ECDC **CORPORATE**

Single Programming Document

2025–2027

www.ecdc.europa.eu

ECDC CORPORATE

Single Programming Document

2025–2027

Contents

Tables

Abbreviations

ABAC	Accrual-Based Accounting, the EC integrated budgetary and accounting system
ABB	Activity-Based Budgeting
ABC	Activity-Based Costing
AD	Administrator function group
AER	Annual Epidemiological Report
AF	Advisory Forum
AI	Artificial Intelligence
AIS	Alert and information system
AMR	Antimicrobial resistance
AMC	Antimicrobial consumption
AMS	Antimicrobial stewardship
APHEA	Agency for Public Health Education Accreditation
ASPHER	Association of Schools of Public Health in the European Region
AST	Assistant function group
BREEAM	Building Research Establishment Environmental Assessment Method
BTSF	Better Training for Safer Food
CA	Contract agent
CAAR	Consolidated Annual Activity Report
CCB	Coordinating Competent Body
CDC	Centres for Disease Control and Prevention
CDTR	Communicable disease threats reports
COVID-19	Coronavirus disease 2019
CPD	ECDC Continuous Professional Development
DG ECHO	Directorate General for European Civil Protection and Humanitarian Aid Operations
DG HERA	Directorate General for European Health Emergency Preparedness and Response Authority
DG INTPA	Directorate-General for International Partnerships
DG JRC	Joint Research Centre
DG NEAR	Directorate-General for Neighbourhood and Enlargement Negotiations
DG RI/RTD	Directorate-General for Research and Innovation
DG SANTE	Directorate-General for Health and Food Safety
DNCC	Disease Network Coordination Committee
E3	European Environment and Epidemiology Network
EA	Enterprise Architecture
EAAD	European Antibiotic Awareness Day
EACCME	European Accreditation Council for Continuing Medical Education
EARS-Net	European Antimicrobial Resistance Surveillance Network
ECED	ECDC Candidate Expert Directory
ECHA	European Chemicals Agency
EDQM	European Directorate for the Quality of Medicines and HealthCare of the Council of Europe
EEA	European Environment Agency
EEA/EFTA	European Economic Area/European Free Trade Association
EEAS	European External Action Service
EFGS	European Federation Gateway Service
EFSA	European Food Safety Authority
EHDS	European Health Data Space
EHFG	European Health Forum Gastein
EHRC	European Humanitarian Response Coordination
EIOS	Epidemic Intelligence from Open Sources

ELDSNet	European Legionnaires' Disease Surveillance Network
EMA	European Medicines Agency
EMAS	EU Eco-Management and Audit Scheme
EMC	European Medical Corps
ENP	European Neighbourhood Policy
EOC	Emergency Operations Centre
EPHESUS	Evaluation of European Union/European Economic Area public health surveillance systems
EPIET	Epidemiology Path of the ECDC Fellowship programme
EpiPulse	European Surveillance Portal for Infectious Diseases
EQA	External quality assessment
ERVISS	European Respiratory Virus Surveillance Summary
ESAC-Net	European Surveillance of Antimicrobial Consumption Network
ESCAIDE	European Scientific Conference on Applied Infectious Disease Epidemiology
EU	European Union
EU-ANSA	EU Agencies Network on Scientific Advice
EUDA	EU Drugs Agency (former EMCDDA)
EUHTF	EU Health Task Force
EULabCap	EU Laboratory Capability Monitoring System
EUPHA	European Public Health Association
EUPHEM	Public Health Microbiology Path of the ECDC Fellowship Programme
Euro-GASP	European Gonococcal Antimicrobial Surveillance Programme
EVD	Emerging and vector-borne diseases
EVIP	European Vaccination Information Portal
EVIS	European Vaccination Information System
EWRS	Early Warning and Response System
FAO	Food and Agriculture Organisation 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
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
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
HSC	Health Security Committee
IANPHI	International Association of National Public Health Institutes
ICF	Internal Control Framework
ICT	Information and Communication Technology
IHR	International Health Regulations
ILT	Instructor-led training
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
IRV	Influenza and other respiratory viruses
JIACRA	Joint Interagency Antimicrobial Consumption and Resistance Analysis
MediPIET	Mediterranean Programme for Intervention Epidemiology Training
KPI	Key Performance Indicator
MB	Management Board

MDRO	Multidrug-resistant organism
MERS-CoV	Middle East respiratory syndrome coronavirus
NDICI	Neighbourhood, Development, and International Cooperation Instrument
NFP	National Focal Point
NGO	Non-governmental organisation
NITAG	National Immunisation Technical Advisory Group
OA	Open Access
OCP	Operational contact Points
OECD	Organisation for Economic Cooperation and Development
PHE	Public Health Emergency
PHEPA	Public Health Emergency and Preparedness Assessment
PHSM	Public Health and Social Measures
PRIME	Planning, Resources, Information, Monitoring and Execution (ECDC planning and monitoring system)
ROA	Rapid Outbreak Assessment
RRA	Rapid Risk Assessment
RSV	Respiratory Syncytial Virus
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SANT	Public Health Committee of the European Parliament
SARI	Severe Acute Respiratory Infection
SARMS	Scientific Advice Repository and Management System
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SCBTH Regulation	Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health
SDG	Sustainable Development Goals
SLA	Service level agreement
SNE	Seconded national experts
SoHO	Substances of human origin
SPD	Single Programming Document
SPOC	Single point of contact
SRM	Stakeholder Relationship Management
STI	Sexually transmitted infections
TA	Temporary agent
TB	Tuberculosis
TCS	Targeted country support
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
TESSy	The European Surveillance System
TTT	Threat Tracking Tool
UCPM	European Union Civil Protection Mechanism
VEBIS	Vaccine Effectiveness, Burden and Impact Studies
VectorNet	European network for medical and veterinary entomology
VMP	Vaccine Monitoring Platform
VPD	Vaccine Preventable Disease
VPI	Vaccine-preventable diseases and Immunisation
WGS	Whole genome sequencing
WHO	World Health Organization
WHO Europe	World Health Organization, Regional Office for Europe

Glossary of ECDC's main IT systems[1]

System/application	Description
Early Warning and Response System (EWRS)	A rapid alert system that supports critical communication about serious cross-border health threats, through a web-based platform used to exchange information on public health threats, between European Union/European Economic Area (EU/EEA) Member States, the European Commission, other EU agencies and the World Health Organisation.
ECDC Candidate Expert Directory (ECED)	A roster of prospective external experts that allows ECDC, when determined necessary by the Centre, to widen the number of experts and areas of knowledge and skills beyond its own expert staff and expertise.
ECDC data warehouse	A data warehouse that hosts all indicator- and event-based surveillance data, as well as determinants of health data. It covers relevant information to perform standard or specific epidemiological surveillance analysis and reporting along with a harmonised terminology between datasets for all the communicable diseases and related special health topics covered by ECDC. Through its dataset management and storage, ECDC data warehouse supports the ECDC Open Data Framework.
ECDC Library (E-LARA)	A library that provides information through its collection and by making available the tools to ease access to information. The library develops a collection (both electronic and print) and provides services via the Library Intranet and physical area.
ECDC Scientific Advice Repository and Management System (SARMS)	A system that supports the production of ECDC outputs with scientific content, from registration to clearance and dissemination, using electronic workflows. It provides a repository of ECDC scientific outputs for reference and auditing purposes.
ECDC Learning Portal	A learning management system that supports ECDC public health training activities. It provides access to e-learning and blended courses, training materials, and administration of face-to-face activities, including the ECDC Fellowship Programme (EPIET, EUPHEM), MediPIET and continuous professional development activities designed, developed, and implemented together with different ECDC teams and experts.
ECDC web portal	Supports ECDC's overall communication by making available outputs and information for the Centre's target audiences, including public health professionals, policy-makers, the media and the public.
Enterprise Content Management Platform (ECMP)	ECDC's unified portal for information and documents, as well as internal and external collaboration spaces. The portal is divided into three hubs: • An information centre providing everyone at ECDC with information about ECDC and other EU institutions (e.g. daily news, actions and decisions taken by management, upcoming events, training courses, and many other topics of interest). • A document centre combining and centralising all working and official documentation in one place. It hosts Unit, Section and Group repositories, as well as horizontal project repositories or workspaces. • An external document collaboration centre where access can be granted to nominated external partners and collaborators, agencies, or individuals.

---

[1] This is a list of ECDC's main IT systems but is not exhaustive and several support systems are not included.

System/application	Description
European Surveillance Portal for Infectious Diseases (EpiPulse)	Online portal for European public health authorities and global partners to collect, analyse, share, and discuss infectious disease data for surveillance, 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)). It provides new functionalities and seamless access to data in a single platform. The portal facilitates collection, analysis, and dissemination of indicator- and event-based surveillance data on infectious diseases and associated health issues, including global epidemic intelligence, whole-genome sequencing, 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 related to combatting the COVID-19 pandemic.
Eurosurveillance **publication platform and website**	A platform that allows content management, storage and dispatching of articles and related information to various repositories and databases as well as the web publication of *Eurosurveillance*, a European journal on communicable diseases ranking among the top 10 journals in its field.
Eurosurveillance **electronic submission system**	A platform where authors can upload articles to be processed and monitored by the editors, based on workflows that entail internal and external evaluation (peer-review).
ECDC Planning and Monitoring System (PRIME)	Internal system used to plan and monitor the implementation of ECDC's annual work programmes. PRIME stands for Planning, Resources, Information, Monitoring and Execution.
PHE Intranet	Internal crisis management tool where response activities and resources are gathered, managed, and maintained.
Stakeholder Relationship Management (SRM) system	A primary business system of contacts, relationships (internal and external) and interactions with ECDC stakeholders. Supports the centralised management of Member States and other external contacts. The system is a user-friendly one-stop-shop with the potential to evolve in order to meet growing business needs.
Surveillance Atlas of Infectious Diseases	A tool that provides interactive and graphical access to surveillance data. It is accessible via ECDC's web portal. The Atlas has been evolving, particularly in terms of 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.

Foreword

The health threats that Europe faces are becoming more – not less – complex. The accelerating effects of climate change, antimicrobial resistance, and increasing social inequalities pose significant threats to public health.

In the coming years, ECDC will prioritise the prevention of antimicrobial resistance and healthcare-associated infections, and support EU countries and the European Commission in reaching the Sustainable Development Goals on HIV, tuberculosis and hepatitis. An area where a new public health emergency may likely emerge is in the animal-human interface. We will carefully monitor the epidemiological situation to timely detect future potential threats. The developments related to avian influenza A(H5N1) viruses which increasingly infect mammals are a clear example of a threat which may escalate at any time. Cross-sectoral collaboration and the implementation of a One Health approach are key to our preparedness and resilience for future health crises. The establishment of effective collaboration with other EU agencies is vital to explore the interconnected health landscape of human, animal and environmental health and their link to infectious diseases.

To respond to urgent threats to health and enhance emergency preparedness, ECDC will increasingly use the EU Health Task Force, which provides a mechanism for timely and efficient deployment of public health expertise where it is needed. In 2026, as part of increasing EU health security, ECDC will finish the first three-year cycle of public health preparedness assessment visits to the EU/EEA Member States with the aim of ensuring that the EU/EEA is better prepared for public health emergencies.

An additional key objective will be to improve the effectiveness of digitalised and integrated infectious disease surveillance and capacity building in the EU. We need to use all the technological tools available, including artificial intelligence and other innovations to ensure that we are prepared for the next pandemic. ECDC will support the development of the European Health Data Space by piloting relevant use cases, and we will agree on updating joint surveillance standards with Member States. EU surveillance will, furthermore, be supported by the setting up of EU Reference Laboratories to support national reference laboratories, promote good practice and alignment on diagnostics and testing methods to facilitate reporting of diseases by Member States.

One of the core lessons learned from the COVID-19 pandemic was that there is an urgent need to invest in the public health workforce, which involves training public health professionals and attracting young professionals to the field. To this end, ECDC will continue its Fellowship training programmes in field epidemiology and public health microbiology, as well as other training activities in key areas.

A major task for ECDC in the coming years will be rebuilding trust in science and public health institutions to equip them to counter these threats. An area which is particularly impacted by the loss of public trust is vaccination and immunisation, where public trust is directly driving vaccination coverage. ECDC's continued collaboration with the European Medicines Agency on the Vaccine Monitoring Platform will provide reassurance that EU vaccination programmes are carefully monitored. ECDC will in particular focus on the monitoring of vaccine effectiveness and coverage.

Bridging the gap between science and public understanding, and fostering trust, involves clear and transparent communication and being open about the evolving nature of scientific findings with its limitations. We need to harness social and behavioural science to better understand factors influencing public compliance and to address barriers to following public health guidance.

The Agency will also be proactive in increasing its ability to identify and counter mis- and disinformation on social media. To help increase trust in the aftermath of the COVID-19 pandemic, ECDC will strengthen its commitment to build a robust and transparent evidence ecosystem to inform public health policy and practice. With our reinforced mandate, we will also take concrete steps to build a more effective, agile and forward-looking ECDC.

The actions laid out in this Single Programming Document (SPD) 2025–2027 will contribute to building a public health agency that is better placed to respond to future health threats and that has closer, collaborative partnerships with our Member States, EU candidate countries, and our international partners.

Pamela Rendi-Wagner

ECDC Director

Background

Regulation (EU) 2022/2370 amending Regulation (EC) No 851/2004 establishing a European centre for disease prevention and control.

- Article 14.5(d) – [The Management Board shall:] "adopt, before 31 January each year, the Centre's programme of work for the coming year."

Mission statement

The Centre's mission is laid down in Article 3 of the amended ECDC Founding Regulation[2], which states that:

'…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.

In pursuing its mission, the Centre shall respect the responsibilities of the Member States, the Commission and other Union bodies or agencies, and the responsibilities of third countries and international organisations active within the field of public health, in particular the WHO, in order to ensure that there is comprehensiveness, coherence and complementarity of action and that actions are coordinated.

The Centre shall support the work of the Health Security Committee (HSC), established by Article 4 of Regulation (EU) 2022/2371, the Council, the Member States and, where relevant, other Union structures, in order to promote effective coherence between their respective activities and to coordinate responses to serious cross-border threats to health, within its mandate.'

ECDC's vision

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

---

[2] Regulation (EU) 2022/2370 amending Regulation (EC) No 851/2004 establishing a European centre for disease prevention and control.

1. General context

As the amended ECDC Founding Regulation and the Regulation on serious cross-border threats to health (SCBTH Regulation) came into force in December 2022, the ECDC long-term Strategy 2021–2027 has been adapted to incorporate new and extended tasks of the Centre's strengthened mandate. 2025 will be the second year since the Centre started implementing the amended ECDC Strategy 2021–2027 and the Strategy Implementation Roadmap.

Despite ongoing changes in the global and European context, the high-level Priorities for ECDC's work in 2025 have been defined to ensure a continued support by the Centre to the key health initiatives of the European Commission and to best respond to the needs and expectations of the Member States and other stakeholders. These are digitalisation and integrated surveillance, preparedness and response, tackling antimicrobial resistance, carrying out studies of post-authorisation vaccine effectiveness and safety and increasing general vaccine coverage, and ensuring the continuous advancement to reach the Sustainable Development Goals related to tuberculosis, hepatitis, and HIV.

At the global level, the WHO amendment of the International Health Regulations has been adopted in June 2024 and should be implemented in the coming year, and the negotiations on the WHO pandemic agreement are ongoing. At the European level, new Members of the European Parliament have been elected following the European Parliamentary election in June 2024 and they started their work. The new European Commission with newly designated Commissioners is setting its priorities. At ECDC, the new Director is in place as of June 2024, the outcomes of several post COVID-19 audits and reviews are published and recommendations from these are being translated into an action plan and guidance to improve the public health preparedness of the EU/EEA countries. ECDC external evaluation is about to start in the first half of 2025 so that the European Commission would be able to provide the report by the end of 2025.

This said, ECDC priorities are aligned with the priorities of the European Commission, EU Member States, and the overall global health security context based on the best available scientific evidence to enhance prevention, emergency preparedness and response to address future challenges and public health emergencies. In the EU, this takes place through the implementation of the legal provisions of the European Health Union. In the case of ECDC, this means implementing the amended ECDC Founding Regulation along with the Centre's Strategy and the Strategy Implementation Roadmap.

ECDC priorities for 2025

During 2025, ECDC will continue contributing to strengthening EU health security by addressing, among others, the following main priorities. In doing so, ECDC will use the best available scientific evidence, and apply appropriate methods and established standards. The priority activities for 2025 are listed below. Other activities can be found in Section 3, Work Programme 2025 of this document.

Priority 1.   Support Member States with digitalised and integrated EU level surveillance

In 2025, ECDC will have established a consolidated network of countries carrying out routine surveillance of severe acute respiratory infections (SARI), bloodstream infections (BSI), and sexually transmitted infections (STI) using data from electronic health records. This multiannual project will end in 2025. Following this closure, ECDC will focus on evaluating what was achieved to plan future activities in this area. In 2025, participating countries would have also signed grant agreements with the European Commission (through the European Health and Digital Executive Agency (HaDEA)) for strengthening their surveillance systems. In addition, as the implementation of the European Health Data Space for the secondary use of health data (HealthData@EU) pilot is finalised, will have finalised it will provide specific recommendations on the next steps, including the role of ECDC and the possible expansion to more Member States. In 2025, the Centre will also resume its activities in the area of digitalisation of vaccination registries by mapping of current national systems characteristics, challenges and plans, in order to define relevant next steps in 2026.

In the recent years, ECDC has defined an agreed approach for assessing Member States surveillance systems as foreseen by the SCBTH Regulation and for reporting back such results and recommendations to the Health Security Committee (HSC) (self-assessment questionnaire under Article 7). As part of the country Public Health Emergency and Preparedness Assessments (PHEPAs) under Article 8 of this Regulation, the surveillance preparedness (i.e. its ability to provide the necessary information for decision-making in the context of public health emergencies such as

pandemics) has been designated as an area for in-depth assessment in the first cycle of PHEPAs. This means that by the end of 2025, 10 to 15 Member States will have been assessed, looking at aspects such as resilience, performance of the surveillance systems for respiratory infections, wastewater monitoring, capacities for pandemic assessment, and for monitoring health systems indicators.

In 2025, all diseases under EU surveillance should be reported in the new EpiPulse cases and ECDC will support Member States in the transition to the new system. At the same time the Centre will update its outputs and replace the Annual Epidemiological Report (AER) with objective-driven interactive visual and textual reports. As respiratory viruses are cumulatively responsible for the substantial yearly burden of communicable diseases in the EU, ECDC will establish an EU integrated system for monitoring data on respiratory viruses. The ECDC-WHO joint European Respiratory Virus Surveillance Summary (ERVISS) will continue to provide an integrated weekly summary of surveillance data on respiratory viruses. The Centre will support Member States in the transition to integrated surveillance systems for respiratory viruses at national level and will monitor the status of implementation.

The epidemic intelligence process will be further automated through a project that started in 2024. This project will progressively integrate multiple data sources exploiting the capabilities of artificial intelligence among other available technical innovations. Events and threats under monitoring will be visible in an interactive dashboard with a restricted area for more confidential information. At the same time, mandatory event reporting will be in place via EpiPulse and it will be used to rapidly exchange and assess information provided by the Member States.

ECDC will further support the implementation of event-based surveillance at national level through the development in 2025 of an open-source application for use by EU/EEA Member States (Epi+).

Following the establishment of several European Union Reference Laboratories (EURLs), ECDC will coordinate activities of the network: developing workplans and ensuring their effective contribution to EU surveillance, outbreak detection and assessment, preparedness, and scientific advice.

During 2025, molecular surveillance will also be implemented for all diseases for which it is relevant. The results will be integrated in the routine surveillance outputs, response activities, and ECDC recommendations.

Priority 2.   **Assist Member States and the European Commission in joint emergency preparedness and response planning**

Assisting Member States in the preparedness planning will be a key priority for ECDC in 2025 and beyond. Countries are reviewing their national emergency plans following lessons identified from the response to the COVID-19 pandemic. ECDC recommendations for the use of Public Health and Social Measures (PHSM) was published in 2024 and ECDC guidance on preparedness planning based on the lessons identified from the COVID-19 response in the EU are expected at the end of 2024. The Union Preparedness Plan is under development by the European Commission. In addition, the first three-year cycle of PHEPAs of the EU/EEA countries under Article 8 of the SCBTH Regulation will be fully underway, with its finalisation planned for the following year. This process is envisioned as a continuous exercise focusing on the improvement of national emergency preparedness plans, as well as providing individual support for the implementation of national action plans, as needed.

The Centre will continue supporting Member States through the provision of technical advice, training, exchange of expertise and simulation exercises, as well as the production of training material and organisation of trainings (e.g. on risk communication, preparedness and organisation of exercises). Several literature reviews on open operational questions and good practices in preparedness are underway and planned to finish in 2025 to assist in accumulating the necessary evidence to provide recommendations and advice. Interaction with social and behaviour scientists will be strengthened. ECDC will continue building the community of practice for behavioural and social scientists in public health across the EU/EEA to improve identification of vulnerable groups and measures to address the impact of health crises on them in the national preparedness plans.

Maintenance and improvements of the EpiPulse Events database will continue to enable seamless communication between the Member States. ECDC will continue to support the European Commission with the further development of EWRS, in all its dimensions. In addition, the interface of EpiPulse with the Early Warning and Response System (EWRS) is in place and will be

continuously improved according to lessons from its use. The link between the two platforms will prevent duplication of work for the national focal points.

Recognising the crucial importance of respiratory viruses in causing past and future pandemics, ECDC will keep a specific focus on these pathogens for activities related to pandemic preparedness, including work on relevant PHSM. As the animal-human interface is an essential step for introducing new pathogens with a pandemic potential in the human population, ECDC will continue to work on pandemic preparedness in the One Health approach by strengthening its collaboration with relevant stakeholders from the human, animal, and environmental sectors, in support of the Member States.

Furthermore, ECDC experts will continue to provide training on preparedness issues in the context of ongoing technical cooperation projects in the Western Balkans and Türkiye under the EU Enlargement policy (ECDC-IPA6), the European Neighbourhood Policy partner countries (EU Initiative on Health Security), and with the Africa Centres for Disease Control and Prevention (ECDC4Africa CDC).

Priority 3.   **Enhance support through the assistance of a standing and ready-to-be deployed EU Health Task Force**

By 2025, the EU Health Task Force (EUHTF) will be fully operational, with established EUHTF pools of experts, capable to rapidly mobilise European experts to respond to requests for assistance during crises and to support emergency preparedness. The EUHTF will be capable to respond to request for assistance from countries in the EU/EEA and globally, including international agencies. In addition, by 2025 the EUHTF pools of experts, comprising of experts from the Member States, ECDC and its Fellowship Programmes, will form a community of knowledge and practice. The ECDC EUHTF Coordination Team will actively engage with this community by arranging regular exchanges with stakeholders to discuss ongoing threats, voluntarily exchange resources for outbreak investigation and response, participation in simulation exercises, training and rapid exchanges.

EUHTF operations and deployments will be organised either by ECDC autonomously or in collaboration with the DG for European Civil Protection and Humanitarian Aid Operations (DG ECHO) or the Global Outbreak Alert and Response Network (GOARN). Collaborations with DG ECHO and GOARN will most likely occur during deployment out of the EU/EEA, unless a DG ECHO mechanism of support (e.g. the Union Civil Protection Mechanism (UCPM) or the European Humanitarian Response Coordination (EHRC)) are activated for a crisis within the EU/EEA.

To secure the operational capacity of the EUHTF, investments will be necessary to sustain the continuous deployment readiness of the expert pool, both from the Centre and the Member States. Investments will also be needed to ensure that budget is continuously available to allow a rapid response to unplanned, urgent requests for support.

In order to operate in harmony with the needs of the EU/EEA countries and with the capacities of the European Commission, the EUHTF will be advised by an external Advisory Committee, the EUHTF Advisory Group, which will include representatives from EU/EEA countries and the European Commission (e.g. DG SANTE, DG ECHO, DG RTD, DG HERA) as well as representatives of the European Medicine Agency (EMA), WHO, GOARN, and relevant non-Governmental Organisations.

Priority 4.   **Intensify strategic partnerships at the EU and international level to create synergies and avoid duplication of actions**

The Centre will further strengthen its cooperation and coordination with the European Commission (DG SANTE, DG HERA, DG NEAR, DG INTPA, DG RTD, DG ECHO, DG CLIMA, DG ENV, EU Delegations), the European Parliament (SANT Subcommittee on Public health) and other EU institutions, bodies and agencies (including the European Medicines Agency (EMA), European Food Safety Authority (EFSA), European Environment Agency (EEA), European Chemicals Agency (ECHA), European Union Drags Agency (EUDA)), as well as external partners such as WHO, National Public Health Institutes in the candidate countries and potential candidates and in the European Neighbourhood Policy partner countries and other Centres for Disease Control (CDCs) globally.

Working arrangements and appropriate mechanisms with Commission services and the EU agencies to further strengthen coordination will be defined together with the Commission services and EU agencies on the basis of mutual interest as necessary. Collaboration with sister EU agencies will evolve towards joint processes and tools, with emphasis on facilitating the implementation of the

One Health approach, as proposed in the framework for action of the cross-agency One Health Task Force. Collaboration with sister EU agencies tasked to provide scientific advice within the EU Agencies Network on Scientific Advice (EU-ANSA) will continue and strengthen inter-agency approach to the delivery of scientific advice to policy-makers to build a stronger and more resilient Europe in response to the current polycrisis landscape. ECDC will continue monitoring post-authorisation vaccine effectiveness and safety together with EMA in the jointly operated Vaccine Monitoring Platform (VMP). In line with its mandate, ECDC will explore communicable disease threat anticipation and support the work by the European Commission.

In times of a public health crisis, ECDC will ensure that the EU Health Task Force is activated to assist local responses to outbreaks, in collaboration with the Union Civil Protection Mechanism and international response teams operated by WHO. The procedures for the mobilisation and deployment of the outbreak assistance team by ECDC will be further refined in cooperation with the European Commission and agreements with external partners.

In 2025, ECDC will enter final phases in the implementation of the technical cooperation projects in the Western Balkans and Türkiye under the EU Enlargement policy (ECDC-IPA6), the European Neighbourhood Policy partner countries (EU Initiative on Health Security), as well as with the Africa Centres for Disease Control and Prevention (ECDC4Africa CDC), whereby considerations will be taken on the lines of sustainability of actions, continued coordination within the established partnerships, and defining new cooperation frameworks that build on the achievements of long-lasting collaborations.

Priority 5.	**Support prevention and control activities, including enhanced post-authorisation monitoring of the effectiveness of vaccines, and assistance to countries to improve vaccine coverage in the EU**

In 2025, it is expected that continued support to Member States and the European Commission will be needed to advance the immunisation agenda in Europe.

ECDC's work will continue to focus on strengthening horizontal structures and systems put in place during the COVID-19 pandemic to bolster Member State capacity to tackle vaccine-preventable diseases (VPDs).

First and foremost, efforts to setup a sustainable monitoring of vaccine effectiveness against priority pathogens will be consolidated, and by 2025, reflections will be drawn on the test pilot of expansion of the current Vaccine Effectiveness, Burden and Impact Studies (VEBIS) system to cover other critical vaccines and respective pathogens. On the one hand, this work will entail continued investment by ECDC to strengthen Member State infrastructure and capability to sustainably generate vaccine effectiveness at the primary and secondary care levels, as well as leveraging electronic immunisation registries. On the other hand, the collaboration between ECDC and EMA through the Vaccine Monitoring Platform on vaccine post-authorisation studies will be continued in view of generating evidence in response to common public health and regulatory questions on both effectiveness and safety of vaccines in use in EU vaccination programmes. In 2025, ECDC studies implemented during the pandemic on COVID-19, and Influenza vaccine will continue, and will be complemented by feasibility studies on Respiratory Syncytial Virus (RSV) vaccine.

A continued area of priority in 2025 will also be the reinforcement of scientific exchanges and collaboration with and within the ECDC EU/EEA National Immunisation Technical Advisory Group (NITAG) Collaboration Network. This will be done in close collaboration with DG SANTE and HaDEA, by providing technical support to NITAGs in generating scientific reviews that can inform national decision-making on priority questions related to new vaccines or vaccination strategies.

Specific vaccines and diseases of focus will depend on the input received by the Member States as well as requests from the European Commission and the continued collaboration with the WHO Regional Office for Europe. Nonetheless, in 2025, it is expected that ECDC will be working on the implementation of human papillomavirus (HPV) vaccine-related scientific priorities identified by the Council Recommendation of vaccine-preventable cancers, measles and rubella as part of the WHO's elimination goals, and polio as part of the WHO's end game eradication strategy.

ECDC will also continue to address the problems of resurgence of diseases preventable by vaccination (e.g. of measles, pertussis) by providing high quality epidemiological and microbiological surveillance data, and by providing timely risk assessments. ECDC will also address

reluctance to vaccination programmes, including by providing high quality information on vaccines for the general public through the European Vaccination Information Platform (EVIP).

More generally, the continued enhanced epidemiological surveillance of VPDs, monitoring of vaccination coverage, and the study of the evolution of immunisation schedules with a life course approach across the EU will continue to provide the Centre with critical evidence to develop informed public health guidance and recommendations for Member States, to reinforce prevention and control activities at national level.

Priority 6.   **Tackle antimicrobial resistance**

In 2025, ECDC activities on antimicrobial resistance (AMR) will continue supporting Member States and the European Commission in implementing the Council Recommendation on stepping up EU actions to combat AMR in a One Health approach (2023/C 220/01), the latest Council Conclusions on AMR, the European One Health Action Plan against AMR, the WHO European strategic action plan on AMR, the Global Action Plan on AMR (WHO), the Global Strategy, Action Plan and Monitoring Framework on Infection Prevention and Control (WHO), the Roadmap on AMR for the WHO European Region 2023–2030, as well as the Political Declaration of the United Nations General Assembly High-Level meeting on AMR (September 2024).

In this context, ECDC will continue supporting Member States with further strengthening surveillance of AMR and antimicrobial consumption, as well as healthcare-associated infections (HAIs) being a special health issue related to AMR. The Centre will monitor the progress of the EU and Member States towards the AMR and antimicrobial consumption targets as set in the Council Recommendation on AMR (2023/C 220/01) and its corresponding Annual Epidemiological Reports. ECDC will also develop draft 'EU guidelines on infection prevention and control (IPC) in human health', following the definition of the scope and strategy in 2024, and deliver this draft to the European Commission.

To further support Member States in the implementation of the SCBTH Regulation and the Council Recommendation on AMR (2023/C 220/01), ECDC will provide a specific contribution on AMR and HAIs as part of the country visits for the assessment of prevention, preparedness and response planning (Article 8 of the SCBTH Regulation). As per Member State request, the Centre will also perform country visits in a One Health perspective (jointly with DG SANTE and involving EFSA and EMA where relevant) and provide specific country support on AMR upon request.

