



ECDC CORPORATE

Single Programming Document

2023–2025

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Abbreviations and acronyms

ABAC	Accrual-Based Accounting, the European Commission's integrated budgetary and accounting system
AD	Administrator function group
AF	Advisory Forum
AMC	Antimicrobial consumption
AMR	Antimicrobial resistance
APHEA	Agency for Public Health Education Accreditation
ASPHER	Association of Schools of Public Health in the European Region
AST	Assistant Function Group
BIP	Business impact
BREEAM	Building Research Establishment Environmental Assessment Method
CA	Contract agent
CAAR	Consolidated Annual Activity Report
CCB	Coordinating Competent Body
CDC	US Centers for Disease Control and Prevention
CDTR	Communicable Disease Threats Report
COVID-19	Coronavirus disease 2019
CPD	ECDC's Continuous Professional Development initiative
DCG	Director Consultation Group
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	Directorate-General for International Partnerships
DG NEAR	Directorate-General for Neighbourhood and Enlargement Negotiations
DG RTD	Directorate-General for Research and Innovation
DG SANTE	Directorate-General for Health and Food Safety
DMS	Document Management System
DTS	Digital Transformation Services
E3	European Environment and Epidemiology Network
EA	Enterprise Architecture
EAAD	European Antibiotic Awareness Day
EACCME	European Accreditation Council for Continuing Medical Education
EARS-Net	European Antimicrobial Resistance Surveillance Network
ECED	ECDC Candidate Expert Directory
ECMP	Enterprise Content Management Platform
EEA	European Environment Agency
EEA/EFTA	European Economic Area/European Free Trade Association
EEAS	European External Action Service
EFGS	European Federation Gateway Service
EFSA	European Food Safety Authority
EHDS	European Health Data Space
EHFG	European Health Forum Gastein
EID	Emerging Infectious Diseases
eIIS	Electronic Immunisation Information Systems
ELDSNet	European Legionnaires' Disease Surveillance Network
ELiTE	European Listeria Typing Exercise
EMA	European Medicines Agency
EMAS	EU Eco-Management and Audit Scheme
EMC	European Medical Corps
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ENP	European Neighbourhood Policy
ENVI	Committee on the Environment, Public Health and Food Safety of the European Parliament
EOC	Emergency Operations Centre
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
ePLF	Passenger Locator Form Exchange Platform
EQA	External quality assessment

ESCAIDE	European Scientific Conference on Applied Infectious Disease Epidemiology
ESF	European Social Fund
EU	European Union
EU-ANSA	EU Agencies Network on Scientific Advice
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
EuroCJD	European and allied countries collaborative study group of Creutzfeldt-Jakob disease
Euro-GASP	European Gonococcal Antimicrobial Surveillance Programme
EURGenNet	European Antimicrobial Resistance Genes Surveillance Network
EuSCAPE	European survey on carbapenemase-producing Enterobacteriaceae
EVA	ECDC Virtual Academy
EVIP	EU Vaccination Information Portal
EVIS	European Vaccination Information System
EVD	Emerging and vector-borne diseases
EWRS	Early Warning and Response System
FAO	Food and Agriculture Organisation of the United Nations
FG	Function Group
FRA	European Union Agency for Fundamental Rights
FTE	Full time equivalent
FWC	Framework contract
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
HEPSA	Health Emergency Preparedness Self-Assessment
HERA	European Health Emergency Preparedness and Response Authority
HIV	Human immunodeficiency virus
IANPHI	International Association of National Public Health Institutes
ICF	Internal Control Framework
ICT	Information and Communication Technology
IHR	International Health Regulations
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
JRC	Joint Research Centre
KPI	Key Performance Indicator
MB	Management Board
MediPIET	Mediterranean Programme for Intervention Epidemiology Training
MERS-CoV	Middle East respiratory syndrome coronavirus
MIS	Management Information System
MoU	Memorandum of understanding
NFP	National Focal Point
NGO	Non-governmental organisation
NITAG	National Immunisation Technical Advisory Group
NMFPS	National Microbiology Focal Points
OA	Open access
OCP	Operational Contact Points
OECD	Organisation for Economic Cooperation and Development
OIE	World Organisation of Animal Health
PHE	Public Health Emergency
PLF	Passenger locator form
RMS	Resource Management Section

ROA	Rapid Outbreak Assessment
RRA	Rapid Risk Assessment
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SARI	Severe Acute Respiratory Infection
SARMS	Scientific Advice Repository and Management System
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SDG	Sustainable Development Goals
SLA	Service level agreement
SNE	Seconded national experts
SoHO	Substances of human origin
SPAR	State Party Self-Assessment Annual Report (IHR)
SPD	Single Programming Document
SRM	Stakeholder Relationship Management
STEC	Shiga toxin-producing <i>E.coli</i>
STI	Sexually transmitted infections
TALD	Travel-associated Legionnaires' disease
TA	Temporary agent
TATFAR	Transatlantic Task Force on Antimicrobial Resistance
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
VectorNet	European Network for Arthropod Vector Surveillance for Human Public Health and Animal Health
VENICE	Vaccine European New Integrated Collaboration Effort
VPD	Vaccine-preventable disease
VPI	Vaccine-preventable diseases and Immunisation
WGS	Whole genome sequencing
WHO	World Health Organization
WHO Europe	World Health Organization, Regional Office for Europe

List of acronyms of ECDC IT systems

This list contains ECDC's major IT systems but is not exhaustive (e.g. a number of support systems are not included.)

System/application	Description
Early Warning and Response System (EWRS)	A rapid alert system that supports critical communication about serious cross-border health threats, in accordance with Regulation (EU) 2022/2371, through a web-based platform used to exchange information on public health threats, between the EU/EEA Member States, the European Commission, other EU agencies and the World Health Organization (WHO).
ECDC Candidate Expert Directory (ECED)	ECDC Candidate Expert Directory is a roster of potential 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	ECDC data warehouse hosts all indicator- and event-based surveillance data along with 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. In addition, through its dataset management and storage, ECDC data warehouse supports the ECDC Open Data Framework.
ECDC Extranets	Support collaboration of public health networks, working groups and institutional bodies (Management Board and Advisory Forum). Currently ECDC manages >20 extranets.
ECDC Library (E-LARA)	The Library provides information delivery services throughout its collection and by making available the tools to ease the 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)	ECDC Scientific Advice Repository and Management System supports the production of ECDC outputs with scientific content from registration to clearance and dissemination using electronic workflows and provides a repository of ECDC scientific outputs for reference and auditing purposes.
ECDC Virtual Academy (EVA)	Launched in 2014, EVA is the 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 an important part of the external communication, e.g. making available outputs for public health professionals, information for the public. The current Portal, supported on a modern content management system, was launched in June 2017.
Enterprise Content Management Platform (ECMP)	A unified portal to information held within the Centre's electronic document repositories and the content management systems for the ECDC 'Intranet' and 'Extranets'. It provides a single, unified search interface (Enterprise Search) and functionality to ensure consistent metadata-tagging and terminology management.
EpiPulse (European Surveillance Portal for Infectious Diseases)	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)), providing new functionalities and seamless access to data in a single platform. The portal facilitates the

System/application	Description
	collection, analysis, and dissemination of indicator- and event-based surveillance data on infectious diseases and associated health issues, including global epidemic intelligence, whole-genome sequencing, and health determinants.
European Federation Gateway Service (EFGS)	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 European 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.
<i>Eurosurveillance website</i>	Supports the submission, edition, and publication of <i>Eurosurveillance</i> , a European peer-reviewed journal on communicable diseases that ranks among the top 10 journals in its field. A modern publication platform with some interactive features was launched in September 2017.
Information Centre	Tool for internal communication and support of internal processes. It is one of the three pillars of the ECMP, together with the Document Centre and the Collaboration Centre.
Management Information System (MIS)	Internal system used to plan and monitor the implementation of ECDC's annual work programme.
Passenger Locator Form Exchange Platform (ePLF)	Enables the secure, timely and effective exchange of data between the EWRS competent authorities of Member States, by allowing to transmit information from their national digital PLF systems to other EWRS competent authorities in an interoperable and automatic manner.
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 a centralised management of MS and other external contacts. Position of the system is a user-friendly one-stop-shop with the evolution to meet growing business needs.
Surveillance Atlas of Infectious Diseases	Launched in 2014, this tool provides a highly interactive and graphical access to surveillance data. It is accessible via ECDC's Web Portal. The Atlas has been evolving, especially by increasing 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 (2021–2023).
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

With this Single Programming Document (SPD) 2023–2025, we will be entering a new and exciting era for ECDC. In November 2020, during the COVID-19 pandemic, the European Commission proposed the establishment of the European Health Union. Now, at the end of 2022, all the legislative proposals related to enhanced preparedness, combatting serious cross-border threats to health, and the prevention and control of communicable diseases (i.e. ECDC's Founding Regulation) have all been adopted by the European Parliament and the Council. The priority of the European Commission and related decentralised EU Agencies (ECDC and EMA) is to implement this legislation, and therefore that will largely define ECDC's work in 2023 and beyond.

In November 2022, the implementation plan for the reinforced ECDC mandate was presented to the ECDC Management Board. This plan indicates the main milestones until 2027 in the areas of enhanced surveillance, preparedness planning and outbreak response, foresight, and modelling, as well as global health activities. In several areas the preparatory work for the implementation of the reinforced mandate already started in 2022, for example ECDC contributions to large e-health and surveillance projects supporting EU Member States and financed through the EU4Health programme. Furthermore, discussions about the development of a strengthened EU level surveillance system and establishment of the permanent EU Health Task Force were initiated with the Directors and National Coordinators in the Coordinating Competent Bodies (CCBs), the Advisory Forum, and relevant networks of National Focal Points (NFPs). These iterative consultations will continue to ensure that the products and services meet the needs of the EU Member States.

The amended ECDC Founding Regulation provides the Centre with an opportunity to change its culture, ways of working, and its business model. This work, in the form of ECDC's transformational programme (ASPIRE) will start in 2023 and continue until the end of 2025. I and the entire ECDC staff are committed to carry out these changes in the main steering processes (e.g. planning and monitoring), and to ensure that ECDC has the necessary competencies in place to implement the new tasks assigned in the amended Founding Regulation. I personally will put my emphasis in ensuring that the Centre is well equipped to change the way we work with the EU Member States and other main partners, as the implementation of ECDC's strengthened mandate will only be possible with their continued collaboration and contributions.

The ECDC Strategy 2021–2027 remains a basis for planning of the activities for 2023. However, it will be amended to better reflect the reinforced mandate and will be used to guide the planning of ECDC's activities as from 2024. ECDC staff have now returned to the office, partly working from the office and partly remotely. It will take some time to become fully accustomed to the hybrid mode of working, both internally as well as with our stakeholders. I trust that by 2027 ECDC will have transformed into an organisation that is acknowledged and agile with more efficient systems, processes, and competencies that fully align with the Centre's new responsibilities.

Andrea Ammon,

Director

Background

- Regulation (EU) 2022/2370 of the European Parliament and of the Council of 23 November 2022 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 Founding Regulation,¹ which states that:

'The mission of the Centre shall be to identify, assess and communicate current and emerging threats to human health from communicable diseases. In the case of other outbreaks of illness of unknown origin, which may spread within or to the Community, the Centre shall act on its own initiative until the source of the outbreak is known. In the case of an outbreak which clearly is not caused by a communicable disease, the Centre shall act only in cooperation with the competent authority, upon request from that authority.'

The Centre's mandate can be derived from Article 168 of the Treaty on the Functioning of the European Union (EU), with an overarching principle of ensuring a high level of human health protection in the definition and implementation of all Union policies and activities.

Key tasks of ECDC include:

- Operating dedicated surveillance networks;
- Providing scientific opinions and promoting and initiating studies;
- Operating the Early Warning and Response System;
- Providing scientific and technical assistance and training;
- Identifying emerging health threats;
- Collecting and analysing data; and
- Communicating on its activities to key audiences.

ECDC vision

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

¹ Regulation (EC) No 853/2004 of the European Parliament and of the Council of 21 April 2004 establishing a European centre for disease prevention and control, Official Journal of the European Union. 2004; L 142:1–11.

1. General context

As the health systems in EU Member States gradually return to a routine operations mode, work on the priorities that the European Commission President Ursula von der Leyen formulated in 2019 is expected to resume at full speed during 2023: e-health and the European Health Data Space to promote health data exchange; the implementation of the European 'One Health' Action Plan against Antimicrobial Resistance and the cooperation at international level on antimicrobials; as well as actions to strengthen the performance of vaccination programmes in the EU, including addressing vaccine hesitancy. These issues will remain among ECDC's highest priorities in the years to come.

Work related to COVID-19 vaccines will also continue in 2023: monitoring vaccine effectiveness and impact, providing scientific advice on new questions that may arise around COVID-19 vaccination strategies, as well as supporting countries in reaching their vaccination coverage targets and closing possible immunity gaps in the population.

During the COVID-19 crisis, ECDC continuously provided scientific advice, risk assessments and support to the European Commission and EU Member States and will continue to do so in 2023 and beyond, as part of the Centre's core mandate.

In addition, the amended ECDC Founding Regulation calls for new and extended tasks to be undertaken by the Centre. This means aligning the ECDC Strategy 2021-2027 and accompanying implementation roadmap with the amended Founding Regulation. The main changes to ECDC's mandate/tasks are expected to be:

- an enhanced role in providing technical support to EU Member States/EEA, enlargement countries;
- an enhanced role in the development of digitalised EU level surveillance system for communicable diseases and related health threats, in close collaboration with the EU Member States as well as the development and maintenance of digital applications and platforms to support disease prevention and control and e.g. outbreak response activities such as contact tracing;
- an enhanced role to provide foresight using modelling and other relevant techniques in collaboration with EU and global partners;
- reinforcing the contribution to the EU's international cooperation and development, and EU commitment to global health security preparedness;
- an enhanced role in supporting EU Member States and selected third countries in preparedness, including the contribution to the development of EU level preparedness plans, their monitoring frameworks, and indicators;
- an enhanced role in the long-term monitoring of vaccine effectiveness and safety in the post-authorisation phase, in close collaboration with the European Medicines Agency (EMA);
- establishing a permanent EU Health Task Force to assist on requests for preparedness and response planning, local response to outbreaks of communicable diseases and after-action reviews in EU Member States and in third countries;
- operating the Network of EU reference laboratories; and
- operating the Network of Member State services supporting transfusion, transplantation, and medically assisted reproduction.

Last but not least, in 2021 the European Commission announced a programme for strengthening infrastructures and capacities required for the swift detection and surveillance of SARS-CoV-2 variants in the EU and its neighbourhood. ECDC was tasked with leading the implementation of whole genome sequencing (WGS) and Reverse Transcription Polymerase Chain Reaction (RT-PCR) infrastructure, capacity-building and direct support activities to EU Members States, aimed at enhancing Member States' ability for early detection and monitoring of SARS-CoV-2 variants. ECDC will support the development of national sequencing infrastructure in Member States and provide capacity-building through standardisation, assay validation, and training. In 2023, ECDC and the European Commission's Directorate-General for Health and Food Safety (DG SANTE) will continue working towards having additional funding assigned to this initiative. The work undertaken throughout 2021-2023 will lead to enhanced genomic-based infectious disease outbreak investigation, surveillance, and preparedness for future pandemics.

In 2023, ECDC will continue implementing its current long-term 2021–2027 strategy, which provides a framework for its actions. The annual Programming Document puts the strategy and its associated roadmap in action on an annual basis.

ECDC priorities for 2023

The prime drivers of the work programme are the amendment of ECDC's Founding Regulation and the five pillars of the strategy 2021–2027 and its implementation roadmap. The priorities for 2023 will largely remain the same as in 2022. However, the implementation of the Centre's strengthened mandate will shape the focus within these broad priorities. ECDC will contribute to a greater level of health security in Europe, with particular attention to the following areas:

1. **Scale up the level of support to the European Commission and EU Member States to strengthen their emergency preparedness and response to cross-border health threats including the lessons learned from the COVID-19 pandemic.**

National after-action reviews and lessons learned activities in 2022 revealed that especially response governance, research preparedness and scalable non-pharmaceutical interventions need to be addressed in national pandemic preparedness plans and in national action plans. ECDC has committed research to be able to inform and scale up future support. Also, further consultations with experts and Member States are planned in 2023 to evaluate and identify best-practice and evidence. The revised ECDC mandate and the strengthened preparedness and response area of work will enable ECDC to provide this support in a country-specific way. This includes the support in the implementation of relevant provisions of the EU Regulation on serious cross-border threats to health². In close collaboration with the European Commission and upon request of Member States, this country-specific support will be supplemented by the EU Health Task Force (EHTF).

ECDC will continue to invest resources in the implementation of laboratory capacity-building initiatives channelling the funding made available through the European Health Emergency Preparedness and Response Authority (HERA). This includes WGS and RT-PCR infrastructure and capacity-building activities with focus on bioinformatics and genomic epidemiology.

2. **Digitalisation of surveillance systems at EU and national levels based on the lessons learned from the COVID-19 pandemic.**

EU/EEA infectious disease surveillance is founded on strong harmonised national surveillance systems, an optimal mixture of data sources and on state-of-the-art technology to generate a continuous, automated, integrated and, where required, real-time digital data stream that provides the right information where and when it is needed to most timely and effectively fight cross-border threats to public health from infectious diseases.

ECDC will invest further resources and efforts to develop surveillance systems based on the secondary use of health data collected from electronic health records, laboratory information management systems, and data linkage with other relevant existing electronic health databases. To do so, taking hereby also into account the prioritisation of threats requiring medical countermeasures preparedness established by HERA, in 2023 ECDC will continue to work with EU Member States to expand the geographical coverage and number of diseases for which surveillance objectives can be achieved using data directly extracted by electronic health sources and validated by national public health authorities for submission to EpiPulse. Furthermore, by the end of 2023 ECDC will have implemented to a significant extent its digital surveillance blueprint, including the upgrading of internal systems, data architecture, the modernisation of outputs and applying the principles of security and privacy by design.

In addition, ECDC will continue to support countries in building capacities and capabilities for surveillance and for molecular surveillance. It will further integrate the increased genomic epidemiology capacity from its public health microbiology support programme implemented in 2021-2022. Genomic epidemiology will be integrated into surveillance and outbreak response for a broad range of diseases along the ECDC strategic framework.

3. **Increase ECDC's knowledge and understanding of EU Member States to better target its interventions.**

ECDC will continue improving its internal mechanisms and the coordination of its activities to increase its understanding of countries in order to better target its interventions to their individual needs. This will be managed through internally coordinated country missions, internal country overviews on data and developments in countries and their interactions with the Centre to ease the flow of information by experts across ECDC and the European Commission (including using information from publicly available external sources, such as WHO, OECD, IANPHI), as well as the monitoring of existing or new measurements. Data and information from Member States will gradually be made available on a bilateral basis to ECDC's external stakeholders in EU/EEA countries to help prioritise areas for ECDC's work plan and support proactive dialogue with Member States. Complementary restricted information will be

² Proposal available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/DOC/?uri=CELEX:52020PC0727&from=EN>

collected from, aggregated, and presented to the Health Security Committee, including the results of the preparedness reports of Member States under the EU Regulation on cross-border threats to health.

4. Support the EU in the negotiation with the World Health Organization (WHO), on an international agreement on pandemic preparedness and response and on amending the International Health Regulations of 2005.

In view of the upcoming negotiations of an international agreement as well as for the negotiation of complementary amendments to the International Health Regulations of 2005, the European Commission adopted the Intergovernmental Negotiating Body (INB), established by the Decision of the special session of the World Health Assembly to draft and negotiate a new international agreement on pandemic preparedness and response. In addition, on 21 January 2022, a proposal from the United States for amendments to the International Health Regulations was formally submitted to WHO Member States, in view of their possible adoption at the May 2022 World Health Assembly. ECDC will play an important role in supporting the European Commission and EU in the negotiation process, in particular by translating lessons learned from the COVID-19 pandemic into proposals for the global health architecture improvements.

5. Address priority conditions and issues at European level.

• **Tackle antimicrobial resistance**

Antimicrobial resistance (AMR) poses increasing threats to our healthcare achievements. In 2018, ECDC estimated that each year 33,000 persons die from infections due to bacteria resistant to antibiotics, with more than 70% of these deaths being associated with healthcare. ECDC will continue tackling AMR, particularly by supporting the European 'One Health' Action Plan against AMR and completing two point-prevalence surveys (PPSs) of healthcare-associated infections (HAIs), AMR, and antimicrobial use in acute care hospitals and in long-term care facilities in the EU/EEA. Because AMR has an international dimension, ECDC will also intensify its cooperation with WHO on the Global Action Plan on AMR, and increase its synergy with EFSA, EMA, in particular on the publication of the fourth JIACRA report, with DG SANTE, HERA, and with other EU and international bodies, in a 'One Health' approach. ECDC will continue coordinating the European Antibiotic Awareness Day, with the overall aim to ensure increased awareness and behavioural change related to AMR and HAIs among healthcare professionals and the general public.

• **Enhance the post-authorisation monitoring of effectiveness of vaccines, with specific focus on COVID-19 vaccines, and support countries to improve vaccine coverage in the EU**

With the development of new vaccines against COVID-19, their market authorisations in the EU, and the implementation of large-scale immunisation programmes, in 2021 ECDC, in collaboration with EMA, set up a platform for the post-authorisation monitoring of vaccine safety and effectiveness. These studies will continue and expand to other priority vaccines over the years and will remain key to generating adequate evidence to support the continuous assessment of the benefits and risks of the vaccines and inform decision-making on their use in national and regional vaccination strategies for different populations.

ECDC will also continue to support the implementation of the 2018 Council Recommendation on Strengthened Cooperation against Vaccine-Preventable Diseases, which aims at building horizontal areas of support to EU Member States in order to inform and improve the performance of national immunisation programmes.

• **Support the European Commission and EU Member States in addressing the Sustainable Development Goals³ in the area of HIV, tuberculosis, and hepatitis**

The United Nations' Sustainable Development Goals (goal 3.3) target by 2030 to 'end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases'. ECDC will continue putting emphasis on HIV infection, tuberculosis (TB), and hepatitis, by monitoring the progress and working closely with the European Commission, EU Member States and WHO to help tackle the three diseases and contribute to reduce their incidence and mortality.

6. Assess and integrate innovations for communicable diseases in the area of environmental, technological and scientific advances.

ECDC will prepare for the future by assessing and analysing the potential impact and public health benefits brought by technical and scientific advances in the field of communicable diseases, drawing on the advice of ad hoc independent expert panels and consultations with the relevant networks of Member State experts, also taking into account the lessons learned from COVID-19 pandemic. This includes, for example:

³ <http://www.un.org/sustainabledevelopment/>

- assessment of the impact of environmental factors on communicable diseases in a 'One Health' approach, to support the EU Green Deal, on the basis of a more specific request from the European Commission;
- assessment and use of health data digitalisation, artificial intelligence, and big data; and
- foresight studies.

The conclusions of these analyses and consultations will be brought to ECDC's Advisory Forum (AF) for review and comment, and any proposals to adopt or integrate innovations, will be assessed by the AF, using the IRIS framework that considers the importance, resource implications, and likely impact and EU added value of proposed activities. Based on these analyses and the assessment of their resource implications and the pace of adoption across EU Member States, ECDC will develop guidance to integrate these developments into routine work in Member States and at EU level and promote health data exchanges.

2. Multi-annual programming 2023-2025

2.1 Indicators of the multiannual programme 2023-2025

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.

Key Performance Indicators (KPIs) to measure outputs and results achieved in the main areas of ECDC's interventions and addressing each of the ECDC Strategy Objectives are provided as part of Section III. Work Programme 2023.

Strategic KPIs	Baseline	Target	Means of verification	Frequency of verification
Stakeholder satisfaction with ECDC scientific outputs: <ul style="list-style-type: none"> - Surveillance outputs - Microbiology outputs - Preparedness and response outputs - Antimicrobial consumption, antimicrobial resistance, and healthcare-associated infections outputs - Emerging and vector-borne diseases outputs - Food and waterborne diseases and Zoonoses outputs - STI, Blood-borne Viruses and TB (SBT) outputs - Viral Respiratory Diseases outputs - Vaccine-preventable diseases outputs 	n/a	tbc	Stakeholder survey	Biennial
Uptake of ECDC scientific outputs: <ul style="list-style-type: none"> - Surveillance outputs - Microbiology outputs - Preparedness and response outputs - Antimicrobial consumption, antimicrobial resistance, and healthcare-associated infections outputs - Emerging and vector-borne diseases outputs - Food and waterborne diseases and Zoonoses outputs - STI, Blood-borne Viruses and TB (SBT) outputs - Viral Respiratory Diseases outputs - Vaccine-preventable diseases outputs 	n/a	tbc	Stakeholder survey	Biennial
Overall stakeholder satisfaction with the work of ECDC	n/a	70%	Stakeholder survey	Biennial
Level of laboratory capacity reached in EU Member States: EULabCap Index for EU/EEA countries (mean national EULabCap index + potentially inter-country index variation)	EULabCap: 7.8 mean national index (2018)	0.3 points increase	EULabCap surveys	Biennial or Triennial
Percentage of ECDC staff engagement	61%	75%	Data collected through HR survey	Biennial

Strategic objective 1. *Scientific excellence*: Strengthen and apply scientific excellence in ECDC’s activities and outputs to inform public health policy and practice

ECDC will further strengthen the relevance, accessibility, and timeliness of its scientific outputs. It will inform decision-making through more in-depth and relevant analyses and through the development of standards.

Moreover, in light of ECDC’s strengthened mandate, the Centre will revisit its guidance development procedures and quality assurance processes. It will also – in coordination with its networks and advisory bodies – define, apply, and promote standards for all its key surveillance and scientific processes and outputs. In this way, ECDC will ensure integrity, methodological rigour, and reliability from the stage of data collection to data analysis and interpretation.

1.1 *Standards*: Promote standard setting and the implementation of public health policies in practice

ECDC will promote the use of its guiding principles and relevant standards to prevent and control infectious disease threats to public health. The development of new principles and standards will also allow ECDC to identify gaps and research priorities. New standards will cover in particular:

- Exchange and collation of data for surveillance, prevention, and control;
- Reports of scientific studies;
- Surveillance systems and methods, based on the conclusions of the EPHEBUS evaluation of surveillance systems in Europe finalised in 2021 and lessons learned from the COVID-19 pandemic (including surveillance methods and protocols, made publicly available);
- Production of evidence-based public health guidance and scientific outputs;
- Demonstration of scientific independence in all ECDC activities.

1.2 *Evidence*: Provide partners with robust evidence and guidance for public health policies and practice

ECDC is committed to provide the best available evidence and expertise for decision-making and use by health professionals at EU and Member State level and to enhance the trust in the Centre.

Over the next three years, ECDC will continue strengthening its analysis capacity and capabilities to provide more in-depth scientific evidence synthesis, statistical analysis, as well as epidemic and modelling intelligence to support evidence-informed public health policy-making and practice.

Timely and secure WGS data-sharing and storage will enable a much better detection and investigation of multinational outbreaks.

ECDC will continue providing downloadable datasets and open access to relevant data, information, advice, and guidance as quickly as possible through its website, other publicly available data sites such as the EU Open Data Portal, and through open access publication in scientific journals.

Key stakeholders and networks will be involved in a more structured and systematic way – including through the IRIS prioritisation tool – in order to better understand needs and expectations and further enhance the relevance and impact of its work through stronger engagement and improved scientific and risk communication. ECDC will also foster inter-institutional collaborations within the EU/EEA and with its global partners while maintaining its scientific integrity and independence.

The Centre will continue to perform threat detection through event-based surveillance, improving the performance and timeliness of data collection and other epidemic intelligence activities. The focus will also be on timely and visual dissemination of information on global events and threats – with the aim to further decrease the time from detection to assessment and response. For this purpose, indicator-based surveillance and epidemic intelligence data will be further integrated in a systematic ‘One Health’ approach, in close collaboration with key stakeholders, including EFSA, the European Commission (HERA), and WHO.

