



ECDC CORPORATE

Single Programming Document

2024–2026

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Abbreviations

ABAC	Accrual-Based Accounting - the European Commission integrated budgetary and accounting system
ABB	Activity-Based Budgeting
ABC	Activity-Based Costing
AD	Administrator function group
AF	Advisory Forum
AMR	Antimicrobial resistance
AMC	Antimicrobial consumption
AMS	Antimicrobial stewardship
APHEA	Agency for Public Health Education Accreditation
ASPHER	Association of Schools of Public Health in the European Region
AST	Assistant function group
BSI	Bloodstream infections
BREEAM	Building Research Establishment Environmental Assessment Method
CA	Contract agent
CAAR	Consolidated Annual Activity Report
CCB	Coordinating Competent Body
CDC	Centres for Disease Control and Prevention
CDTR	Communicable disease threats reports
COVID-19	Coronavirus disease 2019
CPD	ECDC Continuous Professional Development
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 RI/RTD	Directorate-General for Research and Innovation
DG SANTE	Directorate-General for Health and Food Safety
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
EDQM	European Directorate for the Quality of Medicines and HealthCare
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
EHRC	European Humanitarian Response Capacity
ELDSNet	European Legionnaires' Disease Surveillance Network
EMA	European Medicines Agency
EMAS	EU Eco-Management and Audit Scheme
EMC	European Medical Corps
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
EQA	External quality assessment
ERVISS	European Respiratory Virus Surveillance Summary
ESAC-Net	European Surveillance of Antimicrobial Consumption Network
ESCAIDE	European Scientific Conference on Applied Infectious Disease Epidemiology
ESF	European Social Fund
EU	European Union
EU-ANSA	EU Agencies Network on Scientific Advice
EUDA	EU Drugs Agency (formerly EMCDDA)
EUHTF	EU Health Task Force
EULabCap	EU Laboratory Capability Monitoring System
EUPHA	European Public Health Association
EUPHEM	Public Health Microbiology Path of the ECDC Fellowship Programme
Euro-GASP	European Gonococcal Antimicrobial Surveillance Programme
EVA	ECDC Virtual Academy
EVD	Emerging and vector-borne diseases
EVIP	EU Vaccination Information Portal
EVIS	European Vaccination Information System
EWRS	Early Warning and Response System
FAO	Food and Agriculture Organisation of the United Nations
FG	Function Group
FTE	Full-time equivalent
FWD	Food- and waterborne diseases and zoonoses
FWD-Net	European Food- and Waterborne Diseases and zoonoses network
GOARN	WHO Global Outbreak Alert and Response Network
HaDEA	European Health and Digital Executive Agency
HAI	Healthcare-associated infection
HAI-Net	Healthcare-Associated Infections Surveillance Network
HERA	European Health Emergency Preparedness and Response Authority
HIV	Human immunodeficiency virus
HSC	Health Security Committee
IANPHI	International Association of National Public Health Institutes
ICF	Internal Control Framework
ICT	Information and Communication Technology
IHR	International Health Regulations
IMF	Integrated Management Framework
INB	Intergovernmental Negotiating Body
IPA	Instrument of Pre-Accession Assistance
IPC	Infection prevention and control
IRIS	Issue-Resources-Impact-Solidarity - decision-making and prioritisation tool
IRV	Influenza and other respiratory viruses
JIACRA	Joint Interagency Antimicrobial Consumption and Resistance Analysis
MediPIET	Mediterranean Programme for Intervention Epidemiology Training
KPI	Key Performance Indicator
MB	Management Board
MDRO	Multi-drug-resistant organism
MERS-CoV	Middle East respiratory syndrome coronavirus
NFP	National Focal Point

NGO	Non-governmental organisation
NITAG	National Immunisation Technical Advisory Group
OA	Open Access
OCP	Operational contact points
OECD	Organisation for Economic Cooperation and Development
PHE	Public health emergency
PRIME	ECDC planning and monitoring system
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
SPOC	Single point of contact
SRM	Stakeholder Relationship Management
STI	Sexually transmitted infections
TA	Temporary agent
TB	Tuberculosis
TCS	Targeted country support
TEPHINET	Training Programmes 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 medical and veterinary entomology
VMP	Vaccine Monitoring Platform
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

Glossary of ECDC's main IT¹

System/application	Description
Early Warning and Response System (EWRS)	A rapid alert system that supports critical communication about serious cross-border health threats, through a web-based platform used to exchange information on public health threats, between the EU/EEA Member States, the European Commission, other EU agencies and the World Health Organization.
ECDC Candidate Expert Directory (ECED)	A roster of prospective external experts that allows ECDC, when determined necessary by the Centre, to widen the number of experts and areas of knowledge and skills beyond its own expert staff and expertise.
ECDC data warehouse	A data warehouse that hosts all indicator and event-based surveillance data, as well as determinants of health data. It covers relevant information to perform standard or specific epidemiological surveillance analysis and reporting along with a harmonised terminology between datasets for all the communicable diseases and related special health topics covered by ECDC. Through its dataset management and storage, ECDC data warehouse supports the ECDC Open Data Framework.
ECDC Library (E-LARA)	A library that provides information through its collection and by making available the tools to ease access to information. The library develops a collection (both electronic and print) and provides services via the Library Intranet and physical area.
ECDC Scientific Advice Repository and Management System (SARMS)	A system that supports the production of ECDC outputs with scientific content, from registration to clearance and dissemination using electronic workflows. It provides a repository of ECDC scientific outputs for reference and auditing purposes.
ECDC Virtual Academy (EVA)	A learning management system that supports ECDC public health training activities. It provides access to e-learning and blended courses, training materials, and administration of face-to-face activities, including the ECDC Fellowship Programme (EPIET, EUPHEM), MediPIET and continuous professional development activities designed, developed, and implemented together with different ECDC teams and experts.
ECDC web portal	Supports ECDC overall communication by making available outputs and information for the Centre's target audiences, including public health professionals, policy makers, media and the general public.
Enterprise Content Management Platform (ECMP)	ECDC's unified portal for information and documents, as well as internal and external collaboration spaces. The portal is divided into three hubs: <ul style="list-style-type: none"> • An information centre providing everyone at ECDC with information about ECDC and other EU institutions (e.g. daily news, actions and decisions taken by management, upcoming events, training courses, and many other topics of interest.) • A document centre combining and centralising all working and official documentation in one place. It hosts Unit, Section and Group repositories, as well as horizontal project repositories or workspaces. • An external document collaboration centre where access can be granted to nominated external partners and collaborators, agencies, or individuals.
European Surveillance Portal for Infectious Diseases (EpiPulse)	Online portal for European public health authorities and global partners to collect, analyse, share and discuss infectious disease data for surveillance, threat detection, monitoring, risk assessment and outbreak response. EpiPulse was launched in 2021 and integrates several surveillance systems that were previously independent (The European Surveillance System (TESSy), the five Epidemic Intelligence Information System (EPIS) platforms and the Threat Tracking Tool (TTT)). It provides new functionalities and seamless access to data in a single platform. The portal facilitates collection, analysis, and dissemination of indicator- and event-based surveillance data on infectious diseases and associated health issues, including global epidemic intelligence, whole-genome sequencing and health determinants.

¹ This list of ECDC's main IT systems is not exhaustive and several support systems are not included.

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

Foreword

Implementing the revised ECDC Founding Regulation and the amended mandate in close collaboration with the Member States and the Commission will remain the priority for the Centre during the period 2024–2026. This Single Programming Document 2024–2026 is the first one guided by the adapted ECDC Strategy 2021–2027 since the amended mandate entered into force. The emphasis of this strategy is to demonstrate the areas in which the mandate has been strengthened, where progress is needed first and to facilitate the monitoring of this progress through related Key Performance Indicators (KPIs). The two main areas where ECDC's mandate has been reinforced in terms of support to the Member States are 1) strengthening and digitalising their communicable disease surveillance systems, and enabling interconnectivity between these and other relevant data bases as prerequisites towards a digitalised EU level surveillance system, and 2) assisting with prevention, emergency preparedness, and response planning activities (e.g. through the EU Health Task Force). The projects that ECDC has been implementing with the Western Balkans and Türkiye, European Neighbourhood Policy partner countries, and the Africa CDC will all be coming to an end during the period 2024–2026, providing an opportunity to re-define the future objectives for ECDC's international work.

At the end of 2022, ECDC initiated its internal transformation programme to ensure that the organisational elements for the implementation of the strengthened mandate will be in place by the end of 2026. Those areas closest to the direct implementation of actions (e.g. review of outputs and processes, KPIs) have been already initiated or completed. It is clear, however, that process of changing the overall culture, mindset, and way in which the organisation works will continue for many years to come. Nevertheless, I hope that Member States can already now recognise a change in the way that ECDC engages with them - through the implementation of the strengthened mandate – and I trust this change is seen as a positive one.

During this programming cycle there will be two important evaluations related to ECDC: in 2024 the Commission will carry out an evaluation², including an assessment of the operation of the Early Warning and Response System (EWRS) and the epidemiological surveillance network and, in 2025 there will be an external evaluation of the Centre's activities, as defined in Article 31 of the amended ECDC Founding Regulation. This external evaluation, instigated by the Commission, will also examine the feasibility of extending the mandate to address the impact of cross-border threats to health on non-communicable diseases.

In my view, the past few years have been truly transformational, not only for ECDC but for public health and health security across the EU and globally. Our concept of preparedness as a pure [public] health matter has changed to acknowledge the need for multi-sector preparedness and strengthened systems thinking in public health. At the same time, communities, public health, and healthcare are now being brought closer together in order to improve health outcomes.

In 2021, we determined ECDC's vision: 'to improve lives in Europe and globally by applying scientific excellence, thus empowering Member States, the European Commission, and other partners to drive public health policy and practice'. Today, ECDC's amended mandate gives us a strong legal basis for achieving this vision, together with the Member States, the Commission, and other key partners.

Andrea Ammon
ECDC Director

² Regulation (EU) 2022/2371 on serious cross-border threats to health and repealing Decision No 1082/2013/EU, Article 33.

Background

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

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

Mission statement

The Centre's mission is laid down in Article 3 of the amended ECDC Founding Regulation³, which states that:

'...the mission of the Centre shall be to identify and assess current and emerging threats to human health from communicable diseases and related special health issues, to report thereon and, where appropriate, to ensure that information thereon is presented in an easily accessible way. The Centre shall act in collaboration with competent bodies of the Member States or on its own initiative, through a dedicated network.

The mission of the Centre shall also be to provide science-based recommendations and support in coordinating the response at Union and national levels, as well as at cross-border interregional and regional level, to such threats, where appropriate. In providing such recommendations, the Centre shall, where necessary, cooperate with Member States and take into account existing national crisis management plans and the respective circumstances of each Member State.

In the case of other outbreaks of diseases of unknown origin that may spread within or to the Union, the Centre shall act on its own initiative until the source of the outbreak is known. In the case of an outbreak that is clearly not of a communicable disease, the Centre shall act only in cooperation with the coordinating competent bodies and upon their request and provide a risk assessment.

In pursuing its mission, the Centre shall respect the responsibilities of the Member States, the Commission and other Union bodies or agencies, and the responsibilities of third countries and international organisations active within the field of public health, in particular the WHO, in order to ensure that there is comprehensiveness, coherence and complementarity of action and that actions are coordinated.

The Centre shall support the work of the Health Security Committee (HSC), established by Article 4 of Regulation (EU) 2022/2371, the Council, the Member States and, where relevant, other Union structures, in order to promote effective coherence between their respective activities and to coordinate responses to serious cross-border threats to health, within its mandate.'

ECDC vision

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

³ Regulation (EU) 2022/2370 amending Regulation (EC) No 851/2004 establishing a European centre for disease prevention and control.

1. General context

Since its creation in 2004, ECDC has been committed to protecting human health through the prevention and control of communicable diseases and special health issues such as antimicrobial resistance (AMR). In 2020, the outbreak of coronavirus disease (COVID-19) caused the deaths of millions around the world and left many others with severe disability.

This will not be the last pandemic and EU citizens remain exposed to many other health threats, including those spanning from political or environmental factors, such as the refugee crisis following Russia's aggression in Ukraine in 2022, or the growing impacts of climate change.

The needs of the EU, the Member States, and their national health systems continue to evolve. Recognising these needs and drawing on the lessons learnt from the COVID-19 pandemic, the European Commission proposed the creation of a European Health Union, to address the future with stronger crisis preparedness mechanisms. The European Health Union includes a package of new legislation, establishing the Health Emergency and Response Authority (HERA), strengthening the role of the European Medicines Agency (EMA), providing a new Regulation on serious cross-border threats to health, and, most relevant to this document, strengthening the mandate of the European Centre for Disease Prevention and Control.

The amended ECDC Founding Regulation adopted by the Council on 24 October 2022 is the first update to ECDC's mandate since the Centre was created. It complements the provisions put forward in the new Regulation on serious cross-border threats to health and the Emergency Framework Regulation of HERA that were approved by the Council at the same time, completing the European Health Union.

ECDC's strengthened mandate and the array of unprecedented global challenges to delivering the Centre's new mission have increased expectations in terms of the tasks and interventions incumbent on ECDC. The amended ECDC Founding Regulation not only sets the legal basis for the activities that became a priority following the COVID-19 outbreak, it also introduces new areas of focus for ECDC interventions.

In particular, the amended ECDC Founding Regulation calls for the Centre to adopt a stronger role in supporting the EU/EEA Member States in the prevention and control of infectious disease threats, and to improve European emergency preparedness and response planning ahead of future public health challenges through:

- epidemiological surveillance via integrated and digitalised systems enabling real-time surveillance, when relevant;
- assessment of the prevention, emergency preparedness and response planning at national level;
- stronger guidance through provision of non-binding science-based recommendations and options for risk management;
- reinforced capacity for modelling and forecasting;
- focus on the monitoring of health system capacity for prevention, diagnosis, and treatment;
- coordination of a network of EU reference laboratories and a network for substances of human origin;
- platform for post-authorisation monitoring of vaccine safety and effectiveness, hosted jointly by EMA and ECDC;
- capacity to mobilise and deploy an EU Health Task Force to assist emergency preparedness and crisis response in Member States;
- fostering ECDC's contribution to the EU's international cooperation and commitment to global health security preparedness.

Given the above developments, the focus of the Centre's work programme in 2024 will be on intensifying support to the European Commission and the EU Member States, with the aim of strengthening their emergency preparedness and response planning. ECDC will prioritise actions to promote further digitalisation of the EU and national surveillance systems, allowing timely monitoring of communicable diseases with less human intervention and collection of data according to common indicators and standardised procedures. Finally, in 2024 the Centre will focus its efforts on enhancing strategic partnerships to create synergies - e.g. by establishing the EU cross-agency One Health Task Force - and by seeking ways to facilitate better interaction with the Member States to provide them with more targeted support, including through the EU Health Task Force.

With the amended ECDC Founding Regulation entering into force, ECDC's Strategy 2021–2027 has been reviewed to ensure that the Centre can add value and enhance its impact in line with the new mandate. Changes to the ECDC Strategy 2021–2027 translate the expectations set in the amended ECDC Founding Regulation into refined long-term objectives and aligned areas of action.

ECDC's multi-annual programming 2024–2026 and its 2024 work programme, presented in this document, build on the structure of the amended ECDC Strategy. In 2024, ECDC will begin pursuing the revised Strategic Objectives and the activities have therefore been planned accordingly. As the updated Strategy is an evolution of the strategic vision and goals that the Centre has been working towards since 2021, many of the ongoing projects and processes will continue, following a review of the strategic priorities, and new activities will be included to support the implementation of the amended mandate.

ECDC priorities for 2024

During 2024, ECDC will continue to help strengthen EU health security by addressing the following main priorities:

1. **Enhance support to the EU Member States and the European Commission in emergency preparedness and response planning**

ECDC will intensify its activities with a view to enhancing the emergency preparedness and response capabilities at the EU and national level. The Centre will collect information on the Member States' emergency preparedness and response planning, in line with the new Regulation on serious cross-border threats to health (SCBTH) and the International Health Regulations. In parallel, and also on the basis of the SCBTH Regulation, ECDC will assess all EU/EEA countries every three years. The first assessments will take place in 2024. ECDC will offer support to address gaps identified during both processes, particularly through the EU Health Task Force.

ECDC will continue to offer after-action reviews, case studies, simulation exercises, and other capacity-building activities to strengthen the capabilities and capacities of the Member States and third countries in emergency preparedness and response planning, in strategic complementarity with activities pursuant to Article 11 of SCBTH (training of healthcare staff and public health staff). Furthermore, ECDC will ensure that activities in this priority area take advantage of modelling and forecasting analyses and facilitate the integration of in-action research into national threat prioritisation and risk ranking.

2. **Reinforce epidemiological surveillance and monitoring**

Consolidating the efforts made in recent years, ECDC will continue to support further development of EU-level digital surveillance systems, for the routine collection of data using electronic health records in EU/EEA countries.

ECDC will continue to assist the Member States with the process of extracting and sharing reliable data that conform to EU surveillance objectives and standards. The Centre will work with countries to establish and implement operational surveillance systems, with the focus on outbreak-prone diseases.

As part of the EU joint action on real-time surveillance supported by the EU4Health Programme, further support will be provided in collecting and reporting on laboratory-based information for surveillance. ECDC will also assist in expanding the capacities of the Member States in the use of whole genome sequencing (WGS) and promoting integration of the WGS data for infectious diseases and antimicrobial-resistant pathogens under EU surveillance.

Further development of ECDC's digital infrastructure for surveillance will remain an important workstream in 2024, with the focus on ensuring interoperability of the Centre's internal applications and integration with the European Health Data Space.

Overall, ECDC's approach to reinforcing surveillance will include 1) support for implementation of the EU4Health Programme (surveillance and microbiology national infrastructures), 2) evaluation of Member State surveillance systems, 3) exploring access to data from electronic health records and sequence data, 4) support to Member States in establishing data linkages between existing health databases, 5) implementation of frequent reporting from centralised diagnostic databases.

3. **Build profound knowledge of the EU Member States to better target ECDC interventions**

In 2024, ECDC will continue its general country support, as well as Targeted Country Support (TCS) activities that aim to assist those Member States with specific vulnerabilities, to gain a better understanding of the main challenges and needs of individual countries and better tailor the Centre's support for them.

The Centre will engage in a dialogue with the Member States through country missions and networking activities with the Coordinating Competent Bodies (CCBs).

Ongoing and systematic collection of country-specific data from different sources (ECDC, WHO, Organisation for Economic Cooperation and Development (OECD), etc.) will continue, to enable an overarching EU overview of the strengths and vulnerabilities of the Member States' public health systems. This country-specific background information will help the EU Health Task Force, when activated at the request of a Member State to provide support in response to an outbreak, or with emergency preparedness and response planning. In addition, it will inform the Single Programming Document and annual work programme planning, to focus support activities on specific needs while also facilitating exchanges of experience between countries with strengths in a certain area and those with vulnerabilities in the same area.

4. **Intensify strategic partnerships at the EU and international level to create synergies and avoid duplication of action**

The Centre will further strengthen its cooperation and coordination with external partners such as other EU agencies, WHO, and Centres for Disease Control (CDCs) globally. Collaboration with sister EU agencies will be strengthened through the implementation of a cross-agency One Health Task Force. ECDC will continue to monitor post-authorisation vaccine effectiveness and safety together with the European Medicines Agency (EMA) in the jointly operated Vaccine Monitoring Platform (VMP). ECDC's threat anticipation and horizon scanning activities will support the work of the European Commission (DG HERA).

In the event of a public health crisis, ECDC will ensure that the EU Health Task Force is activated to assist local responses to outbreaks, in collaboration with the EU Civil Protection Mechanism (UCPM) and international response teams operated by WHO or the WHO Global Outbreak Alert and Response Network (GOARN). The procedures for the mobilisation and deployment of the outbreak assistance team by ECDC will be further refined in cooperation with the European Commission and agreements with EU/EEA Member States and external partners.

In 2024, ECDC will enter the final implementation phase of the technical cooperation projects with the Western Balkans and Türkiye under the EU Enlargement policy (ECDC-IPA6), the European Neighbourhood Policy partner countries (EU Initiative on Health Security), and the Africa Centres for Disease Control and Prevention (ECDC4Africa CDC). Consideration will be given to the sustainability of actions, continued coordination within the established partnerships, and defining new cooperation frameworks to build on the achievements of long-lasting collaboration.

5. Address priority conditions and issues at European level

- **Tackle antimicrobial resistance (AMR)**

Implementation of the European One Health Action Plan against AMR and cooperation at the international level on antimicrobials are among the key health priorities formulated by the President of the European Commission, Ursula von der Leyen, in 2019. In 2024, they will remain at the top of the agenda, and ECDC will continue to prioritise its activities for tackling AMR.

A new Council Recommendation on stepping up EU actions to combat AMR in a One Health approach (2023/C 220/01) was adopted on 13 June 2023. ECDC will support Member States and the European Commission in implementing this Council Recommendation (as well as any new relevant Council Conclusions) and follow up on related actions (such as participating in the inter-agency AMR working group). ECDC will also support Member States and the European Commission in implementing the Global Action Plan on AMR (WHO), the Global Strategy, Action Plan and Monitoring Framework on Infection Prevention and Control (WHO), and the Roadmap on AMR for the WHO European Region 2023–2030.

As part of the implementation of the SCBTH Regulation, a substantial part of the country assessment missions, under Article 8 of this Regulation, will be devoted to emergency preparedness and response, AMR and healthcare-associated infections (HAIs), and infection prevention and control (IPC). ECDC will continue to work on AMR issues from a One Health perspective in collaboration with the European Food Safety Authority (EFSA), EMA, and the European Environment Agency (EEA). As in previous years, at the request of a Member State, ECDC will continue to undertake joint country visits together with DG SANTE, possibly with the participation of WHO, to discuss issues from a One Health perspective. The Centre will also continue to contribute to the Transatlantic Task Force on AMR (TATFAR). With the aim of increasing awareness of AMR and the need for prudent use of antibiotics among healthcare professionals, policymakers, and the general public, ECDC will continue to coordinate European Antibiotic Awareness Day in partnership with the World AMR Awareness Week, through enhanced communication activities and campaigns.

- **Support the European Commission and the EU Member States in addressing the Sustainable Development Goals⁴ in the area of HIV, TB and hepatitis**

The UN Sustainable Development Goals call for action to ensure healthy lives and promote well-being. The work by ECDC falls under Goal 3.3 to end ‘the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases’ by 2030. In 2024, the focus of ECDC’s activities will remain on HIV infection, TB, and hepatitis. ECDC will continue to monitor progress and work closely with the European Commission, Member States, and other stakeholders (WHO, EU Drugs Agency (EUDA)⁵, etc.) to help tackle the three diseases and, through technical guidance and targeted country support, contribute to efforts to reduce their incidence and mortality.

- **Support prevention and control activities, including enhanced post-authorisation monitoring of the effectiveness of vaccines with specific focus on COVID-19 vaccines, and assistance to countries to improve vaccine coverage in the EU**

With the development of new vaccines against COVID-19, their market authorisations in the EU, and implementation of large-scale immunisation programmes; ECDC has since 2022 been working with the European Medicines Agency (EMA) in the jointly operated Vaccine Monitoring Platform (VMP) for the post-authorisation monitoring of vaccine safety and effectiveness. These studies are expected to continue and expand to other priority vaccines over the years and will remain key to generate adequate evidence to support continuous assessment of the benefits and risks of the vaccines and inform decision-making on their use in national or regional vaccination strategies for different populations.

ECDC will continue to build horizontal areas of support for the Member States in order to strengthen national immunisation programmes.

⁴ <http://www.un.org/sustainabledevelopment/>

⁵ Based on Regulation (EU) 2023/1322, the European Union Drugs Agency (EUDA) replaces and succeeds the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

ECDC will sustain its efforts to improve respiratory virus surveillance and pandemic preparedness, including emergency preparedness and rapid response capabilities for zoonotic influenza and coronaviruses. ECDC will continue to provide independent and relevant advice and technical support to the European Commission and Member States through regular surveillance outputs, risk assessments, evidence-based scientific assessments, and technical guidance.

While placing particular attention on the above priorities, work will continue in other fields of ECDC activity, in line with the tasks defined in the amended ECDC Founding Regulation. This will also include coordination of disease and laboratory networks, together with the further development of the network of EU reference laboratories and network for substances of human origin (SoHO). The Centre will offer training courses and other capacity-building activities, also as part of the ECDC Fellowship Programme and through the Continuous Professional Development initiative for short courses and e-learning. Scientific and technical advice will be provided in the field of prevention and control of communicable diseases and special health issues, including in the areas of behavioural insights, risk communication or via the continued publication of the open-access Eurosurveillance journal.

2. Multi-annual programming 2024-2026

2.1 Multiannual work programme 2024-2026

The amended ECDC Founding Regulation calls for the Centre to focus its interventions on specific priority areas. In view of this, ECDC's Strategy 2021–2027 has been adapted, including the Strategic Objectives that will guide ECDC interventions in the next few years. The Strategy Implementation Roadmap has also been reviewed in light of the amended Strategy 2021–2027 and serves as a basis for ECDC planning. The Multiannual Work Programme 2024–2026, along the Implementation Roadmap, presents ECDC's medium term plans towards achieving the Strategic Objectives.

ECDC work in disease areas 2024–2026

Antimicrobial resistance

ECDC will continue to support Member States in further strengthening the surveillance of AMR and antimicrobial consumption, publishing annual reports, and the other formats such as the ECDC Surveillance Atlas of Infectious Diseases, in collaboration with the WHO Global Antimicrobial Resistance Surveillance System (GLASS) and WHO's global surveillance of antimicrobial consumption. ECDC will support Member States and the European Commission in implementing the Council Recommendation on stepping up EU actions to combat AMR in a One Health approach (2023/C 220/01) (as well as any new relevant Council Conclusions) and follow-up on related actions. In 2024, this will include discussing with the relevant networks how to improve surveillance of AMR in line with the Council Recommendation; defining the scope and devising a strategy to develop 'EU guidelines on infection prevention and control (IPC) in human health' and participating in the inter-agency AMR working group. In addition, ECDC will support Member States and the European Commission in implementing the European 'One Health' Action Plan against AMR, the Global Action Plan on AMR (WHO), and the Roadmap on AMR for the WHO European Region 2023–2030. ECDC will also provide its support, as an observer, to the EU's Second Joint Action on AMR and HAIs.