To specifically support Member States in implementing the Council Recommendation on patient safety, including the prevention and control of HAIs (2009/C 151/01) and the Global Action Plan and Monitoring Framework on Infection Prevention and Control (WHO), ECDC will continue exploring the relationship between the level of implementation of IPC structure and processes and of antimicrobial stewardship (AMS), and AMR and HAI rates in European acute care hospitals and long-term care facilities. ECDC will also publish the results of the point prevalence surveys of HAIs and antimicrobial use in long-term care facilities in the EU/EEA (performed in 2023–2024).

Finally, with the aim to ensure increased awareness of AMR and the need for prudent use of antibiotics among healthcare professionals, policy-makers and the general public, as well as to support EU/EEA countries in their national campaigns, ECDC will continue coordinating the European Antibiotic Awareness Day, in partnership with the World AMR Awareness Week.

Priority 7.   **Support Member States and the European Commission in addressing the Sustainable Development Goals in the area of HIV, TB and hepatitis**

Progress towards Sustainable Development Goals (SDG) target 3.3 is uneven in the Member States and many countries are struggling to achieve the targets for HIV/AIDS, tuberculosis, hepatitis, and STI, as set in global documents and the regional action plans for ending AIDS and the epidemics of viral hepatitis and STI 2022–2030 and the Tuberculosis action plan for the WHO European Region, 2023–2030.

ECDC will support Member States and the European Commission to generate information for action through coordinating surveillance and monitoring. In 2025, ECDC will further harmonise and strengthen its surveillance activities. The Centre will support Member States with sentinel surveillance and surveys and perform monitoring of the Member States progress and prevention coverage for hepatitis, HIV, and tuberculosis including monitoring of the Council Recommendation on vaccine-preventable cancers. The Centre will also start with the implementation of STI

monitoring. ECDC will provide scientific advice on topics relevant for the EU/EEA setting, identified through a close collaboration with the networks. To increase capacity in Member States on recent advances in testing technology, treatment, and the implementation of effective prevention modalities, ECDC will organise webinars, trainings, workshops, and country visits in response to identified needs. These capacity building activities will continue facilitating exchange of experiences and learning from each other. ECDC will coordinate the networks for HIV/AIDS, tuberculosis, hepatitis, and STI and organise network activities. A comprehensive review of the global indicator framework for the goals and targets of the 2030 Agenda for Sustainable Development is planned in 2025. ECDC will support the European Commission and the Member States in providing input for this review and communicate about progress and achievements.

ECDC aims to empower the Member States in prevention and control of the SDG diseases and to ensure that progress towards the targets can be accurately measured and areas for further work identified.

2. Multi-annual programming 2025–2027

2.1 Multiannual work programme 2025–2027

The amended ECDC Founding Regulation calls for the Centre to focus its interventions on specific priority areas. In view of this, ECDC's Strategy 2021–2027 has been adapted, including the Strategic Objectives that will guide ECDC interventions in the next few years. The Strategy Implementation Roadmap has also been reviewed in light of the amended Strategy 2021–2027 and serves as a basis for ECDC planning. The Multi-annual Work Programme 2025–2027 presents ECDC's medium-term plans towards achieving the Strategic Objectives, along the Implementation Roadmap. However, due to e.g. priorities of the new Commission and the outcome of the ECDC external evaluation, there might be slight changes in this programming document.

ECDC work in disease areas 2025–2027

Antimicrobial resistance and healthcare-associated infections

In addition to the priorities on tackling AMR mentioned in Section I of this document, ECDC will continue to support Member States in further strengthening surveillance of AMR, antimicrobial consumption and HAIs, publishing annual reports and using other formats such as the ECDC Surveillance Atlas of Infectious Diseases. In these activities, ECDC will collaborate with the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS) and the regional surveillance networks of the WHO's Regional Office for Europe, including regional networks for surveillance of AMR (Central Asian and European Surveillance of Antimicrobial Resistance (CAESAR) network) and antimicrobial consumption (WHO Antimicrobial Medicines Consumption (WHO AMC) network). In 2025, this will include discussing with the relevant networks on how to improve surveillance of AMR in line with the Council Recommendation on stepping up EU actions to combat AMR in a One Health approach (2023/C 220/01); and participating in the inter-agency AMR working group.

Further improvements of the surveillance of AMR are expected including annual estimates of the incidence of infections with AMR, better use of electronic laboratory data for reporting AMR and surveillance data of bloodstream infections from electronic health records and the integration and expansion of molecular surveillance through the European Antimicrobial Resistance Genes Surveillance Network (EURGen-Net). For antimicrobial consumption, there will be improved reporting of antimicrobial consumption in the hospital sector. For HAIs, ECDC will establish a network of countries developing systems for surveillance of bloodstream infections from electronic health records and will continue planning activities in this area. ECDC will continue its collaboration with ESTAT on AMR indicators in the context of the SDG target 3 for the EU SDG Monitoring Report. ECDC will continue to support the standardisation of antimicrobial susceptibility testing in the EU/EEA.

An EURL for public health covering AMR (EURL-PH-AMR) is being established in 2024. From 2025 onwards, ECDC will closely work with this EURL for the provision of laboratory services, EQA exercises and laboratory training courses related to AMR.

ECDC will continue its collaboration with EFSA and EMA. Together with these two EU agencies, it will start working on the fifth JIACRA report. ECDC will also provide its support, as an observer, to the 2nd Joint Action on AMR and HAIs, and will continue contributing to the Transatlantic Task Force on AMR (TATFAR – work plan 2021–2025).

ECDC will provide support to the European Commission and the Member States on behavioural change intervention design in the areas of IPC and AMS. This work will consider results of the study on barriers to an effective implementation of AMR policies, once these are available, and the results of the point prevalence surveys of HAIs and antimicrobial use in acute care hospitals and long-term care facilities. ECDC will start preparing the next point prevalence survey of HAIs and antimicrobial use in acute care hospitals, which will take place in 2027. ECDC will also provide digital tools for the assessment of IPC programmes, including monitoring of hand hygiene practices through direct observation. Finally, ECDC will complement its directory of online resources for the prevention and control of AMR and HAIs.

Emerging, food and vector-borne diseases

Preparedness, prevention and control activities for emerging, food and vector-borne diseases will be conducted, with a particular focus on emerging diseases such as dengue and chikungunya, diseases with a potential for emergence such as Oropouche virus disease, and endemic diseases such as salmonellosis, listeriosis, West Nile virus infection and tick-borne encephalitis.

Collation of indicator-based and event-based surveillance data on emerging, food and vector-borne diseases and timely assessment of the risk for European citizens will remain a focus for 2025–2027. As relevant, human

surveillance data will be combined with food, animal and environmental data, through close collaboration with other EU agencies such as EFSA and EEA. In addition to ECDC surveillance reports, ECDC and EFSA will continue producing joint surveillance reports (i.e. the European Union Summary Reports on zoonoses and on AMR) and joint ECDC-EFSA Public Health risk assessments (i.e. Rapid Outbreak Assessments) on cross-border foodborne threats and zoonotic diseases. Moreover, facilitated by the robust ECDC-EFSA WGS data submission and analysis system, ECDC and EFSA will ensure the timely detection of and response to cross-border foodborne outbreaks. Similarly, the implementation of WGS data submission and analysis will continue as part of the annual AMR monitoring of *Salmonella* and *Campylobacter*. It is expected that from 2025, ECDC and EFSA will jointly produce in-season surveillance report on West Nile virus infections.

Scientific advice will be provided, for example through the completion of rapid reviews, systematic reviews, surveillance data analysis, expert elicitations and modelling activities. The One Health approach will be further emphasised to ensure the most comprehensive and efficient actions to identify, assess, control, and prevent infectious diseases with a food, animal and/or environmental component. ECDC, EFSA and EEA will work closely together on activities related to One Health and climate change. For instance, the agencies will organise joint webinars to build capacity and share experiences within EU/EEA countries and beyond, invite each other to network meetings, and develop joint scientific projects. For instance, the agencies will explore changes in diseases seasonality in the context of climate change and ECDC and EFSA will assess the burden of food-borne diseases. ECDC and EFSA will continue working jointly on entomological-related issues. Specifically, through the joint VectorNet project, the agencies will continue the monitoring of vectors of public health and animal health relevance and build entomological capacity in EU/EEA countries and pre-accession countries.

In addition, ECDC will strengthen its involvement in the Climate and Health Observatory, providing technical input and evidence-based advice. ECDC will also continue attending climate health workshops, conferences and technical meetings organised by the European Commission and its partners.

Three EURLs covering emerging and vector-borne diseases are being established in 2024: i) Vector-borne viral pathogens; ii) Emerging, rodent-borne and zoonotic viral pathogens, and iii) High-risk, emerging and zoonotic bacterial pathogens. From 2025 onwards, ECDC will closely work with these EURL for the provision of laboratory services, EQAs and laboratory training courses. In addition, three other EURL will be established in 2025 to cover i) Food- and water-borne bacteria; ii) Food-, water-, and vector-borne helminths and protozoa and iii) Food- and water-borne viruses.

Respiratory viral infections

During the period 2025–2027, the EU/EEA countries will continue to be affected by the cumulative impact of respiratory viruses (influenza, RSV, COVID-19 and others). ECDC will continue to provide relevant technical support to the European Commission and Member States through regular surveillance outputs, risk assessments, evidence-based scientific assessments, and technical guidance, as well as regional workshops and country-specific support for the revision of (respiratory) pandemic preparedness plans.

ECDC will continue to improve its ability and organisational capacity to provide timely, actionable, and high-quality scientific advice and assessments. ECDC will also sustain its efforts to improve respiratory virus pandemic preparedness and preparedness and rapid response capabilities for zoonotic influenza and coronaviruses.

Public health microbiology structures and activities on SARS-CoV-2, influenza and RSV in Member States will be supported with a focus on the implementation of whole genome sequencing (WGS) and RT-PCR infrastructure, and capacity-building under the EU bio-defence preparedness plan against SARS-CoV-2 variants. These activities will further strengthen the Centre's plans for the use of WGS and the detection of SARS-CoV-2 variants, including the integration of surveillance WGS data for pathogens, scientific guidance on the added value of WGS, and the organisation of training initiatives in bioinformatics and WGS data management. Similar support will be provided also for zoonotic influenza viruses and other respiratory viral threats as required.

ECDC will continue the regular reporting of surveillance data on influenza, COVID-19 and RSV. ECDC will continue to provide guidance for strengthening Member State's integrated surveillance systems for respiratory viruses. Significant efforts will continue to facilitate the process of case ascertainment, testing, and reporting from the various levels of the healthcare systems according to well defined surveillance objectives and protocols. Integrated surveillance of respiratory viruses will continue using data from multiple sources, including wastewater surveillance, with more countries being able to comply with the European surveillance protocol, providing high quality, population-based data for early detection, assessment, and monitoring of influenza, COVID-19, RSV and other respiratory infections trends, and the impact of public health interventions including vaccines.

ECDC will continue to drive the high-quality surveillance of respiratory viruses at the European level, in close collaboration with the WHO's Regional Office for Europe, WHO headquarters in Geneva, and the National Focal Points

and in accordance with the expanded Global Influenza Surveillance and Response System (eGISRS). Seasonal influenza, SARS-CoV-2 and RSV continue to be communicable diseases with some of the highest burden on the EU population. ECDC will further strengthen influenza, SARS-CoV-2 and RSV laboratory and surveillance capacity in the Member States through EQAs, bioinformatics ring trials, and laboratory support. ECDC will continue to improve methods and expand collaboration on excess mortality monitoring.

National and European pandemic preparedness plans against respiratory viruses will continue to be reviewed and updated, based on the lessons learnt from the response to the COVID-19 pandemic. Monitoring of avian and swine influenza outbreaks in close collaboration with EFSA will continue to ensure rapid response to outbreaks and identification of viruses of pandemic potential, as exemplified by the EFSA-ECDC quarterly report on Avian Influenza, which is guided by the One Health principles. ECDC will aim to further develop and strengthen EU-level surveillance for RSV, and potentially also for other respiratory viral pathogens in addition to influenza and SARS-CoV-2.

Legionnaires' disease

ECDC will continue to work with Member States through the ELDSNet network activities, improving and refining the collation of relevant surveillance data to monitor disease trends, and supporting timely prevention and response action by stakeholders. Surveillance systems include 'near real-time' reporting of travel-associated Legionnaires' disease cases and possible community cross-border outbreak events, as well as retrospective reporting of annual case data and outbreaks. Surveillance reporting will continue through integrated case and event-based surveillance using the platform of EpiPulse.

ECDC will also continue to build capacities and capabilities for molecular surveillance and integration of such data into surveillance and outbreak response, as relevant to cross-border threats. Exchange of experience and knowledge in the ELDSNet network will be facilitated through external collaboration platforms and annual or technical meetings. The Centre will also work with the European Commission and other European agencies such as EEA, as well as WHO and other international partners, on the prevention and monitoring of Legionnaires' disease and of *Legionella* in relation to environmental risk sources, using a 'One Health' approach.

Sustainable Development Goal diseases – hepatitis B and C, HIV, sexually transmitted infections, and TB

ECDC will continue to empower Member States, the European Commission and other key stakeholders to drive policy and practice for reaching the SDG target 3.3 for hepatitis, HIV, sexually transmitted infections and TB, in close collaboration with other organisations such as WHO's Regional Office for Europe, EUDA, and UNAIDS. The target is to end the epidemics of AIDS and tuberculosis, and to combat hepatitis and other communicable diseases by 2030. Activities are implemented in the following areas: improving data for action; providing prevention and control guidance; building capacity and support countries; and coordinating networks with external stakeholders.

Surveillance is needed for robust and reliable information to measure progress towards the SDG target and to guide public health action. The quality of surveillance information at EU/EEA level is different for hepatitis, HIV, sexually transmitted infections and TB. There is a sufficient data availability and quality for HIV and TB to measure progress at EU/EEA level, while surveillance data for hepatitis and sexually transmitted infections are of lower quality and completeness.

Together with partners such as WHO's Regional Office for Europe and EUDA, ECDC will support Member States in further strengthening HIV/AIDS and TB surveillance. For both diseases, ECDC will produce a joint annual report with WHO's Regional Office for Europe. For hepatitis and sexually transmitted infections, ECDC will continue to optimise the quality of the surveillance data through close collaboration with public health colleagues in Member States. However, there are inherent challenges in surveillance of these infections due to their asymptomatic nature, so other epidemiological methods are being implemented to gather information in order to provide a better overview of the epidemiological situation. For hepatitis, ECDC will collect sentinel surveillance data from health care facilities for hepatitis B and C. ECDC will support Member States in testing *Neisseria gonorrhoeae* for antimicrobial resistance and ECDC will work together with the Member States on data collection to enrich or complete surveillance information on sexual transmitted infections.

Monitoring enables progress towards the SDGs and other targets for hepatitis, HIV, tuberculosis, and sexually transmitted infections to be assessed and gaps in responses to these infections to be identified. It also facilitates planning for the best use of resources. ECDC will implement a monitoring framework that harmonises the collection, validation, analysis, interpretation, and archiving of data for the SDG diseases, including monitoring of the Council Recommendation on vaccine-preventable cancers. The results of the monitoring work are included in comprehensive reports for Member States and others and shared widely across the region with key stakeholders.

To minimise the reporting burden for Member States, ECDC collaborates and shares data with EUDA, WHO Europe, WHO headquarters, and UNAIDS. Where applicable ECDC uses ESTAT data for monitoring purposes.

Prevention and control guidance supports Member States in using the latest evidence-based interventions to effectively prevent and control diseases. ECDC will strengthen the evidence base informing disease strategies and programmes and will provide guidance for evidence-based prevention and control policies on hepatitis, HIV, sexually transmitted infections, and TB. Together with the European AIDS Clinical Society (EACS), ECDC will continue the work on standards of care for HIV/AIDS.

Support to Member States and other key stakeholders will be provided to strengthen capacity in Member States for SDG disease prevention and control and to support the exchange of good practices. ECDC will organise training courses, workshops, and exchange visits on topics identified by Member States. ECDC will also support Member States in raising awareness for the SDG diseases. We will focus our communication efforts on activities and products that will be released around World Hepatitis Day, World AIDS Day, and World TB Day.

Through contracts or the EURLs, ECDC will work with Member States to ensure quality diagnostics for gonorrhoea and TB. ECDC or the EURL will provide external quality assurance and implement activities to enhance diagnostic capacity in Member States. For both diseases continuous support will be provided to help the implementation and standardisation of whole genome sequencing. ECDC will continue cooperation with DG SANTE and the Joint Research Centre (DG JRC) for EURLs on high-risk in vitro diagnostic.

Interaction with Member States on scientific and technical work related to SDG diseases mainly takes place through disease specific networks, with members being nominated by their respective Competent Body. The following networks are operated by ECDC for the SDG diseases: hepatitis, HIV, sexually transmitted infections including the Euro-GASP network, and tuberculosis including the ERLTB-Net. Each network has elected members for the Disease Network Coordination Committee. ECDC will organise regular meetings of the Disease Network Coordination Committees and coordinate the networks. The Centre will organise virtual or face-to-face network meetings and, where appropriate, this will be done together with WHO's Regional Office for Europe and will involve other key stakeholders, such as EUDA, the EU Civil Society Forum, as well as initiatives and learned societies focusing on the areas of HIV, hepatitis, sexually transmitted infections, and TB.

Substances of human origin (SoHO)

ECDC will continue the implementation of tasks associated with substances of human origin (SoHO) in relation to communicable diseases, as included in the strengthened ECDC mandate and in the Regulation on standards of quality and safety for substances of human origin intended for human application. ECDC will coordinate the SoHO network with officially nominated National Focal Points, to improve efficiency and cooperation between Member States and subsequently assist national decision-making about the microbiological safety of SoHO. ECDC uses EpiPulse as an expert platform to identify, assess, and propose management of risks that are relevant for substances of human origin. ECDC will monitor disease outbreaks that are relevant to substances of human origin and the supply through epidemic intelligence activities. ECDC will also develop a methodology for bio-vigilance. In close collaboration with an independent scientific panel, ECDC will develop technical guidelines on the prevention of donor-derived transmission of communicable diseases through SoHO.

Vaccine-preventable diseases and immunisation

As ECDC's amended mandate places a strong emphasis on preventative action, sustained efforts to bolster national immunisation programmes in EU/EEA countries will continue to be critical part of ECDC's work in 2025–2027. Vaccination programmes are expected to continue to evolve and grow in complexity with the availability of new products and scientific questions around the most effective and/or cost-effective vaccination strategies in different age groups; thus, it will be critical to continue to invest on two key main fronts: strengthening the surveillance of vaccine-preventable diseases in the EU on the one hand, and strengthening the scientific evidence based around vaccines and vaccination programmes on the other.

In particular, 2025–2027 will be years of reflections and consolidation as ECDC's multi-country and multi-annual Vaccine Effectiveness, Burden and Impact (VEBIS) framework comes to an end, along with the core funding provided by the European Commission to conduct EU-wide independent vaccine effectiveness studies as part of the Vaccine Monitoring Platform (VMP) jointly coordinated with the European Medicines Agency (EMA). Those years will thus be critical to take stock of the work invested in thus far and agree together with the Member States, EMA and the Commission on not only priority vaccines and pathogens where effectiveness studies are needed, but also on the most fit-for-purpose systems and processes moving forward. The ECDC studies conducted under the Vaccine Monitoring Platform (VMP) are stirred by the VMP Research Agenda, which provides thematic prioritization and a framework to guide the choice of VMP studies to be conducted; the agenda is a 'living document' and reviewed on a regular basis. Similarly, the multi-annual EU-funded grant providing scientific support to ECDC's NITAG Collaboration

will come to its end, with a fundamental need to build on the opportunities created by this contract in terms of tools aimed to facilitate the generation and exchange of scientific products that can support NITAGs in their critical recommendation-making role to advice national governments on the best vaccination strategies.

ECDC will continue to support the European Commission in closely monitoring the evolution of vaccination policies in EU Member States and provide evidence to strengthen programmatic implementation at healthcare system level as well as facilitate the exchange of knowledge and experience across countries. Close work with the European Commission is particularly expected as part of the implementation of the Council Recommendation on vaccine-preventable cancers, with specific focus on HPV vaccines and HPV vaccination coverage monitoring, and continued evidence base generation on effective HPV vaccination strategies targeting different populations.

At the same time, the regular monitoring and strengthening of the epidemiological and laboratory surveillance of vaccine-preventable diseases will continue, with renewed efforts to improve quality of reporting and continued investment in supporting the implementation of the WGS strategy. Close work with the WHO's Regional Office for Europe will continue with regards to a close monitoring of diseases under elimination and eradication targets, thus with specific focus on measles, rubella, and polio.

Last but not least, efforts to improve communications on immunisation and provide trustworthy information to citizens and healthcare professionals alike will continue to be an important part of ECDC's support to countries as they strive to increase vaccine uptake and promote confidence in vaccination. This will include work dedicated to the European Vaccination Information Portal, as well as efforts on communication around HPV and HBV vaccination.

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 levels

During the period 2025–2027, ECDC will continue building and maintaining trust among decision-makers and the public by providing relevant information and clear and independent public health advice that is based on robust scientific methods and the best available evidence.

The Centre will further refine its public health assessment and analysis methods as well as scientific advice processes and adapt to the current challenges of operating with limited evidence, high uncertainty, and the need for timely outputs and decisions.

Recognising our mandate and resource constraints, ECDC remains committed to achieve a strong and resilient science advice and evidence ecosystem, and to support evidence-informed policy- and decision-making. This will include (a) anticipating the needs for independent scientific advice, (b) preparing for future challenges by building capacity and a sustainable and scalable evidence ecosystem including various evidence types and sources, (c) matching evidence and format with questions and needs, (d) responding to public health questions and emergencies with relevant, timely and accessible analysis, and translating the best available evidence into clear public health recommendations using appropriate language and rigorous methods and tools.

ECDC remains committed to its core **principles of independence, transparency and clear language to foster trust**. The Centre will work along the guiding principles, including relevance, independence, quality, accessibility, and transparency. By engaging and involving key stakeholders and networks in a more structured and systematic way, ECDC aims to better understand needs and expectations and enhance the relevance and impact of its public health work and outputs.

To maintain **scientific integrity and quality**, ECDC encourages peer-review, collaboration and continuous learning, including exchange with other EU agencies, European Learned Societies and global partners, while maintaining its scientific integrity and independence. ECDC continually reviews its quality assurance processes and promotes standards throughout the public health cycle, from data collection to communication. ECDC will improve tools like the Scientific Advice Repository and Management System (SARMS) and pilot new editorial and dissemination tools and formats, such as the EU Health Policy Platform and Open Research Europe to increase the visibility, accessibility and utility of its public health outputs.

ECDC is committed to enhancing its capacity for **thorough evidence and risk assessments and quantitative analyses**, including statistical and mathematical modelling. The Centre will continuously revise its data flows and explore the latest technologies to improve the timeliness and performance of data collection while reducing the burden on Member States.

ECDC is exploring methods, tools and partnerships for faster evidence assessments, aiming to develop living reviews and guidelines that evolve with emerging data, and enhance the timeliness of scientific advice and public health guidance. To meet growing demands and expectations, the Centre will explore ways to improve efficiency and expand its workforce.

ECDC will also continue to support policy-making through the work of its modelling networks, which include the European Respiratory Diseases Forecast Hub (RespiCast) and the European Scenario Modelling Hub (RespiCompass). Building on the experience with these modelling projects, efforts could be expanded in the future to cover other infections.

Key determinants of communicable diseases (e.g. environmental determinants and climatic conditions) will be further integrated into ECDC work and monitored to support the Member States prevention and control activities and more emphasis will be placed on the behavioural aspects of diseases.

Enhanced human resources will be critical to scaling operations, ensuring the Centre continues to deliver timely, high-impact evidence that supports decision-making.

To ensure transparency and accessibility, ECDC will provide downloadable datasets and **open access** to relevant data, outputs, advice and guidance through its website, the EU Open Data Portal, and open access publications in scientific journals. This commitment to open access supports evidence-informed decision and policy-making and fosters trust among stakeholders and the public.

ECDC will further develop its **forward-looking** activities through foresight and modelling. As part of continuing efforts to become more anticipatory and proactive, strategic foresight will continue to inform the Centre's strategic policy and operations as well as wider EU infectious disease prevention, control, and emergency preparedness efforts. Furthermore, ECDC will support EU institutional partners in delivering on the strategic research goals and priorities, through ongoing engagement in actions that will shape future research, and by identifying knowledge gaps through its own evidence reviews and consultation with its networks of experts in Member States.

ECDC will continue to share knowledge on communicable diseases and strengthen networking across all fields related to applied infectious disease epidemiology and public health in the EU/EEA and globally. The most significant activity in this area will be the organisation of the annual **European Scientific Conference on Applied Infectious Diseases** (ESCAIDE). Participants will include but will not be limited to, epidemiologists, veterinarians, microbiologists, clinicians, public health professionals, communication specialists, modelers, statisticians, social scientists, and policy-makers. The organisation as a hybrid event as well as regular rotation of the hosting site between Stockholm and other cities across the EU/EEA allows for a wide online and onsite participation, increasing ECDC recognition as a trusted knowledge broker. ECDC will also hold the annual ECDC Observership week with selected learned societies as a way for future public health professionals to gain experience and insights on how ECDC works in supporting coordinated public health actions across the EU and beyond.

ECDC will continue to publish the independent journal *Eurosurveillance* which has served public health experts/scientists and policy-makers with high quality, open-access (OA) information and data relevant for timely public health action since 1996. As diamond OA journal, *Eurosurveillance* will continue to operate in line with the Council conclusions from May 2023 on high quality, transparent, open, trustworthy, and equitable scholarly publishing – to enable immediate and unrestricted open access to research involving public funds.

The editorial team will continue to apply intensive quality control to ensure that the widely accessible and distributed scientific information is sound, reliable, understandable, relevant, and actionable for a diverse audience. In support of ECDC's mandate, key priorities and public health decision-making, the journal's content will reflect respective aspects while maintaining its integrity and editorial independence.

Social media and scientific gatherings as well as other outreach activities targeting experts and science communicators will support the dissemination and uptake of the journal's content. Through its knowledge translation and educational activities, the journal will further support knowledge-sharing and capacity-building in collaboration with relevant partners within ECDC and in the EU/EEA countries.

As signatory of the Sustainable Development Goals (SDG) Publishers Compact, the journal is committed to support the SDG in the area of health and well-being and it will further strengthen its focus on aspects of gender, geographic and other diversity.

A mid-term evaluation of the journal's performance against its 2021–2027 strategy will conclude in Q1 2025 and should provide insight in how far the set goals have been achieved, and where new developments will require an adaptation of the key objectives and milestones. It should also provide relevant insights for the preparation of a strategy after 2027.

Scientific journals/bulletins published by major centres for disease prevention and control play an important role in supporting decision-making by sharing emerging evidence in an open and timely manner. Expanding its exchanges with the US CDC's scientific journal Emerging infectious diseases, and capitalising on the positive experiences and synergies, *Eurosurveillance* will stablish and nurture a community of practice among editors of journals published by the major (international) public health institutions to share experiences, and good practices as well as identify further synergies.

ECDC will continue to improve its processes and tools for increasing access to the accumulated information and knowledge of the Centre both internally and externally.

ECDC will use **Knowledge Management strategies** and tactics to support internal teams in the acquisition, creation, and use of knowledge. Communities of Practice will be implemented to help ECDC become a more efficient and collaborative learning organisation. Knowledge management tools and processes will be put in place to enable the organisation to better identify, manage and make the best use of its experience and expertise and to help foster an improved culture of knowledge-sharing.

ECDC will build upon these internal initiatives to develop Communities of Practice with external stakeholder groups where appropriate.

Following the deployment of ECDC's Enterprise Content Management Platform, improved document lifecycle management processes will be embedded in the day-to-day work.

To better meet stakeholders' needs, ECDC will keep up to date with new developments, continually reviewing and further developing how its scientific outputs are presented and translated, i.e. tailored to target audiences and made available on the ECDC website. This includes, for example, introducing new editorial and publication tools, guidelines, processes and design layouts to create more useful and usable outputs. Enhanced website features and functionalities will be introduced to continue to improve search and the information architecture of the ECDC website and to ensure that ECDC public health outputs are easily findable for users.

The ECDC Library will enhance its collection so that it can distribute scientific literature to ECDC staff, and so that it can perform and provide advice on bibliographic searches to ECDC experts in support of evidence-based scientific work. ECDC will continue to identify use cases where ECDC might benefit from using Artificial Intelligence tools or methodologies in the course of its work and will continue to learn from the experience of other EU institutions and agencies, including through its participation in the Working Group on Artificial Intelligence (AI) of the EU Agencies Network, and ensure compliance with the AI Act expanding its collaboration with the European Commission, in particular the European AI Office.

Between 2025 and 2027, ECDC will continue to be proactive in its **external communications**, ensuring that timely, accessible and evidence-based information is communicated on infectious disease epidemiology, prevention and control. The Centre will effectively engage with diverse stakeholders to promote public health, engage with communities, and drive positive behaviour change. ECDC will continue to build its reputation as a trusted public health organisation, through deeper engagement with the media at national and European levels, improved interactions with its target audiences, and continued strong collaborations with partners and stakeholders, amongst other actions. ECDC will also continue to update its overall brand and will implement targeted public relations activities, making the Centre more accessible and closer to individuals in EU/EEA countries and internationally.

In this timeframe, ECDC will continue to improve its communication methods, including refining messaging, enhancing content quality, optimising its digital channels, while prioritising interactive formats and data visualisation. By 2027, ECDC will update its website content to ensure that it is suitable for all audiences, continue to increase its social media listening efforts and outreach, and have in place a strong process to detect and manage misinformation, disinformation and infodemics through effective risk communication and community engagement practices.

ECDC will continue to promote its work and raise awareness about different diseases and public health issues during internationally recognised days/weeks such as European Antibiotic Awareness Day, European Immunization Week, European Testing Week, World AIDS Day, World TB Day, the Influenza Awareness Week, and World Hand Hygiene Day, amongst others, while supporting EU/EEA countries in their communication efforts in these areas.

ECDC will continue implementing the actions outlined in its Stakeholder Engagement Framework, enabling and improving dialogue between ECDC and its stakeholders, to continue to build on the Centre's reputation and promote trust by ensuring transparency in its engagement activities. Efforts will also be made to increase reach, visibility, and amplification of ECDC's messages through its stakeholder groups.

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

For nearly 20 years, ECDC has been interacting with public health authorities in Member States regarding their surveillance systems and data, preparedness and response mechanisms, as well as exchanging on challenges in these areas. Therefore, the Centre is in a unique position to identify and address key public health issues to which **EU-level analyses, guidance and recommendations** would add value. Since 2024, ECDC has been focusing on a revised set of priority diseases and health issues that will be identified based on their burden, preventability and potential to pose serious cross-border threats. In addition, ECDC will continue to strengthen its **epidemic intelligence** at a global level increasingly using the latest technologies to rapidly inform EU/EEA Member States on emerging threats to European health security.