Additionally, the Centre will foster the collaboration with epidemic intelligence stakeholders. This will be achieved through the development of tools such as EpiPulse, which facilitates communication exchange of event-based surveillance. Moreover, regular communication with the WHO Regional Office for Europe and ongoing initiatives such as the EU for health security in Africa – ECDC4Africa CDC – will be maintained. In addition, knowledge will be shared through existing initiatives on epidemic intelligence such as the WHO Hub for Pandemic and Epidemic Intelligence and the WHO Epidemic Intelligence from Open Sources.

1.3 Methodologies: Contribute to the development and implementation of methodologies to increase the impact of actions targeted to reduce the burden of infectious diseases

ECDC will continue to investigate the benefits offered by technological advances, by continuous assessment of relevant methods and tools for analysing big data (e.g. the use of big data for event detection and monitoring) and will revise its data flows and continue exploring the use of technologies and automation to further improve the performance and timeliness of data collection from a variety of data sources while reducing the burden for EU Member States. The use of social media and the automation of epidemic intelligence processes will be further expanded, based on the experiences of available tools (e.g. the successful implementation of ECDC's EpiTweetr tool) and processes and its extension with further artificial intelligence (AI) capabilities.

1.4 Knowledge transfer: Bridge the gap between science, policy, and practice to ensure sustainable impact on prevention and control of infectious diseases

As part of its ongoing activities, ECDC will continue to coordinate the organisation and the scientific programme of the European Scientific Conference on Applied Infectious Diseases (ESCAIDE) to share and exchange the latest evidence on communicable diseases.

Furthermore, *Eurosurveillance* has served public health experts/scientists and policy-makers with high quality, open access (OA) information and data relevant for timely public health action since 1996. The editorial team applies intensive quality control to ensure that its widely accessible and distributed scientific information is sound, reliable, understandable, and actionable for a diverse audience. Social media and scientific gatherings support the dissemination of content.

Strategic objective 2. Empowerment: Support the countries in strengthening their capacities and capabilities to make evidence-based decisions on public health policies and practices

The capacities and capabilities to address infectious diseases across the EU vary among Member States. ECDC will apply a tailored approach, based on a better understanding of the countries' strengths, vulnerabilities, opportunities, and threats (SVOT), to facilitate the identification of needs while keeping an EU perspective. Strengthened mechanisms for targeted country support, sharing experiences and best practices, and supporting the implementation of the EU Regulation on serious cross-border threats to health and the International Health Regulations are key elements where lessons learned from the COVID-19 pandemic will continue to be applied. Moreover, collaboration with the European Commission will be crucial to coordinate the deployment of teams within and outside the EU.

2.1 Country focus: Use country information to better target ECDC activities and country support

ECDC will continue the work on country overviews by reusing the data and information collected and displaying it at country level, in order to have all communicable disease-related topics in one place for each of the countries. Additional data and information will be accessed and displayed from already existing public sources, e.g. WHO, Eurostat, the European Observatory on Health Systems and Policies (EOHSP) and others, so the user has access to a comprehensive description of a country's situation, including the wider contexts of the public health and health systems in which communicable disease prevention and control operates. The country overviews will enable the analysis and identification of strengths, vulnerabilities, opportunities, and threats (SVOT), thus facilitating the identification of needs at country level in a transparent and objective manner. Such identification will be used to conduct bilateral discussions with EU Member States and identify the best potential country support activities. This process, called the Targeted Country Support (TCS) cycle will be harmonised with ECDC's corporate planning process so that country needs are met in a timely and efficacious manner and exchanges are encouraged between countries with strengths and those with vulnerabilities in a given area.

During 2023–2024, it is estimated that country overviews will be fully functional, and it will be possible to share the data and the draft analysis with the key stakeholders in Member States on a bilateral basis. Based on this, discussions will take place to identify best the activities to make use of the strengths and address the needs through a collaborative workplan. The piloting of the TCS cycle will be done using a step-by-step approach, starting with a limited number of countries and topics.

Network meetings will continue providing opportunities for ECDC to facilitate the sharing of good practices, learn about Member States' priority needs, and ensure their integration in the Centre's work programme.

ECDC will further monitor indicators and prepare comprehensive reports for Member States, to measure their progress towards achieving the UN Sustainable Development Goals (SDGs) in the areas of HIV/AIDS, hepatitis, and TB. This will provide feedback and data to countries to benchmark and plan the best use of their resources.

ECDC will continue supporting the implementation of the 2018 Council Recommendation on Strengthened Cooperation against Vaccine-Preventable Diseases and the European 'One Health' Action Plan against Antimicrobial Resistance. The emphasis will continue to be on surveillance systems for monitoring vaccine coverage and studies on vaccine effectiveness.

ECDC will coordinate a Network of Member State services supporting transfusion, transplantation, and medically assisted reproduction. The network will provide a frame for ECDC to interact in scientific and technical work with Member States, and for cooperation and coordination among Member States on the microbiological safety of substances of human origin.

2.2 Prevention and control programmes: support and strengthen capacity to deliver programmes targeted at the prevention and control of communicable diseases

Surveillance is the main ECDC activity aimed at informing prevention and control strategies at EU/EEA level and in Member States. Significant efforts will be devoted to strengthening Member States' surveillance systems through guidance, standards, coordination of infrastructural investments through European Commission Joint Actions, integration of next generation sequencing data, improvements in the data reporting system, development of enhanced and more easily accessible surveillance reports.

ECDC will continue to develop scientific advice on communicable disease prevention and control measures (such as expert opinions, public health guidance, technical reports, systematic reviews, scoping reviews).

ECDC will support countries to enhance their targeted prevention and control programmes. On a more general level, based on an internal review of previous, current, and planned ECDC work relating to prevention – and in collaboration with key stakeholders – ECDC will continue working towards developing a prevention framework for communicable diseases.

ECDC will continue to strengthen public health microbiology structures and activities in Member States and enlargement countries. Key determinants of communicable diseases (e.g. environmental determinants and climatic conditions) will be further integrated into ECDC work and monitored to support Member States' prevention and control activities. Also, more emphasis will be put on addressing the behavioural aspects of diseases.

2.3 Training: Provide adequate training opportunities taking into account the changing environment for infectious disease prevention and control

ECDC training activities will continue to rely on the Fellowship Programme and on ECDC's Continuous Professional Development (CPD) initiative, including short courses and e-learning and the organisation of exchange visits for public health professionals. These trainings will cover all aspects of the Centre's work and will be administered through the ECDC Virtual Academy (EVA) platform. Through the ECDC Virtual Academy, trainers and learners will continue accessing training materials, online courses, webinars, and communities of practice. Knowledge transfer and exchange will be promoted and disseminated by tools and support to participants.

ECDC's role in training activities is complementary to the training activities of national actors. Hence, the Centre will continue supporting the strengthening of workforce capacity in Member States and at the EU level through the relevant training of public health professionals so as to ensure adequate performance for communicable disease preparedness and response, prevention, detection, assessment, and control nationally and across borders. The overall goal is to have skilled public health specialists in each Member State who cover the needs for communicable disease prevention and control across the EU/EEA. The need for training is based on a regular assessment in countries and on input from the relevant Coordinating Competent Bodies (CCB) networks for the different areas of ECDC's work.

Workforce capacity strategies to recruit, retain, and train enough staff will be important for EU Member States, as structural aspects are one of the barriers that some countries experience to benefit from ECDC training efforts.

The network of European and global training partners will be maintained and strengthened. Participation in joint activities, based on the establishment of collaboration mechanisms will continue with partners like the European

Commission, WHO, the Association of Schools of Public Health in the European Region (ASPHER), the European Public Health Association (EUPHA), Africa CDC, US CDC, and Public Health Agency of Canada among others.

2.4 Emergency preparedness: Support countries in emergency preparedness and response

ECDC provides technical support to the three phases of the preparedness and response cycle: anticipation, response, and recovery. The Centre will continue its 24/7 monitoring to ensure that serious cross-border health threats in Europe and worldwide are timely detected, investigated, and communicated to EU Member States and the European Commission for rapid coordinated action. The information is communicated in daily Communicable Diseases Threat Reports for Member States and the European Commission and in the public weekly Communicable Diseases Threats Report (CDTR). Coordination and rapid sharing of epidemiological information is ensured with the National Focal Points for threat detection, EWRS and IHR, and for preparedness and response, who are both in close coordination with the National IHR Focal Points. The operation of EWRS will be further improved by implementing the action plan following the evaluation on the performance of EWRS during the pandemic. ECDC will also continue to provide support to Member States to use EpiPulse for monitoring events. ECDC will continue to collaborate with WHO to ensure the alignment of platforms and reporting standards.

ECDC support will also target preparedness of Member States for taking a leading role in research during a response situation. This research preparedness will enable Member States to set the agenda for disease- and threat-specific research needed during an outbreak or a pandemic. ECDC will build on its experience with multi-sectoral preparedness and develop guidance, training, and tools to support Member States in including research preparedness into national preparedness plans. ECDC will continue to perform rapid risk/outbreak assessments.

The Centre will continue to provide expert support and coordinate investigations of multi-country relevant outbreaks, public health events, and threats on request of Member States or the European Commission. The permanent EU Health Task Force (EUHTF) will support countries with preparedness and response planning, local response to outbreaks of communicable diseases, and after-action reviews. The Centre will facilitate the support of the EUHTF in countries upon request from Member States and third countries, the European Commission (DG ECHO, DG SANTE), and GOARN. The EUHTF will operate in close collaboration with DG SANTE, DG ECHO, and Member States. It will be coordinated with and complementary to the capacities of the European Medical Corps (EMC) and other relevant capacities under the European Union Civil Protection Mechanism (UCPM), with the EUHTF responsible for the Public Health Teams within the EMC. With this engagement, ECDC will be involved in the European Humanitarian Response Capacity (EHRC). ECDC will draw both on internal and external expert resources and networks including EPIET, EUPHEM, and MediPIET alumni.

ECDC will continue to work with Western Balkans countries and Türkiye in the framework of ongoing technical cooperation activities funded by DG NEAR under IPA. It is proposed to support national authorities with the implementation of lessons-learned from the COVID-19 pandemic and the development of multi-disciplinary action plans. Expert exchanges between these countries, EU Member States, and ECDC over an extended period can further strengthen relationships and establish a network. In addition, competency-based training in the area of preparedness planning, response, and evaluation will be offered to enhance capabilities and empower public health professionals in the region.

The Emergency Operation Centre (EOC) – which is the main infrastructure at ECDC for preparedness and response activities – maintains its readiness to address any Public Health Emergencies (PHE) of cross-border relevance to allow a timely response.

In this workstream, ECDC will aim at building synergies with the project to develop a methodology for an EU Health System Resilience Testing and Support Programme. This is a project funded by the EU4Health Programme that aims to improve health system resilience against future health system shocks.

Strategic objective 3. *Future outlook: Prepare for the future through foresight and innovation*

It is key for ECDC to understand future public health opportunities and threats, support enhancements in methods and technologies, and have an overview of their employment in the EU and Member States. ECDC will gradually capitalise on the digital transformation of the health sector (e-health) and on new technologies and methods to tackle the spread of communicable diseases more effectively and respond to threats more swiftly. Key issues to be solved include data exchange formats and interoperability between countries, data protection, and data-sharing.

3.1 *Identify gaps: Work with partners to identify and address key knowledge gaps and areas of uncertainty, and to create new multidisciplinary approaches, relevant to the better prevention and control of infectious diseases*

Considering the long lead time and the need for robust evidence to develop and implement public health interventions, ECDC will continue the establishment of mechanisms to anticipate future trends and needs. The Centre will identify key knowledge gaps for policy formulation and implementation. Areas in which evidence is still missing for existing public health policies and practice will be identified through scoping, systematic reviews, and expert panel consultations. New policy and practice needs will be identified using forward-looking activities through 'foresight', including horizon-scanning, consultations with Competent Bodies and others on policy-relevant questions and the evidence needed. The foresight programme of ECDC, initiated in 2021, will help the Centre become more anticipatory and proactive. Besides directly assessing the future threat and burden of communicable diseases to develop mitigation and preparedness strategies and interventions, the foresight programme also intends to foster a systems and futures thinking culture, strengthening the 'horizon-scanning' function and capacity in ECDC.

3.2 *Engage: Promote innovation through active engagement with EU research and innovation initiatives*

ECDC will provide advocacy and support for research and research preparedness to address needs and knowledge gaps in the prevention and control of infectious diseases.

The Centre will establish links with EU research initiatives (such as the Pandemic Preparedness Partnership), provide expert advice, and contribute to the advisory boards of relevant EU-funded research projects. This will be done to ensure that ECDC and EU project actions are aligned and that research-led outputs can optimally support ECDC outputs and activities. ECDC will also collaborate with other EU agencies, through the EU Agency Network on Scientific Advice (EU-ANSA) to develop joint statements of need for research and innovative approaches in areas of common interest, through scientific collaboration and sharing of expertise in research clusters.

ECDC will continue to collaborate with HaDEA to ensure a good complementarity with the projects funded by the public health programme/ESF+. The Centre will also continue to contribute to EU Joint Actions and EU research projects, and other relevant EU initiatives such as the European Health Data Space which complement its own activities.

3.3 *Support transformation: Provide leadership and support to countries in adapting, adopting, and exploiting new technologies and methodologies for infectious disease prevention and control*

ECDC aims to assess and make use of new technologies to modernise its surveillance and risk assessment in light of the infrastructural development fostered by the European Commission and changes in health systems of EU Member States.

In 2023, the ECDC surveillance digitalisation project will be in its third year of implementation. By the end of 2023, a number of countries will be able to complement their routine notification-based surveillance data with data derived from medical records and other electronic health databases. In 2021, ECDC supported seven countries reporting severe acute respiratory infections (SARI) surveillance data using only existing electronic health data. In 2022, this has been extended to six additional countries and progressively to more diseases and surveillance objectives. This process will continue in 2023 with more diseases and more countries being included, starting with antimicrobial resistance.

In addition, under its e-Health programme, ECDC will closely collaborate with the E-health Network and propose an approach to facilitate the adoption of common standards for data exchange between countries. However, this is a longer-term project, where synergy with infrastructural projects from the European Commission is needed. The progressive implementation of the European Health Data Space represents the framework through which technical and data standards will be agreed and implemented at EU/EEA level. ECDC will exploit such developments and support the secondary use of health data for surveillance and response to infectious disease threats.

Concerning ECDC's surveillance infrastructures, the Centre will release the new EpiPulse Cases (replacing TESSy) as part of the full implementation of the surveillance system re-engineering programme (SSR).

Over the next years, ECDC will also explore the use of technologies and innovations such as machine learning and crowdsourcing to help expedite evidence assessments. The aim is to move towards living evidence reviews

and living guidance to support evidence-informed public health policy and practice in a more efficient way and without compromising quality and transparency.

Strategic objective 4. *Health security*: Increase health security in the EU through strengthened cooperation and coordination between ECDC and partners in non-EU countries

The COVID-19 pandemic has shown that serious threats to health from communicable diseases are inherently cross-border. Hence, international cooperation and coordination with partners are essential to improve health security both at the EU level and globally. In addition, ECDC's new mandate calls for a strengthened international role for the Centre, with the aim of fostering its contribution to the EU's commitment to global health security preparedness. In light of this, ECDC intends to further intensify and expand its collaboration with global partners, EU-neighbouring countries, and CDCs in third countries, so as to better support Member States in their response to outbreaks of communicable diseases.

4.1 *Neighbourhood*: Develop and implement, together with partners, a comprehensive programme to support the Western Balkans and Türkiye and ENP partner countries to strengthen their infectious disease prevention and control systems and public health workforce

ECDC will implement a comprehensive multi-annual action to support the Western Balkans and Türkiye to prepare for their participation in ECDC activities upon their accession to the EU with special focus on 'One Health' against AMR and enhancing SARI surveillance in the Western Balkans.

The Centre will also support European Neighbourhood Policy (ENP) partner countries in accordance with the respective Association Agreements with the EU, based on their interest in further deepening the cooperation with ECDC.

The programme will gradually integrate partner countries in ECDC systems and networks according to partner's readiness and EU policy priorities, strengthen capacities, skills and institutional mechanisms for prevention, preparedness and response to health threats, support implementation and approximation of the EU acquis, standards and best practices, and contribute to training programmes in field epidemiology. It will include:

- a technical cooperation action for EU candidate countries and potential candidates (Western Balkans and Türkiye) funded by the European Commission under the EU Instrument of Pre-Accession Assistance: *ECDC-IPAG*⁴.
- the strengthening of health security in EU candidate countries and potential candidates and ENP partner countries through the programme funded by the European Commission under the European Neighbourhood Instrument: *EU Initiative on Health Security*⁵.

4.2 *Major CDCs*: Increase ECDC's collaboration with major centres for disease prevention and control

The COVID-19 pandemic showed the extreme importance of active cooperation and exchanges between CDCs globally. The pandemic was an occasion to strengthen and expand these links. ECDC will foster its bilateral cooperation with major CDCs with whom it has signed bilateral Memoranda of Understanding, and will also explore collaboration possibilities with new international partners.

The four-year technical partnership with Africa CDC (*EU for Health Security in Africa: ECDC4AfricaCDC*⁶) will be continued and expanded in the framework of the new Team Europe Initiative with Africa on sustainable health security using a 'One Health' approach, with the overall aim of contributing to health security in Africa. This is to be achieved by exchanging experiences, sharing practices, and strengthening Africa's capacities in preparedness, surveillance, and response to health threats posed by communicable diseases, and by progressively deepening this technical cooperation into a long-term strategic partnership.

Multi-lateral collaboration with major CDCs via regular interactions with the Network of major CDCs across the globe will be continued and strengthened. The work of the network will be formalised, and Terms of Reference will be proposed to regulate the collaboration. Possibilities to expand the network to new international partners will be explored.

⁴ [Preparatory measures for the participation of the Western Balkans and Türkiye in ECDC work \(europa.eu\)](https://europa.eu)

⁵ [EU Initiative on Health Security \(europa.eu\)](https://europa.eu)

⁶ [EU for health security in Africa: ECDC4AfricaCDC \(europa.eu\)](https://europa.eu)

The scientific journals/bulletins published by major centres for disease prevention and control play an important role in public health. Specifically, in a time of crisis they support decision-making by sharing emerging evidence openly and in a timely manner.

4.3 *Coordination: Ensure seamless coordination with the EU and international partners to achieve common objectives*

ECDC will continue to provide technical support and scientific advice to EU Member States and will strengthen coordination and collaboration with key partners, both at the EU level and globally.

ECDC will also continue to nurture the relationship with its host country, Sweden, and with key stakeholders at the EU level, such as the collaboration with the European Health Forum Gastein (EHFG).

Strategic objective 5. *Organisational efficiency: Transform the organisation to the next generation ECDC*

To implement the strengthened ECDC mandate, the updated ECDC strategy 2021–2027, and achieve its vision, ECDC will continue streamlining and improving the efficiency of its structure, systems, and processes.

It will also keep on adapting the skills and competencies of its staff. Additionally, ECDC will further reinforce its communication, the visibility of its outputs, products, and tools, and the strategic relations with its main stakeholders.

5.1 *Integrated management system: Increase organisational efficiency through improved processes and enhanced monitoring of organisational performance*

To enhance its organisational efficiency, the Centre will gradually make improvements as part of the established Integrated Management Framework (including IT systems) according to the ECDC strategic roadmap. The aim is to progressively improve the Centre's ability to work in a more effective and efficient way, through optimised processes and enhanced project management. ECDC will also continue to monitor its overall performance against its strategic indicators (SKPIs) and Key Performance Indicators (KPIs) and to provide timely information on the use of its human and financial resources. Moreover, a continuous improvement approach (e.g. through systematic use of lessons learned and assessments) will be applied to increase the Centre's effectiveness and efficiency.

ECDC will continue gradually transforming the administrative support to operational Units. This will entail targeted work in specific areas, as well as developing integrated strategic plans for support services, improving planning and execution, reducing the quantity of transactions, ensuring an active and nuanced management of risk across support services, deploying paperless support services based on electronic workflows and aligned/integrated systems, and developing easier-to-access support tools, thus facilitating knowledge and country support.

The Centre will also continue to promote an attractive and inspiring work environment, continuously assessing the level of effectiveness and use of the current physical and digital workplaces. This will be done taking into account the recent developments in the way of working brought about by the COVID-19 pandemic and considering ECDC both as a network organisation and as an EU institution.

5.2 *Engaged staff: Recruit and retain capable, motivated, and resilient staff to empower others*

Human resources management services are designed to capture and respond to current and future capacity needs of Units through the effective and efficient recruitment of staff and short-term staffing services, supported by a comprehensive framework to enhance well-being and a healthy work-life balance. ECDC gradually adapts its workforce to the results of the analysis on competencies needed for the organisation.

ECDC will continue to put an emphasis on building internal expert capacity and attracting the best experts in the fields of competence needed to fulfil its new mandate, strategy, and work programme.

To support the Centre's staff in its further development, the new Learning policy provides learning and development opportunities with increased possibilities for staff and managers to develop professionally and utilise their skills in the most effective ways. The annual Staff Development Dialogue ensures alignment between personal objectives and ECDC's objectives and strategy.

5.3 *Stakeholders and external communication: Enhance the transparency, visibility, and availability of ECDC's outputs*

Through its communication activities, ECDC will continue to strengthen its reputation as an independent and high-quality scientific organisation. The Centre will continue to ensure that its outputs, covering a wide range of infectious diseases, are relevant and easily available for all its target audiences.

ECDC will update its corporate identity and increase its visibility through an extensive public relations plan. This will be carried out by adapting the narrative of ECDC's role, mandate, and added value in the European public health sphere.

ECDC will also increase its impact in risk communication by further tailoring its outputs to the needs of its target audiences. The Centre will strive to better explain complex topics in a simple way, using an understandable vocabulary and a more approachable tone of voice and style. Actions to address narratives that can have a negative impact on the prevention and control of infectious diseases will be taken in a more timely and effective manner. This will involve social media listening (i.e. the monitoring of social media to understand how the public talks about ECDC, to discover trend topics, and identify and tackle misinformation), campaigns to promote digital literacy, the careful presentation of easy-to-understand facts, providing accurate information, and correcting erroneous messages. The Centre will also continue to improve the user experience of its websites and to optimise the way it manages its social media channels.

ECDC will prioritise the development of annual integrated communication campaigns – including European Antibiotic Awareness Day – to be highlighted during internationally recognised awareness days such as World AIDS Day, World Hepatitis Day, European Immunisation Week, and World Tuberculosis Day, and others.

Moreover, the Centre will further strengthen media relations by building upon and maintaining the relationships established before and during the COVID-19 pandemic. It will continue to provide journalists, editors, bloggers, and influencers with accurate, timely, balanced, newsworthy, and scientifically sound content in response to media enquiries. This will be done by reaching out actively and by producing innovative materials and forums that are relevant for these professionals.

ECDC will also reinforce the European Vaccination Information Portal (EVIP) through a EU4Health contribution agreement, and it will work on continuous and dynamic updates of the website, including links to reliable sources and FAQs. The ultimate goal is to increase awareness among the general public, public health experts, and local authorities.

In the area of internal communication, ECDC will focus on increasing internal transparency and employee engagement, with the aim of bettering performance and the organisational culture. ECDC will also continue to support and participate in communities of practice together with other EU agencies and institutions, the WHO Regional Office for Europe, and the Health Security Committee Communicators Network in the areas of internal communication and stakeholder engagement, among others.

ECDC will establish a Stakeholder Engagement Framework to improve the dialogue between the Centre and its stakeholders. This will contribute to building reputation and trust – by ensuring transparency in engagement activities – and to increasing reach, visibility, and amplification of ECDC's messages through its stakeholders. The framework will also increase ECDC's efficiency by allowing a better understanding of stakeholders' interests and needs and by facilitating cooperation.

2.2 Human and financial resources: outlook 2023–2025

2.2.1 Overview of the past and current situation

Following the approval of the Multi-Annual Financial Framework 2021-2027, the foreseen budget for 2023 for the Centre, including the provisional EEA/EFTA contribution, amounts to **90 182 000 EUR**, of which **39 225 000 EUR** for its operational expenditure. The expected number of statutory staff in 2023 is 348 (TAs and CAs) and five SNEs. In addition, the Centre will have around 23 CA posts to support projects funded by EU grants.

Staff population overview: Annex 4 – Table 1

Expenditure: Annex 3 – Table 2

2.2.2 Outlook for the years 2023–2025

New tasks

Based on the amended ECDC Founding Regulation, the Centre will receive new tasks in the areas of surveillance, support to preparedness planning and outbreak response, foresight, and modelling, as well as international work, to mention few. In 2023 ECDC will carry out a thorough review of the assigned tasks and related outputs according to the amended legal text.

Growth of existing tasks

Now that the strengthened mandate has been adopted, it will be possible to start identifying what will be ECDC's new and enlarged tasks. The main review of existing tasks and the amended mandate is foreseen in 2023 and based on this the implementation plan will be developed for 2023–2025.

However, due to the COVID-19 pandemic the existing tasks have already expanded in some areas as of 2021, e.g. monitoring the effectiveness of COVID-19 vaccines (coordinated with EMA's work on the safety of COVID-19 vaccines) and support to the EU MS in preparedness through in-action/after-action reviews.

The COVID-19 pandemic has further increased the external funding targeted to ECDC's specific projects with Western Balkans and European Neighbourhood Policy partner countries, and these projects will expand and continue through 2023-2025. In 2021 ECDC initiated, with external funding, a partnership project with Africa CDC which continues with the present grant through 2024.

Negative priorities/decrease of existing tasks

Since 2020 the response to the COVID-19 pandemic has changed the focus of ECDC's work to support EU Member States and the European Commission, resulting into reprioritisation of other areas of work. The COVID-19 pandemic has been considered when developing the Implementation Roadmap for the ECDC Strategy 2021–2027.

The amended ECDC Founding Regulation is foreseen to be adopted before the end of 2022. In the beginning of 2023 ECDC will initiate a project to assess the outputs and services ECDC is expected to deliver based on the amended Founding Regulation. This work will ensure that the work carried out by the Centre is according to the amended mandate.

2.2.3 Resource programming 2023–2025

Financial resources

– **Revenue:** (detailed data provided in Table 1, Annex 3)

– **Expenditure:** (detailed data provided in Table 2, Annex 3)

Title 1:

The budget for 2023 of 41 374 000 EUR forecasts the accommodation of the salaries and salary-related costs of the implemented establishment plan and the Centre's contract staff. The budget for salary-related expenditures increases by 7.3% compared to the initial 2022 budget to cater for the salary increase applied in 2022 because of the high rate of inflation and for additional staff. As we have seen in previous years, the impact on the budget line for the weightings applied to the remunerations remains an unknown and unpredictable macro-economic part of ECDC's budget planning and its execution. This is due to the correction coefficient applied to the salaries in Sweden, which is driven to a large extent by the fluctuations of the Swedish krona.

Title 2:

The total budget for Title II of 9 583 000 EUR increases by 4% compared to the initial budget in 2022. This adjustment will cover for a higher rent due to indexation and increased costs for electricity.

Title 3:

The operational budget 2023, under Title III, is 39 225 000 EUR. It decreases by 18.5% compared to the initial budget of 2022, deducting an additional amount received in 2022 to continue HERA-related activities from 2021. The operational budget will be used to implement ECDC's work programme activities through external procurements, grants, and meetings. A list of the expected outputs is provided in Section III.

Budget Outturn and cancellation of appropriations

Information will be provided in Annex 3 with short descriptive information and justification.

Human resources

In view of the ongoing COVID-19 pandemic and a potential expansion of the Centre's mandate, the workload will remain high in the years to come. Considering both the workload linked to the pandemic as well as the work on externally funded projects, the Centre will continue to see a growth in its staff population until 2024. Out of the 73 posts the Centre has received between 2021 and 2024, the remaining posts for 2023 and 2024 are 13 and five respectively. See more detailed information in Annex 4. Table 1 – Staff population and its evolution; Overview of all categories of staff.

2.2.4 Strategy for achieving efficiency gains

ECDC continues its efforts towards delivering efficiency gains and having continuous improvement as a focus. This will be materialised through the implementation of the Integrated Management Framework (covering areas of governance, operational performance management, quality management, and internal control) together with related IT tools, including in the areas of human resources and finance.