ECDC will continue its collaboration with EFSA and EMA. Together with these two EU Agencies, it will start working on the fifth JIACRA report. ECDC will also contribute to the publication of a joint scientific report (involving EFSA/ECHA/ECDC/EEA/JRC) on the impact of the use of azole fungicides, other than for human medicines and on the development of azole-resistant *Aspergillus* spp. ECDC will continue to support the standardisation of antimicrobial susceptibility testing in the EU/EEA, and the integration of molecular surveillance through the European Antimicrobial Resistance Genes Surveillance Network (EURGen-Net). As part of the implementation of the SCBTH Regulation, a substantial share of the country assessment missions under Article 8 of this Regulation, which ECDC will conduct every three years in every EU/EEA country from 2024 onwards, will be devoted to emergency preparedness and response to AMR and HAIs, as well as IPC. In addition, ECDC will perform country visits, jointly with the Directorate General for Health and Food Safety (DG SANTE/F), adopting a 'One-Health' perspective where necessary, in accordance with Member State requests. ECDC will continue to contribute to the Transatlantic Task Force on AMR (TATFAR – work plan 2021–2025).

To support Member States in implementing the Global Action Plan on AMR and the Roadmap on AMR for the WHO European Region 2023–2030, ECDC will continue exploring the relationship between the level of implementation of IPC structure and processes and of antimicrobial stewardship (AMS), as well as AMR rates in European acute-care hospitals and long-term care facilities. ECDC will continue to coordinate the European Antibiotic Awareness Day, in partnership with the World AMR Awareness Week, and provide support to Member States on behavioural change intervention design in the area of prudent use of antibiotics, taking 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.

Healthcare-associated infections

ECDC will continue supporting Member States in implementing the Council Recommendation on patient safety, including the prevention and control of HAIs (2009/C 151/01). ECDC will support Member States in further strengthening surveillance of HAIs through the publication of annual reports and the use of other formats such as the ECDC Surveillance Atlas of Infectious Diseases. ECDC will publish the results of the point prevalence survey of HAIs and antimicrobial use in acute-care hospitals in the EU/EEA (performed in 2022–2023) and will continue to develop a similar survey within long-term care facilities in the EU/EEA (2023–2024). ECDC will provide support to Member States on behavioural change intervention design in the areas of IPC and AMS, taking into account the results of the study on barriers to effective implementation of AMR policies, once these are available. Finally, ECDC will complement its directory of online resources for the prevention and control of HAIs.

Emerging and vector-borne diseases

Collation of indicator-based and event-based surveillance data on emerging and vector-borne diseases and timely assessment of the risk for European citizens will remain the focus of ECDC's activities in 2024–2026. Emergency preparedness, prevention and control activities will be conducted with a particular focus on emerging diseases, such as dengue and chikungunya, and endemic diseases such as West Nile virus infection and tick-borne encephalitis. Evidence-based scientific advice will also be provided - for example through the completion of systematic reviews. 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. Communication with the Member States will be facilitated by an annual EVD-Net network meeting and Disease Network Coordination Committee (DNCC) meetings. The joint ECDC-EFSA VectorNet project (European network for medical and veterinary entomology) will continue mapping vector distributions and training and scientific expertise in medical entomology-related topics.

European Reference Laboratories (EURLs) will be set up to cover emerging and vector-borne viral, bacterial and parasitic diseases and these will be coordinated by ECDC. The EURLs will provide laboratory services, EQAs and laboratory training courses to support Member State capacities and capabilities in the diagnosis of emerging and vector-borne infections.

Food- and waterborne diseases

ECDC will continue driving the integration of indicator-based and event-based surveillance data based on public data from the public health sector with that of the food and veterinary sector. The Centre will produce joint ECDC-EFSA surveillance reports (i.e. the European Union Summary Reports on zoonoses and on AMR) and joint ECDC-EFSA public health risk assessments (i.e. rapid outbreak assessments) on cross-border foodborne threats. In addition, facilitated by a robust ECDC-EFSA WGS data submission and analysis system, ECDC and EFSA will ensure the timely detection of and response to cross-border foodborne outbreaks using a 'One-Health' approach. Similarly, the implementation of WGS data submission and analysis will continue as part of the annual AMR monitoring of *Salmonella* and *Campylobacter*. EURLs covering food and water-borne viral, bacterial and parasitic diseases will be set up and coordinated by ECDC. These EURLs will provide laboratory services, EQAs and laboratory training courses to support Member State capacities and capabilities for the diagnosis of food- and water-borne diseases. ECDC will continue providing scientific advice and, through the expert exchange programme (FWDEEP), support capacity and capability-building in Member States.

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

ECDC will continue supporting Member States, the European Commission and relevant EU-level commitments, and other key stakeholders in reaching the SDG target 3.3 for hepatitis, HIV, sexually transmitted infections, and TB in close collaboration with other organisations such as WHO's Regional Office for Europe, EUDA, and UNAIDS. 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 for prevention and control; 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 targets and guide public health action. The quality of surveillance information at EU/EEA level is different for hepatitis, HIV, sexually-transmitted infections and TB, with sufficient data availability and quality for HIV and TB to measure progress at EU/EEA level, while surveillance data for hepatitis and sexually transmitted infections are of lower quality and completeness. Together with partners such as WHO's Regional Office for Europe and EUDA, ECDC will support Member States in further strengthening HIV/AIDS and TB surveillance. For both diseases, ECDC will produce a joint annual report with WHO's Regional Office for Europe. For hepatitis and sexually transmitted infections, ECDC will continue to optimise the quality of the surveillance data through close collaboration with public health colleagues in Member States. However, there are inherent challenges in surveillance of these infections due to their asymptomatic nature, so other epidemiological methods are being implemented to gather information in order to provide a better overview of the epidemiological situation. For hepatitis, ECDC will collect sentinel surveillance data from healthcare facilities for hepatitis B and C and develop estimates of mortality due to hepatitis. ECDC will also continue to provide technical support to Member States to assist them in undertaking national hepatitis prevalence surveys among the general population. For sexually transmitted infections ECDC supports Member States in testing *Neisseria gonorrhoeae* for antimicrobial resistance. For sexually transmitted infections overall, ECDC will work together with the Member States on data collection to enhance or complete surveillance information.

Monitoring enables progress towards the SDGs for hepatitis, HIV, and tuberculosis to be assessed and gaps in responses to these infections to be identified. It also facilitates planning for the best use of resources. ECDC will implement a monitoring framework that harmonises the collection, validation, analysis, interpretation and archiving of data for the SDG diseases, in particular adapting experience with HIV monitoring. 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.

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

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 training courses, workshops and exchange visits on topics identified by Member States. ECDC will also support Member States in raising awareness for the SDG diseases. We will focus our communication efforts on activities and products that will be released around World Hepatitis Day, World AIDS Day and World TB Day.

Microbiology support will be provided by ECDC to aid Member States in their efforts to ensure quality diagnostics for gonorrhoea and TB. ECDC will provide external quality assurance and implement activities to enhance diagnostic capacity in Member States. For both diseases continuous support will be provided to help the implementation and standardisation of whole genome sequencing.

Interaction with Member States on scientific and technical work related to SDG diseases mainly takes place 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. Each network has elected members for the DNCC. ECDC will organise regular meetings of the Disease Network Coordination Committees and coordinate the networks. The Centre will organise virtual or face-to-face network meetings and, where appropriate, this will be done together with WHO's Regional Office for Europe and will involve other key stakeholders, such as EUDA, the EU Civil Society Forum, as well as initiatives and learned societies focussing on the areas of HIV, hepatitis, sexually transmitted infections and tuberculosis.

Substances of human origin (SoHO)

ECDC will continue the implementation of new tasks associated with substances of human origin (SoHO) in relation to communicable diseases, as included in the strengthened ECDC mandate and the Commission proposal for a Regulation on standards of quality and safety for substances of human origin intended for human application. ECDC will coordinate the SoHO network with officially nominated National Focal Points, to improve efficiency and cooperation between Member States and subsequently assist national decision-making on the microbiological safety of SoHO. ECDC uses 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. ECDC will also work on bio-vigilance. In close collaboration with a scientific panel, ECDC will develop technical guidelines on the prevention of donor-derived transmission of communicable diseases through substances of human origin.

Respiratory viral infections

In the aftermath of the COVID-19 pandemic, the EU/EEA countries will be affected by the cumulative impact of respiratory viruses (influenza, RSV, COVID-19 and others) during the period 2024–2026. ECDC will continue to provide relevant technical support to the European Commission and Member States through regular surveillance outputs, risk assessments, evidence-based scientific assessments, and technical guidance, as well as regional workshops and country-specific support for the revision of (respiratory) pandemic preparedness plans.

ECDC's work will be closely aligned with Member States' efforts through the national reference laboratories and the dedicated surveillance networks. In the period 2024–2026, ECDC will continue its work with the National Immunization Technical Advisory Groups (NITAGs) and will continue to monitor vaccine impact, effectiveness and vaccination coverage, and otherwise support Member States in reaching optimal vaccination coverage rates and counteracting vaccine disinformation. This will complement the ongoing work of the WHO Regional Office for Europe to build the capacity of NITAGs through the evidence-to-recommendation initiative. ECDC will continue to improve its ability and organisational capacity to provide timely, actionable and high-quality scientific advice and assessments. ECDC will also sustain its effort to improve respiratory virus pandemic preparedness and emergency preparedness and rapid response capabilities for zoonotic influenza and coronaviruses.

Public health microbiology structures and activities in Member States will be supported with a focus on the implementation of WGS and RT-PCR infrastructure, and capacity-building under the EU bio-defence preparedness plan against SARS-CoV-2 variants. These activities will further strengthen the Centre's plans to scale up support for and use of WGS and the detection of SARS-CoV-2 variants, including the integration of surveillance WGS data for pathogens, scientific guidance on the added value of WGS, and the organisation of training initiatives in bioinformatics and WGS data management. Similar support will also be provided for zoonotic influenza viruses and other respiratory viral threats, as required.

ECDC will integrate the regular reporting of surveillance data on COVID-19 and influenza with RSV. ECDC will continue to provide guidance for Member States strengthening their integrated surveillance systems for respiratory viruses. The lack of sensitive, flexible and sustainable surveillance systems that integrate primary and secondary healthcare data to effectively detect and monitor the trends of diseases such as COVID-19, influenza or RSV became evident during the pandemic. Significant efforts are needed to facilitate the process of case ascertainment, testing, and reporting from the various levels of the healthcare systems in accordance with well-defined surveillance objectives and protocols. The implementation of SARI surveillance will continue, to ensure that more countries are 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, RSV and other respiratory infection trends, and the impact of public health interventions including vaccines.

ECDC will continue to drive the high-quality surveillance of respiratory viruses at the European level, in close collaboration with the WHO Regional Office for Europe, WHO headquarters in Geneva, and the National Focal Points. Seasonal influenza continues to be one of the communicable diseases with the highest burden on the health of the EU population. ECDC will further strengthen influenza laboratory and surveillance capacity in the Member States through EQAs, bioinformatics ring trials, and laboratory support. ECDC will continue to improve methods and expand collaboration on excess mortality monitoring.

ECDC will support national vaccination programmes and strategies against respiratory viruses by providing evidence-based scientific advice and EU-level monitoring of vaccine impact and effectiveness as well as vaccination coverage, to support Member States in reaching target vaccination coverage rates and to support the work of the National Immunization Technical Advisory Groups (NITAGs) collaboration. ECDC will further develop tools, training material, and evidence-based guidance for Member States, to support national and regional stakeholders in their communication campaigns regarding vaccination against respiratory viruses, focusing on increasing vaccination uptake in the target groups.

National and European pandemic preparedness plans against respiratory viruses will need to be reviewed and updated, based on the lessons learnt from the response to COVID-19. Monitoring of avian and swine influenza outbreaks in close collaboration with EFSA will continue to ensure rapid response to outbreaks and identification of viruses of pandemic potential.

During the period 2024–2026, many EU countries will have established national RSV surveillance programmes in order to assess the impact of the introduction of vaccination programmes. ECDC will aim to further develop and establish EU-level surveillance for RSV – and potentially for other respiratory viral pathogens.

Legionnaires' disease

ECDC will continue to work with Member States through the ELDSNet network activities, improving and refining the collation of relevant surveillance data to monitor disease trends, and supporting timely prevention and response action by stakeholders. Surveillance systems include 'near real-time' reporting of travel-associated Legionnaires' disease cases and possible community cross-border outbreak events, as well as retrospective reporting of annual case data and outbreaks. Surveillance reporting will be consolidated through a finalised integrated case and event-based surveillance using the platform of EpiPulse. ECDC will further work to build capacities and capabilities for molecular surveillance and integration of such data into surveillance and outbreak response, as relevant to cross-border threats. A priority will be placed on supporting the technical capacity of laboratories for *Legionella* diagnostics and genomic methods. Exchange of experience and knowledge in the ELDSNet network will be facilitated through external collaboration platforms and annual or technical meetings. The Centre will also work with the European Commission and other European agencies such as EEA, as well as WHO and other international partners, on the prevention and monitoring of Legionnaires' disease and *Legionella* in relation to environmental risk sources, using a 'One-Health' approach.

COVID-19 vaccines and other vaccine-preventable diseases

During the period 2024–2026 there will be a need to integrate COVID-19 vaccination programmes into the routine immunisation schedule as part of national immunisation programmes based on public health needs, and work will continue to adapt COVID-19 uptake monitoring to COVID-19 vaccination programme strategies. Significant work will be required to continue sustaining the efforts initiated by ECDC in 2020 to conduct independent public health studies to monitor the effectiveness of vaccines in the short, medium, and longer term. This work will be conducted in collaboration with EMA, with financial contributions from the European Commission as part of an EU Vaccine Monitoring Platform (VMP) and the Immunisation Vaccine Monitoring Advisory Board (IVMAB). In 2024–2026 and beyond, such studies will continue to be critical for informing the adjustment of vaccination strategies, based on the scientific evidence available.

ECDC's established platform and collaboration between National Focal Points for VPD/National Immunisation Technical Advisory Groups (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 the assessment of vaccines and the management of vaccination programmes.

Work on the forthcoming Council Recommendation on vaccine-preventable cancers will be critical and ECDC is expected to share further information on HPV and the dissemination of HPV vaccination coverage, as well as scientific evidence concerning different HPV vaccination strategies.

The re-emergence of vaccine-preventable diseases, including measles, which were at very low levels of circulation during the period 2020–2022, will again be an area of focus, in close collaboration with WHO's Regional Office for Europe and WHO's headquarters.

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

During the period 2024–2026, key stakeholders and networks will be consulted systematically through the IRIS prioritisation framework and tool to map needs and expectations annually, and to assess the relevance of ECDC's work plan. ECDC will implement its Science Impact Framework which aims to understand the impact of ECDC's outputs in informing the field, raising awareness, priming actions, and influencing national public health policies and practices.

ECDC will continue reviewing its scientific quality assurance processes and define, apply, and promote standards for all its key surveillance and scientific advice processes and outputs to ensure integrity, methodological rigour, and reliability throughout the public health lifecycle from data collection, analysis, and interpretation to publication and communication. Building on the evidence from implementation science, ECDC will undertake a project to re-engineer its public health outputs to increase their accessibility, relevance and utility for key audiences.

ECDC will continue strengthening its evidence assessment and analysis capacity and capabilities to provide in-depth scientific evidence syntheses and statistical analyses, as well as epidemic and modelling intelligence to support evidence-informed public health policy-making and practice. The Centre will revise its data flows, and explore the use of the latest technologies to continuously improve the performance and timeliness of data collection from a variety of data sources while reducing the burden for Member States. ECDC will continue to provide downloadable datasets and ensure open access to relevant data, information, outputs, 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. Moreover, ECDC will continue to develop methods and tools for evidence reviews to expedite its processes, with a view to moving towards living reviews and guidelines. The Centre will also further improve its internal tools, such as the Scientific Advice Repository and Management System, to support quality assurance and compliance with agreed standards.

ECDC will continue to organise the annual European Scientific Conference on Applied Infectious Diseases (ESCAIDE) to share knowledge on communicable diseases and strengthen networks across all fields related to applied infectious disease epidemiology in the EU/EEA and globally. This includes, but is not limited to, epidemiologists, veterinarians, microbiologists, clinicians, public health professionals, communication specialists, modellers, statisticians, social scientists, and policy makers. The organisation of the conference as hybrid event, as well as regular rotation of the hosting site between Stockholm and other cities across the EU/EEA, allows for broad online and on-site participation. ECDC will continue its annual 'Observership Week' with selected learned societies as a way for future public health professionals to gain experience and insight into how ECDC supports coordinated public health action across the EU and beyond.

ECDC will seek to understand future public health opportunities and threats and to further develop its forward-looking activities through foresight and modelling. As part of continuing efforts to become more anticipatory and proactive, the Foresight programme, initiated in 2021, will continue to inform the Centre's strategic policy and operations as well as wider EU infectious disease prevention, control, and emergency preparedness efforts. The ECDC Foresight Task Force will be mindful of the Centre's revised mandate and will ensure that the foresight programme is shaped and delivered in ways that are useful and relevant for stakeholders and the Centre as a whole. ECDC will also contribute to defining research priorities and to facilitating the development and implementation of actions funded by Union instruments – including joint actions – by identifying knowledge gaps through its own evidence reviews and through consultation with its networks of experts in Member States. The Centre will also consult with the Health Security Committee (HSC), the Commission, and relevant EU bodies or agencies on the planning and priority setting of research and public health studies.

ECDC will also continue to support policymaking through the work of the modelling networks it has set up, which include the European COVID-19 Forecast Hub and the European COVID-19 Scenario Modelling Hub.

ECDC will engage and involve key stakeholders and networks in a more structured and systematic manner, both to better understand needs and expectations and to further enhance the relevance and impact of its scientific communication. ECDC will also foster internal peer-review and collaboration, as well as inter-institutional collaboration within the EU/EEA, with European learned societies, and with its global partners, while maintaining its scientific integrity and independence.

ECDC will continue to publish the independent journal 'Eurosurveillance' which has served public health experts/scientists and policymakers with high-quality, open-access (OA) information and data relevant for timely public health action since 1996. The editorial team will continue to ensure intensive quality control to ensure that the widely accessible scientific information is sound, reliable, understandable, relevant, and actionable for a diverse audience. In support of ECDC's mandate and public health decision-making, the journal's content will reflect relevant aspects of the strengthened mandate, while maintaining its integrity and editorial independence. Social media and scientific gatherings, as well as other outreach activities targeting science communicators, will support the dissemination and uptake of the journal's content. Through its knowledge translation and educational activities, the journal will further support knowledge sharing and capacity-building. As signatory of the Sustainable Development Goals (SDG) Publishers Compact, the journal is committed to supporting the SDG in the area of health and well-being and will ensure that this is reflected in the journal content. The Eurosurveillance annual theme 2024 and scientific seminar 'Changing urban environments and effects on infectious diseases and their epidemiology, surveillance, prevention and control' ties in with several SDGs. The theme should attract articles combining perspectives from a wide range of disciplines that highlight current and potential future drivers of infectious diseases in an urban context.

Scientific journals/bulletins published by major centres for disease prevention and control play an important role in supporting decision-making by sharing emerging evidence in an open and timely manner. Eurosurveillance will work towards setting up a community of practice among editors of journals published by the major (international) public health institutions to share experiences and good practices. The regular exchanges with editors working in the area of emerging infectious diseases (US-CDC), initiated in 2023, will continue.

ECDC will continue to improve its processes and tools for sharing knowledge (both tacit and codified) internally. The aim is to improve efficiency and collaboration by making knowledge more accessible, retrievable, and connected.

ECDC will continue to work to establish itself as a leader in communication, effectively engaging with diverse stakeholders to promote public health, provide accurate information, engage with communities, and drive positive behavioural change. The Centre's overall communication efforts will continue to build its reputation as an independent, transparent, open, and trusted agency that produces and shares high-quality and actionable content on infectious disease epidemiology, prevention, and control. This will be achieved through targeted public relations activities, enhanced engagement with media outlets, closer relationships with health professionals, and cooperation with scientific journals, clinical societies, NGOs, and professional organisations. ECDC will strengthen its latest communication formats, and explore ways to improve its messaging, outputs, and digital channels, including regular content reviews of its website, enhanced social media outreach, collaboration with social media ambassadors and paid promotion to reach audiences that would otherwise be unaware of its content. ECDC will continue working on its public relations plan, which includes the finalisation of its brand audit and the assessment of the need for a re-branding exercise to be implemented within the timeframe of this Single Programming Document, as well as the implementation of targeted public relations activities.

Risk communication activities will also continue to feature in ECDC's work, supporting EU/EEA countries, and further tailoring outputs to the needs of target audiences and by better explaining complex topics in a simple and actionable way across platforms. A proper infrastructure is planned to address misinformation, disinformation and infodemics management, including social media listening, campaigns to promote digital literacy, and careful presentation of easy-to-understand facts. Each year, in collaboration with partners and stakeholders, ECDC will implement risk communication activities to raise awareness of key public health issues among its target audiences (general public, healthcare professionals, media and policymakers). This will be done on a regular basis but also at internationally-recognised points in time (e.g. European Antibiotic Awareness Day, European Immunization Week, European Testing Week, World AIDS Day, World TB Day, the Influenza Awareness Week, and World Hand Hygiene Day).

ECDC will continue implementing the actions outlined in its newly-developed Stakeholder Engagement Framework, enabling and improving dialogue between ECDC and its stakeholders, to continue to build on the Centre's reputation and promote trust by ensuring transparency in its engagement activities. Efforts will also be made to increase reach, visibility, and amplification of ECDC's messages through its stakeholder groups, ensuring efficiency by understanding the stakeholders' interests, and helping to find ways to work together towards common objectives.

Improving the transmission of scientific knowledge to external stakeholders (both expert and non-expert) will continue to be one of ECDC's priorities. Good science communication that is engaging, relevant, accessible and actionable is critical to supporting public health policies and practices at country and EU level. ECDC will advance initiatives to embed the revised scientific advice process into day-to-day working practices. Existing public health output templates will be refreshed in line with new output categories to ensure that key messages are communicated with clarity.

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

For nearly 20 years, ECDC has been involved in intense interactions with the Member State public health authorities, their surveillance systems and data, and their emergency preparedness and response mechanisms and challenges. Therefore, the Centre is in a unique position to identify and address key public health issues to which EU-level analyses, guidance and recommendations would add value. From 2024, based on a new implementing regulation which lists notifiable diseases, health issues, events and their case definitions, ECDC will focus on a revised set of priority diseases and health issues that have been identified based on their burden, preventability, and potential to pose serious cross-border threats. In addition, ECDC will strengthen its epidemic intelligence at a global level in order to rapidly inform EU/EEA Member States on emerging threats to European health security. ECDC will progressively take a more holistic approach to the prevention and control of such conditions by:

- **Anticipating the risks of emergence:** while the Foresight programme will help identify key population vulnerabilities and priority areas for surveillance, these will need to be addressed through broader access to existing data on environmental, socio-demographic, behavioural, and personal determinants. The link between emerging disease risks and population-level/individual-level infectious disease risks and health outcomes also needs to be better understood. While extended use of publicly-available data sources will address some of these needs, in certain instances ECDC may have to promote the collection of new data if not readily available - e.g. behavioural determinants through mobile apps. ECDC's Geoportal, which has already been built, and EpiPulse cases will form the basis for cataloguing and correlating exposure and outcome data, as specified in the amended ECDC mandate.
- **Increasing the quality of ECDC threat assessment:** ECDC will focus on generating reliable information on the impacts of disease by looking at individual and population risk factors and their contribution to disease burden. This will be done by using more comprehensive information from electronic health records on clinical outcomes and underlying conditions, and by setting up integrated surveillance systems to monitor disease severity in an accurate and timely manner. Data on selected determinants at the European and global level will be used to inform the assessment of threats and provide more comprehensive public health intelligence.
- **Increasing the timeliness of response to contain disease spread:** This will be achieved by focusing surveillance on global public health events, further exploiting artificial intelligence to screen social media and other sources, and communicating information, assessments, and recommendations more effectively - through threat dashboards targeting various stakeholders, from the general public to the Health Security Committee. Event-based and indicator-based surveillance will be fully integrated into EpiPulse for more effective assessment of events and direct communication with the EWRS for prompt and informed coordination of response measures. In addition, ECDC will develop routine web-scraping of key national indicators for event/case occurrence and severity, thus expediting the EU/EEA response to cross-border health threats.

From 2024, ECDC will further increase the soundness and usefulness of its scientific advice by enhancing the quality and quantity of the information it contains. Improving EU/EEA surveillance will be the foundation for building a more effective ECDC. In the area of surveillance ECDC will:

- **Support Member States in improving data quality at source:** ECDC, in collaboration with the Member States, will update EU/EEA-level surveillance objectives and define common systems and data standards to meet these objectives. Furthermore, ECDC will agree with Member States on a method and process to facilitate and streamline the assessment and monitoring of national surveillance systems, especially their performance and fitness-for-purpose. In parallel, ECDC will support the effective implementation of the European Commission EU4Health programme to strengthen national surveillance and microbiology infrastructures.
- **Promote more comprehensive data for decision-making:** ECDC will further support national and EU health digitalisation strategies. More specifically, ECDC will help Member States in transitioning towards the automatic use of electronic health record data for infectious disease surveillance while duly addressing any legal constraints. During the period 2024–2026, ECDC will focus on expanding its current eHealth programme to cover most countries and diseases, and on supporting the European Commission in the coming phases of the European Health Data Space (EHDS2) implementation. This will hopefully lead to more complete and reliable data on risk factors and clinical outcomes of cases. Furthermore, ECDC will support national analyses based on data linkage and carry out its own data linkage studies, depending on data availability. Data linkage can allow analyses across databases which are not interoperable, thus generating relevant evidence which is currently unavailable. Depending on public health priorities, ECDC will explore the possibility of acquiring data on population risk factors more systematically. Building on the strengthened WGS infrastructure and training programme of previous years, most countries will perform integrated molecular surveillance at a quality and volume conducive to rapid and comprehensive risk assessment and management. In the period covered by this programming document, analysis of molecular surveillance data and dissemination of key information for response will be one of the most effective ways

to tackle infectious disease threats. Furthermore, ECDC will continue to collaborate with the Joint Research Centre (JRC) and Member States, for the further development, standardisation, and use of wastewater monitoring as an additional molecular surveillance source for specific pathogens.

