



**ECDC CORPORATE**

A photograph of the ECDC building, a modern multi-story structure with a glass facade and a grid-like roof structure. Several flags are flying from poles in front of the building, including the European Union flag and the ECDC flag. The image is partially obscured by green and teal geometric shapes that form the background of the cover.

# Single Programming Document

## 2022-2024

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# **Single Programming Document**

2022–2024



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## Abbreviations and acronyms

ABAC	Accrual-Based Accounting, the EC integrated budgetary and accounting system
ABB	Activity-Based Budgeting
ABC	Activity-Based Costing
AD	Administrator function group
AF	Advisory Forum
AMC	Antimicrobial consumption
AMR	Antimicrobial resistance
APHEA	Agency for Public Health Education Accreditation
ARHAI	Antimicrobial resistance and healthcare-associated infections
ASPHER	Association of Schools of Public Health in the European Region
AST	Assistant Function Group
BIP	Business impact
BREEM	Building Research Establishment Environmental Assessment Method
CA	Contract agent
CAAR	Consolidated Annual Activity Report
CAF	Common Assessment Framework
CCB	Coordinating Competent Body
CDC	US Centers for Disease Control and Prevention
CDTR	Communicable disease threats reports
COVID-19	Coronavirus disease 2019
CPCG	Committee on procurement, contracts and grants
CPDP	ECDC Continuous Professional Development Programme
DCG	Director Consultation Group
Decision 1082/2013/EU	Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health
DG ECHO	Directorate General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	Directorate-General for International Partnerships
DG NEAR	Directorate-General for Neighbourhood and Enlargement Negotiations
DG RTD	Directorate-General for Research and Innovation
DG SANTE	Directorate-General for Health and Food Safety
DMS	Document Management System
DPO	Data protection officer
DTS	Digital Transformation Services
E3	European Environment and Epidemiology Network
EA	Enterprise Architecture
EAAD	European Antibiotic Awareness Day
EACCME	European Accreditation Council for Continuing Medical Education
EARS-Net	European Antimicrobial Resistance Surveillance Network
ECED	ECDC Candidate Expert Directory
ECMP	Enterprise Content Management Platform
EEA	European Environment Agency
EEA/EFTA	European Economic Area/European Free Trade Association
EEAS	European External Action Service
EFGS	European Federation Gateway Service
EFSA	European Food Safety Authority
EHDS	European Health Data Space
EHFG	European Health Forum Gastein
EID	Emerging Infectious Diseases
eIIS	Electronic Immunisation Information Systems
ELDSNet	European Legionnaires' Disease Surveillance Network
ELITE	European Listeria Typing Exercise
EMA	European Medicines Agency
EMAS	EU Eco-Management and Audit Scheme
EMC	European Medical Corps
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction

ENI	European Neighbourhood Instrument
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
EpiNorth	Co-operation Project for Communicable Disease Control in Northern Europe
EpiPulse	European Surveillance Portal for Infectious Diseases
ePLF	Passenger Locator Form Exchange Platform
EQA	External quality assessment
ERLI-Net	European Reference Laboratory Network for Human Influenza
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
EUCAST	European Committee on Antimicrobial Susceptibility Testing
EUHTF	EU Health Task Force
EULabCap	EU Laboratory Capability Monitoring System
EUPHA	European Public Health Association
EUPHEM	Public Health Microbiology Path of the ECDC Fellowship Programme
EuroCJD	European and allied countries collaborative study group of Creutzfeldt-Jakob disease
Euro-GASP	European Gonococcal Antimicrobial Surveillance Programme
EURGenNet	European Antimicrobial Resistance Genes Surveillance Network
EuSCAPE	European survey on carbapenemase-producing Enterobacteriaceae
EVA	ECDC Virtual Academy
EVAP	WHO European Vaccine Action Plan 2015–2020
EVIP	EU Vaccination Information Portal
EVIS	European Vaccination Information System
EVD	Emerging and vector-borne diseases
EWRS	Early Warning and Response System
FAO	Food and Agriculture Organisation of the United Nations
FG	Function Group
FRA	European Union Agency for Fundamental Rights
FTE	Full time equivalent
FWC	Framework contract
FWD	Food- and waterborne diseases and zoonoses
FWD-Net	European Food- and Waterborne Diseases and zoonoses network
GOARN	WHO Global Outbreak Alert and Response Network
HaDEA	European Health and Digital Executive Agency
HAI	Healthcare-associated infection
HAI-Net	Healthcare-Associated Infections Surveillance Network
HEPSA	Health Emergency Preparedness Self-Assessment
HERA	European Health Emergency Preparedness and Response Authority
HIV	Human immunodeficiency virus
HSH	HIV, sexually transmitted infections and viral hepatitis
IANPHI	International Association of National Public Health Institutes
IAS	Internal Audit Service
ICF	Internal Control Framework
ICT	Information and Communication Technology
IHR	International Health Regulations
IMF	Integrated Management Framework
IPA	Instrument of Pre-Accession Assistance
IPC	Infection prevention and control
IRIS	Issue-Resources-Impact-Solidarity (decision-making and prioritisation tool)
IRV	Influenza and other respiratory viruses
JEE	Joint external evaluation
JIACRA	Joint Interagency Antimicrobial Consumption and Resistance Analysis

JRC	Joint Research Centre
KPI	Key Performance Indicator
MB	Management Board
MediPIET	Mediterranean Programme for Intervention Epidemiology Training
MERS-CoV	Middle East respiratory syndrome coronavirus
MIS	Management Information System
MoU	Memorandum of understanding
NFP	National Focal Point
NGO	Non-governmental organisation
NITAG	National Immunisation Technical Advisory Group
NMFPs	National Microbiology Focal Points
NPI	Non-pharmaceutical interventions
OA	Open access
OCP	Operational Contact Points
OECD	Organisation for Economic Cooperation and Development
OIE	World Organisation of Animal Health
PHE	Public Health Emergency
PLF	Passenger locator form
RMS	Resource Management Section
ROA	Rapid Outbreak Assessment
RRA	Rapid Risk Assessment
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SARI	Severe Acute Respiratory Infection
SARMS	Scientific Advice Repository and Management System
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SDG	Sustainable Development Goals
SLA	Service level agreement
SNE	Seconded national experts
SoHO	Substances of human origin
SPAR	State Party Self-Assessment Annual Report (IHR)
SPD	Single Programming Document
SRM	Stakeholder Relationship Management
STEC	Shiga toxin-producing <i>E.coli</i>
STI	Sexually transmitted infections
TALD	Travel-associated Legionnaires' disease
TA	Temporary agent
TATFAR	Transatlantic Task Force on Antimicrobial Resistance
TB	Tuberculosis
TCS	Targeted country support
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
TESSy	The European Surveillance System
TTT	Threat Tracking Tool
UCPM	European Union Civil Protection Mechanism
VectorNet	European Network for Arthropod Vector Surveillance for Human Public Health and Animal Health
VENICE	Vaccine European New Integrated Collaboration Effort
VPD	Vaccine Preventable Disease
VPI	Vaccine-preventable diseases and Immunisation
WGS	Whole genome sequencing
WHO	World Health Organization
WHO Europe	World Health Organization, Regional Office for Europe.



# List of acronyms of ECDC IT systems<sup>1</sup>

System/application	Description
<b>ECDC KM Systems</b>	From Q1 2022, Knowledge Management tools within the European Centre for Disease Prevention and Control (ECDC) will primarily leverage the forthcoming Enterprise Content Management Platform, which provides a unified portal for information held within the Centre's electronic document repositories and the content management systems for ECDC's 'Intranet' and 'Extranets'. It provides a single, unified search interface (Enterprise Search) and functionality to ensure consistent metadata-tagging and terminology management.
<b>Document Management System (DMS)</b>	Supports the management of electronic formats of documents, providing a single point of controlled access for documents in the Centre, contributing to the reduction of paper-based processes.
<b>Early Warning and Response System (EWRS)</b>	A rapid alert system that supports critical communication about serious cross border health threats, in accordance with Decision 1082/2013/EU, through a web-based platform used to exchange information on public health threats, between the European Union/European Economic Area (EU/EEA) Member States, the European Commission, other EU agencies and the World Health Organization (WHO).
<b>ECDC data warehouse</b>	ECDC's data warehouse hosts all indicator and event-based surveillance data along with determinants of health data. It covers information relevant for performing standard or specific epidemiological surveillance analysis and reporting, along with harmonised terminology between datasets for all the communicable diseases and related special health topics covered by ECDC. In addition, through its dataset management and storage, ECDC data warehouse supports the ECDC Open Data Framework.
<b>ECDC extranets</b>	Support collaboration of public health networks, working groups and institutional bodies (Management Board and Advisory Forum). Currently ECDC manages >20 extranets. In 2016, a major migration took place to an updated platform, making new functionalities available and bringing improvements to the user interface.
<b>ECDC Library</b>	The Library provides information delivery services by making available tools to ease access to information. The Library is developing its collection (both electronic and print) and provides services both via the Library Intranet and the physical area.
<b>ECDC Virtual Academy (EVA)</b>	Launched in 2014, EVA is the learning management system that supports ECDC public health training activities. It provides access to e-learning, mixed courses and training materials, and facilitates the administration of face-to-face activities, including the ECDC Fellowship programme (EPIET, EUPHEM), MediPIET and continuous professional development activities designed, developed, and implemented with different ECDC teams and experts.
<b>ECDC web portal</b>	Supports an important part of the external communication, e.g. making available outputs for public health professionals, information for the public. The current Portal, supported on a modern content management system, was launched in June 2017.
<b>ECED</b>	ECDC Candidate Expert Directory is a roster of potential external experts, allowing ECDC - when deemed necessary - to expand the number of experts and areas of knowledge and skills beyond its own expert staff and expertise.

<sup>1</sup> This list contains ECDC's major IT systems but is not an exhaustive list (e.g. a number of support systems are not included here.)

System/application	Description
<b>EpiPulse (European Surveillance Portal for Infectious Diseases)</b>	Online portal for European public health authorities and global partners to collect, analyse, share, and discuss infectious disease data for threat detection, monitoring, risk assessment and outbreak response. EpiPulse was launched in 2021 and integrates several surveillance systems that were previously independent (The European Surveillance System (TESSy), the five Epidemic Intelligence Information System (EPIS) platforms and the Threat Tracking Tool (TTT)), providing new functionalities and seamless access to data in a single platform. The portal facilitates 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.
<b>European Federation Gateway Service (EFGS)</b>	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 with regard to combatting the COVID-19 pandemic.
<b>Eurosurveillance website</b>	Supports the submission, edition and publication of <i>Eurosurveillance</i> , a European journal on communicable diseases ranking among the top-10 journals in its field. A modern publication platform, with some interactive features was launched in September 2017.
<b>Intranet</b>	Tool for internal communication and support of internal processes.
<b>Management Information System (MIS)</b>	Internal system used to plan and monitor the implementation of ECDC's annual work programme.
<b>Passenger Locator Form Exchange Platform (ePLF)</b>	Enables the secure, timely and effective exchange of data between the EWRS competent authorities of the Member States, by enabling them to transmit information from their national digital PLF systems to other EWRS competent authorities in an interoperable and automatic manner.
<b>PHE Intranet (EOC)</b>	Internal crisis management tool where response activities and resources are gathered, managed and maintained.
<b>Remote access to ECDC systems</b>	Allows the continuity of work by ECDC staff when away from the Centre's premises (e.g. during missions and when on stand-by duty.)
<b>SARMS</b>	ECDC Scientific Advice Repository and Management System supports the production of ECDC outputs with scientific content from registration to clearance and dissemination using electronic workflows and provides a repository of ECDC scientific outputs for reference and auditing purposes.
<b>Stakeholder Relationship Management (SRM) system</b>	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 for evolution to meet growing business needs.
<b>Surveillance Atlas of Infectious Diseases</b>	Launched in 2014, this tool provides a highly interactive, graphical access to surveillance data. It is accessible via ECDC's web portal. The Atlas has been evolving, in particular by increasing the number of diseases covered.
<b>The European Surveillance System (TESSy)</b>	Supports collection and validation of data for public health surveillance, provided by EU Member States and other associated countries. TESSy will be gradually integrated into EpiPulse (2021–2023).
<b>Threat Reports Mobile App</b>	Free and open-access mobile application that gives direct access to key updates and reports on communicable disease threats of concern to the EU on mobile devices.

## Foreword

The COVID-19 pandemic, which began in 2020, constitutes the biggest challenge for ECDC since the Centre was established. SARS-CoV-2 will continue to affect Europe in the years to come, not only as a severe global public health event, but also due to the profound and lasting consequences it will have on our economies and within societies worldwide.

So many lives have been lost. While assuring our support to their families and loved ones and paying tribute to the tremendous dedication of health professionals across Europe, it is the responsibility of our countries, and all public organisations at national, EU level and globally, to cooperate in order to minimise the further spread and effects of the pandemic. This cooperation, which goes well beyond public health, has intensified across many other sectors since 2020.

More than ever, the virus reminds us how much public health, as well as being a cost, is also a long-term investment, aiming not only to save and improve people's lives, but also to protect them, enabling the whole of society to operate.

As we are still in the pandemic, many uncertainties remain for the preparation of the ECDC 2022 work programme, such as the difficulty of predicting the evolution of the virus; the limited effectiveness of treatments; uncertainties regarding the availability and effectiveness of vaccines in the future, and challenges to overcome in the coordination of measures across the continent.

ECDC, EU institutions, and Member States are only just receiving the initial results of lessons-learnt exercises and in/after action reviews, although these will continue to appear and be acted upon in order to increase the efficiency of our efforts. Discussions are well underway between the Council and the European Parliament on a revised Regulation for the Centre. The final outcome will have an impact on our future annual work programmes and resource allocation, which adds to the difficulty of planning with accuracy at this stage.

Nevertheless, the ECDC strategy 2021–2027 and its strategic roadmap, approved by the Management Board in 2020, provide clear perspectives on the Centre's long-term objectives, and these remain valid, determining the basis for the Single Programming Document (SPD) 2022.

The COVID-19 pandemic will also affect Europe in 2022, and ECDC will continue to devote a significant part of its resources and effort to this, in support of the Member States and the European Commission. In 2022, once the legal text has been approved, ECDC will initiate work to implement the strengthened mandate, which might also demand changes in planned activities and resources. Drawing on the lessons learnt from the pandemic, ECDC will assist countries in improving their preparedness for future threats, support the further strengthening and digitalisation of EU surveillance systems. The Centre will also support the deployment of new vaccines by studying their effectiveness, impact and safety.

In addition to COVID-19-related activities, based on the strategy 2021–2027, ECDC will continue to carry out its regular surveillance, training and scientific support activities for other communicable diseases and health priorities, including antimicrobial resistance, which still pose a threat to individuals across Europe.

Andrea Ammon,

Director

## Background

- Regulation (EC) N° 851/2004 of the European Parliament and of the Council of 21 April 2004.
- 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 set out in Article 3 of the Founding Regulation<sup>2</sup> which states that:

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

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

Key tasks of the ECDC include:

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

ECDC operates according to its core values: service orientation, a quality-based approach and one ECDC.

## ECDC vision

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

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<sup>2</sup> Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 establishing a European centre for disease prevention and control, Official Journal of the European Union. 2004; L 142:1–11.

# 1. General context

The COVID-19 pandemic has had a profound impact on public health and healthcare systems worldwide, and its massive consequences on global exchanges and the economies of all countries remind us that rather than just being a cost, public health surveillance and preparedness for crises is one of the most important investments within society.

This crisis demonstrates once again the need for a collaborative European approach, supported by timely evidence-based scientific assessments. ECDC was established after the 2003 SARS pandemic to serve this very purpose. During the COVID-19 crisis, the Centre continuously provided scientific assessment and support to the European Commission and the EU Member States. Since the very beginning, ECDC has prioritised the strengthening of preparedness plans in the EU and its neighbouring countries.

The COVID-19 pandemic is also a reminder that, despite all the achievements of ECDC and its partners, at national and EU level, the fight against infectious diseases remains a major challenge. Horizon scanning is slower than the speed of the emergence, mutation, and adaptation of pathogens. Infectious disease threats will never disappear, but preparedness, including the building of resilient health and public health systems, can increase our ability to prevent, respond to and mitigate their impact. After-action reviews for the COVID-19 pandemic will be conducted at all levels to learn lessons and be more prepared for the future. The global dimension of communicable diseases requires continuous cooperation and exchange of practices globally with partners, such as the World Health Organization (WHO) and major centres for disease prevention and control (CDCs) worldwide.

