



**ECDC CORPORATE**

# Consolidated Annual Activity Report

# 2025

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# Abbreviations

<b>ABAC</b>	Accrual-Based Accounting (European Commission integrated budgetary and accounting system)	<b>EARS-Net</b>	European Antimicrobial Resistance Surveillance Network
<b>ABB</b>	Activity-Based Budgeting	<b>ECA</b>	European Court of Auditors
<b>ABC</b>	Activity-Based Costing	<b>ECDC</b>	European Centre for Disease Prevention and Control
<b>AD</b>	'Administrator' Function Group	<b>ECMP</b>	Enterprise Content Management Platform
<b>AF</b>	Advisory Forum	<b>EEAS</b>	European External Action Service
<b>AI</b>	Artificial Intelligence	<b>EFGS</b>	European Federation Gateway Service
<b>AMC</b>	Antimicrobial consumption	<b>EFSA</b>	European Food Safety Authority
<b>AMR</b>	Antimicrobial resistance	<b>EFTA</b>	European Free Trade Association
<b>ARHAI</b>	Antimicrobial resistance and health-care-associated infections	<b>EHDS</b>	European Health Data Space
<b>AST</b>	'Assistant' Function Group	<b>EIOS</b>	Epidemic Intelligence from Open Source
<b>BREEAM</b>	Building Research Establishment Environmental Assessment Method	<b>EMA</b>	European Medicines Agency
<b>CA</b>	Contract agent	<b>EMAS</b>	EU Eco-Management and Audit Scheme
<b>CAAR</b>	Consolidated Annual Activity Report	<b>ENP</b>	European Neighbourhood Policy
<b>CAF</b>	Common Assessment Framework	<b>ENVI</b>	Committee on the Environment, Public Health and Food Safety of the European Parliament
<b>CCB</b>	Coordinating Competent Body	<b>EOC</b>	Emergency Operations Centre
<b>CDTR</b>	Communicable disease threats reports	<b>EPIET</b>	European Programme for Intervention Epidemiology Training
<b>COVID-19</b>	Coronavirus disease 2019	<b>EpiPulse</b>	European surveillance portal for infectious diseases
<b>CPD</b>	Continuous Professional Development	<b>ESAC-Net</b>	European Surveillance of Antimicrobial Consumption Network
<b>DCG</b>	Director Consultation Group	<b>ESCAIDE</b>	European Scientific Conference on Applied Infectious Disease Epidemiology
<b>DG ECHO</b>	Directorate-General for European Civil Protection and Humanitarian Aid Operations	<b>EU</b>	European Union
<b>DG HERA</b>	Directorate-General for Health Emergency Preparedness and Response Authority	<b>EUAN</b>	European Union Agencies Network
<b>DG INTPA</b>	Directorate-General for International Partnerships	<b>EUHTF</b>	EU Health Task Force
<b>DG NEAR</b>	Directorate-General for Neighbourhood and Enlargement Negotiations	<b>EULabCap</b>	EU Laboratory Capability Monitoring System
<b>DG SANTE</b>	Directorate-General for Health and Food Safety	<b>EUPHEM</b>	Public health microbiology path of the ECDC Fellowship Programme
<b>DPO</b>	Data Protection Officer	<b>EURL</b>	European Union Reference Laboratories
<b>DTS</b>	Digital Transformation Services	<b>Euro-GASP</b>	European Gonococcal Antimicrobial Surveillance Programme
<b>DVD</b>	Directly transmitted and Vaccine-preventable Diseases	<b>EVA</b>	ECDC Virtual Academy
<b>EEA</b>	European Economic Area	<b>EVIP</b>	EU Vaccination Information Portal
<b>EAAD</b>	European Antibiotic Awareness Day		

<b>EWRS</b>	Early Warning and Response System	<b>PHEPA</b>	Public Health Emergency Preparedness Assessment
<b>FG</b>	Function Group	<b>PRIME</b>	Planning, Resources, Information, Monitoring and Execution
<b>FTE</b>	Full-time equivalent	<b>RMS</b>	Resource Management Services
<b>FWD</b>	Food- and waterborne diseases and zoonoses	<b>RRA</b>	Rapid Risk Assessment
<b>GOARN</b>	WHO Global Outbreak Alert and Response Network	<b>RSV</b>	Respiratory syncytial virus
<b>HAI</b>	Healthcare-associated infection	<b>SARI</b>	Severe Acute Respiratory Infection
<b>HAI-Net</b>	Healthcare-Associated Infections Surveillance Network	<b>SARMS</b>	Scientific Advice Repository and Management System
<b>HIV</b>	Human immunodeficiency virus	<b>SARS-CoV-2</b>	Severe acute respiratory syndrome coronavirus 2
<b>HR</b>	Human Resources	<b>SCBTH</b>	Serious Cross-Border Threats to Health (Regulation (EU) 2022/2371)
<b>HSC</b>	EU Health Security Committee	<b>SDD</b>	Staff Development Dialogue (appraisal)
<b>IAS</b>	Internal Audit Service	<b>SDG</b>	Sustainable Development Goals
<b>ICF</b>	Internal Control Framework	<b>SEC</b>	Scientific Evidence and Communication
<b>IMF</b>	Integrated Management Framework	<b>SNE</b>	Seconded National Expert
<b>IP</b>	Internal procedure	<b>SoHO</b>	Substances of Human Origin
<b>IPC</b>	Infection prevention and control	<b>SPD</b>	Single Programming Document
<b>JIACRA</b>	Joint Interagency Antimicrobial Consumption and Resistance Analysis	<b>SPR</b>	Surveillance, Preparedness and Response
<b>JRC</b>	Joint Research Centre	<b>STI</b>	Sexually transmitted infection
<b>KPI</b>	Key Performance Indicator	<b>TA</b>	Temporary agent
<b>MB</b>	Management Board	<b>TB</b>	Tuberculosis
<b>MDRO</b>	Multidrug-resistant organism	<b>TESSy</b>	The European Surveillance System
<b>MediPIET</b>	Mediterranean and Black Sea Programme for Intervention Epidemiology Training	<b>VEBIS</b>	Vaccine Effectiveness, Burden and Impact Studies
<b>MoU</b>	Memorandum of Understanding	<b>WGS</b>	Whole genome sequencing
<b>NFP</b>	National Focal Point	<b>WHO</b>	World Health Organization
<b>NITAG</b>	National Immunisation Technical Advisory Group	<b>WOAH</b>	World Organisation for Animal Health (formerly known as OIE)
<b>OHD</b>	One Health related Diseases (OHD)		
<b>PHE</b>	Public Health Emergency		



# Management Board analysis and assessment

The Management Board (MB) has reviewed ECDC's Consolidated Annual Activity Report for the financial year 2025. The MB appreciates the results achieved by the Centre and notes in particular the areas set out below.

## Implementation of the work programme 2025

The MB notes with satisfaction that ECDC was able to complete, or is in the process of completing, 92% of the outputs in its Single Programming Document (SPD) 2025–2027.



## Human resources

As part of the review of ECDC's mandate, the Centre received an additional 73 posts, covering both Temporary Agents (TAs) and Contract Agents (CAs), during the period 2021–2024. From 2025 onwards, recruitment activity primarily focused on replacing staff who left the Centre or were successful in recruitments for other posts.

In 2025, 17% of posts were filled by internal candidates transitioning to new roles within the organisation. In total, 23 posts were filled during the year. The Centre successfully maintained its vacancy rate below the 5% target, with 2.7% of TA posts remaining vacant at the end of 2025, defined as posts for which no employment offer had been accepted as of 31 December 2025.

## Budget

The Centre's core budget for 2025 (EUR 93.3 million) decreased by 0.6% compared to 2024 (EUR 93.9 million). Budget implementation in terms of commitment appropriations was 99.5% and in total, 79.3% of the Centre's budget was paid in 2025.

The Centre carried forward EUR 23.1 million from 2024 into 2025 and paid EUR 22.59 million throughout the year, corresponding to 96.4%.

## Public health emergencies

In 2025, no formal activation of ECDC's Public Health Emergency (PHE) plan was required. Throughout the year, the Centre nevertheless maintained a high level of readiness under its strengthened mandate, with core surveillance, epidemic intelligence and risk assessment functions operating continuously to monitor serious cross-border health threats. Beyond these core functions, ECDC further enhanced its internal and external preparedness. The Centre conducted an internal simulation exercise (SimEx) and specialised training to ensure staff readiness for rapid escalation.

EU Member States preparedness for potential public health emergencies was further reinforced through structured assessments of national preparedness and response capacities, including the publication of four Public Health Emergency Preparedness Assessment (PHEPA) country reports in 2025, supporting the identification of strengths, gaps and priority actions for Member States. This demonstrated the maturity and proportionality of ECDC's emergency preparedness framework and provided assurance that the Union remained well prepared to respond rapidly and effectively, should escalation have been required.

In its analysis and assessment, the Management Board welcomes the Consolidated Annual Activity Report 2025, noting that it provides a comprehensive overview of the Centre's achievements in 2025, in line with the objectives set out in the Single Programming Document 2025–2027.

# Foreword

## by the Chair of the Management Board

**It is a pleasure to present the ECDC Consolidated Annual Activity Report 2025.** The year marked a milestone for the Centre: 20 years of supporting European health security through independent science, strong surveillance and close cooperation with Member States and partners. In a context characterised by evolving communicable disease threats, geopolitical uncertainty and a rapidly changing information environment, ECDC's work in 2025 again demonstrated the value of preparedness, evidence and collaboration.

ECDC continued to serve as a trusted European Union/European Economic Area (EU/EEA) reference point for communicable disease prevention and control. Core work on surveillance, risk assessment, preparedness and response supported coordinated action across borders, with a focus on respiratory viruses, antimicrobial resistance, genomics and epidemic intelligence. Preparedness further matured through assessments of national capacities, simulation exercises and operational support, including via the EU Health Task Force, helping Member States strengthen preparedness and response to public health threats.

The One Health approach was further integrated into ECDC's scientific and operational work. Closer alignment of human, animal and environmental health perspectives, particularly in addressing antimicrobial resistance, supported more coherent prevention and control strategies.

ECDC also strengthened its scientific, organisational and digital capabilities. Improved scientific methods, advice processes, modelling and foresight supported planning in areas of uncertainty, alongside continued efforts to ensure accessible evidence, monitor misinformation trends and support risk communication. Governance for emerging technologies, including responsible approaches to artificial intelligence, was further developed.

Global engagement continued to add value for Europe and supported surveillance and preparedness in the EU and beyond, reflecting the shared nature of health security. In 2025, the Management Board approved Memoranda of Understanding (MoUs) with enlargement countries, the International Association of National Public Health Institutes, the Gulf Centre for Disease Prevention and Control, and both an MoU and a data storage agreement were signed with the World Health Organization (WHO) Regional Office for Europe.

Throughout 2025, the Management Board remained closely engaged in ECDC's strategic direction and the implementation of the strengthened mandate. The Board was regularly updated on Public Health Emergency Preparedness Assessments (PHEPAs) and discussed priority areas such as vaccination, vector-borne diseases, One Health, EU Reference Laboratories, and the contribution of social and behavioural sciences to sound decision-making.

In line with its statutory responsibilities, the Board approved the Consolidated Annual Activity Report 2024, the final annual accounts for 2024, the ECDC Single Programming Document 2026–2028 and the Budget and Establishment Table 2026, and discussed the draft Single Programming Document 2027–2029.

A defining moment of the year was the Fourth Joint Strategy Meeting, held in the context of ECDC's 20th anniversary. It brought together governance and country stakeholders for a forward-looking exchange on achievements and priorities, highlighting the



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importance of strong surveillance networks, rapid risk assessment, capacity building and communication that fosters trust, as well as the challenges ahead, including antimicrobial resistance, climate-related pressures and misinformation.

This report shows a Centre strengthening its scientific base and preparedness while deepening partnerships across Europe. I thank my fellow Management Board members for their constructive engagement, and ECDC staff and partners for their professionalism and commitment. Building on two decades of

progress, we must continue to work together to protect health in Europe and keep evidence and trust at the core of our collective action.

**Gesa Lücking**

Chair of the ECDC Management Board

# Introduction

## by the Director

**I am pleased to present ECDC's Consolidated Annual Activity Report for 2025**, which highlights the Agency's progress and achievements and outlines the wide range of actions and activities undertaken in the past year.

Delivering on ECDC's strengthened mandate and the Regulation on serious cross-border threats to health has been the cornerstone of the Agency's work in 2025 and, together with our partners, we have collaborated to strengthen and improve public health capacities and resilience in Europe.

With health security high on the agenda, particular focus has been placed on strengthening the Agency's collaboration with the Member States, EU institutions and key partners in Europe and globally through a One Health approach.

To ensure ECDC is fully equipped to implement its new mandate, the Agency's working structure was adapted in 2025 with clear priorities set out to prevent, detect and respond in a timely and efficient manner to Member States' public health needs, and strengthen public health systems in a post-COVID-19 era.

ECDC has taken innovative action both within the organisation and with its partners to coordinate and drive AI developments and to optimise the use of new large-scale data tools. Furthermore, EpiPulse Events, the secure notification system used by ECDC and Member States, was enhanced, enabling faster information exchange and more effective coordination during emerging and ongoing public health events.

The Agency produced actionable scientific advice and guidance on priority disease topics to support countries. During the summer of 2025, record-breaking outbreaks of vector-borne diseases prompted ECDC to issue new guidance on practical surveillance, prevention and control measures, with tailored recommendations for EU/EEA countries. The evolving epidemiological situation with regard to avian influenza prompted the development of an ECDC scenario paper for pre-pandemic preparedness and response to guide scalable action in the EU/EEA. In addition, ECDC's rapid scientific advice on respiratory syncytial virus (RSV) disease for the 2025/26 winter season aimed to strengthen immunisation and prevention strategies in the event of expected case surges.

Effective prevention programmes are the backbone of flexible, resilient and sustainable public health action in times of crises, and scientific guidance and recommendations to strengthen disease-specific prevention and control programmes at the national level remain a key area of investment for ECDC in the years to come.

To support EU/EEA countries' prevention, preparedness and response mechanisms, ECDC carried out 12 Public Health Emergency Preparedness Assessments (PHEPAs) in 2025, offering a unique opportunity to develop specific and context tailored recommendations based on each country's needs and priorities. This was the highest number of assessments carried out in a year to date.

As part of continued efforts to strengthen the EU's health architecture, nine EU Reference Laboratories (EURLs) have been established to date. Coordinated by ECDC, the EURLs provide scientific and technical assistance to national reference laboratories and ensure data comparability and capacity strengthening.

Furthermore, in 2025 ECDC swiftly responded to Member States and global partners with targeted operational support via the EU Health Task Force. Through its growing pool of experts, in cooperation with global partners such as Africa CDC, the Task Force responded to 10 requests for assistance covering outbreak response,



simulation exercises, after-action reviews, capacity building and expert advice. Deployments were also carried out in the EU and internationally in response to a Shiga toxin-producing *E. coli* (STEC) outbreak as well as mpox and Ebola virus disease emergencies.

At the global level, ECDC's international collaboration increased significantly in the past year, resulting in the signature of seven MoUs with EU candidate and potential candidate countries. Negotiations were also underway with other international partners, including Gulf CDC, Africa CDC and WHO Regional Office for Europe. To date, ECDC has signed MoUs and bilateral agreements with 16 countries globally.

In November 2025, ECDC marked its 20-year anniversary with the participation of the EU Commissioner for Health, the EU Commissioner for Preparedness and Crisis Management, the Swedish Minister for Health, and other trusted public health partners at a high-level event. This was an occasion to reflect on how the Agency can capitalise on what has been achieved and identify what is still needed to ensure that it is prepared for the future and can contribute to health security.

As we move forward, ECDC is committed to advancing public health action and informing decision-making based on scientific evidence and expertise, as well as transparent and trustworthy cooperation.

Let me end by thanking my colleagues at ECDC for their dedicated commitment in support of this goal, as well as our partners in the Member States, the European Commission, the European Parliament and beyond for their close and fruitful collaboration.

I look forward to continuing to build on these relationships and achievements in the years to come, working towards a more resilient, healthier and safer Europe.

