

ECDC **CORPORATE**



Amended ECDC Strategy 2021–2027

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

Suggested citation: European Centre for Disease Prevention and Control. Amended ECDC Strategy 2021–2027. Stockholm: ECDC; 2023.

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Abbreviations

ART	antiretroviral treatment
ECDC	European Centre for Disease Prevention and Control
EU/EEA	European Union/European Economic Area
MSM	men who have sex with men
MTCT	Mother-to-child transmission
PrEP	pre-exposure prophylaxis
SDG	Sustainable Development Goal
TESSy	The European Surveillance System
TB	tuberculosis
UNSCR	United Nations Security Council Resolution
UNAIDS	Joint United Nations Programme on HIV/AIDS



1. ECDC's strategic and operating environment

1.1 Changing landscape for public health

The COVID-19 pandemic led to a dramatic loss of human life worldwide and presented an unprecedented challenge, not only to healthcare and public health, but also other sectors of society, such as education and the world of work. Furthermore, the devastating economic and social disruption caused by the pandemic increased inequalities, disproportionately affecting the most vulnerable in society.

The COVID-19 pandemic exposed/revealed/emphasised the need for an appropriate legal framework to enable the necessary response, to have strong institutions and bodies supporting the response, and the trust of the population to ensure compliance with the necessary behavioural changes. One of the lessons learned is that communicable diseases affect the whole of society and the effects of outbreaks can be reduced by improving public health systems to make them more resilient, and by helping societies to be better prepared for future crises. An additional element is the public health work force, which is imperative for all communicable disease prevention, preparedness, and response activities. During the COVID-19 pandemic, the financial and human resources committed to this increased, however cuts in resources are now already becoming a reality in many public health agencies.

During the COVID-19 pandemic, the public health architecture in the European Union (EU), and worldwide, changed due to the establishment of new public health entities at national, EU and global level. There are also several processes ongoing which may still influence roles and responsibilities at all levels (e.g. a review of International Health Regulations and negotiations on the Pandemic¹). The European Commission's proposal for the European Health Union and related legal acts are now being implemented. The success of the European Health Union is based on collaboration and coordination of actions among EU institutions, relevant EU agencies, and Member States, and cooperation with newly-created bodies at national and international level. When implementing the relevant legislation, in particular the amended ECDC Founding Regulation² and Regulation on

Serious Cross Border Threats to Health³, it is important that the relevant processes are in place for collaboration. In an increasingly complex landscape of public health actors, this will prevent a lack of coherence, reducing the effectiveness of response measures and initiatives.

ECDC continues to work in an environment defined by EU legislation, implementing rules and procedures. The Centre is also embedded in the overall EU architecture that defines its position in relation to EU institutions and bodies (e.g. the European Commission, the European Parliament, the Council of the European Union, the European External Action Service, and other EU agencies). The legislation defines the Centre's role and mandate, and provides a framework for the planning and implementation of work, as well as monitoring and reporting.

As seen during the COVID-19 pandemic, the public health sector does not and cannot operate in a vacuum. Not only does ECDC need to cooperate with other sectors, but it should also have an understanding of how possible changes in other sectors (i.e. environmental, sociological, economic) might impact its work.

At the end of 2022, ECDC contracted Ipsos to carry out PESTEL⁴ and ecosystem analyses. Although the final report will be published on ECDC's website, the main impact of the results will also be seen in the amended Strategy Implementation Roadmap, which will be presented to the Management Board at its November 2023 meeting. The outcome of the ecosystem analysis will also feed into the planned ECDC Stakeholder management framework.

The objective of the PESTEL analysis was to identify drivers which could shape the future of ECDC's working environment in three time-horizons: a) the present and near future (0–3 years), which is the focus of the current strategy; b) the less immediate, and therefore less urgent, future (3–5 years) – if the organisation knows about these drivers, it is possible to anticipate and monitor them, and c) the mid-to-long-term future (6–10 years) which is important for organisations wishing to identify emerging opportunities and threats, and anticipate their response.

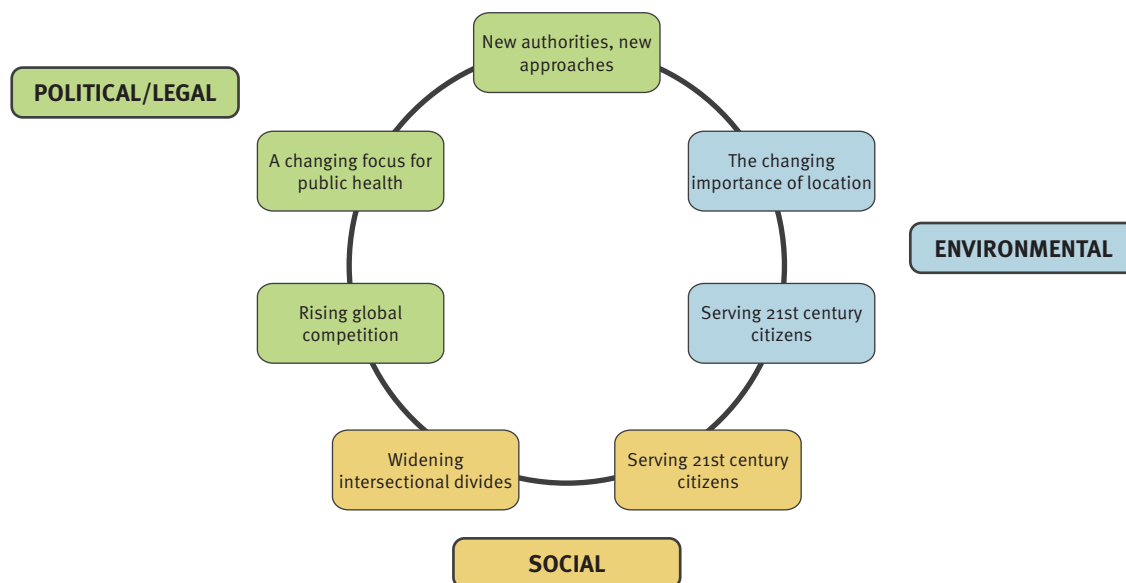
Ipsos's analysis produced seven key drivers of change, as set out in Figure 1 below. Each of these drivers draw data from across the six PESTEL categories: two are environmental, two social, and three political/legal.