In practice, this will include as examples optimisation of ECDC key processes, aligned with ECDC's amended mandate. The key processes will also be digitalised over the coming years with the goal to minimise paper usage and time consumption and to enhance data management. Streamlining the planning process and enhancing the monitoring of organisational performance through integrated planning and monitoring IT system will further increase the efficiency of the Centre. Furthermore, the implementation of an ISO 9001:2005-based quality management system will enhance effectiveness, efficiency, and added value of the Centre.

The Centre will also enhance the revised system for Key Performance Indicators (KPIs) to support the improved monitoring of ECDC's performance and achievement of Strategic Objectives as well as the performance of processes/execution cycles across services through an automatised dashboard and scorecard linking strategic indicators with indicators of the annual work programme.

3. Work programme 2023

3.1 Executive summary

In 2023, ECDC will focus on the following priorities:

- Scale up the level of support to the European Commission and EU Member States to strengthen their surveillance, emergency preparedness and response to cross-border health threats including the lessons learned from the COVID-19. This includes supporting countries to scale up emergency preparedness and capacity-building activities based on in/after-action reviews and lessons learned, and continuing to support the implementation of Regulation (EU) 2022/2371 on serious cross-border threats to health, further strengthen surveillance systems to ensure more resilience and flexibility, set-up effective platforms for the study of COVID-19 vaccine effectiveness, impact and safety (in collaboration with EMA) and continue to provide training to professionals in Member States to improve the effectiveness of the multidisciplinary response to cross-border threats to health.
- Continue the implementation of a public health microbiology support programme focused on rapid detection of SARS-CoV-2 variants, for which additional resources from a second amended EU budget 2021 have already been assigned to ECDC.
- Assess and integrate innovations for communicable diseases, including the digitalisation of surveillance systems: ECDC will assess the potential impact and benefits of technical and scientific advances in the field of communicable diseases, especially in the areas of whole genome sequencing (WGS), e-health, big data, and use of social media for surveillance.
- Increase ECDC knowledge and understanding of Member States, to better target its interventions to their individual needs.
- Address priority conditions and issues at European level, in particular tackle antimicrobial resistance, improve vaccine coverage in the EU, support the EU efforts to understand and address the effects of climate change on communicable diseases and support the European Commission and Member States in addressing the Sustainable Development Goals in the areas of HIV, TB, and hepatitis.

The Multi-Annual Financial Framework 2021-2027 was approved in December 2020, and due to the foreseen changes in ECDC mandate, the requested 2023 budget is **90 182 000 EUR**, of which **39 225 000 EUR** for operations. The number of statutory staff will be increased to **348** statutory staff and 23 Contract Agents for projects funded by EU grants.

ECDC will continue implementing its long-term strategy 2021-2027 and its strategic roadmap adjusted to its new mandate in 2022. The ECDC work programme is designed following the structure of the strategy. ECDC work in disease areas, across the different strategic objectives will cover COVID-19, antimicrobial resistance and healthcare-associated infections, emerging, zoonotic and vector-borne diseases, food and waterborne diseases, including foodborne zoonoses, legionnaire's disease, HIV and AIDS, sexually transmitted infections, viral hepatitis (including hepatitis A and E), monitoring of disease outbreaks that are relevant to substances of human origin, tuberculosis, influenza, and vaccine-preventable diseases.

ECDC work in disease areas in 2023

Note: the values in the brackets in blue below refer to the strategic objectives under which the work is conducted.

Antimicrobial resistance

In 2023, ECDC will continue supporting EU Member States to further strengthen the surveillance of AMR and antimicrobial consumption, publish annual reports and use other formats such as the ECDC Surveillance Atlas of Infectious Diseases, in collaboration with the WHO Global Antimicrobial Resistance Surveillance System (GLASS) and the WHO global surveillance of antimicrobial consumption (1.2). ECDC will provide updated estimates of the burden (mortality/morbidity) of AMR in the EU/EEA. ECDC will support Member States and the European Commission in implementing the European 'One Health' Action Plan against AMR, the WHO European strategic action plan on AMR, and the Global Action Plan on AMR (WHO). ECDC will continue its collaboration with EFSA and EMA, in particular to publish the fourth JIACRA report as well as contribute to EMA's Antimicrobial Advice ad hoc Expert Group (AMEG). ECDC will continue to support the standardisation of antimicrobial susceptibility testing in the EU/EEA (1.1), and the integration of molecular surveillance through the European Antimicrobial Resistance Genes Surveillance Network (EURGen-Net) (2.1). ECDC will also perform country missions, jointly with DG SANTE/F in a one-health perspective, as per Member State request (2.1). ECDC will continue contributing to the Transatlantic Task Force on AMR (TATFAR – work plan 2021-2025) and the Actions 'Working together to Fight AMR' in Latin America and in Asia (4.3.1). To support Member States implementing the Global Action Plan on AMR, ECDC will continue exploring the relationship between the level of implementation of structure and processes of infection prevention and control and of antimicrobial stewardship and AMR rates in European acute care hospitals and long-term care facilities. ECDC will provide support to Member States on behavioural change

interventions design in the areas of prudent use of antibiotics and will take into account the results of the study on barriers to effective implementation of AMR policies once these are available. Finally, ECDC will complement its Directory of online resources for the prevention and control of AMR (2.2).

Healthcare-associated infections

In 2023, ECDC will continue supporting EU Member States in implementing the Council Recommendation on patient safety, including the prevention and control of HAIs⁷. ECDC will support Member States to further strengthen surveillance of HAIs and publish annual reports and use other formats such as the ECDC Surveillance Atlas of Infectious Diseases. ECDC will publish the results of the third point prevalence survey of HAIs and antimicrobial use in acute care hospitals and of the longitudinal survey of HAIs in long-term care facilities in the EU/EEA (both performed in 2022). ECDC will also coordinate the fourth point prevalence survey of HAIs and antimicrobial use in long-term care facilities in the EU/EEA (1.2). ECDC will provide support to Member States on behavioural change interventions design in the areas of infection prevention and control (IPC) and antimicrobial stewardship (AMS). Finally, ECDC will complement its Directory of online resources for the prevention and control of HAIs (2.2).

Emerging, zoonotic and vector-borne diseases

Collation of surveillance data, monitoring of new and emerging communicable diseases and pathogens remains in the focus of ECDC's activities in 2023, as well as the collection and analysis of surveillance data on endemic and imported cases of vector-borne, rodent-borne, and other zoonotic diseases and infections. Through the analysis of global epidemiological trends and risk assessments on the introduction and spread of these diseases, ECDC will support to strengthen the preparedness and response abilities of Member States (1.2). The 'One Health' approach will be further emphasised to ensure the most comprehensive and efficient actions to identify, assess, control, and prevent zoonotic and vector-borne diseases (2.2). Communication with Member States will be facilitated by an annual EVD-Net network meeting and DNCC meetings (2.1). The joint ECDC-EFSA VectorNet project (European network for medical and veterinary entomology) will continue mapping vector distributions and will provide training and scientific expertise in medical entomology related topics.

The expert laboratory network on emerging viral diseases project (EVD-LabNet) will provide laboratory services, external quality assessments (EQAs) and laboratory training courses to support increasing Member States' capacities and capabilities to diagnose emerging and vector-borne viral infections (2.3). The determinants and drivers of the spread of selected EVDs will be analysed in ECDC-funded projects.

Food- and Waterborne diseases (including foodborne zoonoses)

ECDC continues to promote integrated analyses of TESSy data with that of food and veterinary sector, including ECDC-EFSA surveillance reports (European Union Summary reports on zoonoses and AMR) and joint ECDC-EFSA Public Health risk assessments (Rapid Outbreak Assessments) on cross-border foodborne threats. In 2023, ECDC foresees to have a system in place for WGS data submission and analysis with EFSA, to jointly improve the detection of and response to cross-border foodborne outbreaks (2.2). Similarly, WGS data submission and analysis as part of the annual AMR monitoring in *Salmonella* and *Campylobacter* isolates is anticipated to be implemented by 2023. This can replace and/or complement the current phenotypic data collection for long-term trend analysis but more specifically be used to identify and respond to emerging resistant strains. EQA schemes will be offered to EU Member States in support of the production and reporting of high-quality monitoring data, including focusing on the integration of whole genome sequencing to EU-wide surveillance of FWD and zoonotic AMR (1.2). The 12th FWD-Net network meeting will be held in the EU/EEA (2.1). Through the Expert exchange programme (FWDEEP) and ad-hoc scientific advice, ECDC will further support capacity and capability-building in Member States (2.3).

Legionnaires' disease

ECDC will continue to work with EU Member States through the activities of the European Legionnaires' Disease Surveillance Network (ELDSNet), improving the collation of relevant surveillance data for the network, in particular related to near real-time travel-associated Legionnaires' disease surveillance scheme. Pending mandate developments ECDC will continue to support technical capacity of laboratories through provision of the Legionella EQA scheme for both environmental and clinical samples. It will further work to build capacities and capabilities for molecular surveillance and integration of such data into surveillance and outbreak response, in relevance to cross-border threats. ECDC will develop practical training courses in Laboratory Methods (2.2). ELDSNet will continue to be supported by ECDC through facilitating the exchange of experience and knowledge through technical platforms and annual meetings (2.1). It will work with European Commission and other European agencies such as EEA and EMA, as well as international partners and WHO regarding prevention and monitoring of *Legionella* in relation to environmental risk sources. ECDC will remain attentive to Member States and countries participating in ELDSNet activities in exchange of information, to understand needs and better target its support in surveillance and technical outputs.

⁷ Council Recommendation of 9 June 2009 on patient safety, including the prevention and control of healthcare-associated infections (2009C 151/01)

Sustainable Development Goal diseases – hepatitis B and C, HIV, sexually transmitted infections, and TB

ECDC will continue supporting EU Member States, the European Commission, and other key stakeholders in reaching the SDG target 3.3 for hepatitis, HIV, sexually transmitted infections, and TB. The target is to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases by 2030. Activities are implemented in the following areas: surveillance and monitoring; scientific advice; support to Member States and other key stakeholders; microbiology support; and interaction with external stakeholders.

Surveillance is needed for robust and reliable information to measure progress towards the SDG target and to guide public health action. The quality of surveillance information at EU/EEA level is different for hepatitis, HIV, sexually transmitted infections, and TB, with data availability and quality being sufficient for HIV and TB to measure progress at EU/EEA level while surveillance data for hepatitis and sexually transmitted infections being of lower quality and completeness.

ECDC will support Member States together with partners such as WHO Europe and EMCDDA to further strengthen HIV/AIDS and TB surveillance including adding new variables where needed (1.2). For HIV the work on setting up HIV drug resistance surveillance in the EU/EEA will continue, whereas for TB the lessons learned from the pilot study on whole genome sequencing for molecular surveillance of multi-drug resistant TB will be further implemented. For both diseases, ECDC will produce an annual report jointly with WHO Europe.

For hepatitis and sexually transmitted infections, ECDC will continue to optimise the quality of the data collected through surveillance through ongoing close collaboration with public health colleagues in Member States (1.2). However, there are inherent challenges in surveillance of these infections due to their asymptomatic nature, so other epidemiological methods are implemented to gather information to provide a better overview of the epidemiological situation for these infections. For hepatitis, ECDC will collect sentinel surveillance data from healthcare facilities for hepatitis B and C (1.2). ECDC will also continue the project to provide technical support to Member States to assist them in undertaking national hepatitis prevalence surveys in the general population (1.2). For sexual transmitted infections ECDC supports Member States in testing *Neisseria gonorrhoeae* for antimicrobial resistance (1.2). For sexual transmitted infections overall, ECDC aims to explore whether sentinel surveillance can enrich or complete the surveillance information (1.2).

Monitoring allows to assess progress towards the SDGs for hepatitis, HIV, and tuberculosis. ECDC has been monitoring the SDG diseases together with partners using three separate monitoring frameworks with HIV having the most advanced monitoring in place. ECDC aims to develop a monitoring framework that harmonises the collection, validation, analysis, interpretation and archiving of data for the SDG diseases using especially the experience with HIV monitoring (1.2). The results of the monitoring work are included in comprehensive reports for Member States and others and shared widely across the region with key stakeholders (1.2). The reports will enable them to measure their progress towards achieving the UN Sustainable Development goals (SDGs) in the areas of HIV/AIDS, hepatitis and TB, to identify gaps in responses to these infections and to plan the best use of their resources. Together with the European AIDS Clinical Society (EACS) and community organisations ECDC will continue the work on HIV-related stigma monitoring in the community and in the healthcare setting, an area that currently lacks measures in monitoring progress toward the SDG (1.2). We will work with Member States to provide them with estimates of the burden of TB infection (1.2). For hepatitis the work will focus on supporting Member States in getting better data by, for example, estimating hepatitis mortality, and modelling estimates for hepatitis B (2.1).

Scientific advice by ECDC for SDG disease prevention and control allows Member States to benefit from using the latest evidence-based interventions to effectively prevent and control disease. ECDC will strengthen the evidence base informing disease strategies and programmes and provide guidance for evidence-based prevention and control policies on hepatitis, HIV, sexually transmitted infections, and TB (2.2). ECDC together with EACS will continue the work on standards of care for HIV/AIDS and will explore with EASL whether this work can be extended to hepatitis (2.2).

Support to Member States and other key stakeholders will be provided by ECDC to strengthen capacity in Member States for SDG disease prevention and control and to support the exchange of good practices. ECDC will organise trainings, workshops, and exchange visits on topics identified by Member States (2.1). ECDC will also support Member States in raising awareness for the SDG diseases. We will focus our efforts on activities and products that will be released around World Hepatitis Day, World AIDS Day, and World TB Day (2.1).

Microbiology support will be provided by ECDC to support Member States in their efforts to ensure quality diagnostics for gonorrhoea and TB (2.1). ECDC will provide external quality assurance and implement activities to enhance diagnostic capacity in Member States. For both diseases, support will also focus on the implementation and standardisation of whole genome sequencing.

Interaction with Member States on SDG diseases on scientific and technical work is mainly through disease-specific networks with members being nominated by their respective Competent Body. The following networks

are operated by ECDC for the SDG diseases: hepatitis, HIV, sexually transmitted infections including the Euro-GASP network, and tuberculosis including the ERLTB-Net (2.1). Each network has elected members for the Disease Network Coordination Committee. ECDC will organise regular meetings of the Disease Network Coordination Committees and coordinate the networks (2.1). We will organise virtual or face-to-face network meetings and where appropriate this will be carried out together with WHO Europe and will involve other key stakeholders as relevant including EMCDDA and the World Hepatitis Alliance (2.1).

Substances of human origin (SoHO)

In the legal proposal to strengthen the mandate of ECDC, the European Commission proposes new tasks related to substances of human origin (SoHO) in relation to communicable diseases. In July 2022, the European Commission submitted a proposal for a Regulation on standards of quality and safety for substances of human origin intended for human application with specific tasks for ECDC. In preparation for these new tasks, ECDC established a SoHO network with officially nominated National Focal Points. ECDC coordinates this network, which aims to improve efficiency and cooperation between EU Member States and subsequently assist national decision-making about the microbiological safety of SoHO (2.1). ECDC will use EpiPulse as an expert platform to identify, assess, and propose management of risks that are relevant for substances of human origin. ECDC will monitor disease outbreaks that are relevant to substances of human origin and the supply through epidemic intelligence activities. The Centre will also develop a methodology for bio-vigilance (1.2). In close collaboration with a scientific panel, ECDC will start with the development of guidelines for microbial safety of SoHO (2.2).

COVID-19

EU/EEA countries will most likely also be affected by the COVID-19 pandemic in 2023. As a result, ECDC will continue to provide relevant technical support to the European Commission and Member States and Western Balkan countries, as it has done since the beginning of the pandemic, by publishing regular risk assessments, evidence-based scientific assessments, and technical guidance. In addition to supporting the EU Member States, ECDC will continue to strengthen the response and preparedness plans in neighbouring countries. ECDCs work will be closely aligned with country efforts through the coronavirus laboratory and surveillance networks. In 2023, ECDC will continue its work with the National Immunisation Technical Advisory Groups (NITAGs), and continue to monitor vaccine impact, effectiveness, and vaccination coverage, and otherwise help Member States reach optimal vaccination coverage rates and counteract vaccine disinformation. ECDC will continue to improve its ability and organisational capacity to provide timely, actionable, and high-quality scientific advice and assessments to support Member States and the European Commission in the effort control the pandemic. ECDC will aim to enhance and support communication activities on COVID-19 vaccination programmes, should regular updates of the vaccine be needed.

ECDC will continue its effort to improve pandemic preparedness, and preparedness for zoonotic SARS-CoV-2 outbreaks. Epidemic intelligence, preparedness, and rapid response capabilities for other coronaviruses of pandemic potential (such as SARS-CoV and MERS-CoV) will need to continue. Public health microbiology structures and activities in Member States will be supported with a focus on the implementation of whole genome sequencing (WGS) and RT-PCR infrastructure, and capacity-building under the EU bio-defence preparedness plan against SARS-CoV-2 variants launched in February 2021. Those activities will further strengthen the Centre's plans to scale up the support for and use of WGS and the detection of SARS-CoV-2 variants, including the integration of surveillance WGS data for pathogens and antimicrobial resistance threats, scientific guidance on the added value of WGS, and the organisation of training initiatives in bioinformatics and WGS data management. Furthermore, ECDC will collaborate with JRC project on building a wastewater surveillance data hub, with advice on appropriate analysis and interpretation methods.

Finally, ECDC will continue to provide guidance for strengthening Member State's surveillance systems for COVID-19 and other respiratory infections. The COVID-19 pandemic has highlighted the lack of sensitive, flexible, and sustainable surveillance systems that integrate primary and secondary healthcare data to effectively detect and monitor trends of diseases such as COVID-19 or influenza. Significant efforts are needed to facilitate the process of suspect case ascertainment, testing, and reporting from the various levels of the healthcare systems according to well defined surveillance objectives and protocols. The implementation of SARI surveillance will continue, with more countries being able to comply with the European surveillance protocol, providing high quality, population-based data for the early detection, assessment, and monitoring of influenza, COVID-19 and other respiratory infections trends, and the impact of public health interventions, including vaccines.

Influenza

ECDC will continue to drive the high-quality surveillance of influenza and other respiratory viruses at the European level, in close collaboration with the WHO Regional Office for Europe, WHO headquarters, and the National Focal Points (1.2). Seasonal influenza continues to be a communicable disease with one of the highest morbidity and mortality impacts on the EU population and the emergence of COVID-19 will create additional challenges to manage the burden of influenza in addition, as both are likely to affect human populations in a similar seasonal manner. ECDC will further strengthen influenza laboratory and surveillance capacity in the network through training EQAs, bioinformatics ring trials and laboratory support. ECDC will continue to improve methods and enlarge collaborations on excess mortality monitoring. Country support will be provided in the

format of conference participation, trainings, workshops, and exchange visits on topics identified by Member States (2.1). ECDC will support national influenza vaccination programmes/ strategies with evidence-based scientific advice and EU-level monitoring of influenza vaccine impact and effectiveness as well as vaccination coverage, to support Member States to reach target vaccination coverage rates and to support the work of the NITAGs' collaboration. The strengthening and monitoring of evolutions in seasonal influenza vaccination policies across the EU/EEA will be even more critical in concomitance with the COVID-19 pandemic. With the authorisation of a second effective antiviral with prophylactic potential, monitoring of use and outcomes of studies will be needed to guide public health policy. ECDC will further develop tools, training material, and evidence-based guidance for Member States, to support the national and regional stakeholders in their communication campaigns around influenza vaccination, focusing on increasing vaccination uptake by healthcare workers (2.2).

National and European pandemic preparedness plans against influenza will need to be reviewed and updated, based on the lessons learned from the response to COVID-19. In specific, a review on the impacts and effectiveness of non-pharmaceutical measures used in COVID-19 will need to be carried out and might lead to recommendations of use during seasonal influenza epidemics also. Monitoring of avian and swine influenza outbreaks in close collaboration with EFSA will need to continue to ensure rapid response to outbreaks and identification of viruses of pandemic potential.

By 2023, many EU countries will have established national RSV surveillance programmes in order to assess the impact of the introduction of vaccination programmes. It is likely that there will be a need to establish EU-level surveillance for RSV, and also potentially for other respiratory viral pathogens with significant burden in Europe.

Vaccine-preventable diseases

It is possible that in 2023 there would be a need to continue the COVID-19 vaccination programmes as part of national immunisation programmes. As COVID-19 vaccination programmes by that time would most likely include complex heterologous schedules, significant work will be required to continue sustaining efforts initiated by ECDC in 2020 to conduct independent public health studies aimed to monitor the effectiveness, impact and safety of such schedules in use in the EU in the short, medium, and longer term. This work will be conducted in collaboration with EMA with financial contribution from the European Commission as part of an EU vaccine monitoring platform. In 2023 and beyond, such studies will continue to be critical to inform the adjustment of vaccination strategies, based on the scientific evidence available. The VPI programme will explore potential expansion of the vaccine monitoring platform, depending on the resources available internally at ECDC and in EU Member States. ECDC's established platform/collaboration between National Focal Points for VPD/NITAGs will continue to play a critical role serving as a forum to foster dialogue among countries with a view to sharing plans and practices in assessment of vaccines and running of vaccination programmes. Work will also be continued to implement the Council Recommendation on Strengthened Cooperation against Vaccine-Preventable Diseases, especially in fostering sustainable vaccination policies in the EU (2.1). As part of this work, the VPI programme at ECDC will explore expanding the ECDC Vaccine Tracker beyond COVID-19 vaccination coverage data at EU level, to include other vaccines. Further, the EU Vaccination Information Portal (EVIP) jointly developed with EMA will continue to be updated with further contents with a view to providing authoritative information on vaccines and vaccination in use in the EU. The focus will be on topics considered to be most relevant at the time for the intended target audience of the portal. By 2023, there will be a need to ensure routine vaccination programmes have not been further impacted by the COVID-19 pandemic in uptake and in perception of vaccination by the public and health professionals. ECDC will continue engage in discussion around vaccine acceptance and monitor hesitancy around vaccination.

Finally, ECDC will continue to work together with WHO in the implementation of key expected initiatives, such as WHO's framework for the deployment of COVID-19 vaccines; Immunisation Agenda 2030 (global, WHO HQ); Post-2020 Measles and Rubella Strategic Framework (global, WHO HQ); European Regional Immunization Strategy and Vaccine Action Plan 2021–2030 (2.2).

3.2 Activities

Strategic objective 1. *Scientific excellence*: Strengthen and apply scientific excellence in all ECDC's activities and outputs to inform public health policy and practice

ECDC will continue to strengthen its procedures to maintain scientific excellence, independence, transparency, and evidence-based methods. It will also strive to provide the best available scientific evidence to policy-makers and health professionals. The following are some highlights of what the Centre will do in 2023 to achieve these goals:

- A catalogue of relevant standards developed in 2021 will be finalised and endorsed by ECDC stakeholders. These will cover the exchange and collation of data for surveillance, scientific studies reports, surveillance systems and methods, and the production of evidence-based public health guidance and scientific outputs.
- EU Member States will be more involved in the conception and development of analyses and outputs for the ECDC surveillance portal EpiPulse. A repository of quality-assured guidance developed by national authorities and professional bodies in Member States will facilitate the sharing of evidence and good practice among Member States. ECDC will continue to routinely coordinate data collection, analysis, and dissemination for all notifiable diseases and health conditions (including COVID-19) and attempt a prioritisation. Via its upgraded surveillance portal EpiPulse, the Centre will provide more timely surveillance data and more in-depth analyses and reports for policy-making.
- ECDC will pilot laboratory surveillance of outbreak-prone diseases from large national and regional laboratories in a subset of Member States.
- An integrated surveillance system for viral respiratory infections prone to pandemics will be established.
- ECDC will work on further increasing the digitalisation of surveillance data.
- The Centre will foster the collaboration with epidemic intelligence stakeholders through the development of tools such as EpiPulse, to facilitate communication exchange of event-based surveillance.
- The Centre will benchmark microbiological capacities in countries, based on gaps identified by the EULabCap indicators and external quality assessments (EQA).
- The Centre will continue managing and monitoring all its scientific outputs in its Scientific Advice Repository and Management System (SARMS). ECDC will continue delivering scientific advice, support, and training on evidence-based public health methods, and promote relevant analytical methodologies - including bio-statistical and mathematical modelling analyses and statistical methods for trend analyses.
- Based on a pilot in 2021, ECDC will support the translation of 'knowledge to actions' and the sharing of experience with communities of practice within its networks.
- *Eurosurveillance* will expand its educational activities to support knowledge translation. ECDC will coordinate the organisation and the scientific programme of the European Scientific Conference on Applied Infectious Diseases (ESCAIDE).

Table 1. Indicators of Strategic Objective 1

KPI	Baseline	Target	Means of verification	Frequency of verification
Scientific quality assurance: Proportion of ECDC scientific outputs following the respective workflows and formally reviewed and cleared before dissemination	n/a	100%	SARMS workflows, publication statistics	Annual
Stakeholder satisfaction with daily and weekly Communicable Disease Threats Reports (CDTRs)	n/a	80%	Stakeholder survey	Biennial
Timely publication of updated surveillance data in the Surveillance Atlas	80% of diseases within 3 months of end of data collection	80% of diseases within 3 months of end of data collection	Surveillance Atlas	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 open access	n/a	100%	Publication databases, SARMS	Annual
Proportion of requests for sequencing services from EU Member States delivered	tbc	100%	Requests received to PHF by DPR	Annual
Attendees' satisfaction with ESCAIDE	tbc	> 75%	Conference satisfaction survey	Annual
Placement of <i>Eurosurveillance</i> in journal rankings (basket of metrics)	n/a	Q1 in all metrics and 5-year IF raging between 6 and 10	SCIMAGO journal rank, Google Scholar journal rank, Clarivate analytics, cite scores	Annual
Submissions from ' <i>Eurosurveillance</i> ' countries	n/a	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	- 30.55 - 7.36	- >20 in the 5 years following publication - >5	Journals	Annual

1.1 Standards: Promote standard setting to facilitate the use of data and the implementation of public health policies in practice

Overview

The Centre will continue ensuring the transparent, consistent, and efficient production and clearance of scientific work and advice. It will produce ECDC scientific advice outputs according to defined standards and governance procedures. The Scientific Advice Repository and Management System (SARMS) provides a comprehensive overview of the Centre's scientific outputs, supports peer-review and quality assurance, ensures compliance with ECDC policies, standards and processes/procedures, and monitors responsiveness to external requests to the Centre.

By the end of 2023, ECDC will have revised its public health guidance process in consultation with the Advisory Forum, taking into consideration the Centre's reinforced mandate. ECDC will also continue its work on EU surveillance standards. This will be based on the conclusions of the 2020 EPHEUS evaluation of surveillance systems in Europe and on lessons learned from the COVID-19 pandemic, including surveillance methods and protocols, made publicly available.

By the end of 2023, ECDC will establish an integrated surveillance system for viral respiratory infections prone to pandemics such as influenza and coronavirus. This will provide a standardised approach to monitoring this group of diseases in collaboration with ECDC's networks and WHO.

In 2022, the European Commission adopted the proposal for a Regulation on standards for quality and safety for substances of human origin intended for human application, establishing ECDC as an expert body for developing

and updating guidelines from a communicable disease perspective. ECDC is currently defining the guideline development process and will initiate the work on the guidelines in 2023.

Table 2. Objectives, main outputs, and expected results in 2023

No.	Objective 2023	Expected result and EU added value	Main outputs 2023
1.1.1	Pave the way for EU/EEA surveillance standards in line with revised list of notifiable diseases and their case definitions	Agreement on the generic content and format of EU/EEA surveillance standards and the process of defining them	- Template for EU/EEA surveillance standards.
1.1.2	In consultation with ECDC stakeholders, develop and establish a set of guiding principles and standards for the design production and dissemination of ECDC outputs and quality assurance procedures	ECDC staff and partners in EU Member States are aware of the explicit standards by which ECDC's scientific activities and outputs are conducted and produced. Improved quality, consistency, and transparency of ECDC scientific outputs to support evidence-informed decision and policy-making	- Publication of principles and standards and revision, if necessary, of relevant ECDC policies and procedures.
1.1.3	Ensure and demonstrate scientific independence in all ECDC activities in consultation with relevant stakeholders	Transparent rationale for ECDC decisions related to safeguarding and demonstrating its scientific independence. Improved trust in the independence of ECDC scientific advice,	- Report on implementation of procedures to ensure and demonstrate scientific independence.

