ECDC **CORPORATE**

Single Programming Document

2026–2028

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Acronyms

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

EIOS	Epidemic Intelligence from Open Sources
ELDSNet	European Legionnaires' Disease Surveillance Network
EMA	European Medicines Agency
EMAS	EU Eco-Management and Audit Scheme
ENP	European Neighbourhood Policy
EPHESUS	Evaluation of European Union/European Economic Area public health surveillance systems
EPIET	Epidemiology Path of the ECDC Fellowship programme
EpiPulse	European Surveillance Portal for Infectious Diseases
EQA	External quality assessment
ERVISS	European Respiratory Virus Surveillance Summary
ESAC-Net	European Surveillance of Antimicrobial Consumption Network
ESCAIDE	European Scientific Conference on Applied Infectious Disease Epidemiology
EU	European Union
EU-ANSA	EU Agencies Network on Scientific Advice
EUDA	EU Drugs Agency (former EMCDDA)
EUHTF	EU Health Task Force
EULabCap	EU Laboratory Capability Monitoring System
EUPHA	European Public Health Association
EUPHEM	Public Health Microbiology Path of the ECDC Fellowship Programme
Euro-GASP	European Gonococcal Antimicrobial Surveillance Programme
EURL	European Union Reference Laboratory
EVD	Emerging and vector-borne diseases
EVIP	European Vaccination Information Portal
EVIS	European Vaccination Information System
EWRS	Early Warning and Response System
FAO	Food and Agriculture Organisation of the United Nations
FG	Function Group
FTE	Full time equivalent
FWD	Food- and waterborne diseases and zoonoses
FWD-Net	European Food- and Waterborne Diseases and zoonoses network
GOARN	WHO Global Outbreak Alert and Response Network
HaDEA	European Health and Digital Executive Agency
HAI	Healthcare-associated infection
HAI-Net	Healthcare-Associated Infections Surveillance Network
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
HSC	Health Security Committee
IANPHI	International Association of National Public Health Institutes
ICF	Internal Control Framework
ICT	Information and Communication Technology
IHR	International Health Regulations
ILT	Instructor-led training
IMF	Integrated Management Framework
IPA	Instrument of Pre-Accession Assistance
IPC	Infection prevention and control
IRIS	Issue-Resources-Impact-Solidarity, decision-making and prioritisation tool
IRV	Influenza and other respiratory viruses
JIACRA	Joint Interagency Antimicrobial Consumption and Resistance Analysis

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

Glossary of ECDC's main IT systems[1]

System/application	Description
Early Warning and Response System (EWRS)	A rapid alert system that supports critical communication about serious cross-border health threats through a web-based platform used to exchange information on public health threats between European Union/European Economic Area (EU/EEA) Member States, the European Commission, other EU agencies and the World Health Organisation.
ECDC Candidate Expert Directory	A roster of prospective external experts that allows ECDC, when determined necessary by the Centre, to widen the number of experts and areas of knowledge and skills beyond its own expert staff and expertise.
ECDC data warehouse	A data warehouse that hosts all indicator and event-based surveillance data, as well as determinants of health data. It covers relevant information to perform standard or specific epidemiological surveillance analysis and reporting along with a harmonised terminology between datasets for all the communicable diseases and related special health topics covered by ECDC. Through its dataset management and storage, ECDC data warehouse supports the ECDC Open Data Framework.
ECDC Library (E-LARA)	A library that provides information through its collection and by making available the tools to ease access to information. The library develops a collection (both electronic and print) and provides services via the Library Intranet and physical area.
ECDC Scientific Advice Repository and Management System (SARMS)	A system that supports the production and quality assurance of ECDC outputs with scientific content from registration to clearance and dissemination using electronic workflows. It provides a repository of ECDC scientific outputs for reference and auditing purposes.
ECDC Learning Portal	A learning management system that supports ECDC public health training activities. It provides access to e-learning and blended courses, training materials, and administration of face-to-face activities, including the ECDC Fellowship Programme (EPIET, EUPHEM), MediPIET and continuous professional development activities designed, developed, and implemented together with different ECDC teams and experts.
ECDC web portal	Supports ECDC's overall communication by making available outputs and information for the Centre's target audiences, including public health professionals, policy-makers, the media and the public.
Enterprise Content Management Platform (ECMP)	ECDC's unified portal for information and documents, as well as internal and external collaboration spaces. The portal is divided into three hubs: • An information centre providing everyone at ECDC with information about ECDC and other EU institutions (e.g. daily news, actions and decisions taken by management, upcoming events, training courses, and many other topics of interest). • A document centre combining and centralising all working and official documentation in one place. It hosts Unit, Section and Group repositories, as well as horizontal project repositories or workspaces. • An external document collaboration centre where access can be granted to nominated external partners and collaborators, agencies, or individuals.
European Surveillance Portal for Infectious Diseases (EpiPulse)	Online portal for European public health authorities and global partners to collect, analyse, share, and discuss infectious disease data for surveillance, threat detection, monitoring, risk assessment and outbreak response. EpiPulse was launched in 2021 and integrates several surveillance systems that were previously independent (The European Surveillance System (TESSy), the five Epidemic Intelligence Information System (EPIS) platforms and the Threat Tracking Tool (TTT)). It provides new functionalities and seamless access to data in a single platform. The portal facilitates collection, analysis, and dissemination of indicator- and event-based

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

System/application	Description
	surveillance data on infectious diseases and associated health issues, including global epidemic intelligence, whole-genome sequencing, and health determinants.
European Federation Gateway Service	Component of the technical interoperability solution agreed by participating Member States in the eHealth network to enable interoperability of approved mobile apps supporting contact tracing, as set out in the Commission Implementing Decision (EU) 2020/1023 of 15 July 2020 amending Implementing Decision (EU) 2019/1765 as regards the cross-border exchange of data between national contact tracing and warning mobile applications related to combatting the COVID-19 pandemic.
Eurosurveillance **publication platform and website**	A platform that allows content management, storage and dispatching of articles and related information to various repositories and databases as well as the web publication of *Eurosurveillance*, a European journal on communicable diseases ranking among the top 10 journals in its field.
Eurosurveillance **electronic submission system**	A platform where authors can upload articles to be processed and monitored by the editors, based on workflows that entail internal and external evaluation (peer-review).
ECDC Planning and Monitoring System (PRIME)	Internal system used to plan and monitor the implementation of ECDC's annual work programmes. PRIME stands for Planning, Resources, Information, Monitoring and Execution.
PHE Intranet	Internal crisis management tool where response activities and resources are gathered, managed, and maintained.
Stakeholder Relationship Management (SRM) system	A primary business system of contacts, relationships (internal and external) and interactions with ECDC stakeholders. Supports the centralised management of Member States and other external contacts. The system is a user-friendly one-stop-shop with the potential to evolve in order to meet growing business needs.
Surveillance Atlas of Infectious Diseases	A tool that provides interactive and graphical access to surveillance data. It is accessible via ECDC's web portal. The Atlas has been evolving, particularly in terms of the number of diseases covered.
The European Surveillance System (TESSy)	Supports collection and validation of data for public health surveillance, provided by EU Member States and other associated countries. TESSy will be gradually integrated into EpiPulse.
Threat Reports Mobile App	Free and open access mobile application that gives direct access to key updates and reports on communicable disease threats of concern to the EU on mobile devices.

Foreword

The period 2026–2028 marks a moment of transition for ECDC. Building on the foundations laid over the past 20 years, this Single Programming Document reflects both continuity and renewal – a strategic readjustment to ensure that ECDC fully delivers on its strengthened mandate and continues to move forward in a rapidly changing public health landscape.

During 2026–2028, ECDC will further strengthen the implementation of its strengthened mandate, bridging between two EU multi-annual financial framework cycles, offering a crucial opportunity to deepen our collaboration with the European Commission, Member States, other EU agencies and international partners in pursuit of a resilient European Health Union.

A central focus will be the prevention and control of antimicrobial resistance and healthcare-associated infections, and the advancement of the One Health approach that recognises the interdependence between human, animal and environmental health. By strengthening cross-sectorial coordination, ECDC will work closely with other EU agencies to translate this integrated vision into practice. The Centre will also continue to support preparedness for health impacts driven by climate change, through strengthened surveillance of food-, water- and vector-borne diseases.

Ensuring equitable and effective vaccination and prevention programmes will remain a core priority. ECDC will strengthen the monitoring of vaccine effectiveness and coverage, promote life-course immunisation strategies, and contribute to halting the resurgence of vaccine-preventable diseases.

ECDC will also continue to invest in the prevention and control of sexually transmitted infections by ensuring that surveillance remains a source for public health decision-making, as well as continuing to support Member States and the European Commission in addressing the Sustainable Development Goals in the area of HIV, TB and hepatitis.

To enhance preparedness and emergency response, ECDC will complete the first cycle of Public Health Emergency Preparedness Assessments (PHEPA) and initiate the next, incorporating lessons learned to further build capacity and resilience in Member States. The EU Health Task Force will continue to be a key operational instrument, enabling timely deployment of expertise and resources to support preparedness and response on the ground within and beyond the EU/EEA.

Digital transformation will underpin much of this progress. The Centre will continue to support the modernisation of EU-level surveillance and laboratory systems, coordinate the implementation of surveillance from electronic health records, building towards a harmonised process of developing disease-specific surveillance standards.

At the same time, ECDC will work to strengthen trust in public health institutions and science through timely and clear communication, open data, and behavioural and social science insights. Strengthening the public health workforce through training and fellowship programmes will remain essential for sustaining expertise and building future capacity across Europe.

This Single Programming Document 2026–2028 sets the course for a science-driven independent modern, agile, and science-driven ECDC – one that is ready to anticipate and respond to future health threats, and foster smart collaboration to safeguard the health of Europe's citizens. Now more than ever, Europe needs to rely on its own strength and scientific capacities – we can only do this together.

Pamela Rendi-Wagner

ECDC Director

Background

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

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

Mission statement

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

> '*…the mission of the Centre shall be to identify and assess current and emerging threats to human health from communicable diseases and related special health issues, to report thereon and, where appropriate, to ensure that information thereon is presented in an easily accessible way. The Centre shall act in collaboration with competent bodies of the Member States or on its own initiative, through a dedicated network.*
>
> *The mission of the Centre shall also be to provide science-based recommendations and support in coordinating the response at Union and national levels, as well as at cross-border interregional and regional level, to such threats, where appropriate. In providing such recommendations, the Centre shall, where necessary, cooperate with Member States and take into account existing national crisis management plans and the respective circumstances of each Member State.*
>
> *In the case of other outbreaks of diseases of unknown origin that may spread within or to the Union, the Centre shall act on its own initiative until the source of the outbreak is known. In the case of an outbreak that is clearly not of a communicable disease, the Centre shall act only in cooperation with the coordinating competent bodies and upon their request and provide a risk assessment.*
>
> *In pursuing its mission, the Centre shall respect the responsibilities of the Member States, the Commission and other Union bodies or agencies, and the responsibilities of third countries and international organisations active within the field of public health, in particular the WHO, in order to ensure that there is comprehensiveness, coherence and complementarity of action and that actions are coordinated.*
>
> *The Centre shall support the work of the Health Security Committee (HSC), established by Article 4 of Regulation (EU) 2022/2371, the Council, the Member States and, where relevant, other Union structures, in order to promote effective coherence between their respective activities and to coordinate responses to serious cross-border threats to health, within its mandate.*'

ECDC's vision

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

[2] Regulation (EU) 2022/2370 amending Regulation (EC) No 851/2004 establishing a European centre for disease prevention and control. Available at: https://eur-lex.europa.eu/eli/reg/2022/2370/oj/eng

1. General context

Following the coming into force of the amended ECDC Founding Regulation and the new Regulation on serious cross-border threats to health (SCBTH Regulation)[3] in late 2022, ECDC embarked on a journey to deliver tasks of its strengthened mandate. To facilitate this, the long-term ECDC Strategy 2021–2027 and the Strategy Implementation Roadmap have been aligned. The EU legal provisions supported by ECDC's strategic frameworks guide the multi-annual programming and annual planning of ECDC's work programmes.

During 2026–2028, the Centre will continue supporting the European Commission and the Member States with the overall aim to protect human health through the prevention and control of communicable diseases and special health issues.

It is acknowledged that the major challenges that ECDC will face in the multi-annual perspective of 2026–2028 are the growing antimicrobial resistance, decreasing vaccination coverage and spread of diseases considered so far as 'tropical'. Key drivers and long-term trends that will impact the Centre's work include climate change, reduced trust of the public in science and scientific institutions, demographic (ageing of the population and migration), political and technological changes.

Furthermore, there are anticipated developments to happen in the European context that will shape specific actions of the Centre's work in 2026 and beyond. Following the European Parliamentary election in June 2024, new Members of the European Parliament were elected. The new European Commission with newly designated Commissioners has set its priorities, defining policy directions for the coming years. In addition, as every five years, the external evaluation of ECDC took place during 2025, apprising the Centre's overall performance in delivering on its objectives, mandate, tasks, and related procedures. The Commission will also assess how ECDC progressed in implementing its amended mandate and evaluate the feasibility of extending the mandate of the Centre to address the impact of cross-border threats to health on non-communicable diseases. The results of this external evaluation are expected in early 2026, providing an action plan that may influence the work programme.

At the same time, following the Special Report of the Court of Auditors with its overall conclusions on the EU's response to the COVID-19 pandemic, ECDC continues to improve its internal organisation, procedures, systems and publications to be better prepared for future health emergencies.

It must be also noted that the Centre's multi-annual programming of 2026–2028 will bridge two periods of the Multiannual Financial Frameworks (MFF) regulating the EU annual budget. Priorities and funding streams that will be operated in the forthcoming cycle set to start in 2028 will largely drive and inform strategic prioritisation exercises which may be needed in the future to continue delivering effective public health protection to EU citizens in the frame of a new set of resource allocations.

Despite the uncertainties, ECDC will strive to ensure that its activities stay aligned with the global priorities and expectations of the EU and its Member States to enhance prevention, preparedness, and response activities for public health emergencies.

Compared to the previous Single Programming Document 2025–2027, this programming document incorporates adjustments to the structure of activities of the annual Work Programme. With the aim to reflect the work by ECDC and communicate about it in a more accessible and transparent way, the activities planned towards achieving the Strategy Objective 1 and 2 are presented along simplified Action Areas. More focus is also given under the Strategy Objective 2 on the specific areas where ECDC will provide scientific guidance to the Member States in the next three years.

The above adjustments reflect the steps taken towards a new direction for the Centre to build its programming documents on a new structure along the current ECDC Strategy, and in anticipation of the next strategic framework beyond 2027. They are pursued in tandem with the organisational changes and aspirations of ECDC to best implement its mandate in support of the European Commission and the Member States.

[3] Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health

2. Multi-annual programming 2026–2028

2.1 Multiannual work programme 2026–2028

The Multi-annual Work Programme 2026–2028 presents ECDC's medium-term plans towards achieving the five Strategic Objectives as defined in the amended ECDC Strategy 2021–2027.

At the same time, the programming 2026–2028 spans beyond the current ECDC Strategy and the Multiannual Financial Framework (MFF). Hence, the multi-annual activities described in this document that bridge both ECDC strategies and EU financial frameworks are subject to change as the Centre progresses beyond 2027. Against this background, ECDC ensures annual discussions on the prioritisation of its major scientific outputs and consults the Advisory Forum in this process.

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

During 2026–2028, ECDC will develop and implement its **scientific strategy**, including a **prioritisation framework for scientific outputs**. The Centre will consolidate and implement its scientific advice processes to adhere to the core principles of relevance, independence, quality, accessibility and transparency. Key scientific outputs will be developed along the lines of the public health evidence ecosystem (from identifying needs and knowledge gaps, through evidence generation, synthesis, translation into science-based recommendations and evidence presentation in a form of communication activities and applying behaviour change tools to enhance compliance).

ECDC will develop and implement a **scientific engagement and partnerships framework** to facilitate collaboration with learned societies, supplement the limited ECDC expert resources and avoid duplication of work. As part of its knowledge transfer and science engagement efforts, ECDC will continue organising its **annual conference ESCAIDE**, alternating between Stockholm (2026, 2028) and other European cities to further advance and promote public health science and provide a forum for exchange and networking across disciplines. Organising the conference in Prague in 2027 will further contribute to encouraging participation of experts from Central and Eastern Europe.

The scientific development of ECDC experts will ensure an adequate skill mix to address the dynamic environment in which the Centre operates. Creating a culture of collaboration, peer-review and continuous improvement will remain priorities.

Scientific quality assurance will remain essential to maintaining the trust of European citizens in public health science and ECDC's scientific advice. To this end, ECDC will continue to use and improve its internal tools, such as the **Scientific Advice Repository and Management System (SARMS)**, to support quality assurance and compliance with scientific principles. It will also promote the internal peer-review process.

Methodological guidance and toolkits, including outputs from the ongoing **Evidence-Based Public Health (EBPH) methods project**, will support the integration of scientific evidence from multiple evidence streams, production of living, rapid and ultra-rapid scientific advice and elicit expert knowledge while acknowledging and communicating limitations and uncertainty.

The scientific outputs reengineering project will provide concrete solutions to make ECDC content (i.e. scientific publications and communications material) more accessible, relevant and actionable, in response to consistent feedback from the Advisory Forum and other stakeholders, particularly during the COVID-19 pandemic.

ECDC's **communication** is central to advancing the Director's vision of rebuilding trust in public health by ensuring the Centre's scientific work is conveyed clearly, accurately, and accessibly. By translating complex evidence into understandable messages, engaging transparently with stakeholders, and proactively countering misinformation, communication reinforces ECDC's role as a trusted source of science-based public health information. A core part of ECDC's mission is to provide timely, accurate, and relevant information to its key audiences – including healthcare professionals, national authorities, and the wider public.

Through its communications, the Centre raises awareness of infectious disease threats and explains the scientific basis of its assessments, advice, and recommendations. ECDC remains committed to delivering high-quality, trustworthy content through the most effective and appropriate channels and formats.

Global developments, including the unprecedented growth of mis- and disinformation coming from more impactful sources, in relation to vaccination but also science and scientific institutions in general, are increasingly impacting the area of public health, e.g. by endangering the vaccination systems and immunisation coverage. This will necessitate **stepping up ECDC's activities around infodemic management,** efforts to communicate ECDC scientific advice and using social and behavioural science tools to address mis- and disinformation.

ECDC will continue to enhance its Library collection so that it can distribute scientific literature to ECDC staff, as well as perform and provide advice on bibliographic searches to ECDC experts in support of evidence-based scientific work.

ECDC will continue to publish the independent, diamond open access journal ***Eurosurveillance*****,** providing a platform for European public health experts and infectious disease scientists.

In support of ECDC's mandate and the European public health action and decision-making, *Eurosurveillance* will maintain its contribution to sharing and translating public health-relevant knowledge, while retaining its editorial independence and integrity.

The journal's operations will remain in line with the Council conclusions from May 2023 on high quality, transparent, open, trustworthy, and equitable scholarly publishing – to enable immediate and unrestricted open access to research involving public funds. The journal's content will reflect relevant European public health issues with strong focus on interdisciplinarity and support to the SDGs in the area of health and well-being and it will further strengthen its focus on aspects of inclusion and diversity. Editors will ensure that the content is sound, reliable and trustworthy by applying high editorial and publishing standards in their day-to-day operations, as well as contributions to capacity-building activities.

Social media and scientific gatherings as well as other outreach activities targeting experts and science communicators will support the dissemination and uptake of the journal's content. Through its knowledge translation and educational activities, the journal will further support knowledge-sharing and capacity-building in collaboration with relevant partners within ECDC and in EU/EEA countries in the form of face-to-face or online scientific seminars/webinars and workshops, and by providing resources, e.g. for authors and reviewers on its website.

The results of the journal's mid-term evaluation against its 2021–2027 strategy will provide a basis for the future strategic outline and ambitions of the journal. A proposed strategy and an action plan should be created and be ready for implementation in 2028.

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

Priority areas of **ECDC science-based recommendations** during 2026–2028 include: 1) protecting older people from respiratory infections caused by vaccine preventable pathogens. These cause a significant burden but are not yet completely understood, particularly considering their contribution to cardiovascular and other chronic conditions, hospitalisations and deaths; 2) reducing the burden of vaccine preventable cancers through the activities prioritised in the corresponding Council Recommendation; 3) providing solid evidence on the effectiveness of vaccines and vaccination programmes with a focus on influenza, RSV, SARS-CoV2, to support vaccine acceptance, refine vaccine recommendations, and reduce disease burden; 4) enhancing communication efforts around the evidence underpinning the effectiveness and safety of prevention programmes; 5) optimal usage of pre-exposure antibiotic prophylaxis and other innovative options for the prevention of some STIs; 6) optimal usage of biomedical treatment and prevention for HIV, in light of the recent availability of long-acting antiviral options; 7) optimal approaches to screening for asymptomatic STI in key groups to balance disease prevention and antimicrobial stewardship goals; 8) optimal approaches to effective screening and prevention in groups with specific vulnerabilities to infectious diseases, including migrant populations; 9) guidelines for the safety of SoHO in support of the EU Regulation 2024/1938; 10) application of social and behavioural science approaches for the implementation of infection prevention and control programmes in healthcare facilities; 11) optimal use of screening for carriage of carbapenem-resistant Gram-negative bacteria in patients admitted to healthcare facilities; 12) strengthening vector surveillance and control in the EU/EEA; 13) Lyme borreliosis surveillance, prevention and control; 14) impact of climate change on infectious diseases (food-, water-, vector-borne and zoonotic diseases).

In addition, surveillance will remain a key source of evidence for public health decision-making, including for controlling FWD and other outbreaks, informing prevention programmes for STIs and bloodborne infections, vaccine preventable and other diseases, triggering the use of pharmaceutical and non-pharmaceutical

interventions for controlling respiratory, vector borne, STIs and bloodborne infections, and HAIs, informing public health practice for the prevention of AMR and for the prevention and control of HAI and other diseases, and feeding modelling activities for disease trend forecasts and scenario-building. Furthermore, ECDC will continue working on updates of the estimates of the burden of AMR and HAIs based on surveillance data.

During 2026–2028, ECDC will continue implementing its surveillance mandate in line with Articles 13 and 14 of the SCBTH Regulation. ECDC will complete the **roll-out of EpiPulse** and prepare for participation in the **European Health Data Space**. Jointly with its networks, ECDC will develop disease-specific **surveillance standards** tying system and data choices to public health action-oriented surveillance objectives and will start monitoring compliance with these standards. **New basic surveillance outputs** will replace the Surveillance Atlas and the Annual Epidemiological Reports. They will cover indicator-based and event-based surveillance, will be faster and easier to produce and maintain and will allow for more flexibility in breadth, depth and timing. ECDC will continue to support the European Commission in monitoring Member State progress in implementing the **direct grants** for strengthening national surveillance systems and will advise and support Member States and enlargement countries directly, as required and feasible, especially on moving towards full **digitalisation** and more **eHealth-based surveillance**.

With the adoption of the implementing and delegated acts under Articles 13 and 14 of the SCBTH Regulation, the Centre anticipates a greater focus on event detection, assessment and monitoring under event-based surveillance. ECDC will further streamline the **epidemic intelligence** (EI) process, integrating all EI databases into the ECDC surveillance data warehouse, to improve data access and usability. Together with the further integration of event-based and indicator-based data and the use of AI in EpiPulse, this will result in more comprehensive surveillance reports in the portal and situation awareness pages for Member States in EpiPulse.

Above all, engagement with Member States and other stakeholders will be crucial. The Centre will explore the establishment of **collaborative threat detection activities** using open-source data and build capacity for the application of AI in epidemic intelligence. Developing a platform for sharing AI use cases will foster collaboration and strengthen the Centre's partnerships with key organisations, including WHO, the European Commission (DG SANTE, DG HERA and the Joint Research Centre - DG JRC) for the further development of Epidemic Intelligence from Open Sources (EIOS).

In addition, ECDC will further support the implementation of **event-based surveillance at national level** through the development of an EpiPulse-like open-source application for use by EU/EEA Member States (Epi+). The application will be piloted in 2027 and further rolled out in the following years.

Building **microbiology capacity** will continue to be a priority for the Centre, given its positive impact on national surveillance systems, the value of molecular surveillance for disease prevention and control, and the role of current activities in improving data comparability and quality. Therefore, ECDC will continue to implement the European Reference Laboratory (EURL) system, including provision of strategic direction and coordination, and train public health professionals in genomic epidemiology. To address surveillance gaps such as lack of comprehensive surveillance and testing, limited geographical coverage of sentinel systems, and the need to early detection of emerging threats, the Centre will ensure the further development and integration of wastewater monitoring data in surveillance systems and processes. The work on wastewater monitoring will build on activities initiated by DG-HERA and JRC and aim to integrate data from traditional surveillance systems for communicable diseases. ECDC led activities in wastewater surveillance will be implemented in close collaboration with European Commission services involved in this area, i.e. DG HERA, JRC and DG ECHO.