- **Increase data timeliness:** Another major focus of ECDC surveillance will be to assist Member States to ensure that data are available for public health action when needed. The COVID-19 pandemic catalysed significant improvements in the timeliness of reporting which, in many countries, was achieved by establishing centralised databases receiving clinical and diagnostic data in near real-time. ECDC will foster the expansion of such databases and other established infrastructures for the automatic reporting of laboratory detections, with a focus on epidemic-prone diseases. Signals from this system, along with event-based and routine surveillance data, will prompt targeted WGS analyses, thus ensuring that key information is available in time to control and mitigate disease impact.
- **Enhance surveillance outputs:** In addition to strengthening data quality, comprehensiveness, and timeliness, another element needed to increase the relevance and impact of ECDC surveillance outputs is the improvement of their accessibility, clarity, and usability. So far, ECDC has focused on generating detailed reports which mainly address public health professionals and policymakers. Backed by its amended mandate, ECDC will develop additional formats to ensure that all stakeholders - including the public - have access to relevant information for disease prevention and control. Each disease page will include the latest epidemiological information, illustrated through clear graphs and reader-friendly text, with a focus on relevant recommendations for both public health professionals and the public. In addition, for each disease under surveillance, ECDC will publish an interactive report that allows for in-depth data exploration and interpretation. ECDC will also publish dashboards and datasets to ensure easy access to key figures and data while enabling third parties to directly consume surveillance data for further analyses and visualisations.

The amended mandate also requires ECDC to strengthen its microbiology capacity and that of Member States. EU reference laboratories will be integrated into the existing laboratory network structure coordinated by ECDC. Transitioning to the EURL model for laboratory support will stimulate the development of stronger laboratory networks with higher capacities and capabilities. In parallel with the investments made into national infrastructure for WGS by the European Commission and ECDC, the training programme for genomic epidemiology will continue and eventually cover all major disease areas included in the ECDC strategy for integration of genomic typing into EU-level surveillance. ECDC will continue to build systems for integrated use of genomic and traditional epidemiological data in EpiPulse. This will allow for full implementation of ECDC's genomic strategy, with active genomic-based epidemiology operational across priority diseases under EU surveillance.

In the period 2024–2026, 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, and scoping reviews. As part of the amended mandate, ECDC will be issuing non-binding recommendations to Member States and guidelines for the management of communicable diseases and their related special health issues. ECDC will do so on its own initiative, or at the request of the European Commission, European Parliament, Health Security Committee (HSC), European Medicines Agency (EMA), or Member States.

The Centre will assist the Member States in evaluating and monitoring their programmes, focusing on diseases covered by the Sustainable Development Goals.

The provision of timely and relevant public health guidance to support evidence-informed decisions on prevention and control of communicable diseases at EU and country level remains one of the Centre's core functions. ECDC will continue strengthening its capacity and capabilities in relevant areas, such as qualitative and quantitative data analysis, including in-depth statistical analysis and infectious disease modelling to inform ECDC scientific outputs such as risk assessments, evidence reviews, and public health recommendations.

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

The amended mandate calls for ECDC to develop a framework on prevention. More specifically, it states that 'in close collaboration with Member States, EMA and other relevant Union bodies and agencies, as well as with international organisations, the Centre shall develop a framework for the prevention of communicable diseases and related special health issues, including socio-economic risk factors, vaccine preventable diseases, antimicrobial resistance, health promotion, health education, health literacy and behaviour change.' ECDC has been working on the ECDC Prevention Framework, and this workstream will be implemented gradually during the period 2024–2026. Forthcoming activities will include the mapping of organisations involved in prevention activities in Member States, training in the use of social and behavioural sciences for prevention and to set up a community of practice on prevention of communicable diseases, including social and behavioural science for communicable disease prevention.

ECDC will continue developing its One Health Framework for implementation during 2025, including consolidation of the ECDC One Health Taskforce and development of the EU cross-agency One Health Task Force in close collaboration with EFSA, EMA, EEA and the European Chemicals Agency (ECHA).

Furthermore, ECDC will support countries in revising their national health emergency plans and enhancing their targeted prevention and control programmes. This includes strengthening the evidence base informing vaccination strategies and vaccine programmes and providing guidance for evidence-based prevention and control policies on respiratory viral infections, Legionnaires' disease, emerging and vector-borne diseases, food- and waterborne diseases, HIV, TB, hepatitis, sexually-transmitted infections and infections transmitted through substances of human origin. It also involves antimicrobial stewardship, infection prevention and control activities in healthcare settings and raising awareness of key public health issues.

As part of the amended mandate, ECDC will continue to provide relevant and high-quality monitoring data and scientific advice on communicable diseases. With regard to the priority areas of work in 2024–2026, country support will continue to be provided in the form of country missions (at the invitation of the Member State) to enhance the prevention and control of AMR and improve the implementation and effectiveness of national action plans in line with the objectives set in the Council Recommendation on stepping up EU actions to combat AMR in a One Health approach (2023/C 220/01, as well as any new relevant Council conclusions), the Global Action Plan on AMR (WHO), the Roadmap on AMR for the WHO European Region, and the European 'One Health' Action Plan on AMR.

The work on vaccines against respiratory viruses (e.g. influenza, COVID-19) 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 also continue to provide guidelines for the development and improvement of prevention and control programmes in Member States.

Key determinants of communicable diseases (e.g. environmental determinants and climatic conditions) will be further integrated into ECDC's work and monitored to support the Member States' prevention and control activities, more emphasis being placed on the behavioural aspects of diseases.

The permanent EU Health Task Force (EUHTF) will support countries with emergency preparedness and response planning, local response to outbreaks of communicable diseases or diseases of unknown origin, and after-action reviews. The Centre will facilitate support through the EUHTF in countries at the request of Member States and third countries, the European Commission (DG ECHO, DG SANTE, DG RTD, DG HERA), and GOARN. The EUHTF will operate in close collaboration with DG SANTE, DG ECHO, and the Member States. Already in 2023, a service-level agreement between ECDC and DG ECHO facilitated collaboration in the context of European Humanitarian Response Capacity (EHRC) and European Union Civil Protection (UCPM) mechanisms. ECDC will draw both on internal and external expert resources and networks, including EPIET and EUPHEM. The EUHTF will also support the implementation of the cross-border health threats Regulation and facilitate work in countries regarding minimum requirements for preparedness planning.

Strengthening health systems and workforce competencies in key areas such as emergency preparedness and response, e-health, bioinformatics, and prevention – as required under ECDC's amended mandate – will imply continuous investment in the training programmes and activities coordinated by ECDC. Furthermore, the Centre will need to provide support to training programmes managed by the European Commission. Efforts will also be required to coordinate with key stakeholders (both at the national and international level) to ensure complementarity and efficiency.

The continuous professional development (CPD) offered by ECDC will evolve based on a systematic approach. Moreover, CPD will also be organised for external audiences. Existing competency frameworks will continue to be used and promoted for the curricular development of the CPD and ECDC Fellowship Programme. Systematic approaches for training needs assessment in the different areas covered by ECDC's mandate will be essential to collect the necessary evidence to inform a regularly updated and tailored CPD training offer.

It is envisaged that a progressive modernisation of the ECDC Virtual Academy (EVA) platform, which hosts all ECDC learning activities, will make it more accessible and attract an increasing number of learners to the open access opportunities. Enhanced branding and a multi-tenant architecture, enabling different groups of users to share common access to the platform, will also make it possible for other national and international training partners to host some of their training courses.

The ECDC Fellowship Programme (EPIET/EUPHEM) will continue to implement the roadmap for improvements resulting from the latest external evaluation. This will include running the programme with an updated and more flexible curriculum that takes into consideration the lessons learnt from recent experience and from competency frameworks in applied infectious disease epidemiology and public health microbiology. The diverse level of engagement of countries in the programme will be further analysed and will be the basis for national action plans. ECDC may support countries to tailor our training offer to their needs, recognising that other training formats/programmes may need to be prioritised.

Lastly, accreditation of the ECDC Fellowship Programme under TEPHINET may be sought during the period 2024–2026, as a mechanism for quality assurance.

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

During the period 2024–2026, ECDC will continue strengthening coordination and collaboration with Member States, EU institutions, and European partners.

ECDC's amended mandate will be implemented in close coordination with Member States, the Commission, and other partners. To make this possible the existing consultation and coordination mechanisms between ECDC and its main partners have to be critically reviewed and adjusted, as necessary. The outcome of ECDC's stakeholder satisfaction/engagement survey will provide further guidance on this work.

Between 2024 and 2026, the work to strengthen the role of the National Coordinators in the Coordinating Competent Bodies will continue, based on the review of roles, responsibilities and interactions in 2023. A similar review of other roles (Operational Focal Points, National Focal Points) and their overall interactions with ECDC will be carried out, if relevant.

Maintaining close relations and improving coordination with EU institutions and bodies will continue to be important in order to reinforce the EU Health Security Framework. Seamless coordination with the European Commission (DG SANTE, DG HERA, DG ECHO, DG NEAR, DG INTPA, DG RTD) and the European External Action Service (EEAS) is crucial to ensure that ECDC's actions are aligned with EU priorities and policy objectives.

ECDC will aim to further strengthen its relations with the European Parliament and, following the elections in 2024, the Centre will focus on building close relations with the new Committee on the Environment, Public Health and Food Safety (ENVI) and its members. Close contact will also be maintained with the Council, as well as with other European stakeholders.

Continued close collaboration and sharing of best practices with the EU agencies is also a priority in the coming years, particularly as regards the agencies working in health-related matters (EMA, EFSA, EUDA, EEA including the European Climate and Health Observatory, and ECHA). This will include collaboration through the establishment of bilateral working arrangements with those agencies where no such arrangements are in place or where existing arrangements need to be updated to take into account the provisions of the amended mandate. ECDC will continue to collaborate and share best scientific practices with other EU agencies through its participation in the EU Agencies Network on Scientific Advice (EU ANSA).

The capacities and capabilities to address infectious diseases across Europe vary among Member States. In the context of ECDC's work on Targeted Country Support (TCS), the Centre will continue to collect in-depth knowledge of the Member States, in order to provide tailored support to countries according to their needs. It will also facilitate exchange between Member States with strengths and those with vulnerabilities in similar topic areas. However, to target its support, ECDC must achieve a profound knowledge of all EU/EEA countries.

By the end of 2026, the key components of the TCS that will be in place and fully functional include:

- Country overviews: compilation, visualisation of a set of indicators grouped into seven areas (country and health governance; workforce capacity; surveillance systems; disease programmes; emergency preparedness and response to public health emergencies; microbiology laboratories; and digital public health). Data on these indicators are either already collected by ECDC or available in public sources; after agreement with Member States user-friendly content might be made available on ECDC's portal in order to 'give back' the data and provide some evidence for action at the Member-State level. Prior to publishing, all the content will be discussed with the respective Member States. Internal country overviews will include an analysis, act as an 'information hub' and inform the planning of the Single Programming Document. The content and the supporting IT tool will be regularly updated and improved, and technologies such as AI will be used to make the most of the available reports.
- Corporate approach to country mission and network meeting reports: use of new digital tools to analyse the information from the reports more efficiently for knowledge management and follow-up actions. These will be fully integrated into the country overviews. Special focus will be placed on the ECDC Director's missions, with a view to learning about country needs and establishing in-depth collaboration.
- Updating and sharing a list of selected EU funding programmes and instruments with the Member States: a regularly updated list of potential funding opportunities will be collected by ECDC, coordinated with DG SANTE, and shared with the Member States. This will facilitate access and contribute to awareness of existing instruments, programmes and calls.
- Informing the planning of the Single Programming Document: country overviews and their analysis will be fully integrated into the planning of ECDC's Single Programming Document so that evidence-based planning can become a routine practice at ECDC.
- A TCS cycle as a regular practice: this represents the process that starts with the country overview analysis, with relevant information from the country mission and network meeting reports (including reports from the visits under Article 8 of the SCBTH Regulation). This is complemented by the input of ECDC experts. It is followed by a direct bilateral dialogue with each of the Member States to discuss and validate the country overview analysis and seek interest in possible joint support activities. The result is used to inform the Single Programming Document and annual work programme planning at ECDC.

The key to implementing the above components is working with the CCB National Coordinators and Directors.

From a global point of view, the landscape of health security has shifted in recent years and is now being shaped by the aftermath of the COVID-19 pandemic, increasing anti-microbial resistance, climate change, environmental degradation, and the geopolitical dimension of the war in Ukraine. This new reality reminds us that, in an increasingly interconnected world, the infectious disease burden must be tackled jointly with our partners in the EU and in the world. Global health security preparedness has become an essential pillar of ECDC's international relations framework under its new mandate. Addressing global health security requires coherence at the EU level. Thanks to its technical partnerships at the European and global level, ECDC will provide a forum for key partners to work together and coordinate their efforts towards safety and security from infectious disease threats.

More specifically, ECDC will further enhance collaboration with WHO and other international partners. Moreover, in line with EU policies and priorities, the Centre will strengthen its work with countries neighbouring the EU to enhance their core public health capacities, needed to identify and contain outbreaks before they spread.

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

ECDC's efforts to establish formal bilateral arrangements, joint collaborative activities, and networking to enable the sharing of expertise and good practices have proved beneficial for fostering and operationalising efficient cooperation and coordination with major national public health institutes and Centres for Disease Prevention and Control in third countries. These efforts will continue during the period 2024–2026.

More specifically, ECDC will work with countries and partners outside the EU to strengthen their prevention, preparedness and response capacities, thereby effectively contributing to health security in the EU by:

- gradually integrating the Western Balkans and Türkiye into ECDC systems and networks according to their level of readiness and the EU enlargement policy⁶ priorities through the external financial assistance under the Instrument of Pre-accession Assistance (IPA). ECDC will initiate preparatory measures for the participation of the new EU candidate countries Ukraine and Moldova in the Centre's work;
- providing tailored support to European Neighbourhood Policy (ENP) countries according to identified vulnerabilities and needs in line with the ENP⁷ priorities through external financial assistance under the EU Initiative on Health Security⁸ (Neighbourhood, Development, and International Cooperation Instrument – Global Europe - NDICI – Global Europe);
- actively partnering with major CDCs in third countries at bilateral level and in the context of the network of major CDCs - including rapid exchange of information in crisis situations and established and operational technical partnership with Africa CDC under the externally funded project ECDC4AfricaCDC;
- strengthening coordination, collaboration and joint actions with WHO via a renewed and strengthened memorandum of understanding, the co-publishing agreement and the updated data sharing agreement with the WHO Regional Office for Europe; defining a framework for technical cooperation with other WHO Regional Offices including the Regional Office for the Eastern Mediterranean; the WHO Hub for Pandemic and Epidemic Intelligence; and the WHO European Centre for Preparedness for Humanitarian and Health Emergencies (PHHE);
- establishing partnerships with international players active in the global health security arena, including better coordination with EU partners and exploring the need for formalised partnerships with international organisations and multilateral institutions (e.g. UN organisations and the International Association of National Public Health Institutes (IANPHI)).

⁶ EU candidate countries and potential candidates under EU enlargement policy include countries in the Western Balkans (Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia and Serbia), Türkiye, Georgia, Moldova, and Ukraine. *This designation is without prejudice to positions on status and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo Declaration of Independence.

⁷ European Neighbourhood Policy partner countries include Algeria, Morocco, Egypt, Israel, Jordan, Lebanon, Libya, Palestine** and Tunisia in the South and Armenia, Azerbaijan, Belarus, Georgia, Moldova, Ukraine in the East. **This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue.

⁸ EU candidate countries and potential candidates participate in the EU Initiative on Health Security through the Mediterranean and Black Sea Programme for Intervention Epidemiology Training (MediPIET).

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

By the end of 2026, ECDC will be able to effectively implement its strengthened mandate based on the amended ECDC Strategy and its Implementation Roadmap. Furthermore, ECDC will be better equipped to take data-driven management decisions and operate in a fast-changing environment (e.g. a public health emergency). The ECDC organisational transformation programme - ASPIRE - will be finalised during the period 2024–2026. This programme will address all the organisational elements affected by the amended mandate: processes to produce the services and outputs required by the amended legislation will be reviewed, optimised and digitalised as relevant; human resource action will be taken to obtain and retain the required competencies; a framework will be defined for the management of ECDC stakeholders; and organisational values will be reviewed to accommodate the new way of working, both internally and with our closest partners and stakeholders.

These actions will be complemented by the implementation of ECDC's Integrated Management Framework (IMF) Roadmap and the development and implementation of a comprehensive framework in the area of human resources management. Many of these activities are supported by flexible support services and IT tools for the entire organisation. The strengthening of internal communication will be a crucial element in this change process as staff need to receive all the relevant information on ongoing and future changes in the organisation – and the rationale behind them. More specific details are set out below.

- During the period 2024–2026, the implementation of the IMF Roadmap will be finalised. The new planning and monitoring system (PRIME) will be fully implemented. This system – in collaboration with the single points of contact (SPOCs) in all units – will support the harmonisation and simplification of planning and monitoring in the organisation. It will also enhance management decision-making by providing timely integrated reports/dashboards on the implementation of the annual workplan, related human and financial resources, procurement procedures and meetings. This information will be complemented by the revised Key Performance Indicators (KPIs), including strategic and more long-term KPIs providing information on the results and impact of ECDC's work. Regular stakeholder satisfaction surveys will provide valuable data for this purpose (the next survey is planned for 2024, however this may need to be reviewed, given the external evaluation of ECDC which is foreseen for 2025). During the period 2024–2026, ECDC will also be finalising the implementation of a ISO9001:2005-based quality management system throughout the organisation, with the first annual quality management report issued in 2025.
- ECDC's efforts will continue in further developing and implementing its People@ECDC framework and these efforts will gather pace throughout the period 2024–2026. The People@ECDC framework encompasses all areas of human resources management and services, including organisational development, health and wellbeing, performance management, learning and development, talent management (recruitment and internal mobility), employee experience (e.g. benefits), and diversity and inclusion. Emphasis will be placed on building internal expert capacity and attracting the best experts in the fields of competence needed to fulfil the Centre's revised mandate, strategy and work programme.
- The Centre aims to manage responsive support services that enable operational excellence while ensuring compliance. This entails providing an efficient suite of services consisting of procurement (goods and services available in the right quality, quantity, on time); corporate services (efficient business travel and event management, environmental sustainability, healthy and safe workspace, mailroom and archives); legal services (advisory services, legal complaints, implementation of the independence policies, public access to documents, data protection, third party agreements, supporting on ethics issues); as well as financial services and accounting (budget planning and execution).

In corporate services, the Centre will continue to implement its revised strategy to better support its activities through new ways of working, by adjusting its physical and digital workspaces to meet the demands of an evolving and secure organisation, by continuing to implement the Eco-Management and Audit Scheme (EMAS), and improving its support for event and business travel management. The roll-out of the European Commission's next generation financial management solution (SUMMA) will be the focus of the Centre's financial management services.

ECDC will continue to implement its internal communication policy, with the aim of delivering a holistic view of the organisation, supporting change management initiatives through communication, revitalising the Centre's organisational culture, promoting employee advocacy, strengthening employer branding and helping staff connect beyond work.

These efforts will help ECDC communicate internally in an efficient and proactive manner, creating a greater understanding of its mission and strategic priorities among staff, and helping them to feel motivated and fulfilled as part of the overall organisation. ECDC will continue to strengthen its internal communication channels and practices, while providing effective platforms and forums to inform, connect, and listen to staff.

ECDC will continue to foster a more holistic approach to internal information management. The Centre will also continue to support and participate in communities of practice, together with other EU agencies and institutions in the area of internal communication.

2.2 Indicators of the multiannual programme 2024–2026

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

Key performance indicators to measure outputs and results achieved in the main areas of ECDC’s interventions and to address each of ECDC Strategic Objectives are provided as part of Section 3. Work Programme 2024.

Table 1. Key performance indicators for the multiannual programme 2024–2026

Strategic KPI	Baseline (2022)	Target	Means of verification	Frequency of verification
Stakeholder satisfaction with ECDC scientific outputs <ul style="list-style-type: none"> Surveillance Microbiology Preparedness and response Public health training Communication Antimicrobial consumption, antimicrobial resistance, and healthcare-associated infections Emerging and vector-borne diseases Food and waterborne diseases and zoonoses STI, blood-borne viruses and TB (SBT) Viral respiratory diseases Vaccine-preventable diseases 	83% 80% 90% 92% 90% 79% 92% 86% 94% 89% 67%	TBC	Stakeholder survey	Biennial
Uptake of ECDC scientific outputs <ul style="list-style-type: none"> Success in addressing the public health threats/issues Changes in legislation Changes in national policies Improvements or corrective measures in your public health systems (including IT systems) Changes in national guidance/recommendations Communication with your target audience (e.g. decision-makers, media, public, healthcare workers) Discussion with peers and colleagues (inside or outside your organisation). 	56% 32% 44% 47% 58% 69% 74%	TBC	Stakeholder survey	Biennial
Overall stakeholder satisfaction with the work of ECDC	86%	70%	Stakeholder survey	Biennial
Level of laboratory capacity reached in 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% (2021)	75%	Data collected through HR survey	Biennial (next survey is in Q1 2024)

2.3 Human and financial resources – outlook for the years 2024–2026

2.3.1 Overview of the past and current situation

Following the approval of the Multi-Annual Financial Framework 2021–2027, the budget foreseen for the Centre for 2024, including the provisional EEA/EFTA contribution, amounts to EUR 92 881 000, of which EUR 39 393 000 is for its operational expenditure. The expected number of statutory staff in 2024 is 353 (TAs and CAs) and five SNEs. In addition, the Centre will have around 30 CA posts to support projects funded by EU grants.

2.3.2 Outlook for the years 2024–2026

New tasks

Based on the text of the amended ECDC Founding Regulation that entered into force on 6 December 2022, the following tasks are new (shortened from the legal text):

- Develop relevant common indicators for standardised data collection procedures and risk assessments.
- Monitor health systems capacity of Member States and support the collection of data on their health system capacity to the extent necessary for the management of and response to communicable disease threats and related special health issues, based on the preparedness indicators (Article 5b (2) of the ECDC Founding Regulation, and Article 7 (1) of SCBTH Regulation).
- Organise on-site visits in Member States, on a case-by-case basis to provide additional support for prevention, preparedness and response activities (Article 5(b)), and carry out country assessment missions under Article 8 of the SCBTH Regulation.
- Support national monitoring of response to major communicable diseases.
- Provide guidelines, recommendations and proposals for coordinated action in the surveillance, monitoring, diagnosis and case management of communicable diseases and related health issues, and support for professional networks to improve treatment guidelines in cooperation with relevant organisations and associations, national competent bodies and international organisations, such as WHO.
- Carry out epidemiological modelling, anticipation, forecasting and scenario development for response, and coordinate such efforts with a view to exchanging best practices, improving modelling capacity across the Union and ensuring international cooperation.
- Support epidemic and outbreak response in Member States and in third countries (e.g. through the EU Health Task Force) in cooperation with WHO, and in a manner that is complementary to, and in close coordination with other emergency response instruments, in particular the EU Civil Protection Mechanism (UCPM), and relevant instruments for the stockpiling of medical countermeasures.
- Help strengthen preparedness capacities under the IHR, including training, in Member States and third countries.
- Provide timely, easily accessible, and evidence-based communication messages to the public, in all official languages of the EU, on communicable diseases and threats to health posed by communicable diseases, as well as relevant prevention and control measures.
- Ensure the integrated operation of a network of EU Reference Laboratories and the operation and coordination of the network of Member State services supporting the use of substances of human origin.
- Coordinate independent post-marketing monitoring studies on the effectiveness and safety of vaccines through a new vaccine monitoring platform (joint task with EMA).
- Establish and maintain the EU Health Task Force.

The amended Strategy Implementation Roadmap, which will be presented to the ECDC Management Board in November 2023 for approval, shows the annual milestones for the implementation of existing and new tasks until 2027 for each Strategic Objective. With the amended Funding Regulation, ECDC's establishment table increased by 73 posts, the last five of which will be filled in 2024.

Growth of existing tasks

Some of the areas mentioned above could be labelled as growth of existing tasks rather than new tasks: e.g. surveillance, preparedness and prevention.

Negative priorities/decrease of existing tasks

None.

2.3.3 Resource programming for the years 2024–2026

Financial resources

The ECDC budget proposed for the years 2024–2026 is in line with the Multiannual Financial Framework (MFF) 2021–2027, which sets the EU contribution for decentralised agencies. The budget is expected to enable the Centre to provide planned services and assistance to both the Commission and the Member States. DG SANTE has clarified that agencies do not need to provide financial programming for the period 2025–2027 at this stage.

Human resources

Given the Centre's revised mandate, and in view of the aftermath of the COVID-19 pandemic, the workload will remain high over the next few years. Furthermore, the work on externally-funded projects will remain resource-intensive, entailing administrative complexities that will need careful attention. In terms of core staffing, 2024 is the last year of the Centre's planned growth. During 2024, the remaining five posts will be filled of the 73 new posts received between 2021 and 2024. More detailed information about the evolution of staffing is provided in Annex 4. Table 1 – Staff population and its evolution - Overview of all categories of staff.

2.3.4 Strategy for achieving efficiency gains

ECDC is continuing its efforts to make efficiency gains and continuous improvements. This will be done through the implementation of the Integrated Management Framework (covering internal and external governance, organisational performance management, quality management, and internal control) together with related IT tools and the joint initiatives carried out with Finance, Procurement, and Human Resources. This work is foreseen to continue over the next few years and to be finalised by 2027.

During the period 2024–2026, the optimisation of ECDC's key processes – in line with ECDC's amended mandate - will be finalised. The process management methodology and supporting IT tool will be fully implemented. In the coming years, the relevant key processes will also be digitalised to minimise use of resources in terms of paper and time, and to enhance data management. Streamlining the planning process and enhancing the monitoring of organisational performance through an integrated planning and monitoring IT system will further increase the efficiency of the Centre. The full implementation of the planning and monitoring system will start in 2024. Furthermore, the implementation of the ISO 9001:2005 based quality management system will enhance the effectiveness and efficiency of the Centre.

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

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

3. Work Programme 2024

3.1 Executive summary

During 2024, ECDC's work will focus on implementing the amended mandate, while ensuring that core, recurring activities are not neglected. The Agency will also review previously started projects and programmes against strategic priorities and, where appropriate, ensure the next phase of implementation.

With regard to the strengthened mandate, the main highlights of ECDC's workplan in 2024 are set out below.

- In the area of preparedness and response, ECDC will adjust its core activities to carry out its new responsibilities and support countries in the best possible way. This will be largely facilitated through the EU Health Task Force.
- In terms of surveillance, ECDC will support Member States in strengthening their surveillance systems through capacity-building initiatives, eHealth-based surveillance and support for the implementation of the Commission EU4Health workplan on surveillance. Moreover, ECDC will support the Commission with the transition to the EU reference laboratory system, strengthening laboratory capacity and collaboration within the EU.
- ECDC will also settle into its role of delivering guidelines and scientific advice on the management of communicable diseases and related issues, with a focus on strengthening the relevance, accessibility, and utility of its advice, informed by epidemiological modelling, foresight, and scenario development, to foster evidence-based policymaking.

