OPERATIONAL SUPPORT

Establishment of EU Reference Laboratories for public health in Europe

2026 edition

1. Scope and purpose of this document

This report describes the legal background and the operational laboratory support context in which the implementation of the European Reference laboratories (from here on 'EURLs') for public health take place. It also describes the ECDC recommended general setup of EURLs and integration into ECDC disease networks as well as the process for the implementation of EURLs for public health in the European Union (EU).

A list of all currently designated EURLs, including all consortium members and coordinators, is available on the DG SANTE website [1].

1.1. Preparation of the document

In July 2023, the European Commission's Directorate-General for Health and Food Safety (DG SANTE) requested that ECDC provide it with advice on the establishment of EURLs for public health, in order to support DG SANTE in implementing responsibilities in this area as set out in Regulations 2022/2370 and 2022/2371 [2,3].

The request asked for advice both on general processes for the implementation of EURLs, as well as a list of proposed EURLs for communicable diseases. In response, ECDC issued an opinion on the implementation of EURLs for public health in July 2023, with a revised version issued in April 2024 [4,5]. While these documents were fully prepared by ECDC, the National Microbiology Focal Points (NMFPs) were consulted on the contents prior to the documents being shared with DG SANTE.

In June 2025, the opinion was updated as well as split into two documents, since the general process for the implementation of EURLs for public health is now largely stable:

- A technical report on the 'Establishment of EU Reference Laboratories for public health in Europe'. . This technical report contains information on the background and concept of the EURLs for public health as well as a description of the general EURL implementation process.
- A rapid scientific advice on the designation of future EURLs for public health. This document contains recommendations on the EURL(s) for public health to be implemented under the next EU4Health Annual Work Programme as well as in future years, and a list of diseases/health issues for which the implementation of EURLs is still under consideration. When relevant, it also contains recommendations for changes to the steps of the general EURL implementation process. In 2026, the rapid scientific advice on the designation of future EURLs for public health was revised as well.

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This document here is an update of the technical report published in June 2025. This revision of the report reflects the situation as of February 2026. It should be noted that ECDC's work in this area only extends to communicable diseases and other health issues included under ECDC's mandate. All discussions on EURLs for other areas (e.g. threats of chemical or environmental origin) of relevance for the implementation of Regulation 2022/2371 are managed directly by DG SANTE [3].

Decisions on which EURL(s) are to be implemented and on general EURL implementation processes are made by DG SANTE.

2. Target audience

This report is intended for the following audiences:

- DG SANTE, in order to support its decision-making on EURLs for public health; and
- Relevant Member State representatives, i.e. National Focal Points and Operational Contact Points nominated through ECDC's Stakeholder Relationship Management (SRM) system and whose work may be affected by the implementation of EURLs for public health, to explain the relevant legal background, scientific, practical and operational considerations related to the implementation of EURLs for public health.

3. Background

3.1 Legal and technical context

3.1.1 Legislative context

ECDC has the mandate to identify, assess, and communicate current and emerging threats to human health from communicable diseases in the EU/EEA. Within this scope, ECDC collects, validates, analyses, and disseminates routine surveillance data on notifiable infectious diseases from 30 EU/EEA countries [2,3]. Its mandate also gives ECDC the responsibility of creating, coordinating and operating EU surveillance networks. ECDC undertakes this work in collaboration with the Member States, and for some diseases with the World Health Organization (WHO).

In November 2022, two binding legislative acts were published that significantly impacted on ECDC's mandate and activities with regards to EU-level laboratory support:

- Regulation (EU) 2022/2370 provides an amended mandate for ECDC that strengthens ECDC's core mission to identify, assess and communicate current and emerging threats to human health from communicable diseases and related special health issues [2]; and
- Regulation (EU) 2022/2371 on serious cross-border threats to health provides (among other things) the legal mandate for the European Commission to designate and fund EURLs for public health [3].

3.1.2 The ECDC disease network model

Much of the technical interaction between ECDC and the Member States takes place within the disease networks [6].

Before the creation of ECDC, dedicated surveillance networks (DSNs) in the field of public health were funded by the European Commission and operated through hubs in different Member States. Under its mandate, ECDC has been given the responsibility for coordinating and operating EU surveillance networks, and most of the DSN activities were transferred to ECDC at the end of 2011.

