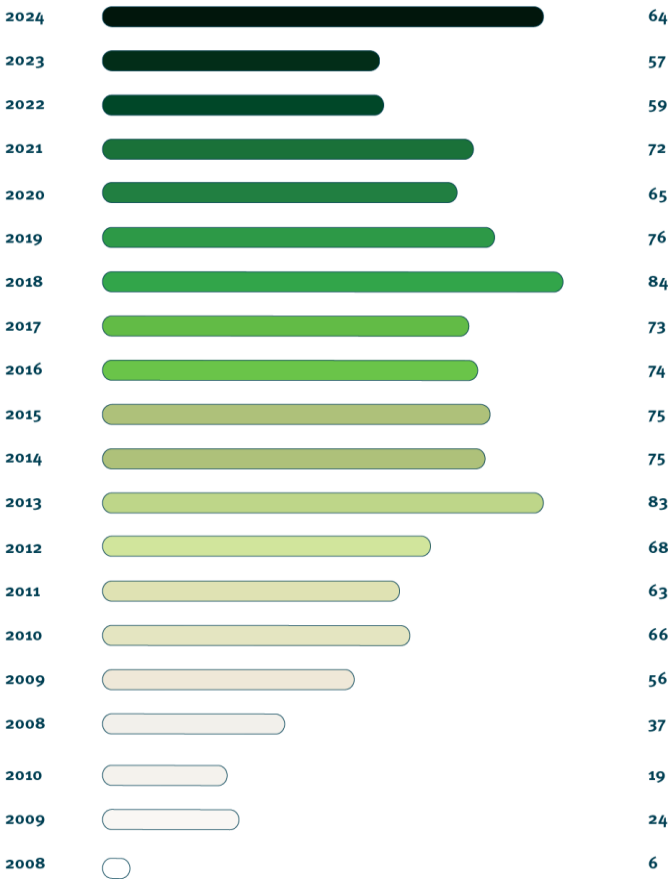
Peer-reviewed journal articles

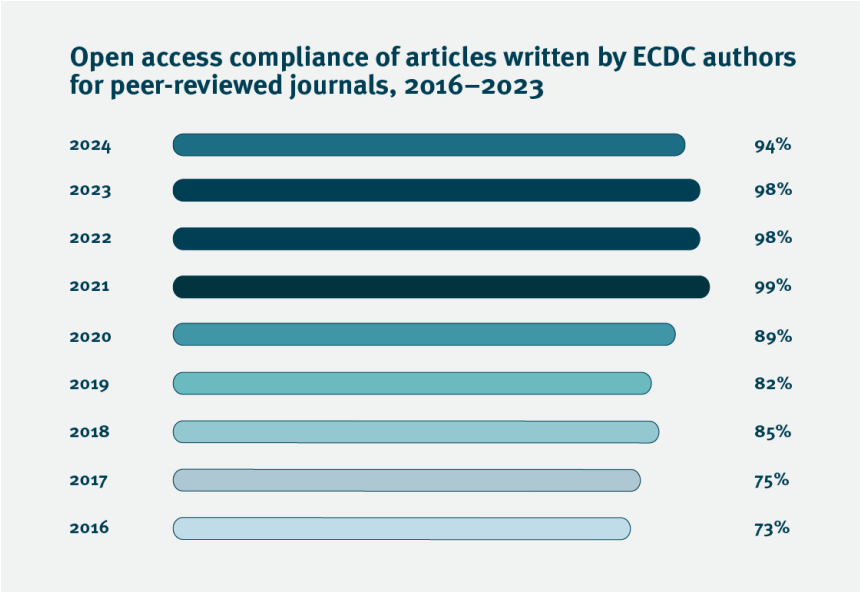
As part of the Centre’s work, ECDC experts also publish in peer-reviewed journal articles. Many of these publications are in the independent scientific journal *Eurosurveillance*, also published by ECDC. The Centre endeavours to continually improve its open access compliance. The following infographics provide more information about the number of peer-reviewed articles published between 2005–2024 and the proportion published in *Eurosurveillance*, as well as the progress made in open access compliance results.

Articles by ECDC authors published in peer-reviewed journals



Total number of articles by ECDC authors published in peer-reviewed journals, 2005–2024





Annex 11. Negotiated procedures without prior publication of a contract notice conducted in 2024

Reference	Title	Type of procedure: Art. 11.1. of the Financial Regulation	Amount (EUR)	Contractor	Contract reference
NP/2024/DPR/27416	VEBIS lot 5 - Framework contract ceiling increase	Annex 1 - 11.1 (e) - New services/works consisting in the repetition of similar services/works	2 000 000.00	EPICONCEPT	ECDC/2021/019

**European Centre for Disease
Prevention and Control (ECDC)**

Gustav III:s Boulevard 40, 16973 Solna, Sweden

Tel. +46 858601000

Fax +46 858601001

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