Although the exact outcomes of these after-action reviews are not yet known, observations from the pandemic so far enable us to reach certain conclusions. We need robust surveillance systems at EU and national level that provide reliable and timely data, even in a crisis situation. An increased level of health data digitalisation will make parts of the surveillance process independent, meaning that public health experts will not need to spend so much time on it. Experiences currently gathered - for example regarding the use of apps in contact tracing - show the potential for novel effective solutions. Equally important are the testing and sequencing capacities which need to be expanded early on in a crisis to allow effective detection and an unbiased overview of the epidemiological situation to correctly inform public health decision-makers in a timely manner. Other elements would include further implementation of electronic health records (and the inclusion of information important for public health); the application of artificial intelligence for data validation and analysis, and automated reporting. Despite all Member States having preparedness plans, hospital preparedness (including preparedness in nursing homes) will need to be reviewed and strengthened, in terms of monitoring beds, human capacity, stockpiles of essential medicines and equipment. In addition, the crucial role of frontline healthcare services (primary healthcare, school health, occupational health) has become evident for the early identification, prevention, and treatment of mild cases to mitigate pressure on hospitals. Activities to strengthen community preparedness should be foreseen, including the sharing of experiences among public health experts. As a consequence of the actions mentioned above, we will probably also see new training priorities emerge. Similarly, the increased value of a strong collaboration between institutions and citizens for better community engagement will mean that emergency risk communication will also play a central role. In order to achieve a harmonised EU approach in responding to cross-border health threats, increased coordination is needed between EU/EEA Member States and the Commission.

International coordination and cooperation have been reaffirmed as critical to the handling and controlling of the pandemic. This is relevant both for the immediate neighbourhood of the EU and the rest of the world. What is not yet fully visible is the detrimental effect that this necessary focus on COVID-19 health systems will have on other diseases, infectious and non-infectious. Part of the strengthening of preparedness plans may involve the need to clearly establish the essential parts of national health programmes that need to be preserved.

In September 2019, European Commission President Ursula von der Leyen emphasised three priorities for health<sup>3</sup>: e-health and the creation of a European Health Data Space to promote health data exchange; implementation of the European One Health Action Plan against Antimicrobial Resistance and cooperation at international level on antimicrobials and advocacy to promote vaccination and tackle vaccine hesitancy. An ambitious Green Deal was also announced that should diffuse into all areas of EU work. As the reinforcement of the EU and countries' preparedness is critical to tackling the continuing COVID-19 pandemic and emerging cross-border threats to health, these issues will remain among ECDC's highest priorities in the years to come.

In addition, following a proposal by the European Commission, an amendment of the ECDC Founding Regulation<sup>4</sup> is under discussion. The main changes to ECDC's mandate are expected to be:

- an enhanced role in the development of a digitalised EU level surveillance system for communicable diseases and related health threats, in close collaboration with the EU Member States; as well as the

<sup>3</sup> Mission letter to new health Commissioner Stella Kyriakides

<sup>4</sup> Proposal available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020PC0726&from=EN>

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

Once the amended ECDC Founding Regulation has been adopted, the Strategy 2021–2027 will be reviewed and the 2022 Single Programming Document will be updated and re-submitted to the Management Board for approval.

In 2021, the European Commission announced a programme to strengthen the infrastructure and capacities required for the swift detection and surveillance of SARS-CoV-2 variants in the EU and its neighbourhood. ECDC was tasked with leading the implementation of WGS and RT-PCR infrastructure, capacity building and providing direct support activities to Member States in order to enhance their ability for the early detection and monitoring of SARS-CoV-2 variants. ECDC will support the development of national sequencing infrastructure in Member States and provide capacity building through standardisation, assay validation, and training. The work undertaken in 2021 will be continued in 2022 and this will lead to enhanced genomic-based infectious disease outbreak investigation, surveillance, and preparedness for future pandemics.

In 2022, ECDC will continue the implementation of its long-term strategy 2021–2027, which provides a framework for its actions. The Single Programming Document activates the strategy and its associated roadmap on an annual basis.

Our level of ambition in 2022, combined with the need to continue fighting the COVID-19 pandemic and become better prepared for future threats, shows that more resources will be needed for ECDC, not only in terms of budget, but also in terms of staff to carry out the work.

## Priorities for 2022

The prime drivers of the 2022 work programme are the continued need to support the European Commission and the Member States in their response to the COVID-19 pandemic and the five pillars<sup>5</sup> of the strategy 2021–2027 and its roadmap that rolls out annual implementation. ECDC will contribute to a greater level of health security in Europe, with particular attention to the following areas:

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

As shown by the COVID-19 pandemic, identification of gaps in emergency surveillance, preparedness and response planning, and capacity building are highly critical for the EU and Member States to be able to respond effectively to major epidemics and other serious cross-border health threats, including those generated by intentional or accidental use of biological agents.

- In 2022, ECDC will dedicate resources to scaling up its investment in emergency preparedness to lead a lessons-learnt process from the COVID-19 pandemic, in close collaboration with the European Commission and the Member States, as well as neighbouring countries. This includes continuing to support the implementation of Article 4 of Decision 1082/2013/EU on serious cross-border threats to health. ECDC will continue to collaborate in the Joint Action to strengthen preparedness in the EU against serious cross-border threats to health and support the implementation of the International Health Regulations (SHARP). It will also support the Joint Action on Points of Entry (EU healthy gateways) and the Joint Action on strengthened preparedness and response to biological and chemical threats (JA TERROR). Taking into account the global dimension of epidemics, close interactions and exchanges of experiences will be further expanded with WHO and relevant CDCs worldwide.

<sup>5</sup> Increased impact of scientific outputs; better knowledge of countries to target ECDC interventions; assessment of innovations and technological changes; increased EU health security through international cooperation; efficient and flexible ECDC organisation.

- ECDC will also invest resources and efforts to further strengthen surveillance systems. The COVID-19 outbreak highlighted that the absence of resilient and flexible surveillance systems can lead to significant data gaps. An integrated surveillance system for viral respiratory infections prone to pandemics (influenza, coronavirus) will be established by 2022, addressing the main gaps identified in order to optimise surveillance at EU level.
- ECDC will invest resources in the implementation of laboratory capacity-building initiatives started in 2021. This includes the WGS and RT-PCR infrastructure and capacity building activities in support of Member States, channelling the funding made available through the HERA (the European Health Emergency Preparedness and Response Authority) incubator. In parallel, support will also be provided to Member States in the form of targeted training in bioinformatics and genomic epidemiology.
- In 2022, ECDC will continue its studies on vaccine effectiveness, impact, and safety in real life, following their authorisation and use in immunisation programmes. These studies will cover new COVID-19 vaccines entering the market, as well as influenza. ECDC will invest in such studies and closely cooperate with its NITAG (National Immunisation Technical Advisory Group) Network as well as with the European Medicines Agency (EMA), to support the generation of evidence to inform the development of vaccination policies.
- The ECDC Fellowship Programme will continue delivering in-service and on-the-job learning in public health institutes, laboratories, and at suitable training sites where fellows have contributed to the strengthening of surveillance, preparedness, and response capacities, while building a network of intervention epidemiologists and public health microbiologists, with strong up-to-date technical competencies to improve the effectiveness of the multidisciplinary response to cross-border threats to health.

## **2. Assess and integrate innovations for communicable diseases, including the digitalisation of surveillance systems.**

ECDC will prepare for the future by assessing and analysing the potential impact and benefits offered by technical and scientific advances in the field of communicable diseases. This includes developments in the areas of whole genome sequencing (WGS), e-health, big data, and use of social media for surveillance. Based on these analyses, and an assessment of the resource implications and pace of adoption across Member States, ECDC will develop guidance to integrate these developments into routine work in Member States and at EU level, including for the Centre itself. In practice, in 2022, to support digitalisation of EU surveillance, ECDC will work with Member States to automate the identification and reporting of laboratory-confirmed severe acute respiratory infections (COVID-19 and influenza) in countries participating in the SARI surveillance project. This work will focus on strengthening direct data extraction from health databases. Based on an assessment of current capacities and capabilities in Member States, and building upon information collected in the context of other EU projects and joint actions along with ECDC work done in 2021, the Centre will expand this surveillance approach to more countries. Depending on ongoing public health priorities and resources available in Member States, the surveillance approach may also be expanded to other diseases for which electronic health record data provide relevant and reliable information in a representative manner. Training activities and programmes coordinated by ECDC may contribute to the acquisition of relevant skills by the EU and Member States workforce.

## **3. Increase ECDC knowledge and understanding of the Member States, to better target its interventions.**

ECDC will continue improving its internal mechanisms and the coordination of its activities to increase its understanding of the situation in countries, in order to better target its interventions to their individual needs. This will be managed through improved internal coordination of country visits, an internal database on developments in countries and their interactions with the Centre to ease the flow of information by experts across ECDC and the Commission (also using information from external partners such as WHO and Organisation for Economic Co-operation and Development (OECD)), and the monitoring of existing or new measurements. This should help prioritise areas for ECDC's work plan and support proactive dialogue with Member States.

## **4. Address priority conditions and issues at European level.**

### **• Tackle antimicrobial resistance**

Antimicrobial resistance (AMR) poses increasing threats to our healthcare achievements. In 2018, ECDC estimated that each year 33 000 persons in the EU/EEA die from infections due to bacteria resistant to antibiotics, with more than 70% of these deaths being associated with healthcare. The Centre will continue tackling AMR, particularly by supporting the European One Health Action Plan against AMR. ECDC will also intensify its cooperation with WHO relating to the Global Action Plan on AMR, and increase its synergy with the European Food Safety Authority (EFSA) and EMA, DG SANTE and other EU and international bodies, in a 'one health' approach. The aim is to ensure increased awareness and behavioural change related to AMR and healthcare associated infections (HAIs) among healthcare professionals and the general public.

- **Improve vaccine coverage in the EU**  
The level of vaccine hesitancy in Europe among the general public and healthcare professionals, in a 'post factual' era<sup>6</sup> is worrying, considering that there is ample evidence that vaccines are one of the strongest measures to safeguard citizens' health. ECDC will continue to focus on supporting countries in the roll-out and monitoring of COVID-19 vaccination strategies, particularly as product availability is expected to increase and more vaccines should have reached the market by 2022. ECDC will also continue supporting the implementation of the 2018 Council Recommendation on Strengthened Cooperation against Vaccine Preventable Diseases which aims to improve vaccination coverage in Europe. The actions proposed in this Recommendation are very relevant for bolstering the performance of immunisation programmes at national level and not only in the context of the pandemic. As activities related to COVID-19 vaccination will continue to occupy ECDC resources, some of the regular activities related to vaccination will have to be further postponed.
- **Support EU efforts to understand and address the effects of climate change on communicable diseases**
- ECDC will contribute to assessing the impact of environmental factors on communicable diseases, to support the EU Green Deal, on the basis of a more specific request from the European Commission. This will include support for the work of the European Climate and Health observatory, to help prevent projected climate change-driven infectious disease threat events. The objective is to be alert to and anticipate the impact of environmental factors on infectious diseases beforehand. The work of the Centre on environmental factors affecting communicable diseases will also be part of ECDC Foresight, and activities of ECDC's epidemic-prone diseases section.  
**Support the European Commission and the Member States in addressing the Sustainable Development Goals<sup>7</sup> in the area of HIV, TB and hepatitis**
- The UN Sustainable Development Goals (goal 3.3) target by 2030, to 'end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases'. ECDC will continue putting emphasis on HIV, TB, and hepatitis, by monitoring progress and working closely with the European Commission, the Member States and WHO to help tackle the three diseases and contribute to reducing their incidence and mortality.

Finally, the Centre will finalise the implementation of the Management Board recommendations from the third external evaluation of ECDC, and further enhance its internal management through the implementation of an integrated management framework covering governance, quality management, organisational performance, and internal controls and related IT-systems for a more effective and efficient organisation.

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<sup>6</sup> 'Post-factual' refers to current evolutions such as the dissemination of fake news or the spread of non-scientific news on media and social media

<sup>7</sup> <http://www.un.org/sustainabledevelopment/>



## 2.1 Indicators for the multi-annual programming 2022-2024

The indicators for the multi-annual work programme are the same as the indicators for monitoring ECDC’s strategy 2021–2027, approved by the Management Board in November 2020, as the objective of the successive work programmes is to implement the long-term strategy in the lead-up to 2027.

The Centre is currently developing strategic dashboards which may result in changes to some strategic key performance indicators (KPIs). The proposed changes will be presented for approval to the MB in the course of 2022.

Strategic Key Performance Indicator	Baseline	Target	Source
<b>Use of reliable evidence, ECDC scientific advice, recommended methodologies, tools and ECDC outputs for decision-making in EU Member States</b> -composite: <ul style="list-style-type: none"> <li>- Accessibility of methods, tools, outputs, data and evidence;</li> <li>- Use of methods, tools, outputs, data and evidence;</li> <li>- Satisfaction with methods, tools, outputs, data and evidence.</li> </ul>	NA	TBC TBC 70%	Stakeholder survey or existing survey used for network meetings
<b>Level of capacity reached compared to target, following ECDC standards applied through technical assistance to Member States</b> (measured through EULabCap, Preparedness and other assessment tools): <ul style="list-style-type: none"> <li>- Level of public health microbiology system capability/capacity: EULabCap Index for EU/EEA countries (mean national EULabCap index + potentially inter-country index variation)</li> <li>- Level of public health preparedness capacity.</li> </ul>	for EULabCap: 7.8 mean national index (2018) TBC	0.3 point increase compared to previous period	EULabCap, IHR or State Party Self Assessment Annual Report (SPAR)/Joint External Evaluation (JEE)
<b>Degree of implementation of post-COVID19 enhanced preparedness framework/Stakeholder satisfaction with preparedness outputs as part of COVID19 response</b>	NA/50% (2020 McKinsey survey)	100%/70%	Internal monitoring/ stakeholder survey
<b>% of countries visited by ECDC on demand compared to target</b> (based on the needs and requests relating to any topic under the mandate of the Centre) - virtual or physical country visits	TBC	100%	Internal monitoring
<b>Number or % of ECDC foresight outputs used by Member States</b>	NA	70%	Stakeholder survey
<b>Number or % of ECDC guidance and expert opinions identifying specific knowledge gaps that could be addressed through research</b>	NA	100%	Internal monitoring
<b>Degree of implementation of enhanced post-COVID-19 surveillance framework/stakeholder satisfaction with digitalisation of surveillance work</b>	NA/69% (2020 McKinsey survey)	100%/70%	Internal monitoring/ stakeholder survey
<b>Degree of implementation of the joint action plans with international partners</b> (other CDC, WHO, etc.)	74% (2019 WHO Joint Action Plan)	100%	Internal monitoring
<b>Stakeholder satisfaction with coordination of activities with other EU institutions and bodies</b>	NA	70%	Stakeholder survey
<b>Decrease in duration of core process instances over time</b> – rapid risk assessment, annual epidemiological report, other scientific outputs (average % of decrease)	TBC	10% decrease	Internal monitoring
<b>Overall staff satisfaction</b>	51% (2019)	75%	Staff survey
<b>Overall stakeholder satisfaction</b>	NA	75%	Stakeholder survey

## **Goal 1: By 2027, all ECDC scientific outputs have a high impact, informing decisions on public health policies and practices in the EU**

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

#### ***1.1. Standards: promote standard setting to facilitate the use of data and the implementation of public health policies***

By 2024, ECDC will have defined with its partners the key scientific processes, systems, and outputs for which the Centre can provide EU added value through: (a) the identification and promotion of the use of existing standards applicable to processes and outputs from ECDC and its partners in Member States, to identify, assess and communicate on infectious disease threats to health (b) the development of new standards (in collaboration with relevant authorities), with particular focus on:

- data standards, for exchange and collation of data for surveillance, prevention, and control purposes;
- standards for surveillance systems and methods by intended objective;
- standards for the production of evidence-based public health guidance and other scientific outputs;
- standards for the reporting of scientific studies;
- standards for safeguarding and demonstrating scientific independence.

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

To ensure that the Centre's outputs are relevant for Member States and other partners, by 2024 ECDC will have further engaged them in ECDC priority setting, analytical and knowledge creation work through the IRIS prioritisation framework and through a structured process for consultation on priorities with Competent Bodies. ECDC will maintain and strengthen its systems and processes for the provision of high quality, high impact information and evidence, for surveillance and scientific advice outputs (including evidence-based guidance produced by others and made accessible through ECDC's website).

ECDC will have scaled up the use of whole genome sequencing (WGS) to better detect and investigate multinational outbreaks to foster EU and national prevention and control strategies. It will have developed and increased the use of indicators from surveillance (including molecular surveillance), response and programme monitoring activities, to provide partners with robust evidence for the response to outbreaks and other cross-border infectious disease threats, and for the implementation and evaluation/self-assessment of national public health policies and practices. To ensure synergies, ECDC will continue its close collaboration with WHO and other EU agencies and partners with a mandate for data collection.

Furthermore, ECDC will have completed the re-engineering of EU surveillance systems. Using the new ECDC data warehouse, ECDC and Member States will be able to explore a wide range of data for hypothesis generation and analysis. Through EpiPulse, the Centre will provide more timely surveillance data, based on reliable processes, simplified data flows, improved data quality and completeness, more in-depth analyses and reports useful for policy making, while reducing the burden for Member States.