In terms of recurring activities:

- ECDC will continue to define and apply standards to ensure the integrity, reliability, and independence of its scientific outputs. Similarly, the Agency will continue to organise ESCAIDE and Eurosurveillance will continue to present sound evidence for public health action and policymaking.
- ECDC will continue to improve its visibility and reputation by engaging its stakeholders through targeted communication campaigns. Initiatives such as European Antibiotic Awareness Day, European Immunization Week and the Flu Awareness Campaign will be organised for other areas – such as HIV, TB, and certain emerging vector-borne diseases. Coordination and cooperation with the Centre's European partners, major CDCs, and WHO's Regional Office for Europe will also continue.
- The Centre will also continue to provide Targeted Country Support (TCS). Member States will be supported in their prevention and control activities and capacity development. TCS will also be improved – e.g. in 2024 country overviews will be introduced to assess Member State needs and vulnerabilities. Based on these country overviews, bilateral discussions will be piloted with Member States to investigate whether ECDC can offer support or indicate funding opportunities.
- In terms of training, ECDC's two core activities (the Fellowship Programme and the Continuous Professional Development (CPD)) will continue, while also being subject to improvements. In 2024, ECDC's experts will be more closely involved in the implementation of the Fellowship, to align training courses with the methods and expertise of the Centre. In addition, the contents of the CPD will be adjusted to take into account the lessons learnt from the COVID-19 pandemic.
- The Centre will continue to provide support and learning opportunities for its staff, while continuing to optimise its online and physical workspaces.

In terms of ongoing projects and programmes:

- The ECDC Prevention Framework will continue to be developed. Furthermore, in 2024 surveillance resources will be dedicated to completing tools, such as EpiPulse Cases. Additional versions of the Epidemic Intelligence dashboard will be launched with the aim of providing different audiences with an overview of ongoing threats. Moreover, the Centre will finalise the implementation of the strategy to integrate genomic-based epidemiology into European surveillance.
- In addition, the Integrated Management Framework (IMF) Roadmap, which supports ECDC in achieving organisational excellence, will continue to be implemented. In particular, a new planning and monitoring system will be launched to improve performance, coordination, cooperation, and resource allocation.
- Finally, in 2024 ECDC's Foresight programme will begin delivering inputs for future-proof decision-making. More specifically, future scenarios will be developed based on drivers of change in the realm of infectious diseases, and futures/systems thinking will be integrated into the Centre's modus operandi.

3.2 Activities

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

Table 2. Indicators for Strategic Objective 1

KPI	Baseline (2022)	Target	Means of verification	Frequency of verification
Scientific quality assurance: proportion of ECDC's scientific outputs following the respective workflows, formally reviewed and cleared before dissemination	99.5%	100%	SARMS workflows, publication statistics	Annual
Attendees' satisfaction with ESCAIDE	94%	> 75%	Conference satisfaction survey	Annual
Placement of Eurosurveillance in journal rankings (basket of metrics)	IF 21 (Journal Citation Reports, Clarivate analytics, 2022) #5/95 Scopus CiteScore 22 (Scopus), #3/562 category Medicine (Public Health, Environmental and Occupational Health), #4/108 Medicine (Epidemiology); SCImago Journal Rank (SJR): #45/2,489 journals in the category 'Medicine miscellaneous')	Q1 in all metrics and 5-year IF ranging between 6 and 10	SCIMAGO journal rank, Google Scholar journal rank, Clarivate analytics, CiteScore	Annual
Submissions from 'Eurosurveillance' countries	Submissions received from 33 of 36 countries represented by an advisor on the journal's editorial board	Submission from minimum 20 countries	Eurosurveillance submission system	Annual
Use of ECDC scientific outputs: - access to ECDC scientific outputs (number of citations) - impact factor of ECDC articles in peer-reviewed journals	52.42 10.83	>20 in the five years following publication >5	Journals	Annual
EU research and innovation engagement	Report on knowledge gaps and research priorities in respect of COVID-19 prevention and control, as perceived by experts working at ECDC, in national public health institutes, and in other ECDC collaborating partner organisations.	Knowledge gaps and research priorities identified for at least two topic areas	ECDC content/outputs/reports	Annual

KPI	Baseline (2022)	Target	Means of verification	Frequency of verification
Number of media clippings and media requests	24 460 clippings 471 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.	45 157 11 22 677 30 2 473 47 40%	10% increase 7% increase 7% increase at least 40%	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.	One NFP meeting 10 meetings with stakeholders Five events/visits 0	One At least eight At least three At least three	ECDC website, Information Centre, EAAD statistics	Annual
Social media statistics: - Twitter followers for the ECDC corporate account, - Twitter followers for the outbreaks account, - Followers on Facebook	105 764 25 881 273 361	20% increase	Social media channels	Annual
Communication campaigns	Eight	At least five	ECDC website	Annual
Audio-visual content	201 outputs	3% increase	Social media and ECDC website	Annual

Action Area 1.1 – Standards and methodologies: promote standard setting and the use of defined methodologies and diverse data sources for data analytics

Overview

In 2024, ECDC will follow up on the clarification and revision of its scientific advice processes – carried out in 2023 in line with Article 7 of the ECDC mandate 'Procedure on scientific opinions' and will continue to implement the ECDC impact assessment framework, developed in 2023.

The Centre will define, apply and promote standards for all its key surveillance and scientific advice outputs to ensure integrity, methodological rigour and reliability. This will be done through the continuous professional development of its staff, to ensure that they are up-to-date with scientific standards, policies and methods - and by promoting a culture of continuous learning and quality improvement.

ECDC will continue to improve its internal tools, such as the Scientific Advice Repository and Management System (SARMS), to support transparency, scientific independence and compliance with integrity policies and standards, and to further enhance the Centre's scientific quality assurance processes. ECDC will also promote the use of IRIS and impact assessment frameworks to engage key stakeholders and networks in a more structured and systematic manner. This will allow ECDC to better understand needs and expectations, improve planning, and further enhance the relevance and impact of its work and outputs.

Main outputs and expected results

No.	Main outputs	Expected results
1.1.1	List of planned and ongoing scientific outputs 2024 including the intended target audience and impact.	Key parameters on planned and ongoing scientific outputs made available to further increase transparency, avoid duplication of work, and inform of the intended impact.
1.1.2	Revision of ECDC scientific advice process and Regulation (EU) 2022/2370 Article 7 Procedure for scientific opinions finalised and communicated internally and externally.	Guiding principles and processes, including template and procedure for requesting an ECDC scientific opinion, clarified and operational to further increase transparency and efficiency.
1.1.3	Guidance and training on scientific integrity, good scientific practice, methods and tools for evidence synthesis, statistical analysis.	Continuous internal professional development and training for staff to stay up-to-date on the latest scientific standards, processes, and methods and to nurture a culture of continuous learning.
1.1.4	Extensive use of the IRIS prioritisation framework beyond the ECDC Advisory Forum.	Increase the use of structured consultation and prioritisation exercises across ECDC to guarantee the relevance and impact of the work.

Resources

1.1 Standards and methodologies	Staff and Title 3 budget
Total FTEs for this activity	7.1
Total operational budget for this activity	548 400

Action Area 1.2 – Knowledge transfer: bridge the gap between science, policy, and practice**Overview**

Concerning knowledge transfer, ECDC's objectives for 2024 are the following:

- Ensure the production and wide dissemination of Eurosurveillance as a diamond, open access high-quality journal with good visibility.
- Contribute targeted knowledge transfer to Eurosurveillance readers and contributors, including ECDC experts through provision of public health-relevant context in the journal's interaction with science journalists, presence at conferences, provision of training materials and activities, as well as an attractive annual theme and scientific seminar.
- Organise and deliver the Observership week 2024.
- Organise the annual European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE).
- Design and deliver custom information and knowledge management solutions that improve access to and flow of knowledge.
- Ensure that ECDC's key scientific outputs reach their target audience and are accessible at no cost to the user.
- Continue strengthening ECDC's scientific output templates by making them more relevant, accessible and actionable for policymakers and other stakeholders at the European and national level.

Main outputs and expected results

No.	Main outputs	Expected results
1.2.1	A total of 50 issues of Eurosurveillance. Scientific seminar at international conference. Board meeting with action points for 2025.	Eurosurveillance remains among the leading journals in its field, attractive to a wide audience (authors and readers) and supporting knowledge transfer. Availability of new scientific findings of relevance to public health professionals working in Member States.
1.2.2	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).	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.

No.	Main outputs	Expected results
1.2.3	ECDC Observership week in collaboration with European learned societies.	A total of 30 early and mid-career researchers and health professionals gain interest in public health matters and insights into how ECDC contributes to European and global public health.
1.2.4	2024 edition of the ESCAIDE conference in hybrid format.	Dissemination of scientific knowledge in the area of communicable disease epidemiology, prevention and control, and complementary disciplines. Improved knowledge and awareness among ESCAIDE participants of knowledge needed for policymaking and practice.
1.2.5	Information and knowledge management solutions developed to improve the management of knowledge domains that are mission-critical to ECDC.	ECDC will be better able to leverage its existing experience and expertise. Mission-critical knowledge assets will be managed and curated systematically. There will be improved access to key knowledge resources. ECDC newcomers will be able to leverage ECDC organisational expertise more easily.
1.2.6	ECDC scientific outputs published on the Centre's website and/or as open access publications if published in peer-review scientific journals.	Making high-quality scientific outputs available at no cost across the EU will help 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 similar scientific work.
1.2.7	At least one scientific category template redesigned in consultation with ECDC staff and stakeholders. Guidance and supporting materials produced to support ECDC scientific staff in using the new templates.	Transmission of ECDC's scientific knowledge to external stakeholders (both expert and non-expert) in an accessible and useful manner.

Resources

1.2 Knowledge transfer	Staff and Title 3 budget
Total FTEs for this activity	21.9
Total operational budget for this activity	1 592 700

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

Overview

In 2024, ECDC will continue setting up its Foresight programme to further develop the Centre's forward-looking capabilities. By 2024, ECDC will have laid the groundwork for ongoing, systematic foresight actions. Drivers of change in the infectious disease threat landscape, their impact on ECDC's operations and collaborations, and future scenarios will have been developed, providing input to strategic decision-making. Foresight and futures/systems thinking will become part of the regular modus operandi within ECDC, including recurring activities such as horizon scanning and sense-making, foresight deep-dives, and capacity-building training and workshops. Moreover, collaboration with European and global foresight partners in public health and interconnected areas will be further strengthened.

ECDC will also continue with the forecast and scenario modelling hubs set up during the COVID-19 pandemic as a platform and forum for exchange and collaboration between modelling teams across the EU/EEA and beyond. The Centre will also explore the possibility of further expanding the hubs to integrate other communicable diseases and additional modelling teams. In addition, the ECDC modelling team will continue to develop in-house modelling tools and workflows for public health emergencies, to support public health decision-making and contribute with novel insights on infectious diseases in general.

ECDC will continue to identify, collate, prioritise, and communicate on relevant knowledge gaps and research needs that hamper the certainty of scientific advice and the quality of public health policy in the EU.

In order to ensure a high level of impact, research engagement activities will be informed by internal and external consultation, and also by the workplans and strategic goals of EU partner institutions - including other EU agencies (e.g. EFSA, EMA), HERA, Directorate-General for Research and Innovation (DG RI/RTD) and the European Health and Digital Executive Agency (HaDEA). Activities will then be refined and prioritised with high-level partners - such as the Advisory Forum - before being shared with the HSC, the Commission, and relevant EU bodies or agencies, with the purpose of supporting the planning and priority setting of future research calls.

As a science-led organisation, ECDC will continue to engage with ongoing EU research activities in areas within its mandate to ensure that it has access to emerging science and retains and enhances contacts and credibility within the scientific community, including academia. Direct involvement with ongoing EU-funded public health research also helps ECDC to direct research towards public health needs and retain a credible voice in EU policymaking.

Main outputs and expected results

No.	Main outputs	Expected results
1.3.1	Regular foresight/futures activities and consultations	Capacity building in relevant foresight methods, futures thinking, and systems approaches, as well as input for interventions and decision-making (e.g. from scanning activities). Alignment of foresight activities with the needs of the whole of ECDC and its partners.
1.3.2	Foresight report	Report on possible future threat scenarios for ECDC's mission and European public health to inform policy and strategy options for ECDC and its partners.
1.3.3	Forecast and scenario modelling hubs	Ensemble forecasts and scenarios inform ECDC scientific outputs (such as rapid risk assessments and public health guidance).
1.3.4	Modelling tools and workflows for public health emergencies. Modelling insight generation.	Providing in-house modelling results to support public health decision-making (e.g. HSC, DG SANTE).
1.3.5	Research priorities report and presentation	Timely information to EU research and funding bodies on public health relevant knowledge gaps and priority areas identified for research.
1.3.6	Topic-specific technical report, summarising existing knowledge gaps, ongoing EU research efforts, and suggested action to address and improve the knowledge base.	
1.3.7	Coordination of ECDC staff involved with EU-funded science.	

Resources

1.3 Foresight, modelling and research engagement	Staff and Title 3 budget
Total FTEs for this activity	11.5
Total operational budget for this activity	1 490 000

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

Overview

Through its communication activities in 2024, ECDC will continue to strengthen its reputation as an independent and high-quality scientific organisation. The Centre will continue to ensure that its outputs are relevant and easily available for all its target audiences.

The brand audit is expected to be finalised in 2024. This will provide a good basis for determining the context of an upcoming re-branding exercise and further public relations activities to continue improving ECDC's visibility. The Centre will continue to highlight its role, the impact of its extended mandate, and its added value in the European public health sphere.

ECDC will continue its work on risk communication by further tailoring its outputs to the needs of its target audiences, by explaining complex topics simply and by using a more approachable tone of voice and style across

platforms. Risk communication activities will also be adapted to the needs of different population groups (e.g. vulnerable groups, etc.). The Centre will continue to build a proper infrastructure to address misinformation, disinformation and infodemics management. Actions already being taken – such as social media listening, campaigns to promote digital literacy, careful presentation of easy-to-understand facts providing accurate information and the correction of erroneous messages – will be strengthened. The Centre will also continue to improve the user experience of its websites and to optimise the way in which it manages its social media channels.

The development of annual integrated communication campaigns will be prioritised – including the European Antibiotic Awareness Day, European Immunization Week, European Testing Week, World AIDS Day, World TB Day, the Influenza Awareness Week, and World Hand Hygiene Day. This will be done in collaboration with the National Focal Points for Communication, as well as partners and stakeholders across Europe.

ECDC will engage more proactively with journalists in Europe and internationally. ECDC will continue to provide journalists, editors, bloggers and influencers with accurate, timely, balanced, newsworthy, and scientifically sound content in response to media enquiries. It will also enhance activities for active outreach such as a media visits, regular press conferences, and the provision of materials under embargo, as well as the production of innovative materials specifically designed for this group.

Efforts will also be made in 2024 to strengthen the European Vaccination Information Portal (EVIP) through an EU4Health contribution agreement with DG SANTE, including continuous and dynamic updates of the website, the finalisation of a study regarding vaccination information uptake and the development of new communication materials.

The Stakeholder Engagement Framework will be established in 2024, enabling and improving dialogue between ECDC and its stakeholders, allowing the Centre to continue to build reputation and trust by ensuring transparency in its engagement activities, increasing reach, visibility and amplification of ECDC’s messages through its stakeholder groups, ensuring efficiency by understanding the stakeholders’ interests, and helping to find ways to work together towards common objectives.

Main outputs and expected results

No.	Main outputs	Expected results
1.4.1	Risk, crisis and external communication content published across channels, including ECDC websites and social media.	Improved uptake of ECDC’s information and outputs.
1.4.2	Communication campaigns in collaboration with partners and stakeholders (e.g. European Antibiotic Awareness Day, Flu Awareness Campaign, European Immunisation Week).	Improved highlights of ECDC’s content and increased awareness of specific topics.
1.4.3	Activities implemented through the Stakeholder Engagement Framework.	Improved exchanges with stakeholders, leading to improved reputation and trust, and amplification of ECDC’s messages.
1.4.4	Risk communication, community engagement, and infodemic management plan for ECDC.	Pathway of activities to be implemented by ECDC in the area of risk communication, community engagement, and infodemic management, including internal processes and support at country level.

Resources

1.4 External and risk communication	Staff and Title 3 budget
Total FTEs for this activity	12.4
Total operational budget for this activity	1 626 200

1.4 External and risk communication	Staff and budget (EU grants) EVIP
Total FTEs	2.0
Total operational budget	339 638

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

Table 3. Indicators for Strategic Objective 2

KPI	Baseline (2022)	Target	Means of verification	Frequency of verification
Stakeholder satisfaction with daily and weekly Communicable Disease Threat Reports (CDTR)	Weekly CDTR: all indicators rated as good or excellent by 100%. Daily CDTR: all indicators rated as good or excellent by 100%, except timeliness (86%).	80%	Stakeholder survey	Biennial
Timely publication of updated surveillance data in the Surveillance Atlas	13% of diseases within three months 74% within five months	In all, 80% of diseases within three 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 standard open access	100%	100%	Publication databases, SARMS	Annual
Proportion of requests for sequencing services from Member States delivered	100%	100%	Requests received in PHF by DPR	Annual
Comprehensiveness of eHealth-based surveillance implementation	16 countries conducting eHealth-based surveillance of SARI, 18 countries working with BSI	One additional disease from the group of STIs	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)	192 per month (median)	Annual increase in 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	WGS operational for 60% of diseases	100%	EpiPulse	Annual
Introduction of AI in epidemic intelligence processes.	Automation of the weekly reports for mpox.	One AI process per year	Epidemic Intelligence group	Annual

Action Area 2.1 – Surveillance: provide timely information and robust evidence through surveillance and monitoring

Overview

In 2024, ECDC will support the European Commission in the implementation of the EU4Health programme, by providing technical and expert support, both to the Commission and the Member States, to correctly identify, prioritise and address infrastructural challenges to the integration of clinical, epidemiological, and microbiological data for surveillance. Particular attention will be given to help Member States address data access and data sharing issues, including training and tools to support the correct interpretation of the General Data Protection Regulation and implementation of effective data sharing mechanisms at EU level. ECDC's main priorities in this work will include technical infrastructure for digitalisation of surveillance; training and capacity building for public health professionals; definition and support regarding the EU surveillance legal framework and strengthened surveillance for respiratory infections/preparation for the next pandemic.

In 2024, ECDC will continue to develop disease-specific surveillance standards in collaboration with the EU/EEA disease networks. These standards will include public health surveillance objectives, the system choices required to achieve these objectives, such as the frequency of reporting and the variables to be collected, and also the minimum data quality to aspire to, and the outputs to be produced. ECDC will monitor compliance with these standards and develop an online dashboard to report back to the data providers and the European Commission.

In 2024, ECDC will also complete the development of the new TESSy in EpiPulse Cases, which will facilitate data reporting, validation and analysis. Based on the new data warehouse, ECDC will produce enhanced interactive reports for most diseases under surveillance, which will progressively replace the Annual Epidemiological Report. A plan for replacing the Surveillance Atlas will be put in place, with the aim of developing a new dashboard with more advanced and flexible data query and download functions. The type and content of surveillance outputs and the features of the surveillance systems required to generate such outputs will be defined in surveillance protocols, starting from priority diseases.

ECDC will sustain its effort to improve surveillance for epidemic-prone diseases, including integrated surveillance of respiratory viruses.

For the SDG-targeted diseases, ECDC will continue to assist the Member States in developing and strengthening their public health surveillance and monitoring systems. More specifically, ECDC will support Member States in the timely reporting of data on disease diagnoses available in centralised laboratory databases, for trend monitoring and outbreak detection.

In line with the new mandate and in collaboration with the Commission, ECDC will transition laboratory network support to an EU reference laboratory model. The transition to an EU reference laboratory system will accelerate collaboration and operations within the laboratory networks coordinated by the Centre. The system will strengthen the overall laboratory capacity that underpins EU-level surveillance, notification and reporting of diseases by Member States. Specifically, the EU reference laboratories will strengthen reference diagnostics, availability of reference material resources, external quality assessments, scientific advice and technical assistance, overall collaboration and research, monitoring, alert notifications, support for outbreak response and training. It is expected that changes in the working model for the EU-level laboratory support will increase ECDC's capacity for data driven expert input and public health work in collaboration with Member States.

The infrastructure investments that ECDC and the Commission have made to strengthen Member State capacity for WGS and RT-PCR will continue. In order to take stock of Member States increased laboratory capacity in WGS, ECDC's training programme in genomic epidemiology will continue. The programme will focus on applied genomic based surveillance and outbreak support. Key target groups for the training initiative will be bioinformaticians, microbiologists, and epidemiologists. Training courses will be conducted to support all diseases groups included in the ECDC strategy for integration of genomic-based typing into EU level surveillance and outbreak support.

During 2024, ECDC will finalise the implementation of the strategy for integration of genomic-based epidemiology into EU-level surveillance and outbreak support. This will significantly strengthen capacity for multi-country outbreak investigations, including confirmation of multi-country outbreaks, identification of modes and sources of transmission, and implementation of timely control measures. Active genomic based epidemiology will also enhance the power of routine surveillance and allow for early detection and characterisation of outbreaks, identification of high-prevalence geographical areas associated with the spread of specific high-risk clones, monitoring of time trends in the frequency of occurrence of certain genotypes, and identification of high-prevalence population groups. The integrated data should also allow for impact assessment of prevention and control programmes. Overall, the integration of pathogen genomic data into EU-level surveillance will make ECDC more action-oriented and provide increased opportunities for active disease prevention and control.

Finally, in accordance with the updated mandate, increased efforts will be made to identify capacity for various public health functions in Member States. The Centre will further develop the EULabCap tool for benchmarking microbiological capacities in countries and coordinate data collection and outputs with other ECDC initiatives in order to capture capacity data for other public health functions - such as preparedness, response, and surveillance.

Main outputs and expected results

No.	Main outputs	Expected results
2.1.1	Systemic data collection, analysis, interpretation and dissemination (indicator-based surveillance): <ul style="list-style-type: none"> Surveillance Atlas of infectious diseases. Annual epidemiological reports. Routine enhanced surveillance reports published jointly with partner agencies. Disease overview profiles. 	Timely surveillance data analysis, interpretation and data dissemination. Key information for public health decision-making is available to address stakeholders' needs.
2.1.2	Threat detection and monitoring (event-based surveillance). Outbreak signals for further investigation.	Timely detection, investigation, and control of outbreaks.
2.1.3	Surveillance evaluation protocol and process.	Increased attention of Member States to surveillance systems performance.
2.1.4	EURLs implemented for six disease areas.	Strengthened capacity and improved laboratory support for laboratory networks.
2.1.5	Training courses completed in integrated genomic epidemiology for two disease groups.	Increased application of genomic based epidemiology and increase in data reported to ECDC from active Member States.
2.1.6	Implementation of ECDC strategic framework for genomic typing into EU-level surveillance.	
2.2.7	Reports on monitoring of prevention and control activities on HIV and viral hepatitis.	Improved strategic information on country- and EU-level situation of prevention and control for SDG-targeted diseases.
2.1.8	European Union One Health Zoonoses Report (collaboration with EFSA covering brucellosis, campylobacteriosis, salmonellosis, listeriosis, STEC/VTEC infections, echinococcosis, trichinellosis, toxoplasmosis, yersiniosis).	Decision-makers and health professionals are informed by trustworthy and relevant expertise.
2.1.9	European Union Summary Report on Antimicrobial Resistance in zoonotic and indicator bacteria from humans, animals and food (collaboration with EFSA covering the occurrence of AMR in <i>Salmonella</i> and <i>Campylobacter</i>).	
2.1.10	Weekly surveillance of West Nile virus infections in human and animals to support the implementation of SoHO prevention and control measures.	
2.1.11	Joint ECDC/EFSA distribution maps of arthropod vectors that have a public health and animal health relevance.	
2.1.12	ECDC/WHO joint weekly bulletin (ERVISS) for integrated surveillance of respiratory viruses. (integrated weekly monitoring of respiratory viruses at the level of EU/EEA and WHO Regional Office for Europe).	Improved collaboration with partners. Strengthened surveillance of respiratory viruses in the EU/EEA.
2.1.13	Outputs on avian influenza: <ul style="list-style-type: none"> Quarterly and ad-hoc joint reports with EFSA and EURL. Annual Epidemiological Report chapter (zoonotic flu). Monthly RT and CDTR (zoonotic flu). Surveillance guidance to identify human cases of avian influenza. 	
2.1.14	Outputs on seasonal influenza: <ul style="list-style-type: none"> Weekly publication of surveillance data jointly with WHO (through ERVISS). Weekly data sharing with WHO. Weekly publication of data in Surveillance Atlas (internal and external). Annual Epidemiological Report chapter. Virus characterisation report for VCM (twice a year). Monthly virus characterisation report. 	
2.1.15	Outputs on COVID-19: <ul style="list-style-type: none"> Weekly publication of surveillance data jointly with WHO (through ERVISS). Weekly data sharing with WHO. 	
2.1.16	Surveillance networks coordination.	

Resources

2.1 Surveillance	Staff and Title 3 budget
Total FTEs for this activity	55.1
Total operational budget for this activity	12 769 300

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

Overview

ECDC is committed to providing the best available evidence and expertise for decision-making and use by health professionals at EU and country level. In so doing, ECDC aims to enhance users' trust in the Centre. Moreover, national Competent Body consultations and the IRIS prioritisation tool will be routinely used to ensure that the public health activities included in ECDC's work programme are relevant and impactful.

The Centre's work in this area will be delivered in conjunction with the activities undertaken in several other action areas. In line with the strengthened mandate, in 2024 ECDC will continue bolstering its modelling, anticipation and forecasting capacity, while also taking advantage of these methodologies to encourage evidence-based policymaking and improve the utility and value of the scientific guidance produced.

Starting in 2024, the Centre will increase its contribution to the definition of research priorities, based on internal evidence reviews and consultation with partners (e.g. other EU agencies) and stakeholders. It will also fortify its role in delivering (on request or on its own initiative) guidelines for the management of communicable diseases and their related special health issues.

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. Moreover, key stakeholders and networks will be involved in a more structured and systematic manner. ECDC will continue to foster inter-institutional collaboration within the EU/EEA and with its global partners, while maintaining its scientific integrity and independence. The Centre will also continue to promote the transfer of 'knowledge to actions,' as well as fostering the sharing of information and experience by strengthening communities of practice within its networks (NFPs and Operational Contact Points (OCPs)).

For epidemic-prone diseases, ECDC will continue to provide evidence-based scientific advice and recommendations, risk assessments and ad-hoc guidance on strengthening the surveillance and detection of emerging, food and vector-borne diseases as well as respiratory viruses and *Legionella*.