¹ The Pandemic Treaty is an international instrument under the Constitution of the World Health Organization (WHO) to strengthen pandemic prevention, preparedness and response and shore up the world's defences against new pathogens. It aims to create legally binding obligations between countries and to establish new global mechanisms for pandemics under the auspices of WHO.

² Regulation (EU) 2022/2370 of the European Parliament and of the Council of 23 November 2022 amending Regulation (EC) No 853/2004 establishing a European centre for disease prevention and control.

³ Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross border threats to health and repealing Decision No 1082/2013/EU.

⁴ Political, Economic, Social, Technological, Environmental, and Legal elements which might have an impact on the functioning of ECDC in the short/medium/long term.

Figure 1. PESTEL analysis identifying drivers shaping ECDC’s future working environment

The two environmental drivers cover potential developments that will be seen in the next ten years relating to the importance of borders, geography, and physical location (the latter having become less important for effective collaboration).

The two social drivers focus on social and technological factors. The fast digital transformation has shifted public behaviour online and social attitudes and behaviour will continue to change. Societies are diversifying and polarising along attitudinal, demographic and geographical lines, causing greater divergence in terms of health and life outcomes.

The three remaining drivers are built around political and regulatory/legal areas. The COVID-19 pandemic was a major catalyst for institutional changes in public health and for innovation. At the same time, global competition is increasing (Africa, for example, is developing its research and innovation capabilities in the area of public health.) The public health focus is also changing, with a comprehensive, systemic approach integrating human, animal, and environmental aspects ('One Health') now gaining ground.

Some of the over-arching themes emerging from the PESTEL analysis⁵ will be taken into account in the implementation of ECDC's amended strategy.

- ECDC and other infectious disease control bodies have experienced a significant growth in their standing – and in the expectations that policy-makers and the public have of them. With its strengthened mandate

ECDC has received further powers to support Member States. However, this comes with a responsibility to manage the expectations, advocate for public health, and build trust.

- Due to the changing focus of policy-makers, the current level of investment and attention will not continue. This will have an impact on ECDC's capacities, and those of the Member States, and this fact needs to be taken into account.
- In the coming decade, the impact of factors such as climate change, immigration, and antimicrobial resistance (AMR) will be profound. Geopolitical tensions may lead to significant conflicts, which will make infectious disease prevention and control activities even more difficult, despite advanced technologies and global cooperation.
- The control of infectious diseases will be more closely linked to a wider public-health policy agenda. For policy-makers chronic, non-communicable diseases could become a priority as improving health in these areas will also have positive effects on resilience to infectious diseases. For ECDC, the risk could be that more effective infectious disease prevention and control is seen a consequence of other public health policies, rather than a goal in its own right.
- There is a risk that international collaboration in the area of infectious disease will decline global relations become more contested and regionalised. Collaboration within Europe might be strengthened by increased data sharing, but coordination and collaboration at the global level might become more difficult if there is a reluctance to share information and data.

⁵ Modified from PESTEL analysis interim report, March 2023, Conducted by Ipsos on behalf of the European Centre for Disease Prevention and Control (ECDC).

1.2 Reinforced mandate – new tasks

ECDC's amended mandate and tasks are outlined in Regulation (EU) 2022/2370 of the European Parliament and of the Council amending Regulation (EC) No 853/2004 establishing a European centre for disease prevention and control and in Regulation (EU) 2022/2371 on serious cross-border threats to health and repealing Decision No 1082/2013/EU.

Article 3 of the amended Founding Regulation defines ECDC's mission as follows:

‘...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.’

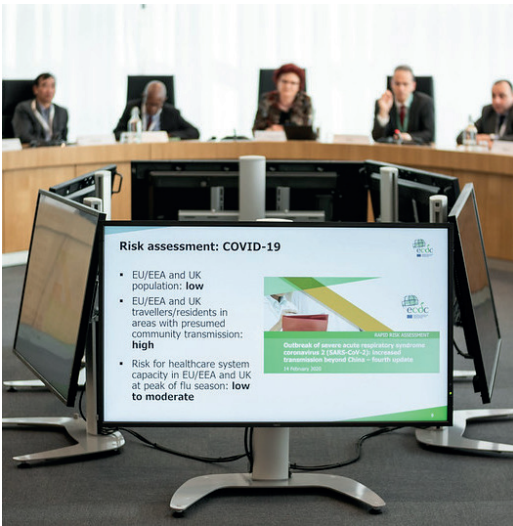
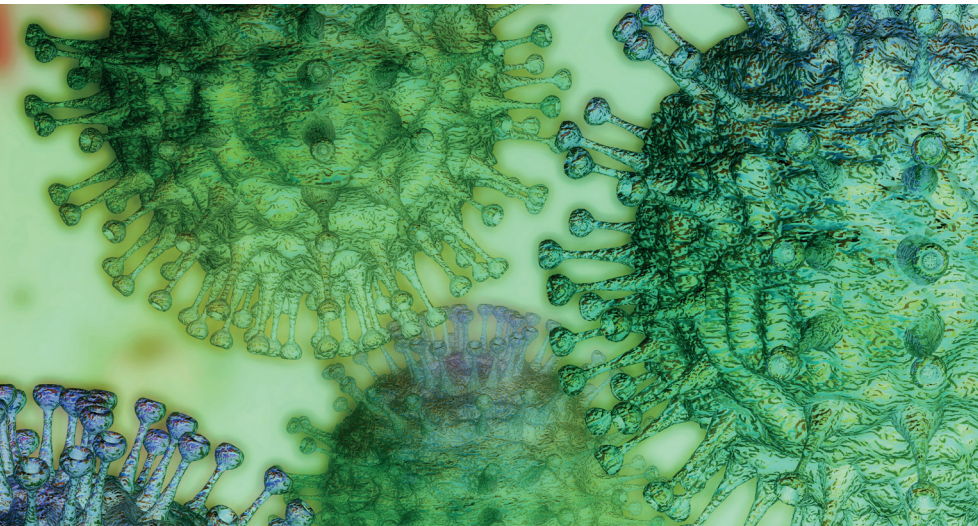
Based on Article 3.2, the tasks of the Centre will be the same as at present in many areas. The tasks listed below are those considered to be new, or existing tasks with particular nuances:

- develop relevant common indicators for standardised data collection procedures and risk assessments;
- operate and coordinate the EU Reference Laboratory Network (EURLN) and the Network for Substances of Human Origin (SoHO);
- provide analyses, scientific and technical advice, opinions, guidelines, science-based recommendations, and support for actions by the EU and Member States, to prevent and control communicable diseases and related special health issues;
- monitor Member States' health system capacity 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;

- in addition to the assessment visits carried out every three years (based on Article 8 of Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross border threats to health, repealing Decision No 1082/2013/EU), organise on-site visits in Member States, on a case-by-case basis, to provide additional support for prevention, and preparedness and response planning activities;
- establish an EU Health Task Force and ensure that there is a permanent capacity and an enhanced emergency capacity for its mobilisation and use;
- support national monitoring of response to major communicable diseases;
- contribute to defining research priorities and liaise between public health and research communities to ensure integration of research findings into policy recommendations;
- contribute to facilitating the development and implementation of actions funded by relevant EU funding programmes and instruments;
- carry out epidemiological modelling, anticipation and scenario development for response and coordinate such efforts with a view to exchanging best practices and improving modelling capacity across the EU;
- provide guidelines, recommendations, and proposals for coordinated action on surveillance, monitoring, diagnosis and case management of communicable diseases and related special health issues;
- support epidemic and outbreak response in Member States (e.g. through the EU Health Task Force referred to in Article 11a);
- contribute to strengthening preparedness capacities under the IHR, including training;
- provide timely, easily-accessible, and evidence-based communication messages to the public.

1.3 Reinforced mandate – what does it mean?

The COVID-19 pandemic has been a game changer in many ways, causing ECDC to adopt new ways of working with Member States and other partners to meet their urgent needs, and to change its internal processes. During the pandemic ECDC worked closely with policymakers through strengthened links to the European Commission and the Health Security Committee, responsible for the coordination of Member States' risk management actions. These changes were necessary to provide timely situation reports and options for action to policymakers and public health practitioners at EU and national levels. This is also the main intent of the reinforced ECDC mandate: to translate the latest science or knowledge into guidance, scientific advice, and



non-binding recommendations to help policymakers and public health practitioners take immediate action.

With the reinforced mandate, ECDC will establish working partnerships with Member States, agreeing common objectives for action, based on a mutual understanding of the steps required to reach the objectives, and how ECDC can support this process. These partnerships will help ECDC to understand, in practical terms, the conditions and contexts in the Member States, and their specific needs. ECDC will carry out country visits and assessments of prevention programmes, preparedness and response plans and their implementation. This will complement ECDC's knowledge base, which will be further supplemented by surveys, as stipulated in the amended legislation. Based on the in-depth analysis of existing data and information, ECDC can develop non-binding science-based recommendations or guidance and monitor implementation and the impact of these interventions over time in countries' communicable disease prevention and control systems. This approach will ensure that ECDC's actions and outputs are of more value to the Member States, and consequently have more impact.

Surveillance of communicable diseases will remain one of the main tasks of the Centre. However, ECDC will also support the Member States in setting up their digitalised surveillance systems, provide guidance on integration and interoperability, and establish surveillance standards. This is the only way to ensure a timely, robust, digital surveillance system at EU level, using an optimal mixture of data sources and the latest technology to generate a data stream which will provide the appropriate information to fight cross-border threats to health.

In the future, ECDC's prevention work will be more visible. The Agency is already working with the Member States in this area (e.g. to support the strengthening of immunisation programmes and an increase in vaccine coverage) and prevention is also embedded into activities relating to HIV, tuberculosis, and hepatitis. However, based on the reinforced mandate, the approach to tackling prevention will be more holistic, taking into account socio-economic risk factors, other health determinants and aspects of health education, health promotion, and other actions to reduce inequalities. Furthermore, in order to engage with the relevant partners and access the appropriate expertise in prevention, ECDC will establish a community of practice. Prevention is also linked to preparedness and response, and inter-sectoral collaboration will be required.

With the reinforced mandate, ECDC will be able to move away from providing reactive risk assessments and response. Firstly, where necessary the risk assessments will be carried out in collaboration with other relevant EU agencies and bodies using jointly developed methodology to ensure they are comprehensive. Secondly, the risk assessments will be presented to the Health Security Committee for consideration. To adopt this more proactive approach, ECDC will develop its foresight provision and establish a 'horizon scanning' function.