ECDC will continue to work closely with the nine **European Union Reference Laboratories** (EURLs) established in 2024 and 2025 and integrate these into the EU-level networks coordinated by ECDC. This includes the EURLs for: 1) Vector-borne viral pathogens; 2) Emerging, rodent-borne and zoonotic viral pathogens; 3) High-risk, emerging and zoonotic bacterial pathogens; 4) Food- and water-borne bacteria; 5) Food-, water- and vector-borne helminths and protozoa; 6) Food- and water-borne viruses; 7) AMR; 8) Legionella; 9) Diphtheria and Pertussis. Moving forward with the implementation of additional EURLs, ECDC will support the designation and launch of an EURL for respiratory infections in 2026. Coordination with WHO and other relevant EURLs in other sectors, such as the one for zoonotic influenza viruses will be ensured through the network of EURLs. The set up of additional EURLs will be initiated following agreed procedures and in close collaboration with the European Commission.

ECDC will also seek to enable more neighbouring countries to be able to comply with the European surveillance protocol and will continue to drive high-quality surveillance of communicable diseases at the European level, in close collaboration with partners.

Collation of indicator-based and event-based surveillance data on emerging, food and vector-borne diseases and timely assessment of the risk for European citizens will continue and be further strengthened. As relevant,

human surveillance data will be combined with food, animal and environmental data, in One Health approach, through close collaboration with other EU agencies such as the European Food Safety Authority (EFSA) and the European Environment Agency (EEA). In addition to ECDC surveillance reports, ECDC and EFSA will continue producing joint surveillance reports and joint ECDC-EFSA public health risk assessments, as well as carrying out the timely detection of and response to cross-border food-borne outbreaks, facilitated by the robust ECDC-EFSA whole genome sequencing (WGS) data submission and analysis system. In collaboration with EFSA and EEA, the One Health approach will continue to ensure the most comprehensive and efficient actions to identify, assess, control and prevent infectious diseases with a food, animal and/or environmental component. ECDC will also continue working with all involved EU agencies (EFSA, EMA, EEA, ECHA and Europol) to develop the process of Joint Interagency risk assessments under Article 20 of the SCBTH Regulation.

ECDC will continue to work together with EFSA and EMA on addressing potential request for contributing to a further iteration of the Joint Interagency Antimicrobial Consumption and Resistance Analysis (JIACRA) report.

ECDC will update its guidance on integrated surveillance of respiratory viruses for the EU/EEA by recommending action-oriented objectives, right sizing of the systems, and thresholds for indicators, jointly with the disease network. ECDC will also continue to work throughout 2026 on new guidance for immunisation against RSV among newborns and older adults to support policy-making. The weekly monitoring of respiratory viruses will continue through the European Respiratory Virus Surveillance Summary (ERVISS).

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

ECDC will continue to routinely assess threats from emerging SARS-CoV-2 variants and zoonotic influenza clades through the Strategic Analysis of Variants in Europe (SAVE) Working Group. Through event-based surveillance signals and events, ECDC will continue to monitor respiratory viruses, globally and in the EU/EEA, and to timely report and produce updated assessments of the risk for the EU/EEA, as required. Furthermore, ECDC will monitor zoonotic outbreaks caused by respiratory viruses in close collaboration with EFSA and will continue to ensure rapid response to outbreaks and identification of viruses of pandemic potential. In addition, ECDC will continue to monitor and support laboratory preparedness in the EU/EEA for future pandemics and will work closely with DG HERA for pandemic preparedness needs in the areas of medical countermeasures and laboratory capacity. ECDC will also continue to build capacities and capabilities for molecular surveillance and integration of data for outbreak response as relevant to cross-border health threats.

ECDC will strengthen collaboration with the EEA and EFSA to jointly assess the impact of **climate change on infectious diseases**. In addition, ECDC will increase its involvement in the Climate and Health Observatory partnership and foster the integration of Copernicus data into disease surveillance. Through the Climate and Health Observatory partnership, ECDC will emphasize the importance of climate and infections-related early warning systems, focusing on innovation, implementation, and evaluation. Recognising the impact of climate change on both the abundance and spread of mosquitos, ECDC will support the generation of evidence and provide guidance on control of arthropod vectors in Europe. Likewise, in response to increased global travel, ECDC will further develop its leadership role in travel medicine and establish partnerships with existing networks and societies. Furthermore, ECDC will strengthen outreach to clinicians for targeted scientific advice in the area of food-, water-, vector-borne and zoonotic diseases.

ECDC will support the maintenance of a common knowledge hub on **One Health**, established in coordination with the EC and involving the Agencies of the taskforce if resources are made available, to promote a better understanding of the interdependencies between human, animal, plant, and environmental health using a transdisciplinary and integrated approach. Capacity-building initiatives will involve mapping of the training offer by the academy and other knowledge providers, investigating the needs for in-service learning, and exchange of best practice on raising One Health awareness. These actions will improve prevention and preparedness capacities at both the EU and national levels.

Joint activities on One Health, possibly supported by joint procurement, based on identified thematic priorities, will likely maximise synergies among the different EU Agencies of the Task Force. Enabling pathways, defined in the ECDC One Health Framework, will allow for a more integrated and intersectoral approach at ECDC and in interaction with the EC, EU agencies, Member States and key stakeholders. This will imply defining, implementing, and consolidating One Health procedures (e.g. for intersectoral surveillance or joint risk assessments), while continuing adherence to the principles of independence and relevance, having in place a

monitoring and evaluation mechanism and mobilising and securing resources for One Health awareness raising and implementation across the Agency.

ECDC will strengthen its existing collaboration with Frontex, Europol and NATO to continue preparedness efforts in relation to CBRN threats. This includes the continuation of the cross-sectoral Biorisk Awareness and Mitigation (BAM) training.

ECDC will continue the implementation of the **ECDC Prevention Framework**, including through provision of training in **social and behavioural sciences** for prevention, and running the ECDC Lighthouse online Community of Practice that was launched in November 2024. Key foci of the Lighthouse are vaccine preventable diseases and antimicrobial resistance, with particular emphasis on addressing relevant socio-economic risk factors, health promotion, health education, health literacy and behaviour change. Work will also continue to further develop the Lighthouse's Knowledge Base of social and behavioural science literature that reports on the prevention and control of infectious diseases.

ECDC will continue to build the **Behavioural Observatory (BOBy**), an EU/EEA-level system that serves to collect behavioural data around infectious diseases while also acting as a data repository. A core part of BOBy will be a behavioural survey that is standardised across the EU/EEA and conducted biannually across the Member States. In 2026, the data infrastructure will be developed, and a pilot survey will be conducted.

ECDC will continue working with antimicrobial stewardship, infection prevention and control activities in healthcare settings and raising awareness of key public health issues. For what regards **antimicrobial resistance** (AMR) and **healthcare-associated infections** (HAIs), a substantial part of the country PHEPAs under Article 8 of the SCBTH Regulation is devoted to preparedness and response to AMR and HAIs, as well as infection prevention and control (IPC). ECDC will closely collaborate with the Commission for the preparation of the Commission report on prevention, preparedness and response planning, including AMR/HAI capacities, to be released in December 2026, and of the report on the follow-up to the 2023 Council Recommendations on AMR to be released in 2027, in particular on the relevant data and analysis. ECDC will continue supporting DG SANTE on One Health fact-finding visits in Member States regarding pandemic pathways to enhance preparedness and prevention against serious zoonotic threats in the EU. Reports of these visits also support PHEPAs as relevant, to enhance the prevention, preparedness and control of Member States regarding serious zoonotic threats.

Complementarity will be catered for with Better Training for Safer Food (BTSF) Initiative for trainings programmes on AMR, food-borne diseases and zoonoses for both Member States and other countries. ECDC will provide specific support to Member States or groups of Member States to strengthen prevention and control of SDG-related diseases. This will be done through country support activities, including trainings, exchange visits, workshops. In collaboration with the European Medicines Agency, ECDC will continue to support Member States and the European Commission to advance the immunisation agenda in Europe. This includes enhanced post-authorisation monitoring of the effectiveness of vaccines and assistance to countries to improve vaccine coverage in the EU. ECDC will also reinforce scientific exchanges and collaboration with and within the ECDC National Immunisation Technical Advisory Group (NITAG) Collaboration Network.

ECDC can significantly enhance its **training programmes** through strategic collaborations with various organisations. By strengthening partnerships with WHO and the WHO Academy, and other regional health agencies, ECDC will develop more joint training initiatives to promote the sharing of best practices and health strategies. Collaborations with major Centres for Disease Control (CDCs), such as the US CDC and Africa CDC, and collaboration with other EU agencies and the European Commission can facilitate the exchange of expertise and joint capacity-building projects. ECDC is committed to supporting DG SANTE in the implementation of Article 11 of the SCBTH Regulation. Additionally, regional training initiatives, can build capacity in specific areas, focusing on epidemic intelligence and preparedness. Furthermore, supporting technical assistance projects in EU candidate countries and European Neighbourhood Policy (ENP) partner countries will strengthen surveillance and public health systems. Through these collaborations, ECDC can ensure its training programs are robust, up-to-date, and capable of addressing emerging public health challenges effectively.

ECDC will continue to support **innovative approaches to continuous professional development** (CPD) using artificial intelligence (AI) and new technologies to simulate real-world public health scenarios, allowing professionals to practice and refine their skills in risk-free environments. Additionally, more personalised learning pathways can tailor training programs to individual needs, ensuring relevance and effectiveness. Furthermore, fostering online communities of practice can facilitate continuous learning and collaboration among public health professionals across Europe, promoting a culture of continuous improvement and innovation.

The first cohort joining the **ECDC Fellowship Programme** following the fully revised curriculum started in 2025 and graduates in 2027. The fellows' opportunities to embark in projects of a cross-border nature, especially in preparedness and response will continue to be enhanced together with the mobilisation of EPIET and EUPHEM

fellows to public health emergencies, with fellows contributing to the EU Health Task Force as staff in EU/EEA Member States and deployments through GOARN and other partners. Barriers for some countries to recruit/host a fellow will be addressed in a systematic way, including using the PHEPAs and Joint External Evaluation outputs, developing country-specific plans for enhancing participation in the ECDC Fellowship Programme starting in 2026 with gradual implementation following the assessments. TEPHINET accreditation process of the Fellowship programme following the curricular revision will start in 2026 and key performance indicators for ECDC Fellowship will be established, following the curricular revision and the newly started post fellowship-survey.

ECDC will continue to support the European Commission with the further development of the **EU Early Warning and Response System** (EWRS), in all its dimensions. Under the contribution agreement for improving and strengthening the EWRS covering the period of 2024 to 2029, ECDC will upgrade EWRS to adapt it to the scope of the SCBTH Regulation. Furthermore, ECDC will support the Commission in its management of the EWRS, in line with article 8 of the Centre's mandate, including through the provision of information, expertise, risk assessment, and -where requested- technical support through the EU Health Task Force.

At the end of the first cycle of **Public Health Emergency Preparedness Assessments** (PHEPA) between 2024 and 2026 based on Article 8 of the of Regulation (EU) 2022/2371 on serious cross-border threats to health, ECDC in collaboration with the Commission will gradually be in a position to take into account Member States specificities in designing activities to support prevention, preparedness and response planning. Preparedness activities relating to major communicable disease threats, e.g. influenza, emerging vector-borne diseases, can be followed up with specific tools, guidelines and checklists. Promoting a culture of evaluation, e.g. by offering simulation exercises, after-action reviews, will further on support learning from public health events. Such activities, but also the implementation of country-specific action plans following PHEPA missions, can be supported by the **EU Health Task Force**. The EUHTF is a cornerstone of the EU's health security framework, designed to strengthen preparedness and response both within the Union and globally. The EUHTF work includes preparedness planning and capacity-building, ensuring countries are better equipped to manage crises. It brings together a network of experts within and out of ECDC who can be rapidly mobilised to support Member States, countries out of the EU and international organisations in need of preparedness support or responding to health emergencies. In acute emergencies, it deploys technical experts on the ground to provide assistance and coordinate response. By linking EU capacities with international partners, the EUHTF enhances global health security and resilience. The EUHTF works closely with DG ECHO, DG HERA, DG INTPA, DG RTD and DG SANTE and represents a key capacity in the EU's health security toolbox. As part of the collaboration with DG ECHO, the EUHTF takes part to the rescEU modules of the Public Health Specialised Care Team and of the Mobile Laboratories Specialised Care Team. Preparedness and response work in Member States will be strengthened through the 4-month ECDC Preparedness and Response Executive Training Programme as well as through keeping functionalities in information sharing platforms up to date, such as EpiPulse and EWRS. The executive training programme enhances the participants' skills in all the areas of the preparedness cycle from anticipation to response and recovery. The executive programme complements the Preparedness and response training activities implemented by the European Commission.

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

During the period 2026–2028, ECDC will continue strengthening coordination and collaboration with Member States, EU Institutions, and European and international partners.

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

ECDC will **work closely with the Member States** and the public health institutions at the national level through the Coordinating Competent Bodies (CCBs) and the specific networks of National Focal Points and Operational Contact Points.

Maintaining close relations and improving the coordination with EU Institutions and bodies will remain important to reinforce the EU Health Security Framework. Seamless **coordination with the European Commission** (DG SANTE, DG HERA, DG ECHO, DG ENEST, DG MENA, DG INTPA, DG RTD, DG JRC, DG CLIMA, DG ENV) and the European External Action Service (EEAS) including the EU Delegations is crucial to ensure that ECDC's actions are aligned with EU priorities and policy objectives. Working arrangements and potential appropriate mechanisms for effective and efficient coordination with the European Commission services will be defined together with the concerned Commission services and based on mutual interest. Current working arrangements

with DG HERA are under review and updated working arrangements with DG JRC are under discussion. Future working arrangements with other European Commission services will also be explored as necessary.

ECDC will aim to further strengthen its **relations with the European Parliament** and will focus on building close relations with the Public Health Committee (SANT) and its members. Close contact with the Council of the European Union will be maintained.

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

In the area of One Health, ECDC has engaged with the four other EU agencies to establish an EU Cross-Agency One Health Task Force. In collaboration with DG SANTE, the five EU agencies (ECHA, EEA, EFSA, EMA and ECDC) aim to facilitate strategic coordination in the implementation of the One Health approach, promote a One Health-driven research agenda, enhance capacity-building on One Health, strengthen One Health stakeholders' engagement and support the development of partnerships through joint One Health activities. The relevant Commission services will be involved or consulted to ensure good coordination and consideration of the different sectorial EU policies in One Health. ECDC will also investigate the possibility for ECDC experts in food-, water-, vector-borne and zoonotic diseases to join F2 missions with DG SANTE, to support One Health fact-finding visits on zoonoses.

The Observatory for Climate and Health will continue serving as a platform for collaboration among the key European institutions involved in climate issues and its impact on infectious diseases. Copernicus is one of the EU programmes that will provide climate data for modelling and surveillance purposes.

The global health security preparedness has become an essential pillar of ECDC's international relations framework under the Centre's amended mandate. Addressing global health security requires coherence at the EU level. In response to the call of the new EU health security framework, the amended ECDC mandate and the EU Global Health Strategy, ECDC will intensify its collaboration with its European and international partners aiming to provide a forum for key partners to work together and coordinate their efforts towards safety and security from infectious disease threats. ECDC will foster cooperation on health security including on One Health pandemic preparedness, with strategic partners (e.g. joint projects, training, information for EU Delegations), in line with the Preparedness Union Strategy and the EU Global Health Strategy.

In line with EU policies and priorities, with the external EU assistance the Centre will deepen its **work with the EU enlargement and European Neighbourhood Policy partner countries** to enhance their core public health capacities needed to identify and contain outbreaks before they spread and affect the EU.

ECDC will further enhance **collaboration with WHO**, in particular WHO Europe and its entities. It will continue to participate in the Quadripartite (comprising of the Food and Agriculture Organisation of the United Nations (FAO), the United Nations Environment Programme (UNEP), WHO, and the World Organisation for Animal Health (WOAH)) and will maintain regular communication with WHO Europe and through the Cross-Agency Task Force, to facilitate synergies.

Furthermore, ECDC's will focus on expanding and strengthening further collaboration with **major Centres for Disease Prevention and Control (CDCs)** through bilateral arrangements, joint collaborative activities and networking, including in the context of the network of major CDCs, to enable sharing of expertise and good practices to foster, operationalise and maintain efficient cooperation and coordination with major National Public Health Institutes and CDCs in third countries.

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

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

Implementation of the amended mandate requires ECDC to be an organisation with the capability to adapt to changes quickly, while remaining resilient to emerging challenges.

During the period 2026–2028, ECDC will continue employing mechanisms of the Centre's organisational management system, to support a timely and efficient implementation of the Centre's strengthened mandate. The organisation is continuously learning new ways in which to provide products and services that meet the needs of stakeholders and partners. The Centre takes actions to ensure a continuous improvement of its steering

and support functions, so that the organisation is better equipped to take evidence-based management decisions and operate in a fast-changing environment (e.g. Public Health Emergency).

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

During the period 2026–2028, the **Planning and Monitoring system** (PRIME) will be fully operational. This system, in collaboration with the single points of contact (SPOCs) in all Units, supports the harmonisation and simplification of planning in the organisation. It also enhances management decision-making by providing timely, integrated reports/dashboards on the implementation of the annual work programmes, related human and financial resources, procurement procedures and meetings. This information will be complemented by the revised Key Performance Indicators (KPIs), including strategic and more long-term KPIs providing information on the results and impact of ECDC's work. Regular Stakeholder Satisfaction Surveys will provide valuable data in this regard. During the period 2026–2028, ECDC will finalise the implementation of continuous improvement and efficiency gain practices to further enhance its quality management system.

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

The Centre will continue with the implementation of the **Eco-Management and Audit Scheme (EMAS)** with further specified targets, including the continuous further reduction of energy consumption and the compensation of unavoidable GHG emissions through certified carbon removal schemes.

The Centre will continue with the implementation of measures to reshape its office space to 'new ways of working' with an increased focus on collaboration and making the office more attractive. This implies adaptations to facility services as well as the organisation of social events with the overall aim to enhance ECDCs efficiency, staff wellbeing and making ECDC a more attractive place to work.

The efficiency and effectivity of events and business travel organisation will continue to be reviewed with the target to improve the experience for participants as well as organisers while costs are effectively managed.

The implementation of the **People@ECDC framework** is a continuous effort and the Centre will engage in ensuring that its culture and values are embedded and displayed in actions, professional development activities are strengthened, and efforts are made to enhance Diversity, Equity and Inclusion (including the work on a respectful working environment). Building on the reformed performance system that was introduced in 2025, the Centre will assess its impact and potentially adjust it for future periods. The Centre will run its Staff Engagement Survey in 2026, and the emanating action plans will run through 2027. ECDC launched a 'Leadership Development Programme' in 2025, and an evaluation of its impact could be beneficial in 2027–2028.

The roll-out of the next generation **financial management solution** by the European Commission ('SUMMA') will be the main change focus of the Centre's financial management services, with deployment at ECDC expected in 2027 (commencing with the anticipated budget in October 2026).

The Centre will continue with the implementation of its **Digital Roadmap 2022–2027**, digitalise further its surveillance systems, improve and strengthen the EU Early Warning and Response System, reinforce its steering and support information systems, enhance the maturity of its Agile practice and review its on-premise data centre in the background of the continued adoption of cloud technology. Following the work initiated in 2025, the Centre will define and start implementing its Artificial Intelligence Strategy and leverage generative AI to make its work more efficient.

ECDC's **internal communication** is key to fostering a transparent, inclusive, and engaged organisational culture, directly supporting the Centre's mission and strategic goals. By ensuring timely, clear, and accessible information on the Centre's work, policies, and initiatives, internal communication helps connect staff across all levels and promote a sense of ownership in the agency's mission and progress. The Centre remains committed to using effective and innovative channels to support the hybrid working environment and to ensure that staff feel informed, valued, and involved in the ongoing transformation of the Centre following the upcoming Staff Engagement Survey and the development of the new strategy.

2.2 Indicators of the multiannual programme 2026–2028

Key performance indicators to measure outputs and results achieved in the main areas of ECDC's interventions and to address each ECDC Strategic Objectives are provided as part of Section 3, Work Programme 2026.

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

Strategic KPI	Baseline	Target	Means of verification	Frequency of verification
Stakeholder satisfaction with ECDC: 1. Surveillance 2. Microbiology 3. Preparedness and response 4. Public health training 5. Communication 6. Antimicrobial consumption, antimicrobial resistance, and healthcare-associated infections 7. Emerging and vector-borne diseases 8. Food- and waterborne diseases and zoonoses 9. STI, blood-borne viruses and TB (SBT) 10. Viral respiratory diseases 11. Vaccine-preventable diseases	1. 83% 2. 80% 3. 90% 4. 92% 5. 90% 6. 79% 7. 92% 8. 86% 9. 94% 10. 89% 11. 67% (Survey was conducted in 2022)	85%	Stakeholder satisfaction survey	Biennial
Uptake of ECDC scientific outputs: 1. Success in addressing the public health threats/issues 2. Changes in legislation 3. Changes in national policies 4. Improvements or corrective measures in your public health systems (including IT systems) 5. Changes in national guidance/recommendations 6. Communication to your target audience (e.g. decision-makers, media, public, healthcare workers) 7. Discussion with peers and colleagues (inside or outside your organisation)	1. 56% 2. 32% 3. 44% 4. 47% 5. 58% 6. 69% 7. 74% (Survey was conducted in 2022)	tbc	Stakeholder satisfaction survey	Biennial
Overall stakeholder satisfaction with the work of ECDC	86% (Survey was conducted in 2022)	86%	Stakeholder satisfaction survey	Biennial
Percentage of ECDC staff engagement	57% (Survey was conducted in 2024)	75%	Staff Engagement survey	Biennial

2.3 Human and financial resources – outlook for 2026–2028

2.3.1 Overview of the past and current situation

In accordance with the approved Multi-Annual Financial Framework 2021–2027 and considering changes in ECDC's mandate, it is envisaged that the requested total budget of the Centre for 2026 will be **94,435,000 EUR**, of which **36,827,000 EUR** are forecasted for operational expenditure.

Funded by the core budget, the total number of staff foreseen for 2026 is **353 full time equivalent (FTE) posts** (of which 225 FTEs being temporary agent posts and 128 contract agents). In addition, there can up to five seconded national experts.

2.3.2 Outlook for the years 2026–2028

New tasks

Since the amended ECDC Founding Regulation and the SCBTH Regulation came into force in December 2022, ECDC has been working on several new tasks that have been entrusted to the Centre as part of ECDC's strengthened mandate. Both regulations, complemented by other legislative acts and Union Strategies, call for the Centre to undertake additional tasks:

- In line with the SoHO Regulation[4], during 2026–2028 ECDC will continue to coordinate the SoHO network including the four groups (blood, tissues and cells, organs, and medically assisted reproduction). The Centre will develop scientific opinions on SoHO microbial safety at the request of the SoHO network, the European Commission or on its own initiative. It will also carry out threat detection, assessment and response. Additional tasks in relation to SoHO activities remain under discussion with the European Commission, e.g. the possibility to launch a SoHO rapid alert.
- The EU Directive on urban wastewater treatment[5] provides additional tasks for ECDC. They include provision of ECDC recommendations on the identification of relevant public health parameters that are to be monitored at least in the inlet of urban wastewater treatment plants, as well as integration of wastewater monitoring in routine surveillance activities by the Member States. Five key areas are identified: 1) Setting up ECDC WBS Network, 2) Laboratory Support Activities, 3) Expert Panel to review e.g. the integration of new pathogens, 4) Inclusion of WBS data into Surveillance Standards, 5) Data sharing and integration.
- ECDC will continue supporting the European Commission and Member States in the implementation of the EU Preparedness Union Strategy. This implies additional tasks related to work planning and development of activities around strengthening EU preparedness on threats involving the use of Chemical, Biological, Radiological or Nuclear materials (CBRN threats). Additional tasks for ECDC could involve the coordination of an EURL for health security-relevant biotoxins.
- According to SCBTH Regulation and specifically the Delegated Regulation under Article 14.7(b), ECDC shall define disease-specific European surveillance standards in consultation with the relevant disease networks. The Centre will also monitor and evaluate the epidemiological surveillance activities of the disease networks, including adherence to the surveillance standards, and share regular monitoring reports with the HSC and the Commission.
- New tasks require from ECDC to prepare for participation in the EHDS (EHDS Regulation[6]). ECDC will start preparing for participation in the EHDS focusing particularly on the technical requirements for implementation of an ECDC node, requirements for interoperable use of relevant EHDS priority electronic health data categories, requirements for an internal application to manage EHDS data access permits and requests from ECDC, and requirements for data discoverability and metadata standards.
- Next to the provisions of ECDC's Founding Regulation, the EU Global Health Strategy prioritises strengthening health resilience in the European neighbourhoods and to leverage ECDC activities to strengthen collaboration with bodies such as Africa CDC and similar entities globally. The new tasks require increased ECDC efforts in mobilising its expertise for technical collaboration, capacity-building and knowledge exchange with third parties globally. Specifically, this relates to ensuring sustainable and dedicated expertise and resources at ECDC that are focused on EU Neighbourhood Policy Countries, third countries, and key international and regional organisations, such as WHO and Africa CDC.

