



ECDC supports the Sustainable Development Goals

CORPORATE DOCUMENT

ECDC framework for action on the Sustainable Development Goal diseases

May 2024

Introduction

This framework describes the building blocks and actions that ECDC will use to support and empower European Union/European Economic Area (EU/EEA) countries and the European Commission to achieve the Sustainable Development Goal (SDG) on health target 3.3, with a focus on HIV/AIDS, viral hepatitis, sexually transmitted infections (STIs), and tuberculosis (TB) (SDG goal 3.3 and corresponding global targets and European indicators are presented in Annex 1).

The actions in the framework's building blocks are coordinated by the SDG diseases group in the Disease Programme Unit's section on sexually transmitted infections, blood-borne viruses and tuberculosis (SBT), with close collaboration and input from all ECDC units, EU/EEA countries, the European Commission and a broad range of key external stakeholders.

Objectives

The framework is aligned with the overall amended ECDC Strategy 2021–2027 and contributes to the following strategic objectives:

- Maintain the independence and rigour of scientific processes and strengthen the relevance and accessibility of scientific outputs to support public health policies and practice at national and EU levels.
- Provide relevant, reliable, and timely information and science-based recommendations to enable evidence-informed decision-making at national and EU levels.
- 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.
- Streamline coordination and collaboration with Member States and other key partners in the EU and globally.

The building blocks and actions proposed in this framework are mapped against the action areas within ECDC's overall amended strategy in Annex 2. The framework incorporates several areas of the new ECDC mandate, including:

- improved epidemiological surveillance through digitalisation and the use of complementary data sources;
- stronger focus on prevention, preparedness and response; and
- monitoring of health system capacity, including capacity for prevention and treatment.

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Scope

The scope of this framework and of ECDC's work on the SDG diseases is focused on countries in the ECDC mandate area, namely the EU/EEA, although some aspects of this work will be relevant to and include EU enlargement and neighbourhood policy countries.

This document briefly reflects on the IRIS principles (Issue, Resources, Impact, Solidarity) in relation to work on the SDG diseases and then presents the building blocks and action areas contained within the framework.

Issue

A global and regional political priority

The EU/EEA countries have committed to the 17 Sustainable Development Goals (SDGs). Goal 3 is 'to ensure healthy lives and promote well-being for all at all ages' [1]. This goal includes target 3.3: 'By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne and other communicable diseases' [2],¹ The World Health Organization (WHO) has addressed this goal and target through its Global Health Sector Strategies on HIV, viral hepatitis and STIs [3] and its End TB strategy [4]. Associated action plans that set forth region-specific actions and targets for 2023–2030 have also been produced for the WHO European Region [5,6] (Annex 1).

Sustainable development is a core principle of the Treaty on European Union and a priority objective for the EU's internal and external policies. The European Commission carries out high-level annual monitoring of the SDGs in the EU, based on its reference indicator framework using data available in Eurostat [7].

In line with the Centre's mandate, ECDC supports EU/EEA countries, the European Commission and other key stakeholders in reaching the SDG target 3.3, as well as the targets in the WHO global and regional action plans. The support is in the areas of data for action (surveillance and monitoring), provision of prevention and control guidance, coordination of networks and with external stakeholders, and country support and capacity building. While ECDC has carried out activities in several of these areas since its inception, this framework provides a greater alignment with and a stronger focus on the global targets.

Size and seriousness of the problem

HIV, viral hepatitis, STIs and TB are major global public health issues that continue to affect the health and well-being of millions of people in Europe. These SDG diseases are often associated with stigma and tend to disproportionately impact groups that experience social marginalisation. Large numbers of people living with these infections remain undiagnosed or are diagnosed very late in the course of their illness, posing new challenges to the progress toward elimination of SGD diseases by 2030.

HIV

Over the last three decades, more than 620 000 people in the EU/EEA have been diagnosed with HIV. There has been a slight decline in new HIV infections reported in the EU/EEA during the last decade; however, the decline lags behind the progress needed to reach the 2030 goal [8]. About one in eleven (9%) of people living with HIV in the EU are unaware of their status, which is below the target to have diagnosed 95% of people living with HIV by 2025 [9]. On average, people live with HIV for three years before being diagnosed. Late diagnosis delays access to treatment and increases the risk of health complications and the risk of onward HIV transmission.