**Pamela Rendi-Wagner**  
ECDC Director

**With health security high on the agenda, particular focus has been placed on strengthening the Agency's collaboration with the Member States, EU institutions and key partners in Europe and globally through a One Health approach.**

# Executive summary

## Agency in brief

### Legal and procedural background

This Consolidated Annual Activity Report (CAAR) is prepared in accordance with Article 14(5)(g) of [Regulation \(EC\) No 851/2004](#)<sup>1</sup>, which requires the Management Board to adopt the Centre's general report on activities for the preceding year before 30 March. The final version of the CAAR 2025 was adopted by the Management Board at its 66th meeting, held on 26–27 March 2026.

### Mission and mandate

ECDC's mission, as set out in Article 3 of the Founding Regulation, is to identify, assess and communicate current and emerging threats to human health from communicable diseases and related special health issues, and to support prevention, preparedness and response at Union and national levels. The Centre provides science-based risk assessments, recommendations and technical support, working in close collaboration with Member States, the European Commission and international partners.

The Centre's mandate derives from Article 168 of the Treaty on the Functioning of the European Union, which establishes a high level of human health protection as a guiding principle for Union policies and actions.

### Core tasks

ECDC supports the European Union and its Member States in preventing and controlling communicable diseases by strengthening surveillance and epidemic intelligence, providing independent scientific advice and risk assessments, and facilitating the timely exchange of information on emerging health threats. Working in close cooperation with national public health authorities, EU institutions and international partners, the Centre also contributes to strengthening preparedness and response capacities, coordinating networks of expertise, supporting training and capacity building for the public health professions, and communicating reliable public health information across the Union.

### Vision and strategic orientation

ECDC's vision is to improve lives in Europe and globally through scientific excellence, empowering evidence-based public health policy and practice.

The Centre's work in 2025 was guided by the amended ECDC Strategy 2021–2027, structured around five strategic objectives covering scientific independence and excellence; provision of timely public-health intelligence to support evidence-informed decision-making; strengthened preparedness and response capacities for communicable disease threats; enhanced coordination and partnership with Member States and international partners, and a resilient, agile organisation supported by efficient systems and skilled staff<sup>2</sup>.

### Organisation

ECDC's organisational structure comprises operational, scientific and support functions designed to deliver its mandate effectively. During 2025, the Centre operated through scientific and operational units supported by resource management and digital transformation services.

On 1 June 2025, a new organisational structure entered effect. The structure in place at the end of 2025 is presented in Annex 3 (Organisational chart).

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

<sup>2</sup> The amended ECDC Strategy 2021–2027 is available on ECDC's website. (<https://www.ecdc.europa.eu/sites/default/files/documents/amended-ECDC-Strategy-2021-2027.pdf>)

This report follows the structure of ECDC's Single Programming Document (SPD) 2025–2027 and presents the Centre's achievements in alignment with the amended ECDC Strategy 2021–2027.

## Major developments

In 2025, the Centre reinforced its strategic position within an evolving EU health security framework, characterised by sustained institutional scrutiny and continued demand for decision-ready public health intelligence. The year marked a phase of structural consolidation, strengthening the institutional, analytical and organisational foundations underpinning Union-level preparedness and response.

### Strengthened institutional engagements

Engagement with the European Parliament evolved following the establishment of its stand-alone Committee on Public Health (SANT). The creation of a dedicated parliamentary structure for public health reinforced expectations regarding transparency, methodological rigour and responsiveness, consolidating the Centre's role as an independent scientific authority within EU policy and oversight processes. In parallel, continued support to the European Commission in coordinating EU health security policy required sustained delivery of surveillance intelligence, risk assessments and technical advice under demanding timelines. This further strengthened internal coordination mechanisms and analytical consistency across functions.

### A more coherent EU health security ecosystem

Cooperation with Member States, EU institutions and agencies, and international partners advanced towards greater system coherence. Clearer definition of roles, reinforced cross-agency coordination and strengthened alignment with Union priorities contributed to a more integrated EU health security architecture and reduced fragmentation across shared mandates.

### Integrated intelligence and surveillance maturity

EU-level surveillance and epidemic intelligence progressed towards a mature, year-round intelligence model capable of supporting earlier risk identification and proportionate response. Enhanced interoperability, structured information exchange and closer integration of monitoring and assessment functions increased the strategic and operational value of EU public health intelligence.

### Preparedness embedded as a core institutional function

Preparedness and response capacities were further embedded as standing institutional capabilities. More systematic assessment approaches, scenario-based planning and strengthened coordination arrangements reinforced operational readiness and predictability of support within the Union framework, consolidating preparedness as a core element of the Centre's mandate.

### Digital capability consolidation and AI governance

The Centre strengthened its digital foundations to manage increasing data volumes and accelerate secure analytical processing. Platform evolution and improved data workflows enhanced scalability, reliability and resilience across surveillance and intelligence systems.

In parallel, the Centre strengthened its governance for AI, approving a dedicated steering structure to reinforce oversight, coordination and risk awareness. This marked an important step in aligning innovation with regulatory expectations and embedding responsible AI use in support of the Centre's strategic priorities.

### Organisational alignment with strengthened mandate

During 2025, the Centre aligned its internal structures with the strengthened mandate and its expanding coordination responsibilities at the EU level. Clearer delineation of roles and reinforced cross-unit coherence enhanced institutional resilience and analytical consistency, supporting sustained delivery under increased demand and institutional scrutiny.

# 2025 in brief

In 2025, ECDC consolidated its role as the European Union's independent scientific authority for communicable diseases, demonstrating how coordinated surveillance, rigorous risk assessment and structured preparedness translate into measurable health security across borders. The year also marked 20 years of strengthening Europe's health security. For over two decades, the Centre has supported Member States and EU institutions with independent scientific evidence and advice, coordinated surveillance and structured preparedness support. In a context shaped by evolving health threats, geopolitical complexity and heightened information volatility, 2025 demonstrated how sustained commitment to shared intelligence, preparedness and partnership translates into measurable European resilience.

**In a context shaped by evolving health threats, geopolitical complexity and heightened information volatility, 2025 demonstrated how sustained commitment to shared intelligence, preparedness and partnership translates into measurable European resilience.**

**Working closely** with Member States, the European Commission and the European Parliament, and in coordination with international counterparts, ECDC continued to serve as the EU's independent scientific reference point for communicable diseases. Expanded integrated surveillance, structured epidemic intelligence and rigorous risk assessment enabled earlier detection of cross-border signals and supported timely, evidence-informed decisions at national and EU levels.

**Integrated year-round respiratory surveillance** covering COVID-19, influenza and RSV improved comparability of trends across countries and supported coordinated seasonal response. EU-level antimicrobial resistance and antimicrobial consumption surveillance provided robust benchmarking data to track progress towards EU targets and informed follow-up to the [Council Recommendation on stepping up EU action against antimicrobial resistance \(AMR\) within a One Health framework](#). Targeted risk assessments on carbapenem-resistant Enterobacterales further supported coordinated EU-level public health action in response to high-risk trends in healthcare settings. Targeted vaccine-effectiveness studies, systematic

evidence reviews and threat assessments, including work on RSV immunisation strategies, influenza A(H3N2) subclade dynamics and post-COVID-19 condition, strengthened the scientific basis for national vaccination policies and seasonal preparedness decisions. Joint work with the European Food Safety Authority (EFSA) on avian influenza delivered coordinated risk assessments and technical guidance, supporting preparedness at the human-animal interface. In addition, a strategic framework for integrating wastewater-based surveillance into routine infectious disease surveillance across the EU/EEA was established, strengthening harmonised early-warning capacity and expanding the evidence base for public health decision-making<sup>3</sup>.

**Preparedness and response** operated as structured, standing capabilities through Public Health Emergency Preparedness Assessments (PHEPAs), simulation exercises, and guidance on public health and social measures. ECDC supported Member States in identifying systemic gaps and prioritising improvements. Rapid risk assessments and targeted EU Health Task Force deployments provided surge expertise during outbreaks and serious cross-border threats, reinforcing collective health security in practice. These mechanisms strengthened the Union's capacity not only to react, but to anticipate and manage infectious disease risks in a coordinated and scalable manner.

**The One Health approach** gained deeper operational traction. Cross-agency coordination, strengthened engagement with Member States and closer alignment between human, animal and environmental health domains advanced more coherent prevention and control strategies, particularly in addressing antimicrobial resistance. By breaking down scientific silos and working across disciplines, ECDC contributed to a more integrated and future-oriented European health security architecture, including coordinated cross-agency outputs and high-level institutional engagement during 2025.

<sup>3</sup> 'ECDC framework to guide the integration of wastewater-based surveillance into infectious disease surveillance at the EU/EEA level, December 2025' (<https://www.ecdc.europa.eu/sites/default/files/documents/wastewater-based-surveillance-framework.pdf>)

**Scientific excellence and knowledge transfer** remained central. Revised scientific advice processes strengthened transparency and methodological robustness. EU-level foresight, modelling and ensemble forecasting informed strategic planning in areas of uncertainty<sup>4</sup>. Through *Eurosurveillance*, ESCAIDE and reinforced external communication, ECDC ensured that high-quality evidence remained accessible, timely and trusted. In a volatile and increasingly fragmented information environment, the Centre reinforced European resilience to misinformation through systematic monitoring, shared analysis and coordinated risk communication support.

**Global and neighbourhood engagement** extended the impact of EU health security beyond its borders. Cooperation with enlargement and neighbouring countries, structured collaboration with Africa CDC and strengthened engagement with peer public health authorities enhanced preparedness and surveillance capacity in interconnected regions, recognising that early detection and coordinated response outside the EU contribute directly to protection within it.

**Institutional and digital capabilities** were further advanced to sustain delivery at European scale. Modernised surveillance platforms and data workflows

improved interoperability, secure exchange and analytical capacity. Artificial intelligence governance was formalised to ensure responsible and accountable use of emerging technologies, in alignment with regulatory and ethical standards. Reinforced organisational foundations, financial stewardship and operational capacity provided the stability, accountability and continuity required to deliver ECDC's mandate with credibility.

**Together, the achievements of 2025** demonstrate a Centre that is scientifically rigorous, operationally agile and strategically anchored. By improving shared surveillance and intelligence, supporting preparedness planning and outbreak response, advancing One Health collaboration and ensuring global partnership, digital capability and organisational integrity, ECDC contributed to Europe's collective capacity to prepare, prevent and protect, building trust through timeliness, teamwork and independent scientific authority.

**This executive summary** captures the strategic direction and collective impact of ECDC's work in 2025. Part 1 sets out the concrete achievements delivered under each Strategic Objective and demonstrates how these priorities translated into measurable results across the Centre.

<sup>4</sup> Including delivery through ECDC modelling hubs such as RespiCast and RespiCompass. RespiCast is a platform developed by ECDC for forecasting respiratory disease indicators, including influenza-like illness and acute respiratory infections. It aims to provide reliable information on the short-term epidemiological evolution of respiratory illnesses in Europe. RespiCompass, launched in December 2024, uses mathematical modelling to simulate respiratory disease dynamics under various scenarios, helping to assess the impact of public health interventions like vaccination on disease burden. This platform is designed to guide policy decisions and strengthen modelling capacity within the EU/EEA.



# Part 1:

## Achievements

ECDC's achievements in 2025 are presented in this section. They are organised in line with the Centre's five Strategic Objectives and structured according to the Action Areas defined in the 2025 Work Programme, ensuring alignment with the strategic priorities for 2025 set out in the '[Single Programming Document 2025–2027](#)'.

For the purposes of this report, an achievement denotes a substantive and demonstrable result achieved during the reporting year that advances the implementation of the Strategic Objectives. The achievements presented in Part 1 reflect the completion or consolidation of priority initiatives, the delivery of outputs with clear relevance for the European Union and its Member States and EEA countries, and the attainment of key milestones within multiannual programmes.

The results described capture progress achieved in 2025 while recognising continuity with activities initiated in previous years and their contribution to longer-term strategic objectives under the Centre's mandate. Supporting qualitative and quantitative information is provided in Annex 1 (Core business statistics 2025), Annex 1a (Indicators of the multiannual programme) and Annex 1b (Strategic objectives 1–5 – Performance indicators).



# Strategic objective 1

**Maintain the independence and rigour of scientific processes and strengthen the relevance and accessibility of scientific outputs to support public health policies and practices at national and EU levels**



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

### **Strengthening the independence, consistency and relevance of ECDC scientific advice**

In 2025, ECDC strengthened the independence, consistency and relevance of its scientific advice by revising its scientific advice process and initiating implementation across disease areas and mandates. The revised approach provides for transparent and systematic integration of evidence from multiple streams, including surveillance data and scientific literature, combined with multidisciplinary critical appraisal and structured consultation with stakeholders and experts. This supports greater confidence among national authorities and EU partners in the reliability and robustness of ECDC advice, while ensuring potential sources of bias are actively addressed.

### **Increased transparency of planned and ongoing scientific outputs**

From 2025 onwards, national authorities and EU partners can track ECDC's planned and ongoing scientific outputs, including their status and expected publication dates, through [a publicly accessible dashboard](#) that is updated on a weekly basis.

This increased transparency reduces uncertainty for national authorities and EU partners, and enables earlier planning, alignment and coordination across countries.

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

In 2025, ECDC continued to strengthen the scientific basis for public health action by bringing together the infectious disease community to share evidence, expertise and experience, supporting informed decision-making at EU and national levels.

### **ESCAIDE: enabling scientific exchange and collaboration at the EU level**

The ECDC scientific conference ESCAIDE is firmly established as a key EU-level forum for networking and the exchange of evidence and experience relevant to infectious disease epidemiology, preparedness, prevention and control. ESCAIDE 2025 brought together more than 4 000 registered participants from 126 countries, with almost 3 000 participants engaging actively in person or online over three days. This scale and diversity of engagement provided opportunities for exchange that individual countries could not achieve alone. The successful delivery of the conference was underpinned by close collaboration with the host city (Warsaw) and country (Poland).

By convening epidemiologists, public health microbiologists, practitioners, policymakers and other experts across disciplines, ESCAIDE enabled active scientific exchange and professional interaction, fostering a shared understanding of emerging evidence and public health challenges relevant to EU/EEA decision-making. The programme featured more than 300 speakers and moderators and generated over 3 000 audience interactions through questions, comments and polls. Participant feedback confirmed the value of the conference, with 95.7% of respondents reporting that they were 'extremely' or 'very much' satisfied.

### Scientific outputs: improving accessibility, relevance and impact

Progress continued in 2025 on a Scientific Evidence and Communication (SEC) initiative to re-engineer ECDC scientific outputs in response to external stakeholder feedback, with the aim of improving accessibility, relevance and actionability. During the first phase, three project streams were completed, resulting in a new publications monitoring mechanism, the selection of a modern publishing tool, and the identification of new content types to address recognised gaps. The second phase of this work will continue in 2026.

### *Eurosurveillance*: trusted evidence supporting public health action

*Eurosurveillance* has provided a diamond open-access (OA) platform for data and evidence to support timely public health action since 1996. The final report of the external evaluation noted that the journal has firmly established itself as a unique, valuable and trusted resource in the field of infectious diseases epidemiology, and consistently provides reliable, high-quality articles facilitating effective knowledge sharing. Collaboration was seen as one of its strengths, actively fostering cooperation among authors, organisations, countries, and disciplines. Rapid communications were once again confirmed as a strong asset.

The annual theme for 2025, 'Vaccine-preventable diseases in humans – today's challenges and tomorrow's opportunities', addressed a timely and policy-relevant topic. Of the 217 articles published during the year, 34 covered vaccination-related aspects supporting public health action and policy. In particular, a study from Denmark provided real-world evidence of stable protection against human papillomavirus (HPV)-related cervical cancer and evidence that vaccines work. The theme was further explored through the scientific seminar 'Vaccines and tomorrow's opportunities for public health', held at ESCAIDE in November 2025.

### Diversity, collaboration and capacity building in scientific writing inclusion

*Eurosurveillance* continued to promote diversity and inclusion through targeted policies and monitoring. A repeated audit of the editorial board and reviewer composition confirmed a balanced editorial board, while the previous male predominance among reviewers decreased further in 2025 (male: 264; female: 244). External recognition of these efforts was reflected in the award of a prize at the European Association of Science Editors conference for the poster 'Diversity and inclusion among *Eurosurveillance* authors and peer reviewers'.