Table 3. Resources allocation

1.1 Standards	Staff and Title 3 budget
Total FTEs for this activity	3.6 FTE
Total budget for this activity	0

1.2 Evidence: Provide partners with robust evidence and guidance for public health policies and practice

Overview

ECDC aims at ensuring that the evidence and guidance it produces are relevant and useful to EU/EEA Member States. National Competent Bodies consultations and the IRIS prioritisation tool will be routinely used to ensure that public health activities integrated in ECDC's work programme are relevant and impactful.

The repository of authoritative guidance developed by national authorities and professional bodies in EU Member States will be used to facilitate the sharing of evidence and good practice between Member States. It will also be evaluated to inform further development. Additionally, a repository of indicators will be established to support the exchange and development of indicators at national level.

The surveillance of diseases at country and EU levels through ECDC networks remains key to improve the epidemiological evidence for any prevention and control programmes. ECDC will continue to routinely coordinate data collection, analysis, and dissemination of all notifiable diseases and health conditions⁸ (including COVID-19) but will have prioritised the diseases under EU/EEA surveillance. Furthermore, in 2023 the process of formally updating the list of notifiable diseases in the European Commission Implementing Decision (EU) 2018/945 will start and EpiPulse Cases will be further implemented.

Following efforts made in 2022 to strengthen national capacities for genomic surveillance, a number of additional activities will focus on strengthening epidemiological surveillance, including through supporting the EC Joint Action on surveillance and the implementation of the EU4Health programme.

As shown by the COVID-19 pandemic, ECDC should work in close collaboration with the European Commission and Member States to develop robust surveillance systems that also provide reliable and timely data during a crisis. Following the launch of the Joint Action on real-time surveillance and Member States' developments

⁸ According to Commission implementing decision 2018/945.

towards timely and centralised reporting of laboratory results during the COVID-19 pandemic, ECDC will facilitate the collection and reporting of laboratory surveillance of outbreak-prone diseases. An integrated surveillance system for viral respiratory infections prone to pandemics (influenza, coronavirus established since 2021) will address some main surveillance objectives at EU level: monitoring incidence and impact for primary and secondary care surveillance, describing the natural disease history and spectrum, measuring the effectiveness and impact of pharmaceutical and non-pharmaceutical interventions, and monitoring the virus evolution. An increased level of digitalisation will make parts of the surveillance continuum independent from the time public health experts can spend on it (*see 3.3*).

The Centre will continue to perform threat detection through event-based surveillance, improving the performance and timeliness of data collection from a variety of data sources as well as other epidemic intelligence activities and focusing on ongoing timely visualisation of global events and threats. Surveillance and epidemic intelligence data will be better integrated to enhance the detection and validation of signals, in a systematic 'One Health' approach, in close collaboration with other key stakeholders, including EFSA, the European Commission (HERA), and WHO.

ECDC will also continue extending molecular and genomic typing into EU surveillance and outbreak preparedness and providing technical support to public health reference laboratory networks across the EU/EEA and enlargement countries. ECDC will support the European Commission in the designation of EU reference laboratories and will operate the EU reference laboratories network. The Centre will benchmark microbiological capacities in countries, facilitate the development of rapid e-communication of laboratory-based information for surveillance and alert, and support the strengthening of Member States microbiology capacity, based on gaps identified by the EULabCap indicators and external quality assessments (EQA) schemes coordinated by ECDC. Relevant findings of the laboratories' EQAs will gradually be integrated into surveillance systems to strengthen the quality of EU surveillance and better interpret epidemiological findings. Sequencing services to support Member State capacity for monitoring the epidemiological situation for various diseases will continue, but at lower intensity when national sequencing capacities increase as a result of infrastructure and other capacity-building initiatives implemented under the EU bio-defence preparedness plan against SARS-CoV-2 variants in 2021 and 2022. ECDC will also continue to collaborate with EFSA on zoonotic EVD pathogens and vectors, as well as on the detection and assessment of foodborne outbreaks through WGS, ensuring joint standard operations and the necessary maintenance of the respective databases.

Table 4. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
1.2.1	Ensure timely and effective monitoring of potential threats from infectious diseases	Any serious cross-border health threat to Europe and worldwide is timely detected through epidemic intelligence and proactively communicated to the European Commission and Member States to allow for rapid action.	<ul style="list-style-type: none"> - Online dashboard on ongoing global threats for EU citizens. - Daily and weekly CDTRs available in EpiPulse. - Stakeholders' access real-time information on current signals, events, and threats via EpiPulse (in depth analyses) and via the public dashboard. - Participation in EIOS governance and technical meetings. - Strategy for strengthening involvement of Member States in Epidemic Intelligence activities. - Participation in EIOS rosters. - Plan for rapid implementation of surveillance of emerging threats. - New tools and/or modifications to existing tools needed for strengthening the internal rapid response to emerging threats.

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
1.2.2	Carry out routine indicator-based surveillance, including generation of high-quality, relevant, and timely outputs	Smooth execution of routine surveillance activities. Timely availability of data and analyses for assessing cross-border threats and for benchmarking national policy impact.	<ul style="list-style-type: none"> - Surveillance Atlas updated with newest data. - Production of the AER. - Optimise production process and format of AER and Atlas. - Contribute to disease prioritisation implementing act. - New data warehouse. - Dataset implemented in surveillance data warehouse. - Implementation plan for outbreak detection from laboratory detection data.
1.2.3	Coordinate EU level surveillance of all EU notifiable diseases and special health issues (incl. coordinated lab support)	ECDC activities informed by surveillance analysis results. Member States epidemiological situation overview to better inform public health policies and practices.	<ul style="list-style-type: none"> - Stand-alone surveillance reports (including HIV/AIDS report, TB surveillance and monitoring report, Euro-GASP report, weekly FluNewsEurope bulletin (incorporating COVID-19), regular influenza and coronavirus characterisation reports, Monthly Measles and Rubella monitoring report, monthly ELDSNet report, Zoonoses and zoonotic AMR monitoring reports, AMR, antimicrobial consumption, HAIs. - Seasonal, real-time surveillance of vector-borne diseases to support blood safety measures. - EQA overview reports. - Proposed list of diseases and case definitions for new implementing act.
1.2.4	Provide evidence to support Member States to increase public health microbiology capacity	Strengthened public health microbiology systems in Member States.	<ul style="list-style-type: none"> - EU Laboratory Capability Monitoring System (EULabCap) reports. - Definition of software solution that can perform analysis of sequence data to support EU-level molecular surveillance. - In close collaboration with European Commission and their outsourced services, definition of a process for implementation of the EU-RL system under the new cross-border threat legislation.
1.2.5	Provide evidence that is relevant to the needs of ECDC's stakeholders and delivered according to annual publication schedule Review existing frameworks to support evidence-informed decision-making in public health	Availability of relevant and timely scientific outputs at EU level increases the impact and consistency of evidence-based prevention and control activities across the EU, and reduces the need for Member States to invest in undertaking similar scientific work. ECDC scientific outputs are tailored to best inform policy-makers at EU and national level.	<ul style="list-style-type: none"> - IRIS proposals submitted to Advisory Forum to assess relevance of proposed key outputs for the following year. - Scientific outputs published according to ECDC publication schedule. - Review report delivered.

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
1.2.6	Establish a repository for collation of guidance developed by national authorities and professional bodies in EU Member States	Improved sharing between Member States of guidance and experience in the effective prevention and control of infectious disease. Reduction in the need for Member States to invest in undertaking similar scientific work.	- Repository available. - Plans for further development based on results of evaluation of Repository.
1.2.7	Provision of WGS services to support surveillance and outbreak investigations	Adequate support to Member States' WGS especially for cross-border outbreaks.	- WGS services offered throughout the year.

Table 5. Resources allocation

1.2 Evidence	Staff and Title 3 budget
Total FTEs for this activity	57.7 FTE
Total budget for this activity	10 331 955 EUR

1.3 Methodologies: Contribute to the development and implementation of methodologies to increase the impact of actions targeted to reduce the burden of infectious diseases

Overview

The Centre will continue managing and monitoring all its scientific outputs in its Scientific Advice Repository and Management System (SARMS). ECDC will continue developing and delivering advice, supporting evidence-based public health methods, and developing and promoting relevant analytical methodologies, including in-depth and advanced bio-statistical and mathematical modelling analyses, statistical methods for trend analyses, to gain greater insight from existing data sources, deliver more informative outputs, better support interventions and broaden the basis for decision-making, using the ECDC data warehouse that integrates diverse data streams (determinants, genomic typing, microbial resistance, past events and threats).

The Centre will continue to provide trainings on evidence-based public health methods. ECDC will also develop and promote the use of methodologies to evaluate and monitor the impact of public health actions in the field of communicable diseases (see also 1.2).

Table 6. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
1.3.1	Develop and implement an ECDC science impact assessment framework to measure the impact of ECDC's scientific outputs on its stakeholders.	It will allow to measure the impact of ECDC work on national PH policies and practices.	- Science impact assessment framework published on website.

Table 7. Resources allocation

1.3 Methodologies	Staff and Title 3 budget
Total FTEs for this activity	0.6 FTE
Total budget for this activity	30 000 EUR

1.4 Knowledge transfer: Bridge the gap between science, policy, and practice to ensure sustainable impact on prevention and control of infectious diseases

Overview

Following a consultation in 2022, ECDC will further tailor its scientific advice and technical reports to increase their relevance for partners in Member States. The Centre will strengthen the dissemination and communication of its key scientific outputs to ensure that they reach their target audience and that they are accessible at no cost for the user.

ECDC will also further develop the monitoring and assessment of the implementation of scientific studies for the prevention and control of infectious diseases. It will also consider the feasibility and added value of their deployment at EU and Member State levels.

Based on a pilot in 2021, ECDC will also continue promoting the transfer of 'knowledge to actions' as well as fostering the sharing of information and experience by strengthening communities of practice within its networks (National Focal Points (NFPs) and Operational Contact Points (OCPs)).

Furthermore, as part of its knowledge transfer activities and its research engagement activities (Action area 3.2), ECDC will identify knowledge gaps and research priorities with regards to the prevention and control of infectious disease in the EU/EEA. This will be based on work undertaken by ECDC (e.g. knowledge gaps highlighted through systematic and scoping reviews) and on dialogue with Member States (primarily senior members of staff of the national Competent Bodies for infectious disease prevention and control). Knowledge gaps and research priorities will be collected into a report which will be shared with the European Commission and other research funding bodies for feeding back from policy to science – and thus inform research needs which could improve public health policy (the details of the objective, main output, and expected result in 2023 are provided under Action area 3.2).

Eurosurveillance will foster synergies through the network of editors of journals published by major CDCs. *Eurosurveillance* will also expand its educational activities with focus on experts' critical appraisal skills, science communication skills, ability to communicate key public health messages, and awareness of research integrity (in particular publication ethics).

Table 8. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
1.4.1	Enhance impact of ECDC outputs by strengthening the utility and relevance of scientific advice and information products	ECDC scientific output templates are strengthened to improve scientific communication to policy-makers at EU and national level. Increased utility and relevance of ECDC outputs for policy-makers and public health professionals in Member States.	<ul style="list-style-type: none"> - ECDC output categories reviewed and signed-off by the scientific advice steering group. - At least one scientific category template redesigned. - Guidance and supporting materials produced to support ECDC scientific staff in using the new templates to best effect. - Target audiences are defined for all ECDC scientific outputs and appropriate dissemination formats, and channels are utilised to ensure accessibility and utility.
1.4.2	Organise the annual European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE), including a 'knowledge for policy and practice' track in the ESCAIDE conference	<p>Dissemination of scientific knowledge in the area of communicable disease epidemiology, prevention and control and complementary disciplines (e.g. health economics, mathematical modelling, new technologies).</p> <p>Improved knowledge and awareness among ESCAIDE participants of knowledge needed for policy and practice.</p>	<ul style="list-style-type: none"> - 2023 edition of ESCAIDE track on knowledge for policy and practice.
1.4.3	Ensure production and wide dissemination of <i>Eurosurveillance</i> as a high-quality journal with good visibility	<p>The journal remains among the leading journals in its field, attractive for a wide audience (authors and readers) and supports knowledge transfer.</p> <p>Availability of new scientific findings of relevance to public health professionals working in Member States.</p>	<ul style="list-style-type: none"> - 50 issues of <i>Eurosurveillance</i>. - Scientific seminar at international conference. - Board meeting with action points for 2024.
1.4.4	Contribute to targeted knowledge transfer to <i>Eurosurveillance</i> readers and contributors, including ECDC experts	<p>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 key public health messages.</p> <p>Improved quality and consistency of scientific evidence published as peer review manuscripts.</p>	<ul style="list-style-type: none"> - Workshops on the margins of ECDC-organised events (ESCAIDE, ECDC summer school, traineeship project review module) at ECDC or at national public health institutes. - Podcast pilot (2-3). - Science communication. - Format for series of educational 'How to series' set out.
1.4.5	Strengthen the dissemination and communication of ECDC key scientific outputs to ensure they reach their target audience and are accessible at no cost for the user	High quality scientific outputs are made available at no cost and readily findable at EU level to increase the impact and consistency of evidence-based prevention and control activities across the EU and reduce the need for Member States to invest in undertaking similar scientific work.	<ul style="list-style-type: none"> - ECDC scientific outputs published on the Centre's website and/or as open access publication if published in peer-review scientific journals.
1.4.6	Strengthen internal processes for creating, capturing, sharing, and effectively leveraging internal ECDC knowledge	<p>Enable ECDC to better leverage its existing experience and expertise.</p> <p>Improved access to and findability of internal information and knowledge resources.</p> <p>Retention and deployment of operational knowledge within ECDC to enhance operational capability.</p> <p>ECDC newcomers provided with new mechanisms of becoming more easily networked within ECDC and of leveraging organisational expertise.</p>	<ul style="list-style-type: none"> - Implementation of Enterprise Content Management Platform. - Development of a draft Knowledge Management framework to facilitate the management of strategic ECDC knowledge sets. - Undertake study into the feasibility of an Enterprise Data Catalogue.

Table 9. Resources allocation

1.4 Knowledge transfer	Staff and Title 3 budget
Total FTEs for this activity	24.2 FTE
Total budget for this activity	1 336 500 EUR

Strategic objective 2. *Empowerment*: Support the countries to strengthen their capacities and capabilities to make evidence-based decisions on public health policies and practices

ECDC will apply a tailored approach to better understand countries' capacities and capabilities, needs and constraints, to address infectious diseases. ECDC will systematically collate, integrate, and visualise country-specific information by re-using already collected data and information, as well as already existing in publicly available sources to gain better understanding of the main strengths and challenges faced by Member States. The data collected will gradually be made available on a bilateral basis through dedicated visual IT solutions accessible to ECDC external stakeholders in Member States and the European Commission, and ECDC support will target Member States most in need for high priority topics. Such a visualisation will facilitate the analysis of strengths, vulnerabilities, opportunities, and threats (SVOT) so that ECDC and the MS can jointly decide and plan country support activities. Additionally, a revised process for harmonised country missions and a central repository of country mission reports will become functional.

Based on robust surveillance data, ECDC will continue to develop scientific advice on communicable disease prevention and control measures. Depending on the status of the pandemic activity, the Centre will provide monitoring data and scientific advice on COVID-19 prevention and control in support of the European Commission and the EU Member States. An integrated surveillance of COVID-19 and influenza in healthcare settings and in the community will be in place. Depending on the potential further development of COVID-19 vaccination programmes, work in this area will emphasise the monitoring of vaccine coverage and studies on vaccine effectiveness as part of an EU vaccine monitoring platform. In 2023 and beyond, such studies are expected to continue to be critical to inform the potential adjustments of vaccination strategies, based on the scientific evidence available. Experiences from the studies of COVID-19 vaccine effectiveness will be used to possibly expand the vaccine monitoring platform to include other vaccines, depending on the resources available internally at ECDC and in Member States. ECDC will continue supporting the Council Conclusions on AMR, as well as the Global Action Plan on AMR (WHO), the WHO European strategic action plan on antibiotic resistance and the European 'One Health' Action Plan on AMR. ECDC will further monitor indicators and prepare comprehensive progress reports for Member States, to measure their progress towards achieving the UN Sustainable Development goals (SDGs) in the area of HIV/AIDS, hepatitis, and TB. ECDC will continue supporting the implementation of the 2018 Council Recommendation on Strengthened Cooperation against Vaccine-Preventable Diseases, in particular by operating the European Vaccine Information Sharing System (EVIS) and by supporting the network of National Immunisation Technical Advisory Groups (NITAGs). ECDC will identify the main gaps in prevention guidance to be eventually addressed in the prevention framework. The Centre will continue to support Member States' access to whole genome sequencing (WGS). In 2023, ECDC will continue developing an overall framework for its 'One Health' activities.

ECDC training activities will continue to rely on the Fellowship Programme, the ECDC Continuous Professional Development (CPD) initiative for short courses, and e-learning through the ECDC Virtual Academy (EVA) platform to support the strengthening of workforce capacity in Member States and at the EU level. ECDC will continue implementing the multiannual roadmap ensuing from the external evaluation of the Fellowship Programme carried out in 2019.

ECDC will continue to operate its emergency preparedness and response and support Member States and the European Commission under Regulation (EU) 2022/2371 and the International Health Regulations. The results of the after-action-reviews of COVID-19 will help further strengthen preparedness and response activities to address future major outbreaks (e.g. for monitoring beds, human capacities, stockpiles of essential medicines and equipment). A significant increase of resources will be dedicated to this priority. A repository of simulation exercises will be made available online. ECDC will improve the Early Warning and Response System (EWRS), continue to perform rapid risk/outbreak assessments, and provide expert support and coordination of investigations of multi-country relevant public health events and threats. The Emergency Operation Centre (EOC) maintains its readiness to address any Public Health Emergencies (PHE) of cross-border relevance.

Table 10. Indicators of Strategic Objective 2

KPI	Baseline	Target	Means of verification	Frequency of verification
Average rate of participations in ECDC meetings and activities	n/a	75%	Meeting statistics	Annual
Rate of expectations met, and objectives fulfilled with meetings	n/a	75%	End-of-meeting satisfaction survey	Annual
Percentage of satisfied country stakeholders with ECDC country support activities	88%	80%	Feedback gathered after country support activities	Annual
Number of scientific articles of public health relevance published by attendees of the ECDC Fellowship Programme (during and two years after graduation)	n/a	>50% increase compared to the 2-year period before entering the programme	Bibliometric analysis in PubMed, Scopus (ECDC library)	Annual
Satisfaction of participants with EVA specific trainings	n/a	8/10	EVA satisfaction surveys after a training has been completed	Annual
Satisfaction with the EVA platform	n/a	8/10	Stakeholder survey	Biennial
Satisfaction score for the relevance of ECDC's Continuous Professional Development (CPD) activities	n/a	8/10	Stakeholder survey	Biennial
Satisfaction score for the timeliness of ECDC's Continuous Professional Development (CPD) activities	n/a	8/10	Stakeholder survey	Biennial
Satisfaction score for the scientific quality of ECDC's Continuous Professional Development (CPD) activities	n/a	8/10	Stakeholder survey	Biennial
Score of the perceived added value of ECDC's Continuous Professional Development (CPD) activities to the organisation/country	n/a	8/10	Stakeholder survey	Biennial
Score of the perceived contribution to sustaining and/or increasing the public health services workforce capacity in the organisation/country of ECDC's Continuous Professional Development (CPD) activities	n/a	8/10	Stakeholder survey	Biennial
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 average downloads within 30 days of publication 2019-2021: 190	180 downloads within 30 days of publication	ECDC Webmaster	Annual
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	n/a	80%	Number of requests for a country visit or remote support	Annual

2.1 Country focus: Use country information to better target ECDC activities and country support

Overview

ECDC will continue to systematically collate, integrate, and visualise country-specific information from a variety of sources (by integrating internal quantitative and qualitative data as well as data from external sources, such as WHO, OECD, Eurostat) to gain better understanding of the main strengths and challenges faced by Member States, to implement evidence-based policies and guidance, and to tailor its support to the countries. Integrated data and information collected at Member State level will gradually be made available through dedicated visual IT solutions accessible to national experts in Member States and the European Commission. ECDC will analyse the strengths, vulnerabilities, and needs of Member States and use the information in discussions with experts at national level. The analysis will inform the prioritisation of ECDC activities, to target the Member States most in need for high priority topics and to inform ECDC planning process. This mechanism will be piloted in 2023. Information gathered during ECDC network meetings on countries' needs will be regularly integrated into this mechanism.

The revised process for corporate harmonised country missions, and a central repository of country visit reports will become fully functional in 2023. ECDC will continue to organise country missions to carry out in/after-action reviews of the national response to COVID-19. ECDC will analyse Member States' after-action reviews for the COVID-19 pandemic and foster exchanges of experiences between Member States to highlight lessons learned to improve the next series of pandemic plans.

All these activities will be carried out in close dialogue and cooperation with Member States, particularly through the CCBs.

In addition, streamlined country missions will provide direct support to Member States as well as an opportunity to learn about countries and getting closer to them. ECDC will use its Stakeholder Relations Management (SRM) system to integrate the information collected on developments in countries and their interactions with the Centre, to ease the flow of information by experts across ECDC and the European Commission (also using information from external partners, e.g. WHO, OECD), the monitoring of existing or new measurements, and country support in EU/EEA countries. Enhanced focus will be dedicated to the follow-up of country missions and setting up an ECDC country mission programme.

The list on EU funding opportunities (developed in 2021) will be updated and shared with Member States, to facilitate their access to funding in the area of health and participation in relevant EU projects – notably when needs exceed ECDC's capacity and mandate.

Table 11. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
2.1.1	Networks interactions	Increased Member States experts' capabilities through best practice sharing.	<ul style="list-style-type: none"> - Disease network meetings and Public Health Functions network meetings. - Disease network and Public Health Functions Coordination Committees meetings. - Other meetings (inter-sectoral meeting(s) with key stakeholders).
2.1.2	Country support	<p>Increased Member States capacities and capabilities to prevent and control infectious disease.</p> <p>ECDC will provide support to the priorities of the most in need Member States, they cannot address alone.</p>	<ul style="list-style-type: none"> - Collection of needs from Network meetings. - IT solution with integrated Member States data in operation. - Country mission corporate procedure functional. - Country missions conducted, with a focus on after/in-action reviews in relationship with COVID-19 response. - Pilot country support.

Table 12. Resources allocation

2.1 Country focus	Staff and Title 3 budget
Total FTEs for this activity	15.6 FTE
Total budget for this activity	1 992 000 EUR

2.2 Prevention and control programmes: Support and strengthen capacity to deliver programmes targeted at the prevention and control of infectious diseases

Overview

Strengthen ECDC's support to targeted prevention and control programmes. Based on robust surveillance data, ECDC will continue to develop scientific advice on communicable disease prevention and control measures (such as expert opinions, public health guidance, technical reports, systematic reviews, scoping reviews).

ECDC will support countries to enhance their targeted prevention and control programmes. This includes work to strengthen the evidence base informing vaccination strategies and vaccine programmes, provide guidance for evidence-based prevention and control policies on COVID-19, HIV, TB, hepatitis, sexually transmitted infections, infections transmitted through substances of human origin, antimicrobial stewardship and infection prevention and control-related activities in healthcare settings, raise awareness of key public health issues (e.g. European Antibiotic Awareness Day, HIV/hepatitis Testing Week, World Hepatitis Day, World AIDS Day, World TB Day, WHO-led European Immunization Week and Influenza Awareness Week) and monitor control programmes and country preparedness for a range of infections (e.g. foodborne outbreaks, vector-borne diseases through vector distribution mapping and laboratory diagnosis of pathogens, influenza).

Depending on further developments of the COVID-19 pandemic, ECDC will provide relevant and high-quality monitoring data and scientific advice on COVID-19 prevention and control. By 2023, an integrated and enhanced surveillance of COVID-19 and influenza in healthcare settings as well as in the community is expected to be in place and further refined. The work on COVID-19 vaccines will continue with specific emphasis on surveillance systems for monitoring vaccine coverage and studies on vaccine effectiveness (a system that will gradually be expanded to other diseases).

ECDC will continue supporting the implementation of the 2018 Council Recommendation on Strengthened Cooperation against Vaccine-Preventable Diseases. In 2023, the Centre will also work on the establishment and coordination of a European Vaccine Information Sharing System (EVIS) in line with Art. 9 of Council Recommendation on Strengthened Cooperation Against Vaccine-Preventable Diseases and supporting the National Immunisation Technical Advisory Groups (NITAGs).

Country support will continue to be provided in the form of country missions (upon Member State invitation), to improve/enhance the prevention and control of AMR and improve the implementation and effectiveness of national actions plans in line with the objectives set in the Council Recommendation 2002/77/EC and the latest Council Conclusions on AMR, as well as in the Global Action Plan on AMR (WHO), the WHO European strategic action plan on antibiotic resistance, and the European 'One Health' Action Plan on AMR. ECDC will perform the annual survey of IPC and AMS structure and process indicators in European acute care hospitals. ECDC will also report on selected monitoring indicators, based on the FAO/OIE/WHO Tripartite Monitoring and Evaluation framework, as part of the joint ECDC-WHO/Europe on AMR surveillance in Europe and similar annual report for antimicrobial consumption (AMC) surveillance, so Member States can prioritise their efforts to prevent and control AMR. To further provide comparable information for the benchmarking of EU/EEA countries on their structures, resources, and processes for the implementation of infection prevention and control (IPC) and antimicrobial stewardship (AMS) programmes in acute care hospitals, a questionnaire for an annual survey of IPC and AMS structure and process indicators in European acute care hospitals will be finalised and pilot tested. In addition, ECDC will establish - jointly with WHO/Europe - a list of monitoring indicators based on the FAO/OIE/WHO Tripartite Monitoring and Evaluation framework, so that these indicators can, in the future, be reported as part of the joint ECDC-WHO/Europe on AMR surveillance in Europe and similar annual report for AMC surveillance.

ECDC will further monitor indicators and prepare comprehensive progress reports for Member States, to measure their progress towards achieving the UN Sustainable Development goals (SDGs) in the area of HIV/AIDS, hepatitis, and TB. This will provide feedback and data to countries to benchmark and plan the best use of their resources.

The Centre will continue to integrate whole genome sequencing into EU level surveillance and outbreak response. ECDC will strengthen public health microbiology structures and activities in Member States, primarily through the continuation of joint European Commission and ECDC whole genome sequencing (WGS) and Reverse Transcription Polymerase Chain Reaction (RT-PCR) infrastructure and capacity-building support project initiated in 2022. It is anticipated that in addition to addressing immediate needs in terms of enhancing Member States' ability for early detection and enhanced monitoring of emerging and known SARS-CoV-2 variants, this public health microbiology support programme will lead to enhanced genomic-based infectious disease outbreak investigation and surveillance both at Member State and EU levels. It will also contribute to enhanced preparedness to address future pandemics in a timely and more efficient manner. A training programme for Member States with focus on bioinformatics and genomic epidemiology will be coordinated by ECDC. Additional

strengthening of Member States' public health microbiology will be based on the gaps identified by monitoring EULabCap indicators, and the results of external quality assessment (EQA) exercises.

Address the behavioural aspects that are needed for national programmes to be successful. ECDC will continue to address the behavioural aspects of importance to the prevention and control of specific diseases. In 2022, these efforts were mainly be focused on COVID-19 and vaccine hesitancy. In 2023, this work will be extended to cover also other areas.

Emphasise a general 'One Health' approach to relevant ECDC work. In 2023, ECDC will start developing an overall framework for its 'One Health' activities. Collaboration with relevant agencies and stakeholders in a One-Health perspective (human/animal/environment) will be established and One-health collaboration areas identified. ECDC strategic objectives on One-Health for 2023-2027 will be approved by the Director.