Growth of existing tasks

ECDC's workload continues to grow every year due to an increasing number of expanding activities. For the outlook 2026–2028, these include tasks, such as:

- Develop relevant common indicators for standardised data collection procedures and risk assessments.
- Organise on-site visits in Member States, on a case-by-case basis to provide additional support for the prevention, preparedness, and response activities (Article 5(b) of ECDC's Founding Regulation).
- Support national monitoring of response to major communicable diseases.

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

[5] Directive (EU) 2024/3019 of the European Parliament and of the Council of 27 November 2024 concerning urban wastewater treatment

[6] Regulation (EU) 2025/327 of the European Parliament and of the Council of 11 February 2025 on the European Health Data Space and amending Directive 2011/24/EU and Regulation (EU) 2024/2847

- Provide guidelines, recommendations, and proposals for coordinated action in their surveillance, monitoring, diagnosis and case management of communicable diseases and related health issues, and support for professional networks to improve treatment guidelines in cooperation with relevant organisations and associations, national competent bodies, and international organisations, such as WHO.
- Carry out epidemiological modelling, anticipation, and forecasting and scenario development for response, and coordinate such efforts with a view to exchanging best practices, improving modelling capacity across the Union and ensuring international cooperation.
- Support epidemic and outbreak response in Member States and in third countries (e.g. through the EUHTF) in cooperation with WHO/GOARN and DG ECHO in a manner that is complementary to, and in close coordination with other EU emergency response instruments, in particular the UCPM and relevant instruments on the stockpiling of medical countermeasures; this is ensured through ad-hoc coordination at the beginning of outbreaks.
- Help strengthen preparedness capacities under the IHR, including training, in Member States and in third countries.
- Provide timely, easily accessible, and evidence-based communication messages to the public and for use/adaptation by national public health authorities, in all official languages of the EU, on communicable diseases and threats to health posed by communicable diseases, as well as relevant prevention and control measures, and information with regard to ECDC's activities and the results of ECDC's work.
- Ensure the integrated operation of a network of EU Reference Laboratories and the operation and coordination of the network of Member State services supporting the use of substances of human origin. Exchange best practices with EURLs for in vitro diagnostics (IVD).
- Establish EU Reference laboratories for Public Health in the field of respiratory viruses EU Reference Laboratories for public health – 2025 calls for applications - European Commission, including ensuring the integrated operation of EURL with ECDC's respiratory viruses' network. Furthermore, to ensure the coordination of activities of the EURL services at ECDC according to EU/EEA country needs.
- Coordinate independent post-marketing monitoring studies of the effectiveness and safety of vaccines through a new vaccine monitoring platform (joint task with EMA).
- Operate and further expand the EU Health Task Force.
- Establish in collaboration with the Commission a process and methodology for PHEPA of Member States' prevention, preparedness and response planning; conduct such PHEPAs from 2024 onwards in every EU/EEA country every three years (app. 10 per year).
- As part of the operation of dedicated networks, identify risk factors for disease transmission and the associated disease burden. Provide analysis of the correlation between disease transmission, as well as social, economic, climatic and environmental risk factors, following the One Health approach for zoonotic, food and water-borne diseases and other relevant diseases and special health issues, and identify population groups most at risk. This includes the correlation between disease incidence and severity with societal and environmental factors, and research priorities and needs.
- Provide guidance for immunisation against RSV among newborns and older adults to support policy-making and identification of priority groups in the Member States.
- Update the guidance for integrated surveillance of respiratory viruses in the EU/EEA – how to perform surveillance of RVs in the EU/EEA by defining action-oriented objectives, right sizing of the surveillance systems, and thresholds for indicators in collaboration with Member States. ECDC will then follow-up closely with Member States for supporting the implementation of the guidance and help overcome challenges.
- Support the European Commission and the Member States with strengthening vector monitoring and vector control measures.
- Monitor health systems capacity of Member States and support the collection of data on their health system capacity to the extent necessary for the management of and response to communicable disease threats and related special health issues, based on the preparedness indicators.
- Support the European Commission with the draft 'EU guidelines for the treatment of common infections and for perioperative prophylaxis'.
- Support genomic surveillance of AMR. Electronic surveillance of AMR and HAIs.

- Continue to strengthen collaboration with the EEA and EFSA climate change. Increase ECDC involvement in the Climate and Health Observatory partnership and foster the integration of Copernicus data into disease surveillance.
- Develop ECDC's leadership role in travel medicine and establish partnerships with existing networks and societies.
- Strengthen ECDC's outreach to clinicians for targeted scientific advice in the area of emerging, food and vector-borne diseases.
- Support the generation of evidence and provide guidance on control of arthropod vectors in Europe.
- Continue to strengthen support through surveillance, preparedness and provision of guidance for the detection and control of zoonotic influenza.
- Analyse surveillance data to better characterise who gets hospitalised / dies from COVID-19 and other respiratory viruses in the EU/EEA, in order to support an updated identification of target groups for vaccination.
- Explore the use of wastewater monitoring data concerning SARS-CoV-2, seasonal influenza and zoonotic influenza for improving surveillance and signal detection of respiratory viruses.
- Support to the European Commission on the One Health fact finding visits.
- Increasing demands and needs in translating complex evidence into understandable messages, and proactively countering misinformation to reinforce ECDC's role as a trusted source of science-based public health information.
- Step up ECDC's activities around infodemic management, efforts to communicate ECDC scientific advice and using social and behavioural science tools to address mis- and disinformation. Specifically, unprecedented growth of mis- and disinformation coming from more impactful sources in relation to vaccination but also science and scientific institutions in general requires increased action by the Centre.

Negative priorities/decrease of existing tasks

During 2026, the following activities will be deprioritised or downscaled due to a lack of resources or as a result of actions taken to achieve efficiency gains:

- Discontinued outsourcing of eHealth surveillance programme under the current model. Budget saved 1.5 million Euro.
- The topics of AMR, HAIs and IPC are covered as a priority topic in all PHEPA country visits in 2024–2026. ECDC will continue conduct jointly with DG SANTE AMR One Health country visits, if requested by Member States and if a more in-depth assessment than what is already included in the PHEPA is required, making sure that redundancy and overlaps are avoided.

2.3.3 Resource programming for the years 2026–2028

Financial resources

The ECDC budget proposed for the years 2026–2028 is in line with the Multiannual Financial Framework (MFF) 2021–2027, which sets the EU contribution for decentralised agencies. The budget is expected to enable the Centre to provide planned services and assistance to both the Commission and the Member States. DG SANTE has clarified that agencies do not need to provide a financial programming for the period 2026–2028 at this stage.

Human resources

The Centre anticipates that the level of activity generated by its revised mandate will remain very high throughout the period. In addition, externally-funded projects will remain resource intense and entail administrative complexities which will need careful attention. The Centre will have reached its expanded and full staffing complement in 2025 (225 Temporary Agents and 128 Contract Agents). More detailed information about the evolution of staffing will be provided in due time in Annex 4 (Table 1 – Staff population and its evolution; Overview of all categories of staff).

2.3.4 Strategy for achieving efficiency gains

ECDC is continuing its efforts to make efficiency gains and continuous improvements. This will be done through the implementation of the Integrated Management Framework together with related IT tools and the joint initiatives carried out with finance, procurement, and human resources. In addition, the Centre is in the process of developing a specific strategy on efficiency gains, focusing on support processes and their execution across

the Centre. Subject to available resources, the strategy will be executed with internal and external experts in the coming years.

The specific strategy on efficiency gains will complement the optimisation of ECDC's processes which will continue, including implementation of the process management methodology and the supporting IT tool. In the coming years, the relevant key processes will also be digitalised, with the goal to minimise use of resources in terms of paper and time, and to enhance data management. Streamlining the planning process and enhancing the monitoring of organisational performance through an integrated planning and monitoring IT system will further increase the efficiency of the Centre. Furthermore, the continued implementation of the quality management system will enhance the effectiveness and efficiency of the Centre.

ECDCs work in the 'IceCube programme' (Integrated Steering and Support Systems) aims to achieve a continuous integration, development and improvement of the IT architecture and systems that support its operations. Annual tranches of activities in 2026–2028 will address specific areas, including electronic workflows and the transition to SUMMA and potentially the Commission HR management system. It is expected that the deployment of SUMMA may bring efficiency gains in the Centre's management of financial resources when it is deployed in 2027. The Centre will also continue adopting trustworthy AI solutions in order to make its processes more efficient.

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

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

3. Work Programme 2026

3.1 Executive summary

During 2026, the Centre will continue implementing its mandate, in line with the amended ECDC Founding Regulation and the amended Strategy 2021–2027.

The main highlights of the ECDC workplan 2026 include:

- The Centre will sustain its efforts towards strengthening the relevance, clarity, and utility of ECDC public health outputs. Scientific standards and scientific advice processes implemented in 2025 will be evaluated in line with ECDC's mandate and adapt if deemed necessary, including the processes to engage key stakeholders and networks to better understand needs and expectations, improve prioritisation and planning, and further enhance the relevance and impact of ECDC work and outputs.
- For diseases under surveillance in the EU/EEA, ECDC will continue to publish relevant outputs to support policy- and decision-making. ECDC will continue to provide timely, actionable, and high-quality scientific advice and assessments on communicable diseases, as well as relevant information and data to the European Commission and Member States through regular surveillance outputs, risk expert elicitations, modelling activities, and evidence-based outputs. In addition, for selected diseases and disease issues, ECDC will continue monitoring the progress towards internationally agreed targets.
- The Centre's work with the Disease Surveillance Networks will continue, with the overall aim to improve surveillance quality in Member States and to strengthen the disease surveillance systems by sharing knowledge and best practices among Member States. ECDC will also coordinate and communicate with the Disease Networks that cover the EU notifiable diseases.
- ECDC will continue to coordinate the further implementation of surveillance from electronic health records, expanding to more diseases and countries. The aim is to complete the process of developing disease-specific surveillance standards, ensure their annexation to relevant delegated acts under Article 14 of the SCBTH Regulation, and establish monitoring and reporting systems.
- Further work will be done to operationalise event reporting from Member States, refining dedicated platforms, and supporting Member States in developing their event-based surveillance systems, data requirements, processes, and thresholds for action. This will encompass further investments in global epidemic intelligence for threat detection and assessment, including through the integration of artificial intelligence.
- Continued support in the evaluation, designation, and operation of EURLs will be provided. During 2026, ECDC will work closely with the nine EURLs established in 2024 and 2025 for the provision of laboratory services, EQAs and laboratory training courses: 1) Vector-borne viral pathogens; 2) Emerging, rodent-borne and zoonotic viral pathogens; 3) High-risk, emerging and zoonotic bacterial pathogens; 4) Food- and water-borne bacteria; 5) Food-, water- and vector-borne helminths and protozoa; 6) Food- and water-borne viruses; 7) AMR; 8) Legionella; 9) Diphtheria and Pertussis.
- ECDC will continue providing support to the Member States to strengthen their prevention and control programmes. This includes the Centre's continued work together with EMA through the Vaccine Monitoring Platform on vaccine post-authorisation studies on both effectiveness and safety of vaccines in use in EU vaccination programmes. ECDC will also keep working on the implementation of the activities related to Council Recommendation of vaccine-preventable cancers, specifically with focus on monitoring HPV and HepB vaccine coverage and collaborate with Commission Joint Action in order to ensure synergy of activities.
- In 2026, ECDC will continue the implementation of the ECDC One Health Framework to develop and implement the One Health approach in its activities on prevention and control of communicable diseases. Due to the cross sectoral nature of One Health, ECDC's external collaboration across sectors is a key element and the work will continue in close collaboration with the other EU agencies. Specifically, in collaboration with ECHA, EEA, EFSA and EMA, ECDC will aim to facilitate strategic coordination in the implementation of the One Health approach, promote a One Health-driven research agenda, enhance capacity-building on One Health, strengthen One Health stakeholders' engagement and support the development of partnerships through joint One Health activities.
- In 2026, ECDC will complete the first PHEPA cycle of assessments of the Member States prevention, preparedness, and response planning PHEPA under Article 8 of the SCBTH Regulation. For the second reporting cycle on prevention, preparedness and response planning based on Article 7 of the SCBTH

Regulation, ECDC will support the European Commission in revising the data collection process and the report. Consecutively, ECDC will assist the collection of these data on prevention, preparedness and response planning from EU and EEA countries by means of a survey.

- The EUHTF, through its three pools of ECDC Experts, ECDC Fellows and External Experts will keep supporting EU/EEA and third countries, the European Commission, and other international organisations in strengthening emergency preparedness and crisis response. The EUHTF will operate in coordination with WHO/GOARN and DG ECHO. Such support will include, upon country request, the areas for improvement identified through the PHEPA.
- Coordination with EU institutions and other EU agencies will be further reinforced through appropriate mechanisms. The Centre will also continue to further enhance its collaboration with non-EU countries and international partners towards establishing closer relationships with the countries neighbouring the EU, deepening collaboration with the WHO, further expanding its relations with major Centres for Disease Prevention and Control all over the globe and consolidating multilateral collaboration in the context of the network of CDCs. 2026 will also mark the start of a new phase of the Centre's collaboration with the EU candidate countries and potential candidates, as well as with the European Neighbourhood Policy partner countries and the Africa Centres for Disease Control and Prevention.
- ECDC will continue to improve its visibility and reputation by engaging its stakeholders through targeted communication campaigns. Initiatives like the European Antibiotic Awareness Day, European Immunization Week and the Flu Awareness Campaign will be organised, addressing HIV, TB, STIs, hepatitis, and some emerging vector-borne diseases. Efforts to improve the Centre's work in risk communication, community engagement, infodemics management, as well as to address misinformation and disinformation, will continue.
- The Centre will keep on providing support and learning opportunities to its staff, in combination with the requirements of the Centre to effectively implement its revised mandate. 2026 will bring the opportunity to review the impacts of the Centre's revised performance management process and a new 'Leadership Development Programme' to be introduced during 2025. In 2026, the Centre will also aim to review its organisational values, following changes in working modalities and the organisational structure. Preparations will be undertaken for the roll-out of the European Commission's financial system SUMMA, which will replace the current system ABAC.

3.2 Activities

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

Table 1. Indicators of Strategic Objective 1

KPI	Baseline (2024)	Target	Means of verification	Frequency of verification
Scientific quality assurance: Proportion of ECDC scientific outputs following the respective workflows, including review and formal clearance before dissemination	100% of scientific outputs registered in SARMS with formal review and clearance completed prior to dissemination	100%	SARMS workflows, publication statistics	Annual
All ECDC scientific outputs available on ECDC's website or published in scientific journals as open access	98%	100%	SARMS workflows, publication statistics	Annual
Attendees' satisfaction with ESCAIDE	95%	> 75%	Conference satisfaction survey	Annual
Placement of *Eurosurveillance* in journal rankings (basket of metrics)	IF 21 (Journal Citation Reports, Clarivate analytics, 2022) #5/96 Scopus	Q1 in all metrics and five-year IF ranging	SCIMAGO journal rank, Google scholar journal rank, Clarivate analytic, cite scores	Annual

KPI	Baseline (2024)	Target	Means of verification	Frequency of verification
	CiteScore 22 (Scopus), #3/562 category Medicine (Public Health, Environmental and Occupational Health), #4/108 Medicine (Epidemiology); SCImago Journal Rank (SJR): #45/2,489 journals in the category 'Medicine miscellaneous')	between 6 and 10		
Submissions from '*Eurosurveillance*' countries	Submissions received from 33 of 36 countries represented by an advisor on the journal's editorial board	Submission from minimum 20 countries	*Eurosurveillance* submission system	Annual
Use of ECDC scientific outputs: - Access to ECDC scientific outputs (number of citations) - Impact factor of ECDC articles in peer reviewed journals	61.12 9.72	>20 in the five years following publication >5	Journals	Annual
Number of media clippings and media requests	55,515 clippings 382 requests	10% increase At least 130	Media monitoring report from external contractor, requests received on the press inbox	Annual
Website statistics: - Page views, - Website sessions, - Document downloads, - Returning visitors	8,647,708 page views 4,071,258 sessions 488,018 document downloads 8%	10 % increase 7% increase 7% increase at least 40%	Matomo/ Europa Analytics	Annual
Stakeholder engagement: Number of actions in which communication stakeholders are engaged: - Digital or on-site events/visits, - Information stands at scientific conferences	12 events/visits 4 stands	At least 3 At least 3	ECDC website, Information Centre, EAAD statistics	Annual
Social media statistics: - Total number of followers on (Bluesky, LinkedIn, Facebook, Instagram) - Overall impressions/reach on all platforms (Facebook, Instagram, LinkedIn) - Engagement rate average for all accounts	697,659 followers 29,474,949 impressions Engagement rate: 1.06%	At least 25M At least 10M	Social media channels	Annual
Awareness campaigns	9	At least 5	ECDC website	Annual
Audio-visual content Outputs No of views/listens	236 audio-visual outputs	10% increase	Social media and ECDC website	Annual

Action Area 1.1 – Scientific integrity and quality: Clear, trusted and high-quality public health information and science-based recommendations through prioritisation, transparent processes and scientific integrity

Overview

In 2026, ECDC will consolidate its scientific advice processes to safeguard integrity, quality and transparency across the full evidence cycle and strengthen the public health evidence ecosystem, from identifying public health needs and knowledge gaps, through evidence generation, synthesis, analysis and interpretation, to the development of actionable science-based recommendations, in line with its mandate, and under the leadership and supervision of the Chief Scientist.

Continued engagement and structured consultation with key stakeholders and networks will help capture needs, improve prioritisation and planning, and further enhance the relevance and impact of ECDC's work and outputs.

Staff development, and creating a culture of collaboration, peer-review and continuous improvement will remain priorities.

Sound quality assurance processes will remain essential. ECDC will continue to use and improve its internal tools such as the Scientific Advice Repository and Management System (SARMS) to support quality assurance and compliance with scientific principles. We will also further develop our dynamic public dashboard of planned and ongoing scientific outputs, launched in 2025, to increase transparency, encourage collaboration and decrease duplication.

Methodological guidance and toolkits, including outputs from the ongoing EBPH methods project, will support the integration of scientific evidence from multiple evidence streams, enhance the science base, reporting transparency, and maintain independence and credibility. We will explore the responsible use of technologies such as crowdsourcing, machine learning (ML) and AI and possible scientific strategic partnerships to support living and rapid synthesis when appropriate.

Main outputs and expected results

No.	Main outputs	Expected results
1.1.1	Scientific strategy 2027–2033	Improved scientific prioritisation and planning, and stronger science base of ECDC's work and outputs, aligning with the Centre's commitment to strengthening the ECDC-Member State public health evidence ecosystem
1.1.2	Public dashboard of planned and ongoing scientific outputs	Increased transparency, collaboration, decreased duplication
1.1.3	Application and publication of the revised ECDC scientific advice process and Regulation (EU) 2022/2370 Article 7 Procedure for scientific opinions	Clear, consistent and transparent process for producing scientific advice; delivery of clear, timely and actionable science-based recommendations
1.1.4	Internal methods guidance, reporting guidelines, toolkits and trainings for evidence synthesis and public health recommendations	Use of best available evidence by integrating evidence sources and methods and improved critical assessment and reporting; transparent communication including gaps and uncertainties

Resources

1.1 Scientific integrity and quality	Staff and Title 3 budget
Total FTEs for this activity	**11.2**
Total operational budget for this activity	**EUR 1,225,330**

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

Overview

In 2026, ECDC will focus on increasing the usefulness and uptake of its scientific and technical outputs by translating complex science and evidence into decision-supporting formats, for policy and practice. Impact assessments will measure how well outputs are understood and applied, informing continuous improvement.

Scientific engagement will be further enhanced through ECDC's own scientific conference ESCAIDE in Stockholm, as well as ECDC's active participation in major scientific conferences and events. Additional formats such as workshops, observerships and similar tailored formats will lead to stronger connections with academia, learned societies, EU research networks, professional associations and a broad range of public health disciplines.

These efforts aim at promoting effective knowledge transfer, facilitate the uptake and implementation of ECDC's public health information and advice and further bridge the gap between public health science and practice.

The editing and publishing stages, as part of the quality assurance processes will remain essential and will contribute to making ECDC outputs consistent and clear, reliable sources of good quality and easily accessible information and public health advice for both wider and target audiences.

In 2026, ECDC will continue to work on the implementation of the re-engineering project, applying audience segmentation and using a range of communication means and new tools that serve the various audiences' specific needs as part of feedback and the Special report 12/2024: The EU's response to the COVID-19 pandemic | European Court of Auditors.

Eurosurveillance will continue to operate as weekly journal providing evidence for driving public health practice and policy. IT will ensure that the widely accessible and distributed scientific information is sound, reliable, understandable, relevant, and actionable for a diverse audience.

In 2026, the *Eurosurveillance* journal will mark its 30th anniversary though several outreach activities, including a seminar, likely at ESCAIDE. Aspects of Diversity, equity and inclusion (DE&I) will be monitored on annual basis, and policies supporting DE&I will be reviewed and adapted, when necessary, on a regular basis.

In 2026 *Eurosurveillance* will explore the possibility of communicating science through novel article formats.

During 2026 and the years after, a new strategy guided by the results from an external evaluation and inputs from various stakeholders will be finalised and implemented.

Main outputs and expected results

No.	Main outputs	Expected results
1.2.1	50 issues of *Eurosurveillance* Scientific seminar at international conference to mark 30th anniversary Board meeting with action points for 2027 Advanced draft for new strategy taking into account results from mid-term evaluation report	*Eurosurveillance* remains among the leading journals in its field, attractive for a wide audience (authors and readers) and supports knowledge transfer. Availability of scientific findings and evidence of relevance to public health professionals. Aspects of diversity and inclusion are considered. Basis for future operations to ensure the journal remains relevant for its audience.
1.2.2	*Eurosurveillance* workshops and seminars in conjunction with ECDC-organised events (ESCAIDE, ECDC summer school, fellowship project review module), at ECDC or at national public health institutes	Increased awareness of publication ethics and standards reporting guidelines, compliance with editorial standards/requirements by authors and reviewers, use of repositories for additional information, enhanced focus on diversity and inclusion.
1.2.3	ECDC Observership week in collaboration with European Learned Societies	30 early and mid-career researchers and health professionals gain interest in public health matters and insights in how ECDC contributes to European and global public health.
1.2.4	2026 edition of the ESCAIDE conference	Scientific exchange and networking across disciplines to advance communicable disease epidemiology, prevention and control, policy and practice, fostering improved knowledge and awareness among participants.

No.	Main outputs	Expected results
1.2.5	Scientific engagement and partnerships framework	Increased knowledge transfer, collaboration and uptake of ECDC's public health evidence; strategic partnerships with key scientific communities.
1.2.6	Pilot of knowledge translation formats and impact assessment of ECDC advice and recommendations	Outputs better tailored for decision-making; increased uptake in policy and practice.
1.2.7	Internal quarterly mapping and analysis of ECDC outputs, implementation of new procedures, reports templates and policies, implementation plan for new publishing tools and formats.	ECDC content (i.e. scientific publications, communications content) is more accessible, relevant and actionable.
1.2.8	Coordination of ECDC involvement with ongoing EU research projects, and actions to support future research activities, including by identifying and promoting knowledge gaps and research needs to improve EU public health delivery	Timely information to EU research and funding bodies about public health relevant knowledge gaps and identified priority areas for research.
1.2.9	Information management framework	A smoother experience for external parties collaborating with ECDC and more efficient management of documents at the organisational level throughout their development and approval lifecycle by information management framework consolidation.
1.2.10	Artificial Intelligence strategic roadmap	The adoption of AI tools in a planned and controlled manner in line with business needs and in alignment with the trustworthy use of AI principles.
1.2.11	Modular training programme on science/evidence for policy, scientific integrity, good scientific practice, methods and tools for evidence synthesis, statistical analysis, and modelling	Continuous internal professional development and training to stay up to date on the latest scientific standards, processes, and methods and to nurture a culture of continuous learning.