To meet these responsibilities, ECDC coordinates a number of EU-wide networks focusing on specific diseases/health issues. These disease networks include Member State representatives in the form of (at minimum) National Focal Points (NFPs) and Operational Contact Points (OCPs), which are officially nominated by the Member States' Coordinating Competent Bodies (CCBs) through the ECDC Stakeholder Relationship Management (SRM) system as part of ECDC's agreed process for managing the disease networks and Member State contacts [7].

3.2 Laboratory support through the ECDC disease networks

For laboratory aspects, ECDC is mandated to 'foster the development of sufficient capacity within the Community for the diagnosis, detection, identification, and characterisation of infectious agents which may threaten public health, by encouraging cooperation between expert and reference laboratories' [3]. To enhance capabilities and strengthen laboratory capacities within the disease networks, one or more highly capable network laboratories was contracted by ECDC to offer support to the other network laboratories in areas such as external quality assessments (EQA), capacity-building, training of laboratory staff, establishment of reference microbial strain

collections, supranational reference services, method harmonisation, development of standard procedures etc. In addition, within the disease networks a wide range of activities have been implemented that further benefits EU-level public health microbiology. These include continuous technical capacity-building and quality assurance, epidemic intelligence and event response support, technology assessment and innovation, technical guidance and added focus on genomic surveillance.

While ECDC still operates some laboratory support contracts, these contracts are gradually discontinued as EURLs for the same disease(s) are being designated and are thus taking over of the key EU-level laboratory support tasks. A list of networks that ECDC is currently funding or has previously funded EU-level laboratory support for can be found in Table 1.

3.3. Preparatory action supporting the implementation of EURLs for public health

To support the process of establishing the EURL implementation plan, DG SANTE funded a preparatory action in 2023 through the EU4Health 2023 Annual Work Programme. The EUHealthSupport consortium was contracted by the European Health and Digital Executive Agency (HaDEA) to carry out several support activities. The consortium consisted of the Netherlands Institute for Health Services Research (Nivel, consortium lead), the National Institute for Public Health and the Environment of the Netherlands, (RIVM, scientific co-lead), RCSI University of Medicine and Health Sciences, Infeurope S. A., Association of Medical Schools in Europe e.V (AMSE e.V), Royal College of Surgeons in Ireland (RCSI) and LEGINDA GmbH (all scientific partners). The preparatory action contract ran between 21 April and 20 November 2023, and the work of the consortium was coordinated by DG SANTE in consultation with ECDC.

The preparatory action focused on the mapping of relevant ongoing and/or finished projects and on supporting stakeholder consultations, both in the form of surveys on disease and EURL activities prioritisation and as webinars/online workshops [8].

3.4 Selection and designation of EURLs for public health in 2023–2027

On 2 October 2023, DG SANTE launched calls for applications for the first six EURLs for public health [9]. These calls for applications were initially set to close on 30 November 2023; however, the submission deadline was later extended to 5 January 2024. The evaluation of the applications was performed in January 2024, and all applicants were informed of the evaluation results on 1 February 2024. The resulting six EURLs were designated on 22 March 2024 through the adoption of Commission Implementing Regulation (EU) 2024/892 and are operational since January 2025 [10].

Calls for application for a further three EURLs for public health were published on 30 April 2024, with a submission deadline of 14 August 2024 [11]. The evaluation of the applications was performed in August-September 2024, and all applicants were informed of the evaluation results on 10 September 2024. The resulting three EURLs were designated on 29 November 2024 by Commission Implementing Regulation (EU) 2024/2959, and are funded and operational since January 2026 [12].

In a third round of implementation, a Call for application for a EURL on respiratory viruses was launched on 28 May 2025, with a submission deadline of 17 September 2025. The evaluation of the applications was performed in September-October 2025, and all applicants were informed of the evaluation results on 14 October 2025. The resulting EURL was designated on 16 December 2025 by Commission Implementing Regulation (EU) 2025/2537, and is expected to be funded and operational by January 2027.

All background and call documents as well as a list of designated EURLs for public health, including all consortium members and coordinators, are accessible from the EURL overview page, hosted by DG SANTE [1].