Viral hepatitis

It is estimated that there are 3.6 million people living with chronic hepatitis B infection and 1.8 million people living with chronic hepatitis C infection in the EU/EEA, a large proportion of whom remain undiagnosed [10]. While there has been a steady decline in the overall incidence of hepatitis B over time due to effective vaccination programmes and a decline in hepatitis C due to a range of primary prevention strategies and effective treatment, there has been a continued increase in trends of hepatocellular carcinoma. It is estimated that hepatitis B and C are responsible for approximately 64 000 deaths annually. While data are lacking for many countries, available data suggest that most countries are not on track to meet the targets for viral hepatitis.

¹ Although sexually transmitted infections other than HIV are not specifically named in the SDG 3.3 goals, ECDC includes them within this framework due to their inclusion in the WHO Europe Regional Action Plan (available from <https://apps.who.int/iris/rest/bitstreams/1509352/retrieve>) and due to substantial co-infections and common modes of transmission and prevention challenges.

Sexually transmitted infections

A substantial number of STIs – including chlamydia, gonorrhoea, syphilis and/or lymphogranuloma venereum (LGV) – are reported in the EU/EEA annually, with reported rates of cases increasing for several STIs [11]. There have also been increases overall or in specific subpopulations. Many STIs can cause complications such as pelvic inflammatory disease, proctitis or fertility complications and can increase the risk of HIV transmission. Additionally, in the case of syphilis, infection can lead to severe outcomes during pregnancy (such as stillbirth) or to congenital syphilis in the newborn [12]. Recent outbreaks of mpox, hepatitis A virus and extensively drug-resistant *Shigella* have been associated with sexual transmission. Due to insufficient surveillance data in many countries and the absence of a monitoring system, it is not possible to robustly assess STI trends or progress towards current targets in the EU/EEA.

Tuberculosis

Between 30 000 and 50 000 TB cases have been reported annually in recent years [13]. Although TB incidence and mortality rates have declined, current progress suggests that the EU/EEA will not achieve the 2030 SDG targets for TB. It is also evident that the percentage of people with a successful TB treatment outcome – particularly for multidrug resistant (MDR) TB cases – remains worryingly low in EU/EEA countries. Less than half of MDR TB cases had evidence of treatment success at 24 months, which is well below the European Action Plan target of 75% for 2020 [14].

Availability of means to control and prevent

The SDG diseases are preventable through the application of evidence-based interventions, such as pre-exposure prophylaxis for HIV (PrEP), condom use, needle and syringe programmes and drug treatment, vaccination for hepatitis B, and TB preventive treatment. Coverage of these prevention interventions varies across EU/EEA countries and many people at high risk do not have access.

Effective testing and screening techniques also exist for these diseases, with rapidly growing possibilities for diagnostics at point-of-care and in community settings.

For those who test positive, linkage to care is essential, as treatment is available for all of the SDG diseases. 'Treatment as prevention' is particularly effective for HIV, hepatitis C and TB, where treatment of infected people has a documented impact on reducing the population incidence of disease. Supporting adherence and retention in care through patient-centred approaches is important in terms of ensuring treatment success, as this both improves individual health outcomes and reduces onward transmission.

Common to all of these diseases is the need to deliver effective interventions – including prevention, testing and treatment – to those at greatest risk, at scale and in time to make a difference. Barriers to achieving this include the need to integrate services beyond the health sector and ensuring adequate financing and political commitment.

Despite available means to control and prevent these diseases, most countries in the EU/EEA are not currently on track to reach the SDG targets by 2030 or lack the data to measure intervention coverage and progress towards the targets. To be able to measure progress, surveillance and monitoring data and well-functioning surveillance and monitoring systems are essential.

Resources

The actions described in this framework can be carried out predominantly by the continued concerted efforts of ECDC staff in the existing SDG diseases group in the Disease Programme Unit's section on STIs, blood-borne viruses and TB (SBT), at the present resource level, in collaboration with other ECDC units, EU/EEA countries, the European Commission and external partners.