Resources

1.2 Knowledge transfer and science engagement	Staff and Title 3 budget
Total FTEs for this activity	**23.0**
Total operational budget for this activity	**EUR 1,842,240**

Action Area 1.3 – External communication: Provide relevant, timely, accessible, and actionable information about infectious diseases epidemiology, prevention and control

Overview

ECDC's external communication will focus on implementing the communication policy (2022–2027) and the approved annual communication plan. This includes activities in external and risk communication, awareness campaigns, media engagement, and strengthening the Centre's digital presence. Key outputs will include proactive media relations, strategic use and expansion of social media channels, rollout of updated branding and design guidelines, implementation of the ECDC stakeholder framework, support to dissemination of scientific and technical outputs, and targeted campaigns on public health priorities.

The Centre will provide risk communication tailored to the needs of its target audiences, including different population groups (e.g. different age groups, people living with disabilities, ethnic minorities, and/or marginalised communities and others) where appropriate.

In the context of ongoing global health challenges, ECDC will work to enhance its visibility at major scientific conferences and on professional platforms strengthening engagement with the scientific community. By providing timely, evidence-based, and audience-tailored information across multiple channels, ECDC aims to reinforce its role as a credible and trusted source of information on infectious diseases.

In the event of Public Health Emergencies and crisis, ECDC will activate its established communication protocols to provide timely, accurate, and coordinated messaging to stakeholders and the wider public.

ECDC websites will continue to serve as digital repositories and remain the primary platforms for dissemination of trusted data, guidance and recommendations on communicable diseases. Continued investment in multilingual content and usability will further enhance its accessibility and user-focused design.

A series of high-impact public health awareness campaigns will be delivered in partnership with Member States and key stakeholders to raise awareness on public health issues. These campaigns will be guided by behavioural and social science insights to pre-test messages, assess impact, and tailor content to specific audiences, national contexts, and cultural differences across the EU.

The establishment of the Stakeholder Engagement Framework Hub will ensure more consistent and coordinated engagement across the Centre. In the area of communication, ECDC will strengthen collaboration with its network of National Focal Points and sister EU agencies to promote the exchange of knowledge and communication materials. This will enable more effective engagement and a cost-efficient approach to joint messaging, campaigns, and outreach across the EU.

To remain effective in a fast-evolving information ecosystem, ECDC will adapt to rapid changes in communication technologies and in the public's attitudes and behaviours in information seeking and consumption. The Centre will broaden its social media presence to reach new audiences, enhance its media engagement, and increase the production of visual and audiovisual content tailored to specific audience needs. A key focus will be on creating innovative, targeted communication products that support evidence-based decision-making and positive behavioural change.

ECDC will also continue to strengthen its brand identity through the implementation of updated design and language guidelines. These will ensure consistency, professionalism, and recognisability across all communication outputs. A strong and coherent brand helps build trust in ECDC's work, reinforces the credibility of its scientific contributions, and maximises the impact of its public health communication.

Main outputs and expected results

No.	Main outputs	Expected results
1.3.1	Approved ECDC Communication Plan that includes: • all the external and risk communication activities, • awareness campaigns, • foreseen press and media activities, • podcasts, • audiovisuals, • publications of ECDC major outputs etc	Improved planning, implementation, monitoring and performance of all ECDC related communication outputs.
1.3.2	Chief Scientist approved list of major scientific conferences with an ECDC corporate info stand that includes all ECDC activities (i.e. EPIET, Learning Portal, EUHTF, etc.)	Greater presence, visibility and engagement with the scientific community.
1.3.3	8 communication campaigns executed according to the approved Communication Plan (see 1.3.1): • World TB Day (March), • European Immunisation Week (April/May), • World Hand Hygiene Day (May) • Vector and water-borne Diseases ahead of summer period (June) • World Hepatitis Day (August) • Respiratory virus season campaign (October) • European Antibiotic Awareness Day (November), • World Aids Day (December)	Increased awareness among target audiences.
1.3.4	Establishment of Stakeholder Engagement Framework Hub	Harmonised ECDC stakeholders' engagement.
1.3.5	Website development adhering to approved content strategy and usability studies	Enhanced user experience and accessibility for website visitors.
1.3.6	Content strategy for the management of ECDC's social media channels, including social media listening, paid advertising, engagement with content creators/ambassadors and cooperation with social media platforms	Broader audience reach and increased engagement with ECDC public health messages through a coherent digital marketing approach

1.3.7	Design guidelines for branding plan	Stronger and consistent brand identity

Resources

1.3 External communication	Staff and Title 3 budget
Total FTEs for this activity	**10.7**
Total operational budget for this activity	**EUR 1,213,580**

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

Table 2. Indicators of Strategic Objective 2

KPI	Baseline (2024)	Target	Means of verification	Frequency of verification
Stakeholder satisfaction with daily and weekly Communicable Disease Threat Reports (CDTRs)	Weekly CDTR: All indicators rated as good or excellent by 100% Daily CDTR: All indicators rated as good or excellent by 100%	80%	Stakeholder survey	Biennial
Timely publication of surveillance data in diseases webpages	15% of diseases with annual data collection within 3 months 83% within 5 months	80% of diseases with annual data collection within 3 months of end of data collection	ECDC portal (surveillance atlas or replacement)	Annual
Timely publication of basic surveillance reports in diseases webpages	n/a	100% of diseases with annual data collection within 6 months of end of data collection	ECDC portal	Annual
Efficiency: Proportion of ECDC scientific outputs delivered and external requests for scientific input replied to within agreed deadlines	n/a	100%	SARMS, Chrono, and similar request management systems	Annual
Accessibility: Proportion of ECDC scientific manuscripts published as golden standard open access	94% (98.1% of all ECDC outputs)	100%	Publication databases, SARMS	Annual
Proportion of requests for sequencing services from Member States delivered	50%	100%	Requests received to PHF by DPR	Annual
Comprehensiveness of eHealth-based surveillance implementation	EHR-based surveillance implemented for SARI in 5 Member States	EHR-based surveillance implemented in at least 15 Member States for at least one disease or related special	TESSy	Annual

KPI	Baseline (2024)	Target	Means of verification	Frequency of verification
		health issue under EU/EEA surveillance		
Roll-out of EpiPulse Cases	EpiPulse Cases launched for vaccine-preventable infections	EpiPulse Cases rolled out as per plan	EpiPulse Cases	Annual
Use of EpiPulse (Number of posts uploaded to the platform)	181 per month (median)	Annual increase of number of posts by 5%	EpiPulse	Annual
Percentage of diseases with integrated operational WGS surveillance schemes as per strategic framework and annual planning	WGS operational for 50% of prioritised diseases	60%	EpiPulse	Annual
Introduction of AI in epidemic intelligence processes	n/a	One AI process per year	Epidemic Intelligence group	Annual
Timely publication of enhanced surveillance reports on priority diseases published on ECDC's website	n/a	80%	Surveillance reports in SARMS	Annual
Timely publication of weekly and monthly surveillance bulletins priority diseases published on ECDC's website	n/a	80%	Bulletins on the website	Annual
Timely execution of External Quality Assurance schemes (EQAs) on priority diseases	n/a	80%	ECDC Laboratory Networks	Annual

Action Area 2.1 – Surveillance and microbiology: Provide timely information and robust evidence through surveillance and monitoring, and support in adopting digital solutions for surveillance

Overview

In 2026, ECDC will roll out data collections through EpiPulse Cases to most of the remaining diseases and related special health issues under EU/EEA surveillance. Following the end of the outsourced SUREHD ('Surveillance from electronic health records') project, ECDC will carry on with efforts to increase Member State participation in existing eHealth-based surveillance initiatives to the point of routine reporting at the EU/EEA level. ECDC will continue supporting the European Commission and the Member States in monitoring the implementation of the direct grants for strengthening national surveillance systems, with particular attention on full digitalisation and more eHealth-based surveillance.

In parallel, ECDC will start preparing for participation in the EHDS focusing particularly on the technical requirements for implementation of an ECDC node, requirements for interoperable use of relevant EHDS priority electronic health data categories, requirements for an internal application to manage EHDS data access permits and requests from ECDC, and requirements for data discoverability and metadata standards. ECDC will also pilot the collection of weekly aggregates of laboratory-confirmed cases of an outbreak-prone disease from a subset of Member States for early outbreak detection through automated statistical aberration checks.

Following the adoption of the secondary legislation under Articles 13 and 14 of the SCBTH Regulation in early 2026, ECDC and its networks will start developing disease-specific surveillance standards to be annexed to the relevant delegated act. New, more flexible surveillance outputs integrating indicator-based and event-based data will start to be published in 2026, progressively replacing the rigid former Annual Epidemiological Reports.

In 2026, ECDC will continue to monitor and report weekly surveillance data on respiratory viruses, and to drive the high-quality surveillance at the European level, in close collaboration with Member States and partners. ECDC will issue a new comprehensive guidance for integrated surveillance of respiratory viruses based on action-oriented objectives in close collaboration with the respiratory virus network and will work closely with Member States on its follow-up. Additionally, ECDC will monitor the emergence of zoonotic respiratory viruses by producing quarterly avian influenza monitoring reports jointly with EFSA and by continuously performing event-based surveillance of zoonotic respiratory viruses. An end of season influenza virological surveillance report will be produced to inform the countries about recently circulating strains in the EU/EEA. ECDC will continue to support public health microbiology structures and activities in Member States to strengthen laboratory capacity and support the establishment of a European Reference Laboratory for respiratory viruses.

ECDC, jointly with WHO Europe will collect, analyse and report HIV 2025 surveillance data and TB 2024 surveillance data. For the other SDG-related diseases (sexually transmitted infections and hepatitis B and C), Annual Epidemiological Reports will be produced. As a follow-up to the development of surveillance standards, ECDC will support Member States in developing and strengthening their public health surveillance. To complement the surveillance data, ECDC plans to work on improving the estimates of AIDS-related deaths and generate estimates for hepatitis B through modelling. Sentinel surveillance for hepatitis B and C will continue. ECDC will also continue providing estimates of the burden of TB infection in several EU/EEA Member States. In 2026, monitoring of progress towards the SDG-targets for hepatitis, HIV, STIs and TB will continue and several evidence briefs, and progress reports will be made available on ECDC's website and disseminated through other means. The hepatitis monitoring will enable measuring progress towards the 2030 goal of elimination of viral hepatitis as a public health threat and the targets set by WHO as referred to in the Council Recommendation on vaccine-preventable cancers. In 2026, monitoring data will be collected for HIV and STI.

In 2026, ECDC will continue activities within the European Gonococcal Antimicrobial Resistance Programme (Euro-GASP) network and the European Reference Laboratory Network for Tuberculosis (ERLTB-NET). The services provided by these networks will be transferred to EURL's.

ECDC will continue to support Member States on further strengthening surveillance of AMR, antimicrobial consumption and HAIs, publishing annual surveillance reports, and using other formats such as the ECDC Surveillance Atlas of Infectious Diseases, in collaboration with the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS) and the regional surveillance networks of WHO Europe: the regional networks for surveillance of AMR (Central Asian and European Surveillance of Antimicrobial Resistance – CAESAR – network; joint summary on AMR surveillance in Europe) and antimicrobial consumption (WHO Antimicrobial Medicines Consumption – WHO AMC) network. In 2026, this will include discussing with the relevant networks on how to improve surveillance of AMR in line with Council Recommendations on stepping up EU actions to combat AMR in One Health approach (2023/C 220/01); and participating in the inter-agency AMR working group.

Further improvements of surveillance of AMR are expected including annual estimates of the incidence of infections with AMR, better use of electronic laboratory data for reporting AMR and surveillance data of bloodstream infections from electronic health records and the integration and expansion of molecular surveillance through the European Antimicrobial Resistance Genes Surveillance Network (EURGen-Net). For antimicrobial consumption, there will be improved reporting of antimicrobial consumption in the hospital sector. For HAIs, ECDC will have established a network of countries developing systems for surveillance of bloodstream infections from electronic health records and will continue planning activities in this area. ECDC will continue its collaboration with ESTAT on AMR indicators in the context of the SDG 3 for the EU SDG Monitoring Report. ECDC will continue to support the standardisation of antimicrobial susceptibility testing in the EU/EEA. An EU reference laboratory for public health covering AMR (EURL-PH-AMR) was established in 2024. In 2026, ECDC will continue to closely work with this EURL for the provision of laboratory services, EQA exercises, and laboratory training courses related to AMR. ECDC will start work on updating the estimates of the burden of AMR and HAIs based on recent surveillance data, and will continue collaborating with international partners, such as WHO, on the methodology of the AMR burden estimation.

ECDC will continue its collaboration with EFSA and EMA, working on the fifth joint inter-agency report on integrated analysis of antimicrobial agent consumption and occurrence of antimicrobial resistance in bacteria from humans and food-producing animals in the EU/EEA (JIACRA) and will continue exploring the possibility of integration of elements of environmental surveillance, where available, with support of the EEA and in collaboration with the other relevant EU agencies.

In collaboration with the other agencies, ECDC will contribute to the One Health agenda in Europe, providing strategic support and identifying opportunities for further cross-agency collaboration in a One Health perspective. During 2026, the cross-agency One Health Framework for Action will be further formulated and developed.

ECDC will continue the regular monitoring and strengthening of the epidemiological and laboratory surveillance of vaccine-preventable diseases, with renewed efforts to improve quality of reporting and continued investment in supporting the implementation of the WGS strategy, with priority for meningococcal disease and diphtheria. ECDC will monitor vaccine coverage in the EU for priority diseases with a focus on COVID-19, influenza HPV and HBV. Close work with the WHO Europe will continue with regards to a close monitoring of diseases under elimination and eradication targets, thus with specific focus on measles, rubella, and polio. ECDC will continue to implement activities for the EU Invasive Bacterial Diseases Laboratory Network (IBD-LabNet) in order to increase laboratory capacity in Member States.

Building microbiology capacity will continue to be a priority for the Centre, given its positive impact on national surveillance systems, the value of molecular surveillance for disease prevention and control, and the role of current activities in improving data comparability and quality. Therefore, ECDC will continue to implement the European Reference Laboratory (EURL) system, including provision of strategic direction and coordination, and train public health professionals in genomic epidemiology. To address surveillance gaps such as lack of comprehensive surveillance and testing, limited geographical coverage of sentinel systems, and the need to early detection of emerging threats, the Centre will ensure the further development and integration of wastewater monitoring data in surveillance systems and processes.

ECDC will continue to support Member States on further strengthening surveillance and laboratory capacity in the area of food-, water-, vector-borne diseases and zoonoses. This includes providing support to the coordination of the 10 EURLs related to these pathogens: 1) Vector-borne viral pathogens; 2) Emerging, rodent-borne and zoonotic viral pathogens; 3) High-risk, emerging and zoonotic bacterial pathogens; 4) Food- and water-borne bacteria; 5) Food-, water- and vector-borne helminths and protozoa; 6) Food- and water-borne viruses; 7) AMR, 8) Legionella, 9) Diphtheria and Pertussis 10) Respiratory viruses. In 2026, ECDC will continue to support Member States with the running of the genomic surveillance for food-borne pathogens and implement genomic surveillance for Legionella. In the area of surveillance, in addition to routine surveillance outputs, ECDC will continue and consolidate the seasonal surveillance of dengue, chikungunya, Zika, CCHF, West Nile virus infection as well as vibriosis. As relevant, human surveillance data will be combined with food, animal and environmental data, in One Health approach, through close collaboration with other EU agencies such as the European Food Safety Authority (EFSA) and the European Environment Agency (EEA). For example, ECDC and EFSA will jointly produce monthly reports on West Nile virus in humans and animals. In collaboration with Copernicus and EEA, ECDC will further develop a tool to assess the environmental suitability of Vibrio growth in Europe. ECDC is also planning to establish voluntary surveillance of leishmaniasis, vibriosis and Hepatitis E, three climate-sensitive diseases. ECDC will provide a report with an overview of Lyme neuroborreliosis surveillance in Europe.

Main outputs and expected results

No.	Main outputs	Expected results
2.1.1	Surveillance standards defined and annexed to the delegated act (Article 14, SCBTH Regulation)	More specific EU legal basis for reporting national surveillance data to ECDC.
2.1.2	EURLs: • EURL-PH-AMR: report on EQA exercise 2025, laboratory training courses related to AMR • EURL Vector-borne viral pathogens • EURL Emerging, rodent-borne and zoonotic viral pathogens; • EURL High-risk, emerging and zoonotic bacterial pathogens; • EURL Food- and water-borne bacteria • EURL Food-, water- and vector-borne helminths and protozoa; • EURL Food- and water-borne viruses; • EURL Legionella EURLs implemented for third set of priority diseases	Strengthened capacity and improved laboratory support for laboratory networks.
2.1.3	Trainings completed in integrated genomic epidemiology for two disease groups	Increased application of genomic based epidemiology and increase in data reported to ECDC from active Member States.
2.1.4	Reports on monitoring of prevention and control activities of SDG-targeted diseases	Improved strategic information on country- and EU-level situation of prevention and control of SDG-targeted diseases.
2.1.5	European Union Summary Reports: One Health Zoonoses Report and Antimicrobial Resistance in zoonotic and indicator bacteria from humans, animals and food	Risk managers and scientists receive an overview of the epidemiological situation regarding vector-borne diseases.

No.	Main outputs	Expected results
2.1.6	Weekly and monthly surveillance of West Nile virus infections in human and animals to support the implementation of SoHO prevention and control measures	
2.1.7	Joint ECDC-EFSA distribution maps of arthropod vectors that have a public health and an animal health relevance	
2.1.8	Implementation of voluntary surveillance of leishmaniasis, vibriosis and hepatitis E	Better understanding of the impact of climate change on infectious diseases.
2.1.9	Weekly surveillance reports of dengue, chikungunya, Zika and CCHF	Risk managers and scientists receive an overview of the epidemiological situation regarding vector-borne diseases.
2.1.10	Report on the surveillance of Lyme neuroborreliosis in the EU/EEA	Risk managers and scientists receive an overview of the epidemiological situation and surveillance of Lyme borreliosis.
2.1.11	ECDC-WHO joint weekly bulletin (ERVISS) for integrated surveillance of respiratory viruses	Strengthened surveillance of respiratory viruses in the EU/EEA.
2.1.12	Outputs on Zoonotic influenza: • Quarterly monitoring reports with EFSA and EURL for avian influenza, including ECDC's quarterly assessment of the risk for the EU/EEA (zoonotic flu) • Monthly RT and CDTR (zoonotic flu)	
2.1.13	Outputs on Seasonal influenza: • Weekly publication of surveillance data jointly with WHO (through ERVISS) • Virus characterisation reports	
2.1.14	Outputs on COVID-19: • Weekly publication of surveillance data jointly with WHO (through ERVISS)	
2.1.15	Surveillance Guidance for respiratory viruses	Implementation of agreed recommendations to strengthen surveillance of respiratory viruses in the EU/EEA
2.1.16	Enhanced HIV and TB surveillance reports published jointly with WHO Europe	Surveillance information for action on country- and EU-level situation of HIV and TB.
2.1.17	Vaccine coverage data and reports	Surveillance information for action on country and EU-level (COVID-19, influenza, Mpox)
2.1.18	Measles and rubella surveillance monthly bulletin, monthly publication of diphtheria data	Surveillance information for action on country and EU-level situation of measles, rubella and diphtheria.
2.1.19	Vaccine-preventable diseases: Epidemiological surveillance outputs	Strengthened surveillance of vaccine-preventable diseases in the EU/EEA.
2.1.20	Vaccine-preventable diseases: Invasive Bacterial Diseases laboratory support, e.g. EQAs and trainings	Increased laboratory capacity in the Member States.
2.1.21	Monthly summary and assessment of meningococcal disease genomic and epidemiological data	Surveillance information for action on country and EU-level situation of meningococcal disease.
2.1.22	Polio dashboard updated on monthly basis	Providing an overview of the global poliovirus situation to the Commission and to the Member States.
2.1.23	Outputs on antimicrobial resistance (AMR): • Surveillance outputs on AMR in the EU/EEA, 2025 (including progress towards the EU targets) • ECDC-WHO Europe joint summary on AMR surveillance in Europe • Reports on genomic surveillance of AMR from EURGen-Net: CRE survey, CRAb survey • JIACRA V report delivered by ECDC, EFSA and EMA	Decision-makers and health professionals are informed by trustworthy and relevant expertise in the area of AMR. Strengthened surveillance of AMR in the EU/EEA.
2.1.24	Outputs on antimicrobial consumption (AMC): • Surveillance outputs on antimicrobial consumption in the EU/EEA, 2025 (including progress towards the EU targets)	Decision-makers and health professionals are informed by trustworthy and relevant expertise in the area of antimicrobial consumption. Strengthened surveillance of antimicrobial consumption in the EU/EEA.

No.	Main outputs	Expected results
2.1.25	Outputs on healthcare-associated infections (HAIs): • Surveillance outputs on surgical site infections, HAIs in intensive care units and *Clostridioides difficile* infections in the EU/EEA	Decision-makers and health professionals are informed by trustworthy and relevant expertise in the area of HAIs. Strengthened surveillance of HAIs in the EU/EEA.
2.1.26	Integrated AI solutions support EI	Automated generation of situation awareness content for Member States.
2.1.27	EpiPulse Cases	Less burdensome reporting. More effective and timely validation and publication of outputs.
2.1.28	Surveillance automation and integration	Event-based and indicator-based data integrated into joint reports using AI
2.1.29	New surveillance outputs, retirement of Annual Epidemiological Reports	Surveillance indicators integrated in disease pages.
2.1.30	Further integration of EIOS with EpiPulse	Seamless information flow allowing for more timely public health signal detection, validation, and response.
2.1.31	Daily and Weekly Communicable Disease Threat Reports	Timely and authoritative information on emerging and ongoing threats due to communicable diseases enabling rapid response.

Resources

2.1 Surveillance and microbiology	Staff and Title 3 budget
Total FTEs for this activity	**77.8**
Total operational budget for this activity	**EUR 10,618,650**

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

Overview

In the area of respiratory viruses, ECDC will continue to provide high-quality scientific advice and assessments and seek to provide relevant technical support to the European Commission and Member States. Furthermore, in 2026, ECDC will undertake the necessary groundwork in preparation of a significant output for guidance on RSV immunisation among newborns, which will be published in 2027. In addition, a comprehensive analysis aimed at better characterising who are the groups at highest risk of hospitalisation and death from COVID-19 will be performed.

ECDC will continue developing technical guidelines on the prevention of donor-derived transmission of communicable diseases through Substances of Human Origin in support of the EU Regulation 2024/1938. The SoHO network is consulted on which pathogens and SoHO types are to be prioritised for developing guidelines. The guidelines are developed following ECDC's procedures for scientific advice. Coordination with the European Directorate for the Quality of Medicines and Healthcare (EDQM) of the Council of Europe is ensured by having two observers in the scientific expert panel. In 2026, guidelines on syphilis will be published and work on guidelines for HTLV and arbo viruses will be ongoing. Where needed, ECDC will provide temporary references to existing/established guidelines, that can be used until guidelines are developed following ECDC's procedures.

In 2026, ECDC starts developing procedures for implementation of the SoHO regulation regarding Serious Adverse Reactions (SAR) where the SAR notification by national authorities to ECDC concerns a transmission of a communicable disease that is rare, or unexpected for that SoHO type. In these cases, ECDC or the SoHO network can give advice or information that shall be considered by SoHO national authorities.

For the SDG-related disease area, ECDC will publish a report on models of good practice for migrants and provide further outputs on the standard of care for HIV. Especially in the STI-area, ECDC will provide further scientific advice and recommendations to support Member States with prevention and outbreak response. ECDC scientific advice focusses on prevention, early diagnosis and treatment and will prevent chronic complications associated with SDG-related diseases.

In the area of food-, water-, vector-borne diseases and zoonoses, ECDC will continue to provide timely scientific advice and recommendations to the European Commission and Member States, in close collaboration with other

agencies whenever relevant (EFSA, EEA). In 2026, there will be a focus on strengthening vector surveillance and control in the EU/EEA. Through the EU4Health programme, ECDC will work jointly with DG SANTE B2 and DG HERA on strengthening vector surveillance and control in Europe. In this context, ECDC will update guidelines for the monitoring of invasive and native mosquitoes, as well as initiate work on the topic of vector control. ECDC will also prioritise scientific advice on Lyme borreliosis, by organising an expert meeting on Lyme borreliosis surveillance, prevention and control in Europe.