ECDC will progressively take a more holistic approach to the prevention and control of such conditions by:

- *Anticipating the risks of emergence*: while the Foresight programme will inform the identification of key population vulnerabilities and priority areas for surveillance, these will need to be addressed through broader access to existing data on environmental, socio-demographic, behavioural and personal determinants. Their association with population-level and individual infectious disease risks and health outcomes must also be understood. While extended use of publicly available data sources will address some of these needs, in certain instances ECDC may have to promote the collection of new data if not readily available, e.g. behavioural determinants through mobile applications. ECDC's Geoportal and EpiPulse cases will form the basis for cataloguing and correlating exposure and outcome data, as specified in the amended ECDC mandate.
- *Increasing the quality of ECDC threat assessment*: ECDC will focus on generating reliable information on the impacts of disease by looking at individual and population risk factors and their contribution to disease burden. This will be done by using more comprehensive information from electronic health records on clinical outcomes and underlying conditions, and by setting up integrated surveillance systems to monitor disease severity in an accurate and timely manner. Data on selected determinants at the European and global level will be used to inform the assessment of threats and provide more comprehensive public health intelligence. A risk prioritisation exercise is also planned for 2025 in close collaboration with Member States to inform both an EU list of priority diseases for preparedness as well as provide a tool for the national level.
- *Increasing the timeliness of response to contain disease spread*: This will be achieved by focusing surveillance on global public health events, further exploiting artificial intelligence to screen social media and other sources, and communicating information, assessments and recommendations more effectively - through threat dashboards targeting various stakeholders, from the public to the Health Security Committee. Event-based and indicator-based surveillance will be fully integrated into EpiPulse, for a more effective assessment of events and direct communication with the EWRS for prompt an informed coordination of response measures.
- *Increasing the quality and the timeliness of ECDC scientific advice*: In the period 2025–2027, ECDC will put in place a robust and transparent mechanism to develop relevant and independent scientific advice on communicable disease prevention and control measures, such as expert opinions, public health guidance, technical reports, systematic reviews, and scoping reviews. As part of the amended mandate, ECDC will be issuing non-binding recommendations to Member States and guidelines for the management of communicable diseases and their related special health issues. ECDC will do so on its own initiative, or at the request of the European Commission, European Parliament, HSC, EMA, or Member States.

Improving EU/EEA surveillance will be the foundation for building a more effective ECDC. In the area of **surveillance**, ECDC will:

- *Support Member States in improving data quality at source*: ECDC, in collaboration with the Member States, will update EU/EEA level surveillance objectives and define common systems and data standards to meet these objectives. Furthermore, ECDC will agree with Member States on a method and process to facilitate and streamline the assessment and monitoring of national surveillance systems, especially their performance and fitness-for-purpose. In parallel, ECDC will support the effective implementation of the European Commission EU4Health programme to strengthen national surveillance and microbiology infrastructures.
- *Promote more comprehensive data for decision-making*: ECDC will further support national and EU health digitalisation strategies. More specifically, ECDC will help Member States in transitioning towards the automated use of electronic health record data for infectious disease surveillance while duly addressing any legal constraints. Dedicated funding and technical support will continue to be provided as part of the SUREHD project. During the period 2025–2027, ECDC will focus on expanding its current eHealth programme to create

a progressive transition to routine use of data from electronic health records in additional countries and for more diseases, and on supporting the European Commission in the coming phases of the HEALTHDATA@EU implementation. This will hopefully lead to more complete and reliable data on cases, risk factors for infection and severity and clinical outcomes for diseases under surveillance. Depending on public health priorities, ECDC will explore the possibility of acquiring data on population risk factors more systematically. ECDC will investigate the use of artificial intelligence in supporting analyses of these complex datasets. Building on the strengthened whole genome sequencing infrastructure and training programme of previous years, most countries will perform integrated molecular surveillance at a quality and volume conducive to rapid and comprehensive risk assessment and management. In the period covered by this programming document, analysis of molecular surveillance data and dissemination of key information for response will be one of the most effective ways to tackle infectious disease threats. Furthermore, ECDC will continue to collaborate with the DG JRC, DG HERA, and Member States, for the further development, standardisation, and use of wastewater monitoring as an additional molecular surveillance source for specific pathogens. During 2025 ECDC will initiate consultations with key stakeholders in Member States and globally to further improve understanding of the use of wastewater surveillance and how this can be integrated into existing systems.

- *Increase data timeliness*: Another major focus of ECDC surveillance will be to ensure that data are available for public health action when needed. The COVID-19 pandemic catalysed significant improvements in the timeliness of reporting which, in many countries, was achieved by establishing centralised databases receiving clinical and diagnostic data in near real-time. ECDC will foster the expansion of such databases and other established infrastructures for the automated reporting of laboratory detections, with a focus on epidemic-prone diseases. Signals from this system, along with event-based and routine surveillance data, will prompt targeted WGS analyses, thus ensuring that key information is available in time to control and mitigate disease impact.

- *Enhance surveillance outputs*: In addition to strengthening data quality, comprehensiveness, and timeliness, another element needed to increase the relevance and impact of ECDC surveillance outputs is the improvement of their accessibility, clarity, and usability. So far, ECDC has focused on generating detailed reports that mainly address public health professionals and policy-makers. Backed by its amended mandate, ECDC will develop additional formats to ensure that all stakeholders, including the public, have access to relevant information for disease prevention and control. Each disease page on the Centre's website will include the latest epidemiological information illustrated through clear graphs and reader-friendly text, with a focus on relevant recommendations for both public health professionals and the public. In addition, for each disease under surveillance, ECDC will publish an interactive report that allows for in-depth data exploration and interpretation. ECDC will also publish dashboards and datasets to ensure easy access to key figures and data while enabling third parties to directly consume surveillance data for further analyses and visualisations.

The amended mandate also requires ECDC to strengthen its **microbiology** capacity and that of Member States. EURLs will be integrated into the existing laboratory network structure coordinated by ECDC. Transitioning to the EURL model for laboratory support will stimulate the development of stronger laboratory networks with higher capacities and capabilities. In parallel with the investments made into national infrastructure for WGS by the European Commission and ECDC, the training programme for genomic epidemiology will continue and eventually cover all major disease areas included in the ECDC strategy for integration of genomic typing into EU-level surveillance. ECDC will continue to build systems for integrated use of genomic and traditional epidemiological data in EpiPulse. This will facilitate full implementation of ECDC's genomic strategy, with an active genomic-based epidemiology operational across priority diseases under EU surveillance.

The Centre will assist Member States in monitoring their national public health programmes, focusing on diseases covered by the Sustainable Development Goals.

Integration of timely surveillance of respiratory viruses will continue while further developing and strengthening EU-wide surveillance of severe respiratory viral disease (e.g. SARI surveillance) and of RSV in accordance with the expanded Global Influenza Surveillance Response System (eGISRS). Near-real time surveillance of travel-associated Legionnaires' disease will continue in Epipulse.

Surveillance and timely detection of signals of zoonotic respiratory viral disease will continue and be further strengthened by providing updated guidance for the detection of unusual events in different seasons and through event-based surveillance.

The EVD-Net and FWD-Net **annual meetings** will support exchange of information and knowledge among EU/EEA countries and pre-accession countries. The Disease Network Coordination Committee (DNCC) will continue providing strategic advice to ECDC. In addition, ECDC will organise ad-hoc expert meetings to address scientific or technical challenges.

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 levels

The amended mandate calls for ECDC to develop a framework on prevention. More specifically, it states that 'in close collaboration with Member States, EMA and other relevant Union bodies and agencies, as well as with international organisations, the Centre shall develop a framework for the prevention of communicable diseases and related special health issues, including socio-economic risk factors, vaccine preventable diseases, antimicrobial resistance, health promotion, health education, health literacy and behaviour change'.

ECDC has been working on the **ECDC Prevention Framework**, and this workstream will develop gradually in the period 2025–2027. Forthcoming activities will include developing a knowledge base for prevention activities in Member States, training in the use of social and behavioural sciences for prevention and running and further developing a community of practice on prevention of communicable diseases, including social and behavioural sciences, health literacy, promotion, education and infodemics management.

ECDC's work on prevention also involves antimicrobial stewardship, infection prevention and control activities in healthcare settings and raising awareness of key public health issues. To that end, ECDC undertakes various activities including the European Antibiotic Awareness Day/World AMR Awareness Week, HIV/hepatitis Testing Week, World Hepatitis Day, World AIDS Day, World TB Day, WHO-led European Immunization Week, and Influenza Awareness Week.

ECDC will further implement its One Health Framework. The ECDC One Health Framework, published in May 2024, has six strategic objectives: (1) Collaboration and coordination mechanism between ECDC, EFSA, EMA, EEA and ECHA, (2) One Health EU-wide research and development agenda aimed to close knowledge gaps, (3) Joint risk assessment and scientific advice in collaboration with EU agencies, (4) One Health intersectoral coordination mechanism at the national level in all Member States facilitating communication and collaboration across sectors (for prevention, preparedness and response to emergency health crises), 5) One Health intersectoral integrated surveillance and early warning systems at the national level in all Member States; 6) One Health capabilities and workforce competencies at EU/EEA and Member State level enabling One Health collaboration and crisis response.

ECDC will continue the consolidation of the EU Cross-agency One Health Task Force, in close collaboration with EFSA, EMA, EEA and ECHA. The Centre contributes to the Cross-agency One Health Task Force since its inception, and as rotational Chair (until September 2025) ECDC provides the Secretariat and leadership in the implementation of the Cross-agency Framework for Action. The One Health Directorate in DG SANTE is an observer in the Task Force. In 2025, ECDC will lead on the communication and engagement of stakeholders and continue monitoring One Health related activities across ECDC.

One Health training activities will be implemented in collaboration with the mentioned partners and will integrate training activities developed by WHO Academy.

ECDC will continue to provide guidelines for the development and improvement of **prevention and control programmes** in Member States. In 2025, as part of its support to Member States and the European Commission in implementing the Council Recommendation on stepping up EU actions to combat AMR in a One Health approach (2023/C 220/01), ECDC will develop draft 'EU guidelines on infection prevention and control (IPC) in human health' following the definition of the scope and strategy in 2024. ECDC will also report 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 long-term care facilities, following similar reporting for acute care hospitals in 2024.

ECDC will aim to enhance country targeted prevention and control programmes. This includes strengthening the evidence base informing vaccination strategies and vaccine programmes for prevention and control policies. In addition to this, monitoring and control programmes and country preparedness activities are conducted together with the Member States in the areas of Respiratory viral infections, Legionnaires' disease, emerging and vector-borne diseases, food and water-borne diseases, HIV, TB, hepatitis, sexually transmitted infections, infections transmitted through substances of human origin.

ECDC will support countries to revise their **national public health emergency and preparedness plans** by providing advice based on the lessons learned from the response to the COVID-19 pandemic. As part of the implementation of the SCBTH Regulation, ECDC will conduct PHEPAs every three years in every EU/EEA country. The first cycle of PHEPAs has started in 2024 and specific recommendations are being provided and tailored to country

needs to improve preparedness. Particular attention is given to the in-depth assessed areas including surveillance, laboratory capacity, AMR and HAIs and health emergency response capacity.

For what regards AMR and HAIs, a substantial part of the country PHEPAs under Article 8 of the SCBTH Regulation is devoted to preparedness and response to AMR and HAIs, as well as infection prevention and control (IPC). ECDC will continue supporting DG SANTE on One Health fact-finding visits in Member States regarding pandemic pathways to enhance preparedness and prevention against serious zoonotic threats in the EU. Reports of these visits also support Article 8 assessments as relevant, to enhance the prevention and control of AMR and improve the implementation and effectiveness of national actions plans in line with the objectives set in Council Recommendation 2023/C 220/01, the latest Council Conclusions on AMR, the Global Action Plan on AMR (WHO), the Action Plan and Monitoring Framework on Infection Prevention and Control (WHO), the Roadmap on antimicrobial resistance for the WHO European Region, and the European One Health Action Plan on AMR. Complementarity will be catered with Better Training for Safer Food (BTSF) Initiative for trainings programmes on AMR and zoonoses for both Member States and other countries.

ECDC will continue to support the European Commission with the further development of the **EWRS**, in all its dimensions. Under the contribution agreement for improving and strengthening the EU Early Warning and Response System (EWRS) covering the period of 2024 to 2029, ECDC will upgrade EWRS to adapt it to the scope of the SCBTH Regulation.

The permanent **EUHTF** will support countries with emergency preparedness and response planning, local response to outbreaks of communicable diseases, and after-action reviews. The Centre will facilitate the support through the EUHTF in countries upon request from Member States and third countries, the European Commission (e.g. DG ECHO, DG SANTE), and GOARN. The EUHTF will operate in close collaboration with DG SANTE, DG ECHO, and the Member States. ECDC will draw both on internal and external expert resources and networks including ECDC fellows. The EUHTF will also support the implementation of the SCBTH Regulation and assist countries in addressing their action plans in relation to minimum requirements for emergency preparedness planning and indicators, following the ECDC assessment of EU/EEA countries and along a methodology that ECDC has developed in collaboration with the European Commission and the Member States based on Article 8 of the SCBTH Regulation.

As required by the reinforced mandate of the Centre, strengthening health systems and workforce competencies in key areas such as emergency preparedness and response, e-health, bioinformatics, foresight and prevention will imply continuous investment in the **training programmes and activities** coordinated by ECDC. Furthermore, the Centre will need to provide support to training programmes managed by the European Commission. An effort to coordinate with key stakeholders (both at the national and international level) to ensure complementarity and efficiency will also be required. ECDC regularly participates to exchanges with other training providers to gain a prospective view on the training resources under development and to identify ways to ensure potential synergies. The current training opportunities are scattered in various institutional websites and training catalogues. The ECDC Training catalogue will be enhanced with offerings from other trusted providers, by implementing a mechanism to regularly collect and make available the information. This will allow the target audience to find in one place the training materials, Instructor-led training (ILT) and e-learning on topics linked to ECDC mandate offered by the Centre and other stakeholders such the European Commission (including DG HERA), other EU agencies, WHO and other international organisations, institutes of Public Health, research institutes with Public Health components and other CDCs. The institutions having such catalogues will be informed. Furthermore, ECDC will provide methodological and scientific support to the trainings developed by the European Commission. The training materials will be made available in the ECDC learning platform as open educational resources.

Existing competency frameworks will continue to be used and promoted for the curricular development of the ECDC Continuous Professional Development (CPD) and ECDC Fellowship Programme. Systematic approaches for training needs assessment in the different areas covered by ECDC's mandate will be essential to collect the necessary evidence that will inform a regularly updated and tailored CPD training offer. ECDC will develop more synergies with existing open access learning opportunities provided by other training providers such as WHO Academy, BTSF and other trainings offered by the European Commission and other EU agencies.

It is envisaged that a progressive modernisation of the ECDC Learning Portal, which hosts all ECDC learning activities, will make it more accessible and will attract an increasing number of learners to the opportunities in open access. Enhanced branding and a multi-tenant architecture will make it possible for other national and international training partners to host some of their trainings. ECDC will establish links and collaboration with the WHO Academy to avoid duplication of training initiatives.

The ECDC Fellowship Programme (EPIET and EUPHEM) will continue to implement the roadmap for improvements resulted from the latest external evaluation. This will include implementing the updated and more flexible curriculum based on the new competency framework developed for the ECDC Fellowship Programme.

Accreditation of the ECDC Fellowship Programme under TEPHINET may be sought during the period 2025–2027, as a mechanism for quality assurance.

Strategic Objective 4: Streamline coordination and collaboration with Member States, EU institutions, and other ECDC key partners in the EU and globally

During the period 2025–2027, ECDC will continue strengthening coordination and collaboration with Member States, EU institutions, and European partners.

The Centre's amended mandate will be implemented in close coordination with Member States, the European Commission, and other partners. To make this possible, the existing consultation and coordination mechanisms between ECDC and its main partners will be critically reviewed and adjusted, as necessary.

Between 2025 and 2027, the work to strengthen the role of the National Coordinators of the **Coordinating Competent Bodies** will continue, based on the review of roles, responsibilities and interactions in 2023. A similar review of other roles (Operational Focal Points, National Focal Points) and their overall interactions with ECDC will be carried out as relevant.

Furthermore, maintaining close relations and improving the coordination with **EU Institutions and bodies** will remain important to reinforce the EU Health Security Framework. Seamless coordination with the European Commission (DG SANTE, DG HERA, DG ECHO, DG NEAR, DG INTPA, DG RTD, DG JRC, DG CLIMA, DG ENV) and the European External Action Service (EEAS) including EU Delegations is crucial to ensure that ECDC's actions are aligned with EU priorities and policy objectives. Working arrangements and potential appropriate mechanisms for effective and efficient coordination with the European Commission services will be defined together with the services and on the basis of mutual interest. Current working arrangements with DG HERA are under review and updated working arrangements with DG JRC are under discussion. Future working arrangements with other European Commission services will also be explored as necessary.

ECDC will aim to further strengthen its relations with the European Parliament and, will focus on building close relations with the new Committee on Public Health (SANT) and its members.

Close contact with the Council of the European Union will also be maintained. Continued close collaboration and sharing of best practices with the EU agencies is also a priority in the coming years, including collaboration with sister EU agencies in the framework of the One Health approach through the EU Cross-agency One Health Task Force and other projects, as well as maintaining close contacts with other European stakeholders.

Targeted Country Support (TCS) will be integrated and will continue to support priority countries with tailored activities through agreed plans. The Country Overviews Dashboard will be maintained and continuously updated to ensure that it aligns with evolving needs. The partnerships will help to identify specific needs and priority areas for intervention, as well as foster relationships between different actors and sectors. The support activities may include deployment of experts to these countries for on-site assistance, capacity-building activities, peer to peer visits and provision of guidance and best practices on disease surveillance, prevention and control measures. Furthermore, the TCS team will continuously evaluate and update its approach to ensure that it matches the needs of countries and is suitable to achieve the intended impact. In addition, ECDC will keep updated an overview of the European Commission's funding in support of health and publish it on ECDC's website. Working with the National Coordinators and Directors of the Coordinating Competent Bodies is essential in reaching the above-mentioned key components.

From the global point of view, the landscape of health security has shifted over the past years and is being shaped by the aftermath of the COVID-19 pandemic, increasing AMR, climate change, environmental degradation, and by the geopolitical dimension of the war in Ukraine. This new reality has reminded us that in an increasingly interconnected world the infectious disease burden must be tackled jointly with partners in the EU and in the world. The global health security preparedness has become an essential pillar of the ECDC international relations framework under the Centre's new mandate. Addressing global health security requires coherence at the EU level. Thus, thanks to its technical partnerships at the European and global level, ECDC will provide a forum for key partners to work together and coordinate their efforts towards safety and security from infectious disease threats.

More specifically, ECDC will further enhance collaboration with **WHO and other international partners**. In line with EU policies and priorities, the Centre will deepen its work with countries neighbouring the EU to enhance their core public health capacities needed to identify and contain outbreaks before they spread and affect the EU.

ECDC will also facilitate communication and exchange of technical information and expertise between EU and non-EU experts. This will help the international and field response via the EUHTF, which in turn will strengthen global health security by providing operational outbreak response and crisis preparedness support.

Furthermore, ECDC's efforts put into formal bilateral arrangements, joint collaborative activities and networking to enable sharing of expertise and good practices proved beneficial to foster, operationalise and maintain efficient cooperation and coordination with **major National Public Health Institutes and CDCs** in third countries.

More specifically, ECDC will work with countries and partners outside the EU to strengthen their prevention, preparedness and response capacities, thereby effectively contributing to health security in the EU by:

- Gradually integrating the Western Balkans and Türkiye into ECDC systems and networks according to their level of readiness and the EU enlargement policy[3] priorities; targeted ECDC work to support national authorities in Western Balkans and Türkiye is subject to external financial assistance by the European Commission under the Instrument of Pre-accession Assistance (IPA).
- ECDC, in close coordination with the European Commission, will initiate preparatory measures for the participation of the new EU candidate countries Ukraine, Moldova and Georgia in the Centre's work and activities, and to support their alignment with the EU acquis on serious cross-border threats to health, subject to external financial assistance by the European Commission.
- Maintaining support to European Neighbourhood Policy (ENP) countries according to identified vulnerabilities and needs in line with the ENP[4] priorities through external financial assistance under the EU Initiative on Health Security (Neighbourhood, Development, and International Cooperation Instrument (NDICI) – Global Europe).
- Actively partnering with major CDCs in third countries at bilateral level and in the context of the network of major CDCs, including rapid exchange of information in crisis situations and established and operational technical partnership with Africa CDC under the externally funded project ECDC4AfricaCDC.
- Strengthening coordination, communication, collaboration and joint actions with WHO via a renewed and strengthened memorandum of understanding with the WHO's Regional Office for Europe and other regional offices, as well as the WHO Hub for Pandemic and Epidemic Intelligence, the WHO European Centre for Preparedness for Humanitarian and Health Emergencies or other WHO Europe entities.
- Establishing partnerships with international players active in the global health security arena, including better coordination with EU partners (e.g. DG HERA, EU agencies) and exploring the need for formalising partnerships with international organisations and multilateral institutions (e.g. UN organisations, the World Bank, the International Association of National Public Health Institutes (IANPHI)).

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

By the end of 2027, ECDC will be able to effectively implement its strengthened mandate, based on the amended ECDC Strategy 2021–2027 and its Implementation Roadmap. Furthermore, ECDC will be better equipped to take evidence-based management decisions and operate in a fast-changing environment (e.g. Public Health Emergency). The **transformation programme** for adapting the organisation to implement the amended ECDC mandate will be finalised. This programme will address all the organisational elements affected by the amended mandate: processes to produce the services and outputs required by the amended legislation will be reviewed, optimised and digitalised as relevant; human resource actions in terms of obtaining and retaining the required competencies; a framework will be defined for the management of ECDC stakeholders; and organisational values will be reviewed to accommodate the new ways of working, both internally and with ECDC closest partners and stakeholders.

These actions will be complemented by the implementation of ECDC's Integrated Management Framework (IMF) Roadmap and the implementation of the People@ECDC framework. Many of these activities are supported by flexible support services and IT tools for the entire organisation. Moreover, strengthening internal communication will be a crucial element in this change process as staff needs to receive all the relevant information on ongoing and future changes in the organisation, as well as the rationale behind them.

---

[3] EU candidate countries and potential candidates under EU enlargement policy include Western Balkans (Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia, Serbia), Türkiye, Moldova, and Ukraine. *This designation is without prejudice to positions on status and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo Declaration of Independence.*

[4] European Neighbourhood Policy partner countries include Algeria, Morocco, Egypt, Israel, Jordan, Lebanon, Libya, Palestine**, Tunisia in the South and Armenia, Azerbaijan, Belarus, Georgia, Moldova, Ukraine in the East. **This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue.*

More specifically:

- During the period 2025–2027, the implementation of the **IMF Roadmap** will be finalised. The new Planning and Monitoring system (PRIME) will be fully implemented. This system, in collaboration with the single points of contact (SPOCs) in all Units, will support the harmonisation and simplification of planning in the organisation. It will also enhance management decision-making by providing timely, integrated reports/dashboards on the implementation of the annual workplan, related human and financial resources, procurement procedures and meetings. This information will be complemented by the revised Key Performance Indicators (KPIs), including strategic and more long-term KPIs providing information on the results and impact of ECDC's work. Regular Stakeholder Satisfaction Surveys will provide valuable data in this regard. During the period 2025–2027, ECDC will also be finalising the implementation of a ISO9001:2005-based quality management system throughout the organisation, with the first annual Quality Management report issued in 2025.
- ECDC will continue implementing its **People@ECDC framework** and these efforts will gather pace throughout the period 2025–2027. The People@ECDC framework encompasses all areas of human resources management and services, including organisational development, health and wellbeing, performance management, learning and development, diversity and inclusion, and talent management (recruitment and internal mobility). The area of diversity and inclusion will be given specific focus in the years to come with activities targeting several processes in the Centre. Emphasis will furthermore be placed in building internal expert capacity and attracting the best experts in the fields of competence needed to fulfil the Centre's amended mandate, strategy, and work programme.
- The Centre aims to manage anticipatory and responsive **support services** that enable operational excellence while ensuring compliance. This entails providing an efficient suite of services consisting of procurement (goods and services available in the right quality, quantity, on time); corporate services (efficient business travel and event management, environmental sustainability, healthy and safe workspace, mailroom and archives); legal services (advisory services, addressing legal complaints, implementation of the independence policies, public access to documents, data protection, third party agreements, support on ethics issues, AI act); as well as financial services and accounting.
- More specifically, during 2025–2027, ECDC will continue to develop its procurement suite through enhanced workflows and the new Planning and Monitoring system (including adapting to the European Commission tools) and improved procurement planning (a strategy of more broad framework contracts and fewer individual actions), with the aim of maintaining the highest level of compliance coupled with greater efficiency. In corporate services, the Centre will continue with the full implementation of the Eco-Management and Audit Scheme (EMAS) with further specified targets, including to reduce energy consumption and GHG emissions. The Workplace Transformation project, which addresses the physical office set-up and related AV/IT support equipment as well as staff socialise elements in an era of "new ways of working" will be finalised with potentially changed office, meetings and activity areas that aim at enhancing ECDCs efficiency and make it an attractive place to work. The systems architecture for events and business travel will be reviewed with the target to improve the experience for participants as well as organisers. The roll-out of the next generation financial management solution by the European Commission ("SUMMA") will be the main change focus of the Centre's financial management services.
- Through efficient and proactive **internal communication** ECDC will promote a positive, transparent and collaborative work culture characterised by inclusivity, respect, and open communication. ECDC will continue to strengthen internal communication channels and practices, providing effective platforms and forums to inform, connect, and listen to staff. ECDC will further reinforce the employee engagement and sense of ownership in the agency's mission, goals and strategy. These activities will help staff across the organisation in delivering messages using the appropriate channels and tone, support efforts to retain skilled staff, and help everyone feel part of a change-making organisation. Internal communication will continue to support change management processes by helping staff in understanding and adapting to transformations, with a focus on the remaining actions of ECDC's transformational programme as well as specific internal communication campaigns on other topics of interest. The Information Centre will continue to foster a more holistic approach to internal information management. In addition, internal events aimed at connecting staff and providing informal forums for interactions (both in person and digitally) will be supported. Existing channels and initiatives will continue to be used as well as those aimed at creating engagement and a sense of community, while exploring new possibilities for internal communication purposes. As part of ECDC's crisis communication, it will be ensured that appropriate internal communication channels are always in place should a public health emergency arise.

2.2 Indicators of the multiannual programme 2025–2027

Indicators of the multi-annual programme are designed to measure the expected results and impacts of ECDC activities on their target audiences. The target values are set to capture the results and impacts in a multi-annual perspective.

Key performance indicators to measure outputs and results achieved in the main areas of ECDC's interventions and to address each ECDC Strategic Objectives are provided as part of Section 3, Work Programme 2025.

Strategic KPI	Baseline	Target	Means of verification	Frequency of verification
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% (Survey was conducted in 2022)	85%	Stakeholder satisfaction survey	Biennial
Uptake of ECDC scientific outputs: 1. Success in addressing the public health threads/issues 2. Changes in legislation 3. Changes in national policies 4. Improvements or corrective measures in your public health systems (including IT systems) 5. Changes in national guidance/recommendations 6. Communication to your target audience (e.g. decision-makers, the media, the public, healthcare workers) 7. Discussion with peers and colleagues (inside or outside your organisation)	1. 56% 2. 32% 3. 44% 4. 47% 5. 58% 6. 69% 7. 74% (Survey was conducted in 2022)	tbc	Stakeholder satisfaction survey	Biennial
Overall stakeholder satisfaction with the work of ECDC	86% (Survey was conducted in 2022)	70%	Stakeholder satisfaction survey	Biennial
Level of laboratory capacity reached in Member States: EULabCap Index for EU/EEA countries (mean national EULabCap index + potentially inter-country index variation)	EULabCap: 7.8 mean national index (2018)	0.3 points increase	EULabCap surveys	Biennial or Triennial
Percentage of ECDC staff engagement	57% (Survey was conducted in 2024)	75%	Data collected through the Staff Engagement Survey	Biennial

2.3 Human and financial resources – outlook for the years 2025–2027

2.3.1 Overview of the past and current situation

In accordance with the approved Multi-Annual Financial Framework 2021–2027 and considering changes in ECDC's mandate, it is envisaged that the requested total budget of the Centre for 2025 will be **EUR 92 612 000**, of which **EUR 37 593 000** are forecasted for operations.

The total number of staff foreseen for 2025 is **358 full time equivalent (FTE) posts**, of which 225 FTEs being temporary agent posts, 128 contract agents and five seconded national experts. In addition, the Centre will have approximately 28 contract agent posts to support projects funded by EU grants.

2.3.2 Outlook for the years 2025–2027

New tasks
Based on the text of the amended ECDC Founding Regulation and the SCBTH Regulation of 23 November 2022:

- Develop relevant common indicators for standardised data collection procedures and risk assessments.
- Monitor health systems capacity of Member States and support the collection of data on their health system capacity to the extent necessary for the management of and response to communicable disease threats and related special health issues, based on the preparedness indicators (Article 5(b)(2) of the ECDC Founding Regulation, and Article 7(1) of the SCBTH Regulation)
- Organise on-site visits in Member States, on a case-by-case basis to provide additional support for the prevention, preparedness, and response activities (Article 5(b) of the ECDC Founding Regulation).
- Support national monitoring of response to major communicable diseases.
- Provide guidelines, recommendations, and proposals for coordinated action in their surveillance, monitoring, diagnosis and case management of communicable diseases and related health issues, and support for professional networks to improve treatment guidelines in cooperation with relevant organisations and associations, national competent bodies, and international organisations, such as WHO.
- Carry out epidemiological modelling, anticipation, and forecasting and scenario development for response, and coordinate such efforts with a view to exchanging best practices, improving modelling capacity across the Union and ensuring international cooperation.
- Support epidemic and outbreak response in Member States and in third countries (e.g. through the EUHTF) in cooperation with WHO and in a manner that is complementary to, and in close coordination with, other emergency response instruments, in particular the UCPM and relevant instruments on the stockpiling of medical countermeasures.
- Help strengthen preparedness capacities under the IHR, including training, in Member States and in third countries.
- Provide timely, easily accessible, and evidence-based communication messages to the public and for use/adaptation by national public health authorities, in all official languages of the EU, on communicable diseases and threats to health posed by communicable diseases, as well as relevant prevention and control measures.
- Ensure the integrated operation of a network of EU Reference Laboratories and the operation and coordination of the network of Member State services supporting the use of substances of human origin.
- Coordinate independent post-marketing monitoring studies of the effectiveness and safety of vaccines through a new vaccine monitoring platform (joint task with EMA).
- Establish and operate the EU Health Task Force.
- Establish a process and methodology for assessments of Member States' prevention, preparedness and response planning (SCBTH Regulation); conduct such assessments from 2024 onwards in every EU/EEA country every three years (app. 10 per year).
- As part of the operation of dedicated networks (Article 5 of the ECDC Founding Regulation), identify risk factors for disease transmission and the associated disease burden. Provide analysis of the correlation between disease transmission, as well as social, economic, climatic and environmental risk factors, following the One Health approach for zoonotic, food and water-borne diseases and other relevant diseases and special health issues, and identify population groups most at risk. This includes the correlation between disease incidence and severity with societal and environmental factors, and research priorities and needs.