#### ***1.3 Methodologies: contribute to the development and implementation of methodologies to increase the impact of actions to reduce the burden of infectious diseases***

By 2024, ECDC will have increased the impact of public health actions in the field of communicable disease prevention and control through the assessment or development of methods that will provide improved insight into disease trends and their determinants. For example, this could be the analysis of data from new sources such as 'big data' from social media to detect, monitor, and assess public health events and threats and data from multiple disparate sources. ECDC will continue to provide training on evidence-based methods, for developing high quality, high impact scientific advice. The Centre will also identify methods and tools to promote the use of research evidence in decision-making and the implementation of evidence-based practice to increase the impact of public health actions<sup>8</sup>. ECDC will continue to improve the public health relevance and use of existing data by adopting, developing and promoting relevant methodologies, such as more in-depth and advanced bio-statistical and mathematical modelling analyses.

<sup>8</sup> 'Implementation science' is commonly defined as the study of methods and strategies to promote the uptake of interventions that have proven effective into routine practice, with the aim of improving population health. Implementation science therefore examines what works, for whom and under what circumstances, and how interventions can be adapted and scaled up in ways that are accessible and equitable (Eccles & Mittman (2006) *Implement Sci.* 2006; 1: 1. doi: 10.1186/1748-5908-1-1).

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

The Centre will have strengthened internal processes for creating, capturing, sharing and effectively leveraging internal ECDC knowledge. ECDC will have developed and implemented an internal framework for the management of knowledge derived from its activities in the area of epidemiology, programme support and monitoring, and networks. The Centre will also enhance its underlying knowledge management capabilities through improved technology, platforms and tools.

The Centre will develop formats and tools for the effective dissemination, translation and transfer of knowledge for improved policy and practice. ECDC will identify, assess or develop mechanisms to support evidence-use (e.g. identify effective knowledge translation and transfer mechanisms, drawing on the experience from ECDC's vaccine hesitancy work, and by undertaking a scoping review of evidence available from published implementation study results). The Centre will also further develop its website to increase the findability and accessibility of all its available data and information and that shared with it by partners in Member States (ECDC web portal).

ECDC will continue to ensure the editorial independence of *Eurosurveillance* as a reliable source for sound, widely accessible, timely and clear information and evidence for public-health practice and decision-making. Through its policies and practices, *Eurosurveillance* will have assisted in increasing awareness for standards and the need for transparency and reproducibility in generating scientific information in European public health, and the journal will have facilitated the retrieval of such information. *Eurosurveillance* will also have continued and broadened its educational activities, focussing on science reporting and dissemination, creation of key public health messages and publication ethics, to support capacity building in the countries. In 2023, the journal editors will establish (virtual) contact with journal editors from other international public health agencies to investigate the benefits of and interest in setting up a community of practice.

The Centre's annual *European Scientific Conference on Applied Infectious Disease Epidemiology* (ESCAIDE) will continue to bring together around 600 professionals in the EU/EEA and globally, to share scientific knowledge and experience in infectious disease epidemiology, public health microbiology and related scientific fields. Through the ESCAIDE Scientific Committee, ECDC will review opportunities to broaden the appeal of the conference, to attract a broader audience.

**Goal 2: By 2027, ECDC has improved its knowledge of countries, thus, by enhancing disease-specific work, surveillance, training, and emergency preparedness, is able to equip/empower partners to drive public health policy and practice**

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

### **2.1. Country focus: use country information to better target ECDC activities and improve country support**

By 2024, ECDC will have furthered its work on a methodology to gain better knowledge and understanding of Member State specificities, and support their capacities to better prevent, identify and control communicable diseases. ECDC will collate, visualise and deepen its analysis and use of collected surveillance and other relevant quantitative and qualitative data (including information from EULabCap and that gathered through the network meetings and country visits) to better understand the strengths, vulnerabilities and needs of the countries and to prioritise and tailor its support to them. ECDC will use the most suitable IT solutions for collating, visualising and sharing information and communication. ECDC will strengthen the analysis of existing data and ensure better coordination to capture qualitative information (e.g. via network meetings). ECDC will streamline data and information already collected, rather than burdening the Member States with extra requests. Data integration will also include data from external sources - e.g. OECD, WHO.

Using a corporate harmonised approach, ECDC staff and external experts will provide direct support to address the specific situation of Member States for targeted health conditions or public health areas, through regular country visits, at the invitation of Member States. ECDC will also share information on EU funding opportunities with all Member States.

All country support work will take into account the capacities and capabilities of the Member States and the realistic possibility of contributing through bilateral dialogue, based on the needs identified.

A monitoring and evaluation framework will be developed for the impact of targeted country support. ECDC will brief the national coordinators of the Coordinating Competent Bodies (CCBs) annually on progress and collect feedback to monitor the ECDC Targeted Country Support (TCS) and adapt its work to better respond to countries' needs.

## ***2.2. Prevention and control programmes: support and strengthen capacity to deliver programmes targeted at the prevention and control of infectious diseases***

By 2024, ECDC will have produced further relevant scientific advice in the form of expert opinions, technical reports, systematic reviews and guidance documents, as a basis for driving public health policies and actions. The Centre will have increased the relevance and usability of its outputs, together with the Member States and other stakeholders. These efforts, together with enhanced surveillance and vaccine monitoring systems, will have benefited the European COVID-19 response as well as the prevention and control programmes for other key communicable diseases. In close collaboration with key partners, ECDC will continue to support the implementation of the Council recommendations on vaccine preventable disease and the European One Health Action Plan against Antimicrobial Resistance, as well as supporting the European Commission and the Member States in addressing the diseases targeted by the UN Sustainable Development Goals (SDGs). For the remainder of the COVID-19 pandemic, substantial resources will be used to ensure that ECDC continuously provides the Member States and the EU institutions with the scientific assessments, advice and guidance necessary to support the pandemic response. To inform prevention and control strategies, significant efforts will have been made to strengthen Member States' surveillance systems through guidance, standards, coordination of infrastructural investments through European Commission joint actions, integration of next generation sequencing data, improvements in data reporting systems, and development of enhanced and more easily accessible surveillance reports.

ECDC will have strengthened public health microbiology structures and activities in the Member States, based on the gaps identified by monitoring EULabCap indicators, the results of external quality assessment (EQA) exercises and support to the development of capacity for whole genome sequencing (WGS).

ECDC will consolidate its work on prevention, including primary prevention, with activities linked to the behavioural aspects of public health or One Health policies. During 2022–2024 the Centre will:

- investigate determinants of communicable diseases, to inform preventive actions (including healthcare system structures and processes, environmental, social-behavioural, and other determinants);
- monitor emerging pathogens and their determinants and reservoirs (e.g. through the monitoring of disease vectors, environmental and behavioural data such as air traffic, specific disease determinants);
- develop methods, systems and content for public health communication that promote and strengthen infectious disease prevention;
- develop scientific advice on communicable disease preventive measures;
- strengthen public health capacity and infrastructure to support surveillance and implement prevention programmes;
- monitor and evaluate the effectiveness and impact of communicable disease preventive measures through surveillance and epidemiological studies;
- work in synergy with other institutions such as the Joint Research Centre (JRC).

## ***2.3. Training: provide adequate training opportunities taking into account the changing environment for infectious disease prevention and control***

By 2024, ECDC will have provided training that address the needs of Member States and the European Commission, in the areas of applied epidemiology, public health microbiology, and disciplines relevant to health security and cross-border threats to health. This includes:

- a Fellowship Programme with an updated curriculum and improvements following the external evaluation of 2019, as part of a multi-annual roadmap, where inequalities between Member States and simplified administration are key areas for change;
- a MediPIET programme coordinated by ECDC, aligned with the Fellowship Programme, under the EU Initiative on Health Security with DG NEAR funding (see 4.1);
- continuous professional development activities, addressing new needs, with different formats, from blended to e-learning and professional exchange visits. These activities mainly target professionals in the CCB networks, and supervisors of the ECDC Fellowship Programme;
- collaborations with European (e.g. European Commission, Association of Schools of Public Health in the European Region (ASPHER)) and international stakeholders (e.g. WHO, Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET)) will be nurtured to align and expand the training offered by ECDC;
- identification of country capacity gaps and training needs through regular assessment surveys and combined methodology, supporting the CCBs in their contribution to country capacity mapping, to tailor training to gaps identified and address inequities in capacity across Europe;
- gradual increase of e-learning courses and training materials accessible in the ECDC Virtual Academy (EVA), based on the results of needs assessments;
- continuous quality improvements for the accreditation of short courses under EACCME<sup>9</sup> and APHEA<sup>10</sup>;
- assistance to Member States in designing and developing national Field Epidemiology Training Programmes (FETP) in association with the Fellowship Programme, and other training programmes.

<sup>9</sup> European Accreditation Council for Continuing Medical Education

<sup>10</sup> Agency for Public Health Education Accreditation

By 2024, ECDC will have promoted the implementation of additional Fellowship Associated Programmes at national level in Europe by sharing curriculum and training materials, or allowing fellows to participate in ECDC modules.

#### ***2.4. Emergency preparedness: support countries in emergency preparedness and response***

By 2024, ECDC will have continued to support the European Commission in monitoring and evaluating gaps in preparedness and response planning (Art. 4) and implementing Decision 1082/2013/EU. Based on discussions in the Health Security Committee and decisions on further actions, ECDC will, in collaboration with the Commission, the Member States and key stakeholders, foster the exchange of best practices; strengthen the cross-sectoral dimension of preparedness and response planning; develop preparedness monitoring and evaluation frameworks and indicators for preparedness, and assist in capacity development to support the implementation of IHR core capacity requirements.

By using public health emergency preparedness frameworks and methodologies to assess cross border health threats (e.g. risk ranking, simulation exercises, case studies and after/in-action reviews), ECDC will support activities to strengthen the preparedness and response planning process and enhance knowledge in public health crisis event evaluation.

The EU Health Task Force (EUHTF) will be established in close collaboration with DG SANTE, DG ECHO and the Member States. It will be coordinated with and will act as a complement to the European Medical Corps (EMC) and other relevant capacities under the European Union Civil Protection Mechanism (UCPM).

ECDC will strengthen its internal preparedness and response capacities through its Emergency Operations Centre, collaborating with respective networks and international partners. The Centre will provide support to develop, assess and strengthen the EU Member States' capacities to create and develop Public Health Emergency Operation Centres (EOC).

ECDC will continue to perform rapid risk/outbreak assessments and support countries in their efforts to respond to public health threats. When needed, ECDC will coordinate outbreak investigations of relevant public health events and conduct after action reviews. ECDC will also provide expertise and facilitate the deployment of expert teams for outbreak response at the request of the Member States, the European Commission (DG ECHO, DG SANTE) and GOARN<sup>11</sup>.

### **Goal 3: By 2027, ECDC actively engages in the assessment of relevant innovation and is a trusted source for supporting countries in the adaptation to technological advances for infectious disease prevention and control**

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

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

ECDC will identify relevant key knowledge gaps and the evidence needed for the formulation and implementation of policies through evidence reviews, expert panel consultations, horizon-scanning, foresight and other forward-looking activities, and consultations with Competent Bodies and other partners on relevant questions.

By 2024, ECDC will have initiated and disseminated the preliminary findings of a four-year programme to guide public health interventions and EU preparedness for major public health threats. This will include assessing drivers of major infectious disease public health threats and their likely impact over a three- to eight-year horizon.

##### ***3.2. Engage: promote innovation through active engagement with EU research and innovation initiatives***

By 2024, ECDC will have agreed, and where possible implemented, collaboration arrangements with partners to address gaps and uncertainties that come under the Centre's mandate and capacity. ECDC will coordinate with relevant partners (e.g. DG Research and Innovation, Joint Research Centre) regarding knowledge gaps that can only be addressed through appropriate research (e.g. input into priority setting, shaping initiatives through Advisory Board memberships, benefits realisation).

<sup>11</sup> WHO Global Outbreak Alert and Response Network

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

By 2024, ECDC will have:

- assessed the feasibility of establishing automatic transfer of relevant surveillance data, extracted from electronic health records to the national level and eventually to ECDC to complement or replace notification-based surveillance data, across a range of diseases and surveillance areas;
- developed guidelines to inform the development/upgrade of health information systems in Member States to serve infectious disease surveillance and applied research purposes;
- integrated EpiPulse as a 'node' in the future European Health Data Space (EHDS);
- established a collaboration with the eHealth network and the European Commission to realise the vision 'Connect and share health data for research, faster diagnosis and better health outcomes', as stated in the Communication from the Commission on enabling the digital transformation of health and care in the Digital Single Market<sup>12</sup>;
- assessed the potential impact on key public health functions of new digital and laboratory diagnostic technologies and identified the options for integrating them into routine public health practice, including through the revision of ECDC activities, as deemed appropriate;
- included the findings from the assessment of implementation of new technologies in ECDC's annual review of research priorities, as agreed in consultation with the ECDC Advisory Forum.

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

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

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

By 2024, ECDC will have developed and will be implementing technical cooperation activities to support the Western Balkans and Turkey for future participation in ECDC upon their accession to the EU, depending on their level of readiness and in line with EU policy priorities through strengthening surveillance and data sharing, supporting public health microbiology laboratory system capacities, supporting public health emergency preparedness, advancing One-Health responses against AMR and enhancing Severe Acute Respiratory Infections (SARI) surveillance in Western Balkan countries.

The Centre will also support the European Neighbourhood Policy (ENP) partner countries to improve health security through training of field epidemiologists, capacity building activities on epidemic intelligence, risk assessment, preparedness and response, and gradual integration into ECDC activities. The MediPIET programme ensuring training of field epidemiologists will be coordinated by ECDC from 2021 and aligned with the Fellowship Programme. It offers training for two new cohorts (C4 and C5) of MediPIET fellows and professional development of additional public health staff from partner countries, as well as training for trainers.

#### ***4.2. Major CDCs: increase ECDC's collaboration with major Centres for Disease Control***

By 2024, ECDC will have strengthened its cooperation with major Centres for Disease Control and Prevention (CDCs), such as the US CDC, China CDC, Public Health Agency of Canada, the Israel CDC and the Mexico CDC, for which cooperation arrangements are in place. The Centre will also have explored the benefits of new administrative arrangements with other CDCs with which it has worked closely during COVID-19 crisis, including the Africa Centre for Disease Prevention and Control (CDC), the Caribbean Public Health Agency, Singapore and Korea CDCs.

Multilateral collaboration via the established network of major CDCs will be strengthened. Some of the identified areas of possible increased cooperation are:

<sup>12</sup> [Communication from the Commission on enabling the digital transformation of health and care in the Digital Single Market: empowering citizens and building a healthier society, COM/2018/233 final](#)

- global health security, and in particular support for the implementation of the International Health Regulations (IHR) in close collaboration with WHO;
- workforce development on infectious diseases;
- information sharing;
- sharing of experience and best practice on emergency response including on deployments and training.

By 2024, ECDC will have implemented three years of the four-year development cooperation partnership programme with Africa CDC, contributing to health security in Africa, by sharing EU practices and strengthening Africa CDC and its Regional Collaborating Centres capacities in preparedness, surveillance and response to health threats posed by communicable diseases (subject to external EU funding by DG INTPA). This will also enable ECDC and Africa CDC/African Union Commission to sign a collaboration agreement in pre-defined areas of mutual benefit.

#### ***4.3. Coordination: ensure seamless coordination with EU and international partners to enable achievement of common objectives***

By 2024, ECDC will have strengthened coordination and collaboration with key partners, both at EU and global level in order to:

- improve coordination with the EU institutions and bodies, particularly the European Commission (DG SANTE, DG ECHO, DG NEAR, DG INTPA, DG RTD) and the European External Action Service (EEAS), to ensure that ECDC international actions are coherent with the EU's priorities and policy objectives;
- enhance collaboration and search for synergies with other EU agencies;
- strengthen collaboration, coordination and cooperation with WHO towards a productive and efficient partnership including further development of the joint reporting, data sharing, and addressing serious cross-border threats to health posed by infectious diseases and contributing to health security; align messages and reduce double reporting by Member States.

### **Goal 5: By 2027, ECDC is an efficient organisation that can react flexibly and in a timely manner to the changing environment**

#### **Strategic objective 5. Transform the organisation into the next generation ECDC**

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

By 2024, ECDC will be gradually implementing an integrated management framework to increase its organisational efficiency through:

- adherence to policies, processes and methods to ensure that ECDC outputs and services are of high quality, roles and responsibilities are clear, and decisions are implemented in a timely manner;
- implementation and monitoring of the ECDC strategy and work programme.

The Centre will have:

- developed a broad suite of measures (technical, procedural, physical) to enable delivery of its mandate irrespective of working modalities (primarily remote working);
- initiated an 'organisational efficiency and effectiveness programme' based on the assessment of key processes;
- revised the framework to manage its instructional documents (policies, processes, decisions, internal procedures) and mapped, reviewed and optimised all its key processes;
- integrated monitoring of ECDC's strategy, including indicators to monitor the performance and impact of the Centre;
- implemented an ISO-9001-based Quality Management System throughout the organisation;
- deployed an environmental management system;
- adopted a 'learning culture' based on new learning practices and tools to increase team and individual learning and install a learning mind-set;
- proposed innovation initiatives.