4. EURL activities and structure

4.1 Overview of the EURL activity areas

The second subparagraph of Article 15 of Regulation 2022/2371 [3] describes the specific activity areas that the EURLs for public health may operate within:

a) reference diagnostics, including test protocols;
b) reference material resources;
c) external quality assessments;
d) scientific advice and technical assistance;
e) collaboration and research;
f) monitoring, alert notifications and support in outbreak response, including to emerging communicable diseases and pathogenic bacteria and viruses; and
g) training.

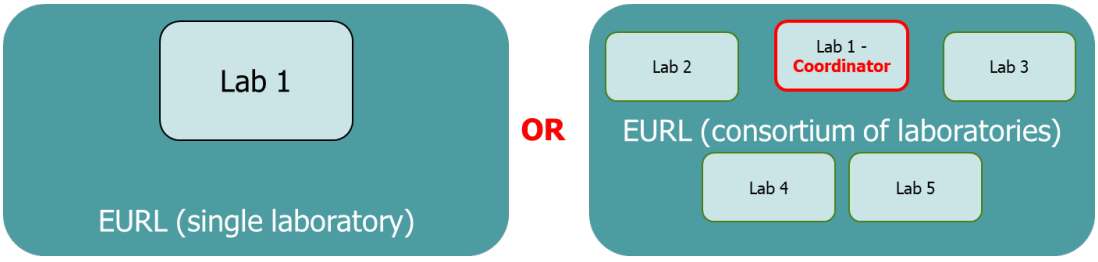
However, since the needs for laboratory support activities differ widely between individual diseases/health issues, the exact nature of the tasks of the individual EURLs will vary greatly and all EURLs will not be requested to perform activities in all above listed areas. A detailed description of the tasks to be performed by each EURL will be specified in the calls for applications (see section 5.1.1 below).

4.2 EURL composition

An EURL for public health is required to offer laboratory support activities for either a single disease/health issue, or for multiple ones. All EURLs are also required to meet a set of general eligibility criteria (see section 5.1.5 below). To ensure that the EURLs meet the eligibility criteria, all candidate laboratories must be formally endorsed by a national competent authority in public health; see section 5.1.2 and section 5.1.5 below.

An EURL may be made up either of a single laboratory or of a consortium of laboratories, as exemplified by **Figure 1**. To ensure the successful implementation of activities without an excess of administration, a consortium may include a maximum number of laboratories that is specified within each call for applications.

Figure 1. EURL composition – single laboratories vs consortia of laboratories



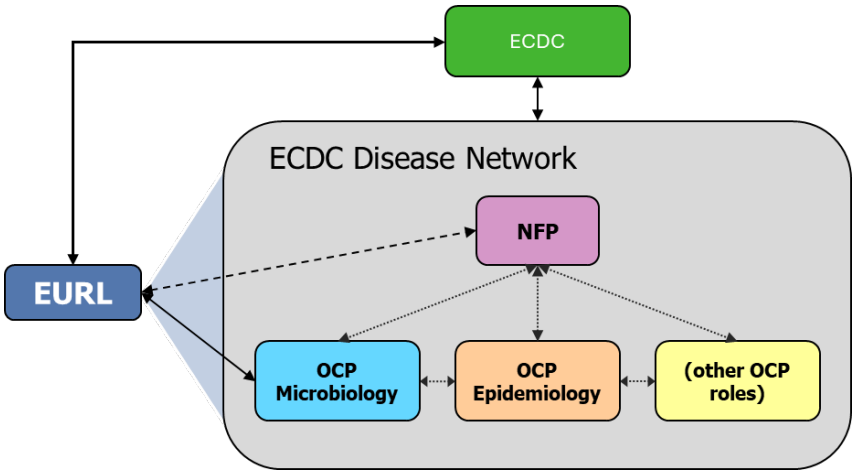
Each candidate laboratory should decide if they alone meet the requirements and want to apply as a single laboratory, or if they prefer to join with other eligible laboratories (from other countries or from within the same country) to submit a consortium application where the group of laboratories together meet the requirements and would jointly function as an EURL.

From an administrative point of view, a consortium approach requires one laboratory to be the administrative lead (i.e. the consortium coordinator) and main administrative contact point for HaDEA with respect to the grant that successful applicants will be eligible for (see section 5.1.4 below).

4.3 Integration into ECDC disease networks

The designated EURLs are integrated into the disease networks that ECDC will continue to coordinate, as shown in.