This will involve liaising with public health and research communities to ensure that research findings are integrated into policy recommendations.

ECDC's role in global health will also change under the amended mandate. The Agency will be more active in providing hands-on support for preparedness and response activities through the European Health Task Force (EUHTF), as well as further reinforcing the existing collaboration with WHO's Regional Office for Europe, the partnership with Africa's CDC, and the network of major CDCs.

However, to implement these changes, ECDC will have to transform as an organisation. ECDC's stakeholders will become the main focus and they will be treated as partners with jointly agreed goals. This will have an impact on the culture of the organisation. As the needs of the Member States may differ, ECDC will tailor its support accordingly. However, to do this, the Agency will have to develop an internal capability to be able to adapt to these different needs and be flexible in terms of resource allocation (both financing and personnel). This means that transferrable competencies will have to be available and internal processes in place, setting standards for the quality of timely outputs which can be actioned in the Member States.

1.4 Vision

ECDC's vision

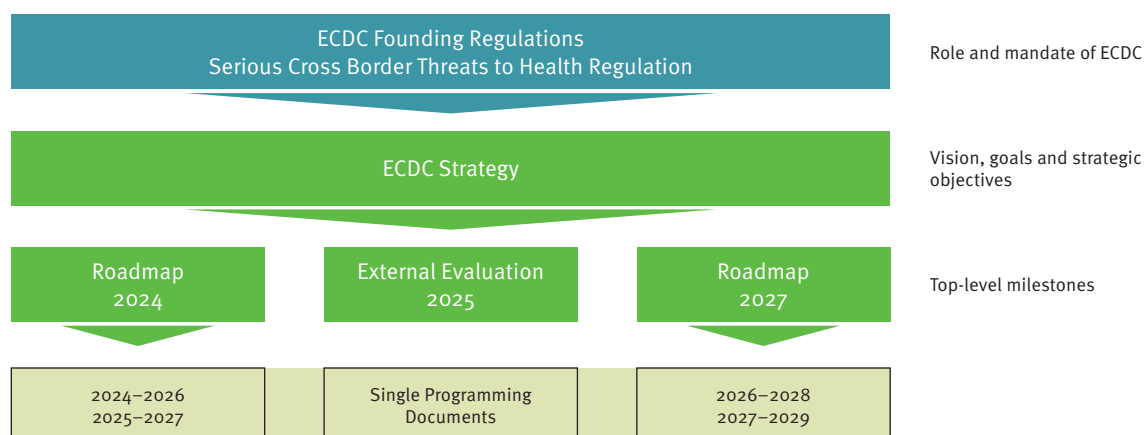
ECDC's vision is to improve lives in Europe and globally applying scientific excellence, thus empowering Member States, the European Commission, and other partners to drive public health policy and practice.

The vision established in ECDC's Strategy 2021–2027 remains unaffected by the amended mandate. On the contrary, the amended legislation emphasises the different aspects of the vision and provides ECDC with specific areas for action and enhanced tools to achieve the vision.

By 2027, together with its partners, ECDC will have improved the health of European citizens to enable them to pursue their lives, as far as possible undisturbed by communicable diseases. The Centre puts equal focus on the prevention, early detection, and control of infectious diseases because only the combination of all three aspects will make an impact and reduce the burden of infectious disease.

ECDC's primary focus is on EU countries and then on our neighbours. Recognising that infectious diseases pose

Figure 2. Adjusted ECDC Strategy 2021–2027



a cross-border threat in the EU and globally, the Centre engages in global collaboration and international strategic partnerships.

Scientific excellence is at the core of the ECDC's work. Scientific independence and the continued relevance of the Centre's activities for all partners, combined with the highest standards of scientific work, are the hallmarks of ECDC's outputs and services.

ECDC addresses those elements of public health related to communicable diseases in general, as well as those linked to specific diseases. The Centre aims to provide a scientific reference point for decisions and policies at all levels. ECDC's outputs are available as open access documents, and are free-of-charge.

As ECDC is at the interface between science and public health, the Centre translates and adapts scientific and technological advances to the appropriate context for its partners. In this way, ECDC's partners are able to drive policy and practice to improve public health and, potentially save the lives of more European citizens.

Based on the amended ECDC Founding Regulation, the first external evaluation of the Centre will take place in 2025, and therefore the amended Strategy and its adjusted Implementation Roadmap will be important documents for establishing the benchmark for ECDC achievements in implementing its reinforced mandate.

This adjusted Strategy 2021–2027 outlines the elements ECDC will implement as a priority from the amended legal text, and how the organisation will continue its transformation to become an efficient and agile EU Agency, ready for tomorrow's challenges.

1.5 Strategy

As outlined in the amended mandate and the vision for 2027, ECDC's mission forms the basis for the amended Strategy 2021–2027. Based on the new EU architecture for enhanced prevention, preparedness and response at EU and national level – namely the European Health Union – the role of the Centre has changed. ECDC is now an important pillar of this interlinked structure between the European Commission (in particular the Directorate General for Health and Food Safety (SANTE) and HERA (European Health Emergency and Preparedness Authority), the European Medicines Agency (EMA), and other relevant EU agencies, and EU Member States).

2. Goals, strategic objectives, and action areas

ECDC's amended mission, as outlined in the amended mandate together with the vision for 2027, forms the basis for the amended ECDC Strategy. The adapted strategic objectives and action areas inform ECDC's Single Programming Document, as of 2024. Some activities will already have begun before then, to ensure that the implementation of the amended mandate and extended tasks is monitored in the context of Annual Workplan and using related Key Performance Indicators (KPIs). The Strategy Implementation Roadmap will be amended in 2023 to support this work, taking into account the assessment of the PESTEL outcomes and ecosystem analyses done at the beginning of 2023.