For the SDG-targeted diseases, ECDC will continue to support Member States in developing and strengthening evidence-based prevention and control activities – with a focus on the key populations with the highest risk for disease acquisition and transmission. ECDC will develop and promote standards of HIV care and evidence-based high-impact prevention through technical reports and guidance.

Main outputs and expected results

No.	Main outputs	Expected results
2.2.1	ECDC list of priorities for scientific advice.	
2.2.2	Outputs on emerging, food and vector-borne diseases: <ul style="list-style-type: none"> • technical report on preparedness, prevention and control of <i>Aedes</i> borne diseases (dengue, chikungunya and zika) in the EU; • risk assessment on tick-borne encephalitis virus via substances of human origin; • ad-hoc scientific advice on emerging, food and vector-borne diseases; • EFSA/ECDC estimates of the food-borne disease burden; • systematic review of the association of FWD diagnostic matrixes and outcome severity. 	
2.2.3	Outputs on respiratory viruses and <i>Legionella</i> : <ul style="list-style-type: none"> • quarterly EFSA/ECDC avian influenza epidemiological reports; • twice yearly ECDC/WHO report on WHO European Region for the influenza vaccine composition meeting; • systematic reviews on respiratory viruses sero-epidemiology, coinfections and post-COVID-19 condition; • Annual Epidemiological Report chapters on seasonal and zoonotic influenza and Legionnaires' disease; • ad hoc guidance for implementation of the integrated surveillance of respiratory viruses; • risk assessments on respiratory viruses and Legionnaires' disease; • ad hoc guidance on strengthening surveillance and detection of avian influenza and other zoonotic respiratory viral infections (e.g. swine influenza, zoonotic SARS-CoV-2) in humans; • updated protocols for outbreak investigation of avian influenza or other zoonotic respiratory viral infections; • public health consideration of post-COVID-19 burden/condition; • ad hoc report on burden of COVID-19. 	Decision-makers and health professionals are informed thanks to trustworthy and relevant expertise.
2.2.4	Outputs on healthcare-associated infections: <ul style="list-style-type: none"> • report on the third point prevalence survey of healthcare-associated infections (HAIs) and antimicrobial use in European acute care hospitals, 2022–2023; • Annual Epidemiological Report chapters on surgical site infections, HAIs in intensive care units and <i>Clostridioides difficile</i> infections. 	Increased preparedness against respiratory viruses (including influenza, COVID-19, and RSV and zoonotic respiratory viruses such as avian influenza), healthcare-associated infections, vaccine preventable diseases, etc.
2.2.5	Outputs on antimicrobial resistance: <ul style="list-style-type: none"> • EFSA/ECHA/ECDC/EEA/JRC joint scientific report on the impact of the use of azole fungicides, other than as human medicines, on the development of azole-resistant <i>Aspergillus spp.</i>; • Annual Epidemiological Report chapter on AMR in the EU/EEA, 2023; • ECDC/WHO Regional Office for Europe joint report on AMR surveillance in Europe, 2022. 	
2.2.6	Outputs on antimicrobial consumption: <ul style="list-style-type: none"> • Annual Epidemiological Report chapter on antimicrobial consumption in the EU/EEA 2023. 	
2.2.7	Outputs on sexually transmitted infections, blood-borne viruses and tuberculosis: <ul style="list-style-type: none"> • standards of HIV care; • technical guidance on Chagas disease – guidance document for donor selection in the EU/EEA. 	
2.2.8	Vaccine-related outputs on influenza and RSV: <ul style="list-style-type: none"> • ad hoc systematic reviews on burden of RSV, vaccine effectiveness against RSV and vaccine effectiveness against seasonal influenza. 	
2.2.9	Outputs on VPI: <ul style="list-style-type: none"> • scientific evidence summaries to inform national vaccination programmes; • measles and rubella surveillance monthly bulletin; • COVID-19 and influenza vaccine effectiveness reports deriving from commissioned studies, including those from the ECDC/EMA Vaccine Monitoring Platform; • Annual Epidemiological Reports related to vaccine preventable diseases; • Report related to vaccine coverage. 	

Resources

2.2 Public health evidence and recommendations	Staff and Title 3 budget
Total FTEs for this activity	19.4
Total operational budget for this activity	932 400

Action Area 2.3 – Digital solutions for surveillance: provide support in adapting, adopting and exploring new technologies

Overview

As already mentioned, ECDC's main goal is not to build digital solutions for Member States, but to acquire in-depth knowledge of Member States' digitalisation and surveillance strategies, to be able to provide tailored support and address current gaps and inequalities.

The eHealth surveillance programme, launched in 2022, has defined a comprehensive approach for strengthening Member States eHealth-based surveillance systems and supporting the establishment of such systems in Member States that are lagging behind. This programme includes the joint development of solutions for case identification, information extraction, and the sharing of good quality data for surveillance. These solutions are built through an intense exchange of experiences between Member States and ad-hoc country technical and financial support. Most Member States are currently involved in a European Commission Joint Action which aims to strengthen national capacities for electronic hospital surveillance, outbreak detection, and 'One-Health' infrastructures. In 2024, the Joint Action will have delivered its outputs and ECDC will start building on them to further support Member States in these areas. The information that ECDC has gathered so far through its eHealth surveillance programme will be essential for implementing effective infrastructure developments through the resources made available by the European Commission.

In the meantime, the pilot for the HealthData@EU infrastructure will be completed and ECDC will have developed know-how on the connection of internal infrastructures with Member States' centralised health datasets. It is not possible to anticipate what the results of the pilot will be and what specific activities will subsequently be carried out by ECDC. However, it is very likely that additional countries will have the possibility of joining the EHDS2 and sharing relevant information for surveillance with ECDC and other Member States.

In 2024, a fourth disease/health issue will be included in the eHealth programme. It is possible that most of the Member States will be providing data using electronic health records as the main data source. For the surveillance systems of the three diseases already implemented, data will be integrated into the ECDC data warehouse and reports produced. The Agency will then contribute to the further development of the EHDS2, as required.

During 2024, ECDC will also launch a public version of the Epidemic Intelligence dashboard, showing events under monitoring as well as a restricted version for NFPs. More specifically, ECDC will make available the restricted Communicable Disease Threat Reports in EWRS and post the EpiPulse Situation Awareness on Serious Cross-Border Threats to Health, providing EWRS users with a comprehensive overview of ongoing events and threats.

Internal preparedness for response to public health events will be strengthened through the implementation of standardised processes and templates for rapid development of data analytics, visualisations, and reports - including through the use of innovative IT solutions. This will provide ECDC and the Member States with rapidly available data and information for risk assessment and response.

Tools for epidemic intelligence, such as EpiPulse and the WHO Epidemic Intelligence from Open Sources (EIOS) application, will be integrated into EpiPulse to allow for a seamless and timely flow of data on public health signals. Increased collaboration with the WHO Hub for Pandemic and Epidemic Intelligence, and with HERA, will enable the sharing of cutting-edge methodologies to enhance public health intelligence in the EU/EEA.

ECDC will work closely with Member States who have epidemic intelligence programmes to improve collaboration, enhance efficiency and timeliness and facilitate the validation of signals through tools such as EIOS, EpiPulse, and EpiPulse. Training in epidemic intelligence will be offered to the Member States as part of this initiative.

Use of artificial intelligence for threat detection will be further expanded. Automation of epidemic intelligence will continue, as well as the broadening of sources and implementation of AI. A web scraping framework, incorporating artificial intelligence tools, will be implemented to allow for automated data extraction of selected indicators from Member States and other portals.

In addition, in 2024 ECDC will continue to build systems that allow for integrated applied genomic epidemiology at the EU level. EpiPulse will be further developed to provide functionalities for real-time data use. The aim of the developments is to enable a broader group of public health stakeholders to interact with the data, and not only experts specialising in bioinformatics. The system will allow for user-friendly data upload, analysis and visualisation combined with traditional epidemiological data. Development of the back-end part of the system will focus on scalability, timelines and quality of bioinformatic analysis. Important front-end development areas include functionalities that support integrated data interpretation and visualisation.

Main outputs and expected results

No.	Main outputs	Expected results
2.3.1	eHealth-based surveillance reports generated for three diseases/health issues.	More comprehensive data to inform public health action with a decreased reporting burden.
2.3.2	Pilot for the HealthData@EU infrastructure completed.	Increased understanding of the technical requirements, advantages, and caveats of implementing the EHDS2 structure for communicable disease surveillance.
2.3.3	EpiPulse Cases completed.	Replacement of TESSy with a more robust and high-performing EU/EEA indicator-based surveillance platform.
2.3.4	Interlinkage of EpiPulse with EWRS.	Increased situation awareness for Health Security Committee.
2.3.5	Integration of EpiPulse and EIOS with EpiPulse.	Seamless information flow allowing for more timely public health signal detection, validation and response.
2.3.6	Systems for integrated genomic epidemiology in EpiPulse built.	Systems available for all priority diseases in ECDC strategy for genomic typing.
2.3.7	Training on AI for ECDC staff and EU/EEA Member States.	Increased knowledge of the use of AI processes for public health.
2.3.8	EpiPulse update.	Timely detection of public health signals globally, enabling rapid assessment and response.
2.3.9	Outbreak detection algorithms.	Timely detection of public health signals from ECDC and public databases, enabling rapid assessment and response.

Resources

2.3 Digital solutions for surveillance	Staff and Title 3 budget
Total FTEs for this activity	16.8
Total operational budget for this activity	4 537 700

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

Table 4. Indicators for Strategic Objective 3

KPI	Baseline (2022)	Target	Means of verification	Frequency of verification
Use of ECDC risk assessments: number of downloads of each RRA and ROA document from ECDC's website within 30 days of publication.	Non-PHE-related RRAs in 2022 (8/14): averaged 255 downloads within 30 days of publication	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.	90% (Nine requests where support was provided out of 10 requests received.)	80%	Number of requests for a country visit or remote support	Annual
Number of scientific articles of public health relevance published by attendees of the ECDC Fellowship Programme (during and two years after graduation).	57% increase in scientific articles published following the ECDC Fellowship Programme compared to the two years prior to the programme.	>50% increase compared to the two-year period before entering the programme.	Bibliometric analysis in PubMed, Scopus (ECDC library).	Annual
Satisfaction of participants with EVA specific training courses	80%	80%	EVA satisfaction surveys after a training has been completed.	Annual
Satisfaction with the EVA platform	82% consider the relevance of EVA to be good or excellent	80%	Stakeholder survey	Biennial
Satisfaction score for the relevance of ECDC's Continuous Professional Development (CPD) activities.	78% consider relevance to be good or excellent	80%	Stakeholder survey	Biennial
Satisfaction score for the timeliness of ECDC's Continuous Professional Development (CPD) activities.	73% consider timeliness to be good or excellent	80%	Stakeholder survey	Biennial
Satisfaction score for the scientific quality of ECDC's Continuous Professional Development (CPD) activities.	82% consider scientific quality to be good or excellent	80%	Stakeholder survey	Biennial
Score of the perceived added value of ECDC's Continuous Professional Development (CPD) activities for the organisation/country.	55% consider added value to be good or excellent	80%	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.	55% consider the contribution to increased capacity to be good or excellent.	80%	Stakeholder survey	Biennial

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

Overview

In 2024, ECDC will continue improving its knowledge of the public health systems in the Member States in order to better tailor its interventions to the individual needs of Member States. This will be managed through country missions, country overviews on data, and Member State interactions with the Centre, to ease the flow of information across ECDC and the Commission (also using information from external publicly available sources, such as WHO, OECD, IANPHI) and the monitoring of existing or new data to inform and evaluate the impact of prevention and control activities. Complementary restricted information will be collected and presented to the European Commission from the reports of EU/EEA countries on prevention, preparedness and response planning (according to Article 7 of Regulation (EU) 2022/2371).

ECDC will also continue to support Member States' capacity development through country support activities. This will include the area of the SDG diseases in order to contribute to progress towards the 2030 global and regional targets. With regard to SoHO, work will continue on the technical guidelines for the prevention of donor-derived transmission of communicable diseases through Substances of Human Origin in the EU, as will the preparatory work for the development of a methodology for bio-vigilance in the EU/EEA which is being done with the European Directorate for the Quality of Medicines and HealthCare (EDQM) and in conjunction with the Vigilance Expert Sub-group. ECDC will also continue to work on the monitoring of the SoHO safety measures for the Member States.

With regard to AMR and HAIs, ECDC will report on structure and process indicators for infection prevention and control (IPC) and antimicrobial stewardship (AMS) as part of the reports on the point prevalence surveys on HAIs and antimicrobial use in European acute-care hospitals and long-term care facilities.

During 2024, ECDC will also perform country visits jointly with DG SANTE/F, from a 'One-Health' perspective where necessary, in accordance with Member State requests. The aim of these visits will be to 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 2023/C 220/01, the latest Council Conclusions on AMR, the Global Action Plan on AMR (WHO), the Roadmap on antimicrobial resistance for the WHO European Region, and the European One Health Action Plan on AMR.

ECDC will continue to provide guidelines for the development and improvement of prevention and control programmes in the Member States. In 2024, as part of its support to the Member States and the European Commission in implementing the Council Recommendation on stepping up EU actions to combat AMR in a One Health approach (2023/C 220/01), ECDC will define the scope and devise a strategy to develop 'EU guidelines on infection prevention and control (IPC) in human health'.

In the area of respiratory viruses, ECDC will provide relevant and high-quality surveillance data and scientific advice for prevention and control. The Centre will continue to use the integrated and enhanced surveillance (developed in 2023) of COVID-19, influenza, and RSV in healthcare settings and the community to limit the spread of these diseases and further limit their impact on the population and on healthcare services in the Member States. Furthermore, the Centre will continue its activities to build respiratory virus laboratory capacity in Member States—e.g. through training, ring trials and EQAs.

With regard to food and water-borne diseases, ECDC will monitor the epidemiology of these diseases and the impact of the control measures in place. Through routine genomic surveillance, facilitated by ECDC and EFSA's interoperable WGS systems, the two agencies will perform timely detection of food-borne outbreaks from a 'One-Health' perspective and provide recommendations for prevention. The regular EQA will support the capacity to diagnose foodborne infections (salmonellosis, listeriosis and *E. coli* infections) and define microbiological clusters. In the area of emerging and vector-borne diseases, the Centre will monitor the spread of vectors and the associated risk to public health in the Member States. The regular EQA will support the capacity for timely diagnosis of emerging and vector-borne diseases of public health relevance for the EU.

ECDC will also continue developing the ECDC Prevention Framework, including a mapping of organisations involved in prevention activities, training in social and behavioural sciences for prevention, and preparations for setting up a community of practice on the prevention of communicable diseases. In addition, more emphasis will be placed on addressing the behavioural aspects of diseases, and determinants such as environmental and climatic conditions. In 2022–2023, these efforts were mainly focused on COVID-19 and vaccine hesitancy. In 2024, this work will gradually begin to cover other areas and a plan will be developed to enhance capacity for social sciences and behavioural insights in the EU/EEA.

ECDC will continue developing its One Health Framework for implementation in 2025, based on an inventory of ECDC's 'One-Health' related activities. This will allow for identification of synergies and prioritisation of the 'One-Health' work. In addition, the Centre will continue consolidating the ECDC One Health Taskforce and developing the EU/EEA level Cross-Agency One Health Task Force, in close collaboration with EFSA, EMA, EEA and ECHA.

Main outputs and expected results

No.	Main outputs	Expected results
3.1.1	Framework for the prevention of communicable diseases and related special health issues.	Enhanced coordination of prevention activities for communicable diseases in the EU.
3.1.2	Targeted country support activities on SDG-targeted diseases through webinars, training courses, and specific country support.	Improved Member State capacity to carry out surveillance, monitoring, prevention and control of SDG-targeted diseases.
3.1.3	Reports on AMR-related country visits, jointly with DG SANTE/F from a 'One-Health' perspective where necessary, at the request of Member States.	Comprehensive overview of the efforts made by each Member State visited to tackle AMR and ability to highlight areas in which further work would be beneficial.
3.1.4	Data on structure and process indicators of infection prevention and control (IPC) and of antimicrobial stewardship (AMS), as part of the reports on the point prevalence surveys of HAIs and antimicrobial use in European acute-care hospitals and long-term care facilities.	Benchmarking of Member States' acute-care hospitals and long-term care facilities in terms of structure and process indicators for IPC and AMS. Ability to explore the relationship between the level of implementation and AMR and HAI rates.
3.1.5	ECDC One Health Framework developed. ECDC One Health Task Force established.	Increased internal collaboration on 'One-Health' issues.
3.1.6	EU cross-agency One Health Task Force.	Increased EU-level 'One-Health' collaboration involving five EU agencies.
3.1.7	Outputs related to vaccination coverage.	Better insight into gaps in coverage in order to set targeted actions.
3.1.8	Toolkit on hepatitis elimination in prison settings.	Decision-makers and health professionals are provided with support.
3.1.9	Emerging, vector, food and water-borne laboratory support for preparedness (e.g. EQAs and sequencing support).	Increased laboratory capacity in the Member States.
3.1.10	Respiratory virus laboratory support for preparedness, in anticipation of the establishment of the EURL.	Increased capacity and preparedness in the Member States.

Resources

3.1 Prevention and control	Staff and Title 3 budget
Total FTEs for this activity	26.7
Total operational budget for this activity	3 557 200

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

Overview

In the area of emergency preparedness and response, ECDC's main task during 2024 will be to continue to develop ways in which to integrate the new mandate into its regular work. This will also involve defining and perfecting our core activities, in order to be able to support countries in need. To a large extent, this will be facilitated through the EU Health Task Force.

This support is provided in coordination with the European Commission, for EU/EEA countries mainly with DG SANTE, DG RTD and DG HERA (for medical countermeasures), and for non-EU countries, with DG ECHO and GOARN.

For the first time in 2024, and every three years thereafter, ECDC will conduct assessments in all EU/EEA countries of national prevention, emergency preparedness and response plans in accordance with requirements listed in the relevant articles of the SCBTH Regulation. The Centre will also provide follow-up to support and address recommendations and help implement national action plans. A substantial part of the country assessment missions under Article 8 of the SCBTH Regulation will be devoted to preparedness and response to AMR and HAIs, as well as infection prevention and control (IPC).

Approaches and digital tools for sharing information, through the EWRS and EpiPulse, including those used for contact tracing, will be continuously evaluated and further improved. For the purpose of routine data exchange and information sharing, interoperability will be established between digital tools and systems. This also involves collaboration with other actors and sectors, such as DG HERA and DG ECHO, and their respective digital tools (e.g. ATHINA, CECIS). ECDC will continue to support the European Commission with the further development of EWRS, in all its dimensions. This includes the all-hazard approach, the preparedness reporting and planning, the alert function and coordination of response measures to halt or mitigate serious cross-border threats to health, and the selective exchange functionality for contact tracing and medical evacuation. ECDC will continue to assess health threats and provide relevant rapid risk assessments to support Member States and the Commission in their response to such events. Such assessments will follow the ECDC rapid risk assessment methodology and training on risk assessment will be provided to internal experts, EPIET and EUPHEM fellows, Member States, EU candidate countries and potential candidates, and other partners (e.g. CDCs, international agencies) with the aim of harmonising the methodology to assess threats. For cross-border food-borne threats, ECDC will continue to assess cross-border clusters, working jointly with EFSA for public health risk assessments from a 'One-Health' perspective. Similarly, ECDC will continue its work on pandemic preparedness, including work on public health and social measures, with a particular focus on respiratory viruses and possible emerging pathogens with pandemic potential.

Standard operating procedures (SOPs) and platforms for interagency response coordination will be revised to implement lessons-learned from the COVID-19 pandemic (Learning from the COVID-19 experience: Strengthening EU-ANSA Agencies' cooperation and preparedness to support evidence-based policymaking in times of crisis⁹).

Upon request, ECDC will assist Member States with the development of public health EOC operating procedures, following international standards and taking into consideration crisis management developments in EWRS.

Training will be provided in emergency preparedness and response for public health professionals. This training will be based on best practices identified in relevant guidance, literature reviews and case studies.

Through the EU Initiative on Health Security, EPRS/ECDC will continue to support the strengthening of public health systems' emergency preparedness and response capacities for the European Neighbourhood Policy (ENP) countries to help them assess, detect, respond to and prevent threats from communicable diseases, as well as enhancing regional networking and cooperation. In addition, ECDC's partnership project with the African CDCs will facilitate exchanges and mutual support, along with the global integration of ECDC's emergency preparedness and response efforts.

Main outputs and expected results

No.	Main outputs	Expected results
3.2.1	EU Health Task Force established and fully operational.	Strengthened preparedness and response capacities and capabilities in Member States.
3.2.2	Country support through deployments under EU Health Task Force mechanism.	
3.2.3	Support to countries in their response to cross-border health threats through the provision of Rapid Risk Assessments and relevant guidance.	
3.2.4	Public health training modules on emergency preparedness and response.	
3.2.5	First group of assessments of Member States' prevention, preparedness and response plans is completed, including pilot-testing of the assessment approach (under Article 8 of Regulation (EU) 2022/2371).	Strengths and challenges identified and addressed through country-specific recommendations; the submission of action plans for further improvement is monitored and followed up, with potential ECDC offers for support.
3.2.6	Support to EU/EEA countries in respiratory pandemic preparedness planning.	Increased pandemic preparedness in Member States.
3.2.7	Digital tools and platforms for coordinating responses to cross-border health threats are functional and available.	Strengthened cross-border and cross-sectoral collaboration and communication in response to health threats.

⁹ <https://www.efsa.europa.eu/it/corporate-pubs/220413eu-ansa>

Resources

3.2 Preparedness and response	Staff and Title 3 budget
Total FTEs for this activity	28.0¹⁰
Total operational budget for this activity	2 352 500

Resources (based on contribution agreements)

3.2 Preparedness and response	Staff and budget (EU grants) EWRS
Total FTEs	7.0
Total operational budget	770 400

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

Overview

According to the strengthened ECDC mandate, the Centre will support and coordinate training programmes, particularly in epidemiological surveillance, field investigations, emergency preparedness and prevention, response to public health emergencies, public health research, and risk communication. The ECDC Fellowship Programme - through EPIET and EUPHEM – and the Continuous Professional Development (CPD) targeting EU/EEA public health professionals are the main components of ECDC's training, which is designed to complement national efforts and is based on regular assessment of capacities and training needs.

Following the external evaluation of the Fellowship Programme (2019), several improvements are being implemented under the multiannual roadmap. The first cohort joining the ECDC Fellowship Programme following the revised curriculum will be in training in 2024 and will graduate in 2025. Simplified cost options are in place for the grants that fund fellows' salaries, to facilitate the administration of the programme for both training sites and ECDC. The challenges related to scientific coordination capacities will be addressed through a revised grant mechanism and better promotion to national public health institutes of the opportunity to contribute to the Fellowship Programme. In 2024, the involvement of ECDC experts in support to the Fellowship, for instance in delivery of modules, as expert resources in projects, and in developing new training material within the revised curriculum, is expected to bring the programme closer to the scientific methods and expertise in the Centre. This will probably expand fellows' opportunities to embark in projects of a cross-border nature, especially in emergency preparedness and response. The mobilisation of EPIET and EUPHEM fellows to respond to public health threats will continue to be an integral part of the Fellowship Programme, with fellows contributing to the EU Health Task Force as staff in EU/EEA Member States, accessing GOARN and being deployed through other mechanisms.

As part of the roadmap for improvements of the Fellowship, the barriers preventing some countries from recruiting/hosting a fellow will be identified and plans developed to address them. Support to Member States will be offered in programme design/development (e.g. national Field Epidemiology Training Programmes, FETP) that can be linked to the ECDC Fellowship Programme.

Support to the European Commission for training purposes will continue through the implementation of the ECDC-IPA6 project for the EU candidate countries and potential candidates, MediPIET, and the ECDC4AfricaCDC project. Sustainability of the MediPIET programme and network will be an important focus in 2024.

Furthermore, ECDC's Continuous Professional Development will continue to complement the training available in the Member States for professionals who commit to formally developing a knowledge transfer activity. The training offer will consider the lessons learnt from the COVID-19 pandemic and the ECDC priorities linked to the strengthened mandate. The focus will be on the deployment of training activities in emergency preparedness and response, vaccine acceptance, behavioural insights for a better understanding and management of cross-border health threats, antimicrobial resistance and healthcare associated infections, and public health microbiology.

To support the deployment of the training activities and facilitate access to training materials, the ECDC learning management system (EVA) will be modernised in 2024 to respond to the evolving needs of participants in terms of making knowledge more easily available and facilitating feedback.

ECDC will also continue to support internal and external stakeholders in the identification of training needs, quality improvement of training courses, training approaches and methods, and with the facilitation of faculty for the delivery of trainings. ECDC will cooperate with the Commission on training activities as well as coordinating with WHO. Finally, for the purposes of quality assurance, preparatory work, the compiling of documentation, and an application for accreditation under TEPHINET may be sought for the ECDC Fellowship Programme in 2024.

¹⁰ Does not include the number of external experts in the EUHTF deployments.

Main outputs and expected results

No.	Main outputs	Expected results
3.3.1	Curricular updates implemented since Cohort 2023 and consolidated in Cohort 2024 (implementation of roadmap stemming from the recommendations of the external evaluation 2019).	Improved Fellowship Programme to strengthen the workforce capacity in the Member States.
3.3.2	Administrative improvements progressively put in place: simplified cost options for hosting fellows.	
3.3.3	Administrative improvements progressively put in place: direct award grant mechanism for providing scientific coordination.	
3.3.4	Modernisation of EVA.	Increased access to training. Member States more systematically refer to EVA as a training resource in the area of emergency preparedness and prevention of infectious diseases.
3.3.5	ECDC training further developed, reflecting the new needs identified (particularly in emergency preparedness and response, epidemiology, surveillance, microbiology, multi-drug resistant organisms (MDRO), AMR, One Health, and vaccine-preventable diseases).	Strengthening the workforce capacity in the Member States to respond to cross-border health threats.
3.3.6	Accreditation of short courses under EACCME ¹¹ or APHEA ¹² .	Continuous quality improvement activities, accreditation and evaluation are an essential part of ECDC training programmes and activities.
3.3.7	Harmonised tools to analyse training needs within ECDC networks, to support the prioritisation and scoping of the training on offer.	Training courses tailored to the needs of the Member States and reduced inequalities in capacity across Europe.