In 2025, *Eurosurveillance* also initiated the creation of a Chief Editors' Community of Practice Network (ECON), bringing together editors from open-access journals published by non-profit public health organisations. The network, launched in February, includes editors representing six journals and provides a forum for structured exchange on topics of mutual interest. Collaboration is expected to continue in 2026, with *Eurosurveillance* acting as secretariat.

Capacity building in scientific writing and publishing was further supported through six face-to-face workshops delivered to experts in national public health institutes (Belgium, Italy, Poland), a jointly developed scientific writing workshop with ECDC colleagues and Africa CDC, and two workshops integrated into ECDC fellowship training modules. Feedback was very positive, with participants highlighting the practical skills and insights gained.

### Outreach, visibility and responsiveness to emerging challenges

*Eurosurveillance* editors engaged with key scientific audiences in 2025 through participation as moderators and presenters at major conferences, including the European Society of Clinical Microbiology and Infectious Diseases (ESCMID), the European Society for Paediatric Infectious Diseases (ESPID) and ESCAIDE. These activities contributed to increased visibility and to a rise in article submissions, reaching levels not observed since the peak pandemic years. Citation metrics and rankings remained stable, with *Eurosurveillance* consistently positioned in the top quartile and frequently among the top 10 journals in its category.

*Eurosurveillance* editors recognised the importance of addressing mis- and disinformation through rigorous and sound information in published articles, and the fact that there is a need to both harvest opportunities and understand risks from AI tools while ensuring human oversight. In 2025, a pilot was launched using AI to create visual abstracts for selected articles; three were published during the year, and the pilot will continue in 2026.

## Enterprise Content Management Platform (ECMP): External collaboration spaces

In 2025, the Collaboration Centre continued to function as a core platform for inter-agency and external partner collaboration. Record levels of activity were observed, with existing extranets remaining highly engaged and new collaboration spaces launched to facilitate joint projects, expert networks, and cross-organisational workflows.

Feedback from internal and external stakeholders highlighted improvements in the consistency of site structures and smoother document exchange. These developments strengthened ECDC's coordination with Member States and partners, enabling more reliable and timely information sharing, and supporting more effective external collaboration in practice.

## Artificial Intelligence (AI) Working Group

In 2025, the AI Working Group continued to provide a governance mechanism for steering the responsible use of AI at ECDC. Activities during the year supported the expansion of the AI use-case repository, the establishment of a consolidated overview of available and approved AI tools mapped to corresponding use cases, the approval of several AI risk assessments, and the coordination of pilot activities with business units.

Structured exchanges with sister agencies, together with internal knowledge-sharing and reflection activities, facilitated the dissemination of best practices, consideration of governance approaches, and ongoing assessment of emerging risks and opportunities related to AI. These exchanges contributed to greater consistency across agencies and supported a more coherent and risk-aware approach to AI adoption, while also identifying areas for harmonised practices, shared expertise, and potential joint initiatives. During the year, particular emphasis was placed on advancing the organisational AI strategy, further strengthening governance frameworks.

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

In 2025, ECDC delivered EU-level foresight through the publication of '[Future challenges for infectious diseases and control](#)', providing an assessment of long-term drivers and risks that individual countries cannot address alone. This analysis supported strategic planning across the EU/EEA by identifying emerging threats and system pressures relevant to future prevention and preparedness.

ECDC further strengthened evidence-informed decision-making by integrating biostatistical and modelling expertise more systematically into routine disease programme work. EU-level ensemble forecasts and scenario modelling, made available through the ECDC hubs RespiCast and RespiCompass, informed preparedness and response at both EU and national levels, supporting timely assessments.

To address critical knowledge gaps, ECDC identified and communicated EU-relevant research priorities in areas including tuberculosis, viral hepatitis and One Health. This supported alignment of research investment with public health needs and reinforced Europe's collective ability to anticipate, prevent and respond to infectious disease threats.

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

In 2025, ECDC's external and risk communication focused on positioning the Centre as a trusted, science-led and proactive voice across Europe, in support of its strategic priorities and planned communication outputs. Emphasis was placed on translating complex evidence into accessible and relevant information for diverse and increasingly fragmented audiences, while maintaining scientific integrity.

## Public health awareness and coordinated messaging

ECDC delivered a comprehensive portfolio of public health awareness activities in partnership with Member States and key stakeholders. Ten campaigns addressed priority infectious disease and prevention topics, translating evidence into clear and actionable messages adaptable to national contexts. Coordinated messaging, visuals and timing helped maximise reach and impact while allowing local flexibility, supporting public understanding and behaviour-relevant decision-making.

## Adapting communication to changing media consumption

In response to changing media consumption patterns and declining trust in traditional channels, ECDC further adopted its communication approach by systematically complementing established channels with targeted digital outreach, social media engagement and collaboration with trusted intermediaries. Through partnerships with content creators, ECDC reached 7.4 million people, while social media audiences increased by 4%. This multi-channel approach extended the visibility of authoritative public health information, particularly among younger and digitally native audiences, in a polarised information environment where misinformation often spreads faster than evidence. By aligning communication channels with audience behaviour and combining scientific credibility with modern digital engagement, ECDC strengthened its capacity to deliver trusted, cost-effective and accurate communication.

**ECDC strengthened its response to misinformation by scaling up infodemic management activities, including social media listening to support early detection of emerging false narratives.**

## Addressing misinformation and strengthening infodemic management

ECDC strengthened its response to misinformation by scaling up infodemic management activities, including social media listening to support early detection of emerging false narratives. A bi-weekly analytical report shared with Member States supported countries with limited monitoring capacity and helped fortify collective awareness and coordination. This work responded to a clear need to reinforce European and national resilience to misinformation through shared analysis, pooled expertise and more consistent responses.

## Sustaining authoritative communication on vaccination

Authoritative and accessible communication on vaccination was sustained through the [European Vaccination Information Portal \(EVIP\)](#), which remained a vital source of neutral, evidence-based information for citizens, particularly in parts of southern and eastern Europe where access to reliable health information is critical for vaccination uptake. By providing scientifically validated, non-promotional content in all EU languages, EVIP supported national communication efforts, reinforced health literacy and delivered continued European added value.

## Leadership engagement and institutional credibility

Institutional visibility and leadership engagement were further strengthened through the ECDC LinkedIn Ambassador initiative, which supported more proactive and coordinated communication by senior management. The initiative contributed to alignment between scientific evidence and policy discourse at European and national levels. By leveraging senior voices as trusted ambassadors, ECDC strengthened strategic engagement with professional audiences on digital platforms, increased institutional visibility and supported a more modern, coherent approach to leadership communication.

## Strengthened Member State communication capacity

ECDC continued to support Member State communication capacity by further developing reusable and adaptable communication materials. This enabled national and regional authorities to tailor content to local contexts while reducing duplication of effort and ensuring scientific accuracy and message coherence across the EU/EEA. The shift towards evergreen resources supported a more sustainable and efficient model for risk communication.

## Engagement with the scientific and public health community

ECDC strengthened its engagement with the scientific community and public health professionals through a strategic presence at four major European conferences. Direct interaction enabled two-way exchange, reinforced confidence in ECDC's role and reputation as a hub for evidence-based public health action and contributed to the Centre's commitment as an attractive workplace for public health professionals.



## Strategic objective 2

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

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

#### **Integrated year-round surveillance of respiratory viruses for better epidemic and pandemic preparedness**

In 2025, ECDC strengthened integrated, year-round surveillance of respiratory viruses and continued weekly reporting through the European Respiratory Virus Surveillance Summary, covering COVID-19, influenza and respiratory syncytial virus. This enhanced and integrated surveillance enabled earlier detection of trends and supported timely EU-level risk assessment. It also directly informed actions such as the production of a Threat Assessment Brief on the risk of influenza in the EU/EEA in the context of increasing circulation of A(H3N2) subclade K, providing advance information to Member States to help mitigate the impact on populations and healthcare services.

In parallel, ECDC continued to deliver quarterly reports with updates on avian influenza in collaboration with EFSA, applying a One Health perspective and including assessments of infection risk for EU/EEA populations.

Overall, year-round supranational surveillance of respiratory viruses strengthened epidemic and pandemic preparedness, enabling earlier warning, risk assessment and more effective response.

#### **Enhanced surveillance of vaccine-preventable diseases and monitoring of vaccination coverage to inform programmes and recommendations**

ECDC enhanced surveillance of vaccine-preventable diseases, with particular focus on diseases targeted for elimination or that pose significant cross-border threats. Monthly reports on measles, rubella and diphtheria, alongside integrated genomic surveillance of meningococcal disease, and annual reporting on other vaccine-preventable diseases such as pertussis, provided timely and comparable evidence across the EU/EEA.

These surveillance outputs, together with targeted risk assessments, incorporated analyses of vaccination coverage data. Attention was given to polio following detections of vaccine-derived virus in wastewater samples in the EU, including detailed analysis of subnational vaccination coverage, allowing for a more comprehensive assessment of risk and informed recommendations. Enhanced vaccination coverage data were also published for COVID-19 and seasonal influenza, and work progressed on a public vaccination coverage dashboard.

This strengthened surveillance and monitoring, supported national vaccination programmes and informed EU/EEA-level risk assessments and global control strategies.



## Enhanced seasonal surveillance of vector-borne diseases, enabling timely risk assessment and response

In 2025, ECDC further enhanced seasonal surveillance of food-, water- and vector-borne diseases, including zoonotic diseases, by systematically integrating indicator-based and event-based surveillance data. Enhanced seasonal surveillance was successfully implemented for West Nile virus disease (in collaboration with EFSA), dengue, chikungunya, Zika virus disease and Crimean-Congo haemorrhagic fever across the EU/EEA.

Weekly reports provided epidemiological summaries, overview tables on case numbers and cluster status, and interactive mapping. These new outputs delivered timely, actionable information to public health authorities, supporting appropriate response measures, including blood safety interventions.

## Robust and comparable EU-level data to strengthen the response to antimicrobial resistance

ECDC's coordinated surveillance of antimicrobial resistance (AMR) and antimicrobial consumption (AMC) strengthened situational awareness across the EU/EEA. The data enabled national benchmarking and informed assessment of progress towards the AMR and AMC targets set out in the Council Recommendation on stepping up EU action against AMR, within a One Health framework.

The Centre also ensured that EU/EEA surveillance data contributed effectively to international monitoring of AMC and AMR by harmonising protocols, where feasible, and reporting data to the WHO Global Antimicrobial Resistance and Use Surveillance System, thereby reducing duplication of reporting obligations for countries. Member States were further supported through harmonised guidance and tools, including the genomic surveillance protocol for carbapenem-resistant Enterobacterales (CRE), strengthening understanding of epidemiological patterns and enabling detection of cross-border outbreaks.

Overall, the EU/EEA AMC and AMR surveillance data collected, processed and disseminated in 2025 fortified both the European and global response to AMR.

## Monitoring progress towards SDG targets to support disease prevention and control

ECDC improved strategic information for disease prevention and control by collecting and analysing monitoring data on progress towards SDG 3.3 targets for HIV, viral hepatitis and TB. In 2025, the Centre published its first report on monitoring results on the responses to sexually transmitted infection epidemics in the EU/EEA.

In the context of the Polish presidency event 'Progress in the realisation of SDG 3.3 and other challenges in support of EU/EEA countries', ECDC published a cross-cutting report on EU progress towards SDG 3.3 for HIV, sexually transmitted infections (STI), tuberculosis (TB) and viral hepatitis. Several other reports were published on the state of disease prevention and control in the EU/EEA (e.g. on hepatitis B vaccination policies, practices, and challenges, and testing of HIV, hepatitis B and hepatitis C). Surveillance for SDG-targeted diseases was strengthened by an ECDC report mapping the characteristics of surveillance systems for HIV/AIDS across the EU/EEA countries.

Joint ECDC-WHO Regional Office for Europe surveillance reports on TB and HIV/AIDS enabled countries to benchmark progress and identify areas for improvement against internationally agreed targets.

## Strengthened epidemic intelligence through structured information exchanges with Member States

In 2025, ECDC strengthened epidemic intelligence through the implementation of bi-weekly Round Table meetings with EU/EEA Member States, coordinated by the Epidemic Intelligence team. These exchanges complemented event-based surveillance by enabling timely sharing of information on emerging events and response measures across countries.

An evaluation of the first six months of implementation, initiated in December 2025, indicated highly positive results. Overall, the information exchange enhanced shared situational awareness at the EU level and supported timely assessment of emerging public health threats in the EU/EEA and globally with the Epidemic Intelligence Network.

## EU Reference Laboratories (EURLs): advancing sustainable laboratory capacity and support

During 2025, EURLs were implemented as planned in close collaboration with the European Commission. The first set of EURLs became operational in January 2025, covering antimicrobial resistance in bacteria, vector-borne viral pathogens, emerging rodent-borne and zoonotic viral pathogens, high-risk emerging and zoonotic bacterial pathogens, *Legionella*, and diphtheria and pertussis.

Work progressed throughout the year to support the transition of three additional designated EURLs – covering food- and waterborne bacteria, food-, water- and vector-borne helminths and protozoa, and food- and waterborne viruses – towards operational readiness in early 2026. In parallel, a tenth EURL dedicated to respiratory viruses was designated, with commencement of operations planned for the first quarter of 2027.

The EURL framework strengthened high-quality, standardised laboratory capacity and support across the EU/EEA, contributing to long-term sustainability and operational continuity.

### Integration of wastewater-based surveillance (WBS) into infectious disease surveillance

In December 2025, ECDC established a strategic framework for integrating wastewater-based surveillance (WBS) into infectious disease surveillance and public health decision-making at the EU/EEA level through the publication of dedicated guidance. The framework sets out a common and operational approach for embedding WBS within routine surveillance systems and provides structured guidance to policymakers, public health authorities and relevant sectoral actors. By defining methodological considerations, mapping European initiatives and clarifying implementation challenges, the framework strengthens harmonisation and comparability of environmental surveillance data across Member States. This enhances the systematic use of WBS for early warning and supports more timely, evidence-based public health action at the EU level.

Through targeted risk assessments and surveys, ECDC strengthened situational awareness and identified opportunities to enhance countries' capacities to detect, monitor and control AMR and HAIs.

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

### Reinforced evidence-based decision-making to respond to urgent antimicrobial resistance (AMR) threats using a One Health approach

In 2025, ECDC reinforced evidence-based decision-making to support EU and national responses to urgent threats related to antimicrobial resistance (AMR) and healthcare-associated infections (HAIs). Through targeted risk assessments and surveys, ECDC strengthened situational awareness and identified opportunities to enhance countries' capacities to detect, monitor and control AMR and HAIs across three priority areas: carbapenem resistant Enterobacterales (CRE), *Candidozyma auris*, and healthcare-associated infections and antimicrobial use in long-term care facilities.

These assessments generated concrete, data-driven recommendations to support policymaking at EU and country levels, with a particular focus on enhancing infection prevention and control measures and antimicrobial stewardship in healthcare facilities. The updated rapid risk assessment (RRA) on CRE was triggered by the ongoing increase in incidence running counter to the reduction targets set out in the [Council Recommendation on stepping up EU actions to combat AMR in a One Health approach \(EU 2023/220/01\)](#) and highlighted the high risk for public health and patient safety. Drawing on EU/EEA phenotypic and genotypic surveillance data, the assessment also underlined the need for innovation and improved access to novel antimicrobials. The assessment informed a [Health Security Committee Opinion on the rapidly increasing incidence of CRE in healthcare settings](#), further reinforcing commitments to coordinated EU/EEA and country-level action.

Through continued One Health collaboration with other EU agencies, ECDC contributed to two joint publications in 2025: the EFSA, ECDC, European Chemicals Agency (ECHA), European Environment Agency (EEA), European Medicines Agency (EMA) and Joint Research Centre (JRC) scientific report on the impact of

non-medical azole fungicide use on azole-resistant *Aspergillus* spp., and the fourth ECDC, EFSA and EMA inter-agency report integrating data on antimicrobial consumption and antimicrobial resistance in humans and food-producing animals in the EU.

### Reinforced evidence-based decision making to inform vaccination programmes

In 2025, ECDC continued to support Member States and their national immunisation programmes, with a particular focus on viral respiratory diseases, through evidence produced in response to seasonal and emerging public health risks.

ECDC conducted two systematic literature reviews on RSV vaccine efficacy, effectiveness and safety, alongside an RSV vaccine effectiveness study. These outputs informed a rapid advice document on the use of monoclonal antibodies and maternal vaccination to protect infants against RSV, published at the start of the winter season.