Goal 1. By 2027, evidence to inform public health policies and practices will be based on independent and robust science and scientific expertise and the subsequent recommendations will be adopted.

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

Based on the amended mandate, the Centre will deliver more tailored guidance and operational and programmatic support to policymakers and public health practitioners. This will be possible through advanced data analytics using multiple data sources, including data from ECDC's monitoring of communicable disease prevention and control programmes and healthcare capacity in countries. This all feeds into the country profiles, which will provide a comprehensive analysis of the state-of-play in countries and will be used as one of the elements for tailored guidance or hands-on support for those countries in need.

Since its establishment ECDC's focus has largely been on communicable disease prevention and control. As a result of the reinforced mandate ECDC will focus more on the interrelations of communicable disease with health determinants, non-communicable diseases, environmental and animal health, and health system resilience, using the findings from epidemiological modelling and scenario development for the prevention and control of communicable diseases. This will provide ECDC and EU Member States with a possibility to better understand the disease ecosystem and anticipate possible changes engendered by/brought about by climate change.

Action area 1.1. Standards and methodologies: promoting the setting of standards and the use of defined methodologies and diverse data sources for data analytics.

ECDC will use its position as the coordinator of expert networks and the central hub for infectious disease data to promote a consensus on standards (e.g. surveillance, statistical analysis, cost-benefit analysis) in areas related to communicable disease prevention and control. Furthermore, ECDC will provide greater insight into the determinants and burden of infectious disease through integrated analysis of multiple data sets. This will provide EU added value by providing additional information to aid communicable disease prevention and control.

Action area 1.2. Knowledge transfer: bridging the gap between science, policy, and practice.

According to the amended Founding Regulation, ECDC will have a stronger role in translating scientific evidence and public health knowledge into actionable guidance, advice, and recommendations. ECDC will continue to provide downloadable data sets and open access to relevant data, information, outputs, advice, and guidance as quickly as possible through its website, other publicly-available data sites (e.g. EU Open Data Portal, the European Health Data Space (EHDS)), and through open access publication in scientific journals. The Centre will strengthen its capacity to inform policy through the transfer of knowledge and science-based recommendations. Furthermore, ECDC will continue organising the annual European Scientific Conference on Applied Infectious Diseases Epidemiology (ESCAIDE) to share knowledge on communicable diseases and strengthen networks across related fields, both in Europe and worldwide. Scientific journals play an important role in supporting decision-making by sharing emerging evidence. Therefore, ECDC will continue to publish the journal Eurosurveillance, offering high-quality, open-access information to public health experts and policymakers, enabling them to take timely public health action.

Action area 1.3. Foresight, modelling and research engagement: addressing areas of uncertainty and knowledge gaps through modelling, forecasting and collaboration, and communicating the research priorities identified to EU research initiatives and other EU bodies.

ECDC will seek to understand future public health opportunities and threats and to further develop its forward-looking activities through foresight and modelling. This will allow the Centre, the Member States and the Commission to be more vigilant and proactive. ECDC will

carry out epidemiological modelling, develop scenarios for response and coordinate these efforts with a view to exchanging best practices and improving modelling capacity across the European Union.

Furthermore, ECDC will be linking research and preparedness and response by acting as a liaison between public health and research communities, helping to define research priorities related to preparedness and response, and ensuring that research findings are integrated into policy recommendations.

Action area 1.4. External and risk communication: providing relevant, timely, accessible and actionable information on infectious disease epidemiology, prevention and control.

ECDC's communication efforts will continue to build its reputation as an independent, transparent, open and trusted agency that produces and shares high-quality and actionable content on infectious disease epidemiology, prevention, and control. This will be achieved through targeted public relations activities, enhanced engagement with media outlets including social media, closer relationships with health professionals, and cooperation with scientific journals, clinical societies, NGOs and professional organisations.

Risk communication activities will further tailor outputs to the needs of target audiences and better explain complex topics in a simple and actionable manner across all media platforms. ECDC will also set up infrastructure to address misinformation, disinformation, and infodemics.

Goal 2: By 2027, science-based information, public health evidence and recommendations drive public health policy decisions and actions.

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

In the coming years, ECDC will further strengthen its understanding of the communicable disease prevention and control systems in the Member States through the evaluation of surveillance systems, various country missions and the monitoring of prevention programmes and surveys related to prevention, preparedness and response planning and capacity. Through in-depth analysis of these data and information ECDC will be in an excellent position, together with the EU Member States, to identify areas where EU or country-level advice, guidance, opinions, or recommendations would be useful to facilitate the strengthening of such systems. This in

itself will improve the quality and quantity of data and information for disease prevention and control.

To develop a more holistic approach towards the prevention and control of infectious diseases, ECDC will focus on:

- anticipating and reducing the risk of disease emergence and its impact by combining data on environmental, personal and behavioural health determinants with infectious disease surveillance data to recognise possible associations; further exploring the correlation between disease risks and health outcomes; foresight activities and investment in 'One Health' to ensure a stronger multisectoral integration of priorities, data and policies;
- increasing the quality of ECDC guidance and threat assessments by generating reliable information on disease epidemiology, risk factors and impact at individual and population level, using information from electronic health information systems and integrated surveillance systems;
- increasing the timeliness of early detection and response by supporting Member States in the automation of their surveillance systems, and strengthening global epidemic intelligence, using tools such as artificial intelligence and dashboards, to gather and assess information before making it available to a wider audience in a timely manner.