Growth of existing tasks

The Centre's workload continues to grow every year due to an increasing number of new and expanding activities. These include tasks such as:

- Establishing a system for periodical assessment during the autumn and winter season of the expected burden of respiratory viruses, and related capacity needs, for the coming months based on surveillance data from previous seasons, current data/knowledge, modelling and expert opinion.
- Exploring the use of wastewater monitoring data concerning SARS-CoV-2, seasonal influenza and zoonotic influenza for improving surveillance and signal detection of respiratory viruses.
- Strengthening collaboration with the EEA and EFSA to jointly assess the impact of climate change on infectious diseases, and increasing ECDC's involvement in the Climate and Health Observatory partnership and foster the integration of Copernicus data into disease surveillance.
- Developing ECDC's leadership role in travel medicine and establishing partnerships with existing networks and societies.
- Strengthening ECDC's outreach to clinicians for targeted scientific advice in the area of emerging, food and vector-borne diseases.
- Supporting the generation of evidence and providing guidance on control of arthropod vectors in Europe.
- Continuing the Centre's commitment to providing reliable and timely evidence syntheses and science-based recommendations, despite an increasingly complex and expanding scope of tasks.

Based on the text of the Regulation (EU) 2024/1938 of the European Parliament and of the Council of 13 June 2024 on standards of quality and safety for substances of human origin intended for human application and repealing Directives 2002/98/EC and 2004/23/EC:

- Publish guidelines concerning the prevention of communicable disease transmission to protect SoHO donors, SoHO recipients and offspring from medically assisted reproduction.

Based on the Council Recommendation on vaccine-preventable cancers adopted in June 2024:

- Display available national data on HPV and HBV coverage rates in Member States in a dedicated dashboard together with national monitoring methodologies and goals and targets to be met.

Negative priorities/decrease of existing tasks

The Disease programmes reduced several activities due to resource constraints in the following areas:

- Specific activities provided by the European Gonococcal Antimicrobial Surveillance Programme (Euro-GASP).
- Outputs related to SDG monitoring.
- Aurorae – respiratory viruses – microbiology and laboratory capacity building for SARS-CoV-2, influenza and RSV.
- Respiratory viruses – Mortality Monitoring.
- Vaccine Effectiveness studies (VEBIS project) on health care workers will come to end in 2025; a final report will be produced. Vaccine Effectiveness studies in other health care settings will continue.
- VectorNet – European network for medical and veterinary entomology.

Furthermore, we have reduced the amount of data managers, GIS, and data analysis consultants having simplified and streamlined the surveillance process in EpiPulse, and having prioritised the recruitment of data science staff as part of the additional positions assigned to the Centre with the new mandate. The budget foreseen for the upgrade of the A/V equipment of the board room have been deprioritised. The availability of these equipment is postponed until availability of budget.

2.3.3 Resource programming for the years 2025–2027

Financial resources

The ECDC budget proposed for the years 2025–2027 is in line with the Multiannual Financial Framework (MFF) 2021–2027, which sets the EU contribution for decentralised agencies. The budget is expected to enable the Centre to provide planned services and assistance to both the Commission and the Member States. DG SANTE has clarified that agencies do not need to provide a financial programming for the period 2025–2027 at this stage.

Human resources

Given the Centre's revised mandate, the workload will remain high in the years to come. Furthermore, the work on externally funded projects will remain resource intense and will entail administrative complexities which will need a careful attention. From 2025, the Centre has reached its full staffing in view of the 73 posts the Centre received between 2021 and 2024. More detailed information about the evolution of staffing will be provided in due time in Annex IV (Table 1 – Staff population and its evolution; Overview of all categories of staff).

2.3.4 Strategy for achieving efficiency gains

ECDC is continuing its efforts to make efficiency gains and continuous improvements. This will be done through the implementation of the Integrated Management Framework (covering the areas of governance, organisational performance management, quality management, and internal control) together with related IT tools and the joint initiatives carried out with finance, procurement, and human resources. This work is foreseen to continue over the next few years and to be finalised by 2027.

The optimisation of ECDC's key processes – in line with the ECDC amended mandate – will be finalised by the end of 2026. The process management methodology and supporting IT tool will be fully implemented. In the coming years, the relevant key processes will also be digitalised, with the goal to minimise use of resources in terms of paper and time, and to enhance data management. Streamlining the planning process and enhancing the monitoring of organisational performance through an integrated planning and monitoring IT system will further increase the efficiency of the Centre. The full implementation of the planning and monitoring system will start in 2024 and be finalised by the end of 2025. Furthermore, the implementation of the ISO 9001:2005 based quality management system will enhance the effectiveness and efficiency of the Centre.

The Centre will also enhance the revised system for Key Performance Indicators (KPIs) to improve the monitoring of ECDC's performance, the achievement of Strategic Objectives, and the performance of processes/execution cycles across services. Through this revision, ECDC also aims at having a set of KPIs that support decision-making and communication across the Centre and, ideally, the monitoring of ECDC's impact on its target audiences.

In all these areas the Centre continues to work closely with the Performance Development Network (PDN) of the EU Agencies Network, a forum that facilitates the achievement of efficiency gains through benchmarking and the exchange of best practices, methods, and IT tools.

3. Work Programme 2025

3.1 Executive summary

During 2025, the Centre will continue implementing its mandate, in line with the amended ECDC Founding Regulation, the adapted Strategy 2021–2027 and the Strategy Implementation Roadmap. The annual milestones defined in the roadmap provide the basis for planning of the Centre's activities in 2025.

The main highlights of the ECDC workplan 2025 include:

- The Centre will sustain its efforts towards strengthening the relevance, clarity, and utility of ECDC public health outputs; through the implementation of revised scientific processes and principles, re-engineered presentation and delivery modes, and structured consultation and prioritisation mechanisms to identify gaps and stakeholder needs.
- Strategic foresight and futures thinking will continue to inform the Centre's strategy and operations, assessing the emerging threats and opportunities, and future-proofing decision-making. Collaborations in foresight and futures with partners in the Member States and actions working on One Health will be further explored.
- ECDC will continue to improve its visibility and reputation by engaging its stakeholders through targeted communication campaigns. Initiatives like the European Antibiotic Awareness Day, European Immunization Week and the Flu Awareness Campaign will be organised, addressing HIV, TB, STIs, hepatitis, and some emerging vector-borne diseases. Efforts to improve the Centre's work in risk communication, community engagement, infodemics management, as well as to address misinformation and disinformation, will continue. Similarly, coordination and cooperation with the Centre's European partners, major CDCs, and WHO Europe will be ongoing.
- During 2025, ECDC will aim to finalise the e-Health approach to support Member States in adopting and using digital health technologies. The Centre will work to ensure that surveillance of most notifiable diseases is implemented in EpiPulse, and to replace its routine surveillance outputs with state-of-the-art solutions, incl. replacement of Atlas and AERs.
- The Centre will focus on completing the evaluation of proposals for all EURLs calls and on making sure that the network of EURL is established, operated, and coordinated by ECDC.
- Work will continue to strengthen the ECDC contribution to the Union prevention, emergency preparedness and response planning. This will include support through the EU Health Task Force. The Centre will also continue to provide Targeted Country Support (TCS), based on country overviews assessing the needs and vulnerabilities of Member States.
- Coordination with EU Institutions and EU agencies will be further reinforced through appropriate mechanisms. Public health workforce professionals in EU Neighbourhood countries will be trained under the Mediterranean and Black Sea Programme for Intervention Epidemiology Training (MediPIET) capacities. The three externally funded projects in the area of global health (ECDC for Africa CDC, IPA6, EU Health Security Initiative) will finalise.
- Activities on global health in 2025 will focus on the candidate countries and potential candidates, European Neighbourhood Policy (ENP) partner countries, cooperation with major CDCs and partnership with Africa CDC, and joint work with WHO in particular the Regional Office for Europe.
- The Centre will keep on providing support and learning opportunities to its staff, e.g. on financial management, on strategic foresight and futures thinking, while continuously ameliorating its online and offline workspaces. In the course of 2025, the Centre will also enhance its efforts to support Diversity, Equity and Inclusion.

3.2 Activities

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 levels

Table 1. Indicators of Strategic Objective 1

KPI	Baseline (2023)	Target	Means of verification	Frequency of verification
Scientific quality assurance: Proportion of ECDC scientific outputs following the respective workflows and formally reviewed and cleared before dissemination	100% of scientific outputs registered in SARMS with formal review and clearance completed prior to dissemination	100%	SARMS workflows, publication statistics	Annual
Attendees' satisfaction with ESCAIDE	93%	> 75%	Conference satisfaction survey	Annual
Placement of *Eurosurveillance* in journal rankings (basket of metrics)	IF 19 (Journal Citation Reports, Clarivate analytics, 2022) #5/96 Scopus CiteScore 28 (Scopus), #3/562 category Medicine (Public Health, Environmental and Occupational Health), #4/108 Medicine (Epidemiology); SCImago Journal Rank (SJR): #44/2,499 journals in the category 'Medicine miscellaneous')	Q1 in all metrics and five-year IF ranging between 6 and 10	SCIMAGO journal rank, Google scholar journal rank, Clarivate analytic, cite scores	Annual
Submissions from "*Eurosurveillance*" countries	Submissions received from 33 of 36 countries represented by an advisor on the journal's editorial board	Submission from minimum 20 countries	*Eurosurveillance* submission system	Annual
Use of ECDC scientific outputs: - Access to ECDC scientific outputs (number of citations) - Impact factor of ECDC articles in peer reviewed journals	65.46 10.13	>20 in the five years following publication >5	Journals	Annual
EU research and innovation engagement	COVID research gap analysis presented to DG R&I in early 2023. Two outputs on knowledge gaps relating to blood donation and Legionella ongoing	Knowledge gaps and research priorities identified for at least two topic areas	ECDC content/outputs/reports	Annual
Number of media clippings and media requests	8,216 clippings 269 requests	10% increase	Media monitoring report from external contractor, requests received on the press inbox	Annual

KPI	Baseline (2023)	Target	Means of verification	Frequency of verification
Website statistics: - Page views - Website sessions - Document downloads - Returning visitors	6 493 482 page views 2 774 234 sessions 267 490 document downloads 8%	10 % increase 7% increase 7% increase at least 40%	Google analytics/Matomo	Annual
Stakeholder engagement: Number of actions in which communication stakeholders are engaged: - NFP meetings - Meetings ahead of European Antibiotic Awareness Day - Digital or on-site events/visits - Information stands	1 NFPs meeting 16 meetings with stakeholders 7 events/visits 2 stands	1 At least 8 At least 3 At least 3	ECDC website, Information Centre, EAAD statistics	Annual
Social media statistics: Total number of impressions (across all social media platforms) Total number of reach (across all social media platforms)	**29 474 949** **11 687 333**	At least 25M At least 10M	Social media channels	Annual
Communication campaigns	13	At least 5	ECDC website	Annual
Audio-visual content	225 audio-visual outputs	10% increase	Social media and ECDC website	Annual

Action Area 1.1 – Standards and methodologies: Promote standard setting and the use of defined methodologies and diverse data sources for data analytics

Overview

In 2025, ECDC will fully implement the revision of its scientific advice processes finalised in 2024 in line with Article 7 of the ECDC mandate *Procedure on scientific opinions*, and the ECDC science impact framework developed in 2023.

The Centre will define, apply, and promote standards for all its key surveillance and scientific advice outputs to ensure integrity, methodological rigor, and reliability. The Centre will continue to recognise and promote a common peer review culture. This will be done through the continuous professional development of its staff, so that it is up to date with scientific standards, policies, and methods; and by promoting a culture of continuous learning and quality improvement.

ECDC will keep updating its internal tools such as the Scientific Advice Repository and Management System (SARMS) to support transparency, scientific independence, and compliance with integrity policies and standards, and to further enhance the Centre's scientific quality assurance processes. ECDC will also promote the use of a structured prioritisation and the science impact frameworks to engage key stakeholders and networks in a more systematic way. This will allow ECDC to better understand needs and expectations, improve planning, and further enhance the relevance and measure the impact and influence of its work and outputs.

ECDC will continue its project to further define evidence-based public health methods adapted to the circumstances ECDC works in (often only limited evidence of suboptimal quality, high level of uncertainty, and the need to provide advice under substantial time pressure where stakes are high, etc.).

Main outputs and expected results

No.	Main outputs	Expected results
1.1.1	Dynamic list of planned and ongoing scientific outputs 2025 including the intended target audience and impact available on the ECDC website	Improving stakeholder awareness of planned and ongoing scientific outputs in real time. This will increase transparency, avoid duplication of work, promote joint working, and inform about the intended impact.
1.1.2	Implementation of the revised ECDC scientific advice process and Regulation (EU) 2022/2370 Article 7 Procedure for scientific opinions	Common structured approach to provide scientific advice and science-based recommendations either self-tasked or resulting from external requests for an ECDC scientific opinion and an increased relevance and uptake to target audiences.
1.1.3	Guidance and training on science/evidence for policy, scientific integrity, good scientific practice, methods and tools for evidence synthesis, statistical analysis, and modelling	Continuous internal professional development and training to stay up to date on the latest scientific standards, processes, and methods and to nurture a culture of continuous learning.

Resources

1.1 Standards and methodologies	Staff and Title 3 budget
Total FTEs for this activity	6.54
Total operational budget for this activity	630,500

Action Area 1.2 – Knowledge transfer: Bridge the gap between science, policy, and practice

Overview

ECDC will ensure the production and wide dissemination of *Eurosurveillance* as a diamond open access high-quality independent journal with good visibility. The Centre will support targeted knowledge transfer to *Eurosurveillance* readers and contributors, including ECDC experts, through provision of public health-relevant context within the journal's interaction with science journalists, presence at conferences, provision of training materials and activities, as well as an attractive annual theme and scientific seminar. A mid-term evaluation of the journal's performance against its 2021–2027 strategy will be delivered in Q1 2025 and should provide insight in how far the goals set have been achieved and where new developments will require an adaptation of the set key objective and milestones.

The Centre will also organise and deliver the Observership week 2025. The annual European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) will be organised in Warsaw, Poland. This will hopefully attract more participants from Central and Eastern Europe, regions which so far have been underrepresented among the participants. ECDC attempts to gradually expand the scope of ESCAIDE to go beyond the traditional focus areas of field epidemiology and public health microbiology to cover important fields like social science and behavioural research for disease prevention.

ECDC will also reactivate its network of national focal points for scientific advice with a possible sub-network of operational contact points for quantitative methods.

The Centre will design and deliver custom information and knowledge management solutions that improve access to and flow of knowledge.

The Centre will make further efforts to measure the impact and influence of ECDC key scientific outputs and to promote open access of the outputs at no cost for the reader.

Finally, ECDC will continue adapting its scientific output templates to tailor them to the needs of policy-makers and other stakeholders at the European and national level.

Main outputs and expected results

No.	Main outputs	Expected results
1.2.1	50 issues of *Eurosurveillance* Scientific seminar at international conference Board meeting with action points for 2026 Audit of board members' demographics (balanced gender distribution) Community of practice of editors of public health journals in international health organisations or major CDCs established Mid-term evaluation report	*Eurosurveillance* remains among the leading journals in its field, attractive for a wide audience (authors and readers) and supports knowledge transfer. Availability of new scientific findings of relevance to public health professionals working in Member States. Focus on diversity and inclusion. Identification of synergies, exchange of good practices.
1.2.2	Workshops in conjunction with ECDC-organised events (ESCAIDE, ECDC summer school, fellowship project review module) at ECDC or at national public health institutes	Increased awareness of publication ethics and standards reporting guidelines, compliance with editorial standards/requirements by authors and reviewers, use of repositories for additional information, enhanced focus on diversity and inclusion.
1.2.3	ECDC Observership week in collaboration with European Learned Societies	30 early and mid-career researchers and health professionals gain interest in public health matters and insights in how ECDC contributes to European and global public health.
1.2.4	2025 edition of the ESCAIDE conference	Dissemination of scientific knowledge about communicable disease epidemiology, prevention and control, and complementary disciplines. Improved knowledge and awareness among ESCAIDE participants of knowledge needed for policy-making and practice.
1.2.5	Information and knowledge management solutions developed to improve the management of knowledge domains that are mission critical to ECDC	ECDC will be better able to leverage its existing experience and expertise. Mission-critical knowledge assets will be managed and curated systematically. There will be improved access to and findability of key knowledge resources. ECDC staff will be able to leverage ECDC organisational expertise more easily.
1.2.6	All ECDC scientific outputs published as open access	Making high quality scientific outputs available at no cost at EU level will help to increase the impact and consistency of evidence-based prevention and control activities across the EU and reduce the need for Member States to invest in undertaking similar scientific work.
1.2.7	New editorial tools, guidelines and design templates piloted	Increased utility and impact of ECDC outputs on target audiences.

Resources

1.2 Knowledge transfer	Staff and Title 3 budget
Total FTEs for this activity	20.93
Total operational budget for this activity	1,617,500

Action 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

Overview

In 2025, ECDC will work on further integrating of strategic foresight processes and futures thinking into ECDC's *modus operandi.*

ECDC will continue with the forecast and scenario modelling hubs that were set up during the COVID-19 pandemic as a platform for exchange and collaboration between modelling teams across the EU/EEA and beyond. Based on the experiences so far, the Centre established the European Respiratory Diseases Forecast Hub (RespiCast) and the European COVID-19 Scenario Modelling Hub (RespiCompass).

In 2025, ECDC will explore the possibility of further expanding the hubs to integrate other communicable diseases and additional modelling teams. The ECDC modelling team will continue to develop in-house modelling tools and workflows for public health emergencies, to support public health decision-making and contribute with novel insights on infectious diseases in general. Biostatistical analysis and mathematical modelling will be gradually integrated into one framework.

ECDC will continue to identify and communicate knowledge gaps and research needs that have an impact on the certainty of scientific advice and the quality of public health policy in the EU. Knowledge gap analysis will be generated as both a routine component of ECDC scientific outputs, and as a targeted activity in specific topic areas in support of high-level EU public health goals. In that field and to support future research action, the Centre will continue its collaboration with partner institutions, including other EU agencies (e.g. EFSA, EMA), DG HERA, DG RTD, DG JRC and HaDEA. ECDC will continue its active participation in the Agencies Network for Scientific Advice (EU-ANSA).

As a science-led organisation, ECDC will continue to engage with ongoing EU research activities in areas within its mandate. This is to ensure that the Centre has access to emerging science and that it retains and enhances contacts and credibility with the scientific community, including academia. The second Horizon Europe Strategic plan 2025–2027 will start in 2025, and ECDC will take action to support EU institutional partners in delivering on the strategic research goals and priorities, including through ongoing engagement in shaping future research and involvement with EU-funded public health research. This will help ECDC to direct research towards public health needs and retain a credible voice in EU policy-making.

Main outputs and expected results

No.	Main outputs	Expected results
1.3.1	Forecast and scenario modelling hubs	Ensemble forecasts and scenarios inform ECDC scientific outputs (such as rapid risk assessment and public health guidance).
1.3.2	Modelling tools and workflows for public health emergencies Modelling insight generation	Providing in-house modelling results to support public health decision-making (e.g. HSC, SANTE).
1.3.3	Topic-specific outputs that systematically identify knowledge gaps in the existing evidence base that inhibit public health activities, with expert-led validation and prioritisation and which can be used by EU research stakeholders (funders, research actors, etc.) to address and improve the current knowledge base	Timely information to EU research and funding bodies about public health relevant knowledge gaps and identified priority areas for research.
1.3.4	Coordination of ECDC involvement with EU-funded research strategies and activities, including linking to new and ongoing research projects and joint actions (e.g. Horizon Europe, including European Partnerships in Health (e.g. Pandemic Preparedness, One Health/AMR), EU4Health, etc.	

Resources

1.3 Foresight, modelling, and research engagement	Staff and Title 3 budget
Total FTEs for this activity	11.31
Total operational budget for this activity	1,070,600

Action Area 1.4 – External and risk communication: Provide relevant, timely, accessible, and actionable information about infectious diseases epidemiology, prevention, and control

Overview

2025 will be a key year to assess progress and thoroughly evaluate the activities implemented following the approval of the Communication Policy 2022–2027, which encompasses a wide range of areas within the communication discipline.

In addition, ECDC will continue to be proactive in its **external communication** ensuring that timely, accessible and evidence-based information is communicated on infectious disease epidemiology, prevention and control. The Centre will effectively engage with diverse stakeholders to promote public health, engage with communities, and drive positive behaviour change.

In 2025, ECDC will also build the necessary structures and processes for its re-branding exercise, to take place potentially in 2026, as well as the implementation of further public relations activities to continue to increase the Centre's visibility.

ECDC will continue its work on risk communication by further tailoring its outputs to the needs of its target audiences, by better explaining complex topics in a simple way, and by using a more approachable tone of voice and style across platforms. Risk communication activities will also be adapted to the needs of different population groups (e.g. vulnerable groups, etc). This will be complemented by efforts in community engagement and infodemics management, as well as processes to address misinformation and disinformation at early stages. Actions already taking place such as social media listening, campaigns to promote digital literacy, and careful presentation of easy-to-understand facts providing accurate information, and correcting erroneous messages, will be further strengthened.

Multi-channel annual integrated communication campaigns will continue to be implemented – including the European Antibiotic Awareness Day, European Immunization Week, European Testing Week, World AIDS Day, World TB Day, the Influenza Awareness Week, and World Hand Hygiene Day, amongst others. This will be done in collaboration with the National Focal Points for Communication, as well as partners and stakeholders across Europe.

ECDC will further improve its media relations efforts by engaging with journalists proactively, by providing early information, media visits, regular press conferences, and the provision of materials under embargo, as well as the production of innovative materials to address this group.

Activities aimed at strengthening the European Vaccination Information Portal (EVIP) through a EU4Health contribution agreement with DG SANTE will end in 2025, with the development of new communication materials, and extended updated web content on vaccine-preventable diseases and vaccination.

Actions included in the Stakeholder Engagement Framework established in 2024 will continue, allowing the Centre to further build reputation and trust by ensuring transparency in its engagement activities, increasing reach, visibility, and amplification of ECDC's messages through its stakeholder groups, and ensuring efficiency by understanding the stakeholders' interests.

Main outputs and expected results

No.	Main outputs	Expected results
1.4.1	Proactive risk, crisis, and external communication across channels such as ECDC websites and social media during a public health emergency (PHE), as well as during non-crisis time, including management of misinformation and infodemics	Improved uptake of ECDC's information and outputs. ECDC is seen as an independent, transparent, open, and trusted agency that produces and shares high-quality content regarding infectious diseases in Europe.
1.4.2	Communication campaigns in collaboration with partners and stakeholders (e.g. European Antibiotic Awareness Day, World Hand Hygiene Day, Flu Awareness Campaign, European Immunisation Week, World Aids Day, World TB Day, World Hepatitis Day)	Improved highlights of ECDC's content and increased awareness about specific topics.
1.4.3	Activities implemented through the Stakeholder Engagement Framework, with a focus on engagement with civil society focusing on key issues such as HIV, STIs, vaccination or antimicrobial resistance	Improved exchanges with stakeholders leading to improved reputation and trust and amplification of ECDC's messages.
1.4.4	RCCEIM activities e.g. Learning Portal module, structures to support community engagement practices at country level, provision of tools and templates for RCCEIM practitioners in the EU/EEA countries	Enhanced capacity at ECDC and national level to develop and implement RCCEIM activities towards behavioural change on specific health priorities.
1.4.5	Content production, management and maintenance of the Centres websites. Expanded content, better structure, and design, as well as updated branding.	User-friendly content adapted to meet the needs of all target audiences.
1.4.6	Management of ECDC's social media channels, including social media listening, paid advertising, engagement of influencers and continued direct cooperation with social media platforms. Identification and tackling of misinformation and infodemics, careful presentation of easy-to- understand facts providing accurate information	Enhanced brand, promotion of ECDC's work in different areas and diseases, highlight of content and stories with positive outcomes, presentation of easy-to-understand facts. Increased engagement, following and reach, while providing its audiences, influencers, and key opinion leaders with actionable, timely and useful information.
1.4.7	Proactive engagement with journalists, editors and influencers. Provision of early information and materials under embargo, as well as the production of innovative materials to address this group. The content provided should be accurate, timely, balanced, newsworthy, and scientifically sound	Strengthened media relations and enhanced reputation as a trusted public health organisation.
1.4.8	Media training, guidance and support to experts who give interviews or are active on social media and wish to use these channels to promote their activities as ECDC staff	Coherent, accurate, timely and balanced external communication across all channels.
1.4.9	Info stands at conferences with important ECDC contributions	Visibility and brand awareness.
1.4.10	Production of high-quality event experiences, podcasts, videos, animations, infographics and other data-driven formats, including exploration and expansion of new communication formats and tools	Enhanced outreach to target audiences through clearer messages and improved communication products and channels.
1.4.11	Coordination of external newsletters to ensure consistent look and feel across all. Compilation and dissemination of the main ECDC newsletter	ECDC's work in different areas and diseases promoted to achieve enhanced outreach and visibility.

Resources

1.4 External and risk communication	Staff and Title 3 budget
Total FTEs for this activity	10.34
Total operational budget for this activity	1,055,100

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

Table 2. Indicators of Strategic Objective 2

KPI	Baseline (2023)	Target	Means of verification	Frequency of verification
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%	80%	Stakeholder survey	Biennial
Timely publication of updated surveillance data in the Surveillance Atlas	11.3% of diseases within 3 months 56.6% within 6 months	80% of diseases within 3 months of end of data collection	Surveillance Atlas	Annual
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
Accessibility: Proportion of ECDC scientific manuscripts published as golden standard open access	98%	100%	Publication databases, SARMS	Annual
Proportion of requests for sequencing services from Member States delivered	100%	100%	Requests received to PHF by DPR	Annual
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
EpiPulse Cases (EpiPulse Cases rolled out as per plan)	EpiPulse cases not launched yet	Diseases included as per plan	EpiPulse Cases	Annual
Use of EpiPulse (Number of posts uploaded to the platform)	208 per month (median)	Annual increase of number of posts by 5%	EpiPulse	Annual
Percentage of diseases with integrated operational WGS surveillance schemes as per strategic framework and annual planning	WGS operational for 70% of diseases	100%	EpiPulse	Annual
Introduction of AI in Epidemic Intelligence processes	Automation of the weekly reports for mpox.	One AI process per year	Epidemic Intelligence group	Annual
Timely publication of enhanced surveillance reports on priority diseases published on the ECDC website	N.A.	80%	Surveillance reports in SARMS	Annual
Timely publication of weekly and monthly surveillance bulletins priority diseases published on the ECDC website	N.A.	80%	Bulletins on the website	Annual
Timely execution of External Quality Assurance schemes (EQAs) on priority diseases	N.A.	80%	ECDC Laboratory Networks	Annual

Action Area 2.1 – Surveillance: Provide timely information and robust evidence through surveillance and monitoring

Overview

In 2025, it is likely that national surveillance systems will be undergoing some degree of transformation, including more reliance on electronic health records and disease registries, and automated data processing, as they implement the EU4Health national grants on surveillance. In this context, ECDC will provide guidance by facilitating the development of algorithms for comparable case definition and data extraction and reporting. Furthermore, ECDC will develop surveillance standards to ensure that EU/EEA surveillance objectives and corresponding surveillance system characteristics and levels of quality are defined, agreed upon, and implemented.

For the SDG-related diseases, ECDC will continue to support Member States in developing and strengthening their public health surveillance. Regarding respiratory viruses, ECDC will continue to further develop and strengthen integrated surveillance of respiratory viruses and to report data on a weekly schedule, year-round through ERVISS. This integrated and enhanced surveillance of COVID-19, Influenza and RSV (both in healthcare settings and in the community) will inform actions aimed at limiting the spread of these diseases and to further reduce their impact on the population and on healthcare services of Member States. For Legionnaires' disease, the Centre will continue to perform routine surveillance and collect information through the near-real time travel-associated Legionnaires' disease surveillance in EpiPulse. ECDC will take forward the interaction with the EURL for Legionella which was appointed in 2024.

In the area of emerging, food and vector-borne diseases, including zoonotic disease, collation of indicator-based and event-based surveillance data and timely assessment of the risk for European citizens will remain a focus in 2025. As relevant, human surveillance data will be combined with food, animal and environmental data, through close collaboration with other EU agencies such as EFSA and EEA.

ECDC will continue the regular monitoring and strengthening of the epidemiological and laboratory surveillance of vaccine-preventable diseases, with renewed efforts to improve quality of reporting and continued investment in supporting the implementation of the WGS strategy. ECDC will provide data and reports on vaccine coverage in the EU for priority diseases. Close work with the WHO's Regional Office for Europe will continue with regards to a close monitoring of diseases under elimination and eradication targets, thus with specific focus on measles, rubella, and polio. ECDC will also re-establish the EU Invasive Bacterial Diseases Laboratory Network (IBD LabNet) in order to increase laboratory capacity in Member States.

In 2025, the implementation of EURLs will continue with the launch of Calls for Applications for the third set of EURLs and evaluation.

The training programme on genomic epidemiology will continue with pathogen wave 5-6, although the specific diseases have yet not been decided.

ECDC will continue to provide WGS services for countries that need such support.

Lastly, as per the updated mandate, increased efforts will be made to identify capacities for various public health functions in Member States. The Centre will further develop the EULabCap tool for benchmarking microbiological capacities in countries and coordinate data collection and outputs with other ECDC initiatives aiming at capturing capacity data for other public health functions, such as emergency preparedness, response, and surveillance.