Table 13. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
2.2.1	Develop scientific advice on communicable disease prevention and control measures	Member States better equipped to make informed decisions that target the prevention and control of infectious diseases at programme and policy level.	<ul style="list-style-type: none"> - Expert Opinions. - Technical reports. - Systematic Reviews. - Scoping Reviews. - Other scientific outputs. - Training materials.
2.2.2	Strengthen whole genome sequencing and RT-PCR capacity in the EU/EEA	Enhanced ability of Member States for early detection and enhanced monitoring of emergent and known SARS-CoV-2 variants, as well as enhanced genomic-based infectious disease outbreak investigation and surveillance both at Member State and EU levels.	<ul style="list-style-type: none"> - National WGS and/or RT-PCR infrastructure support continued.
2.2.3	Further develop the Prevention Framework	Consultation of key stakeholders regarding the development of the Prevention Framework.	<ul style="list-style-type: none"> - Draft Prevention Framework.
2.2.4	Provide social and behavioural support to disease programme sections and support capacity-building in this area	Preparations for activities aimed at increasing capacity for behavioural insights work in the EU/EEA Member States	<ul style="list-style-type: none"> - Mapping of health-related behavioural and social science research capacity in the EU/EEA. - A database of prevention, including behavioural and social science, actors (management and implementation) in Member States. - Documented support to disease programme sections.

Table 14. Resources allocation

2.2 Prevention and control programmes	Staff and Title 3 budget
Total FTEs for this activity	39.9 FTE
Total budget for this activity	4 091 000 EUR

2.3 Training: Provide adequate training opportunities taking into account the changing environment for infectious disease prevention and control

Overview

Through the Fellowship Programme, Continuous Professional Development (CPD), and all the materials available in the ECDC Virtual Academy (EVA), ECDC aims at training a sufficient number of skilled public health specialists in each Member State to cover needs for communicable disease prevention and control across Europe – based on an assessment of capacities and training needs in countries, performed in 2021.

The implementation of the multiannual roadmap following the external evaluation of the Fellowship Programme (2019) will be continued in collaboration with the Training Site Forum and the NFP Training. In 2023, the first cohort of the ECDC Fellowship Programme will start following the revised Programme's curriculum, with core and optional elements tailored to the fellows' needs and with consideration to the MS health priorities. The updated curriculum, considering the revised competencies for applied infectious disease epidemiologists, will guide the incorporation of new relevant domains into the programme. Simplified cost options will be implemented for the grants that fund fellows' salaries, in a staggered approach that seeks to facilitate the administration of the programme for both training sites and ECDC. Furthermore, the mobilisation of EPIET and EUPHEM fellows in response to COVID-19 and to other public health emergencies, will continue to be an integral part of the Fellowship Programme with fellows contributing as staff in EU/EEA Member States to the EU Health Task Force, the European Medical Corps, and similar opportunities with WHO/GOARN and other international health aid actors.

Support to Member States will be strengthened in the area of programme design/development (e.g. national Field Epidemiology Training Programmes, FETP) that can be associated to the ECDC Fellowship Programme. As part of the roadmap for improvements of the Fellowship, barriers for some countries to recruit/host a fellow will be addressed. Support to the European Commission in training will continue through the implementation of the ECDC-IPA6 project for the EU enlargement countries, MediPIET, and the ECDC4AfricaCDC project.

Table 15. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
2.3.1	Improvements of the Fellowship Programme, based on the results of the external evaluation 2019	Implementation of roadmap stemming from the recommendations of the external evaluation initiated. Improved Fellowship programme aimed at strengthening the workforce capacity in Member States.	<ul style="list-style-type: none"> - Based on the recommendations from the 2018/2019 external evaluation of the Fellowship Programme, implementation of the roadmap for an improved programme started. First curricular updates implemented for Cohort 2023. - Administrative improvements (e.g. simplified cost options for hosting fellows) progressively in place. - Support to implementation of national Fellowship Associated Programmes will be provided, upon request.
2.3.2	ECDC offers a Continuous Professional Development (CPD) training activities that responds to the needs of Member States and those identified by the ECDC networks	ECDC's trainings target professionals in the CCB networks, supervisors of the Fellowship Programme, and experts identified by Member States. ECDC's training activities foster networking, mutual learning from each other and sharing best practices among participants. Collaborations with European (e.g. ASPHER) and international stakeholders such as WHO allow alignment and expansion of the offer.	<ul style="list-style-type: none"> - ECDC's training offer further developed, reflecting the new needs identified, particularly in the area of preparedness, epidemiology, surveillance, microbiology, multidrug-resistant microorganisms, vaccine-preventable diseases. - Two training modules on Emergency Preparedness delivered. - All the training offers presented in a training catalogue in EVA.
2.3.3	Keep continuous quality improvement activities, accreditation, and evaluation as an essential part of ECDC training programmes and activities.	Accreditation of short courses under EACCME ⁹ or APHEA ¹⁰ . Accreditation of the Fellowship Programme under TEPHINET ¹¹ explored. Academic recognition of the Fellowship Programme: partnerships with schools of public health with an interest in communicable disease (ECDC-ASPHER network) to establish a Master's Degree in Applied Epidemiology.	<ul style="list-style-type: none"> - Accreditation of the ECDC Fellowship programme explored, and steps for its achievement initiated (e.g. contacts with universities and accrediting bodies established for partnerships and/or applications). - Participation certificates for the CPD trainings include the mention of the credits acquired through the participation. - The tools to self-assess the quality of the training are made available. - Key Performance Indicators for the Fellowship Programme established.
2.3.4	Maintain the ECDC Virtual Academy (EVA) as the learning management system for the different training programmes and activities according to the IP	Member States more systematically refer to EVA as a training resource in the area of preparedness and prevention of infectious diseases.	<ul style="list-style-type: none"> - EVA has a more user-friendly interface.
2.3.5	Identify country training needs to orient the ECDC training priorities and CPD training offer through regular assessments, with the aim to strengthen workforce competencies and reduce inequalities in capacity across Europe	Results of capacity and training needs assessment analysis informs the ECDC CPD offer and ECDC training priorities. Harmonised tools to analyse training needs within ECDC networks to support the prioritisation and scoping of the training offer. Trainings tailored to the needs of Member States and reducing inequalities in capacity across Europe.	<ul style="list-style-type: none"> - Mechanism to support Member States in this task is proposed to Member States. - Detailed Work Programme 2024 considers the results of the training needs.

⁹ European Accreditation Council for Continuing Medical Education¹⁰ Agency for Public Health Education Accreditation

Table 16. Resources allocation

2.3 Training	Staff and Title 3 budget
Total FTEs for this activity	16.3 FTE
Total budget for this activity	4 923 000 EUR

2.4 Emergency preparedness: Support countries in emergency preparedness and response

Overview

A significant increase of resources (both financial and human) will be dedicated to drawing lessons learned from the COVID-19 pandemic and to the evaluation of non-pharmaceutical interventions. Based on that and the results from after-action reviews, ECDC will refine its support to Member States and the European Commission to implement an EU preparedness monitoring and evaluation framework including indicators for preparedness, to strengthen preparedness planning and to develop approaches for public health driven responses and offer relevant training. A repository of simulation exercises will be made available online on the ECDC Virtual Academy (EVA) platform. ECDC will continue to support Member States and the European Commission under the EU Regulation on serious cross-border threats to health and work in synergy with WHO to strengthen the application of and compliance with the IHR.

Approaches and digital tools for sharing information, including for contact tracing, and the operation of EWRS will be continuously evaluated and further improved by implementing the action plan following the evaluation on the performance of EWRS during the pandemic. In parallel, ECDC will continue operating the European Federation Gateway Service (EFGS), planned to be handed over from the European Commission in 2022, and the Passenger Locator Forms (PLF) Exchange Platform as part of the EWRS. ECDC will continue to collaborate with WHO to ensure the alignment of platforms and reporting standards. ECDC will also continue to provide support to Member States to use EpiPulse for monitoring events.

The rapid risk assessment methodology is regularly updated and ECDC will perform trainings for internal experts, EPIET/EUPHEM fellows, EU Member States, EU enlargement and neighbouring countries, and other partners (e.g. CDCs, international agencies) in order to harmonise the methodology to assess threats. ECDC maintains a robust generic response duty roster with the support of dedicated disease programme duty rosters. For cross-border foodborne threats, ECDC will continue assessing cross-border clusters, using Whole Genome Sequencing, and preparing as needed public health risk assessments jointly with EFSA in a 'One Health' perspective, with data analyses performed with EFSA, European Union Reference Laboratories, Member States, and other relevant parties. The partner platform aims to support and provide input to the work of the tripartite and serves as a mechanism to share experiences and facilitate networking among partners working with the 'One Health' approach.

Following the longest activation period of the ECDC PHE plan since the Centre was established, an in-depth review and update of the plan has been performed in order to address the needs and requests for longstanding public health crisis. ECDC will assist, at their request, Member States to develop Public Health EOC operating procedures, following international standards. The EOC will continue to support preparedness and response teams deployed in the field.

ECDC will collaborate with the Joint Action to strengthening preparedness in the EU against serious cross-border threats to health and support the implementation of the International Health Regulations (SHARP), the Joint Action on Points of Entry (EU healthy gateways), and the Joint Action on strengthened preparedness and response to biological and chemical threats (JA TERROR). Taking into account the global dimension of epidemics, close interactions and exchanges of experiences will be further expanded with WHO and relevant CDCs worldwide.

Table 17. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
2.4.1	Provide technical support in the three phases of the preparedness and response cycle: anticipation, response, recovery	<p>Perform analysis and incorporate lessons learned from covid-19 pandemic into national and EU-wide public health emergency preparedness and response planning.</p> <p>Support the development, monitoring and evaluation of response measures and non-pharmaceutical interventions for outbreak response.</p> <p>Improved effectiveness and quality of outbreak response at European level.</p> <p>Improved skills and abilities of national public health emergency managers on specific competencies for preparedness and response.</p>	<ul style="list-style-type: none"> - After-action reviews. - Literature reviews. - Elaboration of outbreak investigation protocols and tools. - ECDC tools, training and guidance developed – threat prioritisation, contact tracing, risk assessment methodology, (including e-learning). - EWRS and EpiPulse properly functioning and further improved according to the needs of internal stakeholders as well as the European Commission and Member States.
2.4.2	Support the Implementation of revised EU legislation (ECDC mandate and Regulation on serious cross-border threats to health - CBTH)	<p>Establish a concept for and launch the EU Health Task Force.</p> <p>Support effective operational response and crisis preparedness.</p> <p>Elaborate indicators and measurement methodologies in relation to Art. 7 CBTH.</p> <p>Develop a framework for assessments in relation to Art. 8 CBTH.</p> <p>Facilitate an EU Preparedness Plan.</p>	<ul style="list-style-type: none"> - Approach for individual work with Member States tested. - Field deployments upon requests from Member States, the European Commission (DG ECHO, DG SANTE) and GOARN. - Expert and Member States consultations organised. - Pilot tests conducted.
2.4.3	Produce and disseminate Rapid Risk Assessments and Rapid Outbreak Assessments	<p>ECDC produces timely and high quality RRAs/ROAs to support the European Commission and Member States in responding to cross-border public health threats.</p> <p>Response duties always covered by trained staff.</p>	<ul style="list-style-type: none"> - RRAs and Joint ECDC-EFSA public health risk assessments (rapid outbreak assessments), including joint notification summaries. - Response-related rosters functional. - RRA methodology revised.
2.4.4	Maintain and network for the EOC and Public Health Event (PHE) tools	<p>EOC functional at high standards and PHE tools ready and tested.</p> <p>Participation in the international network of EOCs.</p> <p>EOC ready to address Public Health Emergencies (PHE) of cross-border relevance and to support the European Commission and Members States in providing a timely response.</p>	<ul style="list-style-type: none"> - PHE training internal and external. - EOC equipment upgraded. - Organisation of an international EOC meeting.

Table 18. Resources allocation

2.4 Emergency preparedness and response	Staff and Title 3 budget
Total FTEs for this activity	19.4 FTE
Total budget for this activity	807 000 EUR

Strategic objective 3. *Future outlook: Prepare for the future through foresight and innovation assessments*

ECDC will continue the development of its foresight programme initiated in 2021, to assess the future risks and uncertainties related to the potential evolution of infectious diseases threats and their impact on the work of ECDC. A combination of qualitative and quantitative methods will be applied, drawing on insight and expertise from across ECDC and beyond.

Simulation models for infectious diseases of public health priority, including their drivers and determinants (such as climate change, technological, behavioural, medical policy) will be developed. The effectiveness of different measures will be evaluated, as an input for policy options.

ECDC will establish a process to identify and report research priorities relevant to its mandate, and advocate for them to relevant research funding authorities. The Centre will establish links with EU research initiatives and collaborate with other EU agencies through the EU Agency Network on Scientific Advice (EU-ANSA) and ensure a good complementarity with projects funded by the public health programme/ESF+.

ECDC will gradually capitalise on the digital transformation of the health sector (e-health) and new technologies and methods to tackle more effectively the spread of communicable diseases and respond to threats swiftly. In 2023, a new version of TESSy will be released through the ECDC Surveillance Portal EpiPulse. ECDC will scale up the use of whole genome sequencing (WGS) to better detect and investigate multinational outbreaks to foster EU and national prevention and control strategies. The Centre will also build on the results of the eHealth proof of concept study launched in 2021 (SARI surveillance) and provide financial and expert support to enable more countries to exploit data from electronic health records and other health databases for surveillance. Furthermore, ECDC will work with the European Commission to ensure the functioning of the EpiPulse node in the EHDS.

Table 19. Indicators of Strategic Objective 3

KPI	Baseline	Target	Means of verification	Frequency of verification
EU research and innovation engagement	n/a	Knowledge gaps and research priorities identified for at least two topic areas	ECDC content/outputs/reports	Annual
Comprehensiveness of eHealth-based surveillance implementation	7 countries conducting eHealth surveillance of SARI	12 countries conducting eHealth surveillance of SARI, AMR, and one additional disease	Project manager, content of specific contract, contract deliverables	Annual
EpiPulse cases (EpiPulse cases rolled out as per plan)	EpiPulse cases not launched yet	Diseases included as per plan	EpiPulse cases	Annual
Use of EpiPulse (Number of posts uploaded to the platform)	n/a	Annual increase of number of posts by 5%	EpiPulse focal point	Annual
Percentage of diseases with integrated operational WGS surveillance schemes as per strategic framework and annual planning	tbc	>60%	EpiPulse	Annual
Introduction of AI in Epidemic Intelligence processes	n/a	One AI process per year	Epidemic Intelligence group	Annual

3.1 Foresight: Work with partners to identify and address key knowledge gaps and areas of uncertainty, and develop new multidisciplinary approaches to prevent and control infectious diseases

Overview

As part of the continuing efforts towards becoming more anticipatory and proactive in achieving its mission, ECDC will further develop its forward-looking activities through foresight and modelling, as well as internal capacity-building therein. The foresight programme initiated in 2021 is intended to inform the Centre's strategic policy and operations going forward, as well as wider EU infectious disease prevention, control, and

preparedness. The ECDC Foresight Task Force will ensure that the foresight programme is shaped and delivers in ways that is most useful and relevant for the whole Centre, as well as its stakeholders.

To establish a solid starting point for its foresight programme, ECDC will use a multi-method approach to develop scenarios that describe the potential evolution of the threat and burden of communicable diseases in the EU/EEA over the medium-term. These scenarios will be based on the multi-stakeholder assessment of factors and trends that are driving the change of infectious disease threats and will have an impact on the future work of ECDC, which was carried out in 2022. These scenarios will form the basis for developing policy options to better mitigate futures risks, enable prioritisation, and increase organisational preparedness.

Baseline scenario projections will be compiled. Interventions will be simulated to assess their potential short and long-term impact on disease incidence and inequality. The effectiveness of different measures will be evaluated, as an input for policy options. Scenario-based intervention analyses will be conducted, estimating the potential impact of control measures. Scenario projections available for the drivers identified in 2021 will be assessed, and be used for situational awareness, intervention planning, projections, epidemiological explanations, and structured reasoning. ECDC will also continue to support policy-making through the work of the modelling networks set up by ECDC, which include the European COVID-19 Forecast Hub and the European COVID-19 Scenario Modelling Hub.

Table 20. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
3.1.1	<p>Future scenarios developed and modelling initiated to enable strategic prioritisation and improve public health preparedness</p> <p>Inform pandemic policy response through mathematical modelling and forecasting</p>	<p>Establish and apply multi-method foresight in ECDC to further strengthen EU public health preparedness and response.</p> <p>Commission and participant in EU Modelling Hubs on COVID-19 Forecasting and Scenarios.</p>	<ul style="list-style-type: none"> - Diverse medium-term infectious disease threat scenarios. - COVID-19 short-term forecasts.

Table 21. Resources allocation

3.1 Foresight	Staff and Title 3 budget
Total FTEs for this activity	1.9 FTE
Total budget for this activity	570 000 EUR

3.2 Engage: Promote innovation through active engagement with EU research and innovation initiatives

Overview

As part of its knowledge transfer activities (Strategic objective 1.4) and its research engagement activities, ECDC will identify knowledge gaps and research priorities with regards to the prevention and control of infectious diseases in the EU/EEA, based on work undertaken by ECDC (e.g. knowledge gaps highlighted through systematic and scoping reviews) and dialogue with Member States (primarily senior members of staff of the national Competent Bodies for infectious disease prevention and control). The Centre will compile these into a report to the European Commission and other research funding bodies for feeding back from policy to science, and as such inform research needs for developing public health policy.

Additionally, ECDC will support the European Commission in the development and finalisation of EU research actions and calls in areas within ECDC's mandate when so requested.

Table 22. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
3.2.1	Communicate research priorities relevant to the prevention and control of infectious disease	ECDC will anticipate needs for research proposals and communicate this to research commissioners. Increased relevance of research activities and outputs to the needs of public health policy-makers and practitioners in Member States.	- Approach used for COVID-19 in 2022 expanded to another disease area.
3.2.2	Contribute to EU Joint Actions and EU Research projects	Actions and outputs of EU projects will benefit from ECDC input and will be complimentary to, and not duplicative of, ECDC actions. More efficient use of EU resources, and reduced likelihood of duplication of demands for support or input to projects from Member States.	- ECDC's contributions to ongoing projects, including expert advice, data, and technical support (subject to resource availability and concordance with ECDC mandate).
3.2.3	Collaborate with other EU Agencies, through the EU Agency Network on Scientific Advice (EU-ANSA), to develop innovative approaches to address issues of mutual interest through scientific collaboration and sharing of expertise in research clusters	Synergies and efficiencies achieved through collaborative scientific activities between Agencies.	- ECDC contribution to EU-ANSA collaborative initiatives on continuing professional development and scientific cooperation in crisis situations.

Table 23. Resources allocation

3.2 Engage	Staff and Title 3 budget
Total FTEs for this activity	0.8 FTE
Total budget for this activity	60 000 EUR

3.3 Support transformation: Provide leadership and support to countries in adapting, adopting, and exploiting new technologies for infectious disease prevention and control

Overview

As part of the EU4Health programme, a specific Joint Action Grant will be implemented in 2023 to support Member States in strengthening their capacities for digital real-time surveillance, outbreak detection, and 'One Health' surveillance. Coordination is ongoing between ECDC, Member States, and the European Commission to ensure that the Joint Action addresses the main surveillance gaps observed during the COVID-19 pandemic. Further EU4Health initiatives targeting surveillance are planned for 2023. ECDC will collaborate with the European Commission to define essential infrastructural developments in Member States that should be supported.

In 2023, a new version of TESSy will be released through the ECDC surveillance portal EpiPulse. This will rely on upgraded technologies and will facilitate data reporting, validation, and outputs production, thus contributing to lessening the reporting burden and increasing timeliness. At the same time, ECDC will continue to improve threat detection through event-based surveillance, expanding the range of data sources and increasing the automation of searches. Together with the physical system, ECDC intends to revise its analysis and data visualisation approach with timely and more impactful outputs across diseases. The process of epidemic intelligence will be further supported by artificial intelligence, such as through the expanded use of EpiTweeter. The Centre will be assessing the possibility to use similar approaches on other social media platforms, investigating the use of artificial intelligence to support epidemic intelligence screening processes, and considering the increased use of the Epidemic Intelligence from Open Sources tool. This will ensure a more comprehensive and timely monitoring of events and detection of threats.

ECDC will scale up the use of whole genome sequencing (WGS) to better detect and investigate multinational outbreaks to foster EU and national prevention control strategies. In accordance with the ECDC roadmap for integration of molecular and genomic typing into EU-wide surveillance, ECDC will offer scientific guidance on the

added-value of WGS and integrate under the EU surveillance the WGS data for pathogens and antimicrobial resistance threats.

As shown during the COVID-19 pandemic, automated collection of surveillance and laboratories data based on electronic health records could speed up data gathering and analysis and free up time of professionals in countries for other tasks. At the same time, it would provide quickly available data to support the response to threats. Further implementation of electronic health records (and the inclusion of parameters important for public health) is needed, as well as the application of artificial intelligence for data validation, analysis, and automated reporting. ECDC will contribute to the European Commission vision in its *Communication on enabling the digital transformation of health and care in the Digital Single Market; empowering citizens and building a healthier society*, and gain benefit from the *European Commission Recommendation on a European Electronic Health Record exchange format* in the area of laboratory and vaccination data. The ultimate objective is to establish automatic surveillance systems based on e-health records that can reliably address some of the current EU-level surveillance objectives. In 2023, ECDC will achieve the following milestones:

1. Financial and expert support is provided to EU/EEA countries to expand the usage of digital health data for surveillance of severe acute respiratory infection, antimicrobial resistance, and one additional disease/health issue.
2. Contribution to the development of the European Health Data Space (EHDS) by participating in a Commission-sponsored pilot to assess the feasibility of sharing AMR data between countries and ECDC and ensuring that the functionality of the EpiPulse node is in place for sharing surveillance data within EHDS once this is in place.
3. Artificial intelligence is further integrated in epidemic intelligence processes.

Table 24. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
3.3.1	Expand the use of digital health data for surveillance of multiple diseases and in the majority of Member States	Standard case definitions for coherent data extraction and reporting from electronic health records. Financial and expert support to address Member States challenges with reporting of cases from digital health information systems. Inform the European Commission investments in EHDS to support infectious disease surveillance.	- Expansion of eHealth surveillance to two additional diseases, including AMR and in addition to SARI, and to two countries in addition to the thirteen included in 2022. - List of areas for EC to strengthen through national grants.
3.3.2	Expansion of EpiPulse	Better system performance. More easily understandable and usable validation feedback. Semi-automatically produced and interactive surveillance reports.	- EpiPulse (Cases) expanded to include approximately 50% of notifiable diseases.
3.3.3	Implement the molecular surveillance strategic framework	Molecular typing surveillance schemes are operational for diseases prioritised under the ECDC molecular surveillance strategic framework. Improved efficiency and/or effectiveness of prevention and control of infectious diseases at EU and Member State level through the implementation of molecular surveillance.	- Operationalisation of additional diseases along the strategic framework for implementation of genomic typing into EU-level surveillance. ¹² - Databases and analytical pipelines.
3.3.4	Automate epidemic intelligence processes	ECDC able to automatically detect and monitor events and threats through social media. Improved detection of cross-border public health threats allowing the European Commission and Member States to act rapidly.	- Tool for detecting and monitoring events from social networks.

¹² It is expected that the implementation of the molecular surveillance framework will be supported by additional resources, not yet available under the current ECDC budget and currently broadly estimated (until further detailed analysis is available) to an additional 2-4 million EUR.

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
3.3.5	Pilot and evaluate innovations to support evidence assessments	Faster evidence assessments to inform public health policy and practice.	- Pilot and evaluation of crowdsourcing platform for evidence synthesis tasks and assessment of crowdsourcing potential for other areas such as epidemic intelligence.

Table 25. Resources allocation

3.3 Support transformation	Staff and Title 3 budget
Total FTEs for this activity	22.4 FTE
Total budget for this activity	1 595 045 EUR

Strategic objective 4. *Health security*: Increase health security in the EU through strengthened cooperation and coordination between ECDC and partners in non-EU countries

In 2023, ECDC will continue the implementation of the multi-annual action to support Western Balkans and Türkiye under the EU Instrument of Pre-Accession Assistance (*ECDC-IPA6* project¹³). The Centre will also continue supporting the ENP partner countries to further deepen their cooperation with ECDC (*EU Initiative on Health Security* project¹⁴). The main aim is to strengthen health security in the EU neighbourhood, support setting 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 threats.

ECDC will continue and further strengthen collaboration and coordination with key partners, both at the EU and global levels. It will foster its bilateral cooperation with other CDCs and international partners. The four-year project *ECDC4Africa CDC*¹⁵, which started in 2021, will offer further technical activities to contribute to improving health security in Africa. Multi-lateral collaboration with other CDCs within the Network of major CDCs across the globe will continue.

ECDC will keep coordinating closely with the EU Institutions and bodies, particularly the European Commission, the European External Action Service, the European Parliament, and other EU agencies. The Centre will strengthen its collaboration with WHO to improve the coordination of activities, minimise the risk of overlaps, and the double reporting burden on Member States.

Table 26. Indicators of Strategic Objective 4

KPI	Baseline	Target	Means of verification	Frequency of verification
Stakeholder satisfaction with ECDC activities by Western Balkans and Türkiye	n/a	80%	Stakeholder survey	Biennial
Rate of implementation of activities in the annual work programme offered to ENP partner countries	70%	80%	EIC statistics	Annual
Number of MediPIET Cohorts trained by ECDC	0	3	Webpage of the EU Initiative on Health Security or MediPIET	Annual
Number of new cooperation agreements with major CDCs signed	3	n/a	Agreements signed	Annual
Goal of having four teleconferences and one face-to-face meeting per year of the Network of major CDCs reached	Four teleconferences and one face-to-face meeting organised	Four teleconferences and one face-to-face meeting organised or attended (depending on ECDC's role)	Meeting reports	Annual
Development/review of training packages and content at Africa CDC	n/a	n/a	Joint technical reports on workshops and exercises; project steering committee reports (biannual); ECDC4AfricaCDC workplan	Annual
Number and proportion of requests from the European Commission and Member States answered within agreed timeline	100%	95%	SARMS and Chrono	Annual
Number and proportion 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	80%	80%	External (EHFG organisers)	Annual
Rate of implementation of activities in the annual joint action plan with WHO Europe	75%	90%	Joint action plan with WHO Europe	Annual

¹³ [Preparatory measures for the participation of the Western Balkans and Türkiye in ECDC work \(europa.eu\)](https://europea.eu)

¹⁴ [EU Initiative on Health Security \(europa.eu\)](https://europea.eu)

¹⁵ [EU for health security in Africa: ECDC4AfricaCDC \(europa.eu\)](https://europea.eu)

4.1 Neighbourhood: Develop and implement, together with partners, a comprehensive programme to support the Western Balkans and Türkiye and ENP partner countries to strengthen their infectious disease prevention and control systems and public health workforce

Overview

ECDC's comprehensive programme will include:

- a technical cooperation action for EU candidate countries and potential candidates (Western Balkans and Türkiye) funded by the European Commission under the EU Instrument of Pre-Accession Assistance: *ECDC-IPA6*. The project aims:
 1. to support national authorities to prepare for their future participation in ECDC activities, networks and systems through implementation and sharing experiences on the EU acquis on cross-border health threats;
 2. jointly with /EFSA to support the advancement of 'One-Health' approaches against AMR in Western Balkans; and
 3. to enhance SARI surveillance and engagement of Western Balkans countries in ECDC vaccine effectiveness studies.
- the strengthening of health security in EU candidate countries and potential candidates and ENP partner countries through the programme funded by the European Commission under the European Neighbourhood Instrument: *EU Initiative on Health Security*. The programme 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 and focuses on:
 1. workforce-oriented capability-building delivered through continuation of the Mediterranean Programme for Intervention Epidemiology Training (MediPIET);
 2. country support in epidemic intelligence, risk assessment, preparedness, and response; and
 3. integration into ECDC systems, knowledge-sharing and networking.