To support the transformation of its organisation, ECDC will gradually implement the recently adopted architectural roadmap of its steering and support applications, and further refine it over time. The new applications architecture will support the improvement of the overall performance management of the organisation to improve the steering and support of its operations and manage its information assets.

By 2024, the operation of the Centre will have become more efficient through the deployment of paperless working methods and further e-workflows.

In 2024, ECDC will complete the mid-term evaluation of the implementation of its Strategy 2021–2027. In addition, a stakeholder survey will be carried out in 2022.

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

By 2024, ECDC Human Resources management services will be designed to capture and respond to the current and future capacity needs of units, by supporting the development of staff and through effective and efficient recruitment services. A comprehensive framework will enhance well-being and a healthy work-life balance of staff. To support the implementation of its Strategy 2021–2027, the Centre will develop a 'people-based strategy' with particular focus on:

- an agile workforce: ensuring that the Centre's staffing is flexible, and its work force planning is linked to its strategy, and that staff can meet new demands (e.g. digital skills) as well as ensure a stronger focus on an impact-driven mode of working;
- capable managers: highly capable managers who actively manage performance based on objectives and organisational values, and promote career opportunities based on merits;
- knowledge sharing: create an environment which fosters knowledge sharing and continuous learning;
- values: establish commonly-agreed organisational values, enshrined in the organisation;
- well-being: ensure a healthy workplace that fosters the wellbeing of its staff and allows for a good work-life balance;
- contemporary services: provide future-oriented Human Resources management services within the applicable EU regulatory framework.

By 2024, the Agency will review the impact of potential new developments in the European Commission's suite of HR management systems (IT) and the HR policy framework and how to benefit from them.

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

By 2024, ECDC will have a stakeholder engagement framework, based on a revised stakeholder mapping, as well as a revised methodology for stakeholder engagement.

By 2024, ECDC will have developed a new corporate branding across its outputs. The Centre's social media presence will be increased and optimised, an enhanced website with the new branding will be the key to ECDC visibility, and a public relations plan will be in place. Through its external communication activities, ECDC will further aim to be a trusted partner in communicable disease prevention and control for the communication of scientific and technical information with an impact at the European level, collaborating with European networks and supporting communication capacity all across Europe, working in close partnership with the Member States, the Commission and other stakeholders.

In particular, the Centre will focus on:

- developing and implementing a public relations plan;
- continuing to engage with media outlets across the EU;
- improving and further developing ECDC's online presence;
- developing and implementing a stakeholder engagement framework;
- further enhancing ECDC's social media presence and engagement;
- implementing disease-specific activities following internationally recognised awareness days, as well as internal and stakeholder priorities;
- enhancing its internal communication activities, including improvements and further development of the Information Centre.



## 2.2 Human and financial resources - outlook 2022–2024

### 2.2.1 Overview of the past and current situation

Following the approval of the Multi-Annual Financial Framework 2021-2027 in December 2020, the foreseen budget for 2022 for the Centre, including the provisional EEA/EFTA contribution, amounts to **EUR 95 872 000**, of which **EUR 48 116 000** is for operational expenditure. In 2022, the number of statutory staff will be **345** (215 TAs and 130 CAs). In addition, the Centre will have around 21-contract agents to support international projects funded by EU grants.

#### Staff population overview

See Annex 4 - Table 1.

#### Expenditure for N-1

See Annex 3I - Table 2 - Expenditure.

### 2.2.2 Outlook for the years 2022–2024

#### New tasks

The Centre has not yet been entrusted with any new tasks requiring the extension of its mandate. However, discussions on the Commission's proposal to strengthen ECDC's mandate are ongoing in the Council and the European Parliament. Only once the agreement on the Commission's legal proposal to strengthen the ECDC's mandate is reached will there be a firm idea of the new and enlarged tasks of the Centre.

#### Growth of existing tasks

Due to the COVID-19 pandemic as of 2021 existing tasks have already expanded in some areas - e.g. monitoring of the effectiveness of COVID-19 vaccines (work is being coordinated with EMA's work on the safety of COVID-19 vaccines); enhanced genomic-based surveillance activities focused on rapid detection of SARS-CoV-2 variants and support to the EU Member States in preparedness through in-action/after-action reviews. For this, the Centre's budget and staffing 2021 was amended on two occasions.

The COVID-19 pandemic has further increased the external funding for ECDC's specific projects with Western Balkans and European Neighbourhood Policy partner countries, and these projects will expand and continue through 2022–2024. In 2021, ECDC initiated, with external funding, a partnership project with Africa CDC which will continue, using the current grant, until 2024.

Possible expansion of tasks includes the participation of ECDC in the implementation of the European Health Data Space (EHDS), which in 2022 will directly involve ECDC in the piloting of a use case through a grant issued by the European Commission.

Furthermore, ECDC will play an important role in the planned joint action on surveillance as part of the EU4Health initiative. This will require significant resources from ECDC to ensure that planned investments in Member States address ongoing challenges and lead to the development and/or strengthening of fit-for-purpose infectious disease surveillance systems.

In 2022, ECDC will continue implementing the WGS and RT-PCR infrastructure and capacity building activities to support Member States, using the funding received through the HERA incubator. This initiative will primarily enhance Member States' ability for early detection and monitoring of SARS-CoV-2 variants, but will also contribute to enhanced genomic-based infectious disease outbreak investigation, surveillance and preparedness in countries.

ECDC has received new tasks for the operation of the Passenger Locator Forms (PLF) exchange platform and the European Federation Gateway Service (EFGS). The EFGS is a key component of the technical interoperability solution agreed on 12 June 2020 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. ECDC has been asked by DG SANTE to take over the maintenance and further development of the gateway as the sub-processors of personal data processed within the federation gateway, with the EC as processor. A service level agreement between the EC and ECDC defines the obligations that ECDC must fulfil.

The Commission Implementing Decision (EU) 2021/858 of 27 May 2021, amending the Commission Implementing Decision (EU) 2017/253 of 13 February 2017, established a technical infrastructure to enable the exchange of personal data collected through a passenger locator form ('PLF') between the Early Warning and Response System ('EWRS') competent authorities of the Member States – called the 'PLF exchange platform'. This decision enables data on the infected passenger to be transferred for contact tracing purposes. This Implementing Decision determines that the PLF exchange platform should be operated by ECDC as data processor, with the EC as sub-processor, in line with Article 8 of Regulation (EC) No 851/2004. The Implementing Decision Annex III and the service level agreement between the EC and ECDC, signed on 4 June 2021, provides a list of security and data protection requirements that ECDC must fulfil.

## 2.2.3 Resource programming 2022–2024

### Financial resources

**Revenue** - detailed data provided in Table 1, Annex 3

**Expenditure** - detailed data provided in Table 2, Annex 3.

#### Title 1

The budget 2022 forecasts the accommodation of the salaries and salary-related costs of the implemented establishment plan and the Centre's contract staff. The budget for salary-related expenditures increases by 1.2% compared to the amended 2021 budget, to match the reinforcement of ECDC with additional Temporary and Contract Agent staff posts. As we have seen in previous years, the impact on the budget line for the weightings applied to the remunerations remains an unknown and unpredictable macro-economic part of ECDC's budget planning and execution. This is due to the correction coefficient applied to the salaries in Sweden which is driven, to a large extent, by the fluctuations of the Swedish krona.

#### Title 2

The total budget for Title 2 increases by 7.2% compared to the amended 2021 budget to cater for additional needs related to the building and the development of administrative information and communication technology, due to the further reinforcement of the Centre's establishment plan.

#### Title 3

The operational budget 2022, under Title 3, increases by almost 100% if compared to the initial budget of 2021 and is forecasted to reach EUR 48 116 000. Details are provided in Annex 3, Table 2. This significant increase will be used to implement ECDC work programme activities through external procurements, grants and meetings. The details of the expected outputs are provided in part 3 of this document.

### Budget outturn and cancellation of appropriations

Information provided in Table 3, Annex 3 with short description and justification.

### Human resources

#### Overview of the situation for the years 2022–2024

In view of the ongoing COVID-19 pandemic and the potential expansion of the Centre's mandate, the workload will remain high in the years to come. Specific funding for 20 additional Contract Agents was granted to the Centre in 2020 for a period of two years to support its work on COVID-19. Furthermore, the Centre has received funding for several projects which include around 20 additional Contract Agents. The majority of these Contract Agent posts are operational posts (such as Scientific Officers). Given both the workload linked to the pandemic and the work on externally funded projects, and in view of the Commission's proposal for a new mandate, the Centre will see a growth in its staff numbers in the years to come, with in total 73 new posts planned in the years 2021 to 2024 for its core work (excluding posts for externally funded projects). Furthermore, ECDC received 31 new posts (18 Temporary Agents and 13 Contract Agents) in early 2021. Moreover, due to the increased workload from 2021 onwards associated with the implementation of enhanced genomic-based surveillance activities, ECDC received an approval in June 2021 to fill 15 posts (10 Temporary Agents and five Contract Agents) from the originally allocated posts for 2022. The remaining nine posts (seven Temporary Agents and two Contract Agents) for 2022 will be recruited in the course of 2022. For the years 2023–2024 the Centre will grow by an extra 18 posts (10 Temporary Agents and eight Contract Agents). See more detailed information in Annex 4. Table 1 – Staff population and its evolution; Overview of all categories of staff.

## 2.2.4 Strategy for achieving efficiency gains

ECDC is continuing its efforts towards delivering efficiency gains and focusing on continuous improvement. This will be realised through the implementation of the Integrated Management Framework (covering areas of governance, operational performance management, quality management, and internal control) together with related IT tools, including human resources and finance.

In practice, this will include optimisation of ECDC key processes, aligned with ECDC's amended mandate once agreement between the Council and the European Parliament has been achieved. The key processes will also be digitalised in the coming years, with the goal of minimising paper usage and time consumption and enhancing data management. Streamlining the planning process and enhancing the monitoring of organisational performance through an integrated planning and monitoring IT system will further increase the efficiency of the Centre. Furthermore, the implementation of ISO-9001-based quality management system will enhance the effectiveness, efficiency and added value of the Centre.

In 2021 the Centre proved to be able to switch to electronic review and approval in its administrative processes, a step that will be further enhanced with the implementation of the IceCube programme in the coming years. Additionally, the work on further improving ECDC operations related to COVID-19 pandemic through the action plan on COVID-19 has demonstrated our capacity to integrate learning and improvement on an ongoing basis.

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

## 2.2.5 Negative priorities/decrease of existing tasks

Since 2020, the response to the COVID-19 pandemic has changed the focus of ECDC's work to support EU Member States and the Commission, resulting in a reprioritisation of other areas of work. When developing the Implementation Roadmap for the ECDC Strategy 2021-2027, the COVID-19 pandemic was considered. However, the course of the pandemic in 2021 and 2022 may still affect the years ahead and the foreseen plan to implement the strategy may change.

Once the ongoing discussions on the Commission's legal proposal to strengthen ECDC's mandate are finalised, a careful assessment will be undertaken, ensuring that all work carried out by the Centre is according to its amended mandate.

## 3. Work programme

### 3.1 Executive summary

In 2022, ECDC will focus on the following priorities:

- Scale up the level of support to the European Commission and the Member States to strengthen their surveillance, emergency preparedness and response to cross-border health threats, including the lessons learnt from the COVID-19 pandemic. This includes supporting countries to scale up emergency preparedness and capacity building activities based on in/after-action reviews and lessons learnt, and continuing to support the implementation of Article 4 of Decision 1082/2013/EU on serious cross-border threats to health, further strengthen surveillance systems to ensure more resilience and flexibility, set-up effective platforms for the study of COVID-19 vaccine effectiveness, impact and safety (the latter in collaboration with EMA) and continue to provide training to professionals in Member States to improve the effectiveness of the multidisciplinary response to cross-border threats to health. ECDC will also continue the implementation of the public health microbiology support programme, initiated in 2021 and focused on rapid detection of SARS-CoV-2 variants, using the funding received through the HERA incubator.
- Assess and integrate innovations for communicable diseases, including the digitalisation of surveillance systems. ECDC will launch a four-year framework contract to facilitate the direct use of health data for infectious disease surveillance, starting with priority conditions such as surveillance of laboratory confirmed severe acute respiratory infections. Depending on Member States' priorities and available resources, the programme can be extended to include more diseases and cover larger territories in countries and in the EU. Epidemic intelligence will be further automated, in particular by expanding the use of data sources and using artificial intelligence for screening and assessment. Synergies will be found with the JRC-ECDC project for the standardisation of online Member State surveillance data.
- Increasing ECDC knowledge and understanding of the Member States, to better target its interventions to their individual needs.
- Addressing priority conditions and issues at European level, in particular to tackle antimicrobial resistance, improve vaccine coverage in the EU, support the EU efforts to understand and address the effects of climate change on communicable diseases and support the European Commission and the Member States in addressing the Sustainable Development Goals in the area of HIV, TB and hepatitis.

The Multi-Annual Financial Framework 2021–2027 was approved in December 2020, and due to the foreseen changes in ECDC's mandate, the 2022 budget requested has increased (EUR 95 872 000 in total, of which EUR 48 116 000 EUR is for operations). The number of statutory staff will be increased to 345 and around 21 Contract Agents for project funded posts.

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

### ECDC work in disease areas in 2022

*Note: the values in the brackets in blue below refer to the strategy action areas under which the work is conducted.*

#### COVID-19

The COVID-19 pandemic will probably continue to have a serious effect on Europe in 2022. ECDC will therefore, as it has done since the beginning of the pandemic, continue to provide relevant technical support to the European Commission and Member States and Western Balkan countries by providing regular risk assessments, evidence-based scientific assessments and technical guidance (2.2). In addition to supporting the EU Member States, ECDC will continue to strengthen the response and preparedness plans in neighbouring countries (2.4). ECDCs work will be closely aligned with country efforts through the coronavirus laboratory and surveillance networks. In 2022, a number of COVID-19 vaccines will be on the market, and an important contribution by ECDC, together with the National Immunisation Technical Advisory Groups (NITAGs), will be to continue to monitor vaccine impact, effectiveness and vaccination coverage (1.2), and help Member States reach optimal vaccination coverage rates and counteract vaccine misinformation. ECDC will continue to improve its ability and organisational capacity to provide timely, actionable, and high-quality scientific advice and assessments to support the Member States and the European Commission in controlling the pandemic.

ECDC will continue its efforts to improve pandemic preparedness plans that should cover more than just influenza, including the use of lessons learnt in the curricular updates of training programmes. ECDC will significantly strengthen public health microbiology structures and activities in Member States through the implementation of whole genome sequencing (WGS) and RT-PCR infrastructure and capacity-building under the EU bio-defence preparedness plan against SARS-CoV-2 variants, launched in February 2021. These activities will further strengthen the Centre's plans to scale up the support for and use of WGS and the detection of SARS-CoV-2 variants, including the integration of surveillance WGS data for pathogens and antimicrobial resistance threats, scientific guidance on the added value of WGS, and the organisation of training initiatives in bioinformatics and WGS data management. Furthermore, ECDC will collaborate with the JRC project on building a wastewater surveillance data hub, with advice on appropriate analysis and interpretation methods.

Finally, ECDC will provide guidance to Member States on the strengthening of surveillance systems for COVID-19 and other respiratory infections. The COVID-19 pandemic has highlighted the lack of sensitive, flexible, and sustainable surveillance systems that integrate primary and secondary healthcare data to effectively detect and monitor trends of diseases such as COVID-19 or influenza. Significant efforts are needed to facilitate the process of suspect case ascertainment, testing, and reporting from the various levels of the healthcare systems according to well defined surveillance protocols.

## Influenza

ECDC will continue to drive the high-quality surveillance of influenza and other respiratory viruses at the European level, in close collaboration with WHO's Regional Office for Europe and the National Focal Points (1.2). Seasonal influenza continues to be a communicable disease with one of the highest morbidity and mortality impacts on the EU population. ECDC will further strengthen flu laboratory and surveillance capacity in the network through training and laboratory support. Country support will be provided in the format of trainings, workshops, and exchange visits on topics identified by Member States (2.1). ECDC will support national influenza vaccination programmes/strategies with evidence-based scientific advice and EU-level monitoring of influenza vaccine impact and effectiveness as well as vaccination coverage, to support Member States in reaching target vaccination coverage rates and to bolster the work of the National Immunization Technical Advisory Groups (NITAGs). The strengthening and monitoring of the evolution of seasonal influenza vaccination policies across the EU/EEA will be even more critical in concomitance with the COVID-19 pandemic. ECDC will further develop tools, training material, and evidence-based guidance for Member States to support the national and regional stakeholders in their communication campaigns around influenza vaccination, focusing on increasing vaccination uptake by healthcare workers (2.2).