Main outputs and expected results

No.	Main outputs	Expected results
2.1.1	Surveillance standards	Objectives, methods, and quality requirements provide guidance for more performant surveillance systems.
2.1.2	Disease and public health issues reports	More specific recommendations provided, by target audience.
2.1.3	Routine enhanced surveillance reports published jointly with partner agencies	Cross-sectorial data analyses allow for more impactful recommendations for disease prevention and control.
2.1.4	EURLs implemented for third set of priority diseases	Strengthened capacity and improved laboratory support for laboratory networks.
2.1.5	Trainings 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.
2.1.6	Reports on monitoring of prevention and control activities of SDG-targeted diseases	Improved strategic information on country- and EU-level situation of prevention and control of SDG-targeted diseases.
2.1.7	European Union Summary Reports: One Health Zoonoses Report and Antimicrobial Resistance in zoonotic and indicator bacteria from humans, animals and food	Risk managers and scientists receive an overview of the epidemiological situation regarding emerging, food and vector-borne diseases.
2.1.8	Weekly and monthly surveillance of West Nile virus infections in human and animals to support the implementation of SoHO prevention and control measures	
2.1.9	Joint ECDC-EFSA distribution maps of arthropod vector that have a public health and an animal health relevance	
2.1.10	ECDC-WHO joint weekly bulletin (ERVISS) for integrated surveillance of respiratory viruses (Integrated weekly monitoring of respiratory viruses at EU/EEA and WHO Europe Regional level)	Improved collaboration with partners.
2.1.11	Outputs on Avian influenza: • Quarterly monitoring reports with EFSA and EURL for avian influenza, including ECDC's quarterly assessment of the risk for the EU/EEA Annual Epidemiological Report Chapter (zoonotic flu) • Monthly RT and CDTR (zoonotic flu)	Improved collaboration with partners. Strengthened surveillance of respiratory viruses in the EU/EEA.
2.1.12	Outputs on Seasonal influenza: • Weekly publication of surveillance data jointly with WHO (through ERVISS) • Virus characterisation report for VCM (2 times a year)	
2.1.13	Outputs on COVID-19: • Weekly publication of surveillance data jointly with WHO (through ERVISS)	
2.1.14	Enhanced HIV and TB surveillance reports published jointly with WHO Europe	Surveillance information for action on country- and EU-level situation of HIV and TB.
2.1.15	External Quality Assurance, trainings and strengthened laboratory networks for relevant SDG-related diseases (ERLTB-Net and Euro-GASP)	Improved capacity for laboratory diagnosis of tuberculosis and gonorrhoea and drug resistance, reliable surveillance data and strengthened laboratory networks.
2.1.16	Vaccine coverage data and reports for influenza and COVID-19	Better insight into coverage gaps to set targeted actions.
2.1.17	Measles and rubella surveillance monthly bulletin	Surveillance information for action on country and EU-level situation of measles and rubella.

No.	Main outputs	Expected results
2.1.18	Vaccine-preventable diseases: Annual Epidemiological Reports	Strengthened surveillance of vaccine-preventable diseases in the EU/EEA.
2.1.19	Vaccine-preventable diseases: Invasive Bacterial Diseases laboratory support, e.g. EQAs and trainings	Increased laboratory capacity in the Member States.
2.1.20	Outputs on antimicrobial resistance (AMR): • Annual Epidemiological Report chapter on AMR in the EU/EEA, 2024 (including progress towards the EU targets) • ECDC-WHO Europe joint summary on AMR surveillance in Europe	Decision-makers and health professionals are informed by trustworthy and relevant expertise in the area of AMR. Strengthened surveillance of AMR in the EU/EEA.
2.1.21	Outputs on antimicrobial consumption: • Annual Epidemiological Report chapter on antimicrobial consumption in the EU/EEA, 2024 (including progress towards the EU targets)	Decision-makers and health professionals are informed by trustworthy and relevant expertise in the area of antimicrobial consumption. Strengthened surveillance of antimicrobial consumption in the EU/EEA.
2.1.22	Outputs on healthcare-associated infections (HAIs): • Report on the point prevalence survey of HAIs and antimicrobial use in European long-term care facilities 2023–2024 • Annual Epidemiological Report chapters on surgical site infections, HAIs in intensive care units and *Clostridioides difficile* infections in the EU/EEA	Decision-makers and health professionals are informed by trustworthy and relevant expertise in the area of HAIs. Strengthened surveillance of HAIs in the EU/EEA.

Resources

2.1 Surveillance	Staff and Title 3 budget
Total FTEs for this activity	61.57
Total operational budget for this activity	7,861,300

Action Area 2.2 – Public health evidence and recommendations: Provide science-based advice and recommendations through public health expertise

Overview

ECDC is committed to provide the best available evidence and expertise for decision-making and use by health professionals at EU and country level. In doing so, ECDC aims at enhancing users' trust in the Centre. Moreover, National Competent Bodies consultations and the prioritisation framework will be routinely used to ensure that the public health activities integrated in ECDC's work programme are relevant and impactful.

The Centre's work in this area will be delivered in conjunction with the activities undertaken in several other action areas.

In 2025, ECDC will continue bolstering its modelling, anticipation, and forecast capacity, while also taking advantage of these methodologies to encourage evidence-based policy-making and to improve the utility and value of the scientific guidance produced.

The Centre will further fortify its role in delivering (upon request or on its own initiative) guidance for the management of communicable diseases and their related special health issues.

ECDC will continue providing downloadable datasets and open access to relevant data, information, advice, and guidance as quickly as possible through its website, other publicly available data sites such as the EU Open Data Portal, and through open access publication in scientific journals.

For epidemic-prone diseases, ECDC will continue to provide evidence-based scientific advice and recommendations, risk assessments and ad-hoc guidance on strengthening surveillance and detection of emerging, food and vector-borne diseases as well as respiratory viruses and legionella.

For the SDG-targeted diseases, ECDC will continue to support MS in developing and strengthening evidence-based prevention and control activities – with a focus on the key populations with the highest risk for disease acquisition and transmission. ECDC will develop and promote standards of HIV care and evidence-based high impact prevention through technical reports and guidance.

ECDC will continue to strengthen the scientific evidence based around vaccines and vaccination programmes.

Main outputs and expected results

No.	Main outputs	Expected results
2.2.1	Outputs on emerging, food and vector-borne diseases: • EFSA-ECDC estimate of the burden of food-borne diseases	Decision-makers and health professionals are informed by trustworthy and relevant expertise. Increased preparedness against respiratory viruses (including influenza, COVID-19, and RSV, as well as zoonotic respiratory viruses such as avian influenza), healthcare-associated infections, vaccine preventable diseases, etc. Strengthened surveillance of respiratory viruses in the EU/EEA.
2.2.2	Outputs on respiratory viruses and legionella: • Weekly joint ECDC/WHO European Respiratory Virus Surveillance Summary (ERVISS) Quarterly EFSA/ECDC avian influenza monitoring reports • Twice a year's ECDC/WHO European influenza virological report for the WHO's influenza Vaccine Composition Meetings • Updated protocols for outbreak investigation of avian influenza or other zoonotic respiratory viral infection • Guidance for implementation of the integrated surveillance of respiratory viruses • 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 • Risk assessments on respiratory viruses and on legionnaires' disease • Systematic Reviews on Immunity and post-COVID-19 condition, Sero-epidemiological studies on avian influenza viruses in humans, and Legionella	
2.2.3	Outputs on sexually transmitted infections, blood-borne viruses, and tuberculosis: • Standards of HIV Care • Scientific advice on prevention and control of SDG-related diseases in the general population and in key populations	
2.2.4	Outputs on vaccine-preventable diseases: • Technical report on lessons learnt from the rollout of COVID-19 vaccination campaigns transferrable to the implementation of routine immunisation programmes in the EU/EEA	Supporting Member States with the overall performance and monitoring of vaccination programmes in the EU/EEA.
2.2.5	Outputs on antimicrobial resistance (AMR): • Report on associations between AMR, antibiotic use, antimicrobial stewardship and infection prevention and control in acute care hospitals, EU/EEA, 2016–2017 (multivariate models)	Decision-makers and healthcare professionals are informed about associations between AMR, antibiotic use, antimicrobial stewardship and infection prevention and control in acute care hospitals. Supporting Member States with evidence to inform decisions related to infection prevention and control in acute care hospitals.
2.2.6	Outputs on healthcare-associated infections (HAIs): • Draft 'EU guidelines on infection prevention and control (IPC) in human health'	Supporting DG SANTE in the implementation of the Council Recommendation on stepping up EU actions to combat antimicrobial resistance in a One Health approach (2023/C 220/01). Supporting Member States with science-based advice in the area of infection prevention and control.

Resources

2.2 Public health evidence and recommendations	Staff and Title 3 budget
Total FTEs for this activity	14.65
Total operational budget for this activity	1,055,600

Action Area 2.3 – Digital solutions for surveillance: Provide support in adapting, adopting, and exploring new technologies

Overview

In 2025, ECDC will contribute to transforming the national surveillance systems, including use of electronic health records, disease registries and automated data processing, through guidance and strategic insights offered to beneficiaries of the EU4Health national grants for surveillance. ECDC inputs to the Joint Action United4Surveillance will continue to support the coordination of Member State efforts in strengthening their surveillance systems.

Specifically, the Centre will continue supporting activities at the national level to assess and develop surveillance based on electronic health records and implement surveillance systems for specific infectious diseases or groups of diseases, with the focus on severe acute respiratory infections (SARI), bloodstream infections and sexually transmitted infections.

Furthermore, depending on the adoption of the EHDS Regulation, more complex ECDC surveillance analyses will be undertaken as showcases to inform the setting up of the HealthData@EU. There are expected standardisation gains from the legislative measures under the primary use framework of EHDS, particularly with the implementing acts on the common electronic health record specifications, the European electronic health record exchange format, and the priority categories of personal electronic health data for primary use. The work for the preparation and publication of these implementing acts should be completed by the end of 2026. ECDC will continue liaising with the Member States to assess their preparations for the implementation of these three elements. ECDC will also prepare its internal data management workflows to incorporate the above-mentioned standards for its surveillance activities, as relevant.

In 2025, EpiPulse Cases will be nearly fully implemented and will facilitate data reporting, validation, analysis, and timely dissemination. Based on the new data warehouse, ECDC will produce enhanced interactive reports for most diseases and health issues under surveillance, replacing the AER and the Atlas with more impactful reports targeting a wider range of audiences.

Epidemic intelligence will further expand in scope and efficiency, through the integration of artificial intelligence and the participation in global public health intelligence networks through the Epidemic Intelligence from Open Sources (EIOS). During 2025, an additional version of the Epidemic Intelligence Dashboard will be launched for the HSC members and potentially integrated with EWRS, thus providing the EWRS users with a comprehensive overview of ongoing threats.

In addition, ECDC will further support the implementation of event-based surveillance at national level through the development of an open-source application for use by EU/EEA Member States (Epi+). The application will be developed in 2025, piloted in 2026 and further rolled out in the following years.

The implementation of surveillance systems integrating molecular typing will continue, supporting Member States with surveillance and outbreak investigations.

Main outputs and expected results

No.	Main outputs	Expected results
2.3.1	Surveillance automation and integration	Additional countries are providing surveillance data from electronic health records for additional diseases.
2.3.2	EpiPulse Cases	Less burdensome reporting. More effective and timely validation and publication of outputs.
2.3.3	eHealth based surveillance reports integrated in regular ECDC outputs	More comprehensive data to inform public health action with a decreased reporting burden.
2.3.4	Integrated AI solutions for epidemic intelligence	Automated epidemic intelligence.
2.3.5	Integration of EIOS with EpiPulse	Seamless information flow allowing for more timely public health signal detection, validation, and response.
2.3.6	Integration of epidemic intelligence dashboard in EWRS	Increased situation awareness for Health Security Committee.
2.3.7	Systems for integrated genomic epidemiology in EpiPulse further developed	Systems available for all priority diseases in ECDC strategy for genomic typing.
2.3.5	New dashboards for accessing surveillance indicators	Flexible access to wide range of data and analyses.

Resources

2.3 Digital solutions for surveillance	Staff and Title 3 budget
Total FTEs for this activity	13.61
Total operational budget for this activity	3,641,400

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 levels

Table 3. Indicators of Strategic Objective 3

KPI	Baseline (2023)	Target	Means of verification	Frequency of verification
Use of ECDC Risk Assessments: Number of downloads of each RRA and ROA document from the ECDC website within 30 days of publication	Non-PHE Related RRAs (six in 2023): average 241 downloads within 30 days of their publication	180 downloads within 30 days of publication	ECDC Webmaster	Annual
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 Health Task Force to Member States and the European Commission	89% (eight requests where support was provided out of nine requests received)	80%	Number of requests for a country visit or remote support	Annual
Number of scientific articles of public health relevance published by attendees of the ECDC Fellowship Programme (during and two years after graduation)	88% increase in scientific articles the two years following the ECDC Fellowship Programme compared to the two years prior to the programme	>50% increase compared to the 2-year period before entering the programme	Bibliometric analysis in PubMED, Scopus (ECDC library)	Annual

KPI	Baseline (2023)	Target	Means of verification	Frequency of verification
Satisfaction of participants with Learning Portal- specific trainings	87%	80%	Learning Portal satisfaction surveys after completion of a training course	Annual
Satisfaction with the Learning Portal	82% consider the relevance of Learning Portal as good or excellent	80%	Stakeholder survey	Biennial
Satisfaction score for the relevance of ECDC's Continuous Professional Development (CPD) activities	78% consider relevance as good or excellent	80%	Stakeholder survey	Biennial
Satisfaction score for the timeliness of ECDC's Continuous Professional Development (CPD) activities	73% consider timeliness as good or excellent	80%	Stakeholder survey	Biennial
Satisfaction score for the scientific quality of ECDC's Continuous Professional Development (CPD) activities	82% consider scientific quality as good or excellent	80%	Stakeholder survey	Biennial
Score of the perceived added value of ECDC's Continuous Professional Development (CPD) activities to the organisation/country	55% consider added value as good or excellent	80%	Stakeholder survey	Biennial
Score of the perceived contribution to sustaining and/or increasing the public health services workforce capacity in the organisation/country of ECDC's Continuous Professional Development (CPD) activities	55% consider the contribution to increased capacity as good or excellent	80%	Stakeholder survey	Biennial

Action 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

Overview

In 2025, ECDC will continue improving its knowledge of the public health systems in the Member States in order to better tailor its interventions to the needs of individual Member States. This will be managed through country missions, country overviews on data, and interactions with the Member States, to ease the flow of information across ECDC and the Commission (also using information from external publicly available sources, e.g. WHO, OECD, IANPHI) and the monitoring of existing or new data to inform and evaluate the impact of prevention and control activities. Complementary restricted information will be collected, aggregated, and presented to the Health Security Committee, including the results of the emergency preparedness reports of Member States under the SCBTH Regulation.

ECDC will also continue to support Member States capacity development through country support activities, including in the area of the SDG diseases to contribute to progress towards the 2030 global and regional targets.

For what concerns SoHO, the work on the technical guidelines on the prevention of donor-derived transmission of communicable diseases through Substances of Human Origin in the EU will continue as well as the work for the development of a methodology for Bio-Vigilance in the EU/EEA that is done with the European Directorate for the Quality of Medicines and HealthCare (EDQM) and in liaison with the Vigilance Expert Sub-group.

For what regards AMR and HAIs, ECDC will report 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 addition, ECDC will continue to perform country visits on AMR, jointly with DG SANTE/F in a One Health perspective where necessary, as per Member State request. To support EU/EEA countries in the prevention and control of HAIs, ECDC, in collaboration with WHO, will continue work with the aim to provide a digital tool for monitoring of hand hygiene practices through direct observation.

Regarding vaccine-preventable diseases and immunisation, ECDC will continue to carry out vaccine effectiveness studies, through the VEBIS project and as part of the Vaccine Monitoring Platform: in 2025, ECDC studies implemented during the pandemic on COVID-19, and influenza vaccines will continue and will be complemented by with feasibility studies on RSV vaccine.

ECDC will be working on the implementation of HPV and HepB vaccine-related scientific priorities identified by the Commission for a Council Recommendation of vaccine-preventable cancers. The work will start with the creation of a dashboard to monitor HPV and HepB vaccine coverage.

A continued area of priority in 2025 will also be the reinforcement of scientific exchanges and collaboration with and within the ECDC EU/EEA National Immunisation Technical Advisory Group (NITAG) Collaboration Network. This will be done in close collaboration with DG SANTE and HaDEA, by providing technical support to NITAGs in generating scientific reviews that can inform national decision-making on priority questions related to new vaccines or vaccination strategies.

With regard to respiratory viruses, ECDC will continue to provide relevant and high-quality surveillance data and scientific advice for prevention and control and will continue its activities to build respiratory virus laboratory capacity to support Member States, including through training, ring trials and EQAs.

Regarding food and water-borne diseases, ECDC will monitor the epidemiology of the FWD diseases and the impact of the control measures in place. Through the routine genomic surveillance, facilitated by the interoperable ECDC and EFSA WGS systems, the two agencies will perform timely detection of food-borne outbreaks in a One Health perspective and provide recommendations for prevention. The ECDC and EFSA WGS systems will be extended to include Campylobacter in 2025.The regular EQA will support the capacity to diagnose foodborne infections (salmonellosis, listeriosis and E. Coli infection) and define microbiological clusters. Regarding emerging and vector-borne diseases, the Centre will monitor the spread of the vectors and the associated risk to public health in the Member States. The regular EQA will support the capacity to timely diagnose Emerging and vector-borne diseases of public health relevance for the EU.

ECDC will also continue developing the ECDC Prevention Framework, including training in social and behavioural sciences for prevention, and setting up a community of practice on prevention of communicable diseases. Emphasis will be put on addressing the behavioural aspects of diseases and on determinants such as socio-cultural and environmental conditions.

ECDC will continue implementing its One Health Framework, based on an inventory of ECDC's One Health related activities, studying the possible gaps and barriers. This will allow for identification of synergies and prioritisation of the One Health work. In addition, ECDC, in close collaboration with EFSA, EMA, EEA and ECHA will continue the consolidation of the EU cross-agency One Health Task Force. This will involve regular meetings and interactions with other key stakeholders in One Health, both at EU level (DG-SANTE and other EC services) and global level (e.g. Quadripartite: WHO, FAO, WOAH and United Nations Environmental Programme).

Main outputs and expected results

No.	Main outputs	Expected results
3.1.1	Framework for the prevention of communicable diseases and related special health issues	Enhanced capacity for prevention activities for communicable diseases in the EU.
3.1.2	Country support activities on SDG-targeted diseases provided through webinars, trainings, and specific country support	Improved MS capacity to carry out surveillance, monitoring, prevention, and control of SDG-targeted diseases.
3.1.3	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.
3.1.4	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	Benchmarking of MS acute care hospitals and long-term care facilities on structure and process indicators of IPC and AMS. Ability to explore the relationship between the level of implementation and AMR and HAI rates.
3.1.5	ECDC One Health Framework implemented in 2025 ECDC One Health Task Force operational	Increased internal collaboration on One Health issues.
3.1.6	EU cross-agency One Health Task Force operational	Increased EU level One Health collaboration involving five EU Agencies.

No.	Main outputs	Expected results
3.1.7	Council Recommendation on vaccine-preventable cancers - development of a dashboard to enable the monitoring of HPV-HepB coverage	Better insight into coverage gaps to set targeted actions.
3.1.8	Scientific studies and data related to the monitoring of the Council Recommendation on vaccine-preventable cancers	Better insight into coverage gaps to set targeted actions.
3.1.8	Emerging, vector, food and water-borne laboratory support for preparedness e.g. Sequencing Support	Increased laboratory capacity in the Member States.
3.1.9	Future development of the interoperable ECDC and EFSA WGS systems expanded to include Campylobacter	Improved detection of and collaboration on food foodborne outbreaks.
3.1.11	Vaccine Monitoring Platform - Vaccine effectiveness studies / VE against hospitalisation	Supporting Member States with enhanced post-authorisation monitoring of vaccines effectiveness.
3.1.12	Vaccine Monitoring Platform – Vaccine effectiveness studies / Healthcare workers	
3.1.13	Vaccine Monitoring Platform – Vaccine effectiveness studies / Electronic Health Registries	
3.1.14	Vaccine Monitoring Platform – Vaccine effectiveness studies / Primary Care	
3.1.15	Scientific evidence summaries to inform national vaccination programmes (NITAG)	Supporting Member States with scientific evidence around vaccines and vaccination programmes.
3.1.16	E-learning - Effective communication around the benefit and risk balance of vaccination	Supporting Member States with strategies for effective communication to promote related to vaccine acceptance and uptake.

Resources

3.1 Prevention and control	Staff and Title 3 budget
Total FTEs for this activity	26.96
Total operational budget for this activity	7,538,400

Action Area 3.2 – Preparedness and response: Provide support to countries and the Commission in preparedness planning, risk assessment, and outbreak response

Overview

Assisting Member States individually in the area of preparedness and response will continue to be a key priority for ECDC in 2025 and beyond. To a large extent, this will be facilitated both through the provision of guidance and recommendations, as well as through the EU Health Task Force. This support is provided in coordination with the European Commission, mainly DG SANTE, DG RTD and DG HERA (for medical countermeasures) for EU/EEA Member States, and with DG ECHO and GOARN for non-EU countries.

ECDC will continue to conduct the first cycle of PHEPAs in all EU/EEA countries, assessing their national prevention, emergency preparedness, and response plans in accordance with requirements listed in the relevant articles of the SCBTH Regulation, as well as providing follow-up to support addressing recommendations and implementing national action plans.

Digital tools for sharing information (EWRS and EpiPulse) will be continuously evaluated and further improved. To support routine data exchange and information-sharing, interoperability between digital tools and systems will be further explored. This also concerns the collaboration with other actors and sectors, such as DG HERA and DG ECHO, regarding their respective digital tools (e.g. ATHINA, CECIS).

ECDC will continue to support the European Commission with the further development of EWRS, in all its dimensions. Under the contribution agreement for improving and strengthening the EU Early Warning and Response System (EWRS) covering the period of 2024 to 2029, ECDC will upgrade EWRS to adapt it to the scope of the SCBTH Regulation. This upgrade will allow to address all hazards to health, linking the national competent authorities for the reporting of all health threats to EWRS and integrating with the existing other EU and International alert and

information systems (AIS) potentially related to threats to health. In addition, EWRS will be further developed to support the performance of public health risk assessments (Article 20 of the SCBTH Regulation), sharing of EU and national preparedness and response plans (Articles 5-6), reporting on preparedness and response planning (Articles 7-8), and an efficient crisis management via new functionalities and modules (Article 10).

The approach will consist of a joint development of EWRS as part of the European Crisis Management Platform, in full compliance with the European Commission's (DG DIGIT) standards and requirements related to architecture, governance, data protection and data security. EWRS also complies with the European Commission governance and is registered in GovIS2.

ECDC will continue to assess health threats and provide relevant rapid risk assessments to support Member States and the Commission in their response to such events. This will follow the ECDC rapid risk assessment methodology and training on risk assessment will be provided to internal experts, EPIET and EUPHEM fellows, Member States, EU candidate countries and potential candidates. ECDC is also working with international partners such as WHO, CDCs, and international agencies with the aim of revising and improving the methodology to assess threats. For cross-border foodborne and zoonotic threats, ECDC will continue assessing cross-border clusters, working jointly with EFSA for public health risk assessments in a One Health perspective. Preparedness advice to adapt to infectious diseases affected by climate change will be addressed through the production of a handbook for the member states. ECDC is collaborating with the European Commission and EU Agencies (EFSA, ECHA, EMA, EEA, Europol) to develop a common procedure and guidance for the development of a joint inter-agency RRA, as described in the Art.20 of the SCBTH Regulation. ECDC is sharing our RRA methodology and procedures, and leading discussions together with EFSA as the two agencies with most experience in producing RRAs. Likewise, ECDC will continue its work on pandemic preparedness, including work on public health and social measures (PHSM), with a particular focus on regarding respiratory viruses and possible emerging pathogens with pandemic potential.

ECDC is collaborating with WHO Regional Office for Europe for the creation of a network of Emergency Operation Centres (EOC-Net) for the European region, which is planned to start in Q3 2024 and continue to be strengthened in 2025. ECDC will assist, at their request, Member States to develop Public Health EOC operating procedures, following international standards, and taking into consideration the crisis management developments in EWRS.

Training on emergency preparedness and response for public health professionals is under development and the first cohort is planned to start in Q1-Q2 2025. This training is targeting mid-level preparedness public health professionals and is based on best practices identified in relevant guidance, literature reviews and case studies.

Main outputs and expected results

No.	Main outputs	Expected results
3.2.1	Country support through deployments under EU Health Task Force mechanism	Strengthened countries' emergency preparedness and response capacities, including for pandemic preparedness.
3.2.2	Support to countries in their response to cross-border health threats through the provision of Rapid Risk Assessments and relevant guidance	
3.2.3	Public health training modules on emergency preparedness and response	
3.2.4	Guidance and support for pandemic preparedness, including work on public health and social measures (PHSM), with a focus on respiratory viruses and possible emerging pathogens with pandemic potential	
3.2.5	Revision and update of a 2010 ECDC handbook on climate change and communicable diseases	
3.2.6	Assessment of EU/EEA countries' emergency preparedness and response capacities and plans	Strengths and challenges identified, and action plans established for further improvement of the capacities and plans.
3.2.7	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.
3.2.8	Ongoing surveillance of diseases with pandemic potential	Increased timeliness of detection of unusual signals and/or of epidemics caused by emerging/novel respiratory viruses.
3.2.9	Guidance and support for respiratory virus pandemic preparedness including work on zoonotic influenza and other zoonotic respiratory viruses	Strengthened EU preparedness against potential pandemics caused by respiratory viruses.

Resources

3.2 Preparedness and response	Staff and Title 3 budget
Total FTEs for this activity	29.08
Total operational budget for this activity	2,790,500

Action Area 3.3 – Training: Provide adequate training opportunities to public health workforce

Overview

According to the strengthened ECDC mandate, the Centre shall support and coordinate training programmes, particularly in epidemiological surveillance, field investigations, preparedness and prevention, response to public health emergencies, public health research, One Health, foresight, and risk communication. The ECDC Fellowship Programme (through EPIET and EUPHEM) and the CPD targeting EU/EEA public health professionals are the main components of the ECDC training offer, which intends to be complementary to the national efforts and based on regular assessment of capacities and training needs.

Several improvements are being implemented under the multiannual roadmap following the external evaluation of the Fellowship Programme (2019). The first cohort joining the ECDC Fellowship Programme following the revised curriculum will graduate in 2025, and the full curricular revision implemented for the cohort graduating in 2027. Simplified cost options are in place for the grants that fund fellows' salaries, to facilitate the administration of the programme for both training sites and ECDC. The fellows' opportunities to embark in projects of a cross-border nature, especially in preparedness and response will continue to be enhanced together with the mobilisation of EPIET and EUPHEM fellows to public health emergencies, with fellows contributing to the EU Health Task Force as staff in EU/EEA Member States and deployments through GOARN and with other partners. As part of the roadmap for improvements of the Fellowship, barriers for some countries to recruit/host a fellow will be assessed starting 2026.

Furthermore, ECDC Continuous Professional Development will continue to complement the offer in the Member States for the professionals who commit to formally develop a knowledge transfer activity. The training offer will consider the lessons learnt from the COVID-19 pandemic and the ECDC priorities linked to the strengthened mandate. The focus will be on the deployment of training activities in preparedness and response, vaccine acceptance, behavioural insights for a better understanding and management of cross-border health threats, antimicrobial resistance and healthcare associated infections, public health microbiology.

To support the deployment of the training activities and facilitate access to training materials, the modernisation of ECDC's Learning Portal, the agency's training website (previously known as ECDC's Virtual Academy), will be finalised by the end of 2025 to respond to the evolving participant needs in terms of making knowledge more easily available and facilitating feedback.

Moreover, ECDC will continue to support internal and external stakeholders in the identification of training needs, quality improvement of trainings, training approaches and methods, and with the facilitation of faculty for the delivery of trainings. TEPHINET accreditation of the ECDC fellowship programme will be finalised for quality assurance of the ECDC Fellowship Programme.

Main outputs and expected results

No.	Main outputs	Expected results
3.3.1	Curricular updates implemented with first cohort with the fully implemented curricular update starting in 2025	Improved Fellowship programme aimed at strengthening the workforce capacity in the Member States.
3.3.2	Reasons for MS being underrepresented in Fellowship Programme systematically addressed starting 2026	Increased impact of ECDC Fellowship Programme and other training activities.
3.3.3	Modernisation of the ECDC learning platform	Increased access to new trainings Member States more systematically refer to the ECDC Learning Portal as a training resource in the area of preparedness and prevention of infectious diseases.
3.3.4	ECDC training offer further developed, reflecting the new needs identified (particularly in preparedness and response, epidemiology, surveillance, microbiology, MDRO, AMR, Vaccine preventable diseases) and increased collaboration with other training providers	Strengthening the workforce capacity in the Member States to respond to cross-border health threats.
3.3.5	Collaborations with European (e.g. ASPHER) and international stakeholders	
3.3.6	Accreditation of short courses under EACCME[5] or APHEA[6].	Continuous quality improvement activities, accreditation, and evaluation are an essential part of ECDC training programmes and activities.
3.3.7	Accreditation process of ECDC Fellowship Programme under TEPHINET starting 2026 and aiming for accreditation in 2027	
3.3.8	Harmonised tools to analyse training needs within ECDC networks to support the prioritisation and scoping of the training offer	Trainings tailored to the needs of the Member States and reduced inequalities in capacity across Europe.

Resources

3.3 Training	Staff and Title 3 budget
Total FTEs for this activity	17.71
Total operational budget for this activity	4,399,100

---

[5] European Accreditation Council for Continuing Medical Education

[6] Agency for Public Health Education Accreditation

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

Table 4. Indicators of Strategic Objective 4

KPI	Baseline (2023) *	Target	Means of verification	Frequency of verification
Rate of implementation of activities in the annual work programme offered to ENP partner countries	80%	80%	Annual report, project steering committee report	Annual
Rate of implementation of activities in the annual work plan, validated annually by the ECDC4AfricaCDC Steering Committee	57.4%	80%	Annual report, project steering committee report	Annual
Number of teleconferences and face-to-face meetings per year of the Network of major CDCs	Three teleconferences	Four teleconferences and one face-to-face meeting organised or attended (depending on ECDC's role)	Meeting reports	Annual
Number of face to face and/or virtual meetings with ECDC National Focal Points Networks (NFPs)	N.A.	100%	Meeting Agenda	Annual
Number of face to face and/or virtual Diseases Network Coordination Committee Meetings (DNCC)	N.A.	100%	Meeting agenda	Annual
Percentage of requests to EIC from the European Commission and Member States answered within agreed timeline	100%	95%	SARMS and Chrono	Annual
Percentage of requests from the European Parliament answered within agreed timeline	100%	95%	SARMS and Chrono	Annual
Satisfaction of participants at the ECDC session in the European Health Forum Gastein	88%	80%	External (EHFG organisers)	Annual
Rate of implementation of activities in the annual joint action plan with WHO Europe	92%	90%	Joint action plan with WHO Europe	Annual
Percentage of satisfied country stakeholders with ECDC country support activities	86.5% (2022)	80%	Feedback gathered after country support activities	Annual
Satisfaction of members of the ECDC governance bodies with the cooperation and coordination support offered by ECDC	AF 93% NC 75% (2022)	75%	Stakeholder survey	Biennial

Action Area 4.1 – Coordination and collaboration: Ensure seamless coordination of priorities and related actions with ECDC partners and stakeholders

Overview

With a new European Parliament and a new European Commission, ECDC will continue to build on the established close relations and continue to strengthen the coordination and collaboration with key EU institutions and bodies.

Close contacts with DG SANTE, DG HERA, DG ECHO, DG NEAR, DG INTPA, DG RTD, DG CLIMA, DG ENV, DG JRC, of the European Commission, the European External Action Service (EEAS, EU Delegations) and with the Committee on Public Health (SANT) of the European Parliament will remain of particular importance.

Targeted Country Support (TCS) will be integrated across ECDC and will continue to support priority countries with tailored activities through agreed plans. The Country Overviews Dashboard will be maintained and continuously updated to ensure that it aligns with evolving needs.