Impact

This framework is intended to empower EU/EEA countries and the European Commission to drive public health policy and practice in order to make progress towards SDG 3.3.

Solidarity

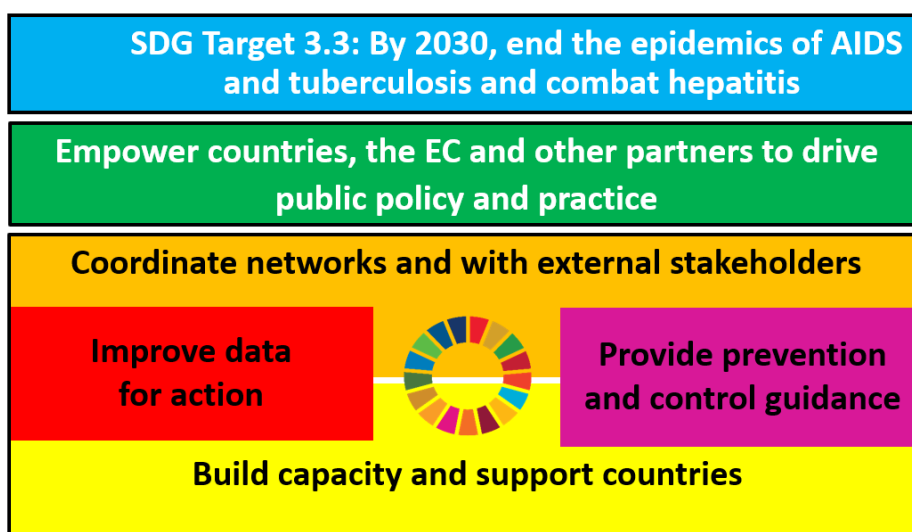
There is substantial variation in terms of disease burden for all of the SDG diseases across the EU/EEA. Within countries, these infections are often concentrated in key population groups that are socially marginalised or stigmatised. Coordinated actions and strengthened cross-border collaboration on the areas outlined in this framework could reduce inequalities across the EU/EEA.

Allocating time and funds to the SDG diseases will allow ECDC staff to apply more focus to activities in this area. Collaboration at the European level – such as information exchange and sharing examples of best practice – can save resources by reducing the need for each country to address issues in isolation.

ECDC framework for action on the SDG diseases

ECDC will organise its work to support EU/EEA countries and the European Commission to make progress towards SDG 3.3 through a series of linked building blocks (Figure 1).

Figure 1. Framework for ECDC support to EU/EEA countries and the European Commission to reach SDG 3.3



Source: ECDC

EC: European Commission; SDG: Sustainable Development Goals.

Building block 1: Improve data for action

Two interlinked areas that are essential to measure the status and progress towards the SDG 3.3 target are surveillance and monitoring. Improving surveillance and monitoring data is critical to ensure that EU/EEA countries and the EU Commission have the quantity and quality of data required to take action.

Surveillance is needed to gather robust and reliable information that can be used to measure progress towards the SDG 3.3 target and to guide public health action. The quality of surveillance data at the EU/EEA level varies for HIV, viral hepatitis, STIs and TB. For HIV and TB, data availability and quality are sufficient to measure progress at the EU/EEA level. However, as some countries lack comprehensive surveillance systems, data for hepatitis and STIs are of lower quality in terms of representativeness and completeness.

Monitoring is essential to assess progress towards SDG 3.3, to examine intervention coverage and gaps in responses to these infections, and to enable planning and re-direction of public health resources.

Action 1.1: Collect and publish EU-relevant data

ECDC will collect and publish surveillance data to describe the epidemiological situation in the EU/EEA and to monitor progress towards SDG 3.3 and associated regional goals. ECDC will undertake the following activities as part of this action:

- Supporting EU/EEA countries to further strengthen surveillance of HIV, hepatitis B and C, STIs and TB, working to improve timeliness and understanding of disease incidence overall and in key risk groups.
- Identifying what stakeholders need to assess and monitor the epidemiological situation in the EU/EEA and to progress towards regional and global goals, and tailoring surveillance outputs to suit these needs.
- Working with the WHO Regional Office for Europe (WHO Europe) to produce joint annual reports for HIV/AIDS and TB.
- Sharing the collected data with WHO and other relevant organisations to reduce the reporting burden on countries.