Table 27. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
4.1.1	Gradually integrate Western Balkans and Türkiye into ECDC systems and networks via enhanced technical cooperation and support their preparations for participation in ECDC activities and their advancement on 'One-Health' approach against AMR and enhancing SARI surveillance in Western Balkan region	National experts from Western Balkans and Türkiye participate in ECDC technical cooperation activities as described in the ECDC-IPA6 Action description and annual project plan (schedule, resources, and scope). Technical support on 'One Health' against AMR initiated. Continuous services to support SARI surveillance.	- ECDC pre-accession assistance activities to prepare Western Balkans and Türkiye for their participation in ECDC work. - Technical cooperation activities initiated on the One-Health approach against AMR. - Technical cooperation activities continued on SARI surveillance.
4.1.2	Support the progressive integration of ENP partner countries into ECDC activities and enhance health security through improving public health systems capacities and capabilities, including training through the continuation of MediPIET to respond to health threats related to communicable diseases and enhancing regional cooperation	ENP countries and ECDC jointly implements activities as described in the EU Initiative on Health Security.	- Development and implementation of work plan to deliver Epidemic intelligence, risk assessment, preparedness, and response capacity-building activities. - Application of framework and criteria for integration of ENP partner countries into ECDC systems and networks.
4.1.3	Manage MediPIET, under the EU Initiative on Health Security	MediPIET part of Health Security Initiative, funded by DG-NEAR covering Western Balkans and Türkiye European Neighbourhood Policy (ENP) countries. Increased synergy with EPIET MediPIET will complement capacity-building with the participation of alumni in operational cross-border activities.	- Fourth Cohort graduated with a high success rate of fellows. - Fifth Cohort of MediPIET, training started, with on-the-job projects and modules implemented. - Annual meeting of steering committee. - MediPIET managed by ECDC and aligned with ECDC Fellowship Programme and other ECDC training approaches.

Table 28. Resources allocation

4.1 Neighbourhood	Staff and Title 3 budget
Total FTEs for this activity	6.1 FTE
Total budget for this activity	0

Table 29. Resources – funded based on contribution agreements

4.1 Neighbourhood	Staff and budget (EU grants)
Total FTEs for this activity	14.0 FTE
Total budget for this activity	3 490 700 EUR

4.2 Major CDCs: Increase ECDC's collaboration with major centres for disease prevention and control

Overview

International collaboration with partners across the globe has been an important aspect since the establishment of ECDC, with Memoranda of Understanding with the US CDC, China CDC, and the Public Health Agency of Canada all signed within two years of ECDC's establishment. In 2012, an Administrative Arrangement with the Israel CDC and, in 2021, a Memoranda of Understanding with the Ministry of Health of Mexico, the UK Health Security Agency, and Korea's Disease Control and Prevention Agency were signed. The COVID-19 outbreak clearly showed the importance of these international links established over the years. In times of a worldwide outbreak, the rapid exchange of information, data and expertise is of crucial importance. As a result, ECDC will foster its bilateral cooperation with these CDCs through the bilateral agreements already in place as well as by establishing new ones with other international partners.

As per the Contribution Agreement between ECDC and the Directorate-General for International Partnerships (DG INTPA), it is expected that the implementation phase of the four-year project *EU for Health Security in Africa: ECDC4AfricaCDC* will significantly advance, and technical activities in three priority areas will contribute to strengthening health security in Africa.

Given the fundamental importance of scientific journals/bulletins (especially during crises), a community of practice among editors of journals published by global organisations and major centres for disease prevention and control will be developed to identify commonalities and synergies, e.g. when communicating during emergencies.

Table 30. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
4.2.1	Increase bilateral collaboration with major CDCs	Regular interaction with the Focal points in CDCs to coordinate, support and promote bilateral partnership. ECDC and a number of CDCs with signed MoUs jointly implement action plans in specific work areas.	- Regular exchange of information and practices through face-to-face or teleconferences. - Joint Action Plans associated with the MoUs developed and implemented.
4.2.2.	Collaborate with CDCs through the Network of major CDCs	Regular interaction with the Network of major CDCs. Network extended to new CDCs. Regular exchange of good practices in outbreak situations.	- Regular exchange of information and practices through face-to-face meetings or teleconferences. - Formalisation of the Network in a form of Terms of Reference. - Further expansion of the Network to other CDCs explored.

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
4.2.3	Implementation of a technical partnership project 'ECDC4Africa CDC' to contribute to health security in Africa by sharing EU practices and strengthening Africa CDC capacities in preparedness, surveillance, and response to health threats	Defined technical activities of the ECDC partnership with Africa CDC in preparedness, risk assessment, rapid response, and emergency operations, as well as support to continental harmonised indicator- and event-based surveillance of infectious diseases.	- Activities delivered in line with agreed workplan in different technical areas of the ECDC4Africa CDC project.

Table 31. Resources allocation

4.2 Major CDCs	Staff and Title 3 budget
Total FTEs for this activity	3.1 FTE
Total budget for this activity	0

Table 32. Resources – funded based on contribution agreements

4.2 Major CDCs	Staff and budget (EU grants)
Total FTEs for this activity	7.0 FTE
Total budget for this activity	2 696 067 EUR

4.3 Coordination: Ensure seamless coordination with the EU and international partners to achieve common objectives

Overview

ECDC will strengthen its coordination and collaboration with key partners at the EU and global levels. This includes:

- Coordination with the EU Institutions and bodies, in particular the European Commission (DG SANTE, DG HERA, DG RTD, DG ECHO, DG NEAR, DG INTPA, JRC) and the European External Action Service (EEAS), to ensure that ECDC's actions within the EU and internationally are coherent with EU priorities and policy objectives.
- ECDC will continue to strengthen its collaboration with the European Parliament (in particular with the Committee for Environment, Public Health and Food Safety (ENVI)) and with the European Council. Collaboration with other EU agencies – and in particular environmental and health agencies such as the European Food Safety Authority (EFSA), the European Medicines Agency (EMA), European Chemicals Agency (ECHA), the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the European Environment Agency (EEA) as well as with other Agencies such as Frontex and EASA – will be further enhanced in light of the new mandate and synergies with additional agencies and partners will be explored. Furthermore, collaboration will be ensured within the Health Policy Agencies Collaboration (HPAC) as the network to foster a more efficient Digital and Data collaboration between the European Commission and the EU agencies ECDC, ECHA, EMA, EFSA, CPVO, etc.
- Strengthened collaboration under the revised bilateral arrangements with WHO Europe towards efficient partnership in addressing serious cross-border threats to health posed by infectious diseases and in contributing to health security including further development of the joint reporting and data-sharing. ECDC and WHO Regional Office for Europe will work on the implementation of the revised bilateral arrangement in view of the recent developments in both organisations (including the changes in ECDC's mandate). ECDC will also aim at strengthening relations with WHO HQs and the newly established WHO Hub for Pandemic and Epidemic Intelligence in Berlin.
- Responding to requests for technical and scientific assistance submitted to ECDC, including the mobilisation of experts and/or fellows of the ECDC Fellowship Programme by the Centre to support EU response actions in the field.
- In 2023, a specific training module on interactions with EU Institutions and international partners in the event of a public health emergency will be developed and made available on the ECDC Virtual Academy (EVA).

Table 33. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
4.3.1	Continue to nurture the collaboration and coordination with the EU Institutions and bodies particularly the European Commission (DG SANTE, DG RTD, DG ECHO, DG NEAR, DG INTPA, JRC) and the European External Action Service (EEAS) and other EU agencies in particular with the European Food Safety Authority (EFSA) and the European Medicines Agency (EMA)	Strengthen further collaborative and coordination interaction with the EU Institutions and in particular the European Commission for increased sharing of information, effective communication, and alignment of actions. Continued collaboration with other EU Agencies aiming at sharing knowledge and best practices and potential synergies and joint activities.	<ul style="list-style-type: none"> - Enhanced channels of close collaboration for effective coordination and interaction with the European Commission, the EEAS, the European Parliament, and the Council Secretariat. - Identification of potential areas of collaboration and joint work with other EU Agencies.
4.3.2	Invest in maintaining constructive relationship with the European Parliament, in particular with the Committee for the Environment, Public Health and Food Safety (ENVI)	Ensure continuous and smooth relations with the European Parliament and its Members and provide information and support on infectious disease-specific topics.	<ul style="list-style-type: none"> - ECDC Director's annual exchange of views with the ENVI Committee and hearings before Parliamentary Committees upon request. - Provision of scientific opinions as requested by the European Parliament. - Information on ECDC's activities and its disease-specific areas in a format useful for making decisions.
4.3.3	Maintain and enhance cooperation with key policy stakeholders at the EU-level, including annual involvement in the European Health Forum Gastein (EHFG) and maintaining close relations with our host country, Sweden	Invest in relations and strengthen collaboration with key policy stakeholders at the EU level. Highlight ECDC's work within the area of communicable diseases. Ensure policy-makers, public health professionals and NGOs receive scientific evidence for decision-making through organised events.	<ul style="list-style-type: none"> - ECDC organised annual session at EHFG. - ECDC Director's and experts' participation in other EHFG sessions. - ECDC Director's participation as member of the EHFG advisory committee. - Joint events organised with EU stakeholders in Sweden.
4.3.4	Enhance further collaboration with WHO to ensure complementarity of actions and avoid duplication of efforts	Add value to the countries through collaborative and joint efforts of ECDC and WHO/Europe experts and decreased burden for Member States for reporting (to avoid double reporting) and ensure synergy and complementarity of effort.	<ul style="list-style-type: none"> - Implementation of the Administrative arrangement between ECDC and WHO/Europe, including annual plan for joint and collaborative activities.

Table 34. Resources allocation

4.3 Coordination	Staff and Title 3 budget
Total FTEs for this activity	1.6 FTE
Total budget for this activity	5 000 EUR

Strategic objective 5. *Organisational efficiency: Transform the organisation to the next generation ECDC*

To enhance its organisational management, the Centre will continue introducing improvements of its Integrated Management Framework, including IT systems. The aim is to gradually increase the Centre's ability to work in an effective and efficient way, through optimised processes and enhanced project management. Moreover, monitoring and reporting will be improved thanks to the new planning and monitoring system and a set of revised Key Performance Indicators (KPIs).

Following the expert competency gap analysis conducted in 2022, the Centre will gradually integrate new professional profiles in emerging areas as needed. Furthermore, following the development in 2021 of a mobility framework, internal mobility will be facilitated.

ECDC will focus on further developing its online presence, both on the web and on social media. The comprehensive Stakeholders Engagement Framework set up in 2021 and the public relations plan will be further implemented.

Table 35. Indicators of Strategic Objective 5

KPI	Baseline	Target	Means of verification	Frequency of verification
Proportion of key processes reviewed	20%	20%	Process landscape	Annual
Proportion of activities implemented of the annual work programme	74%	85%	MIS	Annual
Percentage of indicators reaching the target	73%	90%	Consolidated Annual Activity Report	Annual
Percentage of audit recommendations implemented*	0%	90%	Internal Control excel file	Annual
Percentage of the Internal Control Framework implemented	74%	100%	ICF annual review	Annual
Timeliness of recruitment process	10.7 weeks	Maximum 12 weeks	HR data	Annual
Number of (short-term and long-term) sick leaves	- 1.82% (short-term) - 3.28% (long-term)	- <2% (short-term) - <3% (long-term)	Allegro absence data	Annual
Average vacancy rate for Temporary Agent posts (post occupied)	3.3%	<5%	HR data	Annual
Number of media clippings and media requests	- 56069 clippings - 963 requests	10% increase	Media monitoring report from external contractor, requests received on the press inbox	Annual
Website statistics: - Page views, - Website sessions, - Document downloads, - Returning visitors	- 18 043 416 - 10 863 890 - 406 545 - 58%	- 10 % increase - 7% increase - 7% increase - 40% increase	Google analytics	Annual
Stakeholder engagement: Number of actions in which communication stakeholders are engaged: - NFP meetings, - Meetings ahead of European Antibiotic Awareness Day, - Digital and on-site events/visits, - Information stands	- 1 - 10 - n/a - n/a	- 1 - At least 8 - At least 3 - At least 3	ECDC website, Information Centre	Annual
Social media statistics: - Twitter followers for the ECDC corporate account, - Twitter followers for the outbreaks account, - Fans on Facebook, - Followers on Facebook	- 94 560 - 23 482 - 59 732 - 263 206	20% increase	Press inbox	Annual
Communication campaigns	8	At least 5	ECDC website	Annual
Audio-visual content	155 outputs	10% increase	Social media and ECDC website	Annual
Internal communication: - News items, - Newsletters, - Staff meetings, - Views for the top five pages of the year	- 314 - 50 - 5 - 1 500	- At least 250 - At least 50 - At least 5 - At least 1000 views for the top 5 pages in the year together	Google analytics and internal communication inboxes	Annual
Satisfaction of members of the ECDC governance bodies with the cooperation and coordination support offered by ECDC	n/a	75%	Stakeholder survey	Biennial

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

5.1 Integrated management framework: Increase organisational effectiveness and efficiency through improved processes and enhanced monitoring of organisational performance

Overview

In 2023, the Centre will continue implementing the actions included in the Integrated Management Framework roadmap. The main highlights will be the initiation of the deployment of the ISO 9001 quality management system, as well as the implementation and go-live of the Centre's new planning and monitoring system. Following the work initiated in 2022, the current system of Key Performance Indicators (KPIs) will be further revised and improved considering the new ECDC Strategy.

Moreover, as part of the efforts to transform ECDC into a learning organisation, a baseline assessment against one of the recognised learning organisation models will be performed to identify the main gaps and opportunities for the Centre, and to initiate the implementation of the selected actions.

ECDC will also continue implementing and updating the roadmap to reengineer its IT applications for steering and supporting activities. This will enhance the overall performance management and improve the Centre's ability to steer and support its operations while managing its information assets.

Table 36. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
5.1.1	Ensure continued implementation of the integrated management framework	ECDC's organisational management supported by a comprehensive integrated management framework.	- Coordination of the integrated management framework and implementation of the integrated management framework roadmap.
5.1.2	Strengthen internal processes for creating, capturing, sharing, and leveraging internal ECDC knowledge	Learning culture diffused within ECDC.	- New learning practices and tools introduced. - Assessment against a learning organisation model performed and gaps analysed.
5.1.3	Ensure continued implementation of the roadmap for the IT Integrated Steering and Support Systems (IceCube)	ECDC's integrated management framework operational with integrated and automated IT tools.	- ECDC's planning and monitoring system fully configured and the roll-out plan developed. - ECDC's planning and monitoring system implemented. - E-workflow applications introduced for selected ECDC processes.
5.1.4	Initiate implementation of an ISO 9001-based quality management system for ECDC	The quality management system embedded in ECDC's business processes.	- Deployment of the ISO 9001 quality management system initiated in selected sections. - Evaluations coordinated. - Methodology for managing business processes. - Up-to-date instructional documents.
5.1.5	Ensure continued planning and reporting on ECDC annual work programmes	Comprehensive planning, monitoring, and reporting on ECDC activities supporting implementation of the ECDC Strategy.	- Planning, monitoring, and reporting on ECDC work programmes implemented. - Project and programme management coordination and support across ECDC carried out.
5.1.6	Enhance the system of Key Performance Indicators (KPIs) to support improved monitoring of the ECDC performance and achievement of Strategic Objectives	Improved achievement of set targets through enhanced KPIs and their monitoring.	- ECDC indicator framework developed.
5.1.7	Ensure continued coordination of the ECDC internal control and audit activities	The ECDC internal control framework fully implemented.	- Audit coordination and follow-up of audit observations implemented. - Internal control coordination and the internal control framework activities implemented. - Grant ex-post verifications.

Table 37. Resources allocation

5.1 Integrated Management Framework	Staff and Title 3 budget
Total FTEs for this activity	17.5 FTE
Total budget for this activity	0

5.2 Engaged staff: Recruit and retain capable, motivated, and resilient staff

Overview

Following the development of the People Strategy in 2022 (capturing all support services to staff and managers, as well as for organisational development) the Centre will ensure it is effectively implemented and easily accessible to all staff. The strategy encompasses areas such as learning and development, newcomer's induction, health and wellbeing, diversity, and inclusion, as well as services and support to staff and managers as regards entitlements, staffing planning, etc.

Furthermore, the Centre will as a continuation of its work on respectful working environment, in 2023 put a focus on Diversity and Inclusion.

The project of reviewing ECDC's values will be kicked off during 2023. The work on the development of more electronic workflows will continue. In addition, following the competency gap analysis started in 2021 and finalised in 2022, the Centre aims at ensuring that its current and future staff have the skills needed – especially considering the rapid digitalisation in all areas of the Centre's work. ECDC will gradually adapt its workforce to the results of the analysis on the Centre's competencies needs.

Table 38. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
5.2.1	Transform human resources management and provide effective and efficient human resources services	<p>ECDC has a sufficient number of skilled staff to ensure the implementation of the Work Programme.</p> <p>Foundation for developing an agile workforce.</p> <p>Enhanced effectiveness of management.</p> <p>Enhanced well-being at all levels and healthy work environment for staff.</p>	<ul style="list-style-type: none"> - Revision (development of new) ECDC values. - A sustained and adequate framework of medical and psychological services safeguarded to foster staff health and wellbeing. - Timely adoption of new implementing rules including communication to staff (especially ahead of a possible review of the Staff Regulations 2024 and related changes).

Table 39. Resources allocation

5.2 Engaged staff	Staff and Title 3 budget
Total FTEs for this activity	17.8 FTE
Total budget for this activity	0

5.3 Stakeholders and external communication: Enhance the transparency, visibility, and availability of ECDC's outputs

Overview

In 2023, ECDC's communication efforts will continue to build its reputation as an independent, transparent, open, and trusted agency that produces and shares high-quality and actionable content about infectious disease epidemiology, prevention, and control. This will be achieved through an extensive public relations plan (including a full rebranding exercise and the implementation of targeted public relations campaigns), enhanced engagement with media outlets, closer relationships with health professionals, and cooperation with scientific journals, clinical societies, NGOs, and professional organisations.

ECDC will further develop new communication formats and explore ways to improve its messaging, outputs, and digital channels, including regular content reviews on the Centre's website and enhanced social media advertising.

Given the organisational setup and the different professional and cultural backgrounds of its staff, ECDC will further strengthen its internal communication channels and practices, build a greater understanding of its mission and strategic priorities, contribute to an improved organisational culture, and provide platforms for staff to create the workplace they wish to have. In 2023, ECDC will further improve the recently launched Information Centre – which fosters a more holistic approach to internal information management – as part of a wider Enterprise Content Management Platform.

Furthermore, ECDC will continue to develop its Stakeholder Engagement Framework, which defines who the Centre's stakeholders are thanks to the updated mapping and the segmentation of stakeholder groups carried out in 2022. The framework also comprises guiding principles on how to interact and work with them and an outline of the Sections or individuals within the Centre who are primarily responsible to interact with each stakeholder group. In addition, the framework identifies means for stakeholders to express their interest to engage with ECDC, eligibility criteria, and processes for the Centre to identify areas for collaboration and prioritise participation.

Table 40. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
5.3.1	Implement public relations activities and improved branding	Implementation of the public relations plan as per the project plan and other relevant branding actions.	<ul style="list-style-type: none"> - Rebranding, including look and feel as well as messages, voice, and style. - PR plan and a selection of actions included in this document. - Develop branded items and maintain the ECDC trademarks.
5.3.2	Increase media outreach in EU/EEA countries	Increased understanding of ECDC's role and products.	<ul style="list-style-type: none"> - Social media enhanced outreach, social media listening and paid promotion. - Proactive outreach to media outlets in the EU/EEA, answers to 100% of requests received through the press inbox and media placements in top outlets. - Media training for experts. - Daily, quarterly, and annual media monitoring reports. - Podcasts development and evaluation.
5.3.3	Improve and further develop ECDC online presence, ensuring that the content on its websites is audience-oriented and that it helps to improve the transparency, visibility, and availability of ECDC outputs	Improved content in all ECDC portals.	<ul style="list-style-type: none"> - Content development for the ECDC websites which is clear, organised and targeted to the needs of the audiences.
5.3.4	Develop and implement the stakeholder engagement framework and related activities	<p>Final Stakeholder Engagement Framework. Improved stakeholder engagement practices at ECDC through a clear stakeholder engagement framework.</p> <p>Engagement with specific communication stakeholders throughout the year.</p> <p>Implementation of ECDC's ASPIRE campaign including both internal and external stakeholders.</p>	<ul style="list-style-type: none"> - Stakeholder mapping. - Stakeholder Engagement Framework. - Templates, checklists, and other tools to support colleagues working in this area at ECDC. - Outreach to selected stakeholders. - ECDC ASPIRE communication campaign.
5.3.5	Implement disease-specific risk communication initiatives following internationally recognised awareness days, ECDC priorities and stakeholder priorities	Increased awareness about infectious diseases epidemiology, prevention, and control.	<ul style="list-style-type: none"> - Integrated communication campaigns. - Policy briefs. - European Antibiotic Awareness Day. - European Vaccination Acceptance Initiative.

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
5.3.6	Enhance internal communication activities, including improvements to the Information Centre	ECDC communicates internally in an efficient and proactive way, creating a greater understanding of its mission and strategic priorities, and helping its employees feel motivated and fulfilled as part of the organisation and thus contribute to staff engagement.	<ul style="list-style-type: none"> - Internal communication activities. - Information Centre management.
5.3.7	Provide professional information services	ECDC provides tailored services to the general public and other audiences through targeted outputs that make science easy to access and to understand.	<ul style="list-style-type: none"> - Publications print and distribution. - Digital publications. - Information stands, visits and/or open days. - Digital events. - Newsletters.
5.3.8	Reinforce EVIP through EU4Health agreed actions	Reinforcement of the European Vaccination Information Portal (EVIP) through continuous and dynamic updates of the website, including new vaccine developments, links to reliable sources, content development and translation, as well as paid promotion of EVIP.	<ul style="list-style-type: none"> - Study on vaccination information uptake. - Communication materials. - Translations. - Paid promotion on digital platforms.
5.3.9	Ensure continued support and coordination of the ECDC governance bodies	Relationship with the ECDC governance bodies strengthened.	<ul style="list-style-type: none"> - 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 carried out. - Coordination of the Director Consultation Group (DCG). - Governance of the Stakeholders Relationship Management (SRM) system.

Table 41. Resources allocation

5.3 Stakeholders and external communication	Staff and Title 3 budget
Total FTEs for this activity	17.8 FTE
Total budget for this activity	1 679 500 EUR

Table 42. Resources – funded based on contribution agreements

5.3 Stakeholders and external communication	Staff and budget (EU grants)
Total FTEs for this activity	2.0 FTE
Total budget for this activity	490 000 EUR

6. Support services

Table 43. Indicators of Support services

KPI	Baseline	Target	Means of verification	Frequency of verification
Quality of software products	For IT products with BIP 1 or 2: 0 Critical and 1 High	For IT products with BIP 1 or 2: 0 Critical and 0 High	Azure	Annual
Availability of hosted applications under SLA	99.9%	99.0%	ECDC Infrastructure Service Management Report	Annual
Business owners' satisfaction with the DTS Unit services	n/a	At least 57%	End users' satisfaction survey	Annual
Proportion of ICT Front-Office requests and incidents resolved as per SLA	90% for requests and 95% for the incidents	Above 95%	ECDC Infrastructure Service Management Report	Annual
Digital literacy	n/a	70%	Microsoft Productivity Score	Annual
Percentage of feasibility studies performed according to the plan	100%	100%	Project server	Annual
Procurement/grant procedures finalised, and contract launched at originally planned date	65%	75%	MIS	Annual
Percentage of changes made in the procurement plan throughout the year	23%	<20%	MIS	Annual
Proportion of submitted and reviewed annual and specific declarations of interest: - MB, - AF, - Senior management, - Ext. experts at meetings, - Ext. experts for RRA	- 96% - 89% - 100% - 99% - 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	n/a	100%	Legal Services Section files	Annual
Percentage of confirmatory requests responded to within the legal deadline	n/a	100%	Legal Services Section files	Annual
EU Eco-Management and Audit Scheme (EMAS)	EMAS Registration	100%	EMAS Environmental Statement	Annual
Percentage of meetings launched at planned launch date	92%	80%	MIS	Annual
Percentage of changes made in the meeting plan throughout the year	17%	20%	MIS	Annual
Budget implementation of the Centre – C1 Commitment rate*	99.35%	100%	ABAC WF	Annual
Percentage of invoices paid within the time limits of the ECDC Financial Regulation*	98%	99%	ABAC WF	Annual
Rate of cancellation of payment appropriations*	1.1%	2%	ABAC WF	Annual
Rate of budgetary outturn*	1%	5%	Budget outturn account	Annual

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

6.1 Digital Transformation Services

Overview

ECDC develops and adopts digital solutions that improve lives in the EU, apply scientific excellence, and empower Member States, the European Commission, and other partners to improve public health policy. To that end, ECDC develops infrastructure and applications that enable the Centre and Member States to use health data.

ECDC implements smart analytics and artificial intelligence (AI) to assess and interpret data effectively and to offer relevant and timely scientific evidence, using modern visualisation tools. EpiPulse, the Early Warning and Response System (EWRS), and common EU initiatives such as the European Health Data Space (EHDS), the European Federation Gateway Service (EFGS), and the Passenger Locator Form Exchange Platform (ePLF) are instrumental for the operation of the Centre.

ECDC staff is digitally empowered with a user-friendly digital workplace, guided by a common digital etiquette, and trained with the necessary digital skills. IT product and service portfolios are fit for purpose to address business needs thanks to the application of the Target Operating Model and the ECDC IT Governance implemented since 2020.

The Centre continuously improves its digital infrastructure so that its critical underlying systems are performant and secure. Although ECDC's applications are mostly hosted locally, the Centre uses cloud services where possible and economically viable – for example, with the adoption of Microsoft 365 and some production workloads running on cloud-based servers.

Table 44. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
6.1.1	ECDC supports public health by providing digital solutions for the European Commission, Member States, and other stakeholders. In addition, the Centre's operations are enabled with the necessary digital solutions for the steering and support of the next generation ECDC.	<p>Digital solutions for surveillance, preparedness and response enable timely generation and exchange of standardised high-quality data to support Member States to rapidly respond to cross-border health threats of infectious diseases.</p> <p>Digital solutions for scientific excellence enable collaboration and exchange of knowledge, bring experts together and support joint problem-solving.</p> <p>Digital solutions for smart analytics, artificial intelligence and data visualisation allow ECDC to assess and interpret data effectively and to offer relevant and timely scientific evidence.</p> <p>Digital solutions for integrated support, steering and communication increases the effectiveness, efficiency and added value of its steering and support operations by involving its main stakeholders.</p>	<ul style="list-style-type: none"> • New IT solutions and further development of IT products. • Ensured IT services, IT product basic maintenance and continuous service improvement. • IT quality, PMO, enterprise architecture and IT security services are provided to a high quality. • The new IT Service Management (ITSM) portal is implemented. • The European Federation Gateway Service (EFGS) is operational and a proposal for its future status is made to the eHealth network.
6.1.2	ECDC provides its staff with a digital workplace that addresses the needs for mobility, flexibility, communication, and collaboration. Users can easily access the IT services they need via the front-office or self-service.	<p>ECDC staff is digitally empowered with a user-centric digital workplace, guided by a common digital etiquette and trained with the necessary digital skills.</p> <p>ECDC continuously improves its digital infrastructure so that its critical systems fulfil business needs.</p>	<ul style="list-style-type: none"> • The Information Security Management System (ISMS) is implemented as planned.

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
6.1.3	Prepare ECDC for the future through common digital capabilities, technology, and innovation	<p>ECDC's Digital transformation happens with the necessary velocity, quality, sustainability, and security.</p> <p>The transition to the next generation outsourcing framework contract is achieved without discontinuity of capacity.</p> <p>Develop competencies relevant to core business and maintain Institutional memory.</p> <p>Monitor and assess new technologies.</p>	<ul style="list-style-type: none"> The ECDC IT Target Operating Model 2023–2027 is implemented as planned.

Table 45. Resources allocation

6.1 Digital Transformation	Staff and Title 3 budget
Total FTEs for this activity	25.6 FTE
Total budget for this activity	11 804 000 EUR

6.2 Resource management

Overview

Strategic and operational support services in human resources management, finance and accounting, corporate services, as well as legal services and procurement are key to support the smooth running of ECDC operations. The successful implementation of ECDC's strategy – and ultimately its mandate – is contingent on an effective and efficient backbone of resource management services. The Centre develops its systems and processes with the aim of ensuring shorter planning and execution cycles across all services, while maintaining compliance with regulations.