Resources

3.3 Training	Staff and Title 3 budget
Total FTEs for this activity	14.3
Total operational budget for this activity	4 582 200

¹¹ European Accreditation Council for Continuing Medical Education

¹² Agency for Public Health Education Accreditation

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

Table 5. Indicators for Strategic Objective 4

KPI	Baseline (2022)	Target	Means of verification	Frequency of verification
Rate of implementation of activities in the annual work programme offered to ENP countries	85%	80%	EIC statistics	Annual
Goal of having three teleconferences and one face-to-face meeting per year for the network of major CDCs achieved.	Three teleconferences and one face-to-face meeting	Three 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	Mapping of field epidemiology training programmes (FETPs) creation of e-learning content, development of SimEx training handbook, and planning of data analysis training	N/A	Joint technical reports on workshops and exercises; project steering committee reports (biannual); ECDC4AfricaCDC workplan	Annual
Percentage of requests to EICS from the European Commission and Member States answered within agreed timeline	100%	95%	SARMS and Chrono	Annual
Percentage of requests from the European Parliament answered within agreed timeline	100%	95%	SARMS and Chrono	Annual
Satisfaction of participants at ECDC's session during the European Health Forum Gastein.	96%	80%	External (EHFG organisers)	Annual
Rate of implementation of activities in the annual joint action plan with WHO's Regional Office for Europe.	87%	90%	Joint action plan with WHO's Regional Office for Europe	Annual
Average rate of participation at ECDC meetings and in ECDC activities	58%	75%	Meeting statistics	Annual
Rate of expectations met, and objectives fulfilled with meetings	92%	75%	End-of-meeting satisfaction survey	Annual
Percentage of country stakeholders satisfied with ECDC country support activities	86.5%	80%	Feedback gathered after country support activities	Annual
Satisfaction of members of the ECDC governance bodies with the cooperation and coordination support offered by ECDC.	AF 93% NC 75%	75%	Stakeholder survey	Biennial

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

Overview

With the European Parliament elections in 2024 and a new European Commission, ECDC will continue to build on the established close relations and to strengthen coordination and collaboration with key EU institutions and bodies.

Close contacts with DG SANTE, DG HERA, DG ECHO, DG NEAR, DG INTPA, DG RTD, DG JRC of the European Commission and with the Committee on Environment, Public Health and Food Safety (ENVI) of the European Parliament, as well as with the members of the newly established SANT subcommittee on public health within the ENVI Committee, will remain of particular importance.

During 2024 the following activities will take place in the five pillars of the Targeted Country Support (TCS):

- With regard to the country overviews: full first release will take place internally. Content will be shared for discussion and validation with the Member States on a bilateral level, and an analysis IT feature will be released for internal use.
- By the end of the year, a corporate approach towards internal reporting and the storing of country mission and network meeting reports will be functional and this will enable easy access and further use - for example in the country overviews.
- A list with funding opportunities will be compiled and regularly updated and shared with the Member States. Such a list will provide details on existing and, where possible, upcoming funding opportunities focused on prevention and control of communicable diseases. Accessing this funding will help Member States to address issues in areas of need for which ECDC does not have the authority or the resources to provide support.
- Based on the bilateral discussions with the Member States, some of them could be interested in inviting ECDC's Director on a country mission to discuss possible support activities. It is anticipated that at least two to three such missions will take place during 2024.
- Based on the results of these missions - and possible follow-up technical meetings - information will be fed into the Single Programming Document and annual work programme 2025, to plan ECDC's country support activities for those Member States interested. After this first pilot of the described approach, a revised process will be implemented over the next few years.

Main outputs and expected results

No.	Main outputs	Expected results
4.1.1	Enhanced channels of collaboration for effective coordination and interaction with the different EU institutions and partners. Identification of new potential areas of collaboration and joint work with other EU agencies.	Awareness of relevant contact points, increased information sharing, effective communication and alignment of actions. Enhanced collaboration with other EU agencies to share knowledge and best practices and promote potential synergies and joint activities.
4.1.2	ECDC Director's annual exchange of views before the ENVI Committee of the European Parliament and hearings on specific disease-related topics. Information on ECDC activities and the Centre's disease specific areas in a format useful for policymaking.	Increased awareness of ECDC as an agency and of its mandate and activities. Ensuring that the Agency is seen as a source of knowledge on communicable diseases and a trusted partner within the area of public health.
4.1.3	Organisation of an ECDC session at the Annual European Health Forum Gastein.	Increased visibility and awareness of the work and role of ECDC among public health stakeholders with a particular focus on priority areas of the Agency.
4.1.4	Maintenance and further development of the country overviews (internally).	Increased knowledge at country level of all of ECDC's work areas.
4.1.5	Specific Targeted Country Support activities implemented.	The countries have received support in prioritised areas.
4.1.6	Support and coordination of the work of the Management Board (MB), Advisory Forum (AF), and Coordinating Competent Bodies (CCBs). Liaison and actions to improve cooperation with members of the MB, AF and CCBs. Coordination of the Director Consultation Group (DCG). Governance of the Stakeholders Relationship Management (SRM) system.	Relationship with the ECDC governance bodies strengthened to ensure alignment of priorities and actions.

Resources

4.1 Coordination and collaboration	Staff and Title 3 budget
Total FTEs for this activity	12.3
Total operational budget for this activity	912 900

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

Overview

ECDC's activities on global health in 2024 will focus on candidate countries and potential candidates, European Neighbourhood Policy (ENP) partner countries, cooperation with major CDCs, partnership with the Africa CDC and joint work with WHO's Regional Office for Europe.

- With external financial assistance under the EU Instrument of Pre-accession Assistance (IPA), ECDC will finalise the implementation of the technical cooperation project with the Western Balkans and Türkiye ([ECDC-IPA6 project](#)). More specifically, ECDC will further advance the gradual integration of national public health authorities as observers into ECDC systems, networks, and activities, as per EU acquis on health security depending on their level of readiness and the EU enlargement policy priorities. In addition, by 2024 with support from EFSA in accordance with their mandate, and DG SANTE when available, ECDC will have supported the completion of gap analysis and country roadmaps to advance the implementation of One Health approaches against AMR in some of the countries in the Western Balkan region. The framework for future technical ECDC collaboration activities with EU candidate countries and potential candidates will have been defined jointly with the Commission, taking into account the needs of the countries and regional priorities, such as One Health against AMR or the strengthening of national microbiology laboratory systems. The feasibility of signing bilateral agreements with NPHI in the region will also be explored.
- In 2024, ECDC will have the necessary level of cooperation with most of ENP partner countries and deliver on several key activities of the [EU Initiative on Health Security](#), such as training of the two cohorts of the Mediterranean Programme for Intervention Epidemiology Training ([MediPIET](#)) and enhanced capacities of ENP partner countries to detect, assess and respond to health threats posed by communicable diseases. In addition, the exchange of experts in disease specific areas, facilitated by ECDC, will ensure knowledge transfer from EU/EEA countries to ENP partner countries and vice versa.
- It is anticipated that in 2024 ECDC will achieve stronger partnerships with major CDCs through operation of the network of major CDCs, via joint activities with bilateral partners under memorandums of understanding and through the finalisation of the first technical four-year partnership with Africa CDC: [EU for Health Security in Africa: ECDC4AfricaCDC](#) in collaboration with DG INTPA.
- ECDC will continue leading the coordination of the network of major CDCs with the overall aim of exchanging information and data on issues of joint interest in the area of communicable diseases. The implementation of memorandums of understanding will be regularly monitored and gaps identified, based on ECDC corporate needs for additional cooperation frameworks with other partners, including other supranational CDCs and international organisations or institutions.
- ECDC will continue participating in the regional DG INTPA-led Team Europe Initiative on sustainable health security in Africa, taking a 'One-Health' approach, in the framework of the Global Gateway Health Package presented at the Sixth European Union-African Union Summit which took place in February 2022. Alongside Africa CDC, ECDC will take a leading role in/co-direct the formulation of a continental programme, supporting the pre- and in-service training of relevant professional groups for human, animal and environmental health, including the training of new field and frontline epidemiologists in Africa.

The final year of the implementation of ECDC4Africa CDC project, in collaboration with DG INTPA, will result in the full delivery of planned activities to strengthen Africa's capacities in preparedness, surveillance, and response to health threats posed by communicable diseases. This build a sound foundation for a long-term strategic and technical partnership with Africa CDC.

Collaboration with WHO will benefit from the renewed memorandum of understanding with WHO's Regional Office for Europe. Specific areas of collaboration have been identified, taking into account organisational and strategic priority changes in both organisations, including ECDC's amended mandate. Areas of cooperation and common interest have been identified as joint actions. ECDC will also define technical cooperation frameworks with other WHO Regional Offices and the WHO Hub for Pandemic and Epidemic Intelligence, as well as the WHO European Centre for Preparedness for Humanitarian and Health Emergencies (PHHE).

Finally, ECDC will define pathways to work together with other key global health security actors, such as DG HERA and EU agencies, in mutually beneficial areas of cooperation. The Centre will also make efforts to establish sustainable partnerships with international organisations actively involved in public health emergencies (e.g. UN organisations, the World Bank and IANPHI).

Main outputs and expected results

No.	Main outputs	Expected results
4.2.1	National public health authorities of countries in the Western Balkans and Türkiye are integrated as observers into the majority of ECDC activities, networks, and systems. At least some countries in the Western Balkans have received country visits and developed country roadmaps for advancing 'One-Health' approaches against AMR.	Improved ability of Western Balkans and Türkiye to fulfil and implement the EU acquis on serious cross-border threats to health (according to ECDC practices and in line with the EU enlargement policy priorities).
4.2.2	Deliverables in key areas of the EU Initiative on Health Security project are completed: <ul style="list-style-type: none"> workforce-oriented capabilities strengthened through MediPIET; increasing number of experts from ENP partner countries benefitting from regional capacity building and exchange of best practices, based on ECDC methodologies and disease specific networks; framework for a regional health security network is defined and preparatory work is ongoing. 	ENP partner countries are familiar with and take advantage of EU practices on serious cross-border threats to health.
4.2.3	All deliverables in three technical areas of ECDC4Africa CDC project are completed: <ul style="list-style-type: none"> increased capacity of Africa CDC to support national CDCs, laboratories and workforce in preparedness, outbreak response and coordinated emergency operations; more harmonised surveillance and data management systems for prioritised communicable diseases; strengthened Africa-based public health workforce development programme in epidemiology. 	Strengthening of Africa CDC's capacities to support national public health institutes in preparedness, surveillance, and response to health threats.
4.2.4	Joint activities at bilateral level with partners who have signed a memorandum of understanding with ECDC are identified and implemented. New avenues explored for ECDC partnerships on global health and new memorandums of understanding signed/reviewed, based on mutual interests of cooperation. Regular and ad-hoc information exchange events of the network of major CDC, including on emerging global health threats from communicable diseases.	Strengthened bilateral collaboration and networking with major CDCs and other international partners.
4.2.5	Increasing number of joint activities with WHO Regional Office for Europe in areas of common interest resulting from the renewed memorandum of understanding. Cooperation frameworks with the Regional Office for the Eastern Mediterranean (WHO EMRO) and the Regional Office for Africa (WHO AFRO), WHO Headquarters and WHO Pandemic Hub explored.	Strengthened coordination, collaboration, and joint actions with a number of WHO Regional Offices, Headquarters and the WHO Hub for Pandemic and Epidemic Intelligence.

Resources

4.2 Global health	Staff and Title 3 budget
Total FTEs for this activity	10.6
Total operational budget for this activity	15 000

Resources (based on contribution agreements)

4.2 Global health	Staff and budget (EU grants) IPA6, EUHSI, ECDC4Africa CDC
Total FTEs	18.0
Total operational budget	5 049 106

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

Table 6. Indicators for Strategic Objective 5

KPI	Baseline (2022)	Target	Means of verification	Frequency of verification
Proportion of key processes reviewed	28%	20%	Process landscape	Annual
Proportion of activities implemented from the annual work programme	89%	85%	MIS	Annual
Percentage of indicators reaching the target	60%	90%	Consolidated Annual Activity Report	Annual
Percentage of audit recommendations implemented*	67%	90%	Internal Control Excel file	Annual
Percentage of the Internal Control Framework implemented	80%	100%	ICF annual review	Annual
Timeliness of recruitment process	9.9 weeks	Maximum 12 weeks	HR data	Annual
Number of (short-term and long-term) sick leaves*	1.39% (short-term) 1.32% (long-term)	<2% (short-term) <3% (long-term)	Allegro absence data	Annual
Average vacancy rate for Temporary Agent posts (post occupied)	4.2%	<5%	HR data	Annual
Procurement/grant procedures launched on originally planned date	67% launched on the originally planned date. 69% signed on the originally planned date	75%	MIS	Annual
Percentage of changes made in the procurement plan throughout the year	38%	<20%	MIS	Annual
Proportion of submitted and reviewed annual and specific declarations of interest: - MB, - AF, - Senior management, - External experts at meetings, - External experts for RRA	97% 97% 100% 89% 100%	100% for each category	Legal Services Section files	Annual
Proportion of replies to requests for Access to Documents (ATD) processed within the legal deadline	100%	100%	Legal Services Section files	Annual
Percentage of confirmatory requests responded to within the legal deadline	N/A, no confirmatory applications were received	100%	Legal Services Section files	Annual
EU Eco-Management and Audit Scheme (EMAS)	90%	100%	EMAS Environmental Statement	Annual
Percentage of meetings launched on planned launch date	75%	80%	MIS	Annual
Percentage of changes made in the meeting plan throughout the year	33%	20%	MIS	Annual
Budget implementation of the Centre - C1 Commitment rate*	98.86%	100%	ABAC WF	Annual
Percentage of invoices paid within the time limits of the ECDC Financial Regulation*	98.2%	99%	ABAC WF	Annual
Rate of cancellation of payment appropriations*	9.41%	2%	ABAC WF	Annual
Rate of budgetary outturn*	17.41%	5%	Budget outturn account	Annual
Internal communication: - News items - Newsletters - Staff meetings - Views for the top five pages of the year	397 24 6 3 122	At least 250 At least 50 At least 5 At least 1 000 views for the top five pages of the year	Google Analytics and internal communication inboxes	Annual

KPI	Baseline (2022)	Target	Means of verification	Frequency of verification
Quality of software products	2/26 IT products failed the acceptance criteria (EpiPulse, FluNews)	For IT products with BIP 1 or 2: 0 Critical and 0 High	Azure	Annual
Availability of hosted applications under SLA	08:00–18:00 99.95% 24/7: 99.91%	99.0%	ECDC Infrastructure Service Management Report	Annual
Business owners' satisfaction with the DTS Unit services	41%	At least 57%	End users' satisfaction survey	Annual
Proportion of ICT Front-Office requests and incidents resolved, as per SLA	96.1% for requests and 96.15% for the incidents	Above 95%	ECDC Infrastructure Service Management Report	Annual
Digital literacy.	68%	70%	Microsoft Productivity Score	Annual

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

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

Overview

The implementation of the ECDC Integrated Management Framework (IMF) Roadmap will continue in 2024 (adapted to the available resources). One of the main objectives for 2024 is to fully implement an integrated IT system to support the planning and monitoring of the ECDC work and resources. To facilitate implementation and coordination, the role of the single points of contact for planning (SPOCs) will be completely established, together with common guidance and training for Units/Sections. This will make the planning and reporting on the ECDC annual work programme more efficient at all levels.

To ensure that the implementation of ECDC's annual workplan can be monitored, a mechanism consisting of a set of processes integrating workplan monitoring, distribution of staff resources, budget transfers, procurement, grants and meetings, will be set up by the end of 2024. The quarterly ECDC performance reporting to the Management Board will be streamlined through a jointly agreed process. To facilitate performance monitoring at the Unit/Section level, standardised processes and tools (e.g. dashboards, scorecards) will be developed and their use in the Units supported.

In 2024, the implementation of an ISO 9001-based Quality Management system will continue by establishing single points of contact in the Units to support implementation, exchange of good practices, and to ensure a harmonised approach throughout the Centre. Moreover, a process will be developed to capture and analyse all necessary information for the annual Quality Management report. The process management methodology will be introduced in 2023, and its implementation will continue in 2024. Subject to available resources, optimisation of key processes will continue. The work on ECDC instructional documents will continue to ensure that documents are easily accessible and updated – and that the related e-workflow functions.

To ensure the coordination of ECDC's internal control and audit activities, the Internal Control Framework will be updated, and its implementation monitored annually. Furthermore, the internal control system will be assessed and reported in the Consolidated Annual Activity Report (CAAR). Audits are carried out by the Internal Audit Service of the Commission and the European Court of Auditors according to the annual audit plans. The audit recommendations will be followed up and results reported to the Audit Committee of the Management Board in the context of every Management Board meeting.

Main outputs and expected results

No.	Main outputs	Expected results
5.1.1	Coordination of the Integrated Management Framework and implementation of the IMF roadmap.	ECDC organisational management improvements achieved through the IMF, implementation of the IMF roadmap, and support from the IMF Working Group.
5.1.2	Fully implemented IT tool for planning and monitoring. E-workflow applications introduced for selected ECDC key processes.	The ECDC IMF is operational as a result of integrated and automated IT tools.
5.1.3	Planning, monitoring and reporting on ECDC work programmes. Set of tools and processes are in place to support the integration of information across the organisation for regular monitoring. Scorecards/dashboards for monitoring performance internally at organisational/Unit/Section level. Guidelines and training on planning and monitoring. Project and programme management coordination and support across ECDC.	Comprehensive planning, monitoring and reporting on ECDC activities to support the implementation of the ECDC Strategy. ECDC work programmes are planned more efficiently, which will save time for experts. Improved achievement of set targets through enhanced KPIs and their monitoring. Integrated monitoring of the implementation of the ECDC work programme provides a better picture of the situation by combining the workplan implementation and human and financial resources used, thereby supplying evidence for timely management decisions. Projects are well designed and integrated into the planning cycle and monitored throughout their lifecycle.
5.1.4	Deployment of the ISO 9001-based Quality Management system continues in selected Sections. Quality coordinators in all Units are nominated and trained. Selected core processes optimised as planned. Stakeholder requirements for ECDC core outputs defined. Planned evaluations coordinated and action plans developed. Instructional documents are continuously managed.	Quality Management system embedded in the ECDC’s business processes. Improved performance of the organisation (e.g. increased efficiency, simplified processes) and increased satisfaction of ECDC partners and stakeholders (internal and external).
5.1.5	Audit coordination and follow-up of audit observations. Internal control coordination and internal control framework activities implemented. Grants ex-post verifications.	ECDC’s internal control framework is fully implemented.

Resources

5.1 Organisational excellence	Staff and Title 3 budget
Total FTEs for this activity	16.9
Total operational budget for this activity	0

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

Overview

Following a three-year period of intensive growth with a total of 68 new posts filled until 2023, the Centre will consolidate its core staffing, with the last five new posts being recruited in 2024.

As a result of the high workload for staff related to the COVID-19 pandemic and other public health emergencies in recent years, and the fact that ECDC had a crisis organisation set-up, in combination with many new staff members joining, the Centre started to focus on 'connecting and re-connecting' within the organisation during the second half of 2022. In addition, learning opportunities were promoted more extensively as there had been less attendance of training courses in recent years due to time constraints. The activities undertaken to connect/re-connect have been Unit retreats, with the primary focus on staff meeting and discussing the future. Given the hybrid working conditions, in combination with many new staff joining the organisation, an ECDC staff retreat was also arranged to provide an opportunity for staff to meet in person. In terms of learning, the Centre has adopted a policy 'Learning for Continuous Professional Development' (L4CPD) promoting self-driven training by including an individual learning budget envelope. To tackle the aftermath of the high workload following the pandemic period, the Centre offered stress prevention and stress management activities, such as lectures with hands-on advice, and as a mindfulness programme.

To remain attractive to potential candidates, as well as long-serving and newly recruited staff, the Centre will continue to provide learning opportunities that are suited to the needs of its staff, in combination with the requirements of the Centre to effectively implement its revised mandate. It will also provide staff engagement activities, such as team/unit/all ECDC staff retreats. Furthermore, ECDC will have a strong focus on performance management and will be conducting an evaluation of the Centre's performance management process.

The area of diversity and inclusion will be further developed through the establishment of a sustainable framework for related activities. In terms of gender balance, the Centre encourages female applicants in its vacancy notices, particularly for middle management posts (Heads of Unit) but also for Heads of Section. Furthermore, the Director always takes into consideration the gender (and geographical) balance when appointing candidates. The Centre aims to begin work on revamped and new organisational values during the last part of 2024, and the work to ensure their adoption throughout the Centre will be of high importance in the years to come.

Following a change in approach at the Commission regarding the implementation of a new HRM IT system, it has now decided to keep SYSPER 2 and patch the interface with Service Now, instead of purchasing a new system. The Agency therefore needs to carefully assess the best way to proceed so as not to jeopardise the HR services/processes already available in the current ECDC HRM IT system (Allegro). A thorough gap analysis should be undertaken to map out those processes currently supported by the Commission HRM IT system.

Main outputs and expected results

No.	Main outputs	Expected results
5.2.1	Analysis of the ECDC performance management process (SDD, reclassification).	New/revised, fit-for-purpose and modern performance management process which fosters feedback and promotes career advancement/opportunities based on merit.
5.2.2	Development of a framework for diversity and inclusion activities.	Diversity and inclusion aspects are part of key ECDC processes and well embedded at the Centre.
5.2.3	Gap analysis (including cost analysis) regarding the HR processes the current Commission HRM IT system (Sysper 2) supports (which are available for agencies to implement), and comparison with the ECDC HRM IT system Allegro (currently in place).	A plan and possible time frame for a future migration to the Commission HRM IT system.

Resources

5.2 Engaged staff	Staff and Title 3 budget
Total FTEs for this activity	17.1
Total operational budget for this activity	0

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

Overview

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

In the area of procurement services, ECDC aims to continue developing and enhancing the new Planning and Monitoring system to improve its procurement planning and execution. The system provides programme managers and staff with improved oversight and ability to track and manage their actions, facilitating the implementation of the work programme. At the same time, the Centre will continue its work on making processes more efficient through evolving workflows, including the possibility of incorporating various Commission systems to a greater degree.

During 2024, ECDC will continue to implement various improvements and adaptations to its physical and digital workspaces, responding to needs for new ways of working in a hybrid environment with different modes of cooperation. The activities will be undertaken in conjunction with the continuous improvement of the Eco-Management and Audit Scheme (EMAS) that forms the basis of the Centre’s work on sustainability. Finally, the Centre aims to focus on continuous improvement in the areas of event management and business travel, focusing on simplifying and increasing the predictability of its systems and processes. The objective here is to improve end-user satisfaction.

The roll-out of the next generation financial management solution by the European Commission (SUMMA) will be the focus of the Centre’s financial management services, including potential training of many staff across all Units.

In Legal Services, the focus will continue to be on the provision of effective and reliable advisory services, including handling legal complaints, implementing the independence policies for staff and non-staff, data protection, advising on public access to document requests and third-party agreements (memorandums of understanding and other types of external collaboration), and providing a support function in ethics-related issues. A revision of the independence policies for staff and non-staff is envisioned to commence in 2024 and be finalised in 2025.

Main outputs and expected results

No.	Main outputs	Expected results
5.3.1	Provision of procurement services.	ECDC has services and goods available in the right quality and quantity and on time in order to pursue its mandate, by facilitating effective planning and execution of procurement and grants procedures.
5.3.2	New and enhanced procurement workflows/further implementation of Commission workflows.	Improved effectiveness and efficiency of the procurement services.
5.3.3	Provision of legal support.	ECDC receives effective and reliable legal advice on matters related to the operational as well as administrative area of the Centre’s activities.
5.3.4	Data protection function strengthened.	Ensured ECDC compliance with data protection legislation.
5.3.5	ECDC independence policies for staff and non-staff.	Conflict of interest checks conducted to protect ECDC’s independence (via collection and evaluation of declarations of interest in accordance with the Independence Policy).
5.3.6	Coordination of access to document requests.	ECDC complies with legislation on public access to documents.
5.3.7	Provision of effective and efficient financial management services.	ECDC ensures correct, sound and efficient management of its financial resources.
5.3.8	Preparation for and deployment of the new financial management system (SUMMA).	Improved financial management, including reporting and monitoring capacity.
5.3.9	Provision of effective and efficient corporate services, including EMAS.	ECDC has a sustainable, secure, and healthy workplace.

Resources

5.3 Responsive support	Staff and Title 3 budget
Total FTEs for this activity	53.9
Total operational budget for this activity	131 600

Action Area 5.4 – Digital transformation services

Overview

ECDC develops infrastructure and applications that enable the Centre itself and Member States to use health data to help determine public health policy and improve lives in Europe.

Throughout 2024, ECDC will continue to implement smart analytics and AI to assess and interpret data effectively and to offer relevant and timely scientific evidence - using modern visualisation tools. EpiPulse, the Early Warning and Response System (EWRS) will remain fundamental for the operation of the Centre. ECDC will also continue to contribute to common EU initiatives in the digital area such as the European Health Data Space (EHDS2).

ECDC staff will continue to be digitally empowered thanks to a user-friendly digital workplace, guided by a common digital etiquette, and trained with the necessary digital skills. IT product and service portfolios will continue to be maintained, upgraded and developed to address business needs. Product delivery timeliness and quality will be gradually improved.

ECDC will continue to improve its digital infrastructure so that its critical underlying systems are responsive and secure. Even if ECDC's applications are mainly hosted locally, the Centre will continue to use cloud services where possible and economically viable - for example with the adoption of Microsoft 365 and some production workloads running on cloud-based servers.

Main outputs and expected results

No.	Main outputs	Expected results
5.4.1	ECDC provides digital solutions for the Commission, Member States and other stakeholders.	Timely generation and exchange of standardised high-quality data to support Member States in rapidly responding to cross-border health threats of infectious diseases. Smart analytics and data visualisation allow ECDC to assess and interpret data effectively and to offer relevant and timely scientific evidence.
5.4.2	Digital workplace that addresses the needs for mobility, flexibility, communication and collaboration. Users can easily access the IT enterprise services they need via the front-office or self-service.	ECDC staff are digitally empowered with a user-centric digital workplace, guided by a common digital etiquette, and trained with the necessary digital skills. Digital infrastructure fulfils the business needs.
5.4.3	Secure and continuously improved digital platforms.	Agile planning and resource management. Improved timeliness of IT product delivery. Improved quality of the digital solutions. ECDC information assets are adequately protected.

Resources

5.4 Digital transformation services	Staff and Title 3 budget
Total FTEs for this activity	27.3
Total operational budget for this activity	4 344 900

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

Overview

In 2024, internal communication activities will continue to be implemented in close collaboration with stakeholders across ECDC. Rather than simply informing staff, these activities will aim to listen and engage. They will help managers in delivering messages using the appropriate channels and tone, support efforts to retain skilled staff, and help everyone feel that they are part of a change-making organisation.

Internal communication will also support change management processes by helping staff to understand and adapt to transformations. Even after the finalisation of the internal campaign which was implemented in 2023 to bring about ECDC’s transformational programme, communication outputs related to the programme will continue.