ECDC will support the finalisation of the 'EU guidelines on infection prevention and control (IPC) in human health' and support the Commission on the development of 'EU guidelines for the treatment of common infections and for perioperative prophylaxis'.

To specifically support Member States in implementing the Council Recommendation on patient safety, including the prevention and control of HAIs (2009/C 151/01) and the Global Action Plan and Monitoring Framework on Infection Prevention and Control (WHO), ECDC will continue exploring the relationship between the level of implementation of IPC structure and processes and of antimicrobial stewardship (AMS), and AMR and HAI rates in European acute care hospitals and long-term care facilities. In addition, ECDC will start work on the optimal application of screening for the carriage of carbapenem-resistant *Enterobacterales* in patients admitted to healthcare facilities.

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

ECDC will continue to strengthen the scientific evidence base around vaccines and vaccination programmes; the focus will be on providing and summarise evidence among priority questions related to vaccination programmes. The Centre will continue to monitor and report on the vaccination programmes calendars, including on reporting the countries' overview via the ECDC scheduler.

ECDC will also continue collating evidence from systematic literature reviews, possibly through procurement, on outstanding questions about preparedness or other specific disease-related issues and communicate them to the Member States.

Main outputs and expected results

No.	Main outputs	Expected results
2.2.1	Quarterly assessment of the risk concerning zoonotic avian influenza	Decision-makers and health professionals are informed by trustworthy and relevant expertise.
2.2.2	Report from an analysis aimed at better characterising current groups at highest risk of hospitalisation and death from COVID-19 in the EU/EEA	Support to NITAGs and decision-makers in better identifying current priority groups for COVID-19 vaccination in the EU/EEA.
2.2.3	Outputs on sexually transmitted infections, blood-borne viruses, and tuberculosis: • Standards of HIV Care • Scientific advice on prevention and control of SDG-related diseases in the general population and in key populations	Support to Member States for the prevention and control of SDG-related diseases.
2.2.4	Systematic reviews of priority vaccines, based on national vaccination programmes needs	Evidence for recommendations for NITAGs.
2.2.5	Technical guideline on the prevention of donor-derived transmission of communicable diseases through Substances of Human Origin - Syphilis	Support for Member States to implement in EU Regulation 2024/1938.
2.2.6	Expert meeting and technical report on surveillance, prevention and control of Lyme borreliosis	Better understanding Lyme borreliosis in Europe and possible control measures.

Resources

2.2 Public health scientific advice	Staff and Title 3 budget
Total FTEs for this activity	**22.1**
Total operational budget for this activity	**EUR 1,451,500**

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

Table 3. Indicators of Strategic Objective 3

KPI	Baseline (2024)	Target	Means of verification	Frequency of verification
Use of ECDC Risk Assessments: Number of downloads of each RRA and ROA document from ECDC's website within 30 days of publication	Non-PHE Related RRAs (10/11 in 2024): average 873 downloads within 30 days of their publication	180 downloads within 30 days of publication	ECDC Webmaster	Annual
Timely publication of RRA on emerging and re-emerging health threats	n/a	Within 7 days of the reporting or detection of an emerging threat	EPR Section files	Annual
Satisfaction/experience of MS after PHEPA assessment	n/a	>75% positive experience ratings	Survey	One time
Proportion of requests for deployment or remote operational support - in response to cross-border public health emergencies - for which support is provided by the EU Health Task Force to Member States and the European Commission	100%	80%	Number of requests for a country visit or remote support	Annual
Number of scientific articles of public health relevance published by attendees of the ECDC Fellowship Programme (during and two years after graduation)	244% increase in scientific articles the two years following the ECDC Fellowship Programme compared to the two years prior to the programme	>50% increase compared to the 2-year period before entering the programme	Bibliometric analysis in PubMED, Scopus (ECDC library)	Annual
The mean satisfaction for every new e-learning course in the Learning Portal	8/10 for 100% of the new courses%	8/10 for 100% of the new courses	Satisfaction surveys after completion of a training course	Annual
The mean satisfaction for every new synchronous training course in the Learning Portal	8/10 for 100% of the new courses100%	8/10 for 100% of the new courses	Satisfaction surveys after completion of a training course	Annual

Action Area 3.1 – Prevention and control: Provide support to countries to strengthen their programmes and systems to prevent and control communicable diseases and related special health issues

Overview

Regarding vaccine-preventable diseases and immunisation, the collaboration between ECDC and EMA through the Vaccine Monitoring Platform on vaccine independent post-authorisation studies will be continued in view of generating evidence in response to common public health and regulatory questions on both effectiveness and safety of vaccines in use in EU vaccination programmes.

ECDC will keep working on the implementation of the activities related to Council Recommendation of vaccine-preventable cancers, with focus on monitoring HPV and HepB vaccine coverage, including supporting the related joint action on cancers caused by infections, vaccine-preventable cancers and addressing communicable diseases (HIV/AIDS, tuberculosis, and hepatitis).

A continued area of priority in 2026 will also be the continuation of scientific exchanges and collaboration with and within the ECDC National Immunisation Technical Advisory Group (NITAG) Collaboration Network. This will be done in close collaboration with DG SANTE and HaDEA, by providing technical support to NITAGs in generating scientific reviews that can inform national decision-making on priority questions related to new vaccines or vaccination strategies.

ECDC will continue to support mathematical modelling collaborative work for the prevention and control of respiratory viruses through its modelling hubs for forecasting (RespiCast) of indicators and for scenarios of interventions (e.g. vaccination) to support prevention and control of respiratory viruses in the EU/EEA.

ECDC will continue to structurally support countries on the SDG-related diseases through webinars, trainings, and country exchanges.

Support to countries for strengthening their systems for prevention and control of public health threats through a One Health approach will continue through guidance provided in collaboration with other agencies.

ECDC will strengthen its contribution to the Climate and Health Observatory, through participation at meetings and regular interaction with partners. ECDC has offered to host the 2026 annual meeting of the Climate and Health Observatory in Stockholm.

The ECDC Prevention Framework continues to be operationalised through ongoing activities on the ECDC Lighthouse, with the ECDC Behavioural Observatory (BOBy) working towards adding an evidence base to social and behavioural interventions aimed at the prevention of infectious diseases.

Main outputs and expected results

No.	Main outputs	Expected results
3.1.1	Country support activities on SDG-targeted diseases provided through webinars, trainings, and specific country support.	Improved Member State capacity to carry out surveillance, monitoring, prevention, and control of SDG-targeted diseases.
3.1.2	ECDC One Health Framework implemented in 2026, ECDC One Health WG operational	Increased internal collaboration on One Health issues.
3.1.3	Vaccine Monitoring Platform - Vaccine effectiveness studies	Supporting Member States with enhanced post-authorisation monitoring of vaccines effectiveness.
3.1.4	Council Recommendation on vaccine-preventable cancers – dashboard with HPV-HepB vaccine coverage monitoring	Better insight into coverage gaps to set targeted actions.
3.1.5	Scientific evidence summaries to inform national vaccination programmes (NITAG)	Supporting Member States with scientific evidence around vaccines and vaccination programmes
3.1.6	Behavioural Observatory (BOBy): building data infrastructure and conducting pilot study	Improved availability of and access to behavioural data as a basis for evidence-informed prevention and control of infectious diseases in the Member States
3.1.7	Maintenance of ECDC Lighthouse online platform, training activities and knowledge base	Enhanced social and behavioural science capacity in Member States for prevention and control of infectious diseases

Resources

3.1 Prevention and control	Staff and Title 3 budget
Total FTEs for this activity	**27.6**
Total operational budget for this activity	**EUR 7,164,300**

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

Overview

ECDC will support the European Commission with the second reporting under Article 7 of the SCBTH Regulation as well as with the State of Preparedness report under Article 9 of the same Regulation.

ECDC will start the coordination with all countries for the third cycle of PHEPA assessments under Article 8 of the SCBTH Regulation in collaboration with relevant Commission services, other EU agencies and the WHO Regional Office for Europe. An improved methodology including a new set of capacities to be assessed in-depth and an updated set of guidance documents will be utilised to assist the PHEPA experts in their work. To support all countries in implementing their national action plans, ECDC will continue to provide support through the EU Health Task Force for improving prevention, preparedness and response planning. In addition, ECDC will provide further Emergency Preparedness and Response (EPR) trainings, both through the Learning Portal and face-to-face trainings and workshops, to enhance national expert capacity for preparedness planning. Work on promoting and training country level staff on how to conduct simulation exercises, after-action reviews (AARs) and develop preparedness plans will continue. A revision of the Bio-awareness Training will be undertaken following the delivery in 2026 to continue improving the collaboration between public health, civil protection and law enforcement services in the EU. A cross-border simulation exercise will be designed, developed and delivered in 2027 to assist preparedness and coordination at the EU level. The focus of this exercise will be designed after consultation with National Focal Points for Preparedness and disease programmes at ECDC. Finally, ECDC staff will follow and collaborate/contribute as needed with Joint Actions relevant to the area of preparedness, e.g. the JA Stockpile.

ECDC will continue to provide support to the Commission and the Member States by producing rapid risk assessments as needed based on the signals and threats detected. At the same time, ECDC will be coordinating with risk assessors from other EU agencies, the WHO and third country agencies on risk assessment methodologies.

To further support Member States in the implementation of Regulation (EU) 2022/2371 on serious cross-border threats to health and the Council Recommendation on AMR, ECDC will provide a specific contribution on AMR and HAIs, as well as infection prevention and control, as part of the PHEPA framework (Article 8 of Regulation (EU) 2022/2371).

Continued support for EU/EEA countries will be needed for improved integration of mechanisms for the design, implementation and evaluation of Public Health and Social Measures (PHSM) in national preparedness planning. Refined tools and guidance as well as facilitated national and regional simulation exercises and training workshops will serve as outputs to achieve objectives.

National risk ranking processes for infectious disease risks will be supported with updated and refined tools. Aggregated information from EU/EEA countries will be used to inform EU-wide risk profiling. ECDC will strengthen its existing collaboration with Frontex, Europol and NATO to continue preparedness efforts in relation to CBRN threats. This includes the continuation of the cross-sectoral Biorisk Awareness and Mitigation (BAM) training.

Protocols and IT platforms for collection of epidemiological and contact tracing data will be tested to further strengthen research (preparedness) related to the early phase of disease outbreaks. This will require further work to complement available functionalities in EWRS and EpiPulse, e.g. by using applications such as GoData, RedCap, R.

ECDC will continue to routinely assess threats from emerging SARS-CoV-2 variants and zoonotic influenza clades through the Strategic analysis of variants in Europe (SAVE) Working Group. ECDC will also continue to monitor through event-based surveillance signals and events related to zoonotic and seasonal influenza, and other possibly emerging respiratory viruses, globally and in the EU/EEA, and to timely report and produce updated

assessments of the risk for the EU/EEA as required. In addition, ECDC will continue to monitor and support laboratory preparedness in the EU/EEA for future pandemics and will work closely with DG HERA for pandemic preparedness needs in the areas of medical countermeasures and laboratory capacity.

ECDC will continue to routinely detect and assess threats related to food-, water-, vector-borne and zoonotic diseases. In particular, ECDC will continue to detect multi-country outbreaks of food-borne diseases via EpiPulse Event and via the One Health Whole Genomic Sequencing database, jointly managed with EFSA. In addition, ECDC and EFSA will jointly assess outbreaks and produce joint assessments.

ECDC will develop a framework on the impact of climate change on infectious diseases to better support Member States and the EU Commission in the area of climate risk preparedness.

ECDC will monitor through epidemic intelligence and EpiPulse risks to the microbial safety of SoHO. Where relevant separate risk assessments will be produced or a SoHO section will be included in a general ECDC risk assessment.

Through epidemic intelligence and EpiPulse, ECDC will monitor communicable disease threats and, where relevant, separate risk assessments will be produced and communicated to ECDC's stakeholders, and the information disseminated, as appropriate.

ECDC will continue to provide support to the Commission and the Member States with monitoring and assessing risks related to vaccine-preventable diseases. ECDC will also address the problems of resurgence of diseases preventable by vaccination (e.g. of measles, pertussis) by providing high quality epidemiological and microbiological surveillance data, and by providing timely risk assessments.

Through the EU Health Task Force ECDC will continue to provide EU and global response support in collaboration with DG ECHO (and the related initiatives of UCPM, rescEU and ReliefEU), and in coordination with DG SANTE, DG HERA, DG RTD and DG INTPA as well as with Africa CDC and GOARN. In the area of preparedness and response, further tailored support is planned for countries in the EU neighbourhood under projects funded by DG ENEST.

Main outputs and expected results

No.	Main outputs	Expected results
3.2.1	Technical Support to EU/EEA countries as well as globally through deployments under EU Health Task Force mechanism	Strengthened EU/EEA and global emergency preparedness and response capacities, including for pandemic preparedness.
3.2.2	Support to countries and stakeholders in the European Commission (DG SANTE, DG ECHO, DG INTPA, DG HERA, DG RTD) in their response to cross-border health threats through the provision of Rapid Risk Assessments, Rapid Scientific Advice and relevant guidance	
3.2.3	Public health training modules on emergency preparedness and response	
3.2.4	Guidance and support for preparedness planning, including work on public health and social measures (PHSM), with a focus on respiratory viruses and possible emerging pathogens with pandemic potential	
3.2.5	Support national risk ranking exercises, based on updated tools and guidance	
3.2.6	Assessment of EU/EEA countries' emergency preparedness and response capacities and plans	Strengths and challenges identified, and action plans established for further improvement of the capacities and plans.
3.2.7	Mechanisms for research related to outbreaks and digital tools and platforms for coordinating responses to cross-border health threats are functional and available	Strengthened cross-border and cross-sectoral collaboration and communication in response to health threats.
3.2.8	Ongoing surveillance of diseases with pandemic potential	Increased timeliness of detection of unusual signals and/or of epidemics caused by emerging/novel respiratory viruses.
3.2.9	Risk assessments on respiratory viruses	Increased preparedness against respiratory viruses (including influenza, COVID-19, and RSV, as well as zoonotic respiratory viruses such as e.g. avian influenza).
3.2.10	SAVE working group monthly meeting reports	Increased preparedness against COVID-19 and avian influenza
3.2.11	Risk assessments on emerging, food and vector-borne diseases	Increased preparedness against outbreaks

No.	Main outputs	Expected results
3.2.12	Risk assessment on emerging health threats as detected by event and indicator-based surveillance	Awareness of risk and provision of recommendations to Member States.
3.2.13	Provide support to Commission for the methodology and process of conducting a Joint inter-Agency risk assessment under Article 20 of the SCBTH	
3.2.14	Assessment of microbial risks to SoHO	Member States and Commission provided with timely and quality support.
3.2.15	Hosting the European Climate and Health Observatory partner meeting at ECDC	Strengthen collaboration with partners on topics related to climate risk preparedness.
3.2.16	Developing a framework on the impact of climate change on infectious diseases	Provide targeted support to Member States with climate risk preparedness.

Resources

3.2 Preparedness and response	Staff and Title 3 budget
Total FTEs for this activity	**25.3**
Total operational budget for this activity	**EUR 2,313,500**

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

Overview

The first cohort joining the ECDC Fellowship Programme following the fully revised curriculum started in 2025 and graduates in 2027, thus during 2026 the last curricular updates will be implemented. The fellows' opportunities to embark in projects of a cross-border nature, especially in preparedness and response will continue to be enhanced together with the mobilisation of EPIET and EUPHEM fellows to public health emergencies, with fellows contributing to the EU Health Task Force as staff in EU/EEA Member States and deployments through GOARN and with other partners. Barriers for some countries to recruit/host a fellow will be addressed in a systematic way, developing country-specific plans for enhancing participation with start in 2026. TEPHINET accreditation process of the Fellowship programme following the curricular revision will start in 2026. The work of establishing key performance indicators for the ECDC Fellowship continue in 2026, following the fellow-survey started in 2023.

ECDC will continue to strengthen capacities in Member States providing Continuous Professional Development by complementing the offer in the Member States for the professionals who commit to formally develop a knowledge transfer activity. To avoid duplication, partnerships with sister EU agencies building a coherent and comprehensive training offer from the Union. Collaborations with other major training providers from CDCs or WHO will be implemented. The training offer will focus on the deployment of training activities in preparedness and response, vaccine acceptance, prevention, One Health, antimicrobial resistance and healthcare associated infections, public health microbiology.

To support the deployment of the training activities and facilitate access to training materials, there will be a constant improvement of the ECDC Learning Portal to respond to the evolving participant needs. This will be done in cooperation with DG SANTE whenever the training material relates to the implementation of Article 11 of the SCBTH Regulation and in cooperation with DG HERA whenever the training material relates to medical countermeasures.

Main outputs and expected results

No.	Main outputs	Expected results
3.3.1	Fellowship curricular updates implemented since Cohort 2023 and during 2026 the final updates will be implemented with the first cohort with the full curricular update starting in 2025	Improved Fellowship programme aimed at strengthening the workforce capacity in the Member States.
3.3.2	Reasons for Member States being underrepresented in ECDC Fellowship Programme systematically addressed	Increased impact of ECDC Fellowship Programme and other training activities.
3.3.3	Accreditation of short courses by APHEA[6]	Continuous quality improvement activities, accreditation, and evaluation are an essential part of ECDC training programmes and activities.
3.3.4	Starting accreditation process of ECDC Fellowship Programme under TEPHINET in 2026	
3.3.5	Increased collaboration with European (with sister EU agencies and the EC) and international stakeholders in the area of training	Reinforced ECDC training offer for the Member States.
3.3.6	ECDC Preparedness and response Executive training programme implemented	Strengthening the workforce capacity in the Member States to respond to cross-border health threats.
3.3.7	European Commission's Health Preparedness Training Programme training material available on the Learning Portal once it is finalised and approved by the Commission	
3.3.8	ECDC training offer further developed, reflecting the new needs identified (particularly in preparedness and response, One Health, epidemiology, surveillance, microbiology, MDRO, AMR, Vaccine preventable diseases)	
3.3.9	ECDC One Health training (AMR, zoonoses, …) implemented in partnership with sister EU agencies strengthening the efforts to ensure synergies with EFSA and BTSF	Strengthening the workforce capacity in the Member States in the area of One Health.

Resources

3.3 Training	Staff and Title 3 budget
Total FTEs for this activity	**16.5**
Total operational budget for this activity	**EUR 4,546,100**

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

Table 4. Indicators of Strategic Objective 4

KPI	Baseline (2024)	Target	Means of verification	Frequency of verification
Rate of implementation of activities in the annual work programme offered to ENP partner countries	93%	80%	Annual report, project steering committee report	Annual
Rate of implementation of activities in the annual work plan, validated annually by the Africa CDC-ECDC Partnership Steering Committee	50% (16 additional activities completed outside of plan)	80%	Annual report, project steering committee report	Annual
Number of teleconferences and face-to-face meetings per year of the Network of major CDCs	4 teleconferences	Four teleconferences and one face-to-face meeting organised or attended	Meeting reports	Annual

KPI	Baseline (2024)	Target	Means of verification	Frequency of verification
		(depending on ECDC's role)		
Number of new cooperation agreements with major CDCs signed	1 Memorandum of Cooperation with the Ministry of Health, Labour and Welfare of Japan	1	Agreements signed	Annual
Percentage of requests from the European Commission and Member States answered within agreed timeline	100%	95%	SARMS and Chrono	Annual
Percentage of requests from the European Parliament answered within agreed timeline	100%	95%	SARMS and Chrono	Annual
Satisfaction of participants at the ECDC session in the European Health Forum Gastein	n/a (feedback from EHFG: ECDC's session was one of the top 3 of all sessions organised)	80%	External (EHFG organisers)	Annual
Rate of implementation of activities in the annual joint action plan with WHO Europe	88%	90%	Joint action plan with WHO Europe	Annual
Percentage of satisfied country stakeholders with ECDC country support activities	87.5%	80%	Feedback gathered after country support activities	Annual
Satisfaction of members of ECDC's governance bodies with the cooperation and coordination support offered by ECDC	AF 93% NC 75%	75%	Stakeholder survey	Biennial

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

Overview

In 2026, ECDC will build on its established close relations with the European Commission, the European Parliament, the Council of the European Union and continue to strengthen the coordination and collaboration with other EU agencies and bodies.

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

ECDC will work closely with the Member States through the Coordinating Competent Bodies (CCBs) and the specific networks of National Focal Points and Operational Contact Points.

ECDC will regularly organise network meetings to get input from Member States and to foster collaboration between Member States. ECDC will also organise meetings with the Disease Network Coordination Committees (DNCC) and have regular communication with these Committees.

To respond to the increasing amount of bilateral and multilateral activities with EU/EEA Member States, ECDC will implement a process aimed at ensuring a more coordinated and planned approach to working with the Member States. This process will facilitate internal information-sharing, knowledge management and prevent possible overlaps in activity. Subject to available resources, ECDC aims to provide Targeted Country Support activities tailored to specific country needs and interests. In this regard, ECDC will also facilitate the sharing of knowledge and best practices between the Member States. Targeted Country Support tools, such as the Country Overview Dashboard and the list of EU funding opportunities, will be maintained and aligned with policy and technical developments.

The Centre's work with the Disease Surveillance Networks will continue, with the overall aim to improve surveillance quality in Member States and to strengthen the disease surveillance systems by sharing knowledge and best practices among Member States. ECDC will also coordinate and communicate with the Disease Networks that cover the EU notifiable diseases. Coordination of the networks includes organisation of consultations, annual meetings (in-person, hybrid or virtual), as well as consultations and meetings of the respective DNCC.

Specifically in 2026, the Centre will coordinate:

- HIV, hepatitis, STI and TB network. The Centre will organise meetings for the HIV and TB networks, and the DNCCs.
- SoHO network and will organise a meeting for the blood or organs sub-network.
- EARS-Net, EURGen-Net, ESAC-Net and HAI-Net networks.
- Vaccine-preventable disease network.
- Emerging and Vector-borne Disease Network (EVD).
- Food- and Waterborne Disease Network (FWDNet).
- European Respiratory Viruses Network (ERVINet)
- Legionnaire's Disease Network (ELDSNet) and its DNCC.
- European Creutzfeldt Jakob Disease Network (EuroCJD) DNCC.

Moreover, ECDC will continue the coordination of activities related to the ECDC NITAG Collaboration network. ECDC will collaborate closely with EMA in the frame of the Vaccine Monitoring Platform (VMP) and will co-organise the Immunisation and Vaccine Monitoring Advisory Board (IVMAB) annual meeting.

In collaboration with the other agencies, ECDC will contribute to the One Health agenda in Europe, providing strategic support and identifying opportunities for further cross-agency collaboration in a One Health perspective. During 2026, the cross-agency One Health Framework for Action will be further formulated and developed.

ECDC will continue its collaboration with EFSA and EMA working on the fifth JIACRA report. The Centre will provide its support, as an observer, to the 2nd Joint Action on AMR and HAIs and will continue the collaborative work with WHO/Europe and the OECD under existing Contribution agreements. It will also contribute to the Infection and Prevention Control (IPC) certificate programme of the European Committee on Infection Control (EUCIC).

ECDC will continue its relationship on climate change with other EU agencies on emerging, food and vector-borne diseases, for example EFSA and EEA, and is committed to further building its relationship with other EU partners such as Copernicus and the Climate and Health Observatory.

Main outputs and expected results

No.	Main outputs	Expected results
4.1.1	Enhanced channels of collaboration for effective coordination and interaction with the EU Institutions	Awareness of relevant contact points, increased information sharing, effective communication and alignment of actions.
4.1.2	ECDC Director's annual exchange of views before the SANT Committee of the European Parliament and hearings on specific disease-related topics Information on ECDC activities and the Centre's disease specific areas in a format useful for policy-making	ECDC is seen as a source of knowledge on communicable diseases and a trusted partner within the area of public health.
4.1.3	Organisation of an ECDC session at the Annual Health Forum Gastein	Increased awareness of ECDC as an agency and of our mandate and activities.
4.1.4	Identification of new potential areas of collaboration and joint work with other EU agencies	Enhanced collaboration with other EU agencies to share knowledge and best practices and promote potential synergies and joint activities.
4.1.5	EU Cross-Agency One Health Task Force operational	Increased EU level One Health collaboration involving five EU Agencies.
4.1.6	Support and coordination of the work of the Management Board (MB), Advisory Forum (AF), and Coordinating Competent Bodies (CCBs) Liaison and actions to improve cooperation with members of the MB, AF and CCBs	Relationship with ECDC's governance bodies strengthened to ensure alignment of priorities and actions.