Action 1.2: Coordinate and improve routine surveillance

ECDC will work with disease networks to revisit surveillance objectives and to develop and monitor surveillance standards in the areas of HIV, hepatitis B and C, STIs and TB. Based on these standards, ECDC will work with countries (including EU enlargement countries, where appropriate) to improve data quality, with a focus on data that guide public health evaluation and action.

Action 1.3: Explore and apply complementary sources to routine surveillance

ECDC will continue to optimise the quality of surveillance data, particularly for hepatitis and STIs, by exploring and applying complementary sources to routine surveillance in collaboration with public health colleagues in countries. ECDC will explore and, where deemed relevant, carry out the following activities as part of this action:

- Undertaking specific projects to identify complementary sources of data.
- Collecting sentinel surveillance data from healthcare facilities for hepatitis B and C, and exploring the burden of disease through a project on hepatitis mortality.
- Continuing to provide technical support to Member States to undertake national hepatitis prevalence surveys in the general population.
- Reviewing published prevalence data for STIs and working with Member States on data collection to enrich or complete surveillance information, including through a pilot project on e-health and consideration of a model for national sentinel surveillance of STIs.

Action 1.4: Coordinate and improve monitoring of SDG diseases

ECDC will implement a monitoring framework that harmonises the collection, validation, analysis, interpretation, and archiving of data for the SDG diseases based, in particular, on experience with HIV monitoring. It will be a priority for ECDC to support countries by working with key stakeholders, including WHO Europe and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) to reduce countries' reporting burden and to ensure that the collected data are reported back in a timely manner and focused on key areas of public health action. ECDC will undertake the following activities as part of this action:

- Continuing monitoring for HIV and viral hepatitis.
- Expanding monitoring for TB.
- Initiating monitoring for STIs.
- Reviewing and applying modelling approaches to improve understanding of national progress towards key SDG targets (where possible and relevant).
- Aligning all monitoring activities with regional and global data collection efforts and indicators.

Action 1.5: Promote EU-wide efforts to improve monitoring on key populations and indicators

ECDC will support EU-wide efforts to improve data on key populations where monitoring data is needed and where coordinated EU-level action could add value. For example, the European MSM Internet Surveys, as well as other surveys for key populations for SDG diseases. Efforts to standardise and promote indicators for monitoring key SDG target areas, such as HIV-related stigma, will also be supported.

Building block 2: Provide guidance on prevention and control

Prevention and control of the SDG diseases are essential to reaching the SDG 3.3 target. Evidence-based interventions are available for the SDG diseases and have demonstrated their potential to make a substantial impact on progress towards the target. However, these need to be delivered to those at greatest risk, at scale and in time to make a difference. In the EU/EEA, there remains a need to respond to outbreaks or sudden increases of disease incidence, to integrate services beyond the health sector and to ensure adequate financing and political commitment.

Action 2.1: Provide EU-relevant scientific advice, focused on the needs of key populations

ECDC will provide EU-relevant scientific advice to inform countries about the latest evidence-based interventions to effectively prevent and control the SDG diseases. ECDC will further strengthen the evidence base to inform disease strategies and programmes, with a focus on the needs of key populations that are disproportionately affected by these diseases, such as men who have sex with men, people of migrant background, people who inject drugs, people in prison and young people. ECDC will undertake the following activities as part of this action:

- Updating already published ECDC guidance as relevant evidence accumulates for novel interventions. This process will be guided by an evaluation of stakeholder needs.
- Exploring care standards together with clinical societies for issues that involve public health and clinical competencies.
- Ensuring that guidance issued to inform effective national prevention strategies and policies addresses the needs of key populations. Such guidance will be developed with the involvement of people affected by these diseases, including members of civil society or other key population groups.