In addition, ECDC issued a threat assessment brief on the risk of influenza for the EU/EEA in the context of increasing circulation of A(H3N2) subclade K at the start of the influenza season. Combined with early estimates of vaccine effectiveness and vaccination

coverage data, this evidence supported Member States in managing a season that started earlier than usual and was dominated by a vaccine-mismatched virus.

ECDC also continued to support countries in strengthening COVID-19 vaccination programmes through a systematic review assessing whether COVID-19 vaccination reduces the risk and duration of post COVID-19 condition, as well as multiple reports and analyses of vaccine effectiveness and coverage.

With regard to avian influenza, ECDC collaborated with EFSA to publish an ECDC/EFSA scientific opinion on preparedness, prevention and control related to zoonotic avian influenza to evaluate the zoonotic potential of avian influenza and provide guidance on public health measures with a One Health approach. These activities were driven by priorities agreed in collaboration with National Immunisation Technical Advisory Groups (NITAGs) and relied on evidence generated through the Vaccine Monitoring Platform, including the Vaccine Effectiveness, Burden and Impact (VEBIS) project.

### **Strengthened prevention and control of sexually transmitted and hepatitis virus infections to support progress towards SDG 3.3 targets**

ECDC supported Member States in strengthening evidence-based prevention and control of HIV through the publication of several modules of the Standards of HIV Prevention and Care, covering HIV testing, pre-exposure prophylaxis, initiation of antiretroviral therapy, and HIV-related comorbidities. In addition, the launch of a toolkit for the elimination of viral hepatitis in prisons, developed in collaboration with the European Union Drugs Agency, and the finalisation of public health considerations on doxycycline post-exposure prophylaxis (DoxyPep) for STI prevention, provided countries with practical tools to accelerate progress towards SDG 3.3 targets.

### **Supported data-driven decision-making for the prevention of food-borne diseases**

ECDC and EFSA launched a joint project to estimate the burden of food-borne diseases, with the objective of strengthening the evidence base for prioritisation and prevention policies. During 2025, a feasibility study focused on campylobacteriosis and salmonellosis was conducted in three Member States to test the methodological framework for estimating zoonotic disease burden, identify key data sources, and highlight gaps that could affect scalability to an EU-wide context.

A workshop held in September 2025 marked the first of four annual sessions planned under this project, bringing together representatives from EU agencies,

national authorities, academia and industry. The workshop served to present and discuss preliminary findings from the feasibility study and a protocol for identifying data sources.

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

### **An expanded surveillance platform serving Member States**

In 2025, ECDC rolled out EpiPulse Cases, its new digital indicator-based surveillance platform, across the majority of diseases and related special health issues under EU/EEA surveillance. National surveillance counterparts were trained to report, validate and approve data through the new interface. EpiPulse Cases enables the simultaneous processing of large datasets, secure and consistent data storage, and efficient data retrieval for nominated users. Automated epidemiological validation at the point of submission improved data quality, supporting more robust analysis and timely public health action.

### **Genomic data supporting public health action**

The 2025 roll-out of EpiPulse Cases integrated pathogen genomic data for several diseases. Together with a dedicated cloud-based calculation system and a data visualisation tool, EpiPulse now provides an end-to-end solution enabling Member States to upload, analyse and contextualise their genomic data in a timely manner. The system is scalable in terms of computation, storage and disease coverage. In 2025, additional pathogens, including *Enterobacter* spp. and *Corynebacterium diphtheriae*, were added to the data visualisation tool. This strengthened EU-level capacity for early detection and investigation of cross-border outbreaks.

### **Enhanced event-based surveillance for timely and effective response**

ECDC further strengthened event-based surveillance by developing AI methods to identify clusters of open-source signals, with integration into routine operations planned for 2026. EpiPulse Events was enhanced through a new notification system and secure messaging between ECDC and Member States, enabling faster information exchange and more effective coordination during emerging and ongoing public health events.

## Electronic health records advancing routine surveillance

Through the 'Surveillance from Electronic Health Data' (SUREHD) project (2022–2026), ECDC continued to support Member States in strengthening eHealth-based surveillance. In 2025, several countries reported surveillance data derived from electronic health records to TESSy/EpiPulse for severe acute respiratory infections, bloodstream infections, and gonococcal infections. This contributed to improved timeliness, completeness and representativeness of national and EU/EEA surveillance data while reducing the reporting burden.

## Preparing for the European Health Data Space (EHDS)

Following publication of the EHDS regulation in March 2025, ECDC actively supported EU-level implementation. As a member of the HealthData@EU Advisory Board, the Centre contributed to the roll-out of the Commission's central platform and assessed guidance from the Joint Action 'Towards a European Health Data Space' (TEHDAS2) informing future implementing acts. Targeted engagement with Member States helped build preparedness for EHDS opportunities and challenges, strengthening future public health surveillance and research capacity across the EU/EEA.



# Strategic objective 3

**Support the development of plans, systems and capacities for prevention, preparedness and control of communicable diseases and related special health issues at national and EU levels**



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

### Overview and strategic context

In 2025, ECDC focused on strengthening Member States' capacities to prevent and control priority communicable diseases and related public health threats, including vaccine-preventable diseases, AMR, zoonoses, STIs, and the safety of substances of human origin (SoHO). Through operational guidance, system-level tools, capacity-building activities, and targeted support, ECDC supported countries in translating evidence into effective prevention and control practices and in strengthening the resilience of public health systems across the EU/EEA.

ECDC continued close collaboration with the European Commission and EU agencies to ensure alignment with EU priorities and support the implementation of key EU policy and legal instruments, including the Council Recommendations on vaccine-preventable cancers and on stepping up EU action against AMR within a One Health framework. In addition, the Centre contributed to the early implementation of Regulation (EU) 2024/1938 on standards of quality and safety for substances of human origin (SoHO). These efforts contributed to more coherent, evidence-informed

prevention and control policies and strengthened regulatory preparedness at EU and national levels.

### Strengthening One Health governance and intersectoral collaboration

In 2025, ECDC fulfilled its mandate as chair of the cross-agency One Health Task Force, strengthening coordination among five EU agencies (ECDC, EMA, EFSA, ECHA and EEA) in implementing the One Health approach. The Task Force worked closely with the Directorate-General for Health and Food Safety (DG SANTE) and other Commission services to advance One Health governance and practical application at the EU level, while also establishing collaboration with the quadripartite organisations – WHO, the Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (WOAH) and the United Nations Environment Programme (UNEP).

Key milestones included the adoption of a joint statement for World One Health Day 2025, representing a coordinated output across nine institutions, and participation in the One Health Conference organised by the Danish Presidency of the Council of the EU (Copenhagen, 5–6 November 2025), where the Task Force was highlighted as a successful EU-level coordination mechanism and referenced in the Copenhagen Recommendations supporting national One Health implementation. The Task Force also organised a dedicated ESCAIDE session in Warsaw (20 November 2025), sharing the five agencies' perspectives and experiences in jointly implementing the One Health approach through concrete

activities of the [One Health Framework for Action](#). Stakeholder interviews with national counterparts further identified enablers and barriers to intersectoral collaboration and informed the development of a proposed framework to support sustainable One Health cooperation at the national level.

## Embedding social and behavioural sciences in prevention strategies

Progress under the ECDC Prevention Framework continued in 2025 through sustained efforts to integrate social and behavioural sciences across prevention and control activities. Social and behavioural science's capacity for infectious disease prevention was strengthened among Member State stakeholders through webinars, training sessions, and community events hosted on the [ECDC Lighthouse](#) platform, which had over 650 verified members by year end.

A major focus was on vaccination acceptance and uptake. This culminated in the publication of ['Tools and Methods for Promoting Vaccination Acceptance and Uptake: A Social and Behavioural Science Approach'](#), translated into all EU/EEA languages and Ukrainian. The report provides a structured approach to diagnosing drivers of sub-optimal vaccination coverage and a compendium of evidence-based interventions, and has earned wide recognition. Targeted training activities in six Member States further strengthened the application of these approaches in national vaccination strategies.

**Healthcare-associated infections remain a significant public health challenge in the EU/EEA, with antimicrobial resistance further exacerbating morbidity, mortality and healthcare costs.**

## Supporting vaccination programme implementation and confidence

ECDC continued to support Member States in monitoring the effectiveness of vaccines and informing immunisation policy implementation. Activities included coordination and funding of vaccine-effectiveness studies across multiple populations and outcomes, and strengthened collaboration with NITAGs. In 2025, priorities for evidence generation and synthesis were refined in collaboration with NITAGs, covering areas such as RSV vaccination in adults, number of vaccine doses for HPV protection, COVID-19 vaccination risk groups, and duration protection for pneumococcal conjugate vaccines in adults.

To support confidence in vaccines, ECDC organised ad hoc NITAG meetings in response to misinformation related to measles, mumps and rubella (MMR) and COVID-19 vaccine safety and convened a workshop on vaccination acceptance and uptake involving countries experiencing significant public health impacts linked to declining confidence.

## Strengthening infection prevention, control and antimicrobial stewardship

Healthcare-associated infections (HAIs) remain a significant public health challenge in the EU/EEA, with antimicrobial resistance further exacerbating morbidity, mortality and healthcare costs. Despite strong evidence on effective infection prevention and control (IPC) measures, implementation gaps persist, particularly in the area of hand hygiene.

To address this, and in response to Member States' need for scalable, high-quality IPC tools, ECDC launched the [HyFive application](#), a digital solution supporting standardised monitoring of hand hygiene practices. By automating key indicators such as hand hygiene compliance rates, glove-use appropriateness and unit-specific adherence patterns, HyFive enhances the capacity of healthcare facilities to deliver timely feedback, tailor interventions, and monitor trends. Pilot implementations in three countries generated insights on usability and adoption, informing future EU-level deployment.

ECDC also supported Member States in strengthening IPC and antimicrobial stewardship (AMS) programmes at long-term care facilities, which face specific challenges related to vulnerable populations and high levels of antimicrobial use. In 2025, ECDC published structural and process indicators on IPC and AMS in long-term care facilities as part of the European point prevalence survey, supporting policymakers in identifying systemic gaps and prioritising investments.

## Advancing prevention of STIs, HIV and viral hepatitis

ECDC strengthened national capacity to prevent and control STIs, HIV and viral hepatitis through targeted technical support and capacity-building activities. These included a workshop on the ECDC HIV modelling tool, tailored support to Germany on data collection for doxy-PEP use, and stakeholders' webinars addressing STI prevention among adolescents and young adults and prevention strategies for men who have sex with men. These activities supported progress towards SDG 3.3.

## Supporting implementation of SoHO safety standards

ECDC supported Member States in implementing [Regulation \(EU\) 2024/1938 on standards of quality and safety for substances of human origin \(SoHO\)](#) by publishing the first technical guidelines on preventing donor-derived transmission of communicable diseases. The guidelines provide evidence-based recommendations for assessing SoHO donors in the EU/EEA, with an initial focus on preventing HIV

transmission to recipients and offspring from medically assisted reproduction. Guidelines for additional pathogens are under development.

### Strengthening preparedness and response to vector-borne diseases

In response to the growing public health relevance of mosquito-borne diseases, ECDC published EU-level guidance on locally acquired *Aedes*-borne diseases<sup>5</sup>. The new guidance provides risk-stratified recommendations for chikungunya, dengue, and Zika virus disease, supporting surveillance, preparedness, and emergency response planning to help countries prioritise resources and strengthen integrated vector control.

On World Mosquito Day 2025, ECDC launched a communication campaign highlighting record-breaking outbreaks of West Nile Virus infection and chikungunya virus disease as indicators of a 'new normal' in Europe. The campaign included a press release, infographics, videos, e-learning materials and updated surveillance reports, and received a great deal of media attention.

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

### Strengthening preparedness planning capacities in the EU

In 2025, ECDC continued to strengthen Member States' preparedness for serious cross-border threats to health through Public Health Emergency Preparedness Assessments (PHEPAs), in line with Article 8 of the Regulation on serious cross-border threats to health (EU) 2022/2371 (SCBTH). The first assessment cycle, launched in May 2024, totalled 12 missions during the year, with continuous methodological refinement informed by positive feedback received from participating countries. The multidisciplinary and multisectoral nature of PHEPA missions fostered cross-sectoral collaboration and a One Health approach to preparedness within Member States.

Building on this work, ECDC initiated activities to consolidate and analyse key findings across PHEPA reports, identifying common strengths, challenges and priority areas for improvement. Preliminary

insights were shared with several EU-level fora, including the Health Security Committee and National Focal Points, supporting discussions on how these findings can inform ECDC work planning and facilitate the development of a community of practice among Member States.

Complementing PHEPA, ECDC delivered guidance and a set of resources<sup>6</sup> to strengthen preparedness planning, drawing on lessons learned from the COVID-19 response. This included guidance on preparedness planning and the implementation of public health and social measures. The governance of public health and social measures was also tested in a scenario-based exercise conducted in Norway in November 2025. In parallel, a methodology for the risk prioritisation of infectious disease threats was developed and it is planned that this will be made available to Member States in 2026. ECDC also continued to strengthen the Emergency Operations Centre Network (EOC Net) through coordinated meetings, webinars and exercises in close collaboration with WHO.

### Building preparedness capacity through guidance, training and exercises

In collaboration with ECDC training experts, two cohorts of mid-career public health professionals, nominated by Member States, participated in the Preparedness and Response Executive Training Programme. The programme strengthened national technical capacity while supporting professional networking and knowledge transfer, including the re-use of training materials at the national level.

Preparedness capacity was further reinforced through a programme of simulation exercises, both for infectious disease outbreaks and for public health emergencies. ECDC delivered a cross-border international and intersectoral exercise in November 2025 and supported two additional countries in developing national exercises.

In the area of respiratory viruses, ECDC published public health guidance on zoonotic influenza pre-pandemic scenarios and relevant public health actions, providing a framework to support scalable preparedness and response to influenza of zoonotic origin in EU/EEA countries through different pre-pandemic scenarios. In addition, ECDC and EFSA jointly published technical guidance entitled 'Coordinated One Health investigation and management of outbreaks in humans and animals caused by zoonotic avian influenza viruses'<sup>7</sup>. This guidance supports Member States in developing national frameworks to facilitate

<sup>5</sup> 'Public health guidance for assessing and mitigating the risk of locally-acquired *Aedes*-borne viral diseases in the EU/EEA' (<https://www.ecdc.europa.eu/en/publications-data/public-health-guidance-assessing-and-mitigating-risk-locally-acquired-aedes-borne>)

<sup>6</sup> 'Recommendations for preparedness planning for public health threats' (<https://www.ecdc.europa.eu/en/publications-data/recommendations-preparedness-planning-public-health-threats>)

<sup>7</sup> 'Coordinated One Health investigation and management of outbreaks in humans and animals caused by zoonotic avian influenza viruses' (<https://www.ecdc.europa.eu/en/publications-data/avian-influenza-coordinated-one-health-investigation-outbreaks>)

coordinated One Health investigations and the management of outbreaks at the human-animal interface, strengthening preparedness and cross-sectoral collaboration.

### Supporting outbreak response and risk assessment

Through the EU Health Task Force, ECDC provided targeted operational support to Member States and partners in 2025. Ten requests for assistance in the EU/EEA were completed during the year and six remained ongoing, covering outbreak response, simulation exercises, after-action reviews, capacity building and expert advice. EU deployments included an outbreak of Shiga toxin-producing *E. coli* (STEC) in Latvia, as well as international deployments to the Democratic Republic of Congo (DRC) and Sierra Leone, in cooperation with partners including Africa CDC and the Union Civil Protection Mechanism. ECDC further strengthened the task force by expanding its pool of experts, enhancing training and missions, and consolidating strategic and operational partnerships, including collaboration with the Global Outbreak Alert and Response Network (GOARN).

ECDC also continued to deliver rapid risk assessments (RRAs) for multi-country outbreaks and serious cross-border threats to health. Eight RRAs were published in 2025, addressing a range of ongoing outbreaks, from diphtheria and hepatitis A to foodborne outbreaks and emerging threats (e.g. mpox clade Ib autochthonous transmission and influenza A(H3N2) clade K). These assessments are consistently ranked by Member States among ECDC's most useful outputs and are frequently adapted for national use. In parallel, ECDC played an active role in inter-agency collaboration under Article 20 (SCBTH Regulation), contributing to the development of a common methodology for EU-level public health risk assessments. This included inter-agency exercises to test joint risk assessment development and coordination with the Advisory Committee on Public Health Emergencies.