Figure 2. EURL integration into ECDC disease networks



Arrows indicate lines of communication.

ECDC will provide each EURL with the contact information for the relevant disease network(s) members from the ECDC SRM system. The nomination of network members by Member States is done according to procedures already agreed with the ECDC CCBs [7]. The EURLs need to ensure that appropriate GDPR-compliant measures are used for adequate protection of these personal data.

While most of the laboratory members of the networks will remain in their current forms, some modifications may be proposed for specific networks. To facilitate such changes, ECDC may inform the National Coordinators of each Member State about specific subject experts that have been engaged in past similar projects. Moreover, ECDC may decide to merge or create new networks, and it would be the responsibility of the National Coordinators of each Member State to nominate NFPs and OCPs for such networks.

4.4 EURL coordination

Once operational[1], the EURLs have a coordination function for and interact independently with the OCPs for Microbiology and the NFPs of the relevant disease network(s) for the implementation of the activities under their agreed work plans.

According to Regulations 2022/2370 [2] and 2022/2371 [3], ECDC remains responsible for the overall coordination of infectious disease surveillance in the EU, including the coordination of the disease networks that the EURLs will be integrated into. This means that ECDC will continue to be responsible for infectious disease data collection and storage at the EU level, EU-level public health microbiology strategies, and coordination of the network of EURLs etc. All EURLs are required to coordinate their work with ECDC at regular intervals (see section 4.6.2.2 below).

4.5 Network of EURLs

As described in the third subparagraph of Article 15 of Regulation 2022/2371, ECDC will coordinate a network of the different EURLs to harmonise activities across disease areas and discuss cross-cutting aspects [3]. These aspects are to be determined in collaboration with the EURLs that are part of the network, and may include issues such as templates, EQA reports, reporting to ECDC, etc.

The Terms of Reference for the network of EURLs are available. ECDC has regular meetings with the network of EURLs to address any cross-cutting aspects, including an annual face-to-face meeting, with the first meeting held in May 2025.

[1] i.e. officially designated by implementing regulation, and have started their activities as specified in a signed grant agreement with HaDEA.

4.6 EURL activities

4.6.1 Disease-specific EURL activities

As described in section 4.1 above, all EURL activities must fall under one of the activity areas specified under the second subparagraph of Article 15 of Regulation 2022/2371 [3].

While all applicants must prepare and submit their own workplan(s) as part of the application process, it should be noted that each EURL is required to perform a set of specific mandatory tasks, i.e. laboratory support tasks that are considered so essential to the network members (or to other on-going work at the EU level) that an EURL for public health in that field must be able to provide them. These mandatory tasks are based on previous laboratory support activities carried out under contracts with ECDC, proposals for additional activities made by the network members and/or ECDC, and the outcome of the survey on EURL activities for each (group of) disease(s)/health issue(s) carried out under the preparatory action.

Mandatory tasks are described in the calls for applications, and their number and scope vary between the different EURLs.

4.6.2 Activities common to all EURLs

4.6.2.1 Communication with the ECDC disease network members

The EURLs for public health are required to communicate on a regular basis with the members of the ECDC disease network(s) that they are supporting, to inform the disease network members of their work and also get feedback on the EURL activities. The exact mode(s) of communication should be decided between each EURL and the disease network(s) in consultation with ECDC.

ECDC provide each EURL with the contact information for the relevant disease network(s) members from the ECDC SRM system. The nomination of network members by Member States is done according to procedures already agreed with the ECDC CCBs [7]. The EURLs need to ensure that appropriate GDPR-compliant measures are used for adequate protection of these personal data.

4.6.2.2 Coordination and communication between EURL and ECDC

The EURLs must coordinate the implementation of their tasks with ECDC, to ensure alignment with other relevant activities implemented by ECDC, and likewise ECDC must inform and discuss their plans with the EURLs to ensure coordination between the parties. Moreover, some specific EURL tasks may include scientific advice to ECDC and/or the European Commission. The format of this coordination should be established between each EURL and ECDC, but could include regular coordination meetings, participation in other meetings and events on relevant topics, etc. When an ECDC Disease Network Coordination Committee (DNCC) has been established for a network that the EURL is supporting, an EURL representative may be invited to participate as observer in meetings of this DNCC when relevant topics are on the agenda [7].