ECDC will continue the close collaboration with the public health institutions at national level, working together with the Coordinating Competent Bodies (CCBs) and the Disease Surveillance Networks in order to improve surveillance quality in Member States, strengthen the disease surveillance systems, share knowledge and best practices among Member States.

Main outputs and expected results

No.	Main outputs	Expected results
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.
4.1.2	ECDC Director's exchange of views before the SANT 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 policy-making	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.
4.1.3	Organisation of an ECDC session at the Annual Health Forum Gastein	
4.1.4	Countries receiving tailored support though the ECDC integrated TCS process	ECDC has gained a better overview and increased knowledge of MS, their needs and has intensified collaboration with a view to address vulnerabilities.
4.1.5	Support and coordination of the work of the Management Board (MB), Advisory Forum (AF), and Coordinating Competent Bodies (CCBs). Liaison and actions to improve cooperation with members of the MB, AF and CCBs. Coordination of the Director Consultation Group (DCG). Governance of the Stakeholders Relationship Management (SRM) system	Relationship with the ECDC governance bodies strengthened to ensure alignment of priorities and actions.
4.1.6	Provision of effective channels of communication and collaboration with the Disease Networks and the Disease Network Coordination Committees	Timely and reliable exchange of information and data. Sharing scientific knowledge and best practice among Member States and with ECDC.

Resources

4.1 Coordination and collaboration	Staff and Title 3 budget
Total FTEs for this activity	12.75
Total operational budget for this activity	993,500

Action Area 4.2 – Global health: Work with international partners to enhance the preparedness and response to present and future public health threats globally

Overview

ECDC's activities on global health in 2025 will focus on Western Balkans and Türkiye, European Neighbourhood Policy (ENP) partner countries, cooperation with major CDCs and partnership with Africa CDC, joint work with WHO Europe.

ECDC will further advance the gradual integration of national public health authorities from Western Balkans and Türkiye as observers into ECDC systems, networks, and activities as per EU acquis on health security according to their level of readiness and the EU enlargement policy priorities. In addition, subject to the external financial support from the European Commission in 2025 ECDC will continue supporting Western Balkan region to perform gap analysis and country roadmaps to advance the implementation of One Health approaches against AMR. The framework for future technical ECDC collaboration activities with EU candidate countries and potential candidates will be defined jointly with the Commission and considering the needs of the countries and regional priorities - such as One Health against AMR or strengthening national surveillance systems. Signature of bilateral agreements with NPHI in the region will be ongoing.

ECDC, in close coordination with the European Commission, will initiate preparatory measures for the participation of the new EU candidate countries Ukraine, Moldova and Georgia in the Centre's work and activities, and to support their alignment with the EU acquis on serious cross-border threats to health, subject to external financial assistance by the European Commission.

ECDC will ensure the necessary level of cooperation with most of ENP partner countries and depending on the availability of external funding will continue supporting ENP partner countries with capacity building in public health.

It is anticipated that in 2025 ECDC will continue to achieve stronger partnerships with major CDCs through operating the network of major CDCs, via joint activities with bilateral partners under Memoranda of Understanding (MoU) and through the technical partnership with Africa CDC EU for Health Security in Africa: ECDC4AfricaCDC. ECDC will continue leading the coordination of the network of major CDCs with the overall aim to exchange information and data on issues of joint interest in the area of communicable diseases. The implementation of MoUs will be regularly monitored and gaps identified based on ECDC corporate needs for additional cooperation frameworks with other partners, including other supranational CDCs and international organisations or institutions.

The implementation of the extended ECDC4Africa CDC project will result in the full delivery of planned activities to strengthen Africa's capacities in preparedness, surveillance, and response to health threats posed by communicable diseases and will build the sound foundation for a long-term strategic and technical partnership with Africa CDC.

Collaboration with WHO will benefit from the renewed MoU with WHO Europe, as well as new avenues for cooperation with other WHO regional offices and specialised hubs, like WHO Regional Offices and the WHO Hub for Pandemic and Epidemic Intelligence and WHO European Centre for Preparedness for Humanitarian and Health Emergencies and other WHO Europe entities. Specific areas of collaboration have been identified taking into account organisational and strategic priority changes of both organisations, including in particular the amended ECDC mandate.

Finally, ECDC will define pathways to work together with other key global health security actors, such as DG HERA and EU agencies, on mutually beneficial areas of cooperation. The Centre will also put effort into sustainable partnerships with international organisations that are active in the events of public health emergencies (e.g. UN organisations, the World Bank, IANPHI).

Main outputs and expected results

No.	Main outputs	Expected results
4.2.1	National public health authorities of Western Balkans and Türkiye are further being integrated as observers in the majority of ECDC activities, networks, and systems. Subject to availability of external financial assistance, selected countries in Western Balkans have benefited from country visit and developed country roadmaps on advancing One Health approaches against AMR.	Ability of Western Balkans and Türkiye to fulfil and implement the *EU acquis* on serious cross-border threats to health (according to ECDC practices and in line with the EU enlargement policy priorities) increased.
4.2.2	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 network is established.	Higher number of ENP partner countries are familiar and willing to take steps for approximation and harmonisation of EU practices on serious cross-border threats to health.
4.2.3	All deliverables in three technical areas of ECDC4Africa CDC project are completed: • Africa CDC and RCCs supporting national CDCs, laboratories and health workforce in preparedness planning, outbreak response and coordinated emergency operations. • More harmonised surveillance and data management systems for prioritised communicable diseases. • Bolstered Africa-based public health workforce development strategy in epidemiology.	Improved capacity of Africa CDC to support national communicable disease authorities in preparedness, surveillance, and response to health threats.
4.2.4	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.
4.2.5	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 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.

Resources

4.2 Global health	Staff and Title 3 budget
Total FTEs for this activity	8.77
Total operational budget for this activity	15,000

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

Table 5. Indicators of Strategic Objective 5

KPI	Baseline (2023)	Target	Means of verification	Frequency of verification
Proportion of key processes reviewed	36%	20%	Process landscape	Annual
Proportion of activities implemented of the annual work programme	90%	85%	PRIME	Annual
Percentage of indicators reaching the target	55%	90%	Consolidated Annual Activity Report	Annual
Percentage of audit recommendations implemented*	67%	90%	Internal Control excel file	Annual
Percentage of the Internal Control Framework implemented	84%	100%	ICF annual review	Annual
Timeliness of recruitment process	10.8 weeks	Maximum 12 weeks	HR data	Annual
Number of (short-term and long-term) sick leaves*	1.29% (short-term) 1.60% (long-term)	<2% (short-term) <3% (long-term)	Allegro absence data	Annual
Average vacancy rate for Temporary Agent posts (post occupied)	1.8%	<5%	HR data	Annual
Procurement/grant procedures launched at originally planned date	60%	75%	PRIME	Annual
Percentage of changes made in the procurement plan throughout the year	42%	<20%	PRIME	Annual
Proportion of submitted and reviewed annual and specific declarations of interest: - MB, - AF, - Senior management, - Ext. experts at meetings, - Ext. experts for RRA	97% 97% 100% 95% 100%	100% for each category	Legal Services Section files	Annual
Proportion of replies to requests for Access to Documents (ATD) processed within the legal deadline	100%	100%	Legal Services Section files	Annual
Percentage of confirmatory requests responded to within the legal deadline	n/a, no confirmatory applications were received	100%	Legal Services Section files	Annual
EU Eco-Management and Audit Scheme (EMAS)	90% (2022)	100%	EMAS Environmental Statement	Annual
Percentage of meetings launched at planned launch date	2023 data not available	80%	PRIME	Annual
Percentage of changes made in the meeting plan throughout the year	2023 data not available	20%	PRIME	Annual
Budget implementation of the Centre - C1 Commitment rate*	97.14%	100%	ABAC WF	Annual

KPI	Baseline (2023)	Target	Means of verification	Frequency of verification
Percentage of invoices paid within the time limits of the ECDC Financial Regulation*	93%	99%	ABAC WF	Annual
Rate of cancellation of payment appropriations*	5.75%	2%	ABAC WF	Annual
Rate of budgetary outturn	11.24%	5%	Budget outturn account	Annual
Internal communication: - News items - Newsletters - Staff meetings - Views for the top five pages of the year	345 23 14 2492	At least 250 At least 20 At least 5 At least 1000 views for the top 5 pages in the year together	Google analytics and internal communication inboxes	Annual
Quality of software products: - Code quality - Mean Time to Recovery - Change success rate	- N/A[7] - 347 minutes[8] - 99.44%	- N/A - 10% improvement - 100%	Azure DevOps	Annual
Availability of hosted applications under SLA	08:00-18:00 99.92% 24/7: 99.91%	99.0%	ECDC Infrastructure Service Management Report	Annual
Business owners' satisfaction with the DTS Unit services	69%	At least 57%	Key business stakeholders' satisfaction survey	Annual
Proportion of ICT Front-Office requests and incidents resolved as per SLA	95.93% for requests 95.7% for incidents	Above 95%	ECDC Infrastructure Service Management Report	Annual
Digital literacy	64%	70%	Microsoft Productivity Score	Annual

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

Action Area 5.1 – Organisational excellence: Increase organisational effectiveness, efficiency, and excellence through implementation of an integrated management system

Overview

The implementation of the ECDC Integrated Management Framework (IMF) Roadmap will be largely finalised in 2025 (adjusted to the available resources and depending on the upcoming review of the IMF Roadmap to be performed in 2025). In 2025 the PRIME (integrated IT system to support planning and monitoring) is fully developed and implemented and thus the continued planning and reporting on ECDC annual work programmes is more efficient at all levels (Section, Unit, Centre).

To ensure that the implementation of ECDC's annual workplan can be monitored, a mechanism consisting of a set of processes integrating workplan monitoring, distribution of staff resources, budget transfers, procurements, grants, and meetings will be set up. The streamlined performance monitoring and reporting, including the use of dashboards and scorecards will facilitate decision-making and communication. These changes will also support further

---

[7] There is no baseline for 2023. Code quality will be measured and reported starting in 2024, with the target adjusted accordingly.
[8] This value represents the average mean time to recovery for 2023. The KPI will be presented for the first time when the 2024 results are available.

improvements in ECDC planning documents (SPD) and the Consolidated Annual Activity Report (CAAR) so that they would be more accessible, comprehensible, and user-friendly.

In 2025, the Centre will make substantial progress with the implementation of an ISO 9001-based Quality Management system, and the first Quality Management report will be developed. The implementation of the process management methodology will be continued in 2025, and subject to available resources, optimisation of key processes will also continue. The work on the Instructional Documents will continue by keeping the documents easily accessible and updated and the related e-workflow functioning.

To ensure the coordination of the ECDC internal control and audit activities, the implementation of the Internal Control Framework will be monitored annually. Furthermore, the internal control system in ECDC will be assessed and reported in the Consolidated Annual Activity Report (CAAR). Audits are carried out by the Internal Audit Service of the Commission and European Court of Auditors according to the annual audit plans. The audit recommendations will be followed up and reported to the Audit Committee of the Management Board in the context of every Management Board meeting.

Main outputs and expected results

No.	Main outputs	Expected results
5.1.1	Coordination of the Integrated Management Framework and implementation of the IMF roadmap. A review of the IMF and the IMF roadmap.	ECDC organisational management improvements are achieved through the IMF, implementation of the IMF roadmap, and support from the IMF Working Group.
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.
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 the monitoring of performance at organisational/Unit/Section level. Guidelines and trainings on planning and monitoring. Project and programme management coordination and support across ECDC.	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. Integrated monitoring of the implementation of the ECDC work programmes provides a better picture of the situation by combining the workplan implementation and human and financial resources used, thus supplying evidence for timely management decisions. Projects are well designed and integrated in planning cycle and monitored throughout their lifecycle.
5.1.4	Deployment of the ISO 9001-based Quality Management system, and first annual Quality Management report produced. Optimisation/Simplification of selected core processes initiated. Planned evaluations coordinated and action plans developed. Instructional Documents are continuously managed.	Quality Management system is gradually embedded in ECDC's business processes. Improved performance of the organisation (e.g. increased efficiency, simplified processes) and increased satisfaction of ECDC partners and stakeholders (internal and external).
5.1.5	Audit coordination and follow-up of audit observations. Internal control coordination and internal control framework activities implemented. Grants ex-post verifications.	The ECDC internal control framework is fully implemented.

Resources

5.1 Organisational excellence	Staff and Title 3 budget
Total FTEs for this activity	18.79
Total operational budget for this activity	0

Action Area 5.2 – Engaged staff: Recruit and retain capable, motivated, and resilient staff

Overview

Following a four-year period of intensive growth with a total of 73 new posts being filled up until 2024, the Centre will have a stable core staffing from 2025.

To remain attractive to potential candidates, as well as long-serving and newly recruited staff, the Centre will continue to provide learning opportunities that are suited for staff's needs, in combination with the requirements of the Centre to effectively implement its revised mandate. Furthermore, ECDC will have a strong focus on performance management and will be conducting an evaluation of the Centre's performance management process.

The area of Diversity, Equity and Inclusion will be further developed through the establishment of a sustainable framework for related activities.

Following the change in approach in the Commission regarding the implementation of a new HRM IT system (the Commission will keep SYSPER 2 and develop workflows through an interface with Service Now instead of purchasing a new system), the Centre needs to carefully assess the best way forward with the aim of not jeopardizing the HR services/processes already available in the current ECDC HRM IT system (Allegro). A thorough gap analysis should be undertaken in 2024 to map which processes the current Commission HRM IT system support and which ones not. Following such an analysis, the Centre should develop a road map in 2025 for a possible future migration to the Commission HRM IT system.

Main outputs and expected results

No.	Main outputs	Expected results
5.2.1	Implementation of the revised ECDC performance management process (SDD, reclassification)	New/revised, fit for purpose and modern performance management process which fosters feedback and promotes career advancement/opportunities based on merits.
5.2.2	Implementation of Diversity, Equity and Inclusion activities	Diversity, Equity and Inclusion aspects are part of key ECDC processes and well embedded into the Centre.
5.2.3	Roadmap developed for a possible future migration to the Commission HRM IT system (following the gap analysis done in 2024)	Presence of a Roadmap for the possible migration to the Commission HRM IT system. Resources and change management actions planned accordingly.

Resources

5.2 Engaged staff	Staff and Title 3 budget
Total FTEs for this activity	16.17
Total operational budget for this activity	0

Action Area 5.3 – Responsive support: Develop efficient and agile support services that enable operational excellence while ensuring compliance

Overview

The main objective of the Centre is to develop and maintain efficient, anticipatory, and agile support services that enable operational excellence while ensuring compliance.

In the area of procurement services, ECDC aims to build on the implementation of the new Planning and Monitoring system to improve its procurement planning and execution. The system will provide programme managers and staff with improved oversight and ability to track and manage their actions, thus facilitating the implementation of the work programme. Concurrently, the Centre will continue its work on creating efficiencies in the processes through ever evolving workflows, including the possibility of incorporating various Commission systems to a greater degree. The Centre will also implement a new Contract Database solution, hence increasing transparency on its framework contracts and simplifying cross sectorial knowledge and information regarding contracts in place.

ECDC will continue to implement various improvements and adaptations to its physical and digital workspaces during 2025, responding to needs for new ways of working in a hybrid environment and different modes of cooperation. The

activities will go together with the continuous improvement of the Eco-Management and Audit Scheme (EMAS) that forms the basis of the Centre's work on sustainability. Finally, the Centre will focus on improvements in the areas of event management and business travel, in particular simplifying and adjusting its support systems and processes. The objective being to improve end-user satisfaction.

The roll-out of the next generation financial management solution by the European Commission ("SUMMA") will be the focus of the Centre's financial management services, including potential training of a large number of staff across all Units.

In Legal Services, the focus will continue to be on the provision of effective and reliable legal advice, including handling legal complaints, supporting the independence policies for staff and non-staff, data protection, advising on public access to documents and third-party agreements (MoUs and other external collaborations), and fulfilling a support function in issues related to ethics.

Main outputs and expected results

No.	Main outputs	Expected results
5.3.1	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.
5.3.2	New and enhanced procurement workflows/further implementation of Commission workflows	Improved effectiveness and efficiency of the procurement services.
5.3.3	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.
5.3.4	Data protection function strengthened	Ensured ECDC compliance with data protection legislation.
5.3.5	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 Policies).
5.3.6	Coordination of access to document requests	ECDC complies with legislation on public access to documents.
5.3.7	Provision of effective and efficient financial management services	ECDC ensures correct, sound, and efficient management of its financial resources.
5.3.8	Preparation for and deployment of the new financial management system (SUMMA)	Improved financial management, including reporting and monitoring capacity.
5.3.9	Provision of corporate services	ECDC has a sustainable, secure, and healthy workplace.
5.3.10	EMAS implementation	ECDC develops its annual environmental objectives and targets.

Resources

5.3 Responsive support	Staff and Title 3 budget
Total FTEs for this activity	51.74
Total operational budget for this activity	30,000

Action Area 5.4 – Digital transformation services: Provide digital solutions and innovative approaches to gather and exchange epidemiological information

Overview

ECDC develops infrastructure and applications that enable ECDC itself and Member States to use health data in a way that improves lives in Europe and public health policy.

ECDC will continue to implement smart analytics and AI to assess and interpret data effectively and to offer relevant and timely scientific evidence, using modern visualisation tools. EpiPulse, EWRS and common EU initiatives such as the European Health Data Space (EHDS) will remain fundamental for the operation of the Centre. The European Federation Gateway Service (EFGS) will be ready to be reactivated if necessary.

ECDC staff will continue to be digitally empowered thanks to a user-friendly digital workplace, guided by a common digital etiquette, and trained with the necessary digital skills. IT product and service portfolios will continue to be developed to be fit for purpose to address business needs. Product delivery timeliness and quality will be substantially improved with the adoption of Agile and DevOps principles.

ECDC will keep on adapting its digital infrastructure so that its critical underlying systems are performant and secure. The Centre will keep on moving production workloads to cloud hosting where possible and economically viable and revise the capacity of its on-premises datacentre accordingly.

Main outputs and expected results

No.	Main outputs	Expected results
5.4.1	Digital solutions for the ECDC, 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. Collaboration, exchange of knowledge, and joint problem solving enabled. Smart analytics, artificial intelligence and data visualization allow ECDC to assess and interpret data effectively and to offer relevant and timely scientific evidence. Archival of the EFGS system.
5.4.2	Digital workplace that addresses the needs for mobility, flexibility, communication, and collaboration.	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 business needs. Next Generation Workplace Transition: AV technology (equipment and toolset) harmonised within the ECDC building
5.4.3	Secure and continuously improved digital services.	ECDC adopts a solution for the exchange of EU Classified Information. Time to delivery and quality of digital solutions is improved with the implementation of Agile/DevSecOps practices. New solution for Identity and Access Management integrated with all IT products. All workloads on ECDC tenant are configured with landing zones. ECDC complies with the Cybersecurity Regulation and performs the initial cybersecurity review, initial cybersecurity plan, risk assessment and maturity assessment. FinOps approach to monitor and control cloud expenditure is introduced at ECDC.

Resources

5.4 Digital transformation services	Staff and Title 3 budget
Total FTEs for this activity	27.72
Total operational budget for this activity	4,894,500

Action Area 5.5 – Internal communication: Enhance the understanding of our vision, mission, and strategic priorities, provide platforms and forums to inform and connect staff

Overview

Through efficient and proactive internal communication ECDC will promote a positive, transparent and collaborative work culture characterised by inclusivity, respect, and open communication.

ECDC will continue to strengthen internal communication channels and practices, providing effective platforms and forums to inform, connect, and listen to staff. ECDC will further reinforce the employee engagement and sense of ownership in the agency's mission, goals and strategy.

These activities will help staff across the organisation in delivering messages using the appropriate channels and tone, support efforts to retain skilled staff, and help everyone feel part of a change-making organisation.

Internal communication will continue to support change management processes by helping staff in understanding and adapting to transformations, with a focus on the remaining actions of ECDC's transformational programme as well as specific internal communication campaigns on other topics of interest.

The Information Centre will continue to foster a more holistic approach to internal information management. In addition, internal events aimed at connecting staff and providing informal forums for interactions (both in person and digitally) will be supported.

Existing channels and initiatives will continue to be used as well as those aimed at creating engagement and a sense of community, while exploring new possibilities for internal communication purposes.

As part of ECDC's crisis communication, it will be ensured that appropriate internal communication channels are always in place should a public health emergency arise.

Main outputs and expected results

No.	Main outputs	Expected results
5.5.1	Internal communication support, including enhanced change communication processes	Internal stakeholders, and staff overall, have the support they need to communicate internally in an efficient manner.
5.5.2	Info Centre content production, management and maintenance, including training for content-owners	Staff can find the information they need when they need it. And staff has the tools and support to update the content in their area.
5.5.3	Internal communication across various channels, including in-person and digital events and activities, e.g. about the Centre's strategic priorities, goals, mission, and areas of work	Staff is informed about upcoming initiatives, strategic objectives, and updates creating engagement and a sense of community. Staff is aware of the work that ECDC implements, of what is communicated externally, and of how their own work contributes to the overall success of the organisation and to the overall EU and global environment. High staff awareness and active participation in change initiatives. Promotion of curiosity, respect, teamwork, and staff wellbeing
5.5.4	Platforms for staff engagement, including channels and mechanisms for feedback, debate and discussion	Open communication and collaboration across the Centre. Consultation and involvement of staff in decision-making processes or in the design of major change management programmes building a positive spirit, strengthen cohesion and cultivate staff engagement. Staff have an internal communication voice and take advantage of opportunities to share with their colleagues, across the organisation, information about their work.

No.	Main outputs	Expected results
5.5.5	Coordination and dissemination of internal newsletters	Providing information actively without it being requested which will contribute to the overall internal communication goals of the Centre.
5.5.6	Crisis communication support, ensuring that appropriate internal communication channels are always in place should a public health emergency arise.	In case of a Public Health Event (PHE), staff is informed about actions and decisions taken by the PHE Management Team, the main messages put forward by the Centre externally, and any other developments that are relevant to a specific health crisis.
5.5.7	External collaboration with subgroups such as the EU Agencies Heads of Communication and Information Network, and with the Community of Practice on Internal communication of the One Health agencies	Sharing best practice, ideas and knowledge

Resources

5.5 Internal communication	Staff and Title 3 budget
Total FTEs for this activity	1.36
Total operational budget for this activity	0

Annexes

Annex 1. Organisation chart 2025

Annex 2. Resource allocation per activity 2025–2027

Annex 3. Financial Resources (Tables) 2025–2027

Annex 4. Human Resources (quantitative)

Annex 5. Human Resources (qualitative)

Annex 6. Environment management

Annex 7. Building policy

Annex 8. Privileges and immunities

Annex 9. Evaluations

Annex 10. Strategy for the organisational management and internal control systems

Annex 11. Plan for procurements 2025

Annex 12. Plan for grants, contribution, or service-level agreements

Annex 13. Strategy for cooperation with third countries and/or international organisations

Annex 1. Organisation chart 2025
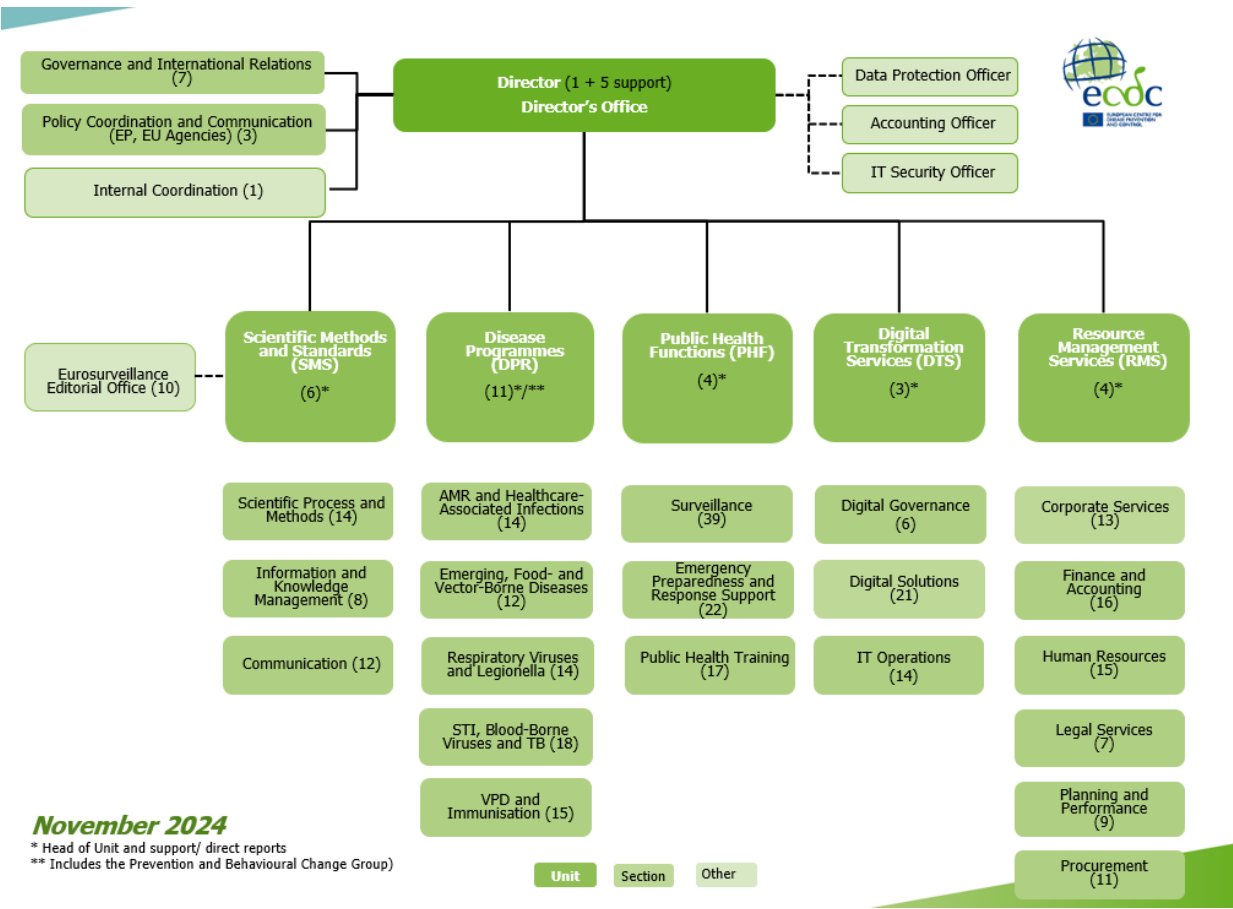
One post is currently not allocated.

Annex 2. Resource allocation per activity 2025–2027

Table A1. Resource allocation by Action Area 2025–2027

Resource allocations for Years 2026 and 2027 are calculated by extrapolating the current year to the staff and financial resources envisaged for the respective years.