One important element in the amended mandate is the call to strengthen microbiological capacity at all levels (EU and national) to ensure high-quality surveillance data, especially during public health emergencies. To this end, the existing laboratory network structure will be transformed and further developed by moving it to the European Reference Laboratory Network (EURLN). With increased, sustainable funding and a stronger mandate, this network will enable ECDC and Member States to effectively exploit the full potential of molecular data for prevention, surveillance, and rapid response to public health threats. An essential component of this transition is the continued effort by ECDC and the European Commission to strengthen whole genome sequencing capacity and capabilities in the Member States in order to fully implement ECDC's genomic strategy.

Action area 2.1. Surveillance: providing timely information and robust evidence through surveillance and monitoring.

The focus of ECDC surveillance will be to support Member States in improving data quality through updated EU-level surveillance objectives and standards for surveillance; to increase data comprehensiveness for decision-making through diversification and integration of data sources at all relevant levels; to increase data timeliness by supporting automation of the surveillance process, its integration into health information systems, and the establishment of centralised databases (e.g. for laboratory detections) at national level, thus ensuring that near real-time data are available as needed, and

to enhance ECDC surveillance outputs in order to provide clear, accessible and relevant data and information to a broader audience, including policymakers and the public.

Action area 2.2. Public health evidence and recommendations: providing science-based advice and recommendations through public health expertise.

ECDC will increase the impact of its public health advice by strengthening its ability to conduct timely and high-quality systematic literature reviews; ensuring access to the highest levels of expertise in the EU and globally to generate its guidance; enhancing the quality of its technical reports and analyses by strengthening surveillance systems and integrating data from different sources (including data on health determinants and the impact of interventions such as vaccinations), and enhancing its knowledge of Member States' public health systems to ensure the feasibility and relevance of advice.

Implementation of ECDC's molecular surveillance strategy will also play an important role here. Stronger molecular surveillance systems in the Member States with increased Whole Genome Sequencing (WGS) capacities and capabilities, as currently being fostered by ECDC and the European Commission, will enable timely and effective outbreak detection, threat assessment, and the implementation of effective public health measures for almost all of the diseases under surveillance in the EU/EEA.

This approach to the generation of evidence will enable ECDC to provide Member States and the Commission with sound, science-based recommendations, and guidelines for the management of communicable diseases and related health issues. This area of work will cover disease groups or individual diseases, based on their burden, preventability, potential to pose serious cross-border threats, and relevance to the Member States and other partners.

Action area 2.3. Digital solutions for surveillance: providing support in adapting, adopting and exploring new technologies.

ECDC will support national and EU health digitalisation strategies by providing support to the Member States as they move towards the digitalisation of infectious disease surveillance systems and the automatic use of electronic health record data for infectious disease surveillance. ECDC's e-Health programme will focus on facilitating exchanges of know-how between Member States at different levels of health digitalisation and providing technical support for data access, development of effective algorithms for case detection and information extraction, to ensure that data are comparable across the EU. By 2027, ECDC's e-Health programme will have been expanded to cover most of the infectious diseases and Member States. ECDC will continue to support the European Commission in the implementation of the European Health Data Space (EHDS), with the aim of making access to more comprehensive and relevant

data less onerous for the Member States. The ambition of the EHDS (secondary use) is to allow exchanges of data from electronic health records and other electronic health databases under the supervision of national data permit authorities for impactful research, surveillance and risk assessment. ECDC is currently piloting the use of such an approach for the surveillance of antimicrobial resistance (AMR). If the EHDS Regulation is successfully adopted, it could provide ECDC and the Member States with integrated access to essential data for disease prevention and control at national and EU/EEA level.

Goal 3: By 2027, EU and national prevention and preparedness capacities will have been strengthened to respond to cross-border health-threats and future health crises.

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

As part of the increased focus on prevention, a prevention framework will be co-created together with the EU Member States, relevant EU agencies, and WHO, and guidelines and recommendations will be provided for countries' prevention and control programmes. Together with the European Medicines Agency (EMA), ECDC has also been tasked with monitoring the effectiveness and safety of vaccines in their post-authorisation phase through independent studies to inform national immunisation programmes. The studies will expand from COVID-19 vaccines to others as relevant, depending on the needs and availability of resources.

The establishment of a permanent cadre of public health experts from ECDC and the Member States – the European Health Task Force – will be a step forward in the provision of field support, at the request of Member States, third countries, the European Commission or GOARN (Global Outbreak Alert and Response Network) in communicable disease outbreak situations. It will also help support prevention, preparedness, and response planning. In the area of preparedness and response planning, ECDC will support the European Commission in the implementation of Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross border threats to health with the Member States. The Centre will report on prevention, preparedness, and response planning as well as carrying out missions to the Member States every three years to assess the state of implementation of their plans.

Ensuring that the public health workforce has the necessary new skills and competencies remains one of ECDC's core tasks. The Centre's reinforced mandate requires

new competencies such as bioinformatics, new digital skills, prevention and systems thinking to be developed, and training in public health to be expanded to new audiences. This will be done through existing EPIET/EUPHEM programmes and continuous professional development programmes coordinated by ECDC. Collaboration with national and international training partners will be crucial to ensure coherence of programmes and synergies in approach.

Action area 3.1. Prevention and control: providing support for countries to strengthen their programmes and systems in order to prevent and control communicable diseases and related health issues.

ECDC continues to support Member States in enhancing their targeted prevention and control programmes. More emphasis will be placed on addressing the determinants of infectious diseases, notably the behavioural aspects required for national programmes to be successful. A new area for ECDC under the reinforced mandate is the monitoring of countries' prevention and control programmes to obtain evidence for science-based recommendations in order to strengthen and improve these programmes at all levels.