## Antimicrobial resistance

In 2022, ECDC will continue supporting Member States to further strengthen the surveillance of antimicrobial resistance (AMR) and antimicrobial consumption, publishing annual reports and using other formats such as the ECDC Surveillance Atlas of Infectious Diseases, in collaboration with WHO's Global Antimicrobial Resistance Surveillance System (GLASS) and the WHO global surveillance of antimicrobial consumption (1.2). ECDC will provide updated estimates of the burden (mortality/morbidity) of AMR in the EU/EEA. ECDC will support the Member States and the European Commission in implementing the European One Health Action Plan against AMR, the WHO European Strategic Action Plan on AMR, and the Global Action Plan on AMR (WHO). ECDC will continue its collaboration with EFSA and EMA, in particular in preparing the 4th JIACRA report (due 2023) as well as contributing to EMA's Antimicrobial Advice ad hoc Expert Group (AMEG). ECDC will continue to support the standardisation of antimicrobial susceptibility testing in the EU/EEA (1.1) and the integration of molecular surveillance through the European Antimicrobial Resistance Genes Surveillance Network (EURGen-Net) (2.1). ECDC will also perform country visits, jointly with DG SANTE/F in a one-health perspective, in accordance with Member State requests (2.1). ECDC will continue contributing to the Transatlantic Task Force on AMR (TATFAR – work plan 2021-2025) and the Actions 'Working together to Fight AMR' in Latin America and in Asia (4.3). To support Member States implementing the Global Action Plan on AMR, ECDC will continue exploring the relationship between the level of implementation of structure and processes of infection prevention and control and of antimicrobial stewardship and AMR rates in European acute care hospitals and long-term care facilities. Finally, ECDC will complement its directory of online resources for the prevention and control of AMR (2.2).

## Healthcare-associated infections

In 2022, ECDC will continue supporting Member States in implementing the Council Recommendation on patient safety, including the prevention and control of healthcare associated infections (HAIs)<sup>13</sup>. ECDC will support Member States in further strengthening surveillance of HAIs, publishing annual reports and using other formats such as the ECDC Surveillance Atlas of Infectious Diseases. ECDC will coordinate the third point prevalence survey of HAIs and antimicrobial use in acute care hospitals in the EU/EEA, and finalise preparation for a similar survey in long-term

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<sup>13</sup> Council Recommendation of 9 June 2009 on patient safety, including the prevention and control of healthcare associated infections (2009C 151/01)

care facilities which will take place in 2023 (1.2). Finally, ECDC will complement its directory of online resources for the prevention and control of HAIs (2.2).

## Emerging, zoonotic and vector-borne diseases

ECDC will continue to collect and analyse surveillance data on emerging, zoonotic and vector-borne diseases in Europe and monitor the emergence of novel pathogens worldwide. Furthermore, by continuing to analyse global epidemiological trends and assess the risk of introduction, establishment and spread of emerging, zoonotic and vector-borne diseases in Europe (1.2), ECDC will support and enhance the preparedness, surveillance and response abilities of Member States to assess vector control strategies. ECDC will foster inter-sectoral communication and cooperation on EU and Member State level to apply the One Health approach for the integrated detection and management of emerging, zoonotic and vector-borne diseases (2.2). In 2022, an EVD-Net network meeting will take place (2.1). The determinants and drivers of emerging, zoonotic and vector-borne diseases, influencing pathogen transmission and vector distributions, and genetic factors of pathogen virulence will be analysed in ECDC-funded projects (e.g. VectorNet). In 2022, ECDC will provide laboratory support through the EVD LabNet, scientific advice, and analytical tools (i.e. predictive models) to support decisions on public health policies and practices (2.2).

## Food- and waterborne diseases (including foodborne zoonoses)

ECDC continues to promote integrated analyses of TESSy data with those of the food and veterinary sector, including ECDC-EFSA surveillance reports (European Union Summary reports on zoonoses and AMR) and joint ECDC-EFSA public health risk assessments on cross-border foodborne threats (Rapid Outbreak Assessments). In 2022, ECDC foresees having a system in place for WGS data submission and analysis with EFSA, to jointly improve the detection of and response to cross-border foodborne outbreaks (2.2). External Quality Assessment (EQA) schemes will be offered to Member States in support of the production and reporting of high-quality monitoring data, focusing on the integration of whole genome sequencing to EU-wide surveillance of FWD and zoonotic AMR (1.2). The fourth joint meeting on AMR of the FWD-Net and EURL-AR network will be held in 2022, as well as 11th FWD-Net network meeting (2.1). Through the expert exchange programme (FWDEEP) and ad-hoc scientific advice, ECDC will further support capacity and capability-building in Member States (2.3).

## Legionnaires' disease

ECDC will continue to work with Member States through the ELDSNet network activities, particularly on the near real-time travel-associated Legionnaires' disease (TALD) surveillance scheme which will be fully integrated into the EpiPulse platform in 2022. The Legionella EQA scheme covering an outbreak scenario with both clinical and environmental samples will continue. The annual ELDSNet network meeting will provide the forum to discuss surveillance scheme developments and current challenges in prevention and control of Legionnaires' disease (2.1). ECDC aims to further develop practical tools to support Member States in their preparedness and response to Legionnaires' disease (2.4). Expert training based on ad hoc needs will continue through the established expert exchange programme (FWDEEP), pending development of other formats (2.3).

## HIV and AIDS

ECDC supports the Member States and the European Commission in reaching the Sustainable Development Goal target for HIV/AIDS - i.e. the end of the AIDS epidemic by 2030. In 2022, ECDC will support Member States to further strengthen HIV/AIDS surveillance and produce the annual 'HIV/AIDS surveillance in Europe' report jointly with WHO Europe (1.2). Together with the Member States, ECDC will develop surveillance of HIV drug resistance (1.2). In addition to surveillance data, ECDC will collect other information to monitor progress towards the international targets for HIV/AIDS and report on the monitoring results to support Member States in identifying areas for action (1.2). ECDC will start integrating monitoring of HIV/AIDS into monitoring of hepatitis and tuberculosis. ECDC will provide support to the Member States, including training, workshops, and exchange visits on topics identified by Member States (2.1). ECDC will provide scientific advice and technical support targeting the specific needs of Member States in the EU/EEA by providing tools, scientific advice and technical support for modelling the incidence of HIV infections and other key indicators (2.2). In 2022, ECDC will work on standards of care for HIV/AIDS (2.2).

## Sexually transmitted infections

The global health sector strategy on sexually transmitted infections refers to SDG 3 and aims to bring sexually transmitted infection epidemics to an end as a major public health concern. ECDC will support the Member States and the European Commission in reaching this aim. In 2022, ECDC will support Member States to further strengthen sexually transmitted infection surveillance and publish relevant analysis (1.2). To provide additional information for surveillance data with its inherent weaknesses, ECDC will perform a systematic review on chlamydia, gonorrhoea, and syphilis prevalence data (2.1). ECDC will continue providing support to Member States on gonococcal antimicrobial resistance, including whole genome sequencing (1.2). ECDC will coordinate the

sexually transmitted infections network and the Euro-GASP network and provide support on issues that are of relevance to the Member States including training, workshops, and exchange visits on topics identified by Member States (2.1).

## Viral hepatitis (including hepatitis A and E)

ECDC supports the Member States and the European Commission in reaching and monitoring progress towards the SDG target to combat hepatitis by 2030. In 2022, ECDC will continue its focus on supporting countries to develop robust information for action to enable a more effective response to the hepatitis epidemics. ECDC will continue to collect hepatitis surveillance data in TESSy and through newly developed sentinel surveillance systems (1.2), assist Member States in collecting data on hepatitis C prevalence by providing support with the implementation of studies and the modelling of national estimates of the hepatitis B and C burden (1.2). In addition, ECDC will provide support to countries in monitoring progress towards the international targets for hepatitis elimination and support Member States in identifying areas for public health action (1.2). ECDC will move towards integrating the hepatitis monitoring system with systems developed for monitoring of HIV/AIDS and tuberculosis. ECDC will continue to coordinate the hepatitis network to enable the effective exchange of information and provide support on issues that are of relevance to the Member States including through training, workshops, and exchange visits on topics identified by Member States. Work on hepatitis E continues by assessing the severity of chronic disease as well as the zoonotic exposure to infection (2.1). Working in collaboration with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), WHO and other key organisations, ECDC will provide scientific advice relating to specific population groups at high risk, including people who inject drugs and people in prison and, more specifically, in 2022, ECDC will support Member States with a project on hepatitis C micro-elimination in prisons (2.2).

## Substances of human origin (SoHO)

In the legal proposal to strengthen ECDC's mandate, the Commission proposes new tasks related to substances of human origin (SoHO) in relation to communicable diseases. Once the legal text has been agreed upon, the Centre will adjust the resources for the agreed tasks in this field. Until then ECDC will establish a SoHO network with officially nominated National Focal Points. The objective of the network will be to improve efficiency and cooperation between Member States and subsequently assist national decision-making related to the microbiological safety of SoHO (2.1). ECDC will monitor disease outbreaks related to substances of human origin and through epidemic intelligence. ECDC will provide support to the overall building of national emergency planning, monitoring and rapid risk assessments through its preparedness and response work. More specifically in 2022, the risk assessment on parasitic and fungal infections will be finalised and work will begin on guidance relating to Chagas disease (2.2). To identify, assess and propose management of risks that are relevant for substances of human origin, ECDC will start using EpiPulse.

## Tuberculosis

ECDC supports the Member States and the European Commission in reaching the SDG target for tuberculosis - i.e. ending the tuberculosis epidemic by 2030. In 2022, ECDC will support Member States to further strengthen tuberculosis surveillance and publish the annual 'Tuberculosis surveillance and monitoring in Europe' report jointly with WHO Europe (1.2). ECDC will start integrating monitoring of tuberculosis into the monitoring of HIV/AIDS and hepatitis. ECDC will continue its support to Member States on tuberculosis diagnosis and implementation and standardisation of whole genome sequencing in the EU/EEA (1.1). By coordinating the tuberculosis network, the tuberculosis surveillance sub-network and the European Reference Laboratories for Tuberculosis network, ECDC will interact closely with the Member States. ECDC will also support Member States with training, workshops, and exchange visits on topics identified by Member States (2.1). ECDC will start work on scientific advice to support Member States dealing with the health system challenges related to the decrease in tuberculosis incidence (2.2). ECDC will also start a project to provide support to Member States through the implementation of its guidance 'Programmatic management of latent tuberculosis infection in the European Union' (2.2).

## Vaccine preventable diseases

In 2021, several COVID-19 vaccines became available for use by national immunisation programmes, and the production capacity and product availability allowed the roll-out of broader vaccination efforts to larger sections of the EU population beyond the priority target groups identified for vaccination in the initial phases of vaccine deployment. With the emergence of new variants of concern, significant work will be required to continue sustaining ongoing efforts to conduct independent public health studies to monitor the effectiveness, impact and safety of the COVID-19 vaccines in use in the EU in the short, medium, and longer term (1.2). This work is being conducted in collaboration with the EMA. In 2022 and beyond, such studies are expected to continue to be critical for informing the roll out of suitable vaccination strategies, based on the scientific evidence available. ECDC's established platform/collaboration between the National Immunisation Technical Advisory Groups (NITAGs) will continue to play a critical role in this regard and will serve as a basis for fostering dialogue among countries with a view to sharing plans and practice in the roll-out of vaccination plans against COVID-19 and beyond. The VPI

section at ECDC will also continue to gather and share COVID-19 vaccination coverage data at EU level, and support will be provided to the Member States in order to sustain efforts to achieve adequate levels of vaccine uptake, as necessary. Work will also continue to implement the Council Recommendation on Strengthened Cooperation against Vaccine-Preventable Diseases, especially in fostering sustainable vaccination policies in the EU (2.1). Furthermore, the EU Vaccination Information Portal (EVIP) jointly developed with EMA, will continue to be updated with further content to provide authoritative information on vaccines and vaccination in use in the EU. The focus will be on topics considered to be most relevant at the time for the intended target audience of the portal.

Finally, ECDC will continue to work together with WHO in the implementation of key expected initiatives, such as the WHO framework for deployment of COVID-19 vaccination; Immunisation Agenda 2030 (global, WHO HQ); Post-2020 Measles and Rubella Strategic Framework (global, WHO HQ); European Regional Immunization Strategy and Vaccine Action Plan 2021–30 (2.2). ECDC will also continue exchanges with some EU projects, such as VACCELERATE<sup>14</sup> and ORCHESTRA<sup>15</sup>.

## 3.2 Activities

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

ECDC will further strengthen the relevance, accessibility, and timeliness of its scientific outputs. More in-depth analyses of data collected, better assessment of their use and impact, and the development of standards will inform decision-making by Member States and other partners. Guiding principles and standards for the design, production and dissemination of ECDC outputs and quality assurance procedures will be agreed and established in consultation with ECDC stakeholders, covering the exchange and collation of data for surveillance, scientific studies reports, surveillances systems and methods and the production of scientific outputs such as evidence-based public health guidance.

ECDC will continue to strengthen its procedures for scientific excellence, independence, integrity, transparency and the application of evidence-based principles and methods, and good scientific practices for the development of all its scientific outputs. This will enable the Centre to provide the best available evidence and expertise for decision-making and use by health professionals at EU and Member State level. Member States will be more involved in the conception and development of analyses and outputs for the ECDC surveillance portal. A repository of guidance developed by national authorities and professional bodies in Member States will facilitate the sharing of evidence and good practice between Member States. ECDC will continue to routinely coordinate data collection, analysis and dissemination for all notifiable diseases and health conditions (including COVID-19) and attempt a prioritisation. Through EpiPulse, the Centre will provide more timely surveillance data and more in-depth analyses and reports for policy making. ECDC will pilot laboratory surveillance of outbreak-prone diseases from large national and regional laboratories in a sub-set of Member States. An integrated surveillance system will be established for viral respiratory infections prone to take on pandemic proportions. ECDC will work in further increasing the digitalisation of surveillance data. The Centre will continue to perform threat detection through event-based surveillance, expanding the range of data sources, using a systematic 'One Health' approach. Member States will be further engaged in the conception of outputs and in-depth analysis of surveillance data. ECDC will gradually extend molecular and genomic typing into EU surveillance and outbreak preparedness, with technical support to public health reference laboratory networks across the EU/EEA. The Centre will benchmark microbiological capacities in countries, based on gaps identified by the EULabCap indicators and external quality assessments (EQA). ECDC will continue to collaborate with EFSA on the detection and assessment of foodborne outbreaks.

The Centre will continue managing and monitoring all its scientific outputs in its Scientific Advice Repository and Management System (SARMS). ECDC will continue delivering scientific advice, support and training on evidence-based public health methods, and promoting relevant analytical methodologies, including bio-statistical and mathematical modelling analyses and statistical methods for trend analyses, to gain greater insight from existing data sources, integrating diverse data streams (determinants, genomic typing, microbial resistance, past events and threats).

ECDC will further tailor its scientific advice and technical reports to increase their relevance for partners in Member States and support national public health policies and practices. The Centre will strengthen the dissemination and communication of its key scientific outputs. Based on a pilot in 2021, ECDC will support the translation and transfer of 'knowledge to actions' and the sharing of experience, with communities of practice within its networks. ECDC will continue to produce *Eurosurveillance*, with high quality, open access information and data relevant for timely public health action. Social media and scientific gatherings support the dissemination of *Eurosurveillance* content

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<sup>14</sup> <https://www.vaccelebrate.eu/>

<sup>15</sup> <https://orchestra-cohort.eu>



and the interaction with a variety of stakeholders. *Eurosurveillance* will also expand its educational activities – for example tailored key public health messages will support knowledge translation. ECDC will coordinate the organisation and the scientific programme of the European Scientific Conference on Applied Infectious Diseases (ESCAIDE), for around 600 professionals, and collaborate with EFSA by participating in the scientific programme committee of the fourth EFSA Scientific Conference in a 'One Health' spirit.

ECDC will further strengthen the relevance, accessibility, and timeliness of its scientific outputs. More in-depth analyses of data collected, better assessment of their use and impact, and the development of standards will be used to inform decision-making by Member States and other partners.

### **1.1. Standards: promote standard setting to facilitate the use of data and the implementation of public health policies in practice**

#### **Overview**

The Centre will further enhance its scientific excellence and independence. Guiding principles and relevant standards for the design, production and dissemination of ECDC outputs and quality assurance procedures will be finalised and endorsed by ECDC stakeholders to strengthen the prevention and control infectious disease threats to public health. ECDC will gradually implement these standards and start advocating their adoption at the EU level and promote their use for evidence-based guidance. The production of the guiding principles and standards will also identify gaps to be addressed. New standards will cover in particular:

- exchange and collation of data for surveillance, prevention and control;
- surveillance systems and methods, based on the conclusions of the 2020 EPHEMUS evaluation of surveillance systems in Europe, and lessons learnt from the COVID-19 pandemic (including surveillance methods and protocols, made publicly available);
- standards for the production of evidence-based public health guidance and other scientific outputs;
- standards for the reporting of scientific studies;
- demonstration of scientific independence in all ECDC activities.