All EURLs are required to prepare and submit annual work plans. These work plans need to be reviewed and agreed with ECDC to ensure alignment with related ECDC activities.

4.6.2.3 Coordination with other EURLs or relevant initiatives

The EURLs for public health are required to, in consultation with ECDC, exchange information and (where relevant) coordinate activities executed under the EURL mandate with other bodies carrying out work in similar areas. These bodies may include other public health EURLs supporting the same or other disease network(s), relevant EURLs for food, feed and animal health addressing the same disease(s)/health issue(s), the World Health Organization Collaborating Centres (WHO CCs) and/or WHO reference laboratories, or other relevant projects/initiatives.

This coordination aims to mutually exchange information about similar activities and, whenever possible, to avoid overlap in activities between the EURL for public health and laboratory support activities organised by other projects/initiatives in an open dialogue. To facilitate the coordination and exchange of resources among EURLs for public health, a network of EURLs SharePoint site is available to all EURL for public health consortia members.

4.6.2.4 Organisation of meetings for the laboratory members of the disease networks

EURLs for public health will take an active role in organising (physical and/or virtual) meetings for their respective disease network(s) members, focusing mainly on laboratory aspects. The call for applications describes more specific meeting organisation requirements for each EURL, and meeting dates and agendas will be decided upon after consultation and in agreement with ECDC.

The EURLs will be asked to propose topics for the full disease network meetings and may be asked to contribute to the content and agenda of these meetings. These topics should be based on the work of the EURL and include the most relevant aspects for EU-level laboratory-based surveillance within their field.

4.6.2.5 Organisation of other meetings on topics under EURL remit

EURLs for public health may plan to organise meetings for the laboratory members of the disease network(s), as needed for the implementation of their work plan. While ECDC should be consulted on and informed of all such plans, the EURLs will organise and execute such meetings independently.

4.7 EURL duration

While the fourth subparagraph of Article 15 of Regulation 2022/2371 specifies that the EURLs shall be designated for a minimum of four years, the actual duration of each designation is specified in the call for applications (see section 5.1.1 below).

EURL performance will be regularly reviewed by DG SANTE in cooperation with ECDC and HaDEA, and each designation (and associated funding) may be terminated prematurely by DG SANTE and HaDEA if the EURL in question does not meet its contractual obligations.

4.8 Data-sharing and storage

The EURLs will collect and store data and information as needed for the implementation of the activities within their work plans. While the EURLs will report back to Member States on data generated from their samples, it is not foreseen that the EURLs should report such data to ECDC on behalf of Member States. An agreement is therefore needed between ECDC and the Member States to ensure that Member States report, in a timely manner, EURL-generated results or information that may impact EU-level surveillance, pose a threat to public health in the Union or are highly relevant to other ECDC activities. To that end, ECDC will initiate a dialogue with the Member States.

Appropriate GDPR and national data protection measures must be put in place by the EURLs to ensure adequate protection for the data it collects.

A Data Transfer Agreement defining aspects related to data-sharing and use should be set up with each EURL. Generic Data Transfer Agreements and Material Transfer Agreements between EURLs and the disease network members should be discussed and potentially set up through the network of EURLs (see section 4.5 above).

It is expected that ECDC and EURLs will form a partnership and establish close collaboration to achieve the common goal of enhancing laboratory-based surveillance in the EU/EEA. ECDC will therefore involve each respective EURL in relevant activities, for example outbreak investigations (as per the specific EURL tasks), and systematically include EURLs in discussions on improvements of surveillance programmes. However, in their capacity as EURL, the EURLs should not conduct any systematic data collection related to surveillance or outbreak investigations and all such data should be collected through the ECDC systems, primarily EpiPulse.

4.9 Ownership of materials and data

As with data submitted by Member States to ECDC, ownership of materials (such as strains and samples) and data sent by Member States to the EURL remains with the sending/submitting country unless agreed otherwise in an agreement between the data provider and the EURL. The EURL may make use of the data to fulfil their contractual obligations according to the grant agreement. However, publications and other use of the materials or data should not be authorised without the explicit consent of the materials/data owner.

Ownership of project results and modes for exploitation are otherwise regulated in the EU4Health grant agreements.