Action 2.2: Communicate guidance and scientific advice using targeted approaches

ECDC will communicate guidance on prevention and control and scientific advice using approaches targeted to various stakeholders to maximise their usefulness to inform EU public health policy and practice. ECDC will undertake the following activities as part of this action:

- Creating tailored outputs – such as policy briefs, toolkits and webinars – to expand the reach and impact of the guidance.
- Extracting and communicating summaries of global or other guidance that is adequate, with a focus on how to implement the guidance in the EU context.
- Assessing the implementation of such guidance through monitoring activities.
- Measuring the impact and relevance of scientific advice.

Action 2.3: Support countries' preparedness and response efforts

ECDC will support countries' efforts to ensure preparedness for outbreaks or increases in disease incidence for the SDG diseases. In close collaboration with the Emergency Preparedness and Response section and the Epidemic Intelligence team, ECDC's SBT section will carry out simulation exercises and will support outbreak response by generating rapid scientific summaries and risk assessments, as well as liaising with countries and external networks.

Building block 3: Coordinate disease networks and with external stakeholders

Effective coordination of the relevant disease networks and with external stakeholders is necessary to support progress towards the SDG 3.3 target. ECDC mainly interacts with EU/EEA countries through disease-specific networks composed of members who are nominated by their respective Coordinating Competent Bodies. ECDC operates networks for hepatitis B and C, HIV, STIs (including the European Gonococcal Antimicrobial Surveillance Programme (Euro-GASP) network) and TB (including the European Reference Laboratory Network for TB (ERLTB-Net)).

Action 3.1: Coordinate European disease networks on HIV, viral hepatitis, STIs and TB

ECDC will coordinate the SDG disease networks and organise regular meetings of the Disease Network Coordination Committees. ECDC will undertake the following activities as part of this action:

- Organising virtual or face-to-face network meetings. When appropriate, this will be done together with WHO Europe and will involve other key stakeholders (e.g. the EMCDDA, the EU Civil Society Forum), as well as initiatives and learned societies focused in the area of HIV, viral hepatitis, STIs and TB.
- Facilitating information exchange and collaboration between countries through the use of the EpiPulse platform and bilateral initiatives coordinated by ECDC.

Action 3.2: Coordinate laboratory networks for gonorrhoea and TB

ECDC will coordinate laboratory networks for gonorrhoea and TB, and continue to provide microbiology support to aid Member States in their efforts to ensure quality diagnostics for these diseases. ECDC will undertake the following activities as part of this action:

- Provide external quality assessment and implement activities to enhance diagnostic capacity in EU/EEA countries.
- Help EU/EEA countries with implementation and standardisation of whole genome sequencing for diagnostic and public health purposes.
- Transfer laboratory support activities to European reference laboratories when these become operational, but continue coordinating the networks.

Action 3.3: Collaborate with external stakeholders

ECDC will collaborate with external stakeholders, including WHO Europe and other relevant EU agencies (e.g. EMCDDA), as well as with learned societies, civil society organisations, EU projects and other relevant European and supranational initiatives. ECDC will also collaborate and coordinate with other Centres for Disease Control. ECDC's collaboration with external stakeholders will be focused on highly relevant relationships that add value for the EU, and will aim to avoid overlapping activities and to ensure synergy of activities and messages.

Building block 4: Build capacity and support countries

EU/EEA countries must have adequate capacities and capabilities to measure progress towards the SDG 3.3 target, and to make evidence-based decisions for public health policy and practice. ECDC provides and will continue to offer country support and capacity building aimed towards national focal points but also broader stakeholder groups, including policy makers, clinicians and community organisations.

Action 4.1 Provide forums for knowledge and experience exchange across disciplines and diseases

ECDC will facilitate knowledge and experience exchange for the SDG diseases between different disciplines, disease areas and countries. EU/EEA countries have informed ECDC that they highly value such forums for exchange. This action provides opportunities for countries and various stakeholders within them – including public health institutes, ministries, civil society organisations, general practitioners and nurses – to collaborate and build on each other's knowledge and expertise, as well as to identify common challenges and solutions to issues such as how to measure progress and address low political commitment and funding. ECDC will undertake the following activities as part of this action:

- Providing trainings, webinars, workshops, exchange visits, consultancies and country-to-country exchanges on topics identified by disease network members.
- Providing follow-up sessions 6–12 months after these activities so that countries can meet again to exchange and discuss ongoing issues and solutions together.
- Recording and collating lessons learned from the capacity-building activities to inform future data for action approaches.