ECDC will finalise a usability study of its Information Centre and implement recommendations. The platform will continue to foster a more holistic approach to internal information management. In addition, internal events will be held to connect staff and provide informal forums for interaction (both in person and digitally).

Other channels and initiatives will also be implemented or upgraded, including those to push or pull information – e.g. TV screens, staff meetings, ‘Meet Your Colleagues’ features – as well as those aimed at creating engagement and a sense of community. In addition, core areas of ECDC’s work with external audiences will be highlighted internally throughout the year – e.g. awareness campaigns and publications.

Main outputs and expected results

No.	Main outputs	Expected results
5.5.1	News items, newsletters and staff meetings.	Engaged and informed staff.
5.5.2	Internal communication, events and activities.	

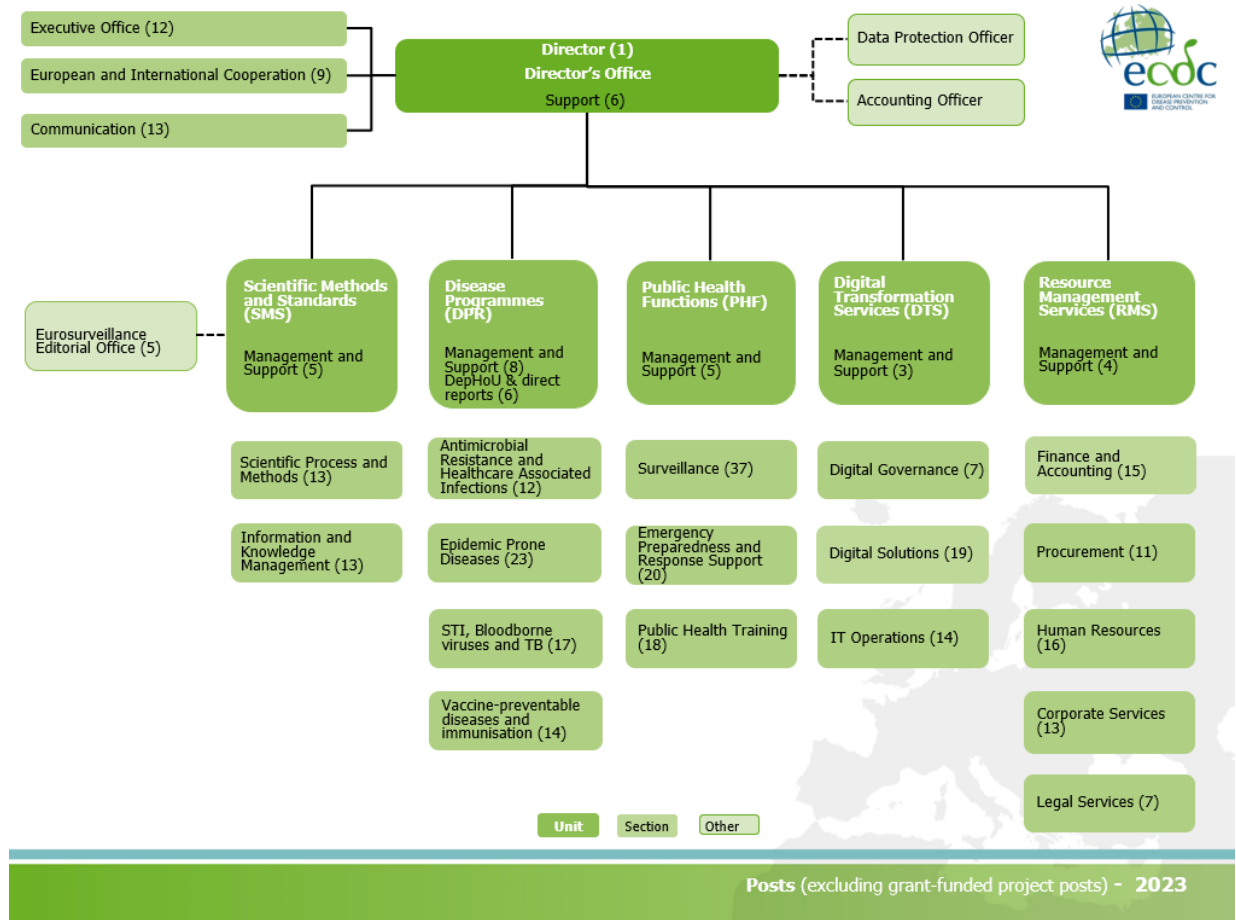
Resources

5.5 Internal communication	Staff and Title 3 budget
Total FTEs for this activity	1.7
Total operational budget for this activity	0

Annexes

- Annex 1. Organisational chart 2024
- Annex 2. Resource allocation per activity 2024–2026
- Annex 3. Financial resources (Tables) 2024–2026
- 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. Plan for procurements 2024
- Annex 12. Plan for grants, contributions or service-level agreements
- Annex 13. Strategy for cooperation with third countries and/or international organisations

Annex 1. Organisational chart 2024



* 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.

**New posts granted in the 2024 budget will be allocated during the course of 2023.

Annex 2. Resource allocation per activity 2024–2026

Table A1. Resource allocation by Action Area 2024–2026*

Activity	2024			2025			2026		
	TA	CA	Budget allocated (EUR million)	TA	CA	Budget allocated (EUR million)	TA	CA	Budget allocated (EUR million)
1.1 – Standards and methodologies	5.5	1.6	1.7	5.5	1.6	1.7	5.5	1.6	1.8
1.2 – Knowledge transfer	10.1	11.8	5.0	10.1	11.8	5.0	10.1	11.8	5.1
1.3 – Foresight and modelling, and research engagement	10.5	1.0	3.2	10.5	1.0	3.2	10.5	1.0	3.3
1.4 – External and risk communication	5.5	6.9	3.2	5.5	6.9	3.3	5.5	6.9	3.4
2.1 – Surveillance	40.4	14.7	20.9	40.4	14.7	20.8	40.4	14.7	21.1
2.2 – Public health evidence and recommendations	15.1	4.3	3.9	15.1	4.3	3.9	15.1	4.3	4.0
2.3 – Digital solutions for surveillance	9.9	6.9	6.9	9.9	6.9	6.9	9.9	6.9	7.0
3.1 – Prevention and control	17.8	8.9	7.6	17.8	8.9	7.6	17.8	8.9	7.7
3.2 – Preparedness and response	20.9	7.1	6.4	20.9	7.1	6.4	20.9	7.1	6.6
3.3 – Training	9.4	4.9	6.6	9.4	4.9	6.5	9.4	4.9	6.6
4.1 – Coordination and collaboration	5.1	7.2	3.0	5.1	7.2	3.0	5.1	7.2	3.0
4.2 – Global health	5.6	5.0	1.5	5.6	5.0	1.5	5.6	5.0	1.5
5.1 – Organisational excellence	14.3	2.6	3.2	14.3	2.6	3.2	14.3	2.6	3.3
5.2 – Engaged staff	11.6	5.5	3.2	11.6	5.5	3.2	11.6	5.5	3.2
5.3 – Responsive support	25.1	28.8	7.3	25.1	28.8	7.3	25.1	28.8	7.4
5.4 – Digital transformation services	17.5	9.8	8.4	17.5	9.8	8.4	17.5	9.8	8.5
5.5 – Internal communication	0.6	1.1	0.2	0.6	1.1	0.2	0.6	1.1	0.2
SNE		5	0.7		5	0.7		5	0.7
TOTAL	225	133	92.8	225	133	92.6	225	133	94.3

**2024 is the first year in which ECDC has been implementing its amended Strategy. This has redefined Action Areas/activities, in order to pursue revised Strategic Objectives in line with ECDC's strengthened mandate. Due to these changes, the data on the resources allocated to Action Areas/activities in 2023 is not comparable.*

Annex 3. Financial Resources (Tables) 2024–2026

Table A2. Revenue

General Revenues

REVENUES	N (2023)	N +1 (2024)
	Revenues estimated by the Agency	Budget forecast
EU contributions	87 665 000	90 288 652
Other revenue	2 517 000	2 592 714
TOTAL REVENUES	90 182 000	92 881 366

	General revenues						
	Executed N-1 (2022)	Estimated by the Agency N (2023)	N+1 (2024)		VAR N+1/N (%)	Envisaged N+2 (2025)	Envisaged N+3 (2026)
			Agency request	Budget forecast			
1 Revenue from fees and charges							
2 EU contribution	96 602 290	85 925 120	72 422 185			89 412 425	91 036 673
- Of which assigned revenues deriving from previous years' surpluses		1 739 880	17 866 467				
3 Third country contributions (incl. EEA/EFTA and candidate countries)	2 248 774	2 517 000	2 592 714			3 200 964	3 259 112
- Of which EEA/EFTA (excl. Switzerland)	2 248 774	2 517 000	2 592 714			3 200 964	3 259 112
- Of which candidate countries							
4 Other contributions							
5 Administrative operations							
- Of which interest generated by funds paid by the Commission by way of the EU contribution (FFR Art. 58)							
6 Revenues from services rendered against payment							
7 Correction of budgetary imbalances.							
TOTAL	98 851 064	90 182 000	92 881 366			92 613 389	94 295 785

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

REVENUES	N (2023)	N +1 (2024)
	Revenues estimated by the Agency	Budget forecast
TOTAL REVENUES	12 344 723	0

REVENUES	Additional EU funding: grant, contribution and service-level agreements						
	Executed N-1 (2022)	Estimated by the Agency N (2023)	N+1 (2024)		VAR N+1/N (%)	Envisaged N+2 (2025)	Envisaged N+3 (2026)
			Agency request	Budget forecast			
Additional EU funding stemming from grants (FFR Art.7)							
Additional EU funding stemming from contribution agreements (FFR Art.7)	4 291 446	12 344 723	0	0		0	0
Additional EU funding stemming from service-level agreements (FFR Art. 43.2)							
TOTAL	4 291 446	12 344 723	0	0		0	0

Table A3. Expenditure

REVENUES	N (2023)		N +1 (2024)	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
Title 1 - Staff expenditure	41 374 000	41 374 000	43 096 000	43 096 000
Title 2 - Infrastructure and operating expenditure	9 583 000	9 583 000	10 392 000	10 392 000
Title 3 - Operational expenditure	39 225 000	39 225 000	39 393 000	39 393 000
TOTAL EXPENDITURE	90 182 000	90 182 000	92 881 000	92 881 000

EXPENDITURE	Commitment and payment appropriations						
	Executed Budget N-1 (2022)	Budget N (2023)	Draft Budget N+1 (2024)		VAR N+1 (2024)/N (2023) (%)	Envisaged N+2 (2025)	Envisaged N+3 (2026)
			Agency request	Budget forecast			
Title 1 - Staff expenditure	41 813 835	41 374 000	43 096 000		+4.1%	43 500 000	44 572 000
11 Salaries and allowances	36 508 439	37 490 000	39 003 000		+4%	39 800 000	40 887 000
- Of which establishment plan posts	27 638 094	27 750 000	29 253 000			29 650 000	30 460 000
- Of which external personnel	8 870 345	9 740 000	9 750 000			10 150 000	10 427 000
12 Expenditure relating to staff recruitment	655 490	600 000	485 000		-19.1%	485 000	485 000
13 Mission expenses	386 352	450 000	650 000		+44.4%	450 000	450 000
14 Socio-medical infrastructure	141 238	180 000	280 000		+55.5%	235 000	220 000
15 Training	359 004	500 000	500 000			500 000	500 000
16 External services	3 729 249	2 104 000	2 121 000			2 000 000	2 000 000
17 Receptions, events and representation	34 063	50 000	57 000			30 000	30 000
Title 2 - Infrastructure and operating expenditure	8 183 048	9 583 000	10 392 000		+8.4%	10 113 000	10 151 000
20 Rental of buildings and associated costs	4 074 709	4 833 000	5 049 000		+4.4%	5 100 000	5 100 000
21 Information, communication technology and data processing	3 281 266	3 320 000	3 925 000		+18.2%	3 578 000	3 616 000
22 Movable property and associated costs	85 473	229 000	237 000			300 000	300 000
23 Current administrative expenditure	288 377	281 000	222 000		-20.9%	250 000	250 000
24 Postage/telecommunications	87 458	135 000	134 000			135 000	135 000
25 Meeting expenses	365 765	785 000	825 000		+5%	750 000	750 000

Table A4. Budget outturn and cancellation of appropriations

Budget outturn	N-4 (2020)	N-3 (2021)	N-2 (2022)
Revenue actually received (+)	70 708 000	172 749 000	103 385 000
Payments made (-)	47 139 000	109 153 000	75 930 000
Carry-over of appropriations (-)	22 533 000	71 428 000	35 729 000
Cancellation of appropriations carried over (+)	1 155 000	1 025 000	13 837 000
Adjustment for carry-over of assigned revenue appropriations from previous year (+)	1 118 000	9 089 000	12 124 000
Exchange rate differences (+/-)	-238 000	-543 000	179 000
Adjustment for negative balance from previous year (-)			
TOTAL	3 071 000	1 739 000	17 866 000

Descriptive information and justification

- Budget outturn

First estimate of the 2022 surplus to be reimbursed to the EU budget (as assigned revenue): EUR 17 866 467.32

The Centre cashed its budget of EUR 99 872 000 in 2022.

The expenditure of 2022, including the carry-forward to 2023, is EUR 111 659 912.46

The amount of cancelled unused payment appropriations carried forward from the previous year (2021) of EUR 13 837 170.29, the adjustment for carry-over from the previous year of appropriations available at 31.12 arising from assigned revenue of EUR 12 124 588.87 and the exchange rate gain for the year 2022 of EUR 179 011.60 have resulted in a positive budget outturn for 2022.

In 2022, ECDC reimbursed the budgetary positive balance from 2021 of EUR 1 739 880.22 to the EU.

As a result of the above, EUR 17 866 467.60 will be reimbursed during 2023 to the EU budget (as assigned revenue) related to the Centre's 2022 budget implementation.

- Cancellation of commitment appropriations

The total implementation of commitment appropriations in 2022 reached 98.86%, with a total of EUR 1 136 676.41 cancelled, compared to EUR 1 085 863.33 cancelled in 2021. As a result, the reduction of the EU contribution of 2% for the implementation of commitment appropriations is not applicable for ECDC's 2024 budget. However, due to cancellations of payment appropriations within the HERA Incubator WGS infrastructure support grant agreements, which were beyond the Centre's control, ECDC cancelled more than 5% of its payment appropriations in 2022. The commitment of appropriations for the operational expenditure on Title 3 reached 98.87% in 2022.

- Cancellation of payment appropriations for the year and payment appropriations carried over

The Centre carried forward EUR 59 303 806 from 2021 to 2022, of which EUR 45 466 636 was paid (fund source C8).

This corresponds to 76.67% of the amount carried forward.

Excluding the HERA Incubator WGS grants from the C8 performance numbers, the rate of execution for 2022 was 95.8%, which is an improvement of 3.4 points on the previous year.

Annex 4. Human Resources (quantitative)

Table A5. Staff population and its evolution; overview of all categories of staff

A. Statutory staff and SNEs

Staff	Year 2022			Year 2023	Year 2024	Year 2025	Year 2026
ESTABLISHMENT PLAN POSTS	Authorised Budget	Actually filled as of 31/12/2022 ¹³	Occupancy rate %	Authorised staff	Envisaged staff	Envisaged staff	Envisaged staff
Administrators (AD)	148	141	95.3 %	155	158	158	158
Assistants (AST)	62	60	96.8 %	62	61	61	61
Assistants/Secretaries (AST/SC)	5	5	100%		6	6	6
TOTAL ESTABLISHMENT PLAN POSTS	215	206	95.8%	222	225	225	225
EXTERNAL STAFF	FTE corresponding to the authorised budget	Executed FTE as of 31/12/2022 ¹⁴	Execution Rate %	Headcount as of 31/12/2022	FTE corresponding to the authorised budget	Envisaged FTE	Envisaged FTE
Contract Agents (CA)	130	117 (plus 20 CA posts from externally funded projects)	90 % (92.9 % of the 2023 budget)	117 (authorised budget 2023: 126 ¹⁵)	128	128	128
Seconded National Experts (SNE)	5	4	80.0%	5	5	5	5
TOTAL EXTERNAL STAFF	135	121	89.7%	131 (authorised staff)	133	133	133
TOTAL STAFF	350	323	92.3 %	353	358	358	358

¹³ Posts filled as of 31.12.2022 include six offers made and accepted (1 AD8, 2 AD5, 2 AST4, 1 AST/SC1).

¹⁴ Posts filled as of 31.12.2022 include six offers made and accepted (3 FGIV, 2 FGII and 1 FGIII project post).

¹⁵ Excluding CA posts from externally funded projects, see table below.

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

Human Resources	31/12/2022 posts filled	Year 2023	Year 2024	Year 2025	Year 2026
		Envisaged FTE	Envisaged FTE	Envisaged FTE	Envisaged FTE
Contract Agents (CA)	17 ¹⁶	23	30 ¹⁷	30	30 ¹⁸
Seconded National Experts (SNE)	0	0	0	0	0
TOTAL	17	23	30	30	30

C. Other Human Resources*Structural service providers*

	Actually in place as of 31/12/2022
Security/reception/logistics	7
IT	10
Other (specify)	0

Interim workers

	Total FTEs in year N-1 (2022)
Number	46

¹⁶ Two posts were vacant due to just being created following the signing of the EVIP project agreement, the remaining posts were vacant due to internal mobility requiring new recruitments or cannot be filled due the short time left in the project.

¹⁷ This includes seven posts for the EWRS project, for which the project agreement is anticipated to be signed in early 2024.

¹⁸ Provided that certain grants are extended, details unknown at this time. However, most of the contract agreements may be concluded in 2024/25, in which case the number of externally funded project staff will be lower.

Table A6. Multi-annual staff policy plan Year N+1-Year N+3

Function group and grade	Year 2022				Year 2023		Year 2024		Year 2025		Year 2026	
	Authorised budget		Actually filled as of 31/12/2022 ¹⁹		Authorised budget		Envisaged		Envisaged		Envisaged	
	Permanent posts	Temporary posts	Permanent posts	Temporary posts	Permanent posts	Temporary posts	Permanent posts	Temporary posts	Permanent posts	Temporary posts	Permanent posts	Temporary posts
AD 16												
AD 15		1		1		1		1		1		1
AD 14		2				2		1		1		1
AD 13		3		1		3		3		3		3
AD 12		7		5		7		6		6		6
AD 11		8		6		8		8		8		8
AD 10		25		8		25		16		16		16
AD 9		24		17		24		24		24		24
AD 8		25		36		28		29		29		29
AD 7		29		10		29		23		23		23
AD 6		21		14		25		32		32		32
AD 5		3		43		3		15		15		15
AD TOTAL		148		141		155		158		158		158
AST 11												
AST 10		1				1		1		1		1
AST 9		2		2		2		2		2		2
AST 8		3		2		3		6		6		6
AST 7		11		5		11		6		6		6
AST 6		10		9		10		10		10		10

¹⁹ Posts filled as of 31.12.2022 include six offers made and accepted (1 AD8, 2 AD5, 2 AST4, 1 AST/SC1).

Function group and grade	Year 2022				Year 2023		Year 2024		Year 2025		Year 2026	
	Authorised budget		Actually filled as of 31/12/2022 ¹⁹		Authorised budget		Envisaged		Envisaged		Envisaged	
	Permanent posts	Temporary posts	Permanent posts	Temporary posts	Permanent posts	Temporary posts	Permanent posts	Temporary posts	Permanent posts	Temporary posts	Permanent posts	Temporary posts
AST 5		15		11		15		15		15		15
AST 4		13		26		17		19		19		19
AST 3		7		3		3		1		1		1
AST 2				1				1		1		1
AST 1				1								
AST TOTAL		62		60		62		61		61		61
AST/SC 6												
AST/SC 5												
AST/SC 4												
AST/SC 3		5				5		2		2		2
AST/SC 2				1				4		4		4
AST/SC 1				4								
AST/SC TOTAL		5		5		5		6		6		6
TOTAL		215		206		222		225		225		225
GRAND TOTAL		215		206		222		225		225		225

External personnel

Contract agents

Contract agents	FTE corresponding to the authorised budget 2022	Executed FTE as of 31/12/2022	Headcount as of 31/12/2022 ²⁰	FTE corresponding to the authorised budget 2023	FTE corresponding to the authorised budget 2024	FTE corresponding to the authorised budget 2025	FTE corresponding to the authorised budget 2026
Function Group IV	76	68	68	74	76	76	76
Function Group III	41	37	37	38	38	38	38
Function Group II	12	11	11	13	13	13	13
Function Group I	1	1	1	1	1	1	1
TOTAL	130	117	117	126	128	128	128

Seconded national experts

Seconded National Experts	FTE corresponding to the authorised budget 2022	Executed FTE as of 31/12/2022	Headcount as of 31/12/2022	FTE corresponding to the authorised budget 2023	FTE corresponding to the authorised budget 2024	FTE corresponding to the authorised budget 2025	FTE corresponding to the authorised budget 2026
TOTAL	5	4	4	5	5	5	5

²⁰ Posts filled as of 31.12.2022 include five offers made and accepted (three FGIV, two FGII).

Table A7. 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 at the Agency	Type of contact (Official, TA or CA)		TA/Official		CA
			Function group/grade of recruitment internal (Brackets) and external (single grade) foreseen for publication *		Recruitment Function Group (I, II, III and IV)
	Due to foreseen retirement/mobility	New post requested due to additional tasks ²¹	Internal (brackets)	External (brackets)	
Head of Unit	1	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	1	AD 8 – AD 9	AD 8	-
Expert	6	2	AD 5 – AD 7	AD 5	-
Scientific Officer	6	2	-	-	FG IV
Administration (e.g. HR, Procurement/Finance)/ IT Officers	2	0	AST 4 – AST 6	AST 4	-
Officers in support functions (e.g. Communication, IT, Legal)	2	0	-	-	FG IV
Assistants/Specialists in support functions (e.g. HR, Finance, Procurement, IT)	8	0	-	-	FG III
Administrative Assistants	1	0	AST/ SC 1 – AST/SC 3	AST/ SC 1	-
Office Assistants	2	0	-	-	FG II

²¹ Including posts for externally funded projects.

Annex 5. Human Resources (qualitative)

Recruitment policy

Temporary agents

Type of key functions

The establishment table focuses on the core functions of the Centre: the temporary agents. Temporary agents are foreseen to form the core capacity - i.e. operating the Centre. In addition, contract agents are recruited with a primary focus on support functions and as junior experts.

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

The establishment table reflects the emphasis on building up internal expert capacity and attracting the best experts in the Centre's fields of competence. Therefore roughly two thirds of the temporary agent posts are at administrator (AD) level, the majority of the posts intended for technical experts in the key fields of the Centre's operations. The large number of AD staff is seen as possible since a support capacity is built up around temporary agents at 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 based on the model implementing rules valid for all agencies. According to these rules, the Centre applies a provision for internal selection. The Centre aims to carry out recruitment processes in an objective, transparent and highly efficient manner, respecting the candidate confidentiality as well as recruitment ethics. The focus is on selecting the best candidates with a high level of professional competency and motivation. Selection committees consist of at least three members, including a representative of the Staff Committee, and take into account gender and geographical balance as well as ECDC's organigram.

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 Head of Unit level 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 exceptionally, 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 recruiting experts who can grow professionally along with the Centre. These experts normally have a broader profile which supports the Centre's aim of ensuring flexibility in its workforce with a view to the possibility of changing operational priorities. This will enable the Centre to have well-balanced staffing, while ensuring the best expertise and being able to secure business continuity.

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

Given that the Centre focuses on recruiting many contract staff in supportive functions, it aims to recruit experienced senior administrative support staff at AST 4 level in order 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 possible long-term employment posts.

Upon expiry, each contract is considered, on a case-by-case basis, for possible renewal, taking into account the requirements identified 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 in operational units, etc.
- AD 8 Principal Experts in operational units, Heads of Section, etc.
- AD 10 Deputy Heads of Unit
- AD 11-12 Heads of Unit
- AST/SC 1 Administrative Assistants
- AST 4 Procurement Officers, Finance Officers, Human Resources Officers, IT Security officers, IT Project managers, etc.

Contract agents

The Centre's contract agents are mainly employed in the administrative unit, in projects and programmes. Those in support functions are important in order for the organisation to focus on its core tasks. Those 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 temporary agents follows the Centre's implementing rules on contract agents, which are based on the model implementing rules valid for all agencies. 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 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 ECDC's organigram.

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 long-term nature.
- Short-term functions, which 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.
- The duration of short-term contracts depends on the nature of the function/project.

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

Job profiles

The Centre's contract agents are mainly recruited:

- for administrative support functions;
- as junior experts in operational programmes;
- for projects.

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

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

- FG I Logistics assistants, etc.
- FG II Office assistants, etc.
- FG III Financial assistants, Human Resources specialists, Events 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 ‘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.

Seconded National Experts (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 mainly come to the Centre at Principal Expert level, working on operational activities.

Structural service providers

Structural service providers (consultants) are brought in to carry out ICT projects and tasks to support the functioning of the Agency. This includes functions such as ICT infrastructure (ICT front office and back office), data management and projects involving 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 as temporary replacements covering maternity, parental and sick leave, unfilled 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		

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 A8. Reclassification of TA/promotion of officials

Grades	Average seniority in the grade among reclassified staff						
	Year 2018	Year 2019	Year 2020	Year 2021	Year 2022	Actual average over five years	Average over five years (according to Decision C(2015)9563)
AD05	7.5	5.3	3.3	3.1	4.4	4.4	2.8
AD06	4.9	3.0	3.0	6.4	4	4.3	2.8
AD07	N/A	3.0	3.0	3.0	4.2	3.7	2.8
AD08	4.6	5.0	4.0	3.5	4.2	4.2	3
AD09	4.4	N/A	N/A	3.5	N/A	4	4
AD10	4.3	5.8	5.0	3.0	5.4	4.4	4
AD11	N/A	5.0	N/A	2.6	6	4.5	4
AD12	3.2	N/A	N/A	N/A	10.8	7	6.7
AD13	N/A	N/A	N/A	N/A	N/A	N/A	6.7
AST1	7.6	N/A	N/A	N/A	N/A	7.6	3
AST2	3.0	N/A	N/A	N/A	N/A	3	3
AST3	N/A	N/A	N/A	N/A	N/A	N/A	3
AST4	5.7	N/A	3.8	2.8	11.9	5.8	3
AST5	5.8	5.8	6.4	5.0	6	5.8	4
AST6	4.8	N/A	5.0	3.0	6	4.4	4
AST7	N/A	4.8	N/A	6.8	N/A	5.8	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	3.3	N/A	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 A9. Reclassification of contract staff

Function Group	Grade	Staff in activity as of 1 January 2020	How many staff members were reclassified in 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				Between six and 10 years
	16	5			Between five and seven years
	15	11	3	5.3	Between four and six years
	14	38	7	5.9	Between three and five years
	13	3			Between three and five years
CA III	11	6	1	7.3	Between six and ten years
	10	9	1	5.3	Between five and seven years
	9	19	1	5.9	Between four and six years
	8	3			Between three and five years
CA II	6	2			Between six and 10 years
	5	8			Between five and seven years
	4	2	1	4.2	Between three and five years
CA I	2	1			Between six and 10 years
	1				Between three and five years.