Furthermore, together with the EMA, ECDC will continue to develop and expand the vaccine monitoring

platform (VMP) established to coordinate independent post-authorisation studies on effectiveness and vaccine safety. Where feasible, the ongoing studies on COVID-19 vaccines will continue, as they are required to inform adjustments in national immunisation programmes. ECDC will also monitor the level of vaccination coverage in the Member States.

The areas of ECDC's work that will benefit most from the monitoring of the national programmes include HIV, STI, TB, vaccine-preventable diseases, antimicrobial stewardship, and hospital-acquired infections. This approach will contribute to achieving the UN Sustainable Development Goals (SDGs) related to infectious diseases, fulfilment of which has been delayed by the COVID-19 pandemic.

Action area 3.2. Preparedness and response: providing support to countries and the Commission for preparedness planning, risk assessment and outbreak response.

In the area of preparedness and response, the two Regulations provide a clearer framework for ECDC's work. ECDC will establish a permanent European Health Task Force which will support countries, as requested, with preparedness and response planning, local response to communicable disease outbreaks, and after-action reviews, as well as tasks related to the implementation

Table 1. Scope of EU Health Task Force

Timely emergency response during outbreaks and crises	Strengthening countries' emergency preparedness (non-exhaustive list)
Communicable diseases or diseases of unknown origin.	Development, testing and updating of preparedness protocols and plans.
Remote support and rapid in-country field deployment.	Assessment of preparedness gaps.
Outbreak investigation/response, operational research, guidance, resources and tools.	Simulation exercises and in- and after-action reviews.
	Tailored capacity building activities and training.

Table 2. EU Health Task Force composition

ECDC coordination team	Enhanced emergency capacity
Permanent entity coordinating EUHTF activities.	EUHTF public health expert pools from EU/EEA countries (on a voluntary basis), experts at ECDC, fellows during their two-year placement on the ECDC Fellowship Programme.
Public health experts, emergency operations staff and administrative assistance.	

Table 3. EU Health Task Force routine operations

Routine operations of the EU Health Task Force, as of 2024
Maintain the enhanced emergency capacity pools and conduct training.
Deploy teams and provide remote support for outbreaks.
Provide country support related to preparedness and response.
Form a community of knowledge and practice related to preparedness and response.
Organise annual and ad-hoc meetings.

of the Serious Cross Border Health Threats Regulation. The modalities will be set up by ECDC in close collaboration with Member States during 2023 and the EUHTF will be operational as of 2024.

ECDC provides support to the Commission in the implementation of the Serious Cross Border Health Threat Regulation related to prevention and response. Every three years, as set out in Article 8, ECDC will assess the situation in Member States in terms of the implementation of their national prevention, preparedness and response plans and how these relate to EU plans. Based on the assessment, ECDC may present non-binding recommendations.

Action area 3.3. Training: providing adequate training opportunities for the public health workforce

Strengthening health systems and workforce competencies in key areas such as emergency preparedness and response, e-health, bioinformatics and prevention – as required under ECDC’s reinforced mandate – will imply continuous investment in the training programmes and capacity building activities coordinated by ECDC. The continuous professional development programme will be further developed and extended to external audiences. The ECDC Fellowship Programme (EPIET/EUPHEM) will continue implementing the roadmap for improvements based on the latest external evaluation. In addition, the Centre will also have a role in supporting training initiatives managed by the European Commission. Coordination with key national and international stakeholders will therefore be important to ensure complementarity and efficiency of actions.

Goal 4: By 2027, prevention, preparedness and response capacities in the EU and worldwide will have been strengthened through increased collaboration and coordination at all levels.

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

In order to implement the reinforced mandate, ECDC will enhance the way it works with the Member States and other partners. In recent years, ECDC has been testing ways in which to provide more targeted hands-on support to individual countries, or groups of countries with similar needs. Based on the lessons learned, the Centre will further develop its methodology for assessing and prioritising the needs of countries and delivering support, either through the ECDC work programme or via the European Health Task Force.

As the implementation of the European Health Union and related legislation will be a joint endeavour between EU institutions, EU agencies, Member States, and other partners, ECDC will review its present coordination and collaboration mechanisms and make necessary changes to ensure that there are clear processes in place for the seamless flow of information.

International collaboration is an important part of the amended ECDC Founding Regulation. The Centre will therefore further strengthen its collaboration with major supranational and national CDCs, either via bilateral agreements or through the established network of CDCs. ECDC will continue its work with the Western Balkans and Türkiye, with the objective of helping these countries to develop their communicable disease prevention and control systems in order to bring them into line with the relevant EU acquis. ECDC activities with the European Neighbourhood Policy partner countries will continue, to support them in improving detection, assessment and response to health threats caused by infectious diseases. The MediPIET programme will also continue to offer capacity building activities and training courses, if funding can continue.

Action area 4.1. Coordination and collaboration: ensuring seamless coordination of priorities and related actions with ECDC partners and stakeholders.

The implementation of ECDC’s reinforced mandate will only be possible in close collaboration with the Member States, the European Commission, EU agencies, and other relevant partners. To ensure that this collaboration is effective, ECDC will review the existing mechanisms and adjust them as necessary. The outcome of the ECDC Stakeholder Engagement Survey, carried out in 2022, will provide guidance for this. In particular, ECDC will focus on how it works with the directors and national coordinators of the Coordinating Competent Bodies.

Furthermore, ECDC will reinforce its coordination with EU institutions and bodies to support the functioning of the European Health Union. It should be noted that in 2024 a new European Commission will be nominated, and following the parliamentary elections in June 2024, the Committee on the Environment, Public Health and Food Safety (ENVI) and the Sub-Committee on Public Health (SANT) will have a new composition. ECDC will continue to build strong working relations with the ECDC contact person in the ENVI Committee and its Secretariat, as well as with other relevant Committees in the European Parliament. Furthermore, ECDC will intensify its dialogue with key Members of the European Parliament, as appropriate.