5. Processes for application, evaluation and designation of EURLs for public health

This section contains a description of the processes for application, evaluation and designation of EURLs for public health as they are currently implemented. These processes are reviewed annually and have been slightly revised ahead of each launch of calls for applications; for details, see previous ECDC opinions on the implementation of EURLs for public health [4,5].

5.1 Application process

5.1.1 Calls for applications document

The process of establishing an EURL for public health begins with publication of a call for applications by DG SANTE. Each call for applications document serves as a detailed guide for the applicants to submit applications under the call, and includes the following information:

- Field of the EURL, i.e. disease(s)/health issue(s) to be covered by the EURL;
- Description of mandatory tasks for the EURL;
  Including an annex with foreseen mandatory deliverables per task;
- Description of scenarios to which the applicants are required to submit workplans, including scenario durations and indicative budgets;
- Duration of the EURL designation;
- EURL eligibility and selection criteria;
- Description of the evaluation procedure;
- Additional information/requirements pertaining to a consortium EURL application;
- Application form template and list of required supporting documentation;
- Endorsement form template; and
- Application deadline.

Once the calls are published, ECDC notifies its competent authorities (i.e. the CCBs), the NMFPs, and the members of the disease networks that the EURLs under selection are expected to support.

Within their respective countries, the competent authorities are expected to share information about the call for applications promptly and equitably with all qualified applicants that might be interested in applying. In addition, webinars (e.g. for the public and/or targeting potential applicants and/or targeting endorsing competent authorities) are organised to allow stakeholders and applicants to ask questions and get answers from DG SANTE and ECDC about the application processes.

5.1.2 Endorsement of applicants by competent authorities

Since many of the tasks of the EURLs for public health require specialist expertise in public health microbiology, the calls for applications mandate that all applicants are endorsed by a national competent authority in public health. It is up to each country to decide which authority/-ies they deem suited to provide these endorsements, and to officially nominated these authorities as endorsing authorities to DG SANTE (current list can be found here).

The national competent authorities endorsing applicants are asked to confirm that each applicant meets the eligibility criteria of the call. To endorse an applicant, the national competent authority filles out and signs the endorsement form annexed (as Annex I) to the call for applications. The national competent authorities are allowed to endorse more than one applicant per topic (provided that each of them meets the eligibility criteria), and applicants can be endorsed and apply for more than one EURL topic (i.e. for two different diseases/health issues).

While the national competent authorities endorse the individual applicants, they are not required to see or review the applications that are submitted; however, they will receive a copy of the application evaluation report for all applications for which they have nominated one or more applicants.

5.1.3 Preparation and submission of applications

Each applicant is only allowed to apply to each call for applications once, i.e. either as a single (laboratory) applicant or as a member of a consortium applicant.

Applicants are asked to prepare their application in accordance with the information included in the call for applications document using the application form template that is annexed (as Annex III) to the call for applications document.

Applicants are required to submit their applications by the deadline specified in the call for applications through EUSurvey, the European Commission's official survey management tool [13], as indicated in the call for application.

There is no requirement that the applicant representative that creates and submits the application must have a registered EU Login account; however, applicant representatives who create applications without being signed in to EUSurvey through EU Login do not receive automated confirmation emails that their applications have been successfully submitted.

5.1.4 Consortium applications

In line with section 4.2 above, a 'consortium' is defined as 'a group of eligible entities in one or more EU Member States and/or EEA countries that are associated with the EU4Health programme [14], working together to perform the tasks of the EURL for public health in the field of <*specific field of the EURL*>'. The maximum number of consortium members is specified within each call for applications.

Each consortium has to designate one of the consortium members as the coordinator, that submits the application on behalf of the consortium. If this application would be successful, members of the consortium would be jointly and severally liable for carrying out the tasks of the EURL. This must be acknowledged and confirmed by all consortium members through the submission of signed declarations (using a template annexed to the calls for applications as Annex II).

Each member of the applicant consortium is required to meet the eligibility criteria and be individually endorsed by their respective national competent authority. In addition, the consortium as a whole is required to cover all the mandatory tasks of the EURL as specified in the calls for applications, and the work plan(s) of the consortium should demonstrate coherence and complementarity within the consortium members including division of tasks and responsibilities and the exchange of knowledge. Consortium applicants are therefore assessed to meet the selection criteria as a group; it is not required that members of the consortium meet all of the selection criteria individually.