Corporate Services will carry out the reinforcement and simplification of ECDC's facilities, security, and meeting management services. The digitalisation of Missions and Meetings activities, of the ECDC mailroom and archives activities, and the reassessment of the approach to business continuity and crisis management will continue. The implementation of EMAS and the promotion of sustainability at ECDC will also continue.

All agencies currently using the European Commission's financial system ABAC WF will migrate to a new financial system, SUMMA. Some agencies will start migrating in Q4 2023 to be implemented for the 2024 budget, whilst other agencies will migrate in Q4 2024 to be implemented for the 2025 budget. At this point, DG Budget has not decided yet which agencies will migrate starting in 2024 or 2025. The migration will imply additional work, in particular for the Finance and Accounting Section. Moreover, the use of a new financial management system will require training across the Centre. In addition, the financial processes and workflows will have to be reviewed and adapted accordingly.

During 2023, the Procurement Section will continue to provide quality procurement support throughout the procurement/grant and contract implementation cycles. The Section will strive to improve its current processes by progressing with electronic workflows and the implementation of the new data management system ECMP as well as preparing for the new planning and monitoring system. Main Procurement procedures foreseen for 2023 are presented in the Financing decision (annexed in this document).

In the area of legal services, the focus will be on providing high quality legal advice to ECDC, ensuring the application of the Independence Policy for Staff and Non-staff alike, providing data protection advisory services (incl. for new or enhanced systems) and capacity-building, as well as managing access to documents requests and confirmatory applications.

Table 46. Objectives, main outputs, and expected results in 2023

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
6.2.1	Provide effective and efficient procurement services	ECDC has services and goods available in the right quality and quantity and on time to pursue its mandate, by facilitating effective planning and execution of procurement and grants procedures.	<ul style="list-style-type: none"> - Provision of procurement services throughout the full procurement cycle to all the Units of the Centre. - Number of negotiated procedures/direct contracts reduced. - Number of new procurement procedures added to the procurement plan during the year reduced. - Continued implementation of procurement e-workflows.
6.2.2	Provide effective and efficient legal services	ECDC receives effective and efficient legal advice in matters related to the operational as well as administrative field of the Centre's activities.	<ul style="list-style-type: none"> - Provision of legal support to all Units of the Centre. - Update and maintain agreements database. - Review and update Internal Procedures as required. - Coordinate the implementation of ECDCs independence policy across the Centre. - Full compliance and establishment of routines for the implementation of the Independence Policy for Staff. - Implementation of the ex-post control strategy for the application of the Independence Policy and the Data Protection Regulation. - Coordination of access to document requests. - Implement the data protection function in ECDC. - Develop annual workplans for all Units related to data protection.
6.2.3	Provide effective and efficient corporate services	ECDC has established a sustainable, secure, and healthy workplace that fosters innovation, and creativity, where staff and partners are equipped with the right tools, the adequate processes and environment they need to collaborate and deliver.	<ul style="list-style-type: none"> - Continue the implementation of the corporate services strategy that aligns the Corporate Services Section structure and framework of services with ECDC long-term plan for enhancing efficiency and effectiveness. - Implement service level agreements for facilities management services. - Improve experience of participants to ECDC events. - Reduce ECDC environmental footprint according to set objectives. - Continue the implementation of the ECDC workplace assessment recommendations. - Continue the digitalisation of mailroom and archives.

Nb.	Objective 2023	Expected result and EU added value	Main outputs 2023
6.2.4	Provide effective and efficient financial management services	ECDC ensures correct, sound, and efficient management of its financial resources.	<ul style="list-style-type: none"> - Further on-board suppliers into e-invoicing. - Integrate and implement newly received grant(s) into the budgetary and financial system. - Enhance the financial reporting, forecasting, and monitoring of the budget implementation throughout the Centre. - Enhance financial training for newcomers throughout the Centre.

Table 47. Resources allocation

6.2 Resources management	Staff and Title 3 budget
Total FTEs for this activity	50.2 FTE
Total budget for this activity	0

Annexes

Annex 1. Organisation chart 2023

Annex 2. Resource allocation per activity

Annex 3. Financial Resources (Tables)

Annex 4. Human Resources (quantitative)

Annex 5. Human Resources (qualitative)

Annex 6. Environment management

Annex 7. Building policy

Annex 8. Privileges and immunities

Annex 9. Evaluations

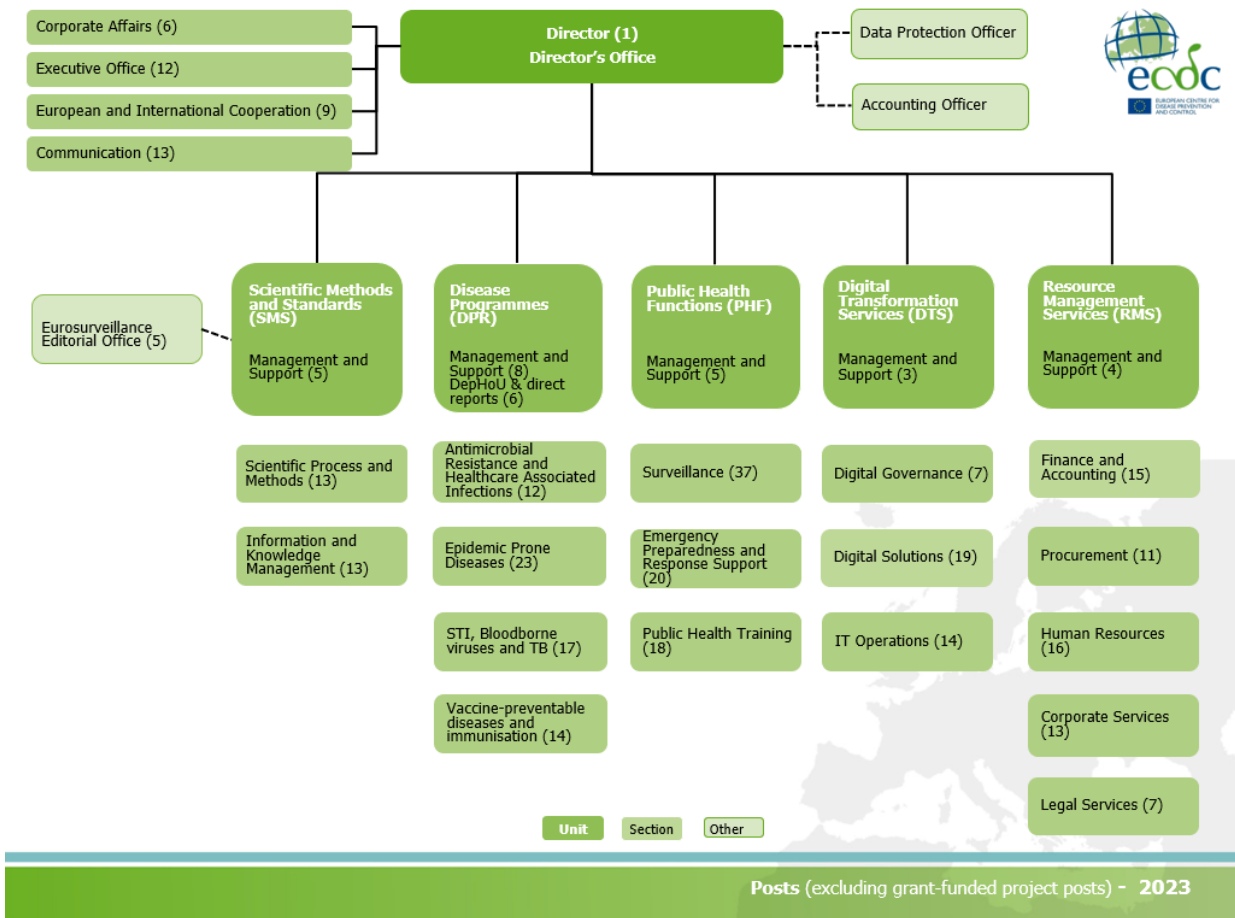
Annex 10. Strategy for the organisational management and internal control systems

Annex 11. Procurements and grants per Activity 2023

Annex 12. Plan for grant, contribution, or service-level agreement

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

Annex 1. Organisational chart 2023



* Please note that PHF, DTS and RMS each have a Deputy Head of Unit who is also a Head of Section and therefore not included in the number of staff counted under 'Management and Support'. DPR has a Deputy Head of Unit with operational staff directly reporting to him.

Annex 2. Resource allocation per activity 2023–2025

Table 48. Resource allocation by Strategy 2023–2025

Strategic Objective	2022*		2023		2024**		2024**	
	FTEs	Total budget M (EUR)	FTEs	Total budget M (EUR)	FTEs	Total budget M (EUR)	FTEs	Total budget M (EUR)
SO1. Strengthen and apply scientific excellence	76.2	31.2	87.5	24.3	88.7	24.8	87.7	24.5
SO2. Support countries to strengthen their capacities and capabilities	98.6	26.9	92.8	25.0	94.2	25.4	94.2	25.1
SO3. Future outlook	21.0	4.8	25.9	5.9	27.5	6.0	27.5	5.9
SO4. Increase EU health security through cooperation with non-EU partners	16.2	2.4	11.1	1.6	11.2	1.5	11.2	1.5
SO5. Transform the organisation	51.5	8.3	53.8	9.6	54.4	9.4	54.4	9.4
Support services	81.5	21.8	77.0	23.2	77.5	23.7	77.5	23.4
SNEs	5.0	0.5	5.0	0.6	5.0	0.6	5.0	0.6
TOTAL	350	95.9	353	90.2	358	91.3	358	90.4

*Initial staff and budget.

**Envisaged staff and budget. The division of resources by Strategy Objective is provisional and established as a proportional calculation based on 2023 allocations.

Table 49. Activity-based budget 2023

Strategic objective / Action Area	Total FTEs	FTEs Oper.	FTEs Admin.	Title 1 (EUR)	Title 2 (EUR)	Title 3 (EUR)	TOTAL (EUR)
SO1. Strengthen and apply scientific excellence	111.4	85.0	2.5	13 235 793	2 631 852	11 698 455	27 566 099
1.0 Management	1.8	1.4	0.0	351 579	36 413	-	387 993
1.1 Standards	4.6	3.6	0.0	535 881	91 756	-	627 637
1.2 Evidence	73.9	57.5	0.1	9 069 290	1 479 119	10 331 955	20 880 364
1.3 Methodologies	0.8	0.6	0.0	154 881	16 041	30 000	200 922
1.4 Knowledge transfer	30.4	21.9	2.3	3 124 161	1 008 522	1 336 500	5 469 183
SO2. Support the countries to strengthen their capacities and capabilities	117.8	91.8	0.1	14 236,552	2 359 526	11 813 000	28 409 079
2.0 Management	2.0	1.6	0.0	391 848	40 584	-	432 433
2.1 Country focus	19.9	15.5	0.0	2 417 605	399 501	1 992 000	4 809 107
2.2 Prevention and control programmes	51.2	39.9	0.0	6 181 380	1 024 871	4 091 000	11 297 251
2.3 Training	20.9	16.3	0.0	2 363 394	418 354	4 923 000	7 704 748
2.4 Emergency preparedness	23.8	18.5	0.1	2 882 324	476 215	807 000	4 165 540
SO3. Future outlook	32.8	24.6	1.3	4 000 044	656 438	2 225 045	6 881 527
3.0 Management	1.1	0.9	0.0	212 187	21 976	-	234 163
3.1 Foresight	2.4	1.9	0.0	322 742	47 803	570 000	940 545
3.2 Engage	1.0	0.8	0.0	132 246	20 533	60 000	212 779
3.3 Support transformation	28.3	21.0	1.3	3 332 869	566 126	1 595 045	5 494 040
SO4. Increase EU health security through cooperation with non-EU partners	14.2	11.0	0.0	1 727 228	283 608	5 000	2 015 836
4.0 Management	0.4	0.3	0.0	74 343	7 700	-	82 043
4.1 Neighbourhood	7.8	6.1	0.0	934 065	155 920	-	1 089 986
4.2 Major CDCs	3.9	3.0	0.0	472 742	78 923	-	551 665
4.3 Coordination	2.1	1.6	0.0	246 077	41 065	5 000	292 143
SO5. Transform the organisation	23.9	25.9	23.9	2 626 511	1 284 428	1 679 500	5 590 439
5.0 Management	0.4	0.3	0.4	78 108	8 011	-	86 119
5.1 Integrated management framework	4.6	11.7	4.6	546 427	596 755	-	1 143 181
5.2 Engaged staff	13.8	1.2	13.8	1 460 245	321 391	-	1 781 636
5.3 Stakeholders and external communication	5.2	12.7	5.2	541 732	358 271	1 679 500	2 579 503

Strategic objective / Action Area	Total FTEs	FTEs Oper.	FTEs Admin.	Title 1 (EUR)	Title 2 (EUR)	Title 3 (EUR)	TOTAL (EUR)
Support services	22.3	33.9	22.3	2 421 789	1 754 281	11 804 000	15 980 070
6.0 Management	0.6	0.5	0.6	117 161	12 017	-	129 178
6.1 Digital Transformation Services	9.2	15.5	9.2	1 010 194	1,284,409	11 804 000	14 098 603
6.2 Resource management	12.5	17.9	12.5	1 294 434	457 855	-	1 752 289
9. Benchmarking	25.6			2 650 517	512 725	-	3 163 242
9.0 Neutral category as per Benchmarking Methodology	25.6			2 650 517	512 725	-	3 163 242
Seconded National Experts	5.0			475 567	100 142	-	575 708
Seconded National Experts	5.0			475 567	100 142	-	575 708
GRAND TOTAL	353.0	272.30	50.1	41 374 000	9 583 000	39 225 000	90 182 000

The ratio is operational: 78.2%, administrative: 14.4%, neutral 7.4%.

Annex 3. Financial Resources (Tables) 2023–2025

Table 50. Revenue

General Revenues

REVENUES	N (2022)	N+1 (2023)
	Revenues estimated by the Agency	Budget forecast
EU contribution	97 600 000	87 665 000
Other revenue	2 272 000	2 517 000
TOTAL REVENUES	99 872 000	90 182 000

REVENUES	General revenues						
	Executed N-1 (2021)	Estimated by the agency N (2022)	N+1 (2023)		VAR N+1/N (%)	Envisaged N+2 (2024)	Envisaged N+3 (2025)
			Agency request	Budget forecast			
1 REVENUE FROM FEES AND CHARGES							
2 EU CONTRIBUTION	164 922 830	94 528 522	85 925 120			89 100 000	88 200 000
- Of which assigned revenues deriving from previous years' surpluses		3 071 478	1 739 880				
3 THIRD COUNTRIES CONTRIBUTION (incl. EEA/EFTA and candidate countries)	2 106 306	2 272 000	2 517 000			2 236 000	2 213 000
- Of which EEA/EFTA (excl. Switzerland)	2 106 306	2 272 000	2 517 000			2 236 000	2 213 000
- Of which candidate countries							
4 OTHER CONTRIBUTIONS							
5 ADMINISTRATIVE OPERATIONS							
- Of which interest generated by funds paid by the European Commission by way of the EU contribution (FFR Art. 58)							
6 REVENUES FROM SERVICES RENDERED AGAINST PAYMENT							
7 CORRECTION OF BUDGETARY IMBALANCES							
TOTAL	167 029 136	99 872 000	90 182 000			91 336 000	90 413 000

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

REVENUES	N (2022)	N+1 (2023)
	Revenues estimated by the agency	Budget forecast
TOTAL REVENUES	12 124 589	0

REVENUES	Additional EU funding: grant, contribution, and service-level agreements						
	Executed N-1 (2021)	Estimated by the Agency N (2022)	N+1 (2023)		VAR N+1/N (%)	Envisaged N+2 (2024)	Envisaged N+3 (2025)
			Agency request	Budget forecast			
ADDITIONAL EU FUNDING STEMMING FROM GRANTS (FFR Art.7)							
ADDITIONAL EU FUNDING STEMMING FROM CONTRIBUTION AGREEMENTS (FFR Art.7)	2 404 942	12 124 589	0	0		0	0
ADDITIONAL EU FUNDING STEMMING FROM SERVICE LEVEL AGREEMENTS (FFR Art. 43.2)							
TOTAL	2 404 942	12 124 589	0	0		0	0

Table 51. Expenditure

Expenditure	N (2022)		N+1 (2023)	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
Title 1 - Staff expenditure	42 138 008	42 138 008	41 374 000	41 374 000
Title 2 - Infrastructure and operating expenditure	8 441 140	8 441 140	9 583 000	9 583 000
Title 3 - Operational expenditure	49 292 852	49 292 852	39 225 000	39 225 000
TOTAL EXPENDITURE	99 872 000	99 872 000	90 182 000	90 182 000

Expenditure	Commitment and payment appropriations						
	Executed Budget N-1 (2021)	Budget N (2022)	Draft Budget N+1 (2023)		VAR N+1 (2023)/ N (2022) (%)	Envisaged N+2 (2024)	Envisaged N+3 (2025)
			Agency request	Budget forecast			
Title 1 – Staff expenditure	37 362 867	42 138 008	41 374 000		-1.8%	39 830 000	39 850 000
11 Salaries & allowances	32 214 132	36 633 000	37 490 000			35 480 000	35 480 000
– <i>Of which establishment plan posts</i>	24 320 537	27 522 000	27 750 000			25 880 000	25 880 000
– <i>Of which external personnel</i>	7 893 594	9 111 000	9 740 000			9 600 000	9 600 000
12 Expenditure relating to staff recruitment	413 326	670 000	600 000			400 000	375 000
13 Mission expenses	18 332	435 958	450 000			300 000	300 000
14 Socio-medical infrastructure	144 535	180 000	180 000			200 000	220 000
15 Training	630 699	419 800	500 000			600 000	675 000

16 External Services	3 941 444	3 752 250	2 104 000		-43.9%	2 800 000	2 750 000
17 Receptions, events, and representation	400	47 000	50 000			50 000	50 000
Title 2 – Infrastructure and operating expenditure	8 551 147	8 441 140	9 583 000		+13.5%	9 200 000	9 200 000
20 Rental of buildings and associated costs	4 407 707	4 225 874	4 833 000		+14.4%	4 900 000	4 900 000
21 Information, communication technology and data processing	3 137 648	3 277 806	3 320 000			3 100 000	3 100 000
22 Movable property and associated costs	238 174	99 435	229 000			200 000	200 000
23 Current administrative expenditure	154 524	319 781	281 000			250 000	250 000
24 Postage/Telecommunications	68 067	110 500	135 000			200 000	200 000
25 Meeting expenses	545 027	407 744	785 000			550 000	550 000

Expenditure	Commitment and payment appropriations						
	Executed Budget N-1 (2021)	Budget N (2022)	Draft Budget N+1 (2023)		VAR N+1(2023) /N (2022) (%)	Envisaged N+2 (2024)	Envisaged N+3 (2025)
			Agency request	Budget forecast			
Title 3 – Operational expenditure	121 115 122	49 292 852	39 225 000		-20.4%	42 306 000	41 363 000
30 Operational expenditure	121 115 122	49 292 852	39 225 000			42 306 000	41 363 000
TOTAL	167 029 136	99 872 000	90 182 000		-9.7%	91 336 000	90 413 000

Table 52. Budget outturn and cancellation of appropriations

Budget outturn	N-4 (2019)	N-3 (2020)	N-2 (2021)
Revenue actually received (+)	60 316 000	70 708 000	172 749 000
Payments made (-)	48 441 000	47 139 000	109 153 000

Carry-over of appropriations (-)	11 671 000	22 533 000	71 428 000
Cancellation of appropriations carried over (+)	880 000	1 155 000	1 025 000
Adjustment for carry-over of assigned revenue appropriations from previous year (+)	259 000	1 118 000	9 089 000
Exchange rate differences (+/-)	+126 000	-238 000	-543 000
Adjustment for negative balance from previous year (-)			
TOTAL	1 469 000	3 071 000	1 739 000

Descriptive information and justification on:**- budget outturn,**

First estimate of the 2021 surplus to be reimbursed to the EU budget (as assigned revenue): EUR 1 739 880.22

The Centre cashed its budget of EUR 168 115 000 in 2021.

The expenditure of 2021, including the carry-forward to 2022, equals to EUR 180 582 255.98

The amount of cancelled unused payment appropriations carried forward from previous year (2020) of EUR 1 025 247.08, the adjustment for carry-over from the previous year of appropriations available at 31.12 arising from assigned revenue of EUR 9 089 576.87 and the exchange rate loss for the year 2021 of EUR -542 570.47 have resulted in a positive budget outturn 2021.

In 2021, ECDC reimbursed the budgetary positive balance from 2020 of EUR 3 071 478.28 to the EU.

As a result of the above, EUR 1 739 880.22 will be reimbursed during 2022 to the EU budget (as assigned revenue) related to the Centre's 2021 budget implementation.

- cancellation of commitment appropriations,

The total implementation of commitment appropriations in 2021 reached 99.35% with a total of EUR 1 085 863.33 cancelled, compared to EUR 2 016 923.65 cancelled in 2020. As a result, the reductions of the EU contribution of 2% for the implementation of commitment appropriations and 2% for the cancellation of payment appropriations are not applicable for the 2023 budget of ECDC. The commitment of appropriations for the operational expenditure on Title 3 reached 99.69% in 2021.

- cancellation of payment appropriations for the year and payment appropriations carried over.

The Centre has carried forward EUR 13 500 266 from 2020 to 2021, of which EUR 12 475 019 was paid (fund source C8).

This corresponds to 92.41% of the amount carried forward.

Annex 4. Human resources (quantitative)

Table 53. Staff population and its evolution; overview of all categories of staff

A. Statutory staff and SNE

Staff	Year 2021			Year 2022	Year 2023	Year 2024	Year 2025
ESTABLISHMENT PLAN POSTS	Authorised Budget	Actually filled as of 31/12/2021¹⁶	Occupancy rate %	Authorised staff	Envisaged staff	Envisaged staff	Envisaged staff
Administrators (AD)	144	138	95.8%	148	155	158	158
Assistants (AST)	59	56	94.9%	62	62	62	62
Assistants/Secretaries (AST/SC)	5	4	80.0%	5	5	5	5
TOTAL ESTABLISHMENT PLAN POSTS	208	198	95.2%	215	222	225	225
EXTERNAL STAFF	FTE corresponding to the authorised budget	Executed FTE as of 31/12/2021¹⁷	Execution Rate %	Headcount as of 31/12/2021	FTE corresponding to the authorised budget	Envisaged FTE	Envisaged FTE
Contract Agents (CA)	138	112 (plus 14 CA posts from externally funded projects)	81.2%	112 (authorised budget 2022: 130 ¹⁸)	126	128	128

¹⁶ Posts filled at 31.12.2021 include 12 offers made and accepted (2 AD8, 6 AD5, 3 AST4, 1 AST/SC1). The vacancy rate is impacted by the fact that ECDC received 28 new TA posts during the course of 2021.

¹⁷ Posts filled at 31.12.2021 include six offers made and accepted (5 FGIV, 1 FGIII). The vacancy rate is impacted by the fact that ECDC received 20 new CA posts during the course of 2021 and also recruited staff for 21 externally funded project posts not included in this overview. Furthermore, following the new TA and CA posts received in 2021, ECDC was requested to already reduce the 20 short-term COVID-19 CA posts received in 2020 now, which are, however, still partly included in the authorised budget and will no longer be filled.

¹⁸ Excluding CA posts from externally funded projects, see table below.

Staff	Year 2021			Year 2022	Year 2023	Year 2024	Year 2025
Seconded National Experts (SNE)	5	5	100.0%	5	5	5	5
TOTAL EXTERNAL STAFF	143	117	81.8%	135 (authorised staff)	131	133	133
TOTAL STAFF	351	315	89.7%	350	353	358	358

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

Human Resources	Year 2022	Year 2023	Year 2024	Year 2025
	Envisaged FTE	Envisaged FTE	Envisaged FTE	Envisaged FTE
Contract Agents (CA)	21	23	23	21 ¹⁹
Seconded National Experts (SNE)	0	0	0	0
TOTAL	21	23	23	21

¹⁹ Provided that certain grants are extended; details are currently unknown. However, the majority of the contract agreements concluded have an end date in 2024.

C. Other human resources

- Structural service providers

	Actually in place as of 31/12/2021
Security/ reception/ logistics	9
IT	11
Other (specify)	0

- Interim workers

	Total FTEs in year N-1 (2021)
Number	48

Table 54. Multi-annual staff policy plan Year N+1-Year N+3

Function group and grade	Year 2021				Year 2022		Year 2023		Year 2024		Year 2025	
	Authorised budget		Actually filled as of 31/12/2021 ²⁰		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		2		1		2		2		2		2
AD 13		3				3		3		3		3
AD 12		7		5		7		7		7		7
AD 11		8		7		8		8		8		8
AD 10		25		8		25		25		26		26
AD 9		24		16		24		24		24		24
AD 8		24		31		25		28		29		29
AD 7		29		12		29		29		29		29
AD 6		18		15		21		25		26		26
AD 5		3		43		3		3		3		3
AD TOTAL		144		138		148		155		158		158
AST 11												

²⁰ Posts filled at 31.12.2021 included 12 offers made and accepted (2 AD8, 6 AD5, 3 AST4, 1 AST/SC1). The vacancy rate is impacted by the fact that ECDC received 28 new TA posts during the course of 2021.

Function group and grade	Year 2021				Year 2022		Year 2023		Year 2024		Year 2025	
	Authorised budget		Actually filled as of 31/12/2021 ²⁰		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
AST 10		1				1		1		1		1
AST 9		2		2		2		2		2		2
AST 8		3		2		3		3		3		3
AST 7		11		4		11		11		11		11
AST 6		10		9		10		10		10		10
AST 5		15		11		15		15		15		15
AST 4		10		22		13		17		17		17
AST 3		7		3		7		3		3		3
AST 2				2								
AST 1				1								
AST TOTAL		59		56		62		62		62		62
AST/SC 6												
AST/SC 5												
AST/SC 4												
AST/SC 3		5				5		5		5		5
AST/SC 2				1								
AST/SC 1				3								

Function group and grade	Year 2021				Year 2022		Year 2023		Year 2024		Year 2025	
	Authorised budget		Actually filled as of 31/12/2021 ²⁰		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
AST/SC TOTAL		5		4		5		5		5		5
TOTAL		208		198		215		222		225		225
GRAND TOTAL		208		198		215		222		225		225

- External personnel**

Contract Agents

Contract agents	FTE corresponding to the authorised budget 2021	Executed FTE as of 31/12/2021	Headcount as of 31/12/2021 ²¹	FTE corresponding to the authorised budget 2022	FTE corresponding to the authorised budget 2023	FTE corresponding to the authorised budget 2024	FTE corresponding to the authorised budget 2025
Function Group IV	85	67	67	76	74	76	76
Function Group III	40	33	33	41	38	38	38
Function Group II	12	11	11	12	13	13	13
Function Group I	1	1	1	1	1	1	1
TOTAL	138	112	112	130	126	128	128

Seconded National Experts

²¹ Posts filled by 31 December 2021 include six offers made and accepted (five FGIV, one FGIII). The vacancy rate is impacted by the fact that ECDC received 20 new CA posts during the course of 2021 and also recruited staff for 21 externally funded project posts not included in this overview. Furthermore, ECDC has already started the reduction of the 20 COVID-19 posts received in 2020, which are partly still included in the authorised budget.

Seconded National Experts	FTE corresponding to the authorised budget 2021	Executed FTE as of 31/12/2021	Headcount as of 31/12/2021	FTE corresponding to the authorised budget 2022	FTE corresponding to the authorised budget 2023	FTE corresponding to the authorised budget 2024	FTE corresponding to the authorised budget 2025
TOTAL	5	5	5	5	5	5	5

Table 55. Recruitment forecasts N+1 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 contract (Official, TA or CA)		TA/Official		CA
	Due to foreseen retirement/ mobility	New post requested due to additional tasks ²²	Function group/grade of recruitment internal (Brackets) and external (single grade) foreseen for publication *		Recruitment Function Group (I, II, III and IV)
			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	2	0	AD 8 – AD 10	AD 8	-
Principal Expert	4	3	AD 8 – AD 9	AD 8	-
Expert	5	3	AD 5 – AD 7	AD 5	-
Scientific Officer	6	2	-	-	FG IV

²² Including a backlog of new posts 2021 and posts for externally funded projects

Job title in the Agency	Type of contract (Official, TA or CA)		TA/Official		CA
	Due to foreseen retirement/ mobility	New post requested due to additional tasks ²²	Function group/grade of recruitment internal (Brackets) and external (single grade) foreseen for publication *		Recruitment Function Group (I, II, III and IV)
			Internal (brackets)	External (brackets)	
Administration (e.g. HR, Procurement/ Finance)/ IT Officers	2	4	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)	8	5	-	-	FG III
Administrative Assistants	1	1	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 as forming the core capacity, that is, operating the Centre; in addition, contract agents are recruited with a primary focus on support functions and junior experts.