No.	Main outputs	Expected results
	Coordination of the Director Consultation Group (DCG) Governance of the Stakeholders Relationship Management (SRM) system	
4.1.7	Provision of effective channels of communication and collaboration with the Disease Networks and the Disease Network Coordination Committees: • HIV and TB network meetings • Blood or organ sub-network meeting • EARS-Net, EURGen-Net, ESAC-Net, HAI-Net meetings, including DNCC meetings • VPD network meeting • EVD-Net Network Meeting including DNCC meetings • FWD-Net Network Meeting including DNCC meetings • Respiratory Viruses Network Meeting including DNCC meetings • ELDSNet Network Meeting including DNCC meetings	Strengthened collaboration with and among Member States. Exchange of information and sharing of knowledge and best practice between Member States.
4.1.8	Tailored and coordinated support to countries through the ECDC integrated TCS process	ECDC is able to respond to Member State needs with a more coordinated and cross-functional perspective, aiming to address vulnerabilities.

Resources

4.1 Coordination and collaboration	Staff and Title 3 budget
Total FTEs for this activity	**16.0**
Total operational budget for this activity	**EUR 1,339,500**

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

Overview

In 2026, the Centre's activities in the area of global health will continue to focus on the accession counties, European Neighbourhood Policy (ENP) partner countries, close collaboration and joint work with WHO Europe, and cooperation with major CDCs and partnership with Africa CDC in response to the call of the Agency's reinforced mandate and the EU Global Health Strategy.

ECDC will further advance the gradual integration of national public health authorities from the candidate countries and potential candidates from Western Balkans, Türkiye, Ukraine, Moldova and Georgia as observers into ECDC systems, networks and activities as per EU acquis on health security, according to their level of readiness and the EU enlargement policy priorities.

The level of ECDC accession support to EU enlargement countries is subject to the external financial support from the European Commission. ECDC is currently working on a proposal for ECDC accession support to the Western Balkans and Türkiye for 48 months as of 2026 to be submitted to DG ENEST for funding, aiming at ensuring work in key areas such as surveillance, preparedness and One Health against AMR. Regarding the new candidate countries (Ukraine, Moldova, Georgia), discussions with DG ENEST are underway on a potential programme similar to what is offered to Western Balkans and Türkiye, i.e. with focus on surveillance and integration into networks and disease programmes.

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

The Africa CDC–ECDC partnership project funded by the European Commission (DG INTPA) has been extended until April 2026 to allow the full delivery of planned activities to strengthen Africa's capacities in preparedness, surveillance, and response to health threats posed by communicable diseases and will build the sound foundation for a long-term strategic and technical partnership with Africa CDC.

ECDC has developed an extensive network of Centres for Disease Control (CDCs) all over the globe with which collaborates closely both at bilateral and multilateral level. ECDC has bilateral agreements with CDCs of China, US, Canada, Mexico, UK, Korea and Japan and collaborates with the African, Caribbean and Gulf supranational CDCs, Israel, Singapore, Japan, Australia, Thailand, and Brazil. During 2026, ECDC will continue to invest in strengthening its partnerships with major CDCs through operating the network of major CDCs and via joint activities with bilateral partners under Memoranda of Understanding (MoU).

The implementation of MoUs will be regularly monitored and gaps identified based on ECDC corporation needs for additional cooperation frameworks with other partners, including other supranational CDCs.

ECDC will continue collaborating with WHO, in particular with WHO Europe under the MoU and by identifying new avenues for cooperation with other WHO regional offices and specialised hubs, such as the WHO Hub for Pandemic and Epidemic Intelligence, the Pan-European Network for Disease Control and the WHO European Centre for Preparedness for Humanitarian and Health Emergencies and other WHO Europe entities. Specific areas of collaboration have been identified taking into account organisational and strategic priority changes of both organisations, including in particular ECDC's amended mandate. For example, in 2026 ECDC will remain in close collaboration with WHO Europe and WHO headquarters in Geneva in the area of respiratory viruses, as well as with other international partners and in accordance with the expanded Global Influenza Surveillance and Response System (eGISRS). ECDC maintains regular collaboration and dialogue with WHO/Europe on risk communication, community engagement, infodemic management (RCCE-IM), and social and behavioural sciences, and is an observer on the WHO European Region Technical Advisory Group for RCCE-IM.

Finally, ECDC will define pathways to work together with other key global health security actors, such as DG HERA and EU agencies, on mutually beneficial areas of cooperation. In 2026, the Centre will continue contributing to the Transatlantic Task Force on AMR (TATFAR), and it will put effort into sustainable partnerships with international organisations that are active in the events of public health emergencies (e.g. UN organisations, the World Bank, IANPHI).

Main outputs and expected results

No.	Main outputs	Expected results
4.2.1	National public health authorities of Western Balkans, Türkiye, Ukraine, Moldova and Georgia are further integrated as observers in the majority of ECDC activities, networks, and systems; ECDC Accession support action initiated with IPA beneficiaries (Western Balkans and Türkiye), subject to external financial assistance from DG ENEST	Ability of Western Balkans, Türkiye, Ukraine, Moldova and Georgia to fulfil and implement the *EU acquis* on serious cross-border threats to health (according to ECDC practices and in line with the EU enlargement policy priorities) increased.
4.2.2	Regional capacity-building and exchange of best practices based on ECDC methodologies and disease specific networks offered to a number of experts from ENP partner countries Framework for a regional health security network is defined, and network is established	Higher number of ENP partner countries are familiar and willing to take steps for approximation and harmonisation of EU practices on serious cross-border threats to health.
4.2.3	Joint activities at bilateral level with MoU partners are identified and implemented New avenues explored for ECDC partnerships on global health and new MoU signed/reviewed based on mutual interests of cooperation Regular and ad-hoc information exchange events of the network of major CDC, including on emerging global health threats from communicable diseases	Strengthened bilateral collaboration and networking with major CDCs and other international partners.
4.2.4	Joint activities with WHO Europe in areas of common interest Cooperation frameworks with WHO EMRO, WHO AFRO, WHO headquarters, WHO Hub explored	Strengthened coordination, collaboration, and joint actions with a number of WHO Regional Offices, WHO headquarters, and with WHO Hub for Pandemic and Epidemic Intelligence.

Resources

4.2 Global health	Staff and Title 3 budget
Total FTEs for this activity	**7.1**
Total operational budget for this activity	**EUR 34,000**

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

Table 5. Indicators of Strategic Objective 5

KPI	Baseline (2024)	Target	Means of verification	Frequency of verification
Proportion of activities implemented of the annual work programme	99%	85%	PRIME	Annual
Percentage of indicators reaching the target	73%	90%	Consolidated Annual Activity Report	Annual
Percentage of audit recommendations implemented*	63%	90%	Internal Control excel file	Annual
Percentage of the Internal Control Framework implemented	82%	100%	ICF annual review	Annual
Timeliness of recruitment process	11.2 weeks	Maximum 12 weeks	HR data	Annual
Number of (short-term and long-term) sick leaves*	1.34% (short-term) 2.46% (long-term)	<2% (short-term) <3% (long-term)	Allegro absence data	Annual
Average vacancy rate for Temporary Agent posts (post occupied)	4.4%	<5%	HR data	Annual
Procurement/grant procedures launched and signed at originally planned date	Data not available	75%	PRIME	Annual
Percentage of changes made in the procurement plan throughout the year	18%	<20%	PRIME	Annual
Proportion of submitted and reviewed annual and specific declarations of interest: - MB, - AF, - Senior management, - Ext. experts at meetings, - Ext. experts for RRA	94% 93% 100% 98% 100%	100% for each category	Legal Services Section files	Annual
Proportion of replies to requests for Access to Documents (ATD) processed within the legal deadline	100%	100%	Legal Services Section files	Annual
Percentage of confirmatory requests responded to within the legal deadline	100%	100%	Legal Services Section files	Annual
EU Eco-Management and Audit Scheme (EMAS)	100%	100%	EMAS Environmental Statement	Annual
Timely processing of reimbursement claims for meeting related expenses	Data not available	80%	SRM ELM, ABAC WF	Annual
Percentage of changes made in the meeting plan throughout the year	Data not available	20%	PRIME	Annual
Budget implementation of the Centre - C1 Commitment rate*	99.1%	100%	ABAC WF	Annual
Percentage of invoices paid within the time limits of the ECDC Financial Regulation*	97%	99%	ABAC WF	Annual
Rate of cancellation of payment appropriations*	4.2%	2%	ABAC WF	Annual
Rate of budgetary outturn*	1.1%	5%	Budget outturn account	Annual
Internal communication: - News items, - Views for the top five pages of the year	282 3,967	At least 250 At least 1000 views for the top 5 pages in	Google analytics and internal communication inboxes	Annual

KPI	Baseline (2024)	Target	Means of verification	Frequency of verification
		the year together		
Quality of software products: - Code quality, - Mean Time to Recovery - Change success rate	72% 347 minutes 99.44%	N/A 10% improvement 100%	Azure DevOps	Annual
Availability of hosted applications under SLA	08:00-18:00 99.39% 24/7: 99.85%	99.0%	ECDC Infrastructure Service Management Report	Annual
Business owners' satisfaction with the DTS Unit services	76%	At least 57%	End users' satisfaction survey	Annual
Proportion of ICT Front-Office requests and incidents resolved as per SLA	98.2% for requests 97.9% for incidents	Above 95%	ECDC Infrastructure Service Management Report	Annual
Digital literacy	61%	70%	Microsoft Productivity Score	Annual

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

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

Overview

The implementation of the ECDC Integrated Management Framework (IMF) Roadmap will continue in 2026. The use of PRIME (ECDC's internal system for the planning and monitoring of the Centre's annual work programmes) will be further supported among ECDC staff, so that all users can navigate smoothly and manage data correctly. Reports and dashboards will be available, and additional ones created, to assist informed and efficient decision-making at all levels (Section, Unit, Centre) during planning and when implementing the work programme. As necessary, further improvements will be made of the PRIME functionalities, in particular integrations with other IT systems including SUMMA.

To ensure that the implementation of the Centre's annual work programmes is properly monitored, a mechanism consisting of a set of processes integrating workplan monitoring, distribution of staff resources, budget execution, procurements, grants, and meetings will be further improved. The streamlined performance monitoring and reporting will facilitate management of changes and support timely adjustments, as necessary, during implementation.

At the same time, strategic planning processes will be enriched as they will be supported by activities improving internal reflection on multi-annual trends in strategic areas, priority setting for ECDC interventions, and resource outlook. Results of the ECDC external evaluation to take place in 2025 will play a pivotal role in defining the multi-annual programming of the Centre in 2026 and beyond.

These changes will further assist the preparation of ECDC planning documents (SPD) and the Consolidated Annual Activity Report (CAAR) so that they would be more accessible, comprehensible, and user-friendly.

In 2026, the Centre will maintain its effort to apply continuous improvement and efficiency gains in its different areas, thus building on previous process optimisation and process mining experience with new more horizontal initiatives aimed to ensure collection of ideas from all staff on how to simplify business processes and eliminate non value adding tasks, but also on how to optimise process performance through further digitalisation and use of AI.

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

Main outputs and expected results

No.	Main outputs	Expected results
5.1.1	Coordination of the Integrated Management Framework and implementation of the IMF Roadmap	ECDC organisational management improvements are achieved through the IMF, implementation of the IMF Roadmap, and support from the IMF Working Group.
5.1.2	Planning, monitoring and reporting on ECDC work programmes, including production of ECDC corporate planning and reporting documents (SPD, CAAR) IT tool for planning and monitoring is functioning as intended Set of tools and processes are in place to support the integration of information across the organisation for regular monitoring	Comprehensive planning, monitoring and reporting on ECDC activities Planning of ECDC work programmes is carried out in an efficient way. Integrated monitoring of the implementation of ECDC's work programmes provides a better picture of the situation by combining the workplan implementation and human and financial resources used, thus supplying evidence for timely management decisions.
5.1.3	Project and programme management coordination and support across ECDC	Projects are well designed and integrated in planning cycle and monitored throughout their lifecycle.
5.1.4	A mechanism for evaluating and implementing staff proposals part of 'Get rid of' initiative, alongside the simplification of key processes and instructional documents Stakeholder satisfaction mechanisms designed and implemented in administrative areas	Improved performance of the organisation (e.g. increased efficiency, simplified processes) and increased satisfaction of ECDC partners and stakeholders (internal and external). Continuous improvement thinking and practice gradually embedded in ECDC's operations.
5.1.5	Planned evaluations and assessments coordinated and action plans developed	Continuous improvement of ECDC's operational and administrative activities.
5.1.6	Audit coordination and follow-up of audit observations	
5.1.7	Internal control coordination and Internal Control Framework activities implemented Grant Verification Plan developed and implemented	The ECDC internal control system is functioning well, and the Internal Control Framework is fully implemented.

Resources

5.1 Organisational excellence	Staff and Title 3 budget
Total FTEs for this activity	**18.5**
Total operational budget for this activity	**EUR 0.00**

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

Overview

Following a four-year period of intensive growth with a total of 73 new posts being filled up until 2024, the Centre will have a stable core staffing from 2025 onwards. Possible changes to the staffing levels will come only from Contribution Agreements.

To remain attractive to potential candidates, as well as long-serving and newly recruited staff, the Centre will continue to provide learning opportunities that are suited for staff's needs, in combination with the requirements of the Centre to effectively implement its revised mandate. The Centre introduced a revised performance management process in 2025 and will review it in 2026. A new 'Leadership Development Programme' was rolled out in 2025 and will be evaluated after a first full year of operation.

The area of Diversity, equity and inclusion (DE&I) will be further developed through the establishment of a sustainable framework for related activities, including a formal 'Working Group on DE&I'. Following the next Diversity and Inclusion survey, whose results are expected in 2025, specific activities will be developed for implementation in 2026.

During 2026, the Centre will run the next iteration of the Staff Engagement Survey, with actions to address weaknesses and build on strengths expected later that year.

Following the change in approach in the Commission regarding the implementation of a new HRM IT system (the Commission will keep SYSPER 2 and develop workflows through an interface with Service Now instead of purchasing a new system), the Centre conducted a gap analysis between its existing HRM IT system (Allegro) and the Commission system in 2024, which will be updated in the coming years to refine the roadmap for a possible future migration to the Commission HRM IT system. The aim is to balance the potential advantages of using a Commission system while not jeopardising the HR services/processes already available in the Centre, as well as reducing the duration of managing and paying for two systems.

In the area of health and wellbeing, ECDC will continue to offer a broad range of services, including medical and counselling services, confidential counsellors, CPR and First Aid training, mindfulness training, stress prevention programme and mediation services.

Main outputs and expected results

No.	Main outputs	Expected results
5.2.1	Further implementation and review of the revised ECDC performance management process (SDD, reclassification)	New/revised, fit for purpose and modern performance management process based on the legal provisions, which fosters feedback and promotes career advancement/ opportunities based on merits.
5.2.2	Implementation of Diversity, equity and inclusion activities (DE&I)	A DE&I working group has been established and DE&I aspects are part of key ECDC processes and well embedded into the Centre.
5.2.3	Carrying out the Staff Engagement Survey 2026	Results of the Staff Engagement Survey available for the establishment of an action plan.

Resources

5.2 Engaged staff	Staff and Title 3 budget
Total FTEs for this activity	**16.8**
Total operational budget for this activity	**EUR 0.00**

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

Overview

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

In the area of procurement services, ECDC aims to continue using and enhancing the eProcurement systems used (predominantly the Public Procurement Management Tool, PPMT). Concurrently, the Centre will continue its work on creating efficiencies in the processes through ever evolving workflows, including the possibility of incorporating various Commission systems to a greater degree.

ECDC will continue to improve the workspace, responding to needs for new ways of working in a hybrid environment and different modes of cooperation. The activities will go together with the continuous improvement of the Eco-Management and Audit Scheme (EMAS) that forms the basis of the Centre's work on sustainability, further elaborated on in Annex VI.

The Centre will focus on improvements in the areas of event management and business travel, in particular simplifying and adjusting its support systems and processes. The objective being to improve end-user satisfaction while running operations more efficiently.

In Legal Services, the focus will continue to be on the provision of effective and reliable legal advice in all areas of activity of ECDC. This includes supporting work on surveillance, preparedness, training, response, disease programmes, and communication, amongst others. Strong support is also provided to work, which came to the fore with the amended ECDC mandate and new legislation, such as the EU Health Task Force, the European Health Data Space, and the negotiation of new agreements on data protection with the WHO Regional Office for Europe. Further, a significant amount of legal assistance is dedicated to procurement procedures that support the work of the Agency, to the provision of legal advice on data protection, to the revision of contracts, and to HR matters. Legal Services handles complaints and litigation; supports the implementation of the independence policies for staff and non-staff; advises on public access to document requests, stores third-party agreements (memoranda of understanding and other types of external collaboration); and provides a support function in ethics-related issues.

In Finance & Accounting, the focus will be on the rollout of the European Commission's next generation-corporate financial system SUMMA, which ECDC will onboard and will replace the current EC financial system ABAC WF. SUMMA will modernise, harmonise and standardise the Centre's financial business processes. The main benefits will be, improved business efficiency, integrated analytics and reporting, improved user experience, future-proof and technologically scalable and more functionalities.

Main outputs and expected results

No.	Main outputs	Expected results
5.3.1	Timely execution of procurement services	ECDC has services and goods available in the right quality and quantity and on time to pursue its mandate. This is facilitated by effective planning and timely execution of procurement and grants procedures.
5.3.2	Further implementation of Commission eProcurement suite, systems and solutions	Improved effectiveness and efficiency of procurement and grant services.
5.3.3	Provision of legal support	ECDC receives effective, reliable and anticipatory legal advice on matters related to the Centre's operational and administrative activities. Any litigation is handled effectively.
5.3.4	Data protection function assured	Assured compliance with data protection legislation.
5.3.5	ECDC independence policies for staff and non-staff	Support given to the Centre in conflict-of-interest checks to protect ECDC's independence.
5.3.6	Coordination of access to document requests	ECDC complies with legislation on public access to documents.
5.3.7	Provision of effective and efficient financial management services	ECDC ensures correct, sound, and efficient management of its financial resources.
5.3.8	Preparation for the deployment of the new financial management system (SUMMA)	Improved financial management, including reporting and monitoring capacity.
5.3.9	Provision of corporate services	ECDC has a sustainable, secure, and healthy workplace.
5.3.10	EMAS implementation	ECDC develops its annual environmental objectives and targets.

Resources

5.3 Responsive support	Staff and Title 3 budget
Total FTEs for this activity	**50.6**
Total operational budget for this activity	**EUR 0.00**

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

Overview

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

ECDC will continue to implement smart analytics and AI to assess and interpret data effectively and to offer relevant and timely scientific evidence, using modern visualisation tools. EpiPulse, EWRS and common EU initiatives, such as EHDS, will remain fundamental for the operation of the Centre. The European Federation Gateway Service will be ready to be reactivated if necessary. The Epi+ project has been initiated, embracing EU open source platforms to support the Member States.

Disease expert will avail of high-quality data and tools that they can use easily and independently to deliver outputs in a timely manner.

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

ECDC will keep on improving its digital infrastructure so that its critical underlying systems are performant and secure. The Centre will continue moving production workloads to cloud hosting, where possible and economically viable.

Main outputs and expected results

No.	Main outputs	Expected results
5.4.1	Digital solutions for ECDC, Commission, Member States, and other stakeholders	Timely generation and exchange of standardised high-quality data to support Member States to rapidly respond to cross-border health threats of infectious diseases. Collaboration, exchange of knowledge, and joint problem solving enabled. Smart analytics, artificial intelligence and data visualization allow ECDC to assess and interpret data effectively and to offer relevant and timely scientific evidence. Further development of EpiPulse platform and Epi+ platform. Transition from ABAC to SUMMA. Further development of PRIME (new features) and integration with new SUMMA. Expansion of the Stakeholder Management platform. Further development of EWRS on the European Crisis Management Platform. Studies on the future platforms for digital solutions. Further adoption of AI technology.
5.4.2	Digital workplace that addresses the needs for mobility, flexibility, communication, and collaboration	ECDC staff is digitally empowered with a user-centric digital workplace, guided by a common digital etiquette, and trained with the necessary digital skills. Digital infrastructure fulfils business needs. Review needs for on-premise data centre in the background of the continued adoption of cloud technology.
5.4.3	Secure and continuously improved digital services	Time to delivery and quality of digital solutions is improved with the implementation of Agile/DevSecOps practices. ECDC complies with the Cybersecurity Regulation by updating its cybersecurity plan.

Resources

5.4 Digital transformation services	Staff and Title 3 budget
Total FTEs for this activity	**28.8**
Total operational budget for this activity	**EUR 5,078,300**

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

Overview

ECDC's internal communication will play a key role in maintaining internal transparency and trust by sharing timely and accurate information on the Centre's work, decisions, procedures, policies, and initiatives. It aims to foster ownership of the Centre's mission, promote an inclusive culture and connect staff across all levels. Benchmarking with other EU agencies will help make ECDC's internal communication approach be more people-centred and forward-looking.

As hybrid work has become more common, the Information Centre will remain the main corporate channel, with efforts focused on streamlining tools and channels and, on ensuring messages are clear and accessible to avoid information overload.

Support will also be provided to Human Resources and management in promoting the upcoming Staff Engagement Survey, encouraging participation and two-way dialogue to match or exceed the 2024 response rate.

In case of Public Health Emergencies and crisis, ECDC's internal communication will activate the appropriate channels, internal procedures and work instructions to provide timely updates and coordinated messaging to support staff and maintain operations.

Main outputs and expected results

No.	Main outputs	Expected results
5.5.1	Information Centre and TV screen content production, management and maintenance, including training for content-owners	Timely, comprehensive and well curated internal communication to all ECDC staff through the main corporate channel.
5.5.2	Promotion of the upcoming Staff Engagement Survey	Enhanced two-way dialogue between management and staff.
5.5.3	Updated and approved Communication Work instructions for Public Health Emergencies (PHE)	Strengthened crisis communication capacity.
5.5.4	Internal Procedure for cybersecurity crisis communication	

Resources

5.5 Internal communication	Staff and Title 3 budget
Total FTEs for this activity	**1.0**
Total operational budget for this activity	**EUR 0.00**

Annexes

Annex 1. Organisation chart 2026
Annex 2. Resource allocation per activity 2026–2028
Annex 3. Financial Resources (Tables) 2026–2028
Annex 4. Human Resources (quantitative)
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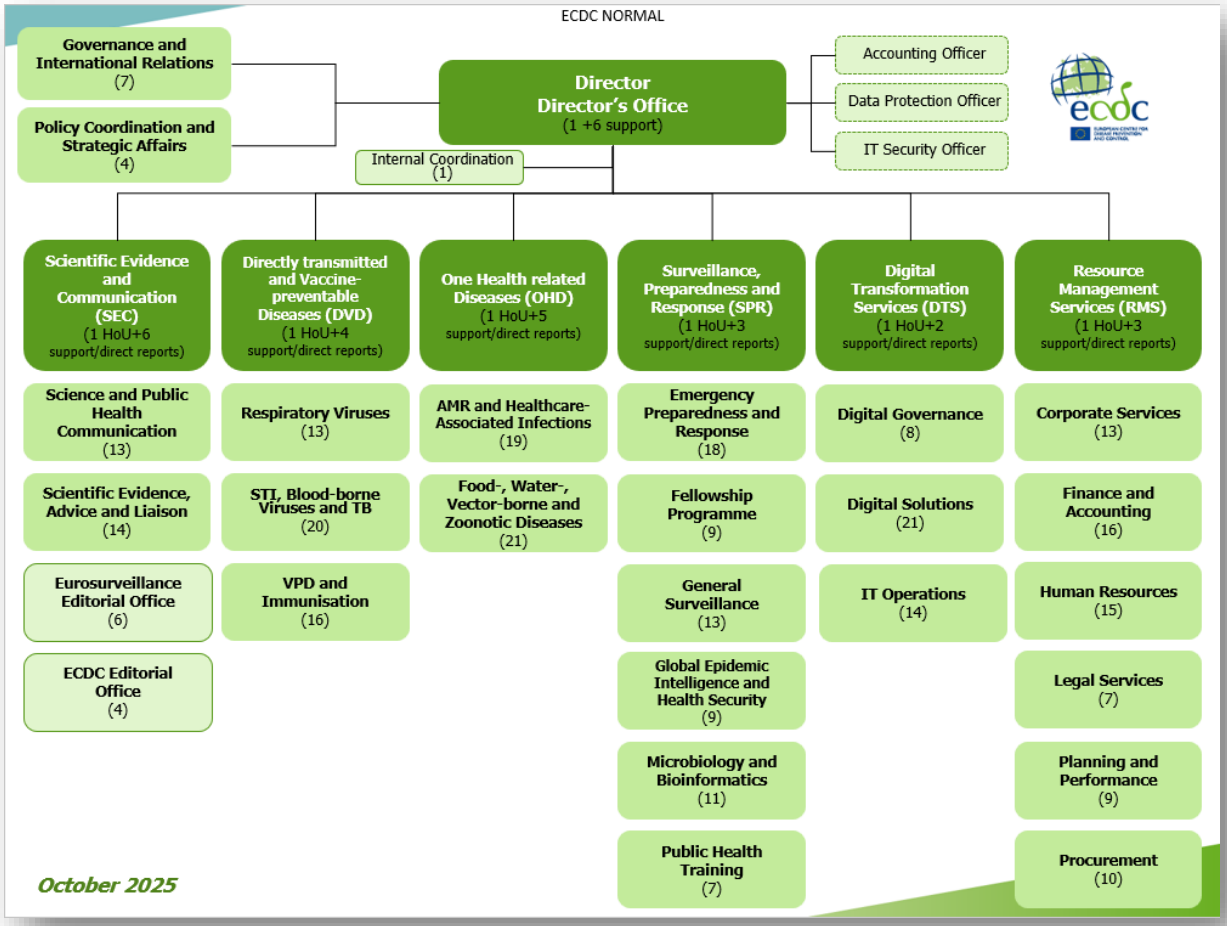
Annex10. Strategy for the organisational management and internal control systems
Annex 11. Plan for procurements 2026
Annex 12. Plan for grants, contribution, or service-level agreements
Annex 13. Strategy for cooperation with third countries and/or international organisations

Annex 1. Organisation chart 2026



The organigramme does not include externally-funded project posts.