**Table 1. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
1.1.1	Operationalise the results of EPHEMUS project and the lessons learnt from the COVID-19 pandemic	Proposal for EU surveillance standards for acute respiratory infections.  Compliance of EU Member States with the standards.  Improved quality and consistency of information for public health action on serious cross-border communicable disease threats.	Number of diseases for which surveillance standards are available	Proposal for EU surveillance standards
1.1.2*	Guiding principles and standards for the design, production and dissemination of ECDC outputs and quality assurance procedures will be agreed and established for key outputs and studies, in consultation with ECDC stakeholders	ECDC staff and partners in EU Member States are aware of the specific standards according to which ECDC's scientific activities and outputs are conducted and produced.  Improved transparency and consistency with other international and national bodies on scientific methods; reduced duplication of effort by Member States to comply with conflicting standards used by international organisations.	Publication of principles and standards: implementation according to project plan (schedule, resources and scope).	Publication of principles and standards and revision, if necessary, of relevant ECDC policies and procedures.
1.1.3	Ensure and demonstrate scientific independence in all ECDC activities in consultation with relevant stakeholders [on standards for safeguarding and	Transparent rationale for ECDC decisions related to safeguarding and demonstrating its scientific independence.	Implementation of procedures agreed with ECDC Advisory Forum: implementation according to project	Report on implementation of procedures to ensure and demonstrate scientific independence

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
	demonstrating scientific independence].	Improved trust in the independence of ECDC scientific advice, reducing the need for Member States to require duplication of activities by Competent Bodies.	plan (schedule, resources and scope).	

**Table 2. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
1.1.1	Number of diseases for which surveillance standards are available	TBC	Standard for acute respiratory diseases published on website.	Publication of standard on ECDC website.
1.1.2	Publication of principles and standards: implementation according to project plan (schedule, resources and scope).	N/A	Guidance on principles and standards published.  Less than 20% deviation from the duration, resources and scope of the initial baseline.	Publication of guidance on website. Quarterly Portfolio Steering Committee reporting.
1.1.3	Implementation of procedures agreed with ECDC Advisory Forum: implementation according to project plan (schedule, resources and scope).	N/A	Report on implementation of procedures delivered to Advisory Forum.  Less than 20% deviation from the duration, resources and scope of the initial baseline (OVS/PIR/PMP document).	Report on implementation of procedures to ensure and demonstrate scientific independence.  Quarterly Portfolio Steering Committee reporting.

**Table 3. Resource allocation**

1.1 Standards	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	2.8 FTE	0.9 FTE	3.7 FTE
Total budget for this activity	EUR 0		

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

### **Overview**

ECDC will continue to strengthen its procedures for scientific excellence, independence, integrity, transparency and the application of evidence-based principles and methods, and good scientific practices for the development of all its scientific outputs. The goal is to provide the best available evidence and expertise for decision-making and use by health professionals at EU and Member State level and to strengthen the trust in the Centre. Member States will be given increased involvement in the conception and development of analyses and outputs. ECDC will start measuring whether the evidence and guidance it produces is relevant and useful to EU/EEA Member States, with a framework to measure the impact of its public health actions (see also 1.3).

National Competent Bodies consultations and the IRIS prioritisation tool will be routinely used to ensure that public health activities in ECDC's work programme are relevant and have an impact.

The repository of guidance developed by national authorities and professional bodies in EU Member States will be further developed and used to facilitate the sharing of evidence and good practice between Member States.

Additionally, a repository of indicators will be established to support the exchange and development of indicators at national level.

Through ECDC networks, the surveillance of diseases at country and EU level remains key to improving the epidemiological evidence for any prevention and control programmes. ECDC will continue to routinely coordinate data collection, analysis and dissemination of all notifiable diseases and health conditions<sup>16</sup> (including COVID-19) but will attempt to prioritise the diseases under EU/EEA surveillance. This will ensure that those for which surveillance is found not to add public health value, will be removed from Commission Implementing Decision (EU) 2018/945. Through EpiPulse, the Centre will provide more timely surveillance data, based on reliable processes, simplified data flows, improved data quality and completeness, more in-depth analyses and reports useful for policy making, while reducing the burden for Member States.

As shown with the COVID-19, ECDC should work in close collaboration with the Commission and Member States towards robust surveillance systems at EU and national level that provide reliable and timely data in a crisis situation. For earlier detection of cross-border clusters, ECDC will pilot laboratory surveillance of outbreak-prone diseases based on weekly electronic aggregate reporting of confirmed infections from large national and regional laboratories in a subset of Member States. An integrated surveillance system for viral respiratory infections prone to take on pandemic proportions (influenza and coronavirus) has been established since 2021, addressing some main surveillance objectives at EU level: monitoring of incidence and impact for primary and secondary care surveillance, describing of the natural disease history and spectrum, measuring of the effectiveness and impact of pharmaceutical and non-pharmaceutical interventions, and monitoring of the virus evolution. An increased level of digitalisation will automate parts of the surveillance continuum, freeing up the time of the public health experts to carry out other tasks (see 3.3).

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

The Centre will foster collaboration with epidemic intelligence stakeholders through the development of tools such as EpiPulse to facilitate communication exchange of event-based surveillance. It will continue with ongoing initiatives such as the EU initiative for health security in Africa – ECDC for Africa CDC. It will also be in regular communication with the WHO Regional Office for Europe on ongoing threats such as COVID-19 pandemic, and share knowledge with existing centres or initiatives for epidemic intelligence such as the WHO Hub for Pandemic and Epidemic Intelligence and the WHO Epidemic Intelligence from Open Sources.

Collaborative fora with disease networks on specific public health topics will be set up to further engage Member States in developing analyses and outputs, in-depth analysis of existing surveillance data indicators and event-based surveillance, to exchange opinions, assess risks, publish results and propose options for risk management.

ECDC will also continue gradually extending molecular and genomic typing into EU surveillance and outbreak preparedness and provide technical support to public health reference laboratory networks across the EU/EEA and enlargement countries, taking into account WHO networks reference laboratory activities. ECDC will support the European Commission in the designation of EU reference laboratories and operate the future EU reference laboratories network. The Centre will benchmark microbiological capacities in countries, facilitate the development of rapid e-communication of laboratory-based information for surveillance and alert, and support the strengthening of Member States microbiology capacity, based on gaps identified by the EULabCap indicators and external quality assessments (EQA) schemes coordinated by ECDC. Relevant findings of the laboratories' EQAs will gradually be integrated into surveillance systems to strengthen the quality of EU surveillance, and better interpret epidemiological findings.

ECDC will scale up the use of whole genome sequencing (WGS) to better detect and investigate multinational outbreaks to foster EU and national prevention control strategies. Direct sequencing support to strengthen Member State's capacities for detection and monitoring of SARS-CoV-2 variants will be continued. Timely and secure WGS data sharing and storage are secured by customised protected workspaces for WGS data management.

ECDC will continue to collaborate with EFSA on the detection and assessment of foodborne outbreaks. Solutions for data sharing, including whole genome sequencing data between human and veterinary sectors will be further improved.

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<sup>16</sup> In accordance with Commission Implementing Decision 2018/945.

**Table 4. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
1.2.1	Ensure timely and effective monitoring of potential threats from infectious diseases.	Any serious cross border health threat to Europe and worldwide is timely detected through epidemic intelligence and proactively communicated to the Commission and Member States to allow for rapid action.	Proportion of stakeholders (European Commission + Member States) rating positively the daily and weekly CDTR and RRAs.	Daily and weekly Communicable Diseases Threat Report (CDTR) available in EpiPulse.  Publication of weekly CDTR on website.  Stakeholders access real-time information on current signals, events and threats via EpiPulse.
1.2.2	Carry out routine indicator-based surveillance, including generation of high-quality, relevant, and timely outputs.	Smooth execution of routine surveillance activities.  Timely availability of data and analyses for assessing cross-border threats and for benchmarking national policy impact	Time from the closure of data collection to the publication of the results in the Surveillance Atlas.  Proportion of diseases in the Atlas with updated data for year N-1.	Data on reportable diseases collected consistently, according to Implementing Decision 2018/945 AER published (full scope of diseases/public health issues covered will depend on the amount of work needed to support COVID-19 response) Surveillance Atlas of infectious diseases updated with latest data.
1.2.3	Coordinate EU level surveillance of all EU notifiable diseases and special health issues (incl. coordinated lab support).	ECDC activities informed by surveillance analysis results of Member States' epidemiological situation to better inform public health policies and practices.	Proportion of surveillance reports published according to agreed timelines.	Stand-alone surveillance reports, including HIV/AIDS report, TB surveillance and monitoring report, Euro GASP report, weekly FluNewsEurope bulletin (incorporating COVID-19), regular influenza and coronavirus characterisation reports, Monthly Measles and Rubella monitoring report, monthly ELDSNet report.  Zoonoses and zoonotic AMR monitoring reports, AMR, antimicrobial consumption, hospital associated infections.  Seasonal, real-time surveillance of vector-borne diseases to support blood SoHO safety measures.
1.2.4	Provide evidence to support Member States to increase public health microbiology capacity.	Strengthened public health microbiology systems in Member States.	Proportion of countries having improved (or maintained if already at target level) their laboratory system targets in the EULabCap assessment compared to previous year.	External Quality Assessments (EQA) reports (Euro GASP, Legionnaires' disease EQA-report, EVD-LabNet activities, COVID-19, AMR for EARS-Net participating laboratories, and in the area of VPDs with specific focus on diphtheria, pertussis, invasive bacterial diseases, as well as schemes for <i>Salmonella</i> , <i>Campylobacter</i> , <i>Listeria monocytogenes</i> , and Shiga-toxin-producing <i>E.coli</i> (STEC). EU Laboratory Capability Monitoring System (EULabCap) reports.  Public Health microbiology training sessions (EVD-LabNet activities, ERLI-Net activities).  Other outputs (e.g. technical reports and handbooks).

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
1.2.5	Produce consistently high-quality scientific work and advice within agreed deadlines to support evidence-informed decision and policy-making.	<p>ECDC scientific advice produced, following good scientific practice and evidence-based principles to increase consistency, transparency and reliability, demonstrating its scientific independence.</p> <p>Availability of high quality scientific outputs at EU level increases the impact and consistency of evidence-based prevention and control activities across the EU, and reduces the need for Member States to invest in undertaking similar scientific work.</p>	<p>Proportion of scientific outputs in the planned publication list delivered within the programming year.</p> <p>Uptake of ECDC outputs by its stakeholders.</p>	High-quality ECDC scientific advice outputs published on the Centre’s website and/or as open access publications if published in peer-review scientific journals.
1.2.6	Ensure that public-health-related ECDC actions are reviewed through the IRIS instrument for consultation on priority setting.	<p>ECDC scientific actions are prioritised according to the Advisory Forum’s assessment of their importance, feasibility, impact, and their EU added value and equity.</p> <p>Ensures that ECDC scientific outputs and activities meet public health priorities at EU and Member State level.</p>	Proportion of public-health-related actions in the SPD 2023 presented to Advisory Forum as IRIS proposals.	IRIS proposals and the Advisory Forum assessments.
1.2.7	ECDC provides its partners with evidence-based facts and guidance to support the decision-making process in the Member States.	ECDC scientific outputs are tailored to best inform policy makers at EU and national level.	Review of content and format of scientific outputs to better inform policy completed.	Review report delivered.
1.2.8	Establish a repository for collation of guidance developed by national authorities and professional bodies in EU Member States.	<p>Improved sharing among Member States of guidance and experience in the effective prevention and control of infectious diseases.</p> <p>Reduction in the need for Member States to invest in undertaking similar scientific work.</p>	Ongoing updates to repository for guidance: implementation according to project plan (schedule, resources and scope).	Repository available and content for two additional disease areas added.
1.2.9	WGS services	Adequate support to Member States for WGS, especially for cross-border outbreaks	Proportion of requests from Member States for sequencing services accepted by ECDC.	National isolates sequenced by ECDC in the context of multinational outbreaks.

**Table 5. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
1.2.1	Proportion of stakeholders (European Commission + Member States) rating positively the daily and weekly CDTR and RRAs.	TBC	80%	Standard survey conducted during NFP meeting.
1.2.2	Time from the closure of Member State data collection to the publication of the results in the Surveillance Atlas.  Proportion of diseases in the Atlas with updated data of N-1.	TBC	Three months  80%	TESSy  Statistics from Surveillance Atlas.
1.2.3	Proportion of surveillance reports published according to agreed timelines.	N/A	90%	
1.2.4	Proportion of countries having improved (or maintained if already at target level) their laboratory system targets in the EU LabCap assessment compared to previous year.	70% (source: 2018 survey). Data for 2019 survey not available at the time of writing.	80%	EuLabCap surveys
1.2.5	Proportion of scientific outputs in the planned publication list delivered within the programming year.  Uptake of ECDC outputs by its stakeholders.	TBC  TBC	80%  Target 2022: TBC	Comparison between list published on ECDC website and list of outputs published on the website by 31 Dec.  Stakeholder survey or standard survey conducted during NFP meetings.
1.2.6	Proportion of public-health-related actions in the SPD 2022 presented to Advisory Forum as IRIS proposals.	N/A	80%	Presentation of IRIS proposals to Advisory Forum compared to approved SPD 2022.
1.2.7	Review of content and format of scientific outputs to better inform policy completed.	TBC	Target Q4 2022	Review report
1.2.8	Repository for guidance: implementation according to project plan (schedule, resources and scope).	N/A	Repository available on ECDC website and new content for two disease areas added by Q4 2022.  Less than 20% deviation from the duration, resources and scope of the initial baseline (PIR/PMP document).	ECDC website  Quarterly Portfolio Steering Committee reporting
1.2.9	Proportion of requests from Member States for sequencing services accepted by ECDC.	TBC	100%	ECDC surveillance section statistics; invoices from contracted laboratory.

**Table 6. Resource allocation**

1.2 Evidence	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	40.3 FTE	12.8 FTE	53.2 FTE
Total budget for this activity	EUR 18 807 500		

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

#### **Overview**

ECDC will further investigate the benefits offered by technological advances, by assessing relevant methods and tools for analysing big data (e.g. use of big data for event detection and monitoring). The use of social media and the automation of searches for epidemic intelligence will be further expanded, based on the successful pilot during the COVID-19 pandemic.

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

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

**Table 7. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
1.3.1	Ensure the transparent, consistent and efficient production and clearance of scientific work and advice.	Consistency, reliability and transparency of ECDC scientific work and advice that is compliant with internal policies, processes and procedures, and enables a timely response to external requests.  Availability of high quality scientific outputs at EU level increases impact and consistency of evidence-based prevention and control activities across the EU, and reduces the requirement for Member States to invest in undertaking similar scientific work.	Proportion of ECDC scientific outputs processed through SARMS, following the respective workflows and template.	The Scientific Advice Repository and Management System (SARMS) provides a comprehensive overview of the Centre's scientific outputs, supports peer-review and quality assurance, ensures compliance with ECDC policies, standards and processes/procedures <sup>17</sup> and monitors responsiveness to external requests to the Centre.
1.3.2	Additional indicators are developed so that ECDC stakeholders can evaluate/assess their national public health policies and practices more easily.	Mapping of existing indicators in Member States/institutions to assess impact of public health policies and practices.  Improved consistency of impact assessment within and between Member States. Improved validity of the benchmarking of policies and practices.	Catalogue of indicators developed: implementation according to project plan (schedule, resources and scope).	Catalogue of indicators

<sup>17</sup> e.g. ECDC independence policy, ECDC open access policy

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
1.3.3	Methodologies to increase the impact of public health actions are developed	Development of gap/needs analysis tool to identify and enable prioritisation of methods, data and evidence service development.  More efficient prioritisation of resources.	Gap/needs analysis tool developed.	Gap/needs analysis tool available for use.

\* Objectives/key outputs that could be deprioritised in case of emergency (yes/no)

**Table 8. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
1.3.1	Proportion of ECDC scientific outputs processed through SARMS, following the respective workflows and template.	TBC	90%	SARMS
1.3.2	Catalogue of indicators developed: implementation according to project plan (schedule, resources and scope)	N/A	Q4 2022	ECDC website
1.3.3	Gap/needs analysis tool to identify and enable prioritisation of methods, data and evidence service development developed.	N/A	Q4 2022	Presentation of tool to Advisory Forum

**Table 9. Resources allocation**

1.3 Methodologies	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	7.5 FTE	2.4 FTE	9.9 FTE
Total budget for this activity	EUR 730 000		

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

### Overview

Following a consultation in 2021, ECDC will further adapt its scientific advice and technical reports to increase their relevance for partners in Member States and support advice for national public health policies and practices. The Centre will strengthen the dissemination and communication of its key scientific outputs to ensure they reach their target audience and are accessible at no cost for the user.

ECDC will also further develop the monitoring and assessment of scientific studies being carried out for the prevention and control of infectious disease and consider the feasibility and added value of their deployment at EU or Member State level.

Based on a pilot in 2021, ECDC will also continue promoting and supporting the translation and transfer of 'knowledge to actions' and foster the sharing of information and experience by strengthening communities of practice within its networks (NFPs and OCPs), supported by exchanges through the ECDC extranet or other means.