### Strengthening EU and international threat detection and preparedness cooperation

ECDC maintained and further strengthened cooperation with international public health partners and centres for disease prevention and control. Participation in joint meetings and exchanges supported mutual learning, informed ECDC activities and extended the Centre's preparedness impact within the EU/EEA and globally.

ECDC also continued to support the European Commission as owner of the Early Warning and Response System (EWRS). In 2025, this support included system hosting, security and data protection enhancements, user support, and the provision of risk assessment and technical expertise. In parallel, and within the framework of a contribution agreement with the Commission, ECDC gathered

initial requirements to support the design of the future evolution of EWRS as a core platform for EU health crisis management, embedded within the emerging European Crisis Management Platform.

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

### Training to strengthen country capacity for prevention, preparedness and response

In 2025, ECDC delivered a broad portfolio of new training opportunities to strengthen capacity building and support preparedness and response across the EU/EEA and globally. Training activities were aligned with ECDC priorities and focused on translating knowledge into practical skills to support prevention, preparedness and control of communicable diseases.

New training activities addressed priority areas including outbreak preparedness and response, antimicrobial resistance, genomic epidemiology, and social and behavioural sciences, to support Member States in strengthening workforce competencies and system resilience.

### Training delivery and formats

In total, 55 new training activities were launched in 2025, comprising 24 instructor-led courses, nine e-learning courses and 22 webinars. In addition, 33 training activities developed in previous years (15 e-learning courses and 18 recorded webinars) continued to be used as self-paced learning resources.

Learner satisfaction remained consistently high, with an overall average score of 8.9 out of 10 across training formats, reflecting the perceived quality and relevance of the trainings offered.

### Topical highlights and priority areas

- The five-month Preparedness and Response Executive Training Programme was delivered to two cohorts of health professionals.
- As a key ECDC priority, courses were developed on antimicrobial stewardship and multi-drug-resistant organisms.
- The training on One Health (Winter Workshop) attracted representatives from the three sectors (environmental, human and animal health) for each country represented.
- The Genetic Epidemiology and Bioinformatics Training Programme (GenEpi-BioTrain) provided eight new training courses (face-to-face and webinars), with the highest number of participants registered for the webinar on R data analysis and visualisation for beginners.

- Five new training courses were provided for the influenza and SARS-CoV-2 laboratory training programme (AURORAE).
- Training on evidence-based public health continued to be of interest and six courses were offered.
- Mathematical modelling was the main theme of the 2025 Summer School, focussing on assessing and anticipating threats in public health.
- On the topic of social and behavioural sciences, two new e-learning courses and six recorded webinars were made available.
- From the new e-learning courses, the topics with the highest number of enrolments were outbreak investigation and risk assessment and mitigation of *Aedes*-borne viral diseases.

## Reach, uptake and engagement

From 2025 onwards, user data on country of work affiliation was collected. Of the users that responded, 63% worked in EU/EEA countries and 37% in other countries, representing over 140 countries in total. This confirmed that the Learning Portal is primarily serving its core EU/EEA audiences, but also achieving wider global reach.

Training activities organised in 2025 generated more than 14 000 enrolments. Overall engagement with the Learning Portal continued to grow, with over 6 000 new user registrations, almost 10 000 active users, and more than one million logins.

## Extending impact and partnerships

Strategies to extend the reach of ECDC courses included:

- Making the training courses and materials published on the Learning Portal available for other trainers to use within their courses;
- Organising further knowledge sharing ('cascading') activities for participants, including follow-up webinars for some of the courses.

ECDC continued to develop partnerships with other training providers such as WHO Academy. Selected courses were included in the Learning Portal to complement ECDC's training offerings.

## ECDC Fellowship Programme

In 2025, 50 fellows completed their field epidemiology training under the ECDC Fellowship Programme across the intervention epidemiology (EPIET) and public health microbiology (EUPHEM) tracks, as well as through the EPIET associated programme (EAP) and the Mediterranean and Black Sea Programme for Intervention Epidemiology Training (MediPIET). Through on-the-job training at accredited fellowship sites, fellows contributed to the prevention, preparedness, surveillance and control of infectious

diseases through outbreak investigations, applied public health research, and the establishment and evaluation of surveillance systems.

In parallel, the first cohort of fellows to follow the fully updated curriculum commenced training in 2025. The revised curriculum, adapted to the evolving public health and infectious disease surveillance landscape, is now delivered entirely using the R programming language and includes new training components in phylogenetics and whole genome sequencing, qualitative methods, behavioural science, emergency preparedness and response, and One Health.

During the year, fellows undertook 36 international assignments in collaboration with ECDC and a wide range of partners, including Africa CDC, the EU Health Task Force, Médecins Sans Frontières, the Global Outbreak Alert and Response Network (GOARN), WHO, and Epicentre. Of these assignments, 15 (42%) involved face-to-face deployments, while the remainder were conducted remotely, in some cases complemented by short visits. Through these assignments, fellows supported outbreak response, surveillance, system strengthening, analytical and operational research activities, tool development, field campaigns and training across diverse geographical and operational contexts.

Finally, discussions held in 2025 within the Training Site Forum and with National Focal Points for Training led to agreement on a more systematic approach to increasing the participation of under-represented EU/EEA countries in the Fellowship Programme.





# Strategic objective 4

## Streamline coordination and collaboration with Member States and other ECDC key partners in the EU and globally



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

#### Strengthened alignment with Member States through enhanced structured engagement

In 2025, collaboration and coordination with Member States, EU institutions, EU agencies, and other partners was strengthened through more structured approaches supporting the efficient implementation of the Centre's strengthened mandate.

ECDC worked closely with Member States and national public health institutes through the Coordinating Competent Bodies (CCBs) and the networks of National Focal Points and Operational Contact Points. A more proactive model of targeted country support was applied, focusing on key priority topics and identified national needs, including the provision of tailored guidance. This improved alignment between national priorities and ECDC work planning, contributing to greater coherence in preparedness and prevention efforts across the EU/EEA.

Strategic discussions with the ECDC Management Board addressed priority areas including vaccination, vector-borne diseases, One Health, EU Reference Laboratories and social and behavioural sciences,

supporting informed decision-making at the EU level. The same structured approach was applied in interactions with CCB Directors and National Coordinators.

The Fourth Joint Strategy Meeting, organised on 5 November 2025 in the context of ECDC's 20th anniversary, brought together Management Board and Advisory Forum members, CCB Directors and National Coordinators for high-level discussions on achievements, future challenges and strategic directions. These exchanges supported a shared understanding of priorities and reinforced coordinated approaches to preparedness and prevention at the EU/EEA level.

Support to Member States was further reinforced through targeted country missions on priority topics, including country visits by ECDC's Director to Austria, Sweden, Greece, Slovakia and Germany, expert-level engagements and dedicated bilateral technical discussions. These interactions facilitated tailored technical support and promoted greater coherence in preparedness and response approaches across countries, delivering European added value beyond bilateral cooperation.

#### Strategic and institutional engagement at the EU level

In 2025, ECDC enhanced high-level strategic and institutional dialogue through structured engagement with EU institutions and stakeholders, contributing to greater visibility, strengthened accountability and consolidated alignment of EU public health priorities.

The Centre maintained and further enhanced coordination with the European Commission (DG SANTE, the Directorate-General for Health Emergency Preparedness and Response Authority (DG HERA), the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO), the Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR), the Directorate-General for International Partnerships (DG INTPA), and the JRC), the European External Action Service (EEAS), and EU representations and delegations to ensure alignment with Union priorities in implementing the amended ECDC mandate, the relevant parts of the SCBTH Regulation and the EU Global Health Strategy.

Close collaboration with DG SANTE through regular and ad hoc coordination meetings supported timely responses to specific requests and ensured consistency between ECDC risk assessments and preparedness advice, and Commission policy actions. Participation in DG HERA's DURABLE project steering committee and regular technical exchanges with DG HERA strengthened operational coordination in preparedness planning. ECDC actively contributed to the Health Security Committee and attended the HERA Board and Advisory Forum as an observer, supporting structured information exchange and coherent Union-level responses to cross-border health threats.

Engagement with the European Parliament further strengthened institutional transparency and oversight. During the SANT Committee's exchange of views on 14 May, ECDC's Director outlined key developments, public health challenges and priority areas in communicable disease prevention and control, contributing to informed parliamentary scrutiny and transparency in relation to ECDC's mandate implementation.

The ECDC 20th anniversary event in November 2025 centred on Europe's resilience in communicable disease prevention and control and provided a high-level platform to reaffirm the importance of sustained investment in public health for health security. Contributions from the European Commissioner for Health and Animal Welfare, Olivér Várhelyi; the European Commissioner for Equality, Preparedness and Crisis Management, Hadja Lahbib; and Sweden's Minister for Social Affairs and Public Health, Jakob Forssmed, underscored continued institutional support for strengthened EU cooperation in public health and for implementation of the Centre's mandate.

The importance of health security was also highlighted during an ECDC-organised session at the European Health Forum Gastein, where discussions emphasised the need for resilient and adaptable health systems and highlighted the human and socio-economic consequences of underinvestment in preparedness and prevention.

## Reinforced cross-agency collaboration and One Health coordination

ECDC maintained an active role in inter-agency collaboration throughout the year. As chair of the cross-agency One Health Task Force, the Centre strengthened coordination at the human-animal-environment interface, enhancing structured cooperation across EU agencies.

In parallel, the Centre also contributed actively to the forums of the EU Agencies Network (EUAN), supporting alignment of operational and strategic practices and facilitating exchange of expertise across EU agencies. These mechanisms enhanced system-wide coherence and reinforced coordinated approaches across the EU agency landscape.

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

### Strengthening EU global health action through strategic international partnerships

In 2025, ECDC intensified and expanded its strategic collaboration with European and international partners under its strengthened mandate, in alignment with the EU Global Health Strategy. Through targeted partnerships with EU-funded actions, ECDC reinforced preparedness, surveillance and response capacities beyond the EU/EEA, delivering clear European added value in addressing cross-border health threats.

### Advancing preparedness and One Health capacities in EU enlargement countries

In line with EU policies and priorities, and external financial assistance priorities, ECDC deepened collaboration with EU candidate countries and potential candidates. The year marked the successful completion of ECDC's preparatory measures for the participation of the Western Balkans and Türkiye in ECDC activities, with special focus on a One Health approach to AMR and enhanced severe acute respiratory infection (SARI) surveillance (2020–2025). This delivered tangible results for the beneficiary countries in communicable disease surveillance and in advancing One Health approaches to AMR across the Western Balkans. The deliverables are available at [ECDC Accession Support Action](#).

To ensure sustainability beyond project funding, ECDC embedded cooperation within national public health systems through institutional frameworks and formalised bilateral collaboration via Memoranda of Understanding (MoUs) with national authorities. By the end of 2025, MoUs had been signed with public health institutions in Albania<sup>8</sup>, Montenegro<sup>9</sup>, Serbia<sup>10</sup>, Kosovo\*<sup>11</sup>, Moldova<sup>12</sup>, North Macedonia<sup>13</sup> and Ukraine<sup>14</sup>, anchoring long-term bilateral cooperation and strengthening alignment with EU public health standards.

## Building regional preparedness and resilience across European Neighbourhood Policy countries

ECDC further strengthened preparedness, response capacity and regional dialogue across European Neighbourhood Policy (ENP) partner countries through dedicated EU-funded actions. The final year of implementation of the EU Initiative on Health Security delivered strengthened capacities in risk assessment, epidemic intelligence and preparedness for the health impacts of population displacement across Eastern and Southern Partnership countries.

Through these activities, capacities for risk assessment, epidemic intelligence, and preparedness for the health impacts of population displacements were strengthened. Workforce capacity in the region was further reinforced through comprehensive training delivered under the Mediterranean and Black Sea Programme for Intervention Epidemiology Training (MediPIET), culminating in the annual MediPIET meeting, bringing together fellows and alumni from six cohorts. Project visibility was high, supported by widely viewed multimedia and social media outputs.

In parallel, implementation of the Health Resilience in the Eastern Partnership contribution agreement began in 2025. Through structured capacity-building activities, including simulation exercises and after-action reviews, experts from the Eastern Partnership countries strengthened their skills and familiarity with EU and international early warning systems, cross-sectoral and cross-border information exchange, and operational coordination, including in the area of risk communication. The establishment of an informal regional health security network further supported enhanced interconnectedness and regional cooperation.

Together, these actions delivered substantial EU added value by building sustainable public health

capacity across ENP countries, strengthening regional dialogue, fostering closer links between the EU and ENP countries, and leveraging ECDC technical expertise in global settings. This, in turn, contributed to enhanced ENP resilience to major cross-border health threats while advancing the EU Global Health Strategy.

## Deepening cooperation with global Centres for Disease Prevention and Control and peer public health authorities

In 2025, ECDC continued to strengthen collaboration with major centres for disease prevention and control in third countries. This included the signature of a MoU with the International Association of National Public Health Institutes (IANPHI) and the successful conclusion of negotiations with the Gulf CDC, endorsed by the Management Board.

High-level engagement with peer institutions supported strategic alignment and mutual preparedness, including cooperation with major centres for disease control and public health authorities in Africa, Asia, the Middle East, Europe and North America. This engagement encompassed structured exchanges with Africa CDC, China CDC, the Korea Disease Control Agency, the Gulf Health Council and Gulf CDC, the United Kingdom Health Security Agency, the Japan Institute for Health Security, the Public Health Agency of Canada, and national public health authorities in Switzerland, Israel and Syria. ECDC also hosted strategic study visits and technical exchanges with several partner institutions, including ASEAN regional counterparts, and convened senior-level dialogue among global CDC leaders in the margins of the World Health Assembly in May 2025. Together, these interactions further consolidated institutional relationships and strengthened technical cooperation.

## Delivering EU added value through the Africa CDC-ECDC partnership

During 2025, ECDC implemented the Africa CDC-ECDC partnership through a wide range of strategic and capacity building activities, strengthening preparedness, response, and surveillance capacities across the African Union. A total of 526 African experts participated in ECDC-supported activities during the year.

EU–Africa epidemic intelligence capacity was enhanced through targeted analytical training, including R-based surveillance, directly improving outbreak

<sup>8</sup> [Institute of Public Health Albania](#)

<sup>9</sup> [Institute of Public Health of Montenegro](#)

<sup>10</sup> [Institute of Public Health of Serbia](#)

<sup>11</sup> [Ministry of Health of Kosovo\\*](#)

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

<sup>12</sup> [National Agency for Public Health of the Republic of Moldova](#)

<sup>13</sup> [Institute of Public Health of the Republic of North Macedonia](#)

<sup>14</sup> [Ministry of Health of Ukraine](#)

detection, interpretation, and reporting in high-priority settings such as post-Marburg response in Rwanda. Structured technical exchange aligned surveillance and epidemic intelligence practices across regions, improving comparability and shared operational standards.

Preparedness and response were further strengthened through joint disease prioritisation exercises. The joint deployment of an Africa CDC and an ECDC expert to DRC during the Ebola virus disease outbreak enhanced collective capacity to respond to public health threats. Moreover, targeted capacity-building activities – including training on simulation exercises, support to the Public Health Emergency Management Fellowship and the African Epidemic Service, as well as localisation of e-learning modules on outbreak recovery and after-action reviews – contributed to a more skilled, connected and operational public health workforce across the continent.

Strategic partnerships to further capacity building were also developed to foster collaboration between Africa CDC, ECDC and WHO Academy in order to develop shared training resources and prepare exchange visits between African Centres of Excellence and European institutions.

Overall, the Africa CDC-ECDC partnership delivered EU added value by strengthening a long-term strategic partnership while supporting the containment of major infectious disease threats through enhanced detection, preparedness and response capabilities.

## Renewing strategic cooperation with the World Health Organization

In 2025, ECDC further strengthened its collaboration with WHO, with particular emphasis on cooperation with the WHO Regional Office for Europe. In January 2025, ECDC's Director and the Director of the WHO European Region held the annual ECDC-WHO Europe coordination meeting in Copenhagen, where they agreed to pursue a renewed bilateral arrangement through a Memorandum of Understanding, replacing the Administrative Arrangement signed in 2005 and amended in 2011. Negotiations on the MoU concluded successfully on 24 October, and following endorsement by the Management Board, the MoU was signed on 29 January 2026 in Stockholm.