Annex 2. Resource allocation per Activity 2026–2028

Table 1. Resource allocation by Action Area 2026–2028

(All figures: TA = Temporary Agents, CA = Contract Agents, Budget = EUR million)

Action Area	TA 2025	CA 2025	Budget 2025	TA 2026	CA 2026	Budget 2026	TA 2027	CA 2027	Budget 2027	TA 2028	CA 2028	Budget 2028
1.1 Scientific integrity and quality	5.0	1.6	1.7	9.8	1.4	3.0	9.8	1.4	3.1	9.8	1.4	3.1
1.2 Knowledge transfer and science engagement	8.4	12.6	4.9	10.8	12.2	5.7	10.9	12.0	5.8	10.9	12.0	5.8
1.3 External communication	3.1	7.3	2.4	3.8	6.9	2.7	3.8	6.8	2.7	3.8	6.8	2.7
1.3 Foresight, modelling, research engagement*	11.2	0.1	2.8									
2.1 Surveillance and microbiology	43.0	18.6	17.1	52.5	25.3	22.8	51.9	25.9	23.3	51.9	25.9	23.3
2.2 Public health evidence & recommendations	11.2	3.4	3.4	17.6	4.5	5.1	17.8	4.4	5.2	17.8	4.4	5.2
2.3 Digital solutions for surveillance*	7.4	6.2	5.5									
3.1 Prevention and control	19.1	7.9	11.7	19.3	8.3	11.5	19.5	8.2	11.7	19.5	8.2	11.7
3.2 Preparedness and response	23.1	6.0	7.4	20.5	4.8	6.7	20.7	4.8	6.8	20.7	4.8	6.8
3.3 Training	11.8	6.0	6.9	10.8	5.7	7.0	9.9	6.6	7.2	9.9	6.6	7.2
4.1 Coordination and collaboration	4.4	7.3	3.2	8.1	8.0	4.2	8.1	7.8	4.3	8.1	7.8	4.3
4.2 Global health	4.0	4.8	1.7	3.7	3.4	1.5	3.8	3.3	1.5	3.8	3.3	1.5
5.1 Organisational excellence	15.9	2.9	3.4	15.3	3.2	3.5	15.5	3.1	3.5	15.5	3.1	3.5
5.2 Engaged staff	12.0	4.2	2.5	12.4	4.4	2.8	12.6	4.3	2.9	12.6	4.3	2.9
5.3 Responsive support	23.2	28.5	7.4	21.6	29.0	7.5	21.8	28.5	7.7	21.8	28.5	7.7
5.4 Digital transformation services	19.0	8.7	9.2	18.6	10.2	9.8	18.8	10.0	10.1	18.8	10.0	10.1
5.5 Internal communication	0.3	1.0	0.2	0.2	0.8	0.2	0.2	0.8	0.2	0.2	0.8	0.2
Vacancies not allocated	3.0	1.0	1.1			0.4			0.4			0.4
TOTAL	**225**	**128**	**92.5**	**225**	**128**	**94.4**	**225**	**128**	**96.4**	**225**	**128**	**96.4**

** Action Areas merged with other activities of the WP.*

Annex 3. Financial Resources (Tables) 2026–2028

Table 1. Revenue

General Revenues

REVENUES	N (2025)	N+1 (2026)
	Revenues estimated by the Agency	Budget forecast
EU contribution	90 390 471	92 034 281
Other revenue	2 221 827	2 400 804
TOTAL REVENUES	**92 612 298**	**94 435 085**

REVENUES	General revenues						
	Executed N-1 (2024)	Estimated by the agency N (2025)	N+1 (2026)		VAR N+1/N (%)	Envisaged N+2 (2027)	Envisaged N+3 (2028)
			Agency request	Budget forecast			
1 REVENUE FROM FEES AND CHARGES							
2 EU CONTRIBUTION	90 568 063	90 390 471	92 034 281			93 961 407	93 961 407
- Of which assigned revenues deriving from previous years' surpluses		10 755 088	1 094 727				
3 THIRD COUNTRIES CONTRIBUTION (incl. EEA/EFTA and candidate countries)	2 592 714	2 221 827	2 400 804			2 480 581	2 480 581
- Of which EEA/EFTA (excl. Switzerland)	2 592 714	2 221 827	2 400 804			2 480 581	2 480 581
- Of which candidate countries							
4 OTHER CONTRIBUTIONS							
5 ADMINISTRATIVE OPERATIONS							
- Of which interest generated by funds paid by the Commission by way of the EU contribution (FFR Art. 58)							
6 REVENUES FROM SERVICES RENDERED AGAINST PAYMENT							
7 CORRECTION OF BUDGETARY IMBALANCES							
TOTAL	**93 160 777**	**92 612 298**	**94 435 085**			**96 441 988**	**96 441 988**

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

REVENUES	N (2025)	N+1 (2026)
	Revenues estimated by the agency	Budget forecast
TOTAL REVENUES	18 323 294	0

REVENUES	Additional EU funding: grant, contribution, and service-level agreements						
	Executed N-1 (2024)	Estimated by the Agency N (2025)	N+1 (2026)		VAR N+1/N (%)	Envisaged N+2 (2027)	Envisaged N+3 (2028)
			Agency request	Budget forecast			
ADDITIONAL EU FUNDING STEMMING FROM GRANTS (FFR Art.7)							
ADDITIONAL EU FUNDING STEMMING FROM CONTRIBUTION AGREEMENTS (FFR Art.7)	8 223 808	18 323 294	0	0		0	0
ADDITIONAL EU FUNDING STEMMING FROM SERVICE LEVEL AGREEMENTS (FFR Art. 43.2)							
TOTAL	8 223 808	18 323 294	0	0		0	0

Table 2. Expenditure

Expenditure	N (2025)		N+1 (2026)	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
Title 1 - Staff expenditure	44 869 000	44 869 000	47 334 000	47 334 000
Title 2 - Infrastructure and operating expenditure	10 150 000	10 150 000	10 274 000	10 274 000
Title 3 - Operational expenditure	37 593 000	37 593 000	36 827 000	36 827 000
TOTAL EXPENDITURE	**92 612 000**	**92 612 000**	**94 435 000**	**94 435 000**

EXPENDITURE	Commitment and payment appropriations						
	Executed Budget N-1 (2024)	Budget N (2025)	Draft Budget N+1 (2026)		VAR N+1 (2026)/ N (2025) (%)	Envisaged N+2 (2027)	Envisaged N+3 (2028)
			Agency request	Budget forecast			
Title 1 - Staff expenditure	**44 320 618**	**44 869 000**	**47 334 000**		+5.5%	**48 300 000**	**49 200 000**
11 Salaries & allowances	39 911 573	40 732 000	43 136 000		+5.9%	43 575 000	44 475 000
- Of which establishment plan posts	30 333 559	30 925 600	32 517 200			33 117 000	33 801 000
- Of which external personnel	9 578 014	9 806 400	10 618 800			10 458 000	10 674 000
12 Expenditure relating to staff recruitment	465 376	495 000	385 000		-22.2%	400 000	400 000
13 Mission expenses	676 051	715 000	820 000		+14.7%	815 000	815 000
14 Socio-medical infrastructure	327 776	420 000	400 000		-4.8%	420 000	420 000
15 Training	450 772	500 000	500 000			500 000	500 000
16 External Services	2 426 392	1 922 000	2 016 000		+4.9%	2 500 000	2 500 000
17 Receptions, events, and representation	62 678	85 000	77 000		-9.4%	90 000	90 000
Title 2 - Infrastructure and operating expenditure	**10 444 582**	**10 150 000**	**10 274 000**		+1.2%	**10 500 000**	**10 500 000**
20 Rental of buildings and associated costs	4 734 899	4 757 000	4 955 000		+4.2%	5 000 000	5 000 000
21 Information, communication technology and data processing	4 630 368	4 372 000	4 335 000		-0.8%	4 500 000	4 500 000
22 Movable property and associated costs	143 521	161 000	117 000		-27.3%	240 000	240 000
23 Current administrative expenditure	214 926	213 000	277 000		+30%	250 000	250 000
24 Postage / Telecommunications	78 374	100 000	105 000			110 000	110 000
25 Meeting expenses	642 494	547 000	485 000		-11.3%	400 000	400 000

EXPENDITURE	Commitment and payment appropriations						
	Executed Budget N-1 (2024)	Budget N (2025)	Draft Budget N+1 (2026)		VAR N+1(2026)	Envisaged N+2 (2027)	Envisaged N+3 (2028)
			Agency request	Budget forecast			

					/N (2025) (%)		
Title 3 - Operational expenditure	**38 395 577**	**37 593 000**	**36 827 000**		-2%	**37 641 000**	**36 741 000**
30 Operational expenditure	38 395 577	37 593 000	36 827 000			37 641 000	36 741 000
TOTAL	**93 160 777**	**92 612 000**	**94 435 000**		+2%	**96 441 000**	**96 441 000**

Table 3. Budget outturn and cancellation of appropriations

Budget outturn	N-4 (2022)	N-3 (2023)	N-2 (2024)
Revenue actually received (+)	103 385 000	95 703 000	102 792 000
Payments made (-)	75 930 000	68 486 000	74 529 000
Carry-over of appropriations (-)	35 729 000	31 510 000	36 054 000
Cancellation of appropriations carried over (+)	13 837 000	4 059 000	971 000
Adjustment for carry-over of assigned revenue appropriations from previous year (+)	12 124 000	10 511 000	8 649 000
Exchange rate differences (+/-)	179 000	478 000	-735 000
Adjustment for negative balance from previous year (-)			
TOTAL	**17 866 000**	**10 755 000**	**1 094 000**

Descriptive information and justification on budget outturn 2024:

The 2024 surplus amounts to (assigned revenue, see page 68): EUR 1 094 727,21.

EUR 1 094 727,21 has been reimbursed to the European Commission in September 2025.

Annex 4. Human Resources (quantitative)

Table 1. Staff population and its evolution; Overview of all categories of staff

A. Statutory staff and SNE

Staff	Year 2024			Year 2025	Year 2026	Year 2027	Year 2028
ESTABLISHMENT PLAN POSTS	**Authorised Budget**	**Actually filled as of 31/12/2024**[7]	**Occupancy rate %**	**Authorised staff**	**Envisaged staff**	**Envisaged staff**	**Envisaged staff**
Administrators (AD)	158	151	95.6%	158	158	158	158
Assistants (AST)	61	60	98.4%	61	61	61	61
Assistants/Secretaries (AST/SC)	6	6	100.0%	6	6	6	6
TOTAL ESTABLISHMENT PLAN POSTS	**225**	**217**	**96.4%**	**225**	**225**	**225**	**225**
EXTERNAL STAFF	**FTE corresponding to the authorised budget**	**Executed FTE as of 31/12/2024**	**Execution Rate %**	**FTE corresponding to the authorised budget**	**Envisaged FTE**	**Envisaged FTE**	**Envisaged FTE**
Contract Agents (CA)	128	121	94.5%	128	128	128	128
Seconded National Experts (SNE)	5	1[8]	20.0%	5	5	5	5
TOTAL EXTERNAL STAFF	**133**	**122**	91.7%	**133**	**133**	**133**	**133**
TOTAL STAFF	**358**	**339**	**94.7%**	**358**	**358**	**358**	**358**

[7] Posts filled at 31.12.2024 include 4 offers made and accepted (1 AD8, 2 AD5, 1 AST/SC1). The occupancy/ vacancy rate is impacted by the decision to delay recruitments pending the decision of the new director and the upcoming reorganisation.
[8] A call for SNEs is currently ongoing.

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

Human Resources	31/12/2024 posts filled	Year 2025	Year 2026	Year 2027	Year 2028
		Envisaged FTE[9]	Envisaged FTE	Envisaged FTE	Envisaged FTE
Contract Agents (CA)	22[10]	21	12	10	7
Seconded National Experts (SNE)	0	0	0	0	0
TOTAL	**22**	**21**	**12**	**10**	**7**

C. Other Human Resources

- Structural service providers

	Actually in place as of 31/12/2024
Security/ reception/ logistics	8
IT	12
Other (specify) …..	0

- Interim workers

	Total FTEs in year N-1 (2024)
Number	33 (including interims for externally-funded projects)

[9] Figures for future years are estimated based on the currently available confirmed information on the number and length of externally-funded projects. They may change due to agreement on new projects. Some originally authorised post that become vacant will not be filled due the short time left in the project.
[10] Including 6 offers made and accepted (FG IV) for the EWRS project.

Table 2. Multi-annual staff policy plan Year N+1-Year N+3

Function group and grade	Year 2024				Year 2025		Year 2026		Year 2027		Year 2028	
	Authorised budget		Actually filled as of 31/12/2024[11]		Authorised budget		Envisaged		Envisaged		Envisaged	
	Permanent posts	Temporary posts	Permanent posts	Temporary posts	Perm. posts	Temp. posts	Perm. posts	Temp. posts	Perm. posts	Temp. posts	Perm. posts	Temp. posts
AD 16												
AD 15		1				1		1		1		1
AD 14		1		1		1		1		1		1
AD 13		3				3		3		3		3
AD 12		6		4		6		6		6		6
AD 11		8		5		8		8		8		8
AD 10		16		7		16		16		16		16
AD 9		24		22		24		24		24		24
AD 8		29		38		29		29		29		29
AD 7		23		12		23		23		23		23
AD 6		32		13		32		32		32		32
AD 5		15		49		15		15		15		15
AD TOTAL		**158**		**151**		**158**		**158**		**158**		**158**
AST 11												
AST 10		1				1		1		1		1
AST 9		2		2		2		2		2		2
AST 8		6		2		6		6		6		6
AST 7		6		8		6		6		6		6
AST 6		10		9		10		10		10		10

[11] Posts filled at 31.12.2024 include 4 offers made and accepted (1 AD8, 2 AD5, 1 AST/SC1).

Function group and grade	Year 2024				Year 2025		Year 2026		Year 2027		Year 2028	
AST 5		15		9		15		15		15		15
AST 4		19		27		19		19		19		19
AST 3		1		1		1		1		1		1
AST 2		1		1		1		1		1		1
AST 1				1								
AST TOTAL		**61**		**60**		**61**		**61**		**61**		**61**
AST/SC 6												
AST/SC 5												
AST/SC 4												
AST/SC 3		2				2		2		2		2
AST/SC 2		4		1		4		4		4		4
AST/SC 1				5								
AST/SC TOTAL		**6**		**6**		**6**		**6**		**6**		**6**
TOTAL		**225**		**217**		**225**		**225**		**225**		**225**
GRAND TOTAL		**225**		**217**		**225**		**225**		**225**		**225**

External personnel

Contract Agents

Contract agents	FTE corresponding to the authorised budget 2024	Executed FTE as of 31/12/2024	Headcount as of 31/12/2024	FTE corresponding to the authorised budget 2025	FTE corresponding to the authorised budget 2026	FTE corresponding to the authorised budget 2027	FTE corresponding to the authorised budget 2028
Function Group IV	75	70	70	75	75	75	75
Function Group III	40	39	39	40	40	40	40
Function Group II	12	11	11	12	12	12	12
Function Group I	1	1	1	1	1	1	1
TOTAL	**128**	**121**	**121**	**128**	**128**	**128**	**128**

Seconded National Experts

Seconded National Experts	FTE corresponding to the authorised budget 2024	Executed FTE as of 31/12/2024	Headcount as of 31/12/2024	FTE corresponding to the authorised budget 2025	FTE corresponding to the authorised budget 2026	FTE corresponding to the authorised budget 2027	FTE corresponding to the authorised budget 2028
TOTAL	5	1	1	5	5	5	5

Table 3. Recruitment forecasts N+1 (2026) following retirement/mobility or new requested posts (information on the entry level for each type of posts: indicative table)

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

Annex 5. Human Resources (qualitative)

Recruitment policy

Temporary agents

Type of key functions

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

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

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

Selection procedure

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

Entry grades

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

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

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

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

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

Contract duration

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

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

Job profiles

The Centre's temporary agents are mainly recruited for:

- Operational posts (technical experts in the operational units)
- Management posts
- Sensitive posts in administration, e.g. human resources, legal, finance, procurement, and ICT.

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

AD 5-7	Experts operational units, etc
AD 8	Principal Experts in operational units, Heads of Section, etc
AD 10	Deputy Heads of Unit
AD 11-12	Heads of Unit
AST/SC 1	Administrative Assistants
AST 4	Procurement Officers, Finance Officers, Human Resources Officers, IT Security officers, IT Project managers, etc.

Contract agents

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

Selection procedure

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

Functions and Contract duration

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

- Long-term functions are assistant/officer posts in administrative support functions (junior positions in Finance, Procurement, Missions and Meetings, Human Resources and administrative/ secretarial support as well as positions at officer level in areas such as legal, communication, editing, IT and junior experts in operational programmes of long-term nature.
- Short-term functions could be posts for projects.

The contract duration is set as follows:

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

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

Job profiles

The Centre's contract agents are mainly recruited for:

- Administrative support functions
- Junior experts in operational programmes
- Projects.

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

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

FG I	Logistics assistants, etc
FG II	Office Assistants, etc
FG III	Finance Specialists, Human Resources Specialists, Travel and Events Specialists, etc
FG IV	Junior Experts in operational programmes/projects, Junior ICT developers, Editors, Legal Officers etc.

Seconded national experts

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

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

Structural service providers

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

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

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

Implementing rules in place:

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

Appraisal and reclassification/promotions

Implementing rules in place:

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

Table 1. Reclassification of TA/promotion of officials

	Average seniority in the grade among reclassified staff						
Grades	**Year 2020**	**Year 2021**	**Year 2022**	**Year 2023**	**Year 2024**	**Actual average over 5 years**	**Average over 5 years (According to decision** C(2015)9563**)**
AD05	3.3	3.1	4.3	4.1	3.5	3.6	**2.8**
AD06	3.0	6.4	4	3.0	3.4	3.8	**2.8**
AD07	3.0	3.0	3.7	3.0	n/a	3.4	**2.8**
AD08	4.0	3.5	4.6	3.8	4.0	3.9	**3**
AD09	n/a	3.5	n/a	n/a	5.0	5.1	**4**
AD10	5.0	3.0	6.4	n/a	n/a	4.4	**4**
AD11	n/a	2.6	6	2.6	n/a	3.7*	**4**
AD12	n/a	n/a	10.8	n/a	n/a	10.8*	**6.7**
AD13	n/a	n/a	n/a	n/a	n/a	n/a	**6.7**
AST1	n/a	n/a	n/a	n/a	n/a	n/a	**3**
AST2	n/a	n/a	n/a	n/a	n/a	n/a	**3**
AST3	n/a	n/a	n/a	5.5	n/a	5.5	**3**
AST4	3.8	2.8	12.5	n/a	5.0	5.8	**3**
AST5	6.4	5.0	6	5.0	5.1	5.5	**4**
AST6	5.0	3.0	6	n/a	4.8	4.5	**4**
AST7	n/a	6.8	n/a	5.0	n/a	5.9	**4**
AST8	n/a	4.5	n/a	n/a	5.0	4.7	**4**
AST9	n/a	n/a	n/a	n/a	n/a	n/a	**N/A**
AST10 (Senior assistant)	n/a	n/a	n/a	n/a	n/a	n/a	**5**
AST/SC1	n/a	3.3	n/a	n/a	4.0	3.7*	**4**
AST/SC2	n/a	n/a	n/a	n/a	n/a	n/a	**5**
AST/SC3	n/a	n/a	n/a	n/a	n/a	n/a	**5.9**
AST/SC4	n/a	n/a	n/a	n/a	n/a	n/a	**6.7**
AST/SC5	n/a	n/a	n/a	n/a	n/a	n/a	**8.3**

** Populations in these grades can be quite small, and one person can affect the average considerably leading to a very short or very long average.*

Table 2. Reclassification of contract staff

Function Group	Grade	Staff in activity at 1.01.2023	How many staff members were reclassified in Year 2024	Average number of years in grade of reclassified staff members	Average number of years in grade of reclassified staff members according to Decision C(2015)9561
CA IV	17	1			Between 6 and 10 years
	16	16			Between 5 and 7 years
	15	18	2	5.5	Between 4 and 6 years
	14	32	4	3.9	Between 3 and 5 years
	13	4			Between 3 and 5 years
CA III	11	7			Between 6 and 10 years
	10	9	2	5.9	Between 5 and 7 years
	9	19	4	5.7	Between 4 and 6 years
	8	4			Between 3 and 5 years
CA II	6	4	2	6.5	Between 6 and 10 years
	5	4	1	6.1	Between 5 and 7 years
	4	0			Between 3 and 5 years
CA I	2	1	1	7.0	Between 6 and 10 years
	1	0			Between 3 and 5 years

- Gender representation

Table 3. Data regarding statutory staff on 31/12/2024 (only officials, TA and CA) [12]

		Official		Temporary		Contract Agents		Grand total	
		Staff	**%**	**Staff**	**%**	**Staff**	**%**	**Staff**	**%**
Female	Administrator level			75	35.2%	49	35.8%		
	Assistant level (AST & AST/SC)			40	18.8%	47	34.3%		
	Total	**0**		**115**	**54.0%**	**96**	**70.1%**	**211**	**60%**
Male	Administrator level			73	34.3%	30	21.9%		
	Assistant level (AST & AST/SC)			25	11.7%	11	8.0%		
	Total	**0**		**98**	**46.0%**	**41**	**29.9%**	**139**	**40%**

[12] Without offers made and accepted and including externally-funded project posts.

Grand Total		**0**		**213**	**100.0 %**	**137**	**100.0 %**	**350**	**100%**

Table 4. Data regarding gender evolution over five years of the middle and senior management[13]

	N-5 (2020)		N-1 (2024)	
	Number	**%**	**Number**	**%**
Female managers	2	**33%**	2	**33%**
Male managers	4	**67%**	4	**67%**

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

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

- Geographical Balance

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

Table 5. Data on 31/12/2024 – statutory staff only (officials, AT and AC)

Nationality	AD + CA FG IV		AST/SC- AST + CA FGI/CA FGII/CA FGIII		TOTAL[14]	
	Number	**% of total staff members in AD and FG IV categories**	**Number**	**% of total staff members in AST SC/AST and FG I, II and III categories**	**Number**	**% of total staff**
Austria	1	0.4%	0	0.0%	1	**0.3%**
Belgium	7	3.1%	3	2.4%	10	**2.9%**
Bulgaria	5	2.2%	0	0.0%	5	**1.4%**
Croatia	1	0.4%	3	2.4%	4	**1.1%**
Cyprus	1	0.4%	0	0.0%	1	**0.3%**
Czechia	1	0.4%	1	0.8%	2	**0.6%**
Denmark	4	1.8%	2	1.6%	6	**1.7%**
Estonia	0	0.0%	3	2.4%	3	**0.9%**
Finland	9	4.0%	5	4.1%	14	**4.0%**
France	23	10.1%	5	4.1%	28	**8.0%**
Germany	17	7.5%	8	6.5%	25	**7.1%**

[13] Staff who is defined as middle manager by the applicable General Implementing provisions on middle management.
[14] without offers made and accepted.