*Eurosurveillance* has served public health experts/scientists and policy makers with high quality, open access (OA) information and data relevant for timely public health action since 1996. The editorial team applies intensive quality control to ensure that the widely accessible and distributed scientific information is sound, reliable, understandable and actionable for a diverse audience. Outreach activities, including social media and scientific gatherings support the dissemination of content. Interaction with a variety of stakeholders makes it possible to stay up to date with new developments both in science and publishing/editing. *Eurosurveillance* will foster synergies through the network of editors from journals published by major centres for disease prevention and control. *Eurosurveillance* will expand its educational activities with a focus on experts' critical appraisal skills, ability to communicate key public health messages and awareness of research integrity, in particular publication ethics.



As in previous years, ECDC will coordinate the organisation and the scientific programme of the European Scientific Conference on Applied Infectious Diseases (ESCAIDE), for at least 600 professionals, to share and exchange the latest evidence on communicable diseases. ECDC will also collaborate with EFSA, through membership of the scientific programme committee of the fourth Scientific Conference being organised by EFSA in 2022 to reinforce the cooperation mechanisms necessary for a multidisciplinary approach to the progressive implementation of the 'One Health' goal.

**Table 10. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
1.4.1*	Enhance impact of ECDC outputs by strengthening the relevance, accessibility, & timeliness of scientific advice and information products.	Impact of ECDC outputs measurable through an explicit set of indicators.  Increased usefulness and relevance of ECDC outputs for policy makers and public health professionals in Member States.	Framework of indicators established for ECDC to assess the impact of its outputs.	Framework of impact indicators.
1.4.2	Organise the annual European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE), including a 'knowledge for policy and practice' track at the ESCAIDE conference.	Dissemination of scientific knowledge in communicable disease epidemiology, prevention and control and complementary disciplines (e.g. health economics, mathematical modelling, new technologies). Improved knowledge and awareness among ESCAIDE participants of knowledge needed for policy and practice.	Percentage of attendees that rate ESCAIDE as 'good' or 'excellent'	- 2022 edition of ESCAIDE.  - ESCAIDE track on knowledge for policy and practice
1.4.3	Ensure production and wide dissemination of <i>Eurosurveillance</i> as a high quality journal with good visibility.	The journal remains among the leading journals in its field, attractive for a wide audience (authors and readers) and supports knowledge transfer.  Availability of new scientific findings of relevance to public health professionals working in Member States.	Journal in the first quartile for all metrics among journals in its category (impact factor, cite score, SCImago). Articles submitted for publication from countries represented on the <i>Eurosurveillance</i> editorial board.	50 issues of <i>Eurosurveillance</i> .  Scientific seminar at international conference.  Board meeting with action points for 2023.
1.4.4	Contribute to targeted knowledge transfer for <i>Eurosurveillance</i> readers and contributors, including ECDC experts.	Increased awareness of publication ethics and standards reporting guidelines; compliance with editorial standards/requirements by authors and reviewers; use of repositories for additional information, enhances focus on key public health messages.  Improved quality and consistency of scientific evidence published as peer review manuscripts.	Proportion of submissions with checklists (where applicable). Where applicable, proportion of articles with genetic data deposited.  Published articles with key public health messages.	Up-to-date editorial policies, following publication ethical guidelines.  Workshops on the margins of ECDC-organised events (ESCAIDE, ECDC summer school, traineeship project review module) at ECDC or at national public health institutes.  Format for educational 'How to series' set out.
1.4.5	Strengthen the dissemination and communication of ECDC key scientific outputs to ensure they reach their target audience and are accessible at no cost for the user.	Increased awareness and outreach of ECDC key scientific outputs.  Greater use of high-quality scientific outputs will increase impact and consistency of evidence-based prevention and control activities across the EU, and reduce the need for Member States to invest in undertaking similar scientific work.	Access to ECDC scientific outputs: <ul style="list-style-type: none"> <li>• number accessed,</li> <li>• number of downloads</li> <li>• number of citations.</li> </ul> Impact factor of ECDC articles in peer reviewed journals. Proportion of ECDC peer reviewed articles available in gold standard open access.	ECDC scientific outputs published on the website and/or 'pushed' through tailored dissemination channels.

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
1.4.6	Strengthen internal processes for creating, capturing, sharing and effectively leveraging internal ECDC knowledge.	<p>Enable ECDC to better leverage its existing experience and expertise.</p> <p>Improved access to and ease of location for internal information and knowledge resources.</p> <p>Retention and deployment of operational knowledge within ECDC to enhance operational capability.</p> <p>ECDC newcomers provided with new mechanisms to be able to network more easily within ECDC and leverage organisational expertise.</p>	<p>Maturity and activity levels within communities of practice.</p> <p>Adoption and usage of Enterprise Content Management Platform (ECMP).</p>	<p>Implementation of Enterprise Content Management Platform</p> <p>Development of a draft knowledge management framework to facilitate the management of strategic ECDC knowledge sets.</p> <p>Undertake study into the feasibility of an enterprise data catalogue.</p>

**Table 11. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
1.4.1	Framework of indicators established for ECDC to assess the impact of its outputs.	N/A	Less than 20% deviation from the duration, resources and scope of the initial baseline. Framework presented to Advisory Forum Q4 2022	Advisory Forum minutes
1.4.2	Percentage of attendees that rate ESCAIDE as 'good' or 'excellent'.	TBC	> 75%.	ESCAIDE programme and conference attendee satisfaction survey results.
1.4.3	<p>Journal in the first quartile for all metrics among journals in its category (impact factor, cite score, SCImago).</p> <p>Articles submitted for publication from countries represented on the Eurosurveillance editorial board.</p>	TBC	First quartile - 60% from <i>Eurosurveillance</i> countries, and minimum two continents	<p>Basket of metrics (impact factor, SciMago journal rank, CiteScore percentile), Source: Claviate analytics, Scopus.</p> <p><i>Eurosurveillance</i> submission system.</p>
1.4.4	<p>Proportion of submissions to Eurosurveillance with checklists (where applicable).</p> <p>Proportion of relevant articles with genetic data deposited.</p> <p>Articles with 'key public health messages'.</p>	N/A	<p>&gt; 90%,</p> <p>- 90%</p> <p>&gt;50% of regular articles (not rapid comms)</p>	<p>Records in <i>Eurosurveillance</i> submission system</p> <p>Published regular articles on the journal website.</p>
1.4.5	<p>Access to ECDC scientific outputs:</p> <ul style="list-style-type: none"> <li>number of access,</li> <li>number of downloads</li> <li>number of citations.</li> </ul> <p>Impact factor of ECDC articles in peer reviewed journals. Proportion of ECDC peer reviewed articles available in gold standard open access.</p>	<p>TBC</p> <p>TBC</p> <p>30.55 (2018)</p> <p>7.36 (2018)</p> <p>85% (2018)</p>	<p>N/A</p> <p>N/A</p> <p>&gt;20 in the five years following publication.</p> <p>&gt;5</p> <p>100%</p>	<p>Website statistics</p> <p>Website statistics</p> <p>ECDC library bibliometric review.</p> <p>ECDC library bibliometric review.</p> <p>ECDC library bibliometric review.</p>

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
1.4.6	Maturity and activity levels within communities of practice.  Adoption and usage of ECMP.	N/A	Maturity and activity levels within communities of practice.  Adoption and usage of ECMP.	Community of practice established and roadmap in place.  100% adoption of ECMP within six months.

**Table 12. Resources allocation**

1.4 Knowledge transfer	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	24 FTE	6.9 FTE	30.9 FTE
Total budget for this activity	EUR 1 305 000		

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

ECDC will apply a tailored approach to better understand the countries' capacities and capabilities, needs and constraints in addressing infectious diseases. ECDC will systematically collate, integrate and visualise country-specific information from a variety of sources to gain better understanding of the main strengths and challenges faced by Member States. The data collected will gradually be made available through dedicated visual IT solutions accessible to national experts in Member States and the European Commission, and ECDC support will target Member States most in need for high priority topics. Country support will continue to be provided, in the form of country visits with a revised process for harmonised country visits and a central repository of country visit reports.

Based on robust surveillance data, ECDC will continue to develop scientific advice on communicable disease prevention and control measures. The Centre will provide pandemic monitoring data and scientific advice on COVID-19 prevention and control in support of the European Commission and the EU Member States. An integrated surveillance of COVID-19 and influenza in healthcare settings and in the community will be in place. Work on COVID-19 vaccines will emphasise the monitoring of vaccine coverage, and studies on vaccine effectiveness. ECDC will continue to support the Council Conclusions on AMR, as well as the Global Action Plan on AMR (WHO), the WHO European strategic action plan on antibiotic resistance and the European One Health Action Plan on AMR. ECDC will further monitor indicators and prepare comprehensive progress reports for the Member States to measure their progress towards achieving the UN Sustainable Development Goals (SDGs) in the area of HIV/AIDS, hepatitis and TB. ECDC will continue supporting the implementation of the 2018 Council Recommendation on Strengthened Cooperation against Vaccine Preventable Diseases, in particular by operating the European Vaccination Information System (EVIS) and by supporting the network of National Immunisation Technical Advisory Groups (NITAGs). ECDC will assess the main prevention needs of the Member States by sub-regions and priority disease group to prepare a roadmap of joint activities on prevention. The Centre will continue to support the Member States' access to whole genome sequencing (WGS). ECDC will continue to address the behavioural aspects and effective risk communication for the prudent use of antibiotics, IPC (including hand hygiene), and prevention and control of AMR and HAIs. In 2022, ECDC will start implementing an overall framework for its 'One Health' activities and interventions.

ECDC training activities will continue to rely on the Fellowship Programme (with EPIET and EUPHEM paths) and the ECDC Continuous Professional Development (CPD) initiative, with short courses, e-learning and exchange visits, all managed through the ECDC Virtual Academy (EVA) platform, to support the strengthening of workforce capacity in Member States, at EU level and in the neighbourhood through MediPIET. ECDC will continue implementing the multi-annual roadmap ensuing from the external evaluation of the Fellowship Programme carried out in 2019.

ECDC will continue to operate its emergency preparedness and response and support the Member States and the Commission under Decision 1082/2013/EU and the International Health Regulations. The results of the after-action-reviews of COVID-19 will help further strengthen preparedness and response activities to address future major outbreaks (e.g. for monitoring beds, human resources capacity, stockpiles of essential medicines and equipment). A significant increase in resources will be dedicated to this major priority. A repository of simulation

exercises will be made available online. ECDC will improve the Early Warning and Response System (EWRS), continue to perform rapid risk/outbreak assessments and provide expert support and coordination of investigations into multi-country-relevant public health events and threats. The Emergency Operation Centre (EOC) maintains its readiness to address any public health emergencies of cross-border relevance.

The capacities and capabilities to address infectious diseases across Europe vary among Member States. ECDC will apply a tailored approach, based on better understanding the countries' needs and constraints, while maintaining a general EU perspective to its work. Strengthened mechanisms for sharing of experience and best practices, support to the implementation of decision 1082/13 on cross border threats to health and the International Health Regulations, as well as the support from ECDC for country capacity building are key elements where lessons learnt from the COVID-19 pandemic will be applied in coordination with the European Commission and other teams deployed within and outside the EU.

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

### Overview

ECDC will continue to systematically collate, integrate and visualise country-specific information from a variety of sources (by integrating internal quantitative and qualitative data and data from external sources, such as WHO and OECD) to gain a better understanding of the main strengths and challenges faced by Member States, to implement evidence-based policies and guidance, and to tailor its support to the countries. Integrated data and information collected at Member State level will gradually be made available through dedicated visual IT solutions accessible to national experts in Member States and the European Commission. For this purpose ECDC will continue to collaborate closely with the European Commission (DG SANTE) in the context of the country-specific health system information, the State of Health in the EU ([https://ec.europa.eu/health/state/summary\\_en](https://ec.europa.eu/health/state/summary_en)). ECDC will analyse the strengths, vulnerabilities and needs of the Member States and use the information in discussions with experts at national level. The analysis will inform the prioritisation of ECDC activities, to target the Member States most in need for high priority topics and to inform ECDC planning process. This mechanism will be piloted in 2022. Information gathered during ECDC network meetings on countries' needs will be regularly integrated into this mechanism.

The revised process for corporate harmonised country visits, and a central repository of country visit reports will become fully functional in 2022. ECDC will continue to organise country visits to carry out in/after-action reviews of the national response to COVID-19. ECDC will analyse the Member States' after-action reviews for the COVID-19 pandemic and foster exchanges of experience between Member States to highlight lessons learnt to improve the next series of pandemic plans.

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

ECDC will use its Stakeholder Relationship Management (SRM) system and its country visits module to integrate the information collected on developments in countries and their interactions with the Centre, to ease the flow of information by experts across ECDC and the Commission.

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

**Table 13. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
2.1.1	Network interactions	Increased Member States experts capabilities through best practice sharing.	Rate of participation in ECDC meetings and activities. Rate of expectations met and objectives fulfilled with meetings.	Diseases network meetings and public health functions network meetings. Disease network and public health functions network coordination committee meetings. Other meetings (inter-sectoral meeting(s) with key stakeholders).
2.1.2	Country support	Increased Member State capacities and capabilities to prevent and control infectious disease.	Proportion of country visit requests conducted by ECDC.	Collection of needs from networks meetings. IT solution with integrated Member States data in operation.

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
		ECDC will provide support to the priorities of the most in need Member States.	IT solution for visualising integrated data at Member State level in place.	Country visits, with a focus on after/in-action reviews conducted relating to COVID-19 response.

**Table 14. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
2.1.1	Average rate of participations to ECDC meeting and activities.	N/A	75%	Stakeholder Relationship Management  Standard questionnaire to participants during meeting.
	Rate of expectations met and objectives fulfilled with meetings.	N/A	75%	
2.1.2	Proportion of country visits requests conducted by ECDC.	TBC	100%	European and International Coordination section statistics.
	IT solution for visualising integrated data at Member State level in place.	0	30%	

**Table 15. Resources allocation**

2.1 Country focus	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	12.1 FTE	3.9 FTE	16.0 FTE
Total budget for this activity	EUR 1 243 500		

## *2.2 Prevention and control programmes: support and strengthen capacity to deliver programmes targeting the prevention and control of infectious diseases*

### Overview

#### **Strengthen ECDC's support for targeted prevention and control programmes.**

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

ECDC will support countries enhancing their targeted prevention and control programmes. This includes work to strengthen vaccination programme delivery and vaccine confidence; provide guidance for evidence-based prevention and control policies on COVID-19, HIV, TB, hepatitis, infections transmitted through substances of human origin, antimicrobial stewardship and infection prevention and control-related activities in healthcare settings; raise awareness of key public health issues and monitor control programmes and country preparedness for a range of infections (e.g. foodborne outbreaks, influenza). More emphasis will be placed on addressing the behavioural aspects of diseases (in collaboration with other organisations, e.g. WHO's Regional Office for Europe or the European Commission's Competence Centre on Behavioural Insights<sup>18</sup>). Key determinants of communicable diseases will be further integrated and monitored to support Member State prevention and control activities.

Throughout the ongoing COVID-19 pandemic, ECDC will provide relevant and high-quality pandemic monitoring data and scientific advice on COVID-19 prevention and control in support of the European Commission and the EU Member States. By 2022, it is expected that an integrated and enhanced surveillance of COVID-19 and influenza in healthcare settings and in the community will be in place, although this will need to be further refined. The work

<sup>18</sup> [https://knowledge4policy.ec.europa.eu/behavioural-insights/about\\_en](https://knowledge4policy.ec.europa.eu/behavioural-insights/about_en)

on COVID-19 vaccines, will continue, with specific emphasis on surveillance systems for monitoring vaccine coverage and studies on vaccine effectiveness.<sup>19</sup>

ECDC will continue to support the implementation of the 2018 Council Recommendation on Strengthened Cooperation against Vaccine Preventable Diseases, and continue its support for the implementation of the 2018 Council Recommendation on Strengthened Cooperation against Vaccine Preventable Diseases. In 2022, work will also continue to establish and coordinate a European Vaccine Information Sharing System (EVIS) in line with Art. 9 of Council Recommendation on Strengthened Cooperation Against Vaccine-Preventable Diseases and in support of the National Immunisation Technical Advisory Groups (NITAGs).

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

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

At a more general level, based on an internal review of previous, current and planned ECDC work relating to prevention, ECDC will carry out an assessment of the main prevention needs of the Member States to stratify these needs by sub-regions within the EU and by priority disease group. ECDC will take this information into account when preparing a roadmap of joint activities on prevention to address those needs.