5.1.4.1 Finding consortium partners

ECDC offers a service to put applicants in contact with other applicants potentially interested to forming a consortium and submitting an EURL application in a specific field.

Detailed instructions on using this service are included in the call for applications, however it should be noted that access to this information is limited to only the interested parties, i.e. information about applicants potentially interested to forming a consortium is only accessible to other applicants potentially interested to forming a consortium.

5.1.5 Eligibility criteria

The calls for applications state that eligible candidate laboratories must:

- Be based in an EU Member State or an EEA country; and
- Play an active role in a national public health microbiology system

In addition, the designated EURLs were required to meet the requirements specified in Article 15(5) of Regulation 2022/2371 [3]:

a) be impartial, free from any conflict of interest, and, in particular, not be in a situation which may, directly or indirectly, affect the impartiality of their professional conduct as regards the exercise of their tasks as EU reference laboratories;
b) have, or have contractual access to, suitably qualified staff with adequate training in their area of competence;
c) possess, or have access to, the infrastructure, equipment and products necessary to carry out the tasks assigned to them;
d) ensure that their staff and any contractually engaged staff have good knowledge of international standards and practices, and that the latest developments in research at national, Union and international levels are taken into account in their work;
e) be equipped, or have access to, the necessary equipment to perform their tasks in emergency situations; and
f) where relevant, be equipped to comply with relevant biosecurity standards.

Clarifications are provided in the calls for application on these requirements as follows:

Regarding requirement (a): The aim is to ensure that the designated EURLs do not have any relevant conflict of interest which may affect the impartiality of their professional conduct or commitment as regards the exercise of their tasks as EURL. Such conflicts of interest may exist due to reasons involving economic interest, political affinity, family, or any other shared interest. While some conflicts of interest are direct, applicants should also consider any other situation that could cast doubt on their ability to perform the EURL tasks impartially, or that could reasonably appear to do so in the eyes of an outside third party.

Applicants are required to self-assess what relevant conflicts of interest may exist for them with regards to the required tasks of each EURL and document this assessment in the application. Should applicants find that such

potential conflicts of interest exist, they are requested to declare these in the application form for further assessment by the evaluation panel.

Regarding requirements (b) and (c): While outsourcing of minor parts of activities is not excluded, applicants are expected to carry out the main elements of the EURL activities within their own organisations.

Regarding requirement (d): It is up to each national competent authority to determine what international standards and practices are relevant for the requested work of the EURL, and to ensure that the applicant appropriately meets these standards.

Regarding requirement (f): It is up to each national competent authority to determine what biosecurity standards are relevant for the requested work of the EURL, and to ensure that the applicant appropriately meets these standards.

5.1.6 Selection criteria

The selection criteria of the calls for applications are intended to allow evaluating the scientific excellence of the application, as well as the applicant's ability and capacity to perform the role of an EURL for public health. Up to 100 points are awarded for the four criteria below, and there is a threshold of 60% for each individual criterion in order to pass the evaluation.

Table 2. Selection criteria and maximum points used for the evaluation of applications submitted in response to the 2024 calls for applications for EURLs for public health

Criterion	Sub-criteria	Max points (pass threshold)	
Understanding of the EURL purpose and role	**Role and purpose** – This criterion assesses the extent to which the applicant demonstrates an appropriate understanding of the role of the EURL with regards to the relevant stakeholders at the EU and national level public health systems, and of the purpose of laboratory support activities within the EU-level public health landscape	**15 (9)**	
Quality of the proposed activities and impact	**Quality of the workplans –** This sub-criterion assesses the quality and appropriateness of the applicant's proposed workplans, i.e. the scope and ambition of the workplans, the relevance and pertinence of the included activities, the quality and appropriateness of the proposed methods for carrying out the tasks and actions, and the logic and cohesion of each workplan as a whole	**21**	**45 (27)**
	Organisation of the work – This sub-criterion assesses the overall organisation of the work, i.e. overall planning (including, where relevant, within the consortium), and risk identification and mitigation	**12**	
	Impact – This sub-criterion assesses potential impact of the applicant's proposed activities, i.e. how EU-level public health as well as the different stakeholders would benefit from the proposed activities	**12**	
Team composition, knowledge and experience	**Scientific and technical qualifications and experience** – This sub-criterion assesses the degree to which the applicant demonstrates that their team possesses the scientific and technical qualifications required for carrying out the proposed activities, including any relevant experience of carrying out similar work	**15**	**25 (15)**
	Coordination of human resources, facilities and technical equipment - This sub-criterion assesses the degree to which the applicant demonstrates the coordination and availability of all resources required to deliver the proposed activities as planned	**10**	
Coordination capacity	**Coordination with the laboratory members of the disease network(s)** – This sub-criterion assesses the quality and appropriateness of the applicant's approach and plan for the coordination with the laboratory members of the disease network(s)	**8**	**15 (9)**
	Coordination with ECDC – This sub-criterion will assess the quality and appropriateness of the applicant's approach and plan for the coordination with ECDC	**7**	
Total maximum points		**100 (60)**	