Action Area	Year 2024			Year 2025			Year 2026			Year 2027		
	TA	CA	Budget allocated (EUR million)	TA	CA	Budget allocated (EUR million)	TA	CA	Budget allocated (EUR million)	TA	CA	Budget allocated (EUR million)
1.1 - Standards and methodologies	5.5	1.6	1.7	5.0	1.6	1.7	5.5	1.6	1.8	5.5	1.6	1.8
1.2 - Knowledge transfer	10.1	11.8	5.0	8.4	12.6	4.9	10.1	11.8	5.1	10.1	11.8	5.2
1.3 - Foresight, modelling, and research engagement	10.5	1.0	3.2	11.2	0.1	2.8	10.5	1.0	3.3	10.5	1.0	3.4
1.4 - External and risk communication	5.5	6.9	3.2	3.1	7.3	2.4	5.5	6.9	3.2	5.5	6.9	3.3
2.1 - Surveillance	40.4	14.7	20.9	43.0	18.6	17.1	40.4	14.7	21.2	40.4	14.7	21.8
2.2 - Public health evidence and recommendations	15.1	4.3	3.9	11.2	3.4	3.4	15.1	4.3	4.0	15.1	4.3	4.1
2.3 - Digital solutions for surveillance	9.9	6.9	6.9	7.4	6.2	5.5	9.9	6.9	7.0	9.9	6.9	7.3
3.1 - Prevention and control	17.8	8.9	7.6	19.1	7.9	11.7	17.8	8.9	7.7	17.8	8.9	8.0
3.2 - Preparedness and response	20.9	7.1	6.4	23.1	6.0	7.4	20.9	7.1	6.5	20.9	7.1	6.8
3.3 - Training	9.4	4.9	6.6	11.8	6.0	6.9	9.4	4.9	6.7	9.4	4.9	6.9
4.1 - Coordination and collaboration	5.1	7.2	3.0	4.4	7.3	3.2	5.1	7.2	3.1	5.1	7.2	3.2
4.2 - Global health	5.6	5.0	1.5	4.0	4.8	1.7	5.6	5.0	1.5	5.6	5.0	1.6
5.1 - Organisational excellence	14.3	2.6	3.2	15.9	2.9	3.4	14.3	2.6	3.3	14.3	2.6	3.4
5.2 - Engaged staff	11.6	5.5	3.2	12.0	4.2	2.5	11.6	5.5	3.2	11.6	5.5	3.3
5.3 - Responsive support	25.1	28.8	7.3	23.2	28.5	7.4	25.1	28.8	7.4	25.1	28.8	7.6

Action Area	Year 2024			Year 2025			Year 2026			Year 2027		
	TA	CA	Budget allocated (EUR million)	TA	CA	Budget allocated (EUR million)	TA	CA	Budget allocated (EUR million)	TA	CA	Budget allocated (EUR million)
5.4 - Digital transformation services	17.5	9.8	8.4	19.0	8.7	9.2	17.5	9.8	8.5	17.5	9.8	8.8
5.5 - Internal communication	0.6	1.1	0.2	0.3	1.0	0.2	0.6	1.1	0.2	0.6	1.1	0.2
Vacancies not allocated (incl. SNEs)	0.0	0.0	0.7	3.0	1.0	1.1	0.0	0.0	0.7	0.0	0.0	0.8
TOTAL	**225**	**128**	**92.9**	**225**	**128**	**92.6**	**225**	**128**	**94.3**	**225**	**128**	**97.3**

Annex 3. Financial Resources (Tables) 2025–2027

Table A2. Revenue

General Revenues

REVENUES	N (2024)	N+1 (2025)
	Revenues estimated by the Agency	**Budget forecast**
EU contribution	90 288 652	90 390 471
Other revenue	2 592 714	2 221 827
TOTAL REVENUES	**92 881 366**	**92 612 298**

REVENUES	General revenues						
	Executed N-1 (2023)	**Estimated by the agency N (2024)**	**N+1 (2025)**		**VAR N+1/N (%)**	**Envisaged N+2 (2026)**	**Envisaged N+3 (2027)**
			Agency request	**Budget forecast**			
1 REVENUE FROM FEES AND CHARGES							
2 EU CONTRIBUTION	85 040 027	90 288 652	90 390 471			91 036 673	93 961 407
- Of which assigned revenues deriving from previous years' surpluses		17 866 467	10 755 088				
3 THIRD COUNTRIES CONTRIBUTION (incl. EEA/EFTA and candidate countries)	2 566 882	2 592 714	2 221 827			3 259 112	3 363 818
- Of which EEA/EFTA (excl. Switzerland)	2 566 882	2 592 714	2 221 827			3 259 112	3 363 818
- Of which candidate countries							
4 OTHER CONTRIBUTIONS							
5 ADMINISTRATIVE OPERATIONS							
- Of which interest generated by funds paid by the Commission by way of the EU contribution (FFR Art. 58)							
6 REVENUES FROM SERVICES RENDERED AGAINST PAYMENT							
7 CORRECTION OF BUDGETARY IMBALANCES							
TOTAL	**87 606 909**	**92 881 366**	**92 612 298**			**94 295 785**	**97 325 225**

Additional EU funding: grant, contribution, and service-level agreements

REVENUES	N (2024)	N+1 (2025)
	Revenues estimated by the agency	Budget forecast
TOTAL REVENUES	8 649 449	0

REVENUES	Additional EU funding: grant, contribution, and service-level agreements						
	Executed N-1 (2023)	Estimated by the Agency N (2024)	N+1 (2025)		VAR N+1/N (%)	Envisaged N+2 (2026)	Envisaged N+3 (2027)
			Agency request	Budget forecast			
ADDITIONAL EU FUNDING STEMMING FROM GRANTS (FFR Art.7)							
ADDITIONAL EU FUNDING STEMMING FROM CONTRIBUTION AGREEMENTS (FFR Art.7)	5 783 270	8 649 449	0	0		0	0
ADDITIONAL EU FUNDING STEMMING FROM SERVICE LEVEL AGREEMENTS (FFR Art. 43.2)							
TOTAL	5 783 270	8 649 449	0	0		0	0

Table A3. **Expenditure**

Expenditure	N (2024)		N+1 (2025)	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
Title 1 - Staff expenditure	43 096 000	43 096 000	44 869 000	44 869 000
Title 2 - Infrastructure and operating expenditure	10 392 000	10 392 000	10 150 000	10 150 000
Title 3 - Operational expenditure	39 393 000	39 393 000	37 593 000	37 593 000
TOTAL EXPENDITURE	**92 881 000**	**92 881 000**	**92 612 000**	**92 612 000**

EXPENDITURE	Commitment and payment appropriations						
	Executed Budget N-1 (2023)	Budget N (2024)	Draft Budget N+1 (2025)		VAR N+1 (2025)/ N (2024) (%)	Envisaged N+2 (2026)	Envisaged N+3 (2027)
			Agency request	Budget forecast			
Title 1 - Staff expenditure	**42 317 734**	**43 096 000**	**44 869 000**		+4.1%	**44 673 000**	**45 497 000**
11 Salaries & allowances	38 704 569	39 003 000	40 732 000		+4.4%	40 697 000	41 512 000
- Of which establishment plan posts	29 694 734	29 253 000	30 925 600			30 652 000	31 134 000
- Of which external personnel	9 009 835	9 750 000	9 806 400			10 045 000	10 378 000
12 Expenditure relating to staff recruitment	507 014	485 000	495 000			480 000	485 000
13 Mission expenses	464 751	650 000	715 000		+10%	650 000	650 000
14 Socio-medical infrastructure	159 539	280 000	420 000		+42.9%	286 000	290 000
15 Training	514 997	500 000	500 000			500 000	500 000
16 External Services	1 920 466	2 121 000	1 922 000		-9.4%	2 000 000	2 000 000
17 Receptions, events, and representation	46 397	57 000	85 000		+49.1%	60 000	60 000

	Executed Budget N-1 (2023)	Budget N (2024)	Draft Budget N+1 (2025) Agency request	Budget forecast	VAR N+1(2025) /N (2024) (%)	Envisaged N+2 (2026)	Envisaged N+3 (2027)
Title 2 - Infrastructure and operating expenditure	**9 410 609**	**10 392 000**	**10 150 000**		-2.3%	**10 500 000**	**10 500 000**
20 Rental of buildings and associated costs	4 848 092	5 049 000	4 757 000		-5.8%	5 000 000	5 000 000
21 Information, communication technology and data processing	3 515 913	3 925 000	4 372 000		+11.4%	4 100 000	4 100 000
22 Movable property and associated costs	192 839	237 000	161 000		-32.1%	250 000	250 000
23 Current administrative expenditure	197 021	222 000	213 000		-4.1%	250 000	250 000
24 Postage / Telecommunications	198 088	134 000	100 000		-25.4%	150 000	150 000
25 Meeting expenses	458 656	825 000	547 000		-33.7%	750 000	750 000

EXPENDITURE	Commitment and payment appropriations						
	Executed Budget N-1 (2023)	Budget N (2024)	Draft Budget N+1 (2025)		VAR N+1(2025) /N (2024) (%)	Envisaged N+2 (2026)	Envisaged N+3 (2027)
			Agency request	Budget forecast			
Title 3 - Operational expenditure	**35 878 566**	**39 393 000**	**37 593 000**		-4.6%	**39 122 000**	**41 328 000**
30 Operational expenditure	35 878 566	39 393 000	37 593 000			39 122 000	41 328 000
TOTAL	**87 606 909**	**92 881 000**	**92 612 000**		-0.3%	**94 295 000**	**97 325 000**

Table A4. Budget outturn and cancellation of appropriations

Budget outturn	N-4 (2021)	N-3 (2022)	N-2 (2023)
Revenue actually received (+)	172 749 000	103 385 000	95 703 000
Payments made (-)	109 153 000	75 930 000	68 486 000
Carry-over of appropriations (-)	71 428 000	35 729 000	31 510 000
Cancellation of appropriations carried over (+)	1 025 000	13 837 000	4 059 000
Adjustment for carry-over of assigned revenue appropriations from previous year (+)	9 089 000	12 124 000	10 511 000
Exchange rate differences (+/-)	-543 000	179 000	478 000
Adjustment for negative balance from previous year (-)			
TOTAL	**1 739 000**	**17 866 000**	**10 755 000**

Descriptive information and justification on:

- budget outturn,

First estimate of the 2023 surplus to be reimbursed to the EU budget (as assigned revenue): <u>EUR 10 755 088.58.</u>

The Centre cashed its budget of EUR 90 182 000 in 2023.

The expenditure of 2023, including the carry-forward to 2024, equals to EUR 99 997 043.10.

The amount of cancelled unused payment appropriations carried forward from previous year (2022) of EUR 4 059 587.06, the adjustment for carry-over from the previous year of appropriations available at 31.12 arising from assigned revenue of EUR 10 510 679.69 and the exchange rate gain for the year 2023 of EUR 478 495 have resulted in a positive budget outturn 2023.

In 2023, ECDC reimbursed the budgetary positive balance from 2022 of EUR 17 866 467.32 to the EU.

As a result of the above, 10 755 088.58 will be reimbursed during 2024 to the EU budget (as assigned revenue) related to the Centre's 2023 budget implementation.

- cancellation of commitment appropriations,

The total implementation of commitment appropriations in 2023 reached 97.14% with a total of EUR 2 575 090.61 cancelled, compared to EUR 1 136 676.41 cancelled in 2022. As a result, the reduction of the EU contribution of 2% for the implementation of commitment appropriations is not applicable for the 2025 budget of ECDC. The commitment of appropriations for the operational expenditure on Title 3 reached 97.09% in 2023.

- cancellation of payment appropriations for the year and payment appropriations carried over.

Due to further cancellations of payment appropriations related to the closure of the last DG HERA Incubator WGS infrastructure support grant agreements, which were beyond ECDC's control, the Agency cancelled more than 5% of its payment appropriations in 2023. The total cancellation rate including approx. 2 million DG HERA related payment appropriations is currently at 5.75% percentage cancelled, without DG HERA it would be at around 4% and therefore below the threshold for a 2% cut.

The Centre has carried forward EUR 25 218 920.60 from 2022 to 2023, of which EUR 21 159 333.54 was paid (fund source C8).

This corresponds to 83.90% of the amount carried forward.

Annex 4. Human Resources (quantitative)

Table A5. Staff population and its evolution; Overview of all categories of staff

A. Statutory staff and SNE

Staff	Year 2023			Year 2024	Year 2025	Year 2026	Year 2027
ESTABLISHMENT PLAN POSTS	**Authorised Budget**	**Actually filled as of 31/12/2023[9]**	**Occupancy rate %**	**Authorised staff**	**Envisaged staff**	**Envisaged staff**	**Envisaged staff**
Administrators (AD)	155	151	97.4 %	158	158	158	158
Assistants (AST)	62	61	98.4 % (100% of 2024)	61	61	61	61
Assistants/Secretaries (AST/SC)	5	6[10]	120% (100% of 2024)	6	6	6	6
TOTAL ESTABLISHMENT PLAN POSTS	**222**	**218**	**98.2%**	**225**	**225**	**225**	**225**
EXTERNAL STAFF	**FTE corresponding to the authorised budget**	**Executed FTE as of 31/12/2023[11]**	**Execution Rate %**	**FTE corresponding to the authorised budget**	**Envisaged FTE**	**Envisaged FTE**	**Envisaged FTE**
Contract Agents (CA)	126	117 (plus 21 CA posts from externally funded projects)	92.9 %	128[12]	128	128	128
Seconded National Experts (SNE)	5	3	60.0%	5	5	5	5
TOTAL EXTERNAL STAFF	**131**	**120**	**91.6%**	**133**	**133**	**133**	**133**
TOTAL STAFF	**353**	**338**	**95.8 %**	**358**	**358**	**358**	**358**

[9] Posts filled at 31.12.2023 include five offers made and accepted (one AD8, one AST/SC1).

[10] One post downgraded from AST to AST/SC, start date February 2024.

[11] Posts filled at 31.12.2023 include five offers made and accepted (four FGIV, one FGII).

[12] Excluding CA posts from externally funded projects, see table below.

B. Additional external staff expected to be financed from grant, contribution or service-level agreements

Human Resources	31/12/2023 posts filled	Year 2024	Year 2025	Year 2026	Year 2027
		Envisaged FTE	Envisaged FTE	Envisaged FTE	Envisaged FTE
Contract Agents (CA)	21[13]	28[14]	28	8	8[15]
Seconded National Experts (SNE)	0	0	0	0	0
TOTAL	**21**	**28**	**28**	**8**	**8**

C. Other Human Resources

- Structural service providers

	Actually in place as of 31/12/2023
Security/ reception/ logistics	8
IT	12
Other (specify) …..	0

- Interim workers

	Total FTEs in year N-1 (2023)
Number	19 (plus 5 interims for externally funded projects)

---

[13] Including one offer made and accepted (FG IV). Some originally authorised posts became vacant and cannot be filled due to the short time left in the project.

[14] This includes seven posts for the EWRS project, for which the project agreement is anticipated to be signed in early 2024.

[15] Based on the currently available information on the number and length of externally funded projects.

Table A6. Multi-annual staff policy plan Year N+1-Year N+3

Function group and grade	Year 2023				Year 2024		Year 2025		Year 2026		Year 2027	
	Authorised budget		Actually filled as of 31/12/2023[16]		Authorised budget		Envisaged		Envisaged		Envisaged	
	Permanent posts	Temporary posts	Permanent posts	Temporary posts	Perm. posts	Temp. posts	Perm. posts	Temp. posts	Perm. posts	Temp. posts	Perm. posts	Temp. posts
AD 16												
AD 15		1		1		1		1		1		1
AD 14		2				1		1		1		1
AD 13		3		1		3		3		3		3
AD 12		7		6		6		6		6		6
AD 11		8		5		8		8		8		8
AD 10		25		7		16		16		16		16
AD 9		24		21		24		24		24		24
AD 8		28		36		29		29		29		29
AD 7		29		10		23		23		23		23
AD 6		25		11		32		32		32		32
AD 5		3		53		15		15		15		15
AD TOTAL		**155**		**151**		**158**		**158**		**158**		**158**
AST 11												
AST 10		1				1		1		1		1

---

[16] Posts filled at 31.12.2023 include five offers made and accepted (one AD8, three AD5, one AST/SC1).

Function group and grade	Year 2023	Year 2024	Year 2025	Year 2026	Year 2027
AST 9	2	1	2	2	2	2
AST 8	3	3	6	6	6	6
AST 7	11	4	6	6	6	6
AST 6	10	10	10	10	10	10
AST 5	15	10	15	15	15	15
AST 4	17	30	19	19	19	19
AST 3	3	1	1	1	1	1
AST 2		1	1	1	1	1
AST 1		1				
AST TOTAL	**62**	**61**	**61**	**61**	**61**	**61**
AST/SC 6						
AST/SC 5						
AST/SC 4						
AST/SC 3	5		2	2	2	2
AST/SC 2		1	4	4	4	4
AST/SC 1		5				
AST/SC TOTAL	**5**	**6**	**6**	**6**	**6**	**6**
TOTAL	**222**	**218**	**225**	**225**	**225**	**225**
GRAND TOTAL	**222**	**218**	**225**	**225**	**225**	**225**

External personnel

82

Contract Agents

Contract agents	FTE corresponding to the authorised budget 2023	Executed FTE as of 31/12/2023	Headcount as of 31/12/2023[17]	FTE corresponding to the authorised budget 2024	FTE corresponding to the authorised budget 2025	FTE corresponding to the authorised budget 2026	FTE corresponding to the authorised budget 2027
Function Group IV	74	67	67	76	75	75	75
Function Group III	38	38	38	38	40	40	40
Function Group II	13	11	11	13	12	12	12
Function Group I	1	1	1	1	1	1	1
TOTAL	**126**	**117**	**117**	**128**	**128**	**128**	**128**

Seconded National Experts

Seconded National Experts	FTE corresponding to the authorised budget 2023	Executed FTE as of 31/12/2023	Headcount as of 31/12/2023	FTE corresponding to the authorised budget 2024	FTE corresponding to the authorised budget 2025	FTE corresponding to the authorised budget 2026	FTE corresponding to the authorised budget 2027
TOTAL	5	3	3	5	5	5	5

---

[17] Posts filled at 31.12.2023 include five offers made and accepted (four FGIV, one FGII).

Table A7. Recruitment forecasts N+1 (2025) following retirement/mobility or new requested posts

(information on the entry level for each type of posts: indicative table)

Job title in the Agency	Type of contact (Official, TA or CA)		TA/Official		CA
			Function group/grade of recruitment internal (Brackets) and external (single grade) foreseen for publication *		Recruitment Function Group (I, II, III and IV)
	Due to foreseen retirement/ mobility	New post requested due to additional tasks[18]	Internal (brackets)	External (brackets)	
Head of Unit	0	0	AD 11 – AD 12	AD 11/ AD 12	-
Deputy Head of Unit	1	0	AD 10 – AD 12	AD 10	-
Head of Section	2	0	AD 8 – AD 10	AD 8	-
Principal Expert	4	0	AD 8 – AD 9	AD 8	-
Expert	6	0	AD 5 – AD 7	AD 5	-
Scientific Officer	6	0	-	-	FG IV
Administration (e.g. HR, Procurement/ Finance)/ IT Officers	2	0	AST 4 – AST 6	AST 4	-
Officers in support functions (e.g. Communication, IT, Legal)	2	0	-	-	FG IV
Assistants/ Specialists in support functions (e.g. HR, Finance, Procurement, IT)	6	0	-	-	FG III
Administrative Assistants	2	0	AST/ SC 1 – AST/SC 3	AST/ SC 1	-
Office Assistants	2	0	-	-	FG II

---

[18] Including posts for externally funded projects.

Annex 5. Human Resources (qualitative)

Recruitment policy

Temporary agents

Type of key functions

The establishment table focuses on the core functions of the Centre: the temporary agents. Temporary agents are foreseen to form the core capacity, that is, operating the Centre; and in addition, contract agents are recruited with a primary focus on support functions and junior experts.

Of key importance is the recruitment of highly qualified professionals in operational as well as in administrative and management functions. This is especially important, since ECDC is to be a Centre of excellence in a 'knowledge sector'. Moreover, the Centre needs to cover a broad range of specialist areas (including specialists in 55 diseases and conditions, and broad public health functions such as emerging infection, health determinants, burden of disease, training, response capacity, preparedness planning and disease surveillance and monitoring) which makes it essential to have access to a solid and broad basis of the best professionals. Many positions are expert posts, specialised in specific fields of public health such as epidemiology and microbiology. In addition, the Centre requires expertise in areas such as mathematical modelling, biostatistics and data science/management. The expert resources in Europe, at senior level, in these fields are limited and therefore it is important to offer appropriate incentives and attractive conditions.

The establishment table reflects the emphasis on building up internal expert capacity and attracting the best experts in the fields of competence of the Centre. Hence, broadly, two thirds of the temporary agent posts are identified at administrator (AD) level, the majority of the posts intended for technical experts in the key fields of the Centre's operations. The large number of AD staff is seen as possible since a support capacity is built up around temporary agents on assistant (AST) level for the core support functions. Another important part of the Centre's administrative support capacity relies on contract agents.

Selection procedure

The selection procedure for temporary agents follows the Centre's implementing rules on temporary agents, which is the model implementing rules for all agencies. In this implementing rule, it is a provision for internal selection, which the Centre uses. The Centre's aims at carrying out recruitment processes in an objective, transparent and highly efficient manner, respecting the candidate confidentiality as well as recruitment ethics. The focus is on selecting the best candidates with a high level of professional competency and motivation. Selection committees consist of at least three members including a representative of the staff committee and take into account gender and geographical balance as well as unit belonging.

Entry grades

Temporary agents are recruited at the levels of AST/SC 1, AST 1 to AST 4 for the assistant (AST) category and at the levels of AD 5 to AD 8 for the administrator (AD) category.

Temporary agents at the level of Head of Unit are mainly recruited at the AD 11 grade. Deputy Heads of Unit are recruited mainly at grade AD 10. Recruitment of temporary agents at grades AD 9, AD 10 and AD 11, or on an exceptional basis, AD 12, remains within the 20% limit of the total of AD posts recruited annually over a five-year period.

The balance between expert and principal expert staff (AD 5 and AD 8) is in line with the objective to attract experienced principal experts while at the same time aiming at recruiting experts who can grow professionally along with the Centre, and who normally have a broader profile which supports the Centre's aim of ensuring a flexibility in its workforce in view of possible changing operational priorities. This will enable the Centre to have a well-balanced staffing as to assure that activities are carried out with the view of providing the best expertise as well as to secure business continuity.

When recruiting staff, the Centre may consider, when possible, to use the full range of grades as provided for in the statutory provisions.

Taking into consideration that the Centre focuses on recruiting many contract staff in supportive functions, it is the aim of recruiting experienced senior administrative support staff at AST 4 level to coordinate the contract staff.

Contract duration

The contract duration for temporary agents is initially five years with a possibility of renewal of an additional five years and a possible second renewal resulting in a contract of indefinite duration. Temporary agent posts are normally identified as posts of possible long-term employment.

At its expiry, each contract is considered, on a case-by-case basis, for possible renewal taking into account in particular the identified requirements from the upcoming work programmes.

Job profiles

The Centre's temporary agents are mainly recruited for:

- Operational posts (technical experts in the operational units)

- Management posts

- Sensitive posts in administration, e.g. human resources, legal, finance, procurement, and ICT.

The Centre's temporary agents are mainly employed for following posts and corresponding entry grades:

AD 5-7   Experts operational units, etc

AD 8   Principal Experts in operational units, Heads of Section, etc

AD 10   Deputy Heads of Unit

AD 11-12   Heads of Unit

AST/SC 1   Administrative Assistants

AST 4   Procurement Officers, Finance Officers, Human Resources Officers, IT Security officers, IT Project managers, etc.

Contract agents

The Centre's contract agents are mainly in the administrative unit, in projects and programmes. The ones in supportive functions are important in order for the organisation to focus on the core tasks. The ones in operational functions are crucial for the development of short-term operational projects as well as ensuring junior technical support in the long-term operational disease programmes.

Selection procedure

The selection procedure for contract agents follows the Centre's implementing rules, which is the model decision for agencies. The Centre's aims at carrying out recruitment processes in an objective, transparent and highly efficient manner, respecting the candidate confidentiality as well as recruitment ethics. The focus is on recruiting and selecting the best candidates with a high level of professional competency and motivation. Selection committees consist of at least three members including a representative of the staff committee and take into account gender and geographical balance as well as unit belonging.

Functions and contract duration

Contract agent functions are defined according to two main categories, long-term and short-term functions, as follows:

- Long-term functions are assistant/officer posts in administrative support functions (financial assistants, assistants in missions and meetings, human resources assistants, assistant secretaries, legal officers, web editors, editors, etc) and junior experts in operational programmes of long-term nature.
- Short-term functions could be posts for projects.

The contract duration is set as follows:

- Long-term contracts have an initial duration of five years, with a possibility for a renewal of additional five years. A possible second renewal leads to an indefinite contract.
- Short-term contracts have a duration dependent on the nature of the function/project.

At its expiry, each contract is considered, on a case-by-case basis, for possible renewal taking into account in particular the identified requirements from the upcoming work programmes.

Job profiles

The Centre's contract agents are mainly recruited for:
- Administrative support functions
- Junior experts in operational programmes
- Projects.

Contract agents are recruited within Function Group I – IV, precise grading being determined by the experience of the appointed candidate, in accordance with Staff Regulations and the applicable implementing rules.

The Centre's contract agents are mainly employed in following posts and corresponding grades:

FG I   Logistics assistants, etc

FG II   Office Assistants, etc

FG III   Financial Assistants, Human Resources Specialists, Travel and Events Specialists, etc

FG IV   Junior Experts in operational programmes/projects, Junior ICT developers, Editors, Legal Officers etc.

Seconded national experts

Article 29 (3) of the Centre's founding regulation provides for the following: 'Secondment to the Centre of public health experts, including epidemiologists, for a defined period of time, for the achievement of certain specified tasks of the Centre will be encouraged within the framework of existing regulations.' On this basis, the Centre has adopted a decision laying down the rules concerning seconded national experts at ECDC.

SNEs are considered an important resource bringing expertise in specific areas within the Centre's mandate and facilitating the development of links with Member States. Seconded National Experts coming to the Centre are mainly at Principal Expert level working on operational activities.

Structural service providers

Structural service providers (consultants) are brought in to carry out and strengthen ICT projects and tasks supporting the functioning of the agency. This includes functions such as ICT infrastructure (ICT front office and back office), data management as well as projects for software development and implementation of IT systems.

Through open calls for tender, the Centre has framework contracts covering ICT services/consultancy and data management.

Interims are used to temporarily cover replacements due to maternity, parental and sick leave, vacancies and in exceptional circumstances for support in peak periods and in time limited projects. Through an open call for tender, the Centre has framework contracts with interim agencies.

Implementing rules in place:

		Yes	No	If no, which other implementing rules are in place
Engagement of CA	Model Decision C(2019)3016	X		
Engagement of TA	Model Decision C(2015)1509	X		
Middle management	Model decision C(2018)2542	X		
Type of posts	Model Decision C(2018)8800	X		

Appraisal and reclassification/promotions

Implementing rules in place:

		Yes	No	If no, which other implementing rules are in place
Reclassification of TA	Model Decision C(2015)9560	X		
Reclassification of CA	Model Decision C(2015)9561	x		

Table A8. **Reclassification of TA/promotion of officials**

Grades	Average seniority in the grade among reclassified staff						
	Year 2019	Year 2020	Year 2021	Year 2022[xix]	Year 2023	Actual average over five years	Average over five years (According to decision C(2015)9563)
AD05	5.3	3.3	3.1	4.3	4.1	4.2	**2.8**
AD06	3.0	3.0	6.4	4	3.0	3.8	**2.8**
AD07	3.0	3.0	3.0	3.7	3.0	3.4	**2.8**
AD08	5.0	4.0	3.5	4.6	3.8	4.1	**3**
AD09	n/a	n/a	3.5	n/a	n/a	5.2	**4**
AD10	5.8	5.0	3.0	6.4	n/a	4.7	**4**
AD11	5.0	n/a	2.6	6	2.6	4.0	**4**
AD12	n/a	n/a	n/a	10.8	n/a	10.8*	**6.7**
AD13	n/a	n/a	n/a	n/a	n/a	n/a	**6.7**
AST1	n/a	n/a	n/a	n/a	n/a	n/a	**3**
AST2	n/a	n/a	n/a	n/a	n/a	n/a	**3**
AST3	n/a	n/a	n/a	n/a	5.5	5.5	**3**
AST4	n/a	3.8	2.8	12.5	n/a	6.2	**3**
AST5	5.8	6.4	5.0	6	5.0	5.7	**4**
AST6	n/a	5.0	3.0	6	n/a	4.3	**4**
AST7	4.8	n/a	6.8	n/a	5.0	5.6	**4**
AST8	n/a	n/a	4.5	n/a	n/a	4.5	**4**
AST9	n/a	n/a	n/a	n/a	n/a	n/a	**N/A**
AST10 (Senior assistant)	n/a	n/a	n/a	n/a	n/a	n/a	**5**

[xix] Before 2022, staff included in the list of reclassifications, but not having proven the capacity to work in a third language had unlimited time to provide proof of a third language. Their reclassification became effective upon providing that proof, but for the purposes of calculating the average career, the year of the reclassification decision was taken into account. From 2022 onwards, staff only have the possibility to provide proof of their third language by the end of the reclassification year. Should this not be achieved, the reclassification will not take effect and they become eligible for reclassification again. In such cases, they are excluded from the calculation of the average career, which was done for the first time in this SPD (with a correction of the 2022 data).

	Average seniority in the grade among reclassified staff						
AST/SC1	n/a	n/a	3.3	n/a	n/a	3.3*	**4**
AST/SC2	n/a	n/a	n/a	n/a	n/a	n/a	**5**
AST/SC3	n/a	n/a	n/a	n/a	n/a	n/a	**5.9**
AST/SC4	n/a	n/a	n/a	n/a	n/a	n/a	**6.7**
AST/SC5	n/a	n/a	n/a	n/a	n/a	n/a	**8.3**

* Population of reclassified staff consists of one person only. Generally, populations can be quite small and one person can affect the average considerably leading to a very short or very long average.

Table A9. Reclassification of contract staff

Function Group	Grade	Staff in activity at 1.01.2022	How many staff members were reclassified in Year 2023	Average number of years in grade of reclassified staff members	Average number of years in grade of reclassified staff members according to Decision C(2015)9561
CA IV	17	2			Between 6 and 10 years
	16	15			Between 5 and 7 years
	15	15			Between 4 and 6 years
	14	36	5	4.1	Between 3 and 5 years
	13	3			Between 3 and 5 years
CA III	11	6			Between 6 and 10 years
	10	12	2	5.5	Between 5 and 7 years
	9	15			Between 4 and 6 years
	8	3	1	3.3	Between 3 and 5 years
CA II	6	3			Between 6 and 10 years
	5	6	1	5.2	Between 5 and 7 years
	4	1			Between 3 and 5 years
CA I	2	1			Between 6 and 10 years
	1	0			Between 3 and 5 years

Gender representation

Table A10. Data regarding statutory staff on 31/12/2023 (only officials, TA and CA)[xx]

		Official		Temporary		Contract Agents		Grand Total	
		Staff	**%**	**Staff**	**%**	**Staff**	**%**	**Staff**	**%**
Female	Administrator level			78	36.1%	48	36.4%	126	36.2%
	Assistant level (AST & AST/SC)			40	18.5%	47	35.6%	87	25.0%
	Total	**0**		**118**	**54.6 %**	**95**	**72.0 %**	**213**	**61.2 %**
Male	Administrator level			72	33.3%	26	19.7%	98	28.2%
	Assistant level (AST & AST/SC)			26	12.0%	11	8.3%	37	10.6%
	Total	**0**		**98**	**45.4 %**	**37**	**28.0 %**	**135**	**38.8 %**
Grand Total		**0**		**216**	**100.0 %**	**132**	**100.0 %**	**348**	**100.0 %**

Table A11. Data regarding gender evolution over five years of the Middle and Senior management[xxi]

	N-5 (2019)		N-1 (2023)	
	Number	**%**	**Number**	**%**
Female managers	2	**33%**	2	**33%**
Male managers	4	**67%**	4	**67%**

In case of significant continuous imbalance, please explain and detail action plan implemented in the agency.

Although there were changes in the composition of the middle and senior management population in ECDC in 2024, the gender balance remained the same following recruitments of a new Director and two new Heads of Units. Worth noting is that in view of the small numbers and long tenure (contract is for five years and renewable) of middle managers it is difficult to take measures other than that the Director considers the gender balance at the time of appointment of new middle managers. Due to the results of the selection processes for two new Heads of Units, this was not possible on this occasion. As for the senior management post, i.e. the Director, it is the Commission and the ECDC Management Board that are responsible.

[xx] without offers made and accepted and including externally funded project posts.
[xxi] Staff who are defined as middle manager by the applicable General Implementing provisions on middle management.

Geographical balance

Explanatory figures to highlight nationalities of staff (split per Administrator/CA FG IV and Assistant/CA FG I, II, III)

Table A12. Data on 31/12/2023 – statutory staff only (officials, AT and AC)

Nationality	AD + CA FG IV		AST/SC- AST + CA FGI/CA FGII/CA FGIII		TOTAL[xxii]	
	Number	% of total staff members in AD and FG IV categories	Number	% of total staff members in AST SC/AST and FG I, II and III categories	Number	% of total staff
Austria	0	0.0%	0	0.0%	0	0.0%
Belgium	8	3.6%	2	1.6%	10	2.9%
Bulgaria	5	2.2%	1	0.8%	6	1.7%
Croatia	2	0.9%	2	1.6%	4	1.1%
Cyprus	1	0.4%	0	0.0%	1	0.3%
Czechia	1	0.4%	1	0.8%	2	0.6%
Denmark	4	1.8%	2	1.6%	6	1.7%
Estonia	0	0.0%	3	2.4%	3	0.9%
Finland	11	4.9%	4	3.2%	15	4.3%
France	21	9.4%	5	4.0%	26	7.5%
Germany	19	8.5%	8	6.5%	27	7.8%
Greece	17	7.6%	5	4.0%	22	6.3%
Hungary	2	0.9%	3	2.4%	5	1.4%
Ireland	6	2.7%	3	2.4%	9	2.6%
Italy	12	5.4%	10	8.1%	22	6.3%
Latvia	3	1.3%	2	1.6%	5	1.4%
Lithuania	5	2.2%	1	0.8%	6	1.7%
Luxembourg	0	0.0%	0	0.0%	0	0.0%
Malta	2	0.9%	0	0.0%	2	0.6%
Netherlands	9	4.0%	4	3.2%	13	3.7%
Poland	7	3.1%	10	8.1%	17	4.9%
Portugal	8	3.6%	3	2.4%	11	3.2%
Romania	17	7.6%	12	9.7%	29	8.3%
Slovakia	0	0.0%	0	0.0%	0	0.0%
Slovenia	2	0.9%	1	0.8%	3	0.9%
Spain	10	4.5%	4	3.2%	14	4.0%
Sweden	52	23.2%	37	29.8%	89	25.6%
United Kingdom	0	0.0%	1	0.8%	1	0.3%
Total	**224**	**100.0%**	**124**	**100.0%**	**348**	**100.0%**

[xxii] without offers made and accepted.