Action area 4.2. Global health: working with international partners to enhance preparedness and response to present and future public health threats worldwide

As a result of the COVID-19 pandemic, climate change, and geopolitical tensions, global health security preparedness has become an important pillar of global public

health, a fact which has also been reflected in ECDC's reinforced mandate. In the years to come, the Centre will continue to provide a forum for key technical partners to work together and coordinate their efforts.

ECDC will further enhance its collaboration with the World Health Organization (WHO) and other international partners. In line with the EU policies and priorities, ECDC will intensify its technical work with countries neighbouring the European Union, in order to enhance their public health capacities. This work will be supported by the European Health Task Force to provide operational outbreak response and crisis preparedness support on a global basis.

ECDC will continue to strengthen its connections and collaboration with major national public health institutes and Centres for Disease Prevention and Control in third countries, in particular Africa's CDC.

Goal 5: By 2027, ECDC will be a widely recognised, efficient, and transparent organisation with highly-skilled and motivated staff.

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

Implementation of the amended mandate requires ECDC to be an organisation with the capability to adapt to changes quickly, while remaining resilient to emerging challenges. To do this, the Centre needs to enhance the competences necessary for implementation of the mandate, while ensuring that it has robust steering and support services. This will ensure that ECDC can manage itself efficiently during 'peace time' and make the transition to crisis mode operations as required.

This adaptability will be achieved by focusing on steering and supporting the organisation towards its strategic objectives and contributing to the EU's political priorities in an efficient and sustainable manner, whilst ensuring compliance with existing legal, financial and regulatory requirements. The implementation of the Integrated Management Framework (IMF) is already underway to ensure seamless integration between governance, organisational performance, quality, and internal control activities. The Centre will continue to develop innovative approaches for the further digitalisation of knowledge gathering, and the exchange of epidemiological information. Implementing the ECDC People Strategy will enable the Agency to retain its most important asset - its capable, motivated and resilient staff.

Action area 5.1. Organisational excellence: increasing organisational effectiveness, efficiency and excellence by implementing an integrated management system.

By 2027, ECDC will have fully implemented its Integrated Management Framework to steer and support the organisation in achieving its strategic objectives in a timely and efficient manner. This requires the Centre to have a culture of internal collaboration, aligning goals and resources towards common objectives across the organisation, using all available capabilities and maximising efficiencies. The organisation is continuously learning new ways in which to provide products and services that meet the needs of stakeholders and partners, with whom ECDC has a transparent and open dialogue. ECDC's processes are flexible and simple, and they are implemented with a healthy amount of risk-tolerance to decrease unnecessary bureaucracy. The internal control framework is based on performance and effectiveness, whilst maintaining efficiency and compliance.

Action area 5.2. Engaged staff: recruiting and retaining capable, motivated, and resilient staff.

In order to implement the strengthened mandate, ECDC will ensure that the necessary competencies are available. Work will be done to assess existing competencies and map the competencies required (gap analysis) and personalised training paths will be developed. ECDC will further develop and implement its People Strategy, encompassing all areas of human resource management and services, including organisational development, health and well-being, performance management, learning and development, talent management, employee experience, and diversity and inclusion. Emphasis will be placed on building internal expert capacity and attracting the best experts in the fields required to fulfil the Centre's revised mandate, and implement its Strategy and Work Programme.

Action area 5.3. Responsive support: developing efficient and agile support services that enable operational excellence while ensuring compliance.

The Centre aims to manage responsive support services that enable operational excellence while ensuring compliance. This will entail providing an effective and efficient suite of services consisting of procurement (goods and services of the right quality and quantity, available on time); corporate services (efficient business travel and event management, environmental sustainability, healthy and safe workspace, mailroom and archives); legal services (advisory services, legal complaints, implementation of independence policies, public access to documents, data protection, third party agreements, support on ethics issues); as well as financial services and accounting (budget planning and execution, accounting).

Action area 5.4. Digital transformation services.

ECDC will develop innovative approaches to further digitalise knowledge gathering and the exchange of epidemiological information. The EU surveillance systems and tools will be further integrated and digitalised so that they can be used in combination with the European Health Data Space, to extract, collect, exchange, validate, analyse and disseminate data. This will enable ECDC to support Member States in responding to public health threats from infectious diseases. Innovative approaches, such as process automation, web scraping, smart analytics and artificial intelligence, will play a pivotal role in improving the performance and impact of public health surveillance and the scientific excellence of ECDC outputs. Platforms such as EpiPulse and the Early Warning and Response System (EWRS), will facilitate data exchange, communication, and interoperability between Member States.

ECDC continues to mitigate security threats by improving cybersecurity resilience. The transition from local to cloud-based solutions and storage will improve the digital competence of the organisation. ECDC will adopt more agile approaches through the development of IT tools, enabling it to respond more quickly to changing business needs. ECDC will also continue to adopt more systems and services from the European Commission to streamline processes and save costs.

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

According to ECDC's internal communication policy 2023–2027, the objective of internal communication activities is to communicate in a transparent, efficient, timely, and proactive manner in order to create a greater understanding of ECDC's mission, strategic priorities, and change initiatives while helping staff to feel motivated and engaged. This objective will be achieved through a common and coordinated effort between the Internal Communication team and all sections and units within the Centre. The six areas of action are the provision of platforms for staff engagement; delivering a holistic view of the organisation; implementing change communication; bringing organisational culture to life; communicating during a public health event and helping staff to connect beyond work.

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