Action 4.2: Follow up on ECDC guidance outputs with capacity-building activities on implementation

ECDC will provide capacity-building activities on how to implement ECDC guidance, including trainings and workshops tailored to specific disease areas or groups of countries. These efforts aim to optimise guidance implementation, particularly according to the differing contexts across and within EU/EEA countries. Lessons learned from the capacity-building activities will be used to inform future guidance approaches.

Action 4.3: Raise awareness and promote knowledge exchange and policy change

ECDC will continue to conduct media and communications work to raise awareness about the SDG diseases and relevant outputs (including for World Hepatitis Day, World AIDS Day and World TB Day) and to promote knowledge exchange and policy change using a variety of outlets including policy briefs, a newsletter and other network dissemination activities.

Empowering EU/EEA countries, the European Commission and other partners to drive public health policy and practice

The building blocks and actions presented in this framework are interdependent. The first and second building blocks (**improve data for action** and **provide guidance on prevention and control**) will rely heavily on the third building block (**coordinate disease networks and with external partners**), as the work of the first two will be directed by and aimed towards the disease networks and will frequently be carried out in collaboration with external partners. The fourth building block (**build capacity and support countries**), will allow for more tailored support in response to countries' specific needs and more exchange between countries with regard to the successes and challenges of implementation.

It is through the synergy between these action areas that ECDC's main stakeholders – EU/EEA countries, the European Commission, and other partners – can be empowered to drive public health policy and practice to achieve progress towards the SDG 3.3 target.

Through the building blocks detailed in this framework, ECDC aims to support EU/EEA countries, the European Commission and other stakeholders to achieve the following by 2030:

- **High-quality disease surveillance** for HIV, viral hepatitis, STIs and TB is in place in all EU/EEA countries, enabling an understanding of epidemiological trends and groups most at risk, as well as measurement of progress towards the SDG 3.3 target and regional action plans.
- **Monitoring systems** are in place for HIV, viral hepatitis, STIs and TB in all EU/EEA countries, allowing for monitoring of progress towards the SDG 3.3 target and regional action plans, as well as the identification of gaps in prevention and control programmes.

- All EU/EEA countries have **adequate capacity and access to sound scientific advice** to make and implement evidence-based decisions about public health policies and practice related to the SDG diseases, adapted to the needs of key populations at greater risk.
- EU/EEA countries demonstrate a strengthened **ability to identify and control outbreaks** related to the SDG diseases.
- Robust **networks and mechanisms for the exchange of information and support** are in place in the EU/EEA, aiding countries and other stakeholders in their efforts to prevent and control the SDG diseases.

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Annex 1. Relationship between SDG 3 and global and regional targets

Type of goal, target or indicator	SDG diseases			
	TB	HIV/AIDS	Viral hepatitis	STIs
SDG Goal 3	Ensure healthy lives and promote well-being for all at all ages.			
SDG Target 3.3	By 2030, end the epidemics of AIDS, TB, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.			
SDG disease-specific indicators	3.3.2 TB incidence per 100 000 population	3.3.1: Number of new HIV infections per 1 000 uninfected population, by sex, age and key populations	3.3.4 Hepatitis B incidence per 100 000 population	NA
Global disease-specific goals	End the individual disease epidemics by 2030			
	NA	<10% of PLHIV and key populations experience stigma and discrimination ^b	NA	NA
		>95% of people living with HIV diagnosed ^b		
		>95% of people diagnosed on treatment ^b		
>95% of those on treatment virally suppressed ^b				
Regional incidence indicators for 2030^a	Reduce TB incidence by 80% (baseline 2015)	Reduce HIV incidence by 90% (baseline 2010)	Reduce hepatitis B and C incidence by 90% (baseline 2020)	Reduce syphilis and gonorrhoea incidence by 90% (baseline 2020)
				Reduce chlamydia and trichomoniasis incidence by 50% (baseline 2020)
Regional mortality indicators for 2030^a	Reduce TB mortality by 90% (baseline 2015)	Reduce HIV mortality by 75% (baseline 2010)	Reduce hepatitis B and C mortality by 60% (baseline 2020)	NA
Other regional indicators for 2030^a	85% treatment success rate of MDR/RR-TB	NA	NA	NA