The recruitment of highly qualified professionals in operational as well as administrative and management functions is of key importance, especially so as 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, health determinants, burden of disease, 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. The epidemiological resources in Europe, at senior level, 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, with the majority of the posts intended for technical experts in areas such as public health and epidemiology. 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 are the model implementing rules for all agencies. These implementing rules include a provision for internal selection, which the Centre uses. The Centre aims to carry out recruitment processes in an objective, transparent, and highly efficient manner, respecting 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 mainly recruited 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 that 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 so 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 using 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 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, 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 are the model decision for agencies. The Centre aims at carrying out recruitment processes in an objective, transparent, and highly efficient manner, respecting 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 (financial assistants, assistants in missions and meetings, human resources assistants, assistant secretaries, legal officers, web editors, editors, etc) and junior experts in operational programmes of a 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 an 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; and
- projects.

Contract agents are recruited within Function Groups 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 Financial Assistants, Human Resources Assistants, Travel/mission Assistants, Information Assistants, 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. 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		

A. 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 56. Reclassification of TA/promotion of officials

Grades	Average seniority in the grade among reclassified staff						Average over 5 years (According to Decision C(2015)9563)
	Year 2017	Year 2018	Year 2019	Year 2020	Year 2021	Actual average over 5 years	
AD05	4.6	7.5	5.3	3.3	3.1	4.5	2.8
AD06	3.6	4.9	3.0	3.0	6.4	4.1	2.8
AD07	n/a	n/a	3.0	3.0	3.0	3.0	2.8
AD08	5.8	4.6	5.0	4.0	3.5	4.4	3
AD09	4.8	4.4	n/a	n/a	3.5	4.1	4
AD10	n/a	4.3	5.8	5.0	3.0	4.2	4
AD11	6.8	n/a	5.0	n/a	2.6	4.8	4
AD12	n/a	3.2	n/a	n/a	n/a	3.2	6.7
AD13	n/a	n/a	n/a	n/a	n/a	n/a	6.7
AST1	n/a	7.6	n/a	n/a	n/a	7.6	3
AST2	5.2	3.0	n/a	n/a	n/a	4.4	3
AST3	n/a	n/a	n/a	n/a	n/a	n/a	3
AST4	5.3	5.7	n/a	3.8	2.8	4.9	3

	Average seniority in the grade among reclassified staff						
AST5	5.8	5.8	5.8	6.4	5.0	5.8	4
AST6	n/a	4.8	n/a	5.0	3.0	4.0	4
AST7	4.8	n/a	4.8	n/a	6.8	5.5	4
AST8	n/a	n/a	n/a	n/a	n/a	4.5	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	n/a	n/a	n/a	3.3	3.3	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

Table 57. Reclassification of contract staff

Function Group	Grade	Staff in activity at 1.01.2020	How many staff members were reclassified in Year 2021	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	0	0	n/a	Between 6 and 10 years
	16	4	0	n/a	Between 5 and 7 years
	15	14	2	4.5	Between 4 and 6 years
	14	28	1	2.5	Between 3 and 5 years
	13	2	0	n/a	Between 3 and 5 years
CA III	11	6	1	7.8	Between 6 and 10 years
	10	10	1	6.0	Between 5 and 7 years
	9	16	2	4.1	Between 4 and 6 years
	8	2	0	n/a	Between 3 and 5 years
CA II	6	3	0	n/a	Between 6 and 10 years
	5	5	1	4.4	Between 5 and 7 years
	4	2	0	n/a	Between 3 and 5 years
CA I	2	2	0	n/a	Between 6 and 10 years
	1	0	0	n/a	Between 3 and 5 years

B. Gender representation

Table 58. Data regarding statutory staff on 31/12/2021 (only officials, TA and CA)²³

		Official		Temporary		Contract Agents		Grand Total	
		Staff	%	Staff	%	Staff	%	Staff	%
Female	Administrator level			70	38%	42	35%		
	Assistant level (AST & AST/SC)			37	20%	41	34%		
	Total	0		107	58%	83	69%	190	62%
Male	Administrator level			60	32%	28	23%		
	Assistant level (AST & AST/SC)			19	10%	9	8%		
	Total	0		79	42%	37	31%	116	38%
Grand total		0		186	100%	120	100%	306	100%

Table 59. Data regarding gender evolution over five years of the middle and senior management²⁴

	N-5 (2017)		N-1 (2021)	
	Number	%	Number	%
Female managers	2	33%	2	33%
Male managers	4	67%	4	67%

²³ Without offers made and accepted.

²⁴ Staff who are defined as middle managers by the applicable General Implementing provisions on middle management.

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

There were no changes in the composition of the middle and senior management population in ECDC in 2021. 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. As for the Director's appointment, that is a matter for the European Commission and the ECDC Management Board.

C. Geographical Balance**Explanatory figures to highlight nationalities of staff (split per Administrator/CA FG IV and Assistant /CA FG I, II, III)****Table 60. Data on 31/12/2021 – statutory staff only (officials, AT and AC)**

Nationality	AD + CA FG IV		AST/SC- AST + CA FGI/CA FGII/CA FGIII		TOTAL ²⁵	
	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	0	0.0%	1	0.9%	1	0.3%
Belgium	8	4.0%	1	0.9%	9	2.9%
Bulgaria	5	2.5%	0	0.0%	5	1.6%
Croatia	2	1.0%	2	1.9%	4	1.3%
Cyprus	0	0.0%	0	0.0%	0	0.0%
Czechia	1	0.5%	1	0.9%	2	0.7%
Denmark	3	1.5%	3	2.8%	6	2.0%
Estonia	0	0.0%	2	1.9%	2	0.7%

²⁵ Without offers made and accepted.

Nationality	AD + CA FG IV		AST/SC- AST + CA FGI/CA FGII/CA FGIII		TOTAL ²⁵	
	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
Finland	11	5.5%	3	2.8%	14	4.6%
France	19	9.5%	4	3.8%	23	7.5%
Germany	20	10.0%	9	8.5%	29	9.5%
Greece	15	7.5%	3	2.8%	18	5.9%
Hungary	3	1.5%	1	0.9%	4	1.3%
Ireland	5	2.5%	1	0.9%	6	2.0%
Italy	13	6.5%	9	8.5%	22	7.2%
Latvia	2	1.0%	2	1.9%	4	1.3%
Lithuania	5	2.5%	1	0.9%	6	2.0%
Luxembourg	0	0.0%	0	0.0%	0	0.0%
Malta	1	0.5%	0	0.0%	1	0.3%
Netherlands	5	2.5%	3	2.8%	8	2.6%

Nationality	AD + CA FG IV		AST/SC- AST + CA FGI/CA FGII/CA FGIII		TOTAL ²⁵	
	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
Poland	7	3.5%	10	9.4%	17	5.6%
Portugal	8	4.0%	3	2.8%	11	3.6%
Romania	15	7.5%	11	10.4%	26	8.5%
Slovakia	1	0.5%	0	0.0%	1	0.3%
Slovenia	2	1.0%	1	0.9%	3	1.0%
Spain	6	3.0%	2	1.9%	8	2.6%
Sweden	42	21.0%	31	29.2%	73	23.9%
United Kingdom	1	0.5%	2	1.9%	3	1.0%
Total	200	100.0%	106	100.0%	306	100.0%

Table 61. Evolution over five years of the most represented nationality in the Agency

Most represented nationality	N-5 (2017)		N-1 (2021)	
	Number	%	Number	%
Sweden	54	20.5 %	73	23.9 %

The increased percentage of Swedish nationals compared to five years ago is largely due to staff members with UK nationality obtaining Swedish citizenship following Brexit, but the percentage has decreased slightly compared to 2020.

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

D. 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			
<p>Description of any other solutions or actions in place:</p> <p>There are a number of alternatives regarding international schooling within the region in which the Centre is situated (international schools, German, British, French, Finnish schools). There is no European school in Stockholm.</p> <p>Public schools, whether Swedish or international, are free of charge. Private school fees are high, although national grants per student reduce these. However, the private International School situated in Stockholm city centre charges very high fees and the double educational allowance only covers a minimal part of the fees of this school.</p> <p>It should be noted that the seat agreement between the Centre and the Swedish government provides for the possibility of considering a European section or school.</p>				

Annex 6. Environment management

ECDC measures to ensure a cost-effective and environmentally-friendly working place

ECDC's premises have been environmentally certified as a 'Green building' since 2018. In December 2020, the ECDC 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.

By 2023, ECDC is expected to be EU Eco-Management Audit Scheme (EMAS) certified. The implementation of EMAS started in October 2019, when ECDC performed its first environmental assessment. ECDC has from then subsequently been working on achieving EMAS certification. The environmental assessment established that travels related to missions, meetings, recruitments, and trainings represented the major source of CO₂ emissions for ECDC. Due to the COVID-19 pandemic, and the reduction of staff missions and meetings, ECDC CO₂ emissions related to travels have been reduced to a non-relevant environmental significance factor in 2021.

ECDC measures to reduce the environmental impact of its operations

One hundred percent of ECDC's electricity is provided by hydro-powered energy. ECDC's premises are equipped with energy-efficient glass windows optimising daylight admission and reducing solar heat. Light sources are mostly LED with occupancy sensors and daylight control systems. In 2021, ECDC introduced touchless taps helping to reduce up to 70% of the water consumption.

ECDC continues to improve its new recycling system, with separation of waste into paper, plastic, glass, organic, metal, e-waste, toners, light-bulbs, batteries, corrugated cardboard, and boxes. 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).

To reduce the environmental impact of transport, ECDC encourages its staff to use sustainable ways of commuting by providing facilities for bicycles and offering very good connections by public transport. Moreover, tele-conferencing is encouraged to limit the environmental impact of missions. In 2022, ECDC introduced new sustainable travel guidelines. These aim at improving ECDC sustainability, reducing its carbon emissions and the amount of travel taken on its behalf, by focusing on business-critical trips only and, when traveling is necessary, by ensuring that the most environmentally-friendly travel options are chosen.

In 2022, ECDC joined the EU interinstitutional procurement on environmental management systems, reduction, and offsetting of greenhouse gas emissions.

ECDC plans environmental objectives for 2023

As an agency of the European Union, ECDC recognises its responsibility towards the environment and the importance of implementation of measures to control and lower the environmental impact of its operations. In the year 2023, ECDC will continue improving its environmental performance and through its actions contribute to the achievement of environmental agreements and their objectives.

Annex 7. Building policy

#	Building Name and type	Location	SURFACE AREA (in m ²)			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	19 491 840 SEK (ca. 1 902 793 €/year) ²⁶	15 years	After 15 years, 2 renewals of 5 years each	Y	Termination notice period 12 months	No

²⁶ January 2021, exchange rate

Annex 8. Privileges and immunities

Agency privileges	Privileges granted to staff	
	Protocol of privileges and immunities/diplomatic status	Education/day-care
<p>The Agency enjoys the privileges stipulated in the Protocol on the Privileges and Immunities of the European Union (Articles 1 to 4 of the Protocol).</p>	<p>Articles 11 to 15 of the Protocol on the Privileges and Immunities of the European Union are applicable to the staff of the Centre.</p> <p>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.</p> <p>The Director of the Centre and the Deputy to the Director together with their families are granted the immunities and privileges accorded to heads of diplomatic missions and members of their families.</p>	<p>Family members of staff have access to day-care/education in accordance with Swedish legislation.</p>

Annex 9. Evaluations

External evaluation

ECDC's Founding Regulation requires the Centre to organise external evaluations every five years to assess how well it is performing its mission.

In 2018, ECDC launched its third external evaluation. A steering group of the Management Board (MB), the External Evaluation Steering Committee (MEES), composed of representatives of Member States, the European Commission, and the European Parliament, prepared the terms of reference, approved by the MB in March 2018. The third external evaluation conducted by Price Waterhouse Cooper started in September 2018 and was finalised in October 2019. In November 2019, the MEES presented a set of draft recommendations to the MB for discussion and possible approval. The MB approved the recommendations in June 2020 and the report, together with the recommendations, was subsequently published on ECDC's website. The report was also shared with the EU institutions. Part of the accepted recommendations will be addressed through the changes in ECDC's mandate, while others were addressed jointly with the actions resulting from the external assessment of ECDC's response to the pandemic as reported to the MB in March 2021 – their implementation was finalised by the end of 2021.

Internal evaluations

ECDC has had a procedure for the internal evaluation of its activities and outputs since 2015. Every year a number of ECDC's projects/programmes or products are assessed. To date, the following internal evaluations have taken place:

- 2015: ECDC assessment of the ECDC 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 Waterborne 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's Fellowship Programme – *outsourced*.
- 2018–2020: EPHEUS (evaluation of the surveillance systems) – *outsourced*.
- 2019/2020: TB programme – *outsourced*.
- 2020: Strategic and performance analysis of ECDC's response to the COVID-19 pandemic – *outsourced*.
- 2021: Evaluation of ESCAIDE – *outsourced*.

The scope of the procedure is described in the Internal Control Framework 12.3:

'The Agency deploys control activities through corporate policies that establish what is expected and in procedures that put policies into action',

and: *'The impact assessment and evaluation of financial expenditure and other non-spending activities are performed in accordance with the guiding principles of the European Commission's better regulation guidelines, to assess the performance of EU interventions and analyse options and related impacts on new initiatives.'*

All evaluations are linked to the activities in the Single Programming Document. Evaluations are generally conducted ex-post or mid-term. Evaluations should be carried out for interventions such as activities, programmes, projects, processes, the work of disease networks, and more generic functions performed by the Centre (e.g. preparedness, epidemic intelligence, procurement).

The Financial Regulation (art. 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 Heads of Units.

An indicative three-year multi-annual evaluation plan is approved by the Director, after consultation with the relevant internal stakeholders. It is drawn up taking into consideration 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 all 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 present evaluation plan will be reviewed in 2023 in the light of the amended ECDC Founding Regulation and the EU Regulation on serious cross-border threats to health.

Stakeholder surveys

In 2015, ECDC launched a first stakeholder survey targeted towards 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 carried out 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 of 2022. The outcome will be presented to the ECDC Management Board during their November 2022 meeting.

Monitoring of ECDC work programme implementation

The implementation of the ECDC work programme is managed through a Management Information System, as well as dedicated dashboards reviewed monthly by the Director and Heads of Units. For all projects, quarterly meetings are organised with each Unit to ensure the follow up and escalation of risks and issues to the senior management and the Director when needed. An update of the progress of implementation of the work programme is given at each meeting of the Management Board.

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

Organisational Management

The main objective of the ECDC Integrated Management Framework 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 the 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, the Advisory Forum, and the Director.

The Centre reports to the Management Board, whose members are nominated by 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's 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 who 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 the ECDC 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 the ECDC long-term strategy and ultimately to fulfilling the ECDC 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 Budgeting in the Single Programming Document (SPD)) and its annual consumption (Activity-Based Costing 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 9001:2015 standard.

A new instructional documents set-up has been gradually implemented to achieve an aligned and up to date documentation in the Centre. The process landscape will be aligned with the amended ECDC mandate, once approved in 2022 and the process review, automation, and optimisation work will continue from 2022 until the end of 2024.

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:

1. effectiveness, efficiency and economy of operations;
2. reliability of reporting;
3. safeguarding of assets and information;
4. prevention, detection, correction and follow-up of fraud and irregularities; and
5. 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 European Commission served as a base for defining the principles and their characteristics.

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

1. The Control Environment;
2. Risk Assessment;
3. Control activities;
4. Information and communication; and
5. Monitoring activities.

These 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.

In order 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 a number of 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 2021-2023.

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

On the basis of Regulation (EC) No 851/2004 establishing the European Centre for Disease Prevention and Control (ECDC) and in particular its article 19, in March 2018, the ECDC Management Board adopted the Independence Policy for Non-Staff and, in December 2019, the Independence Policy for ECDC Staff. The ECDC Compliance Officer is in charge of 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 by members of the Management Board, the Advisory Forum, the *Eurosurveillance* Board and, when scientific advice is given, by experts participating in ECDC meetings or ECDC publications. If relevant, the Compliance Officer suggests mitigations measures, in particular when pharmaceutical companies are concerned.

As concerns the Independence Policy for Staff, the ECDC Director and the Heads of Unit declare on an annual basis their interests, which are then published on ECDC's website to ensure full transparency. In addition, the ECDC Director is required to draw up a list of categories of staff that shall submit an Annual Declaration of Interest. The consultation step was finalised in 2021 and the Director Decision is to be taken in Q1 of 2022. The implementation of the policy for staff based on the Director Decision is planned to start in Q2 of 2022 at the latest.

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 has also 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 2023

As part of preparing the Single Programming Document (SPD) 2023, ECDC conducted a risk self-assessment exercise to identify the main risks that could impact the implementation of the SPD 2023.

The following main risks were identified:

- Risk of SPD implementation suffering from a Public Health Emergency (PHE) event or impacted by other unforeseen additional political or public health prioritised activities. 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. Given the ongoing PHE event, ECDC might be forced to amend the SPD 2023 in order to accommodate for the additional workload.
- Unavailability of data from Member States and/or unavailability of Member States'/stakeholders' resources to contribute to and/or participate in ECDC activities. ECDC has a good acceptance/support among stakeholders, however budget constraints, as well as the effects of the potential additional workload in 2023 regarding the ongoing PHE events on Member States/stakeholders could impact their priorities regarding ECDC related activities.
- Amendments to the founding regulation/mandate will change the resources and competences needed in ECDC. In the short-term, it could be difficult to adapt the organisation to the new regulation/mandate.
- Outsourcing of activities. Any outsourcing implies dependence on external parties. All forms of external parties' non-delivery (including insufficient quality) would potentially jeopardise the implementation of the SPD. Good planning and follow-up of outsourced work (including quality control) should reduce this risk to an acceptable level.
- Any budget cuts in the 2023 budget and/or cuts of posts in the establishment table 2023, would impact the SPD negatively. Also, any large change in the exchange rate (SEK/EURO) risks impacting the budget implementation and thereby also the execution of the SPD, as well as any increases in the prices paid by ECDC to suppliers.

The following actions were identified as additional mitigations:

- ECDC will closely monitor the impact of the ongoing PHE event on the activities included in the SPD 2023 and make the appropriate changes throughout the year. Important changes will be discussed and approved in the Management Board. *Deadline: Q1 2023–Q4 2023*
- ECDC will closely follow, and liaise with Member States, the effects of the ongoing pandemic on their abilities to contribute to the Centre’s activities as planned. *Deadline: Q1 2023–Q4 2023*
- ECDC will closely follow, and liaise with European Commission and other stakeholders, the implementation of the amended ECDC founding regulation/mandate. *Deadline: Q1 2023–Q4 2023*
- ECDC will closely follow the effects of the increase of prices by suppliers on the implementation of the SPD 2023 and the 2023 budget. *Deadline: Q1 2023–Q4 2023*

Annex 11. Procurements and grants per activity, 2023

Table 62. Financing Decision (envelopes for procurements and grants by strategic objective and action area) for core budget 2023

Target Name	Action Area	Grants	Procurements	Grand Total
SO1. Strengthen and apply scientific excellence	1.1 Standards		0	0
	1.2 Evidence		10 331 955	10 331 955
	1.3 Methodologies		30 000	30 000
	1.4 Knowledge transfer		1 336,500	1 336 500
Total for SO1			11 698 455	11 698 455
2. Support the countries to strengthen their capacities and capabilities	2.1 Country focus		1 992 000	1 992 000
	2.2 Prevention and control programmes	200 000	3 891 000	4 091 000
	2.3 Training	3 072 000	1 851 000	4 923 000
	2.4 Emergency preparedness		807 000	807 000
Total for SO2		3 272 000	8 541 000	11 813 000
3. Future outlook	3.1 Foresight		570 000	570 000
	3.2 Engage		60 000	60 000
	3.3 Support transformation		1 595 045	1 595 045
Total for SO3			2 225 045	2 225 045
4. Increase EU health security through cooperation with non-EU partners	4.1 Neighbourhood		0	0
	4.2 Major CDCs		0	0
	4.3 Coordination		5 000	5 000
	4.0 Management		0	0
Total for SO4			5 000	5 000
5. Transform the organisation	5.1 Integrated management framework		0	0
	5.2 Engaged staff		0	0
	5.3 Stakeholders and external communication		1 679 500	1 679 500
Total for SO5			1 679 500	1 579 500
6. Support services	6.1 Digital Transformation Services		11 804 000	11 804 000
	6.2 Resource management		0	0
Total for Support services			11 804 000	11 804 000
GRAND TOTAL		3 272 000	35 953 000	39 225 000

Annex 12. Plan for grant, contribution or service-level agreement

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		2022	2023	2024	2025
1. ERLTB-Net	Q2 in 2023, Q1 in 2024, in 2025	200,000/year	4 years	Consortium led by Ospedale San Rafeale (1 SGA per annum)	Implementation of lab coordination activities, including lab network coordination, EQA, training, strain collection, typing, scientific advice and 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	0.25	0.25	0.25	0.25
						Nr of SNEs	0	0	0	0
						Nr of FTEs	0.5	0.5	0.5	0.5
						Nr of SNEs	0	0	0	0
2. Scientific coordination of ECDC Fellowship Programme	Q1 each year	500,000/year	4 Years	On average 7 specific agreements with different counterparts per annum	Scientific Coordination of ECDC Fellowship Programme (Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) paths). To ensure the availability of highly qualified scientific coordinators for the Fellowship programme.	Amount (EUR)	575 000	500 000	500 000	500000
						Nr of FTEs	1.90	1.90	1.90	1.90
						Nr of SNEs	0	0	0	0
3. ECDC Fellowship Programme: hosting of fellows	Q1-Q2 in 2023, 2024 and Q1 in 2025	Various (2,0-2,5 million/year)	4 Years	On average 42 specific agreements in 2023, 35 in 2024, and 28 in 2025 with different counterparts per annum	ECDC Fellowship Programme (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)	2 106 000	2 572 000	2 346 000	2 075 000
						Nr of FTEs	0.95	0.95	0.95	0.95
						Nr of SNEs	0	0	0	0
TOTAL for Grant Agreements						Amount (EUR)	2,881,000	3,272,000	3,046,000	2,775,000
						Nr of FTEs	3.6	3.6	3.6	3.6

General Information						Financial and HR impacts				
						Nr of SNEs	0	0	0	0
IPA6 Contribution agreement	10 December 2019	2,500,000	5 years		Preparatory measures for the participation of the Western Balkans and Türkiye in ECDC with special focus on One-Health against AMR and enhanced SARI surveillance, 2020-2024	Amount (EUR)	0	0	0	
						Nr of FTEs	2	2	2	
						Nr of SNEs	0	0	0	
ECDC4Africa CDC Contribution agreement	19 October 2020	9,000,000	4 years		The ECDC4Africa CDC 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)	7 000 573	0	0	
						Nr of FTEs	8	8	8	
						Nr of SNEs	0	0	0	
EU Initiative on Health Security Contribution agreement	18 December 2020	9,000,000	4 years		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	0	0	
						Nr of FTEs	11	11	11	
						Nr of SNEs	0	0	0	
Reinforcement of EVIP through EU4Health contribution agreement	Q4 2022	1,000,000	30 months	European Commission	Reinforcement of the European Vaccination Information Portal (EVIP) through continuous and dynamic updates of the website, including new vaccine developments, links to reliable sources, content development and translation, as	Amount (EUR)	250 000	650 000	100 000	
						Nr of FTEs	0	2	2	

General Information						Financial and HR impacts				
					well as paid promotion of EVIP.	Nr of SNEs	0	0	0	
Improving and strengthening the EU Early Warning and Response System and National Alert and Information System (EWRS)	2023	10,000,000	5 years	European Commission	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	TBD	TBD	TBD
						Nr of FTEs	0	TBD	TBD	TBD
						Nr of SNE	0	0	0	0
						TOTAL for Contribution Agreements				
						Nr of FTEs	21	23	23	TBD
						Nr of SNEs	0	0	0	TBD
None						Amount (EUR)				
						Nr of FTEs				
						Nr of SNEs				
TOTAL for Service-Level Agreements						Amount (EUR)				
						Nr of FTEs				
						Nr of SNEs				

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

ECDC proposed strategy 2021–2027 describes the strategy for the cooperation with third countries and international organisations (under Goal 4, as reproduced below).

Goal 4: By 2027, ECDC contributes to increased health security in the EU through international collaboration and alignment regarding infectious disease policies and practice

Strategic objective 4. Increase health security in the EU through strengthened cooperation and coordination between ECDC and partners in non-EU countries

The COVID-19 pandemic has shown that serious threats to health from communicable diseases are inherently cross-border and early 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 European Commission's legislative proposal amending ECDC's mandate including fostering the Centre's contribution to the EU's international cooperation and commitment to global health security preparedness. In light of 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 Western Balkans and Türkiye 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 European Commission's dialogues with bilateral partners, multilateral organisations, and global health initiatives (e.g. Global Health Security Agenda).

Outside the EU borders, ECDC is one of many organisations working to fight infectious diseases. The European Commission, the European External Action Service (EEAS), WHO with its Regional Offices, major CDCs, the World Bank, other UN organisations, 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 in Europe and globally more effectively.

Action area 4.1. *Neighbourhood*: Develop and implement, together with partners, a comprehensive programme to support Western Balkans and Türkiye and ENP partner countries to strengthen their infectious disease prevention and control systems and public health workforce

ECDC will continue the implementation of a comprehensive multi-annual action, in close collaboration with relevant Commission services to support for the Western Balkans and Türkiye to prepare for participation in ECDC activities upon their accession to the EU under the Pre-Accession Assistance (ECDC-IPA6 project) 'Preparatory measures for the participation of Western Balkans and Türkiye in ECDC with special focus on 'One Health' against AMR and enhanced SARI surveillance, 2020-2024'. The Centre will continue supporting the European Neighbourhood Policy (ENP) partner countries to strengthen their public health systems under the EU Initiative on Health Security 2020-2025 aiming at strengthening countries' capacities for early detection, assessment, and response to health threats from communicable diseases and enhance regional cooperation, including public health workforce-oriented capacity-building activities and training courses to be delivered through the Mediterranean and Black Sea Programme for Field Epidemiology Training (MedPIET) covering both Western Balkans and Türkiye and ENP partner countries.

Action area 4.2. *Major CDCs: Increase ECDC's collaboration with major centres for disease prevention and control*

ECDC will continue and further strengthen its bilateral cooperation, including with those centres for disease prevention and control (CDCs) that already have formal bilateral agreements (US CDC, China CDC, Public Health Agency of Canada, Israel CDC, the Ministry of Health of Mexico, Korean CDC, and the United Kingdom Health Security Agency) 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.

The partnership with Africa CDC will continue under the 'EU for health security in Africa: ECDC for Africa CDC' project, 2021-2024, 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.

Action area 4.3. *Coordination: Ensure seamless coordination with international partners to achieve common objectives*

ECDC will coordinate the development and implementation of its international activities with the European Commission and EEAS to ensure alignment with EU policies and priorities.

ECDC will further strengthen its coordination with WHO and its Regional Offices, in particular with the Regional Office for Europe as well as with the recently established WHO Hub for Pandemic and Epidemic Intelligence. Coordination with other organisations will be based on the model tested with the WHO Regional Office for Europe and apply an adapted set of procedures. With regard to other partners working with non-EU countries (e.g. UN organisations, EU Member States, the World Bank), ECDC will use existing relevant mechanisms for coordination at the country, regional, or global levels, for example by using bilateral coordination channels through an EU Member State or by liaising with EU delegations in non-EU countries.

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