Gender representation

Table A10. Data regarding statutory staff as at 31 December 2022 (only officials, TA and CA)²²

		Official		Temporary		Contract Agents		Grand Total	
		Staff	%	Staff	%	Staff	%	Staff	%
Female	Administrator level			71	35.5%	48	36.6%	119	36.0%
	Assistant level (AST & AST/SC)			37	18.5%	42	32.1%	79	23.9%
	Total	0		108	54.0%	90	68.7%	198	59.8%
Male	Administrator level			67	33.5%	31	23.7%	98	29.6%
	Assistant level (AST & AST/SC)			25	12.5%	10	7.6%	35	10.6%
	Total	0		92	46.0%	41	31.3%	133	40.2%
Grand Total		0		200	100%	131	100%	331	100%

²² Without offers made and accepted and including externally funded project posts.

Table A11. Data regarding gender evolution of the Middle and Senior management over five years ²³

	N-5 (2018)		N-1 (2022)	
	Number	%	Number	%
Female managers	2	33%	2	33%
Male managers	4	67%	4	67%

There were no changes in the composition of the middle and senior management population at ECDC in 2022. It should be noted that, in view of the small number of middle managers and the long tenure (contract is for five years and renewable) it is difficult to take specific measures, other than the Director taking into consideration the gender balance at the time of appointment. The appointment of the Director is a matter for the Commission and ECDC's Management Board.

²³ Staff who are defined as middle managers according to the General Implementing provisions on middle management.

Geographical balance

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

Table A12. Data as at 31 December 2022 - statutory staff only (officials, AT and CA)

Nationality	AD + CA FG IV		AST/SC- AST + CA FGI/CA FGII/CA FGIII		TOTAL ²⁴	
	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%	0	0.0%	0	0.0%
Belgium	8	3.7%	2	1.8%	10	3.0%
Bulgaria	5	2.3%	0	0.0%	5	1.5%
Croatia	2	0.9%	3	2.6%	5	1.5%
Cyprus	0	0.0%	0	0.0%	0	0.0%
Czech Republic	1	0.5%	1	0.9%	2	0.6%
Denmark	4	1.8%	2	1.8%	6	1.8%
Estonia	0	0.0%	2	1.8%	2	0.6%
Finland	11	5.1%	3	2.6%	14	4.2%
France	21	9.7%	5	4.4%	26	7.9%
Germany	20	9.2%	8	7.0%	28	8.5%
Greece	19	8.8%	4	3.5%	23	6.9%
Hungary	3	1.4%	1	0.9%	4	1.2%
Ireland	4	1.8%	1	0.9%	5	1.5%
Italy	13	6.0%	11	9.6%	24	7.3%
Latvia	3	1.4%	2	1.8%	5	1.5%
Lithuania	5	2.3%	1	0.9%	6	1.8%
Luxembourg	0	0.0%	0	0.0%	0	0.0%
Malta	2	0.9%	0	0.0%	2	0.6%
Netherlands	7	3.2%	3	2.6%	10	3.0%
Poland	6	2.8%	10	8.8%	16	4.8%
Portugal	8	3.7%	2	1.8%	10	3.0%
Romania	17	7.8%	12	10.5%	29	8.8%
Slovakia	1	0.5%	0	0.0%	1	0.3%
Slovenia	1	0.5%	1	0.9%	2	0.6%
Spain	9	4.1%	3	2.6%	12	3.6%
Sweden	47	21.7%	35	30.7%	82	24.8%
United Kingdom	0	0.0%	2	1.8%	2	0.6%
Total	217	100.0%	114	100.0%	331	100.0%

Table A13. Evolution over five years of the most represented nationality at the Agency

Most represented nationality	N-5 (2018)		N-1 (2022)	
	Number	%	Number	%
Sweden	58	21.9 %	82	24.8 %

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.

²⁴ Without offers made and accepted.

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 action in place:</p> <p>There are a number of international schooling alternatives available in the region where the Centre is located (international schools, German, British, French and 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 fees. However, the Stockholm International School, a private school located in Stockholm city centre, charges very high fees and the double educational allowance only covers a small part of these fees.</p> <p>It should be noted that the seat agreement between the Centre and the Swedish government provides for the possibility to consider a European section or school.</p>				

Annex 6. Environmental management

ECDC measures to ensure cost-effective and environment-friendly working place

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

After applying for EU Eco-Management Audit Scheme (EMAS) certification, ECDC will continuously improve its sustainable performance and monitor progress on an annual basis. The implementation of EMAS began in October 2019, when ECDC performed its first environmental assessment, and certification is expected in 2024. The environmental assessment established that travel related to missions, meetings, recruitments, and trainings represented the main source of CO₂ emissions for ECDC.

ECDC measures to reduce the environmental impact of its operations

A total of 100% of ECDC's electricity is provided by hydro-powered energy. The Centre'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. Over time, ECDC has introduced touchless taps, helping to reduce up to 70% of water consumption.

ECDC continues to improve its new recycling system, with separation of waste into paper, plastic, glass, organic, metal, e-waste, toners, light and bulbs, batteries, corrugated cardboard and boxes. In addition, ECDC asks some of its suppliers to provide documentation proving that they follow environmentally sustainable practices and it purchases eco-labelled products (such as stationary and cleaning detergents).

To reduce the environmental impact of transport, the Centre encourages its staff to commute sustainably, by providing facilities for bicycles and offering good connections to public transport. ECDC's sustainable travel guidelines aim to improve ECDC's sustainability, reducing its carbon emissions and the number of trips taken on its behalf, by focusing on business-critical travel only and, if travel is necessary, by ensuring that the most environmentally friendly travel options are chosen.

ECDC plans environmental objectives for 2024

As an agency of the European Union, ECDC recognises its responsibility towards the environment and the importance of implementing measures to control and lower the environmental impact of its operations. In 2024, ECDC will continue improving its environmental performance and through its actions, it will contribute to the achievement of environmental agreements and their objectives to set CO₂ reduction targets. Following the deployment of the EMAS framework, ECDC will develop specific targets in various areas of its operations.

Annex 7. Building policy

No.	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 contract	Type	Break out clause Y/N	Conditions attached to the breakout clause (if applicable)	
1	ECDC Premises (Hilton 3 building)	Gustav III:s Boulevard 40, 169 73, Solna, Sweden	4.905 sqm	4.502 sqm	9.407 sqm	SEK 19 491 840 (ca. 1 902 793 EUR/year) ²⁵	15 years	After 15 years, two renewals of five years each	Y	Termination notice period 12 months	No

²⁵ January 2023 exchange rate.

Annex 8. Privileges and immunities

Agency privileges	Privileges granted to staff	
<p>The Agency enjoys the privileges stipulated in Protocol No. 7 on the Privileges and Immunities of the European Union (Articles 1 to 4 of the Protocol)</p>	Protocol of privileges and immunities/diplomatic status	Education/daycare
	<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:</p> <ul style="list-style-type: none"> • Immunity from jurisdiction for 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>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 daycare/education in accordance with Swedish legislation.</p>

Annex 9. Evaluations

External evaluation

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

In 2018, ECDC launched its third external evaluation. The report and recommendations were published on ECDC's website in 2020. The report was also shared with the EU institutions. Some of the accepted recommendations have been addressed through the changes to ECDC's mandate, while others have been addressed jointly with the actions resulting from the external assessment of ECDC's response to the pandemic, as reported to the Management Board in March 2021, and their implementation was finalised by the end of 2021.

Internal evaluations

ECDC has a procedure for the internal evaluation of its activities and outputs since 2015. Every year at least one of ECDC's projects/programmes or products have been assessed. The following internal evaluations have taken place:

- 2015: ECDC assessment of the ECDC IT general governance
- 2016: evaluation of the deployment of ECDC experts in Africa
- 2017-onwards: start of the evaluation of the ECDC Disease Programmes, with the development of a common protocol for all disease programme 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 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.
- 2022: Evaluation of cooperation with CDCs with which ECDC has bilateral arrangements in the form of memorandums of understanding or administrative arrangements – outsourced.
- 2023: Partnership project ECDC4AfricaCDC – outsourced.
- 2024: Eurosurveillance, ECDC outsourcing/procurement – outsourced.

In addition, in 2022 the Centre worked on a specific guidance for internal evaluation of public health emergency events, including training for those staff members performing the function of internal evaluators.

All evaluations are linked to the activities in the Single Programming Document. Evaluations are generally conducted ex-post or mid-term. Evaluations are usually 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 (Article 29) requires regular ex-ante, interim or ex-post evaluations for certain interventions. Ex-ante evaluations are covered by Project Initiation Requests, discussed and approved by Head of Units.

An indicative three-year multi-annual evaluation plan is approved by the Director, after consultation of 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 basis for the intervention. The objective is that key interventions addressing external parties are periodically evaluated in proportion to the resources allocated 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. The present evaluation plan was 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 its first stakeholder survey, targeting members of the Management Board, Advisory Forum, Competent Bodies, National Focal Points, and relevant external stakeholders (EU institutions, relevant EU agencies and international organisations). A second survey was carried out in 2016. The next stakeholder survey, which was postponed to avoid duplication with the third external evaluation of ECDC and the external 'Strategic and performance analysis of ECDC's response to the COVID-19 pandemic' performed in 2020, took place during the summer of 2022. The final report was shared with ECDC's Management Board in March 2023, and the action plan was presented in June 2023. ECDC will follow up the implementation of these actions and report regularly to the Management Board. The next stakeholder survey should take place in 2024, however this would coincide with the planned external evaluation of the Centre, and therefore it will be postponed to 2026.

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 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 a European centre for disease prevention and control, ECDC Financial Regulation and Staff Regulations), the main governing bodies of the Centre are the Management Board, Advisory Forum, and the Director.

The Centre reports to the Management Board, whose members are nominated by the Member States, the European Parliament, and the European Commission. The Management Board appoints the Director, ensures that the Centre carries out its mission and monitors the implementation of ECDC'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 that interacts with ECDC on high-level, strategic, and technical and operational matters.

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

The Director ensures the organisation of the Centre through the respective administrative decisions, which set out the areas of responsibility of each Unit and section, together with their mission statements and roles.

The decision-making process is captured through the integration of the governance and quality management frameworks. While the Director mainly makes formal decisions in the form of the Administrative Decisions, the decisions on policies, processes, procedures, and work instructions take the form 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's Financial Regulation. In the event of the Director's absence, 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 at ECDC to ensure that all the Centre's activities contribute to implementing ECDC's long-term strategy, ultimately fulfilling ECDC's mission. The different elements of the framework 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 through outsourcing (procurement procedures 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 obtain (near) real-time information on activities across the Centre.

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

The implementation of the annual work programme is regularly monitored and presented to ECDC's Management Board. Each year, the Director reports on the implementation of the Single Programming Document, 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 greater relevance and quality of the organisational outputs and more effective and efficient processes and operations, while building a mind-set of continuous improvement. Following a pilot in the Executive Office, 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 document set-up has been gradually implemented to achieve consistent, up-to-date documentation at the Centre. Preparatory work to reflect the mandate changes in the ECDC process landscape began in 2022 and will continue throughout 2024 with a process review, automation and optimisation work.

ECDC Internal Control Framework

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

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

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

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

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

- the control environment;
- risk assessment;
- control activities;
- information and communication;
- monitoring activities.

These components 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 functioning 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 must comply with 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 and 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 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 section responsible, the necessary improvement, and an appropriate target date.

As part of the process for the Director's Declaration of Assurance, the Director takes an overall conclusion. 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 devised an anti-fraud strategy for the period 2021–2023.

A review of the underlying fraud risk assessment is performed annually and this is also used as a basis for defining future 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 annually as a minimum.

ECDC Independence Policy

On the basis of ECDC's Founding Regulation, the ECDC Management Board adopted the Independence Policy for Non-Staff in March 2018, and the Independence Policy for ECDC Staff in December 2019. The ECDC Compliance Officer is in charge of implementing these policies on the basis of the relevant internal procedures.

With regard to the Independence Policy for Non-staff, there is a systematic review of the interests declared annually by members of the Management Board, the Advisory Forum, the Eurosurveillance Board and, when scientific advice is provided, by the experts participating in ECDC networks, meetings or publications. If relevant, the Compliance Officer suggests mitigation measures, particularly when pharmaceutical companies are involved.

The Independence Policy for Staff involves ECDC's Director and the Heads of Unit declaring their interests on an annual basis and these are then published on ECDC's website to ensure full transparency. In addition, ECDC's Director is required to draw up a list of categories of staff who need to submit an Annual Declaration of Interest. The consultation step was finalised in 2021 and the Director's decision was taken in December 2022. The implementation of the policy for staff based on this Director's Decision began in the first quarter of Q1 2023 and was successfully finalised in quarter 2 of 2023. For newcomers, the Compliance Officer follows the implementation of the policy on a continuous basis. The Director's Decision will be revised in the fourth quarter of 2023 based on the experience gained.

Ex-post verifications and audits

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

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

Risk assessment for the Single Programming Document 2024

While preparing the draft Single Programming Document 2024–2026, ECDC conducted a risk self-assessment exercise in order to identify the main risks that could have an impact on the implementation of the Single Programming Document 2024. The following main risks were identified:

- Risk of Single Programming Document implementation suffering from a public health emergency (PHE) event or being impacted by other unforeseen additional political or public-health-prioritised activities. Although there is preparedness at ECDC for scaling down activities, it would still imply that ECDC would not be able to implement a part of the Single Programming Document as planned.
- Amendments to the Founding Regulation/mandate have changed the resources and competences needed at ECDC. In the short term, it may be difficult to adapt the organisation to the new Regulation/mandate. In addition, the revised ECDC Strategy and the change of Director in 2024 could have an impact on the organisation temporarily in 2024.
- Cyber security risk. There is a risk that a cyber security attack targeting ECDC may lead to leaks, damage or loss of information and/or critical IT services. This could result in the inability or unwillingness of Member States to participate in ECDC's activities, such as the reporting of data.

- Lack of resources to implement the activities agreed in the contribution agreements signed with the European Commission.
- Any budget cuts in the 2024 budget and/or cuts of posts in the establishment table 2024, would have a negative impact on the Single Programming Document . Similarly, any large change in the exchange rate (SEK/EURO) risks having an impact on the budget implementation and thereby also the execution of the Single Programming Document (e.g. increases in the prices paid by ECDC to suppliers, and significant increases in salary expenditure due to potentially high levels of inflation.)

The following actions were identified as forms of mitigation:

- ECDC will closely monitor the impact of any PHE events on the activities included in the Single Programming Document 2024 and make the appropriate changes throughout the year. Important changes will be discussed and approved at the Management Board. Deadline: Q1 2024 – Q4 2024.
ECDC will closely follow and liaise with the European Commission and other stakeholders on the implementation of the amended ECDC Founding Regulation/mandate, the revised Strategy and the recruitment process for a new Director. Deadline: Q1 2024 – Q4 2024.
- ECDC will increase cyber security by implementing both technical and organisational security measures, which should reduce the risk to an acceptable level. Deadline: Q1 2024 – Q4 2024.
- ECDC will closely monitor and liaise with the European Commission and the partners in the contribution agreements on the possibility of implementing all the agreed activities. If necessary, ECDC will look into additional resources – e.g. through the employment of seconded national experts and/or interim staff. Deadline: Q1 2024 – Q4 2024.
- ECDC will closely follow the effects of price increases by suppliers, and increases in salary expenditure during the implementation of the Single Programming Document 2024 and the 2024 budget. Deadline: Q1 2024 – Q4 2024.

Annex 11. Plan for procurements 2024

Table A14. Plan of operational procurements per Strategic Objective

Main planned acquisitions	Indicative budget for operational procurements 2024
<p>Strategic Objective 1: Maintain the independence and rigour of scientific processes and strengthen the relevance and accessibility of scientific outputs to support public health policies and practices at national and EU levels.</p>	
<p>Summary of the planned acquisitions</p> <p>1.1 – Evidence-based public health, crowdsourcing, SARMS. 1.2 – ECDC annual scientific conference ESCAIDE, Eurosurveillance and public health outputs, ECED (Candidate Expert Directory) further improvements. 1.3 – ECDC Foresight Programme, identifying research priorities, modelling contract management. 1.4 – Outreach, social media, ECDC website maintenance and further development.</p>	<p>Total amount in EUR for SO1</p> <p>5 065 300</p>
<p>Strategic Objective 2: Provide relevant, reliable and timely information and science-based recommendations to enable evidence-informed decision-making at national and EU levels.</p>	
<p>Summary of the planned acquisitions</p> <p>2.1 – Surveillance analysis, molecular surveillance, External Quality Assessment, VEBIS, surveillance, threat detection and alert (event-based surveillance), TESSy further development. 2.2 – Scientific advice. 2.3 – AI for epidemic intelligence activities, bioinformatic development and analysis, EpiPulse, European Health Data Space, public health dashboards.</p>	<p>Total amount in EUR for SO2</p> <p>16 333 900</p>
<p>Strategic Objective 3: Support the development of plans, systems and capacities for prevention, preparedness and control of communicable diseases and related special health issues at national and EU levels.</p>	
<p>Summary of the planned acquisitions</p> <p>3.1 – Building a community of practice in the social and behavioural sciences for the prevention of communicable diseases in the EU/EEA, EQAs and training, vaccine acceptance, behavioural insights and misinformation, EUROGASP, HIV, STI and viral hepatitis country support. 3.2 – Early Warning and Response System (EWRS), emergency preparedness training for workforce capacity building, EpiPulse events and CDTR further development, EU Health Task Force, threat reports mobile application. 3.3 – Fellowship Programme – EPIET & EUPHEM scientific coordination, synchronous training, methods and quality.</p>	<p>Total amount in EUR for SO3</p> <p>8 486 900</p>
<p>Strategic Objective 4: Streamline coordination and collaboration with Member States, and other ECDC key partners in the EU and globally.</p>	
<p>Summary of the planned acquisitions</p> <p>4.1 – Targeted country support activities, ECDC Stakeholder Relationship Management (SRM) system.</p>	<p>Total amount in EUR for SO4</p> <p>810 400</p>
<p>Strategic Objective 5: Create an acknowledged, agile organisation through efficient systems, structures, processes and skilled staff.</p>	
<p>Summary of the planned acquisitions</p> <p>5.3 – Further development of the Declarations of Interest. 5.4 – IT operations, EU Confidential Information (EUCI) system implementation, European Federation Gateway Service (EFGS).</p>	<p>Total amount in EUR for SO5</p> <p>4 486 500</p>

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

General Information						Financial and HR impact				
	Actual or expected date of signature for specific agreement	Total amount (EUR)	Duration of FPA (Framework Partnership Agreement)	Counterpart	Short description		2023	2024	2025	2026
Grant agreements										
ERLTB-Net	Q2 in 2023, Q1 in 2024, in 2025.	200 000/ year	4 years	Consortium led by Ospedale San Rafaele (one 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 method harmonisation and network meetings.	Amount (EUR)	200 000	200 000	200 000	200 000
						No. of FTEs	0.5	0.5	0.5	0.5
						No. of SNEs	0	0	0	0
Scientific coordination of ECDC Fellowship Programme	Q1 each year	550 000/ year	4 Years	On average eight specific agreements with different counterparts per annum.	Scientific coordination of ECDC Fellowship Programme (Intervention Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) paths). To ensure the availability of highly qualified scientific coordinators for the Fellowship Programme.	Amount (EUR)	500 000	550 000	550 000	550 000
						No. of FTEs	1.60	1.40	1.40	1.40
						No. of SNEs	0	0	0	0
ECDC Fellowship Programme: hosting of fellows	Q1 & Q3 in 2023, 2024 and only Q3 from 2025 onwards.	Various (2.0-2.5 million/ year)	4 Years	On average 42 specific agreements in 2023, 35 in 2024, 28 in 2025 and onwards, with different counterparts per annum.	ECDC Fellowship Programme (Intervention Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) paths) hosting of fellows at training sites. To ensure that EU-track fellows can be employed by their training sites with the financial support of ECDC.	Amount (EUR)	2 572 000	2 346 000	2 075 000	2 075 000
						No. of FTEs	1.65	1.80	1.80	1.80
						No. of SNEs	0	0	0	0
TOTAL for grant agreements						Amount (EUR)	3 272 000	3 096 000	2 825 000	2 825 000
						No. of FTEs	3.75	3.7	3.7	3.7
						No. of SNEs	0	0	0	0

Contribution agreements										
IPA6 contribution agreement	10 December 2019	2 500 000	Five years	European Commission – DG NEAR	Preparatory measures for the participation of the Western Balkan countries and Türkiye in ECDC with special focus on One Health against AMR and enhanced SARI surveillance, 2020-2024.	Amount (EUR)	0	0	0	
						No. of FTEs	2	2	2	
						No. of SNEs	0	0	0	
ECDC4Africa CDC contribution agreement	19 October 2020	9 000 000	Four years	European Commission – DG INTPA	The ECDC for Africa CDC action aims to: <ul style="list-style-type: none"> strengthen the 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 a sustainable trained public health workforce. 	Amount (EUR)	0	0	0	
						No. of FTEs	8	8	8	
						No. of SNEs	0	0	0	
EU Initiative on Health Security contribution agreement	18 December 2020	9 000 000	Four years	European Commission – DG NEAR	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 candidate (EU Enlargement) countries and European Neighbourhood Policy (ENP) partner countries.	Amount (EUR)	0	0	0	
						No. of FTEs	11	11	11	
						No. of SNEs	0	0	0	
Reinforcement of EVIP through EU4Health contribution agreement	Q4 2022	1 000 000	30 months	European Commission – DG SANTE	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, and paid promotion of EVIP.	Amount (EUR)	490 000	90 000	20 000	
						No. of FTEs	2	2	2	
						No. of SNEs	0	0	0	

Contribution agreements (continued)										
Improving and strengthening the EU Early Warning and Response System and National Alert and Information System (EWRS)	2024	10 000 000	Five years	European Commission – DG SANTE	This action aims to upgrade the EWRS system to adapt to the new requirements for reporting of all health threats to EWRS and to integrate into other EU alert and information systems (AIS). EWRS will need to include new functionalities and modules with improved data security and data protection.	Amount (EUR)	2 000 000	2 000 000	2 000 000	2 000 000
						No. of FTEs	7	7	7	7
						No. of SNE	0	0	0	0
Team Europe Initiative on sustainable health security using a One Health approach – workforce development	Q3/Q4 2024	TBC	TBC	European Commission – DG INTPA	This action aims to improve the skills, capacities and engagement of relevant professional groups from human/animal/environmental sectors and train new field epidemiologists in applying the 'One-Health' approach.	Amount (EUR)	TBC	TBC	TBC	TBC
						No. of FTEs				
						No. of SNE				
TOTAL for contribution agreements						Amount (EUR)	2 490 000	2 090 000	2 020 000	2 000 000
						No. of FTEs	30	30	30	7
						No. of SNEs	0	0	0	0
Service-level agreements										
None						Amount (EUR)				
						No. of FTEs				
						No. of SNEs				
TOTAL for service-level agreements						Amount (EUR)				
						No. of FTEs				
						No. of SNEs				

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

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

The COVID-19 pandemic has shown that serious threats to health from communicable diseases are inherently cross-border and early lessons underline the importance of strong international cooperation and coordination with partners and, the sharing of data and knowledge to understand and respond to new threats in order to improve health security at the EU level and globally. This is reflected in the amended ECDC mandate, which includes enhancing 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 Balkan countries, 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 those that already have a formal bilateral agreement with ECDC. Only global cooperation can ensure the rapid exchange of information between partners and provide a platform to develop common approaches to the prevention and control of infectious diseases.

In the framework of external EU policies, ECDC's expertise should be used to provide technical support to the European Commission. This will add factual knowledge to the Commission's dialogues with bilateral partners, multilateral organisations, and global health initiatives (e.g. 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, and the public health authorities in the EU Member States also support non-EU countries in implementing the International Health Regulations (IHR) and reaching internationally agreed objectives and targets. Good coordination between partners will be essential to avoid overlaps, provide added value, find synergies, and ensure that action is taken. 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.

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

- EU candidate and potential candidate country integration into ECDC systems: ECDC will continue in close collaboration with the relevant Commission services to support the Western Balkan countries and Türkiye to prepare for participation in ECDC activities upon their accession to the EU, with a grant contribution from DG NEAR 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' and by undertaking follow up activities.
- Support to ENP partners, according to identified needs and EU policy priorities: The Centre will continue supporting the European Neighbourhood Policy (ENP) partner countries in strengthening their public health systems with a grant contribution from DG NEAR under the EU Initiative on Health Security 2020–2025. It will also ensure follow-up activities to improve countries' capacities for early detection, assessment, and response to health threats from communicable diseases and to 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 (MediPIET), covering both the Western Balkan countries, Türkiye and ENP partner countries.
- 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 arrangements (US CDC, China CDC, Public Health Agency of Canada, the Ministry of Health of Mexico, Korean CDC, and the United Kingdom Health Security Agency) and will develop a strategic plan for bilateral collaboration with other CDCs, in particular the Africa CDC and other supranational CDCs, as well as at multi-lateral level within the network of major CDCs. Together with major CDCs, ECDC will continue sharing information and expertise to respond effectively to threats posed by communicable diseases and explore further possibilities for establishing processes and procedures for the rapid exchange of information in outbreak situations.

- The partnership with Africa CDC will continue, with a grant contribution from DG INTPA under the 'EU for health security in Africa: ECDC for Africa CDC' project, 2021–2024. The aim is to strengthen the Africa CDC's 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. This will build a sound foundation for a long-term strategic and technical partnership with Africa CDC in the framework of a memorandum of understanding.
- Coordination with WHO: collaboration with WHO will benefit from the renewed memorandum of understanding with the WHO Regional Office for Europe. Specific areas of collaboration have been identified, taking into account organisational and strategic priority changes for both organisations, including the amended ECDC mandate. ECDC will also define technical cooperation frameworks with other WHO Regional Offices and the WHO Hub for Pandemic and Epidemic Intelligence.
- Collaboration with other international organisations: the Centre will also focus on sustainable partnerships with other international organisations that are active in public health emergencies (e.g. UN organisations, the World Bank and IANPHI).

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