The renewed framework covers cooperation across a broad range of areas, including outbreak response, risk assessments and modelling, laboratory collaboration, public health training, communication and behavioural insights, as well as disease-specific work. In addition, ECDC and the WHO European Region signed a data storage agreement, establishing the legal basis for ECDC to store personal data of third countries on behalf of the WHO European Region for selected diseases, further strengthening operational collaboration.



# Strategic objective 5

**Create an acknowledged, agile organisation through efficient systems, structures, processes and skilled staff**



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

In 2025, ECDC continued strengthening its organisational assurance and management systems to support the sustained delivery of the Centre's work programme. Progress was made in optimising internal processes and systems through targeted improvements to planning, monitoring and workflow arrangements. At the organisational level, these included the introduction of an event logistics management function within the Stakeholder Relationship Management (SRM) tool, enhanced functionalities in the Planning, Resources, Information, Monitoring and Evaluation (PRIME) tool, and the development of a streamlined Approval of Instructional Documents (AID) workflow to strengthen document lifecycle governance.

During the year, ECDC also strengthened its digital and process foundations. In parallel, the implementation of a process management tool provided an integrated overview of ECDC key processes and associated instructional documents, while a new action-planning tool supported structured follow-up of the improvements.

To further reinforce organisational effectiveness, ECDC commissioned external assessments and benchmarking of its procurement and project management functions to identify opportunities for streamlining key processes. In addition, a mid-term quality management plan was developed and implemented within the Resource Management Services (RMS) Unit, establishing a structured approach to strengthening quality and performance.

ECDC also launched the 'Get rid of' initiative, to systematically capture and centralise staff proposals for process simplification, tool improvements and reduction of operational inefficiencies. This initiative supported a more collaborative and evidence-informed approach to identifying and realising organisational efficiencies across the Centre.

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

In 2025, ECDC sustained a stable and engaged workforce by delivering core human resources services across learning and development, staff well-being, HR administration and recruitment. The Centre successfully maintained its vacancy rate below the 5% target, with only 2.7% of the Temporary Agent (TA) posts vacant at year end (i.e. posts not filled or with no employment offer accepted as of 31 December 2025), supporting continuity of operations and organisational performance.

The 2025 ECDC training plan was fully implemented, combining a baseline offer of recurrent and compliance-related training with targeted initiatives responding to organisational needs. Particular emphasis was placed on strengthening teamwork following the internal reorganisation, through unit retreats, as well as on reinforcing managerial capacity via coaching and dedicated training on feedback dynamics.

Progress was also made in talent management and performance development. The reclassification (promotion) framework was reviewed and a revised process launched in 2025, aligned with the appraisal system and supported by enhanced tools to improve performance management and transparency.

Following adoption of the [EUAN Charter on Diversity and Inclusion](#), ECDC established a formal working group to advance diversity, equity and inclusion objectives. This was underpinned by workshops promoting a respectful working environment.

Complementing these efforts, an action plan was implemented, addressing the results of the 2024 staff engagement survey, focusing on leadership and transparency, collaboration and efficiency, and diversity, equity and inclusion, in order to contribute to a more supportive and inclusive workplace.

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

The Planning and Performance Section reinforced organisational assurance in 2025 by supporting integrated planning, performance monitoring and quality management across the Centre. Further consolidation of PRIME enhanced the consistency, reliability and traceability of performance data, strengthening alignment between the Single Programming Document (SPD) and operational delivery. The Section advanced a more integrated and risk-aware approach by further embedding quality management practices within RMS, supporting internal control and audit follow-up, and advancing collaboration with single points of contact in the units. Together, these efforts improved transparency, consistency and accountability across ECDC, contributing to coherent management oversight and efficient delivery of the Centre's mandate.

The Finance and Accounting Section provided responsive financial support in line with ECDC's Financial Regulation, ensuring the timely initiation and verification of expenditure, close monitoring and optimisation of the 2025 budget implementation, and reliable internal and external financial reporting, financial audits and budget publications. The Section delivered the annual ECDC accounts; ensured treasury management, timely payments, revenue

collection and receivables recovery; and carried out the annual physical inventory of the Centre's assets, thereby supporting uninterrupted operational delivery and financial assurance.

The Procurement Section delivered sound procurement services aligned with operational needs. Proactive stakeholder engagement, flexible planning and risk-based approaches supported continuity of operations while upholding transparency, competition, accountability, and compliance. Ongoing improvements to processes and tools further enhanced usability and streamlined procurement activities.

The Legal Services Section provided comprehensive legal advice across the Centre in 2025, covering ECDC's mandate; inter-institutional and contribution agreements; and operational matters related to procurement, HR and Finance, as well as EUHTF, EHDS and country visits. Legal Services negotiated a memorandum of understanding and a data storage agreement with the WHO European Region. The Section supported institutional risk management through staff training on data protection and fraud risks and by conducting an internal data protection audit, while ensuring the effective functioning of the Data Protection Officer (DPO) role. It also managed requests for access to documents and the storage of third-party agreements. In addition, the Section supported the implementation of the Centre's independence policy for staff and non-staff, including the introduction in 2025 of a new IT tool to facilitate the submission of electronic declarations of interest.

The Corporate Services Section supported operational delivery through the organisation of staff missions, events with external participants, and site visits or expert deployments, while processing more than 1 500 reimbursement applications. The roll-out of the ECDC Event Portal in December improved efficiency and user experience in meeting organisation for both ECDC and participants. The Facility Management and Mailroom and Archives Section ensured reliable service delivery while introducing targeted workplace improvements. ECDC's EU Eco-Management and Audit Scheme (EMAS) certification was confirmed for 2025, following registration in 2024 (see Annex 7).

### 5.4 Digital transformation services

In 2025, DTS significantly enhanced ECDC's digital platforms and infrastructure to support operational excellence, organisational resilience and EU-level collaboration. The Unit sustained and evolved a portfolio of more than 30 bespoke IT solutions, delivering over 500 releases during the year to ensure continuity, scalability and responsiveness of digital services. Strategic systems progressed as planned, notably EpiPulse, which expanded to cover eight additional disease groups, strengthening EU-level surveillance and analytical capacity.

Development of new open-source solutions (Epi+ and HyFive), published on the European Open Code Platform, further extended reusable digital capabilities for Member States and partners, while EWRS 2.0 continued to be supported alongside development of EWRS 3.0.

DTS also strengthened internal productivity and collaboration. New modules, including the Expert Directory and electronic Declarations of Interest (eDol) within the Stakeholder Relationship Management system (SRM), improved stakeholder engagement and governance processes. The launch of an open social platform under the ECDC Lighthouse project and the introduction of AI-enabled productivity tools, alongside a revised policy on recording of meetings and updated digital etiquette, supported more efficient internal collaboration and knowledge sharing.

The ECDC digital workplace was further modernised and secured in 2025. Migration to Windows 11 was successfully completed ahead of end-of-support deadlines, ensuring continued security and compatibility. Stronger authentication was implemented through mandatory adoption of Windows Hello for Business, together with new Bring-Your-Own-Device (BYOD) and device access policies piloted during the year. Automation of identity lifecycle processes progressed, including automatic provisioning of administrator accounts, improving security and operational efficiency. FinOps awareness activities and full optimisation of virtual machine usage contributed to improved financial and operational efficiency in cloud services.

ECDC reinforced its cybersecurity governance, risk management and compliance framework. Full compliance was ensured with Regulation (EU, Euratom) 2023/2841, including completion of the required cybersecurity review, maturity assessment and risk assessment baselines. ECDC's cybersecurity plan was delivered and taken forward through continuous improvement actions. Work also began on internal rules for the processing of EU Classified Information, in cooperation with the Commission. Mandatory cybersecurity awareness training continued for all users (over 600 participants), coupled with role-specific training for administrators, developers and managers, strengthening resilience to digital risks.

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

In 2025, ECDC's internal communication focused on strengthening organisational engagement and coherence by ensuring that staff across the Centre were well informed and connected during a period of change.

Internal communication ensured timely and transparent information flows through a high frequency of updates delivered via the intranet and internal screens. More than 300 internal news items kept staff informed of organisational developments, scientific priorities, leadership messages and key events, reinforcing alignment, engagement and situational awareness across the Centre.

External and internal communication also played a central role in the preparation and delivery of the Centre's 20-year anniversary branding and celebrations, supporting staff engagement and stakeholder outreach. Early alignment of key messages, narrative and a visual identity with the slogan 'Prepare, Prevent, Protect – Together for a healthier future' ensured a consistent roll-out across channels. Staff engagement was fostered through a shared sense of ownership in the Centre's celebrations, including a call for contributions under the theme 'Show what ECDC means to you', which resulted in 42 entries. These efforts culminated in the anniversary staff event on 29 April and the anniversary ceremony on 4 November 2025, bringing together EU institutions, Member State representatives, international partners, stakeholders and staff to reflect on ECDC's achievements and future direction as an organisation with a central role in EU public health.

During the year, ECDC strengthened internal leadership and governance by embedding communication considerations at an earlier stage in the development of scientific outputs, and safeguarding scientific accuracy through quality control checks. In parallel, governance arrangements and workflows for crisis communication were reinforced, including in relation to cybersecurity and preparedness for potential public health emergencies. These actions supported a more integrated approach, with communication as an inherent part of how ECDC operates and delivers its mandate.

In addition, selected corporate outputs (e.g. [ECDC Environmental Statement 2024](#)) were modernised through the introduction of standardised InDesign templates. These templates improved visual clarity and consistency, strengthened ECDC's visual identity through optimised layout and typography, and enhanced recognition for internal and external audiences. A similar approach is being planned for piloting selected scientific outputs.





# Part 2:

## Management and external evaluations

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### 2a. Management

#### 2.1 Management Board

During 2025, the Management Board was regularly updated on the progress of the Public Health Emergency Preparedness Assessments (PHEPAs), including feedback from Member States that had been assessed, plans for the next cycle of assessments, and the impact of geopolitical developments. Other important topics presented and discussed included vaccination, vector-borne diseases, One Health, EU reference laboratories and social and behavioural sciences to assist sound decision-making towards effective implementation of the amended ECDC mandate.

During its 63rd meeting in March, the Management Board approved Memoranda of Understanding (MoU) between ECDC and enlargement countries and an MoU between ECDC and the International Association of National Public Health Institutes (IANPHI). During its 64th meeting in June, the Board endorsed the MoU between ECDC and the Gulf Centre for Disease Prevention and Control, and at its 65th meeting in November, the MoU and the data storage agreement with the WHO Regional Office for Europe.

In accordance with legal obligations, the Management Board approved the Consolidated Annual Activity Report 2024 and the final annual accounts for 2024. It also approved the ECDC Single Programming Document 2026–2028 and the Budget and Establishment Table 2026. In addition, the Board members discussed the draft ECDC Single Programming Document 2027–2029. No risks or control issues were brought before the MB for discussion in 2025.

#### 2.2 Budgetary and financial management

##### Fund source C1 (current year appropriations)

Budget execution in terms of commitment appropriations at year-end reached 99.5%, equivalent to EUR 92.8 million. Budget execution in terms of payment appropriations at year-end reached 79.3%, equivalent to EUR 74 million.

##### Information on transfers and amending budgets

The Director exercised her right to amend the budget within the limitations of Article 26.1 of ECDC's Financial Regulation and approved net budget transfers of EUR 3.9 million between several budget lines within the different titles to optimise the use of the budget.

##### Level of appropriations carried forward to the following financial year

ECDC carried forward EUR 18.9 million to 2026 (compared with the EUR 23 million that was carried forward to 2025).

## Implementation of appropriations carried forward from the previous financial year

Budget execution, in terms of payment appropriations for the fund source C8 at year-end, reached 96.5%; EUR 22 263 024 was paid from EUR 23 082 900 carried forward to 2025.

## Procurement procedures

During 2025, following a procurement procedure, the contracts below were concluded:

- Six open calls concluded for a total value of EUR 48 660 000.00.
- Six middle-value negotiated procedures concluded for a total value of EUR 769 850.00.
- Three low-value negotiated procedures concluded for a total value of EUR 170 000.00.
- Eight negotiated procedures without prior publication of a contract notice concluded for a total value of EUR 43 429 000.00.
- Three negotiated procedures/very low value (EUR <15 000) concluded for a total value of EUR 88 388.84.
- Eight joint inter-institutional procedures concluded, with ECDC acting as the Leading Contracting Authority for three of them.

## Summary information on budgetary operations for the year

The core budget of the Centre for 2025 (EUR 93.3 million) remained approximately at the same level compared to 2024 (EUR 93.9 million). The Centre paid EUR 913.75 interest to suppliers for late payments (>30 days) in 2025.

For additional information, see Annex 8 – Final annual accounts 2025.

## Controls and control results

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

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

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

- Overall self-assessment of internal control at ECDC, including main deficiencies, reported;
- Self-assessment of the implementation of ECDC's Internal Control Framework;

- Results of the specific assessment(s) performed;
- Analysis of exceptions reporting, including action plans for possible remedial action;
- Status of internal control and quality weaknesses reported;
- Results of the annual risk assessment and fraud risk assessment, including action plans for the main risks;
- Results of the ex-post controls for grant verifications;
- Summary of the implementation of ECDC's Independence Policy;
- Summary of interactions with the European Anti-Fraud Office (OLAF), European Ombudsman and Data Protection Officer;
- Analysis of the audit observations/recommendations from the Internal Audit Service and the European Court of Auditors, including monitoring ECDC's implementation of the corrective actions.

## Legality and regularity of the underlying transactions

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

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

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

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

In 2024, two grants were selected for verification, and the results of the verifications were concluded in 2025. In 2025, another two grants were selected, with final results expected in the first quarter of 2026.

The sample of verifications performed per year is not statistically representative of the total amount of grant agreements, or directly linked to payments made in 2025. However, the results of the verifications received to date do not indicate that the estimated error rate for grant agreements at ECDC exceeds the 2% material threshold.

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

ECDC has an Anti-Fraud Strategy for the period 2024–2026, approved by the MB in November 2023. This strategy is based on a comprehensive fraud risk assessment and includes a range of preventive and corrective measures, such as internal fraud awareness training, annual review and refinement of the fraud risk assessment, and the selection each year of a specific risk area for in-depth analysis and potential strengthening of controls. The fraud risk assessment was updated in 2025, and implementation of the related action plan is subject to continuous monitoring.

ECDC also has a designated coordinator for relations with the European Anti-Fraud Office (OLAF), responsible for handling matters concerning suspected fraud and irregularities and for maintaining contacts with OLAF. The OLAF coordinator reports to the Director at least once a year on fraud-related activities, ongoing investigations and the overall status of fraud prevention and detection efforts.

## Safeguarding of assets and information

At the end of 2025, the total net value of ECDC's fixed assets was EUR 2.25 million. These assets are recorded and managed in the ABAC Assets IT tool, and a physical inventory is conducted annually. The most recent inventory, covering both IT equipment and furniture, was carried out in 2025. Based on its results, it was concluded that the estimated error rate in asset management remains below the applicable material threshold. ECDC has an Internal Procedure on Asset Management that defines the roles and responsibilities of staff in relation to safeguarding and management of the Centre's assets.

Information security at ECDC is ensured through an Information Security Management System (ISMS) and a cybersecurity framework, both operationally managed by the IT Security team. A Security Authority Steering Committee provides oversight and coordinates with business units on security-related matters, including cybersecurity and information security. These responsibilities are carried out within DTS.

## Reliability of reporting

ECDC carries out financial reporting at regular intervals, both internally and externally. Internally, quarterly reports on budget implementation are submitted to the Director and Heads of Unit. Budget implementation progress reports are also provided to the Audit Committee and the Management Board in conjunction with their three annual meetings. Externally, financial reporting is primarily provided through the annual accounts of the Centre and the annual report on budgetary and financial management, prepared in accordance with ECDC's Financial Regulation. These reports are subject to audit by

the European Court of Auditors (ECA). No material anomalies were identified in relation to the 2024 financial year.

## Effectiveness, efficiency, and economy of operations

The effectiveness, efficiency and economy of operations are primarily addressed in Part 1 of this report. Sound financial management is further ensured through ex-ante controls performed on individual transactions prior to authorisation.