Source: *SDG Indicators, Global Tuberculosis Programme, Global HIV, Hepatitis and STIs Programmes, UNAIDS 2025 Targets, TB action plan, HIV, viral hepatitis, STIs action plan*
MDR/RR-TB: multi-drug resistant/rifampicin-resistant TB; NA: not applicable; PLHIV: people living with HIV; SDG: Sustainable Development Goals; STIs: sexually transmitted infections; TB: tuberculosis.

^a Select European Union/European Economic Area impact indicators for 2030 from World Health Organization regional action plans.

^b UNAIDS Fast Track Targets.

Annex 2. Relationship between the ECDC Strategy 2021–2027 and the framework for action on the Sustainable Development Goal diseases

Framework building block	Framework action	Amended ECDC Strategy 2021–2027: Strategic objectives	Amended ECDC Strategy 2021–2027: Action area
Improve data for action	Action 1.1: Collect and publish EU-relevant data	Strategic objective 2: Provide relevant, reliable, and timely information and science-based recommendations to enable evidence-informed decision-making at national and EU -levels	Action area 2.1 Surveillance: Provide timely information and robust evidence through surveillance and monitoring
	Action 1.2: Coordinate and improve routine surveillance		
	Action 1.3: Explore and apply complementary sources to routine surveillance		
	Action 1.4: Coordinate and improve monitoring of SDG diseases		
	Action 1.5: Promote EU-wide efforts to improve monitoring on key populations and indicators		

Framework building block	Framework action	Amended ECDC Strategy 2021–2027: Strategic objectives	Amended ECDC Strategy 2021–2027: Action area
Provide guidance on prevention and control	Action 2.1: Provide EU-relevant scientific advice, focused on the needs of key populations	Strategic objective 2: Provide relevant, reliable, and timely information and science-based recommendations to enable evidence-informed decision-making at national and EU -levels	Action area 2.2 Public health evidence and recommendations: Provide science-based advice and recommendations through public health expertise
	Action 2.2: Communicate guidance and scientific advice using targeted approaches	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 practice at national and EU levels	Action area 1.2 Knowledge transfer: Bridge the gap between science, policy, and practice
	Action 2.3: Support countries' preparedness and response efforts	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	Action area 3.2 Preparedness and response: Provide support to countries and the Commission in preparedness planning, risk assessment, and outbreak response
Coordinate disease networks and with external stakeholders	Action 3.1: Coordinate European disease networks on HIV, viral hepatitis, STIs and TB	Strategic objective 4: Streamline coordination and collaboration with Member States and other ECDC key partners in the EU and globally	Action area 4.1 Coordination and collaboration: Ensure seamless coordination of priorities and related actions with ECDC partners and stakeholders
	Action 3.2: Coordinate laboratory networks for gonorrhoea and TB	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	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
	Action 3.3: Collaborate with external stakeholders	Strategic objective 4: Streamline coordination and collaboration with Member States and other ECDC key partners in the EU and globally	Action area 4.1 Coordination and collaboration: Ensure seamless coordination of priorities and related actions with ECDC partners and stakeholders

Framework building block	Framework action	Amended ECDC Strategy 2021–2027: Strategic objectives	Amended ECDC Strategy 2021–2027: Action area
<p>Build capacity and support countries</p>	<p>Action 4.1 Provide forums for knowledge and experience exchange across disciplines and diseases</p>	<p>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</p>	<p>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</p>
	<p>Action 4.2: Follow up on ECDC guidance outputs with capacity-building activities on implementation</p>	<p>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 practice at national and EU levels</p>	<p>Action area 1.2 Knowledge transfer: Bridge the gap between science, policy, and practice</p>
	<p>Action 4.3: Raise awareness and promote knowledge exchange and policy change</p>	<p>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 practice at national and EU levels</p>	<p>Action area 1.4 External and risk communication: Provide relevant, timely, accessible, and actionable information about infectious disease epidemiology, prevention, and control</p>