5.2 Evaluation process

To evaluate the applications, an evaluation panel is set up that consists of experts from ECDC and DG SANTE, as well as of external, independent experts with specific expertise beneficial to the EURL evaluation. The external experts are contracted by DG SANTE according to standard European Commission guidelines on expert contracting. The independence and lack of conflicts of interest of all members of the evaluation panel are checked based on CVs and/or on self-declaration on potential conflicts of interest by the experts, according to standard European Commission guidelines.

During the application evaluation, the evaluation panel verifies the applicants' compliance with the eligibility criteria and assesses each application against the selection criteria. For each application an application evaluation report is drawn up, which includes the assessment scores and comments made by the evaluators on each of the selection criteria, as well as (for applications above all pass thresholds) recommendations for changes and/or additions in case the application would be successful.

The successful applicants are the eligible applicants whose applications are awarded individual criterion scores that exceed all pass thresholds for the selection criteria and are awarded the highest total score against the selection criteria out of all the applications evaluated within each field.

All applicants receive their application evaluation report together with an evaluation result letter with information on whether their application has been successful or unsuccessful. The evaluation result letters to the unsuccessful applicants also describes a complaints procedure if they believe that the evaluation of their application has been flawed in some way.

5.3 Designation process

The first subparagraph of Article 15 of Regulation 2022/2371 provides the legal mandate for the European Commission to designate and fund EURLs for public health by means of implementing acts [3]. Following the evaluation of the applications received in response to the calls for applications, the list of successful applicants (one for each EURL topic) is included by DG SANTE in a draft implementing act for designation of EURLs for public health. The act identifies the entity (or consortium of entities) and the period and scope of their designation, i.e. the disease(s)/health issue(s) each of them will cover and is adopted through the committee procedure described under Article 29 of Regulation 2022/2371.

5.4 Funding process

Designated EURLs are invited to submit a proposal under the EU4Health programme [15] to cover the costs they will incur when implementing their EURL activities. Duration of grants may cover the full designation period but EURLs which cannot immediately be funded for the entire designation period will need to apply for EU4Health funding more than once. Standard EU4Health rules and procedures apply for the evaluation and grant preparation phases, with the result being a grant agreement established between each designated EURL and HaDEA as the grant managing authority.

The EU4Health funding is provided as EU action grants with a 100% reimbursement rate for incurred costs, up to a maximum amount specified in the call for proposals.

5.5 Grant management, including reports and deliverables

Administrative questions and issues related to grant management should be discussed directly with HaDEA that will be managing the grants on behalf of DG SANTE. HaDEA may in turn consult DG SANTE and/or ECDC on any of these matters when they deem that such input would be useful.

Operational, technical and strategic questions should be discussed between the EURL and ECDC. Issues that are deemed to impact the grant management process will be referred to DG SANTE and/or HaDEA for further discussion.

EURL reports and deliverables are formally to be submitted by the EURL to HaDEA, as specified in the grant agreement. In collaboration with HaDEA and to ensure alignment between activities, ECDC should review and agree with selected deliverables of the EURLs.

The EURLs should, whenever possible and relevant, share their reports and outputs with the disease network(s) they support. ECDC may provide templates and guidance to support the production of selected reports and outputs.

6. ECDC contributors (in alphabetic order)

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7. External reviewers

The ECDC National Microbiology Focal Points, as nominated in SRM on 12 September 2025.

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