Greece	19	8.4%	5	4.1%	24	**6.9%**
Hungary	2	0.9%	2	1.6%	4	**1.1%**
Ireland	5	2.2%	1	0.8%	6	**1.7%**
Italy	14	6.2%	11	8.9%	25	**7.1%**
Latvia	2	0.9%	2	1.6%	4	**1.1%**
Lithuania	5	2.2%	1	0.8%	6	**1.7%**
Luxembourg	0	0.0%	0	0.0%	0	**0.0%**
Malta	2	0.9%	0	0.0%	2	**0.6%**
The Netherlands	12	5.3%	3	2.4%	15	**4.3%**
Poland	7	3.1%	12	9.8%	19	**5.4%**
Portugal	10	4.4%	2	1.6%	12	**3.4%**
Romania	16	7.0%	13	10.6%	29	**8.3%**
Slovakia	0	0.0%	0	0.0%	0	**0.0%**
Slovenia	2	0.9%	0	0.0%	2	**0.6%**
Spain	10	4.4%	4	3.3%	14	**4.0%**
Sweden	52	22.9%	36	29.3%	88	**25.1%**
United Kingdom	0	0.0%	1	0.8%	1	**0.3%**
Total	**227**	**100.0%**	**123**	**100.0%**	**350**	**100.0%**

Table 6. Evolution over five years of the most represented nationality in the agency

Most represented nationality	**N-5 (2020)**		**N-1 (2024)**	
	Number	**%**	**Number**	**%**
Sweden	68	25.1%	88	25.1%

The percentage of Swedish nationals compared to 5 years ago is unchanged. The previous increase during 2019/20 of about 5 % occurred due to staff members with UK nationality obtaining Swedish citizenship following the Brexit.

- Schooling

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

Annex 6. Environment management

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

In accordance with the EU Eco-Management Audit Scheme (EMAS) registration achieved in 2024 and confirmed until 31 August 2026, ECDC must continuously improve its sustainable performance and monitor progress annually.

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

All electricity consumed by ECDC is hydro-powered energy. ECDC's premises are equipped with energy-efficient glass windows optimizing daylight admission and reducing solar heat. Light sources are mostly of LED with occupancy sensors and daylight control systems. In 2021, ECDC introduced touchless taps helping to reduce water consumption by up to 70%. In 2024, ECDC installed electric meters to be able to monitor 24/7 electricity consumption of the most energy intensive infrastructure, giving the ability to swiftly react to any anomalies and consequently reduce consumption.

ECDC continues to improve its new recycling system, with separation of waste into paper, plastic, glass, organic, metal, e-waste, toners, lights and bulbs, batteries, corrugated cardboard, boxes as well as paper towels from 2024. In addition, ECDC requests from some of its suppliers to provide environmentally friendly documentation and purchases eco-labelled products (such as stationery and cleaning detergents) and includes reference to ISO 14001 (the internationally recognized standard for environmental management systems (EMS) in its tender specifications.

To reduce the environmental impact of transport, the Centre encourages its staff to use sustainable ways of commuting by providing facilities for bicycles and offering good connections by public transport. The Centre replaces one official vehicle with an electric powered car in November 2025.

ECDC's sustainable travel guidelines aim at improving ECDC sustainability, reducing its carbon emissions and the number of travels taken on its behalf, by focusing on business-critical travels only, and when traveling is necessary, by ensuring that the most environmentally friendly travel options are chosen.

ECDC will continue to analyse its meetings organization, assessing several factors including travel, event location and venues, accommodation, and catering, etc. to inform a holistic approach to events and its mandate implementation.

In 2024, ECDC started to calculate its greenhouse gas emissions for the year 2023 and became carbon neutral by offsetting its Co2 emissions. This occurred significantly ahead of the 2030 EU green deal deadline and prior to the objective mentioned in the SPD 2025–2027. In October 2025, ECDC will similarly offset its residual emissions for 2024.

Finally, ECDC plays an active role in the EU Greening Network and EU Agencies Network, sharing publications, content, procedures, best practices, templates, lessons learned, etc. with other network members and by that supporting their environmental programmes.

Annex 7. Building policy

3	Building Name and type	Location	SURFACE AREA (in m²)			RENTAL CONTRACT					Host country (grant or support)
			Office space	Non-office space	Total	RENT (€/year)	Duration of the contract	Type	Breakout clause Y/N	Conditions attached to the breakout clause (if applicable)	
1	ECDC Premises (Hilton 3 building)	Gustav III:s boulevard 40 169 73, Solna, Sweden	4.905 sqm	4.502 sqm	9.407 sqm	SEK 24,489,158 EUR 2,166,340 year (2025 level)	15 years	After 15 years, 2 renewals of 5 years each	Y	ECDC can break lease or contract space after 10 years. Termination notice period 12 months, termination penalties due depending on when termination occurs.	No

Annex 8. Privileges and immunities

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

Annex 9. Evaluations

External evaluation

ECDC's amended Founding Regulation requires the Commission by 2025, and every 5 years thereafter, to commission an independent external evaluation of the Centre's performance in relation to its objectives, mandate, tasks, and procedures.

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

Internal evaluations

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

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

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

All evaluations are linked to the activities in the Single Programming Document. The following internal evaluations have taken place or are planned to be carried out:

- 2015: ECDC assessment of ECDC's IT general governance
- 2016: Evaluation on the deployment of ECDC experts in Africa
- 2017-onwards: Start of the evaluation of ECDC's Disease Programmes with the development of a common protocol for all Disease Programmes evaluations. The evaluated programmes were Influenza and other Respiratory Viruses (IRV) in 2018, food and water-borne Diseases (FWD) in 2019, and Tuberculosis in 2020; – *outsourced*
- 2018: evaluation of ECDC's Intranet
- 2019: evaluation of the Document Management System - *outsourced*
- 2019: evaluation of ECDC Fellowship Programme - *outsourced*
- 2018–2020: EPHESUS (evaluation of the surveillance systems) – *outsourced*
- 2019–2020: TB programme – *outsourced*
- 2020: Strategic and performance analysis of ECDCs response to the COVID-19 pandemic - *outsourced.*
- 2021: Evaluation of ESCAIDE – *outsourced*
- 2022: Evaluation of cooperation with CDCs with which ECDC has bilateral arrangements in the form of MoU or Administrative Arrangement – *outsourced; Guidance for internal evaluations of outbreaks*
- 2023: Partnership project ECDC4AfricaCDC - *outsourced*
- 2024: *Eurosurveillance,* ECDC procurement - *outsourced*
- *2025: Assessment of ECDC Project Office - outsourced*
- *2026: EU Health Task Force and SDG reports (TBC) - outsourced*

Depending on the scope of the Fourth external evaluation, the Centre may consider revising its mid-term evaluation plan in order to avoid overlaps.

Stakeholder surveys

In 2015, ECDC launched a first stakeholder survey targeted to members of the Management Board, Advisory Forum, Competent Bodies, National Focal Points, and relevant external stakeholders (EU institutions, relevant EU agencies, international organisations). A second survey was done in 2016. The next stakeholder survey has been postponed avoiding duplication with the third external evaluation of ECDC and the external 'Strategic and performance analysis of ECDC response to COVID-19 pandemic' performed in 2020 and took place during the summer 2022. The final report was shared with ECDC's Management Board in March 2023, and the action plan in June 2023. ECDC reported to the Management Board on the implementation of these improvement actions. The next stakeholder survey is postponed to 2026, because extensive stakeholder consultation is part of the external evaluation of the Centre in 2025.

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

Organisational Management

The main objective of the ECDC Integrated Management Framework (IMF) is to ensure that ECDC is managed effectively and efficiently through a complete and integrated system for the following elements: governance, organisational performance management, quality management, and internal control framework.

Governance Framework

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

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

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

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

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

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

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

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

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

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

Organisational Performance Management Framework

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

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

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

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

Quality Management Framework

The Quality Management Framework aims to ensure higher relevance and quality of the organisational outputs and more effective and efficient processes and operations, while building a continuous improvement mind-set. ECDC has initiated the implementation of a single, uniform and organisation-wide integrated quality management system based on ISO 9001 standard.

An improved instructional documents set-up has been gradually implemented to achieve aligned and up-to-date documentation in the Centre, complemented by a Process Management tool containing ECDC key processes. Additional platforms supporting continuous improvement include Ideas4Action, which enables the registration and tracking of corrective, preventive, and improvement actions, as well as innovation proposals. The Action Plan tool further strengthens the monitoring of actions arising from audits, evaluations, and staff and stakeholder surveys.

ECDC Internal Control Framework

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

The Internal Control Framework (ICF) is designed to provide reasonable assurance regarding the achievement of the five objectives set in the Article 30 of the ECDC Financial Regulation:

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

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

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

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

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

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

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

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

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

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

ECDC Anti-Fraud Strategy

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

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

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

Objective 1: Internal anti-fraud training.
Objective 2: Perform an annual review and refine the fraud risk assessment over time.
Objective 3: Select an area annually in which to further analyse and potentially improve the controls in place.

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

ECDC Independence Policy

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

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

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

Ex-Post Verifications and Audits

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

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

Risk Assessment for the SPD 2026

As part of preparing the SPD 2026–2028, ECDC conducted a risk self-assessment exercise to identify the main risks that could impact the implementation of the Work Programme 2026.

The following main risks were identified:

- Risk to the SPD implementation due to a Public Health Emergency (PHE) event or impact by other unforeseen additional political or public health priorities. Although there is preparedness in ECDC for scaling down activities, it would still imply that ECDC would not implement a part of the SPD as planned.
- Cyber security risk. A potential cyber security attack targeting ECDC may lead to leak, damage or loss of information and/or critical IT services. This could result in the inability or unwillingness of Member States to participate in ECDC's activities, such as the reporting of data.
- Budget cuts in the 2026 budget and/or cuts of posts in the establishment table 2026, would impact the SPD negatively. Also, any large change in the exchange rate (SEK/EURO) might impact the budget implementation and thereby the execution of the SPD, as well as significant increases in the prices paid by ECDC to suppliers and in ECDC's salary expenditure due to potentially high levels of inflation.

The following mitigating actions were identified:

- ECDC will closely monitor the impact of any PHE events on the activities included in the SPD 2026 and make the appropriate changes throughout the year. Major changes will be discussed and approved in the Management Board.

  Deadline: Q1 2026 - Q4 2026

- ECDC will increase cyber security by implementing both technical and organisational security measures, which should reduce the risk to an acceptable level.

  Deadline: Q1 2026 – Q4 2026

- ECDC will closely follow the effects of price increases by suppliers, and of increases in ECDC's salary expenditure, on the implementation of the SPD 2026 and the 2026 budget.

  Deadline: Q1 2026 – Q4 2026

Annex 11. Plan for procurements 2026

Table 1. Plan of procurements under Title III Operational Expenditure by Strategic Objective[15]

Main procurement initiatives 2026		Indicative number and type of contracts	Indicative timeframe for launch	Estimated budget for operational procurements (EUR)[16]
NON-ICT-related	**Strategic Objective 1:** *ESCAIDE 2026, Evidence-Based Public Health, Biostatistics support, Respiratory Viruses (RV) Hubs, Knowledge gaps against vector borne diseases, Support to communication campaigns and health promotion, Social-media marketing, Info-stands, Media monitoring, ECDC branding plan, Meetings organisation*	• Specific Contract (17) • Purchase Order (3) • Order Forms	Q4 2025 – Q4 2026	3,551,480
	Strategic Objective 2: *Training modules for genomic epidemiology, RV Mortality Monitoring, RV Microbiology Capacity-Building for COVID-19 and Influenza, SDG Monitoring (HIV, HEP, STI, TB, cross-cutting), Hepatitis Sentinel Surveillance, Estimating the burden of TB infections in the EU/EEA, Systemic reviews in different disease areas, VPI Rapid review, Invasive Bacterial Diseases (EQAs and Training), Standardisation of antimicrobial susceptibility testing, Gonorrhoeal antimicrobial resistance sentinel surveillance programme, Surveillance from Electronic Health Data, Data management support, Support in R, Qlik, GIS, FME support, R development for Epidemic Intelligence, Meetings organisation*	• Specific Contract (49) • Direct Contract (3) • Purchase Order (1) • Renumerated Expert Contract (2) • Order Forms	Q4 2025 – Q4 2026	9,043,548
	Strategic Objective 3: *VEBIS (Hospitals & Primary care, Databases), Update of the ECDC guide on 'Communication on Immunisation - Building trust', ARHAI Hospital network modelling, Hand hygiene app training, SDG Country Support, Social and behavioural sciences (Community of practice, Training), Training development, Emergency preparedness trainings for workforce capacity-building, Meetings organisation*	• Specific Contract (14) • Direct Contract (3) • Purchase Order (1) • Renumerated Expert Contract (2) • Order Forms	Q4 2025 – Q4 2026	9,396,505

[15] The budgetary envelopes reserved for procurements are represented by the planned commitment appropriations in 2026 for operational expenditures. Information about Framework Contracts to be launched during 2026 and their estimated contract value is available in Table 2.

[16] In accordance with Article 32 of the ECDC Financial Regulation, any substantial change to the annual work programme/financing decision requires adoption of an amending decision following the same procedure as the initial work programme. The Management Board delegates the power to make non-substantial amendments to the annual work programme/financing decision to the Director. For procurements, ECDC follows the standard flexibility clause of the Commission model financing decision that provides for a threshold of 20% of the total amount of the financing decision. Any changes within the maximum amount of 20% of the total budgetary envelope reserved for procurements established based on the annual Plan for procurements are considered non-substantial. The cumulated changes (upwards and downwards) between the Strategy Objectives and/or ICT-related may not exceed 20% of the total financing decision, for the amendments to be regarded as non-substantial.

Main procurement initiatives 2026		Indicative number and type of contracts	Indicative timeframe for launch	Estimated budget for operational procurements (EUR)[16]
	Strategic Objective 4: *Policy studies, Policy activities, Support to JIACRA V, Meetings organisation*	• Specific Contract (1) • Direct Contract (1) • Purchase Order (1) • Order Forms	Q1 – Q4 2026	522,580
ICT-related: *IT Operations Services, AV Services, IT product maintenance and further development, IT Application Tester services, Artificial Intelligence Services, Cybersecurity compliance specialist, Test automation engineer, Information management consultants, Meetings organisation*		• Specific Contract (40) • Order Forms	Q4 2025 – Q4 2026	10,759,200
			TOTAL	**33,273,313**

Table 2. Framework Contracts to be launched under Title III Operational Expenditure

Title	Procedure type	Contract type	Duration of contract	Planned launch date	Estimated contract value (EUR)
Training programme for genomic epidemiology	Open Call for Tender	Framework Contract (Single contractor)	4 years	Q1 2026	6,000,000
DNA Extraction and Whole Genome Sequencing Services for Pathogenic Micro-organisms	Open Call for Tender	Multiple Framework Contract in Cascade	4 years	Q1 2026	47,560,000
Data management, analysis and visualisation support	Open Call for Tender	Multiple Framework Contract with reopening of competition	4 years	Q2 2026	6,000,000
Inter-institutional document delivery services	Open Call for Tender	Framework Contract (Single contractor)	4 years	Q2 2026	300,000
ESCAIDE conference services	Open Call for Tender	Multiple Framework Contract in Cascade	4 years	Q2 2026	4,000,000
Policy studies	Negotiated Procedure / Low and Middle value	Framework Contract (Single contractor)	2 years	Q2 2026	140,000
Conducting behavioural surveys around infectious diseases for the ECDC Behavioural Observatory	Open Call for Tender	Framework Contract (Single contractor)	4 years	Q2 2026	1,000,000
ARHAI - EARS-Net support	Open Call for Tender	Framework Contract (Single contractor)	4 years	Q2 2026	288,000
IT Consultancy Services	Open Call for Tender	Multiple Framework Contract in Cascade	4 years	Q3 2026	15,000,000
Provision of travel agency and event management services	Open Call for Tender	Framework Contract (Single contractor)	4 years	Q3 2026	20,000,000
Information Management Services	Open Call for Tender	Multiple Framework Contract in Cascade	4 years	Q4 2026	2,500,000
ARHAI - HALT-5 Preparation of a new FWC	Open Call for Tender	Framework Contract (Single contractor)	4 years	Q4 2026	400,000
DVD-FWC biostatistics services	Open Call for Tender	Multiple Framework Contract in Cascade	4 years	Q4 2026	3,000,000

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

General Information						Financial and HR impacts				
	Actual or Expected date of signature of specific agreement	Total amount (EUR)	Duration of FPA (Framework Partnership Agreement)	Counterpart	Short description		**2026**	**2027**	**2028**	**2029**
Grant Agreements										
ERLTB-Net	Q1 each year	200,000/ year	4 years	Consortium led by Ospedale San Rafaele (1 SGA per annum)	Implementation of lab coordination activities, including lab network coordination, EQA, training, strain collection, typing, scientific advice & technical guidance on lab issues as well as methods harmonisation and network meeting.	Amount (EUR)	200,000	200,000	200,000	200,000
						Nr of FTEs	0.5	0.5	0.5	0.5
						Nr of SNEs	0	0	0	0
Scientific coordination of ECDC Fellowship Programme	Q1 each year	550,000/ year	4 Years	On average 8 specific agreements with different counterparts per annum	Scientific Coordination of ECDC Fellowship Programme (Intervention Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) paths). To ensure the availability of highly qualified scientific coordinators for the Fellowship Programme.	Amount (EUR)	550,000	550,000	550,000	550,000
						Nr of FTEs	1.40	1.40	1.40	1.40
						Nr of SNEs	0	0	0	0
ECDC Fellowship Programme: hosting of fellows	Q3 each year	2.5 million/ year	4 Years	On average 30 specific agreements with different counterparts per annum	ECDC Fellowship Programme (Intervention Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) paths) hosting of fellows at Training Sites. To ensure that EU-track fellows can be employed by their Training Sites with the financial support of ECDC.	Amount (EUR)	2,550,000	2,550,000	2,550,000	2,550,000
						Nr of FTEs	1.80	1.80	1.80	1.80
						Nr of SNEs	0	0	0	0

TOTAL for Grant Agreements						Amount (EUR)	3,300,000	3,300,000	3,300,000	3,300,000
						Nr of FTEs	3.7	3.7	3.7	3.7
						Nr of SNEs	0	0	0	0
Contribution Agreements										
Africa CDC – ECDC Partnership	19 October 2020	9,000,000	4 years, extended to 29 April 2026	European Commission – DG INTPA	The Africa CDC - ECDC partnership action aims to: • Strengthen capacities of Africa CDC in preparedness, risk assessment, rapid response, and emergency operations. • Improve continental harmonised indicator- and event-based surveillance of infectious diseases, including platforms for data sharing and early detection of threats as well as foundations for sustainable trained public health workforce.	Amount (EUR)	4,166,529			
						Nr of FTEs	2			
						Nr of SNEs	0			
EU Initiative on Health Security	18 December 2020	9,000,000	5 years, extended to 29 January 2026	European Commission – DG ENEST	The EU Initiative on Health Security aims to set up a regional competent workforce for the prevention and control of challenges posed by communicable diseases and to enhance regional cooperation to tackle cross-border health security threats in EU candidate and potential candidates (EU Enlargement) countries and European Neighbourhood Policy (ENP) partner countries.	Amount (EUR)	0			
						Nr of FTEs	0			
						Nr of SNEs	0			

Health Resilience in the Eastern Partnership	2 December 2024	2,100,000	36 months	European Commission – DG ENEST	The action will improve health resilience in the Eastern Partnership by conducting simulation exercises and after-action reviews, drafting and disseminating the Eastern Partnership Health Preparedness Compendium and establishing the Community Practitioners and Policy-Makers in Health Resilience	Amount (EUR)	0	200,000		
						Nr of FTEs	3	3		
						Nr of SNEs	0	0		
Improving and strengthening the EU Early Warning and Response System and National Alert and Information System (EWRS)	2024	7,514,800	5 years	European Commission – DG SANTE	This action aims to upgrade the EWRS system to adapt to the new requirements to report all health threats to EWRS and to integrate to other EU alert and information system (AIS). EWRS will need to include new functionalities and modules with improved data security and data protection.	Amount (EUR)	0	0	751,480	
						Nr of FTEs	7	7	7	
						Nr of SNE	0	0	0	
Team Europe Initiative on sustainable health security using a One Health approach – workforce development	TBC	TBC	TBC	European Commission – DG INTPA	This action will aim to improve the skills, capacities, and engagement of relevant professional groups from human/animal/environmental sectors and train new field epidemiologists in applying the One Health approach	Amount (EUR)	TBC	TBC	TBC	TBC
						Nr of FTEs	TBC	TBC	TBC	TBC
						Nr of SNE	0	0	0	0
ECDC Accession Support Action 2026–2029	TBC	TBC	TBC	European Commission – DG ENEST	ECDC Accession support to EU candidate countries and potential candidate aimed at strengthening communicable disease capacities to implement the EU acquis in surveillance, public health emergency preparedness, and One Health responses against AMR.	Amount (EUR)	TBC	TBC	TBC	TBC
						Nr of FTEs	TBC	TBC	TBC	TBC
						Nr of SNE	0	0	0	0

TOTAL for Contribution Agreements						Amount (EUR)	4,166,529	200,000	751,480	0
						Nr of FTEs	12	10	7	0
						Nr of SNEs	0	0	0	0
Service-Level Agreements										
DG ECHO	TBC	TBC	TBC	European Commission – DG ECHO	Service level agreement between DG ECHO and ECDC to support the deployment of experts from EUHTF Expert Pools for operations of the EUHTF related to emergency response related to outbreaks of infectious disease.	Amount (EUR)	TBC	TBC	TBC	TBC
						Nr of FTEs	TBC	TBC	TBC	TBC
						Nr of SNEs	TBC	TBC	TBC	TBC
TOTAL for Service-Level Agreements						Amount (EUR)				
						Nr of FTEs				
						Nr of SNEs				

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

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

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

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

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

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

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

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

i. EU candidate and potential candidate countries gradual integration into ECDC systems: ECDC will continue in close collaboration with relevant Commission services to support the candidate countries and potential candidates to strengthen infectious disease prevention and control systems and public health workforce to prepare for participation in ECDC activities upon their accession to the EU subject to the continuity of external funding from the European Commission.
ii. Support to the European Neighbourhood Policy (ENP) partner countries, according to identified needs and EU policy priorities: The Centre will continue supporting the ENP partner countries to strengthen their public health systems for early detection, assessment, and response to health threats from communicable diseases and enhance regional cooperation, including public health workforce-oriented capacity-building activities subject to the continuity of external funding from the European Commission.
iii. Collaboration with major centres for disease prevention and control (CDCs): ECDC will continue and further strengthen its bilateral cooperation including with those CDCs that already have formal bilateral arrangements (U.S. CDC, China CDC, Public Health Agency of Canada, the Ministry of Health of Mexico,

Korean CDC, the United Kingdom Health Security Agency, and the Ministry of Health, Labour and Welfare of Japan) and with other CDCs, in particular the Africa CDC and other supranational CDCs, that already have well established collaboration, as well as at multi-lateral level within the Network of major CDCs ECDC will, together with major CDCs, continue sharing information and expertise to respond effectively to threats posed by communicable diseases and explore further possibilities to establish processes and procedures for the rapid exchange of information in outbreak situations.

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

v. Collaborations with WHO: ECDC's close collaboration and coordination with WHO will benefit from the renewed Memorandum of Understanding and a co-publishing agreement with the WHO Regional Office for Europe currently under negotiation. ECDC will also further advance technical collaboration with other WHO Regional Offices and entities such as the Hub for Pandemic and Epidemic Intelligence and the European Centre for Preparedness for Humanitarian and Health Emergencies.

vi. Collaboration with other international organisation: the Centre will also put effort into sustainable partnerships with international organisations that are active in the public health and health security areas (e.g. UN organisations, IANPHI).

European Centre for Disease Prevention and Control (ECDC)

Gustav III:s Boulevard 40
16973 Solna, Sweden

Tel. +46 858 60 10 00
ECDC.info@ecdc.europa.eu

www.ecdc.europa.eu

Publications Office
of the European Union