## Costs and benefits of controls

ECDC's Internal Control Framework is designed to optimise effectiveness and efficiency, while maintaining an appropriate balance between the costs of controls and the benefits derived in terms of ensuring the legality and regularity of underlying transactions, taking into account the level of risk involved.

With regard to the effectiveness of the controls, ECA issued an unqualified opinion on the legality and regularity of the underlying transactions in ECDC's 2024 accounts. The audit of the 2025 annual accounts is ongoing, and a draft report is expected in June 2026.

In relation to the efficiency and economy of controls, no serious anomalies were reported during the year. The estimated costs of control for ECDC in 2025 are presented in Table 1 below.

The table is structured according to the relevant control systems, reflecting how ECDC implements its budget, and distinguishes between ex-ante and ex-post controls. The methodology and calculation approach are aligned with those used by the European Commission.

The estimated costs of control comprise the salary costs (including social charges) of staff directly involved in the relevant control systems. This includes staff responsible for accounting and financial management in the Finance and Accounting Section, payroll-related controls in the Human Resources Section, reimbursements in the Missions and Meetings Group of the Corporate Services Section and the Human Resources Section, procurement and grant-related controls in the Legal Services and Procurement Sections, and operational staff managing grants within the Fellowship Programme Section. An additional estimate has been made for the time spent by operational staff involved in procurement-related expenditure.

Table 1. Estimated costs of control, 2025

Relevant control system	Ex-ante controls			Ex-post controls			TOTAL		
Title	Estimated costs of control (€)	Funds managed (€)	Ratio (%)	Estimated costs of control (€)	Amount verified and/or audited (€)	Ratio (%)	Estimated costs of control (€)	Funds managed (€)	Ratio (%)
Salaries and other entitlements	490 301	43 145 797	1.14%	–	–	0.00%	490 301	43 145 797	1.14%
Reimbursements	212 891	1 196 004	17.80%	–	–	0.00%	212 891	1 196 004	17.80%
Procurements	3 564 646	49 562 972	7.19%	–	–	0.00%	3 564 646	49 562 972	7.19%
Grants	764 021	2 328 508	32.81%	26 289	210 863	12.47%	790 310	2 539 371	31.12%
<b>TOTAL</b>	<b>5 031 858</b>	<b>96 233 281</b>	<b>5.23%</b>	<b>26 289</b>	<b>210 863</b>	<b>12.47%</b>	<b>5 058 147</b>	<b>96 444 144</b>	<b>5.24%</b>

The estimated costs of control do not include direct or indirect information technology costs, staff costs related to general control activities (such as planning, quality management, internal control coordination or anti-fraud work) or overhead costs (e.g. office space).

Ex-post costs of control include staff costs related to the coordination and monitoring of grant verifications, as well as the fees paid to the external audit firm performing those verifications.

The costs of control are assessed against the funds managed, defined as funds paid as C1 and/or C8 credits in 2025, allowing for the calculation of control cost ratios.

Ex-ante control costs have remained stable compared to the previous year. Total ex-ante costs increased from EUR 4 771 624 in 2024 to EUR 5 058 147 in 2025, mainly due to the increase in salary costs. However, the volume of funds managed also increased, from EUR 92 043 955 in 2024 to EUR 96 444 144 in 2025. As a result, the ex-ante control cost ratio remained broadly unchanged, at 5.23 in 2025 compared to 5.18 in 2024. Ex-post control costs increased from EUR 21 615 to EUR 39 655, due primarily to higher fees for external audit services. Overall, the total control cost ratio remained stable at 5.24% in 2025, compared to 5.23% in 2024. As in previous years, reimbursements (17.8%) and grants (31.1%) remain more staff- and control-intensive than procurements (7.19%) and salary-related expenditures (1.14%).

ECDC will continue to refine this methodology and closely monitor developments in control costs and related ratios in the coming years. These ratios provide useful indicators for assessing the efficiency of controls in place in the Agency and can be used for comparative purposes with other EU agencies, helping to identify potential optimisation of controls.

## 2.3 Delegation and sub-delegation of the powers of budget implementation to agency's staff

The Director of ECDC, acting as Authorising Officer (AO), has delegated powers of financial responsibility to six Heads of Unit, designated as Authorising Officers by Delegation (AOD).

In their absence, AODs may sub-delegate these powers to their respective Deputy Heads of Unit, who act as Authorising Officers by Sub-Delegation. Should the Deputy Head of Unit be unavailable, the authority reverts to the Director. This arrangement ensures that the number of staff authorised to act as authorising officers remains limited and clearly defined. In 2025, on exceptional occasions, the Director granted authorising officer rights to another senior staff member.

Authorising Officers by Delegation may enter into budgetary and legal commitments and authorise payments. All budgetary and legal commitments exceeding EUR 500 000 require the Director's signature, while delegations for the authorisation of payments are not subject to a financial ceiling.

For expenditure incurred in 2025, all AODs signed a declaration of assurance to the AO for their respective areas of delegated responsibility. No reservations were expressed by the AODs.

## 2.4 Human resources management

Human Resources management supports the Centre's management and staff by providing continuous HR services across key areas, including recruitment, working conditions, pay and entitlements, learning and development, and staff health and well-being.

As part of the review of ECDC's mandate, the Centre received an additional 73 posts during the period 2021–2024, covering both Temporary Agents (TAs) and Contract Agents (CAs). From 2025 onwards, recruitment activities primarily focused on replacing staff leaving the organisation or being successful in recruitments for other posts. In 2025, 17% of the posts were filled by internal candidates transitioning to new roles. In total, 23 posts were filled during the year. The Centre successfully maintained its vacancy rate below the 5% target, with 2.7% of TA posts remaining vacant at the end of 2025 (i.e. posts not filled or for which no employment offer had been accepted as of 31 December 2025).

As the new mandate continued to be implemented, ECDC applied a hybrid way of working. To support staff and managers during this period of change, the HR function continued to provide well-being support services, including access to medical and counselling services, mindfulness training, and coaching.

The objective of the Centre's learning and development activities was to support individual professional growth while maintaining and further strengthening organisational performance. The 2025 ECDC training plan was fully implemented, applying a two-fold approach. The baseline offer comprised recurrent training necessary for the Centre's operations, including compliance-related topics. In addition, the focus for 2025 was on strengthening effective teamwork following the reorganisation. This was achieved through unit retreat opportunities and the provision of further support for managers through coaching and a dedicated module on feedback dynamics.

The majority of posts at the Centre (78%) are linked to the implementation of operational activities. A further 15.4% of posts fall under the category 'administrative support and coordination', while 6.6% are defined as neutral functions (primarily in finance, accounting and internal control) (see Annex 4 – Establishment plan and additional information on human resources management).

## 2.5 Strategy for efficiency gains

In 2025, ECDC continued to advance organisational efficiency through targeted digital and procedural improvements. A key development was the deployment of AI-enabled productivity tools to streamline internal workflows. The ECDC AI Outlook Extender enhanced email management and supported automated minute-taking in internal meetings, reducing administrative burden. The introduction of the AI agent KnowBot improved content findability within the Enterprise Content Management platform (ECMP), facilitating quicker access to instructional documents and corporate information. Collectively, these tools contributed to greater operational efficiency and more effective knowledge management.

ECDC further strengthened cost-effectiveness through enhanced inter-agency cooperation, participating in eight joint procurement procedures and acting as lead organisation in three (see 2.2. Budgetary and financial management, 'Procurement Procedures').

The Centre launched the 'Get rid of' initiative, providing a structured mechanism for staff to propose simplifications and efficiency improvements. This initiative supports continuous organisational learning and the identification of smarter ways of working.

## 2.6 Assessment of audit and ex-post evaluation results during the reporting year

### 2.6.1 Internal Audit Service (IAS)

ECDC is subject to audit by the Internal Audit Service (IAS) of the European Commission. The IAS operates on the basis of a risk-based Strategic Internal Audit Plan (SIAP), which defines its multiannual audit priorities. In 2025, the IAS prepared a mid-term audit plan for the period 2026–2028, which was presented to the Audit Committee of the Management Board on 24 November 2025. During 2025, no new audits were carried out from the previous SIAP 2022–2024 cycle. The audit 'Preparation, review and validation of external communication content', originally included in the SIAP 2022–2024, was not performed and has instead been rescheduled under the SIAP 2026–2028.

All observations and recommendations issued by the IAS audits are systematically addressed through action plans. Implementation of these action plans is regularly monitored by ECDC and reported to the Audit Committee of the Management Board.

### 2.6.2 Internal Audit Capability (IAC)

ECDC does not operate a separate Internal Audit Capability (IAC). The Internal Audit Service (IAS) of the European Commission performs the internal audit function for the Agency.

### 2.6.3 European Court of Auditors

ECDC's annual accounts are audited by ECA. The audit includes the issuance of a Statement of Assurance on the reliability of the accounts and the legality and regularity of the underlying transactions.

For the financial year 2024, the ECA issued an unqualified opinion, confirming that the accounts present the financial position of the Centre fairly in all material respects, and that the underlying transactions are legal and regular.

In its annual report on EU agencies for the financial year 2024, the ECA included three observations. ECDC has addressed these observations and considers

them closed, pending formal review by ECA in the context of the audit for the financial year 2025.

The ECA audit of the 2025 annual accounts is ongoing. The first part of the audit was performed in October 2025. The second part of the audit will be finalised during spring 2026, and a draft report will be available by June 2026.

## 2.7 Follow-up of recommendations and observations

### 2.7.1 Follow-up of recommendations and action plans for audits and evaluations

#### Audits

##### IAS audit recommendations

In 2025, ECDC made substantial progress in implementing the IAS recommendations from the 'Human Resources Management and Ethics' audit, particularly in relation to the reform of the appraisal and reclassification system. Following close collaboration with the Staff Committee, a new qualitative reclassification framework was agreed and subsequently adopted by the Management Board, entering into force on 14 January 2025. This reform ensures that the Joint Reclassification Committee (JRC) can fully apply the IAS recommendations, notably by granting members access to complete appraisal histories since the start in grade and by aligning the 2025 reclassification exercise with the strengthened procedural requirements. Most related sub-actions were completed in 2024, while the finalisation of the JRC Rules of Procedure continued into early 2025. ECDC considers all recommendations from this audit as closed.

Significant advancements were also achieved in information governance, classification standards, and the handling of sensitive data, in response to the recommendations from the 'Information Security Management' IAS audit. Work on the Information Asset Catalogue, information classification policy, and terms of service for key digital platforms (EpiPulse and EWRS) was finalised in 2024 and 2025, ensuring clearer marking and management of Sensitive Non-Classified (SNC) information. By the end of 2025, user-facing banners, notifications, and document markings were deployed across EpiPulse and EWRS, and a public notice outlining ECDC's approach to SNC and EU Classified Information (EUCI) was published. The only remaining activity concerns the EU Classified Information (EUCI) implementation project, which will continue into 2026. Although the feasibility assessment and foundational design work have been completed, full implementation, including tools, processes, and audits, has a revised target date of Q4 2026.

ECDC also strengthened its digital resilience and IT security environment, completing major actions following the recommendations of the Information Security Management audit related to disaster recovery, identity and access management, security governance, and incident handling. Disaster recovery procedures for ECMP, EpiPulse, and EWRS were finalised and tested, with all critical products documented within a consolidated Disaster Recovery (DR) Wiki. The Identity and Access Management (IAM)-related processes were implemented and tested, elevated security roles were reviewed and reduced, and back-up schedules and firewall review procedures were updated and formalised. In addition, ECDC adopted new security rules aligned with the updated information security framework and ISO 27001:2022 and merged its IT and security incident procedures into a single integrated process. Collectively, these efforts substantially strengthen the internal control environment.

##### ECA audit recommendations

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

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

ECDC accepted the recommendation, and took the following actions:

- (a) ECDC will complete the ongoing modernisation of the European surveillance system by 2026 (digital platform for surveillance), with the integration of indicator-based surveillance in EpiPulse and the retirement of the European Surveillance System (TESSy). ECDC and the Commission are supporting Member States through direct grants, training and other mechanisms, to improve the degree of automation and digitalisation of the national surveillance systems. ECDC is supporting the Commission in a review of the legal framework to harmonise EU/EEA surveillance, including the list of communicable diseases, case definitions, surveillance standards, digital platform for surveillance and network for epidemiological surveillance.

- (a)(b) ECDC is reviewing its internal procedure for the production of scientific outputs and undertaking a review of its stakeholder consultation and editorial processes to ensure the utility and accessibility of its public health outputs.

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

In its 'Annual report on EU agencies for the 2024 financial year', ECA raised the following observations to ECDC:

- (a) For three procurement procedures in the sample, ECDC did not adopt a proper financing decision prior to launching operational expenditure procurements. This undermines effective planning and oversight.
- (b) The evaluation of tenders for organising a conference, with an estimated value of EUR 2.8 million, was affected by a number of shortcomings. In particular, the evaluation committee:
- Did not properly check that tenders met all the selection criteria;
  - Asked one tenderer for clarifications that resulted in a small change in the amount of its financial offer (with no impact on the overall ranking of bids);
  - Did not properly assess the justifications given for labour costs; it used data from one tenderer from 2010 to examine what was potentially an abnormally low financial offer.
- (c) In 2024, ECDC carried over 24.7% of the year's non-differentiated appropriations to 2025. There were significant carry-overs under Title II (23.0%) and Title III (52.3%), as in 2023. Recurrent high rates of carry-overs undermine the budgetary principle of annuality and are indicative of structural issues in the budget process and implementation cycle.

In response to these observations, ECDC is taking the following actions:

- (a) ECDC will adjust future financing decisions to ensure inclusion of framework contract procurement procedures.
- (b) ECDC has noted that the finding does not conclude that there was an irregularity in the procedure but rather that there were shortcomings during the evaluation of the tenders. ECDC is taking steps to improve the documentation of tender evaluation.
- (c) The Centre has taken note of the Court's analysis and its indicative reporting thresholds. ECDC has a slight reduction in carry-overs compared to 2023 and, as in previous years, these were planned for operational reasons, resulting from

multi-annual projects and procurements implemented through framework contracts, and not structural issues in ECDC's planning and/or implementation of the budget. ECDC notes that it managed to drastically reduce the cancellation rate of payment appropriations from the previous year (C8) for all three Titles in its efforts to effectively manage commitments.

Finally, in 2025, ECDC received the clearing letter of the audit on 'Free movement in the EU during the COVID-19 pandemic', carried out by the ECA, confirming the full and timely implementation of all audit recommendations.

## Evaluations

As part of its continuous improvement work, and in accordance with the Financial Regulation, ECDC continued commissioning evaluations to enhance specific scientific interventions and operations. In 2025, the Centre commissioned an evaluation of the Procurement Section and an assessment of its project management function. It also finalised the action plan resulting from the evaluation of *Eurosurveillance*. All evaluations applied a combination of methods, including desk research, stakeholder consultations, benchmarking and learning exchanges with comparable organisations. The resulting recommendations were analysed by the relevant teams and translated into concrete action plans, which are monitored accordingly.

### Evaluation of *Eurosurveillance*

In 2025, the editorial team enhanced the journal's impact on public health in Europe by providing relevant content to promote timely public health action and long-term policymaking. To support this, the *Eurosurveillance* Board approved an external evaluation in February 2024 to assess performance against strategic objectives, relevance to current and emerging reader needs, and overall positioning. The evaluation included market research to identify best practices from other journals, complementing recommendations from stakeholder consultations and desk research undertaken as part of the evaluation process.

The evaluation findings underscored the importance of maintaining *Eurosurveillance*'s quality, trust and authority. In response, actions were initiated to enhance transparency, expand outreach and policy visibility, and maximise potential collaboration across authors, countries and disciplines.

### Evaluation of procurement function

The 2025 evaluation assessed the effectiveness and efficiency of ECDC's procurement practices and identified best practices from comparable organisations to strengthen the function. The Centre received the final report in 2025 and prepared a corresponding action plan, which was approved by the Director.

The report provided recommendations across multiple areas, including strengthening strategic procurement planning and its alignment with multi-annual programming and budgetary processes; streamlining procurement procedures to address inefficiencies and simplify approval layers, and rationalising framework contracts through structured consolidation mechanisms. It also identified capacity constraints within the procurement function when compared with benchmarked entities, noting that ECDC operates with more limited procurement resources than several comparable organisations.