Table A13. Evolution over five years of the most represented nationality in the Agency

Most represented nationality	N-5 (2019)		N-1 (2023)	
	Number	**%**	**Number**	**%**
Sweden	57	21.3 %	89	25.6 %

The increased percentage of Swedish nationals compared to five years ago is largely due to staff members with UK nationality obtaining Swedish citizenship following Brexit.

- Schooling

Agreement in place with the European School(s)				
Contribution agreements signed with the EC on type I European schools	Yes		No	x
Contribution agreements signed with the EC on type II European schools	Yes		No	x
Number of service contracts in place with international schools:	n/a			
Description of any other solutions or actions in place: There are a number of alternatives regarding international schooling within the region where the Centre is situated (international schools, German, British, French, Finnish schools). There is no European school in Stockholm. Public schools, whether Swedish or international, are free of charge. Private school fees are high, although national grants per student reduce fees. However, the private International School situated in the Stockholm City Centre charges very high fees and the double educational allowance only covers a minimal part of the fees of this school. It should be noted that the seat agreement between the Centre and the Swedish government provides for the possibility to consider a European section or school.				

Annex 6. Environment management

ECDC measures to ensure an environment-friendly workplace and to reduce the environmental impact of its operations

Following the certification according to the EU Eco-Management Audit Scheme (EMAS) in 2024, ECDC will continuously improve its sustainable performance and monitor progress on a yearly basis.

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

100% of the ECDC electricity is provided by hydro powered energy. The ECDC premises are equipped with energy-efficient glass windows optimizing daylight admission and reducing solar heat. Light sources are mostly of LED with occupancy sensors and daylight control systems. In 2021, ECDC introduced touchless taps helping to reduce water consumption by up to 70%.

ECDC continues to improve its new recycling system, with separation of waste into paper, plastic, glass, organic, metal, e-waste, toners, lights and bulbs, batteries, corrugated cardboard, and boxes. In addition, ECDC requests from some of its suppliers to provide environmentally friendly documentation and purchases eco-labelled products (such as stationery and cleaning detergents) and includes reference to ISO 14001 (the internationally recognized standard for environmental management systems (EMS)) in its tender specifications where appropriate.

To reduce the environmental impact of transport, the Centre encourages its staff to use sustainable ways of commuting by providing facilities for bicycles and offering good connections by public transport. The Centre will furthermore replace its one official vehicle with an electric powered car.

ECDC's sustainable travel guidelines aim at improving ECDC sustainability, reducing its carbon emissions and the number of travels taken on its behalf, by focusing on business-critical travels only, and when traveling is necessary, by ensuring that the most environmentally friendly travel options are chosen. ECDC will perform an analysis of its meetings organization, assessing several factors including travel, event location and venues, accommodation, and catering, etc. to inform a holistic approach to events and its mandate implementation. ECDC will furthermore compensate for GHG emissions generated through its own travel activities.

Overall, ECDC aims to be GHG-neutral before the end of 2025.

Annex 7. Building policy

No.	Building Name and type	Location	SURFACE AREA (in m²)			RENTAL CONTRACT					Host country (grant or support)
			Office space	Non- office space	Total	RENT (€/year)	Duration of the contract	Type	Breakout clause Y/N	Conditions attached to the breakout clause (if applicable)	
1	ECDC Premises (Hilton 3 building)	Gustav III:s boulevard 40 169 73, Solna, Sweden	4.905 sqm	4.502 sqm	9.407 sqm	19,491,840 SEK (ca. 1,902,793 €/year)	15 years	After 15 years, two renewals of five years each	Y	Termination notice period 12 months	No

Annex 8. Privileges and immunities

Agency privileges	Privileges granted to staff	
	Protocol of privileges and immunities / diplomatic status	**Education / day care**
The Agency enjoys the privileges stipulated in Protocol No. 7 on the Privileges and Immunities of the European Union (Articles 1 to 4 of the Protocol)	Articles 11 to 15 of the Protocol on the Privileges and Immunities of the European Union are applicable to the staff of the Centre. This includes: - Immunity from jurisdiction as regards acts carried out by them in their official capacity. - Exemption from regulations restricting immigration and formalities for the registration of foreigners. - Right to import household effects from their last country of residence or from the country of which they are nationals. The Director of the Centre together with her family are granted the immunities and privileges accorded to heads of diplomatic missions and members of their families.	Family members of staff have access to day care/education in accordance with Swedish legislation.

Annex 9. Evaluations

External evaluation

ECDC's amended Founding Regulation requires the Commission by 2025, and every five years thereafter, to commission an independent external evaluation of the Centre's performance in relation to its objectives, mandate, tasks, and procedures.

In 2018, ECDC launched its third external evaluation. The report together with the recommendations was published on the ECDC website in 2020. The report was also shared with the EU Institutions. Part of the accepted recommendations are addressed through the changes in ECDC mandate, while others were addressed jointly with the actions resulting from the external assessment of ECDC response to the pandemic as reported to the MB in March 2021 – their implementation was finalised by the end of 2021.

Internal evaluations

The Financial Regulation (Article 29) requires regular ex-ante, interim or ex-post evaluations for certain interventions. Ex-ante evaluations are covered by Project Initiation Requests discussed and approved by the ECDC Heads of Unit.

ECDC has a procedure for the internal evaluation of its activities and outputs since 2015. Evaluations are generally conducted ex-post or mid-term. Evaluations are carried out for interventions such as activities, programmes, projects, processes, the work of disease networks and in the future should be applied to more generic functions performed by the Centre (e.g. preparedness, epidemic intelligence, procurement). Every year at least one of ECDC's projects/programmes or products have been assessed.

An indicative three-year multi-annual evaluation plan is approved by the Director, after consultation of the relevant internal stakeholders. It is drawn up considering the life cycle of the interventions, the operational and strategic needs of the Units, general requirements for evaluation, and any specific requirement for evaluation as set out in the legal base of the intervention. The objective is that key interventions addressed to external parties are periodically evaluated in proportion with the allocated resources and the expected impact. The timing of evaluations must enable the results to be fed into decisions on the design, renewal, modification, or suspension of activities. The criteria applied to rank and select potential evaluation topics are strategic or reputational impact, recurrent activities and programmes/projects with substantial annual budget, need for improvement or interest to be evaluated. The last evaluation plan was approved in 2024 in the light of the amended ECDC Founding Regulation and the EU Regulation on serious cross-border threats to health.

All evaluations are linked to the activities in the Single Programming Document. The following internal evaluations have taken place:

- 2015: ECDC assessment of the ECDC IT general governance
- 2016: Evaluation on the deployment of ECDC experts in Africa
- 2017-onwards: Start of the evaluation of the ECDC Disease Programmes with the development of a common protocol for all Disease Programmes evaluations. The evaluated programmes were Influenza and other Respiratory Viruses (IRV) in 2018, food and water-borne Diseases (FWD) in 2019, and Tuberculosis in 2020; – *outsourced*
- 2018: evaluation of ECDC's Intranet
- 2019: evaluation of the Document Management System – *outsourced*
- 2019: evaluation of ECDC Fellowship Programme – *outsourced*
- 2018–2020: EPHESUS (evaluation of the surveillance systems) – *outsourced*
- 2019–2020: TB programme – *outsourced*
- 2020: Strategic and performance analysis of ECDCs response to the COVID-19 pandemic – *outsourced*
- 2021: Evaluation of ESCAIDE – *outsourced*
- 2022: Evaluation of cooperation with CDCs with which ECDC has bilateral arrangements in the form of MoU or Administrative Arrangement – *outsourced; Guidance for internal evaluations of outbreaks*
- 2023: Partnership project ECDC4AfricaCDC – *outsourced*
- 2024: *Eurosurveillance,* ECDC outsourcing/procurement – *outsourced*

Stakeholder surveys

In 2015, ECDC launched a first stakeholder survey targeted to members of the Management Board, Advisory Forum, Competent Bodies, National Focal Points, and relevant external stakeholders (EU institutions, relevant EU agencies, international organisations). A second survey was done in 2016. The next stakeholder survey has been

postponed avoiding duplication with the third external evaluation of ECDC and the external "Strategic and performance analysis of ECDC response to COVID-19 pandemic" performed in 2020 and took place during the summer 2022. The final report was shared with the ECDC Management Board in March 2023, and the action plan in June 2023. ECDC will follow up the implementation of these actions and report regularly to the Management Board. The next stakeholder survey is postponed to 2026, due to the external evaluation of the Centre by the end of 2025.

Annex 10. Strategy for the organisational management and internal control systems

Organisational Management

The main objective of the ECDC Integrated Management Framework (IMF) is to ensure that ECDC is managed effectively and efficiently through a complete and integrated system for the following elements: governance, organisational performance management, quality management, and internal control framework. To further improve the ECDC IMF it will be reviewed during the first half of 2025.

Governance Framework

The Governance Framework ensures that the Centre is compliant with the existing governance-related regulations and that the internal governance is effective and efficient. It includes elements such as organisational structure of the Centre, responsibility levels, decision-making process, delegations, accountability, and compliance with laws and regulations.

Based on the existing legal framework (Regulation Establishing an ECDC, ECDC Financial Regulation and Staff Regulations), the main governing bodies of the Centre are the Management Board, Advisory Forum, and the Director.

The Centre reports to the Management Board, whose members are nominated by the Member States, the European Parliament, and the European Commission. The Management Board appoints the Director, ensures that the Centre carries out its mission and monitors the implementation of ECDC work programme and budget. The Management Board sets up an Audit Committee to assist in fulfilling its oversight responsibilities for the financial reporting process, the system of internal control, and the audit process.

The Advisory Forum advises the Director on the quality of the scientific work that ECDC undertakes.

Each EU Member State also has a designated Coordinating Competent Body that interacts with ECDC on high-level, strategic, and technical and operational matters.

The Director is the legal representative of the Centre. One of the Director's main responsibilities is to ensure that the Centre carries out its tasks in accordance with the requirements of its stakeholders, to implement the decisions adopted by the Management Board, and the day-to-day administration of the Centre.

The Director establishes the ECDC organisation through the respective administrative decisions, where the areas of responsibility of each Unit and section, together with their mission statements and roles, are laid out.

The decision-making process is captured through the integration of the Governance and Quality Management Frameworks. While the Director makes formal decisions mainly in the form of the Administrative Decisions, the decisions on Policies, Processes, Procedures, and Work Instructions constitute the entity of ECDC instructional documents, covered by the Quality Management Framework.

The Director has delegated some of the decision-making powers to ensure that the Centre is run effectively and efficiently. Budgetary implementation powers are delegated to the Heads of Units mainly through annual delegations, in accordance with ECDC Financial Regulation. In case of absence of the Director, the decision-making powers can also be delegated to one of the Heads of Units.

ECDC has also set up internal governance bodies to assist the Director, such as the Director's Consultation Group, Steering Committees, Working Groups, and Task Forces.

Organisational Performance Management Framework

The Organisational Performance Management Framework captures planning, monitoring, and reporting undertaken in ECDC to ensure that all Centre's activities contribute to implementing the ECDC long-term strategy and ultimately to fulfilling the ECDC mission. The framework's different elements help to align staff, resources, and systems to meet the annual and multi-annual objectives.

The Centre's operational activities are implemented either through internal work or by outsourcing (through procurements or grants) and meetings. They take the form of recurrent activities or projects. The detailed planning of all activities is managed and monitored in an electronic management system. All staff can access the system and get a (near) real time information on the activities across the Centre.

Like other EU decentralised agencies, ECDC is required to present its human and financial resources by activities in both the planning phase (Activity-Based Budgeting, ABB in the Single Programming Document (SPD)) and its annual consumption (Activity Based Costing, ABC in the Consolidated Annual Activity Report (CAAR)).

The implementation of the annual work programme is regularly monitored and presented to the ECDC Management Board. The Director reports each year on the implementation of the SPD, including the results of the Key Performance Indicators, in the CAAR. The Report is adopted by the Management Board and serves as a basis for the annual discharge procedure.

Quality Management Framework

The Quality Management Framework aims to ensure higher relevance and quality of the organisational outputs and more effective and efficient processes and operations, while building a continuous improvement mind-set. ECDC has initiated the implementation of a single, uniform and organisation-wide integrated quality management system based on ISO 9001:2015 standard through a pilot in Executive Office in 2023, which will be extended to cover all operational Units in the course of 2025 and 2026.

An improved instructional documents set-up has been gradually implemented to achieve aligned and up-to-date documentation in the Centre. Preparatory work to reflect the mandate changes in ECDC process landscape started in 2022 and where finalised in 2024 with a process review, implementation of a process management tool, and pilot process optimisation work with Power BI.

ECDC Internal Control Framework

To support the internal control system, ECDC has an Internal Control Framework in place.

The Internal Control Framework (ICF) is designed to provide reasonable assurance regarding the achievement of the five objectives set in the Article 30 of the ECDC 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, and
- 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.

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

The Internal Control Framework is based on the five internal control components:

- The Control Environment
- Risk Assessment
- Control activities
- Information and communication
- Monitoring activities

They 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 effective at all levels of the organisation for internal control over operations to be considered effective.

To facilitate the implementation of the Internal Control System and management's assessment of whether each component is present and functioning and whether the components function well together, each component consists of several principles. Working with these principles helps provide reasonable assurance that the organisation's objectives are met. The principles specify the actions required for internal control to be effective.

For each principle several characteristics have been defined. For each characteristic, indicators have been defined, as well as target values.

Internal control principle 16 states that the assessment of internal control is founded both on ongoing (continuous) monitoring and on specific (periodical) assessments to ascertain whether the internal control systems and their components are present and functioning.

ECDC carries out an overall assessment of the presence and functioning of all internal control components, principles and characteristics at least once per year. An action plan is developed for any improvements needed, stating the responsible section, the necessary improvement, and the appropriate target date.

An overall conclusion is made by the Director, as part of the process for the Director's Declaration of Assurance. The building blocks for the assurance, the overall conclusion and any reservations are included in the Director's Annual Report/Consolidated Annual Activity Report.

ECDC Anti-Fraud Strategy

ECDC has an Anti-Fraud Strategy in place, covering the period of 2024–2026.

A review of the underlying fraud risk assessment is performed annually and is also used as a basis for defining the Anti-Fraud Strategies.

In the latest Anti-Fraud Strategy ECDC has decided to concentrate its efforts on achieving the following strategic objectives:

Objective 1: Internal anti-fraud training.

Objective 2: Perform an annual review and refine the fraud risk assessment over time.

Objective 3: Select an area annually in which to further analyse and potentially improve the controls in place.

The implementation of the Anti-Fraud Strategy is followed-up, at minimum annually.

ECDC Independence Policy

Based on the ECDC Founding Regulation, the ECDC Management Board adopted the Independence Policy for Non-Staff in March 2018, and, in December 2019, the Independence Policy for ECDC Staff. The ECDC Compliance Officer oversees the implementation of the said policies on the basis of the relevant internal procedures.

As regards the Independence Policy for Non-staff, there is a systematic review of the interests declared annually by members of the Management Board, the Advisory Forum, the *Eurosurveillance* Board and, when scientific advice is given, by experts participating in ECDC networks, meetings or ECDC publications. If relevant, the Compliance Officer suggests mitigations measures, in particular when pharmaceutical companies are concerned.

The ECDC Director and the Heads of Unit declare their interests on an annual basis which are then published on the ECDC website to ensure full transparency. In addition, a list of categories of staff that shall submit an Annual Declaration of Interest, is drawn up every year.

Ex-Post Verifications and Audits

ECDC has a system in place to perform ex-post verifications of grant agreements. A grant verification plan is developed and implemented every year. ECDC also has a grant agreement control strategy in place.

ECDC is audited by the European Court of Auditors and the European Commission's Internal Audit Service.

Risk Assessment for the SPD 2025

As part of preparing the Single Programming Document (SPD) 2025–2027, ECDC conducted a risk self-assessment exercise in order to identify the main risks that could impact the implementation of the SPD 2025.

The following main risks were identified:

- Risk of SPD implementation suffering from a Public Health Emergency (PHE) event or impacted by other unforeseen additional political or public health prioritised activities. Although there is preparedness in ECDC for scaling down activities, it would still imply that ECDC would not implement a part of the SPD as planned.
- Additional requests from new legislation, not accompanied by additional resources, might impact the implementation of the SPD.
- Cyber security risk. Risk of cyber security attack targeting ECDC may lead to leak, damage or loss of information and/or critical IT service. This could result in the inability or unwillingness of Member States to participate in ECDC's activities, such as the reporting of data.
- Lack of resources to implement the activities agreed in the contribution agreements signed with the European Commission.
- Any budget cuts in the 2025 budget and/or cuts of posts in the establishment table 2025, would impact the SPD negatively. In addition, any large change in the exchange rate (SEK/EURO) risks impacting the budget implementation and thereby also the execution of the SPD, as well as any increases in the prices paid by ECDC to suppliers, and any significant increases in ECDC's salary expenditure, due to potentially high levels of inflation.

The following actions were identified as additional mitigations:

- ECDC will closely monitor the impact of any PHE events on the activities included in the SPD 2025 and make the appropriate changes throughout the year. Important changes will be discussed and approved in the Management Board.
  Deadline: Q1 2025 – Q4 2025
- ECDC will closely follow, and liaise with European Commission and other stakeholders on, any new legislation.
  Deadline: Q1 2025 – Q4 2025
- ECDC will increase cyber security by implementing both technical and organizational security measures, which should reduce the risk to an acceptable level.
  Deadline: Q1 2025 – Q4 2025
- ECDC will closely monitor and liaise with the European Commission and the partners in the contribution agreements, on the possibility to implement all the agreed activities. If necessary, ECDC will look into sourcing additional resources through, e.g. seconded national experts and/or interim staff.
  Deadline: Q1 2025 – Q4 2025
- ECDC will closely follow the effects of the increase of prices by suppliers, and of increases in ECDC's salary expenditure, on the implementation of the SPD 2025 and the 2025 budget.
  Deadline: Q1 2025 – Q4 2025

Annex 11. Plan for procurements 2025

Table A14. **Plan of operational procurements per Strategy Objective**

Main planned acquisitions	Indicative budget for operational procurements 2025
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 levels	
Summary of the planned acquisitions 1.1 – Evidence-based Public Health, Impact assessment framework, Crowdsourcing, SARMS. 1.2 – ECDC annual scientific conference ESCAIDE, Artificial Intelligence Roadmap, Eurosurveillance – Production and promotion of the scientific journal and provision of targeted science communication outputs, ECED (Candidate Expert Directory) further improvements. 1.3 – Modelling contract management, Biostatistics, ECDC Foresight Programme, Identifying research priorities. 1.4 – Outreach, Social media, ECDC websites management, maintenance and further development, Media relations, Audiovisuals.	*Total amount in EUR for SO1* **3,618,700**
Strategic Objective 2: Provide relevant, reliable, and timely information and science-based recommendations to enable evidence-informed decision-making at national and EU levels	
Summary of the planned acquisitions 2.1 – EPD Laboratory Support, Surveillance data management support, EpiPulse for Member States, Training programme for genomic epidemiology, Surveillance analysis, SDG Microbiology Support, SDG Complimentary sources of data, VPI Microbiology, Indicator-based surveillance, TESSy maintenance and retirement, Threat detection and alert (event-based surveillance), whole genome sequencing services, Implementation of Genomic Roadmap (Molecular surveillance). 2.2 – Scientific Advice, Prevention of SDG diseases in key populations. 2.3 – EpiPulse Cases, Surveillance from electronic health data, Artificial Intelligence (AI) for epidemic intelligence activities, Bioinformatic development and analysis, Surveillance Data Warehouse, Tools for surveillance analysis, Vaccine Coverage dashboard.	*Total amount in EUR for SO2* **10,456,340**
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 levels	

Main planned acquisitions	Indicative budget for operational procurements 2025
Summary of the planned acquisitions 3.1 – Vaccine Monitoring Platform, IPC assessment and monitoring tools, SDG Country Support, Building a community of practice in the social and behavioural sciences for the prevention of communicable diseases in the EU/EEA, Developing guidelines for the prevention of donor-derived transmission of communicable diseases through SoHO, Setting up a monitoring and evaluation system of prevention programmes, Developing a Health Information Ecosystem Assessment Tool, The Behavioural Observatory. 3.2 – EpiPulse Portal, Events, CDTR, WGS further development and maintenance, and TALD maintenance, Early Warning and Response System (EWRS), PHE Management tool (PHE intranet), Strengthening emergency preparedness in the EU, Outbreak and response mechanisms for the EU, Emergency preparedness trainings for workforce capacity building, EFVED – ArboRisk, Threat Reports Mobile Application, EOC Coordination and development, Organising Public Health Emergency Preparedness (PHEPA) assessment missions, ARHAI Country Support. 3.3 – Fellowship Programme – EPIET & EUPHEM, CPD – E-learnings, Synchronous training, Methods and quality, Learning Portal maintenance, Automated search tool- listing trainings from ECDC partners in the Learning Portal.	*Total amount in EUR for SO3* **9,171,000**
Strategic Objective 4: Streamline coordination and collaboration with Member States, and other ECDC key partners in the EU and globally	
Summary of the planned acquisitions 4.1 – Targeted country support activities, ECDC Stakeholder Relationship Management (SRM) system, ECDC session at the European Health Forum Gastein, ARHAI Support to JIACRA V.	*Total amount in EUR for SO4* **866,700**
Strategic Objective 5: Create an acknowledged, agile organisation through efficient systems, structures, processes, and skilled staff	
Summary of the planned acquisitions 5.3 – Further Development of the Declarations of Interest. 5.4 – IT Operations, Domain Expert Development Support and IT Advice, IT Application Testing, IT Quality, European Federation Gateway Service (EFGS).	*Total amount in EUR for SO5* **3,480,500**

Annex 12. Plan for grants, contribution, or service-level agreements

General Information					Financial and HR impacts					
	Actual or expected date of signature of specific agreement	Total amount (EUR)	Duration of FPA (Framework Partnership Agreement)	Counterpart	Short description		2025	2026	2027	2028
Grant Agreements										
ERLTB-Net	Q1 each year	200,000/ year	4 years	Consortium led by Ospedale San Rafaele (1 SGA per annum)	Implementation of lab coordination activities, including lab network coordination, EQA, training, strain collection, typing, scientific advice & technical guidance on lab issues as well as methods harmonisation and network meeting.	Amount (EUR)	200,000	200,000	200,000	200,000
						Nr of FTEs	0.5	0.5	0.5	0.5
						Nr of SNEs	0	0	0	0
Scientific coordination of ECDC Fellowship Programme	Q1 each year	500,000/ year	4 Years	On average 8 specific agreements with different counterparts per annum	Scientific Coordination of ECDC Fellowship Programme (Intervention Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) paths). To ensure the availability of highly qualified scientific coordinators for the Fellowship Programme.	Amount (EUR)	500,000	500,000	500,000	500,000
						Nr of FTEs	1.40	1.40	1.40	1.40
						Nr of SNEs	0	0	0	0
ECDC Fellowship Programme: hosting of fellows	Q3 each year	Varies (2.2-2.6 million/ year)	4 Years	On average 28 specific agreements with different counterparts per annum	ECDC Fellowship Programme (Intervention Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) paths) hosting of fellows at Training Sites. To ensure that EU-track fellows can be employed	Amount (EUR)	2,550,000	2,550,000	2,550,000	2,550,000
						Nr of FTEs	1.80	1.80	1.80	1.80
						Nr of SNEs	0	0	0	0

General Information					Financial and HR impacts					
				by their Training Sites with the financial support of ECDC.						
TOTAL for Grant Agreements					Amount (EUR)	3,250,000	3,250,000	3,250,000	3,250,000
					Nr of FTEs	3.7	3.7	3.7	3.7
					Nr of SNEs	0	0	0	0
Contribution Agreements										
Contribution agreement 2019/409-781 and 2020/422-255 (ECDC-IPA6 project)	10 December 2019	2,500,000	5 years, extended to 30 April 2025	European Commission – DG NEAR	Preparatory measures for the participation of the Western Balkans and Türkiye in ECDC with special focus on One-Health against AMR and enhanced SARI surveillance, 2020–2024.	Amount (EUR)	0			
						Nr of FTEs	1			
						Nr of SNEs	0			
Africa CDC – ECDC Partnership Contribution agreement	19 October 2020	9,000,000	4 years, extended to 29 April 2026	European Commission – DG INTPA	The ECDC for Africa CDC action aims to: • Strengthen capacities of Africa CDC in preparedness, risk assessment, rapid response, and emergency operations. • 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)	4,166,500			
						Nr of FTEs	6	TBC		
						Nr of SNEs	0	0		

General Information						Financial and HR impacts				
EU Initiative on Health Security Contribution agreement	18 December 2020	9,000,000	4 years	European Commission – DG NEAR	The EU Initiative on Health Security aims to set up a regional competent 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)	1,711,500			
						Nr of FTEs	9			
						Nr of SNEs	0			
Reinforcement of EVIP through EU4Health contribution agreement	Q4 2022	1,000,000	30 months	European Commission – DG SANTE	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)	490,000	90,000	20,000	
						Nr of FTEs	2	2	2	
						Nr of SNEs	0	0	0	
Health Resilience in the Eastern Partnership	Q4 2024	2,100,000	36 months	European Commission – DG NEAR	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 (EUR)	1,890,000	0	210,000	0
						Nr of FTEs	3	3	3	0
						Nr of SNEs	0	0	0	0
Improving and strengthening	2024	6,150,000	5 years		This action aims to upgrade the EWRS	Amount (EUR)	400,000	1,263,000	1,277,000	1,291,000

General Information						Financial and HR impacts					
the EU Early Warning and Response System and National Alert and Information System (EWRS)				European Commission – DG SANTE	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.	Nr of FTEs	7	7	7	7
						Nr of SNE	0	0	0	0
Team Europe Initiative on sustainable health security using a One Health approach – workforce development	Q3/Q4 2024	TBC	TBC	European Commission – DG INTPA	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.	Amount (EUR)	TBC	TBC	TBC	TBC
						Nr of FTEs				
						Nr of SNE				
TOTAL for Contribution Agreements						Amount (EUR)	8,658,000	1,353,000	1,507,000	1,291,000
						Nr of FTEs	28	14	12	7
						Nr of SNEs	0	0	0	0
Service-Level Agreements										
None						Amount (EUR)				
						Nr of FTEs				
						Nr of SNEs				
TOTAL for Service-Level Agreements						Amount (EUR)				
						Nr of FTEs				
						Nr of SNEs				

Annex 13. Strategy for cooperation with third countries and international organisations

Action Area 4.2 – Global health: work with international partners to enhance the preparedness and response to present and future public health threats at EU level and globally

The COVID-19 pandemic showed that serious threats to health from communicable diseases are inherently cross-border and underlined the importance of strong international cooperation and coordination with partners and sharing of data and knowledge to understand and effectively respond to new threats towards improving health security both in the EU and globally. This is reflected in the amended ECDC mandate, including fostering the Centre's contribution to the EU's international cooperation and commitment to global health security preparedness. In light of these developments ECDC intends to further intensify and expand its collaboration with European and international partners.

ECDC will continue to provide technical assistance to countries bordering the EU to improve the detection, assessment, and response to health threats caused by infectious diseases in these countries. This will be done through targeted support to candidate countries and potential candidates and European Neighbourhood Policy (ENP) partner countries.

It is important to work across borders and strategically link major centres for disease prevention and control (CDCs), including with those that already have a formal bilateral agreement with ECDC. Only global cooperation can ensure the rapid exchange of information between partners and provide a platform to develop common approaches to the prevention and control of infectious diseases.

In the framework of external EU policies, ECDC's expertise should be used to provide technical support to the European Commission. This will add factual knowledge to the Commission's dialogues with bilateral partners, multilateral organisations, and global health initiatives (e.g. Global Health Security Agenda).

Outside the EU's borders, ECDC is one of many organisations working to fight infectious diseases. The European Commission, the European External Action Service (EEAS), the WHO with its Regional Offices, major CDCs, the World Bank, other UN organisations, the public health authorities in the EU Member States also support non-EU countries to implement the IHR and reach internationally agreed objectives and targets. Good coordination between partners will be essential to avoid overlaps, bring added value, find synergies, and take action. In this context, there is a clear potential for ECDC, in line with its commitment to continuous improvement, to support countries in strengthening their communicable disease prevention and control systems (long-term projects/capacity-building) and crisis response in Europe and globally more effectively.

Over the next years, ECDC's work on global health will focus on the following actions:

- EU candidate and potential candidate countries gradual integration into ECDC systems: ECDC will continue in close collaboration with relevant Commission services to support the Western Balkans and Türkiye and advancing the cooperation with Ukraine, Moldova and Georgia to strengthen infectious disease prevention and control systems and public health workforce to prepare for participation in ECDC activities upon their accession to the EU subject to continuity of externally funding from the European Commission.
- Support to ENP partners, according to identified needs and EU policy priorities: The Centre will continue supporting the European Neighbourhood Policy (ENP) partner countries to strengthen their public health systems for early detection, assessment, and response to health threats from communicable diseases and enhance regional cooperation, including public health workforce-oriented capacity building activities and training courses through the Mediterranean and Black Sea Programme for Field Epidemiology Training (MediPIET) covering both candidate countries and potential candidates and ENP partner countries subject to continuity of externally funding from the European Commission.
- Collaboration with major centres for disease prevention and control: ECDC will continue and further strengthen its bilateral cooperation including with those centres for disease prevention and control (CDCs) that already have formal bilateral arrangements (US CDC, China CDC, Public Health Agency of Canada, the Ministry of Health of Mexico, Korean CDC, and the United Kingdom Health Security Agency, Japan) and will develop a Strategic plan for bilateral collaboration with other CDCs, in particular the Africa CDC and other supranational CDCs, as well as at multi-lateral level within the Network of major CDCs. ECDC will, together with major CDCs, continue sharing information and expertise to respond effectively to threats posed by

communicable diseases and explore further possibilities to establish processes and procedures for the rapid exchange of information in outbreak situations.

- The partnership with Africa CDC under the 'EU for health security in Africa: ECDC for Africa CDC' project, aiming at strengthening Africa CDC capacities in preparedness and response to health threats, facilitate harmonised surveillance and disease intelligence, and support the implementation of Africa CDC's public health workforce development strategy will continue further subject to externally funding from the European Commission and will build a sound foundation for a long-term technical partnership with Africa CDC in the framework of a Memorandum of Understanding.

- Coordination with WHO: collaboration with WHO will benefit from the renewed Memorandum of Understanding and a co-publishing agreement with the WHO Regional Office for Europe. ECDC will also advance in defining technical collaboration with other WHO Regional Offices and entities such as the Hub for Pandemic and Epidemic Intelligence and the European Centre for Preparedness for Humanitarian and Health Emergencies and other WHO Europe entities.

- Collaboration with other international organisation: the Centre will also put effort into sustainable partnerships with international organisations that are active in the events of public health emergencies (e.g. UN organisations, the World Bank, IANPHI).

Publications Office
of the European Union