The report concluded that procurement efficiency was affected by fragmented processes, limitations in IT-supported workflows and procedural complexity. It noted that addressing these challenges would require a more strategic approach, encompassing planning, governance, process simplification and improved IT support, as reflected in the approved action plan.

## Assessment of the project management function

The assessment of the ECDC project management function was initiated in 2025. Final conclusions and recommendations are expected in Q1 2026.

### 2.7.2 Follow-up of recommendations issued following investigations by the European Anti-Fraud Office (OLAF)<sup>15</sup>

As ECDC did not have any open OLAF recommendations from previous years or receive any new ones in 2025, no follow-up was required. There were no reports affecting the accounts in 2025.

### 2.8 Follow-up of observations from the discharge authority

In accordance with Article 107(2) of the ECDC Financial Regulation, the Director shall take appropriate steps to act on the observations accompanying the European Parliament's discharge decision and, at the request of the discharge authority, report on the measures taken in response to those observations and comments.

Following the European Parliament's decision granting discharge to the European Centre for Disease Prevention and Control for the financial year 2023<sup>16</sup>,

the Centre reported on the measures taken in response to the accompanying observations<sup>17</sup>. These observations related mainly to financial management, staff-related matters, environmental management, transparency, outreach and communication. Follow-up actions have been undertaken and reported to the discharge authority, with implementation either completed or ongoing.

## 2.9 Environment management

ECDC achieved EU Eco-Management and Audit Scheme (EMAS) registration in 2024, which was reconfirmed for 2025, as announced in the Single Programming Document 2025–2027. In this context, ECDC achieved greenhouse gas neutrality before the end of 2025. The year 2023 marked the Centre's first year of carbon neutrality, a milestone reconfirmed through the 2024 greenhouse gas inventory. This places ECDC significantly ahead of the EU Green Deal's 2030 decarbonisation objectives.

Building on this momentum, ECDC continues to strengthen its management of both direct and indirect environmental impacts, focusing on reducing emissions linked to energy consumption, business travel, procurement and day-to-day operations, while fostering a strong culture of environmental sustainability across the organisation. Ongoing engagement with staff, suppliers and other stakeholders ensures that environmental considerations are systematically integrated into operational practices and strategic planning. Through EMAS, the Centre ensures transparency, continuous improvement and measurable progress, remaining committed to further reducing its carbon footprint, improving resource efficiency and identifying new opportunities to support the EU's long-term climate goals.

### 2.10. Assessment by management

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

<sup>15</sup> Article 11 Regulation (EU/Euratom) 883/2013 of the European Parliament and of the Council concerning investigations conducted by the European Anti-Fraud Office (OLAF)

<sup>16</sup> European Parliament decision of 7 May 2025 on discharge in respect of the implementation of the budget of the European Centre for Disease Prevention and Control for the financial year 2023(2024/2030)(DEC) ([https://www.europarl.europa.eu/doceo/document/TA-10-2025-0088\\_EN.html](https://www.europarl.europa.eu/doceo/document/TA-10-2025-0088_EN.html))

<sup>17</sup> 'EUAN Discharge 2023 Follow-up report' ([https://www.europarl.europa.eu/cmsdata/303158/Discharge%202023%20follow-up%20report%20EU%20Agencies%20Network\\_v2.pdf](https://www.europarl.europa.eu/cmsdata/303158/Discharge%202023%20follow-up%20report%20EU%20Agencies%20Network_v2.pdf))

## 2b. External evaluations

In accordance with ECDC’s mandate<sup>18</sup>, the European Commission is responsible for organising the Centre’s five-year external evaluation. The fourth independent external evaluation was launched in 2025 by the Directorate-General for Health and Food Safety (DG SANTE) and is expected to conclude in 2026.

The evaluation will assess ECDC’s implementation of the revised mandate, including its effectiveness, efficiency, relevance, coherence and EU added value.

It will also examine the feasibility of extending the Centre’s mandate to address the impact of cross-border health threats on non-communicable diseases.

Following the presentation of the final evaluation report, ECDC will prepare an action plan setting out the Centre’s response to the recommendations, in line with established practice.

<sup>18</sup> Article 31(2) of Regulation (EC) No 853/2004 of the European Parliament and of the Council of 21 April 2004 establishing a European centre for disease prevention and control



# Part 3:

## Assessment of the effectiveness of internal control systems

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### 3.1 Effectiveness of internal control systems

#### 3.1.1 Methodology applied for assessing the effectiveness of the internal control system

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

#### 3.1.2 Internal Control Framework

The MB adopted the new Internal Control Framework (ICF) at its 44th meeting in November 2018. As of 2019, the ICF has formed the basis for ECDC's internal control system.

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

- Effectiveness, efficiency and economy of operations;
- Reliability of reporting;
- Safeguarding of assets and information;
- Prevention, detection, correction and follow-up of fraud and irregularities;

- Adequate management of the risks relating to the legality and regularity of the underlying transactions, taking into account the multiannual character of programmes as well as the nature of the payments concerned.

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

ECDC's internal control system is based on five inter-related components: the control environment, risk assessment, control activities, information and communication, and monitoring activities. Together, these principles form the building blocks that underpin the framework's structure and support the Agency in its efforts to achieve its objectives. The five components are interrelated and must be present and functioning at all levels of the organisation for internal control over operations to be considered effective.

Each component adheres to a set of principles that facilitate implementation and enable assessment of operability at management level. These principles specify the actions required for effective internal control. Their application provides reasonable assurance that the organisational objectives are met.

The ICF moves from a purely compliance-based approach to a principle-based system, providing managers with flexibility to adapt to specific circumstances, while ensuring robust internal control and consistent

assessment across the Agency. This approach supports the achievement of organisational objectives and the sustainability of operational and financial performance.

Continuous monitoring of internal control effectiveness is embedded into business processes and performed on a real-time basis at all levels of the organisation, enabling timely response to changing conditions and correction of deviations from intended performance and effectiveness. In line with internal control principle 16, assessment is based on both continuous monitoring and periodic assessments. ECDC conducts an overall assessment of the presence and functioning of all internal control components and principles at least once a year.

In 2019, the ICF was further reinforced with detailed indicators that were approved by the MB in November 2019, and a revision of the indicators was performed in June 2020, as agreed with the Board. The ICF was further amended by the Board to reflect the IAS recommendations following the IAS final report 'Limited review of the implementation of the new ECDC Internal Control Framework' at the November 2021 meeting. Furthermore, in 2022, it was decided to add a number of survey-based indicators in time for the ICF assessment to be performed in January 2023 for the CAAR 2022. The results for the survey-based indicators are taken from two ECDC surveys: the ECDC Staff Engagement Survey and the ECDC Internal Control Survey. The two surveys are performed every second year. In total, 44 new survey-based indicators were added to the ICF in 2022. Finally, some additional changes were made to the indicators of the ICF in June 2024, based on the recommendations received from the IAS as part of their audit of information security management.

The implementation of the ICF is assessed on an annual basis and a report is sent to the Audit Committee of the MB. The assessment of the ICF for 2025 was performed in January/February 2026 and presented to the Audit Committee in March 2026. The main conclusions are as follows:

- The self-assessment performed on the implementation of the internal control framework showed that the ECDC internal control system is present and functioning, but some improvements are needed.
- At the component level, all five components are present and functioning, but with some improvements needed.
- At the principles level, nine principles are in place and functioning well, with no or only minor improvements needed, while eight principles are present and functioning, with some improvements needed.
- Overall, 41 characteristics (82%) were rated as being 'in place and functioning well, with no or only minor improvements needed', nine characteristics

(18%) were rated as having a control system that 'is present and functioning, but some improvements are needed', no characteristics were rated as being 'partially present and functioning, but major improvements are needed', and none were rated as 'not present and functioning'.

### 3.1.3 Implementation and monitoring of the Agency's policies for the prevention, detection and correction of fraud and the prevention and management of conflicts of interest

ECDC is committed to upholding high standards of ethics, transparency and integrity across all its activities, and to maintaining the scientific accuracy and impartiality of its products and communications. In this context, the Agency applies an Anti-Fraud Strategy aligned with the Commission's Anti-Fraud Strategy. The current ECDC Anti-Fraud Strategy, covering the period 2024–2026, was adopted by the Management Board in November 2023. Based on the screening of fraud risks, both internally and in cooperation with external partners, the ECDC Anti-Fraud Strategy 2024–2026 focuses on three strategic objectives:

**Objective 1: Strengthen internal anti-fraud awareness and training.** In 2024, ECDC developed a training on fraud awareness, covering the principles of ethics and fraud risks, including for procurement. Progress continued in 2025 towards the objective of ensuring that all staff, in managerial and non-managerial positions, are trained by the end of 2026.

**Objective 2: Review and refine the fraud risk assessment on an annual basis.** In line with ECDC's Anti-Fraud Strategy, the Agency carries out an annual review of its fraud risk assessment. The 2025 review was conducted through a self-assessment involving relevant staff and was validated by senior management and the Director. The review covered all areas and identified potential key fraud risks, together with existing mitigating measures. Where relevant, action plans were developed for the most significant risks.

**Objective 3: Perform targeted reviews of areas exposed to fraud risks.** The planning and execution of in-depth assessments of specific areas prone to fraud risk have been on hold since 2024 due to temporary resource constraints.

Given ECDC's reliance on multiple internal and external experts contributing to its scientific outputs, an independence policy has been in place since 2016 to ensure transparency and identify any risk of conflicts of interest. The policy is implemented through two separate documents: one applicable to non-staff (including MB and AF members) and one

applicable to staff, including the Director and Heads of Unit. A Compliance Officer oversees implementation, supported by an electronic system for the submission of declarations of interest, which minimises errors and supports higher compliance rates.

In 2025, ECDC continued to apply and reinforce its independence policy. Nearly all required declarations were submitted, with only 5% of appointed MB members/alternates and 10% of AF members/alternates failing to do so. All external experts involved in rapid risk assessments declared their interests prior to publication. In addition, the Director and Heads of Unit completed their ADols, and 99% of external experts attending ECDC meetings requiring a conflict-of-interest check submitted the necessary declarations.

### 3.2 Conclusions of the internal control system assessment

Based on the control system in place, the information derived from the building blocks of assurance (see Part 4, Section 4.1 Review of the elements supporting assurance), and the absence of critical findings from the European Court of Auditors and the Internal Audit Service at the time of the declaration, there is no indication that the internal control system is ineffective. However, certain improvements are required in relation to the full implementation of the ICF (as explained in Section 3.1.2 above).

Overall, the internal control system is assessed as present and functioning, with some areas identified for further improvements.

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### 3.3 Statement of the manager in charge of risk management and internal control

*I, the undersigned,*

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

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

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

*Stockholm, 13 February 2026*

Marco Antonio  
Ribeiro Baptista

Digitally signed by Marco  
Antonio Ribeiro Baptista  
Date: 2026.02.13 11:45:43  
+01'00'

*Marco Batista*



# Part 4:

## Management assurance

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### 4.1 Review of the elements supporting assurance

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

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

- The observations of the Internal Audit Service known at the time of the declaration;
- The observations of the European Court of Auditors known at the time of the declaration.

On the basis of these building blocks of assurance, no significant weaknesses were identified that would call into question the overall assurance provided.

### 4.2 Reservations

#### 4.2.1 Materiality criteria used regarding reservations

The concept of materiality provides the authorising officer with a basis for determining if an identified weakness should be subject to a formal reservation in the declaration of assurance. When defining whether an identified weakness is material, ECDC assesses both qualitative and quantitative aspects.

##### 4.2.1.1 Qualitative criteria

#### Weaknesses leading to critical operational damage

This includes weaknesses in the design or operation of ECDC's internal controls (affecting the Director's Declaration of Assurance) that would lead to critical operational damage. The severity of the operational damage is mainly assessed through the size and sensitivity of the issue and area concerned and the potential damage to ECDC and its operations.

## Weaknesses leading to critical reputational damage

This includes weaknesses in the design or operation of ECDC's internal controls (affecting the Director's Declaration of Assurance) that would lead to critical reputational damage. The severity of the reputational damage is mainly assessed through the size and sensitivity of the issue and area concerned and the potential damage to ECDC's reputation, including the level of public interest.

## Critical observations by auditors or OLAF

A critical observation made by the European Court of Auditors, the Internal Audit Service or OLAF could lead to a reservation. ECDC considers whether the observation is made in an area covered by the Director's Declaration of Assurance, whether the issue was solved immediately during the reporting period, and whether the impact is potentially material.

### 4.2.1.2 Quantitative criteria

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

Therefore, if the most likely error affecting the underlying transactions for the internal control system/area in question is 2% or more, a reservation should be made. However, the reservation is only made if the internal control system/area affected by the potential reservation represents 2% or more of the total payments made by ECDC for the year in question (for 2025, set at a minimum of EUR 1.9 million). Otherwise, no financial reservation is made (without prejudice to a reservation for qualitative reasons).

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

### 4.2.2 Reservations for 2025

None.



# Part 5:

## Declaration of assurance

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*I, the undersigned,*

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

*In my capacity as authorising officer for the operating (administrative) and operational budget,*

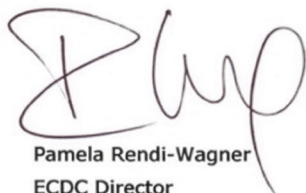
*Declare that the information contained in this report gives a true and fair view<sup>1</sup>.*

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

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

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

Place Stockholm ..... date 5 March 2026 .....



Pamela Rendi-Wagner  
ECDC Director

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<sup>1</sup> True and fair in this context means a reliable, complete and correct view on the state of affairs in the Agency.

# Annexes

**Annex 1.** Core business statistics, 2025

**Annex 1a.** Indicators of the multiannual programme

**Annex 1b.** Strategic objectives 1–5 – Performance indicators

**Annex 2.** Statistics on financial management

**Annex 3.** Organisational chart

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

**Annex 5.** Human and financial resources by activity

**Annex 6.** Contribution, grant and service-level agreements

**Annex 7.** Environment management

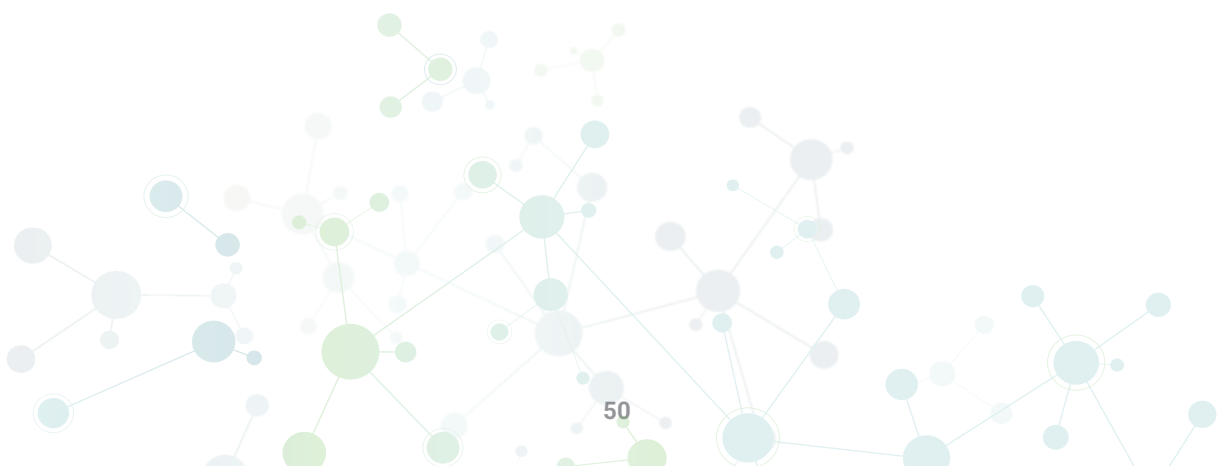
**Annex 8.** Final annual accounts, 2025

**Annex 9.** ECDC Management Board, Advisory Forum and Coordinating Competent Bodies

**Annex 10.** ECDC outputs published in 2025

**Annex 11.** Negotiated procedures without prior publication of a contract notice conducted in 2025

*All Annexes are available as a [supplementary document](#) in the 'Related files' section of the ['Consolidated Annual Activity Report 2025' webpage](#).*



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