The Centre will continue to support the Member States' access to urgent whole genome sequencing in response to cross-border outbreaks. In addition to the EU-wide whole genome sequencing (WGS) capacity for priority diseases, ECDC offers needs-based sequencing support to Member States that have not yet fully transitioned to WGS-based surveillance and supports technical guidance and sequence data sharing. ECDC will continue integrating the WGS data for pathogens and antimicrobial resistance threats under EU surveillance. ECDC will strengthen public health microbiology structures and activities in Member States, primarily through the implementation of WGS and Reverse Transcription Polymerase Chain Reaction (RT-PCR) infrastructure and capacity-building under the EU bio-defence preparedness plan against SARS-CoV-2 variants, launched in February 2021. It is anticipated that, as well as addressing immediate needs in terms of enhancing Member States' ability for early detection and enhanced monitoring of emerging and known SARS-CoV-2 variants, this public health microbiology support programme will lead to enhanced genomic-based infectious disease outbreak investigation and surveillance, both at Member State and EU level. It will also contribute to enhanced preparedness in order to address future pandemics in a timely and more efficient manner. Training courses will be organised to strengthen Member State's capacities in bioinformatics and genomic epidemiology. Initial training will focus on SARS-CoV-2 genomics, but the initiative will also cover additional diseases where WGS sequencing data is important and where ECDC plans to integrate genomic data into surveillance variables collected. Additional strengthening of Member States' public health microbiology will be based on the gaps identified by monitoring EULabCap indicators, and the results of external quality assessment (EQA) exercises.

#### **Address the behavioural aspects that are needed for national programmes to be successful.**

ECDC will continue to address the behavioural aspects and effective risk communication of importance for the prevention and control of specific diseases. In 2021, these efforts were mainly focused on COVID-19 and vaccine

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<sup>19</sup> The implementation of COVID related activities, which will be further specified in 2021, is expected to require additional resources not yet available under the current ECDC budget but broadly estimated to be an additional EUR 2.5 million (pending further detailed analysis).

hesitancy. In 2022, this work will be extended to also cover prudent use of antibiotics, infection prevention and control (including hand hygiene), and general prevention and control of AMR and HAIs.

### Emphasise a general 'One Health' approach to relevant ECDC work.

In 2022, ECDC will start developing an overall framework for its 'One Health' activities and interventions. An EU One-Health collaboration forum (human/animal/environment) will be established between ECDC and other relevant agencies and stakeholders. One-health collaboration areas will be identified. ECDC strategic objectives on One-Health for 2022–2027 will be approved by the Director.

**Table 16. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
2.2.1	Develop scientific advice on communicable disease prevention and control measures.	Member States better equipped to make informed decisions that target the prevention and control of infectious diseases at programme and policy level.	Uptake of ECDC scientific outputs by Member States.	Expert Opinions. Technical reports (e.g. on a core EU vaccination schedule; piloted case studies on vaccination coverage). Systematic Reviews. Scoping Reviews (Literature review of available influenza antiviral treatment options). Other scientific outputs (vaccine effectiveness and impact analyses on COVID-19 and seasonal influenza, vaccine coverage estimates for COVID-19 and influenza). Training materials (in the field of vaccine hesitancy, training curriculum targeting healthcare providers on communications with hesitant members of the public). Reporting on WGS framework for invasive meningococcal disease.
2.2.2	Strengthen WGS and RT-PCR capacity in the EU/EEA.	Enhanced ability of Member States for early detection and enhanced monitoring of emergent and known SARS-CoV-2 variants, as well as enhanced genomic-based infectious disease outbreak investigation and surveillance, both at Member State and EU levels	Degree of implementation of enhanced genomic-based surveillance support activities to Member States.	National WGS and/or RT-PCR infrastructure support projects finalised. Framework contract for WGS and RT-PCR cross-border capacity-building activities initiated.
2.2.3	Assessment of the main prevention needs in Member States, for a future roadmap of joint activities.	Feed identification of common needs for prevention at country and EU level.	Assessment of prevention needs in Member States: implementation according to project plan (schedule, resources and scope).	Initiation of the assessment of prevention needs in Member States.

**Table 17. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
2.2.1	Uptake of ECDC scientific outputs by Member States.	N/A	TBC	ECDC stakeholder survey or consultation during NFP meetings.
2.2.2	Degree of implementation of enhanced genomic-based surveillance support activities to Member States.	N/A	Infrastructure support projects finalised for at least ten countries.	Execution of budget for infrastructure projects
2.2.3	Assessment of prevention needs in Member States and sub-regions: Implementation according to project plan (schedule, resources and scope)	N/A	100%. Less than 20% deviation from the duration, resources and scope of the initial baseline).	Quarterly portfolio steering committee reporting.

**Table 18. Resource allocation**

2.2 Prevention and control programmes	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	40.9 FTE	13.0 FTE	53.9 FTE
Total budget for this activity	EUR 6 182 500		

### 2.3. Training: provide adequate training opportunities, taking into account the changing environment for infectious disease prevention and control

#### Overview

ECDC training activities will continue to rely on the Fellowship Programme, the ECDC Continuous Professional Development (CPD) initiative for short courses and e-learning through the European Virtual Academy (EVA) platform. These training courses will cover all aspects of ECDC work.

ECDC's training activities complement the training activities of national actors. ECDC will continue to support the strengthening of workforce capacity in Member States and at EU level through relevant training of public health professionals, to ensure adequate performance for communicable disease preparedness and response, prevention, detection, assessment and control, both nationally and across borders. The overall goal is to train a sufficient number of skilled public health specialists in each Member State to cover all needs for communicable disease prevention and control across Europe, based on an assessment of capacities and training needs in countries, performed in 2021–2022.

The multi-annual roadmap will continue to be implemented as a follow-up to the external evaluation of the Fellowship Programme (2019) in collaboration with the Training Site Forum and NFP Training, giving priority to curricular updates and administrative improvements.

Through the ECDC Virtual Academy, trainers and learners will access training materials, online courses, webinars, and communities of practice. Knowledge transfer and exchange will be promoted and disseminated by tools and support to participants.

The network of European and global training partners will be maintained and strengthened. Participation in joint activities will continue, based on the establishment of collaboration mechanisms with partners such as the European Commission, WHO, ASPHER, EUPHA (European Public Health Association), Africa CDC, TEPHINET, US Centers for Disease Prevention and Control (US CDC), IANPHI (the International Association of National Public Health Institutes) and the Public Health Agency of Canada.

**Table 19. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
2.3.1	Improvements to the Fellowship Programme, based on the results of the external evaluation 2019.	Implementation of roadmap stemming from the recommendations in the external evaluation initiated. Improved Fellowship programme aimed at strengthening the workforce capacity in the Member States.	Number of scientific articles of public health relevance by ECDC fellowship programme (EPIET/EUPHEM) during and two years after graduation.	Based on the recommendations from the 2018/2019 external evaluation of the Fellowship Programme, ECDC will start implementing the roadmap for an improved programme. With the launch of the call for applications for Cohort 2022 the first changes will be incorporated into the Administrative Decision <sup>20</sup> . Curricular updates will be reflected in administrative decisions issued in 2022 for Cohort 2023. Administrative changes are progressively implemented, starting with Cohort 2022.
2.3.2	Offer a Continuous Professional Development (CPD) that responds to the needs identified by the ECDC networks, and	The CPD training targets professionals in the CCB networks, supervisors of the Fellowship Programme, and experts	Proportion of training courses that include a session to support participants knowledge transfer.	CPD offer is further developed, and reflects the new needs identified, targeting professionals in the CCB networks and supervisors of the ECDC Fellowship Programme.

<sup>20</sup> <https://www.ecdc.europa.eu/en/publications-data/decision-rules-governing-eu-track-ecdc-fellowship-programme-field>



No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
	provide tools and support for the transfer of knowledge at European, national and sub-national levels, with special attention to COVID-19 related needs.	identified by the Member States, while a wider audience benefits from ECDC e-learning. Collaborations with European (e.g. European Commission, ASPHER) and international stakeholders (e.g. WHO, TEPHINET) make it possible to align and expand the offer.	Proportion of participants that consider the training useful. Proportion of Member States that consider the different trainings useful. Response to requests from EC, including COVID-19 training courses, fulfilled.	Offer presented in annual catalogue and delivered includes training on rapid risk assessments, whole genome sequencing (WGS), vaccine preventable diseases, preparedness, e-health. Two key 'train the trainers' modules on Emergency Preparedness delivered with participation of at least ten Member States.
2.3.3	Continuous quality improvement activities, accreditation and evaluation as an essential part of ECDC training programmes and activities.	Accreditation of short courses under EACCME and APHE. Accreditation of the Fellowship Programme under TEPHINET explored. Academic recognition of the Fellowship Programme: partnerships with schools of public health with an interest in communicable disease (ECDC-ASPHER network) to establish a Master's Degree in Applied Epidemiology.	Proportion of short courses accredited under UEMS/APHEA	Accreditation of ECDC Fellowship programme explored, and steps for its achievement initiated (e.g. contacts with universities and accrediting bodies established for partnerships and/or applications).
2.3.4	Maintain the ECDC Virtual Academy (EVA) as a learning system that includes training materials, and the administration of all ECDC training offers (face-to-face, online and mixed) for the different training programmes and activities.	Gradual optimisation of e-learning offers and increased access to training material in the ECDC Virtual Academy (EVA). E-learning in open access leads to better outreach, efficiency and impact. Information and promotion of training materials/online courses improves their impact. Increased quality and value of ECDC training programmes offered to the Member States.	Number of enrolments in EVA. Satisfaction of participants on the usability of the EVA platform.	Interactive catalogue of all CPD activities for 2022 available in EVA.
2.3.5	Identify country capacity gaps and training needs through the triennial assessment surveys (CCBs and NFPT <sup>21</sup> ), to tailor training and reduce inequalities in capacity across Europe.	Results of capacity and training needs assessment analysis informs the CPD offer and ECDC training priorities. Harmonised tools to analyse training needs within ECDC networks to support the prioritisation and scoping of the training offered. Training courses tailored to the needs of the Member States with the aim of reducing inequalities in capacity across Europe.	Response rate of the survey	Survey conducted, following the recommendation from the internal audit service (IAS) of the European Commission. Tools for ECDC annual network meetings available, and their use promoted.

<sup>21</sup> NFPT – National focal points for public health training

**Table 20. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
2.3.1	Number of scientific articles of public health relevance by ECDC Fellowship Programme (EPIET/EUPHEM) during and two years after graduation.	N/A	> 50% increase compared to the two-year period before entering the programme.	Bibliometric analysis in PubMed, Scopus (ECDC library)
2.3.2	Proportion of training courses that include a session to support participants with knowledge transfer.	N/A	100%	ECDC Public Health Training statistics
	Proportion of participants that consider the training courses useful.	86%	80%	Course evaluations
	Proportion of Member States that consider the different training courses useful.	N/A	80%	Assessment performed during the annual NFP meeting based on list of trainings conducted in year N-1.
2.3.3	Proportion of short courses accredited under UEMS/APHEA	N/A	50%	Number of accepted accreditations (ECDC Public Health Training statistics) for all training courses conducted across ECDC.
2.3.4	Number of enrolments in EVA.	TBC	+10%	EVA platform statistics
	Satisfaction of participants with the usability of the EVA platform.	N/A	80%	EVA platform survey among participants that completed the course
2.3.5	Response rate of the survey.	50%	70%	Results of the survey

**Table 21. Resource allocation**

2.3 Training	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	17.3 FTE	5.5 FTE	22.9 FTE
Total budget for this activity	EUR 5 103 500		

## 2.4 Emergency preparedness: support countries in emergency preparedness and response

### Overview

ECDC provides technical support to the three phases of the preparedness and response cycle: anticipation, response and recovery. The Centre will continue its 24/7 monitoring to ensure that any serious cross-border health threat in Europe and worldwide is detected, investigated, and communicated to the Member States and the Commission in a timely manner for rapid coordinated action. The information is communicated in daily Communicable Diseases Threat Reports to Member States and the European Commission and to the public through the weekly Communicable Diseases Threat Report (CDTR). Coordination and rapid sharing of epidemiological information is ensured through the National Focal Points for threat detection.

ECDC will continue to support the Member States and the Commission under Decision 1082/2013/EU amended in the Proposal for a Regulation of the European Parliament and of the Council on serious cross-border threats to health, repealing Decision No 1082/2013/EU and the International Health Regulations. In parallel with continuing support for the response to the COVID-19 pandemic and the maintenance of the response measures database, ECDC will launch after-action-reviews. The results of these reviews will be essential for further strengthening

preparedness and response. In 2022, ECDC will continue developing and implementing the action plan(s) resulting from the COVID-19 evaluation(s)/after-action review(s) conducted in 2020 and 2021.

A significant increase in resources (both financial and human) will be dedicated to supporting Member States in drawing lessons from the COVID-19 pandemic. Despite all Member States having preparedness plans, certain elements will require revision, missing elements will need to be identified, the governance of the national and regional response will need to be revisited. In addition, the role of public health in evidence-based decision-making processes will need to be ensured, and non-pharmaceutical interventions will need to be evaluated and included in preparedness plans. ECDC will support Member States with this process by gathering evidence, providing advice and tools, facilitating the exchange of best-practices, and offering dedicated training on preparedness and risk communication. A repository of simulation exercises will also be made available online (EVA platform).

Based on initial lessons learnt it is already anticipated that future ECDC support will target the preparedness of Member States for taking a leading role in research during a response situation. This research preparedness will enable Member States to set the agenda for disease- and threat-specific research needed during an outbreak or a pandemic. ECDC will build on its experience with multi-sectoral preparedness and develop guidance, training and tools to support Member States in the inclusion of research preparedness in national preparedness plans.

ECDC will continue to support the Commission and Member States in developing preparedness monitoring, evaluation frameworks and indicators for preparedness, health emergency preparedness planning, identification of gaps and strengthening of system capacities and capabilities. ECDC will work in synergy with WHO on efforts to strengthen the application of and compliance with the International Health Regulation (IHR, 2005), and in collaboration with relevant ongoing joint actions.

ECDC operates the Early Warning and Response System (EWRS) and implements improvements in accordance with the needs of the European Commission and the Member States.

ECDC is the data processor for the Passenger Locator Form (PLF) Exchange Platform which supports contact tracing needs for cross-border passengers travelling on collective transport with pre-assigned seats, such as aircraft, certain trains, ferries, and ships. This system interconnects Member States' national health authorities and provides interoperability between the nationally developed digital PLF systems.

ECDC operates the European Federation Gateway Service which allows national tracing and warning apps from different EU Member States to exchange information securely and enables cross border contact tracing in the context of the COVID-19 pandemic.

ECDC will continue to provide rapid risk/outbreak assessments. The rapid risk assessment methodology is being continuously updated and ECDC will carry out training courses for internal experts and EU Member States in order to standardise the methodology for assessing threats. ECDC maintains robust generic response duty roster with the support of dedicated disease duty rosters. For cross-border foodborne threats, ECDC will continue assessing cross-border clusters using WGS and preparing public health risk assessments together with EFSA as required from a 'One Health' perspective, with data analyses performed by EFSA, European Union Reference Laboratories, Member States and other relevant parties.

In order to support and enhance emergency preparedness, outbreak investigation and response, including field deployments, ECDC will be mandated to establish an EU Health Task Force (EUHTF). The main goal of the EUHTF is to support the EU/EEA, candidate countries, European Neighbourhood Policy and EU partner countries and international organisations with timely intervention during cross-border public health crises and disease outbreaks, preparedness strengthening and capacity building.

The EUHTF will also establish a framework and the mechanisms for carrying out missions in Member States and third countries at the request of the European Commission.

The EUHTF will be established in close collaboration with DG SANTE, DG ECHO and the Member States. It will be coordinated with and complement the capacities of the European Medical Corps (EMC) and other relevant bodies under the European Union Civil Protection Mechanism (UCPM), with the EUHTF responsible for the public health teams within the EMC.

Coordination and complementarity with the Global Outbreak Alert and Response Network (GOARN) where ECDC is a member of the Steering Committee, and with WHO, specifically its Health Emergencies Programme (WHE), will be considered in the establishment of the EUHTF. ECDC will draw both on internal and external expert resources and networks, including EPIET, EUPHEM and MediPIET alumni.

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

in the region. In collaboration with the affected Member State(s), ECDC will conduct after-action reviews to analyse and learn from the actions performed during an outbreak of cross-border relevance, triggering the development of a rapid risk assessment.

The Emergency Operation Centre (EOC), the main infrastructure at ECDC for preparedness and response activities, maintains its readiness to address any public health emergencies of cross-border relevance to facilitate a timely response. Upon request, ECDC will assist Member States in developing public health EOC operating procedures, in accordance with international standards. The EOC will continue to support preparedness and response teams deployed in the field.

In this work ECDC will aim to build synergies to develop a methodology for an EU Health System Resilience Testing and Support Programme. This is a project funded by the EU4Health Programme to improve health system resilience against future health system shocks.

**Table 22. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
2.4.1	Provide technical support in the three phases of the preparedness and response cycle: anticipation, response, recovery	Perform analysis and incorporate lessons learnt from COVID-19 pandemic (together with ECDC NFPS) into public health emergency preparedness and response planning. Conduct discussions on implementing response measures and collaborative approaches for outbreak response. Improved effectiveness and quality of outbreak response at European level. Improved skills and abilities of national public health emergency managers on specific competencies for preparedness and response.	Number of NFPS participating in discussions on lessons learnt and optimisation of preparedness and response planning process.  Timeliness of project implementation as per project plans (schedule, resources and scope).	After action reviews. Case studies on public health emergency preparedness and response plan assessment, including simulation exercises. Literature reviews. Expert meetings on emerging topics. Elaboration of outbreak investigation protocols and tools (as per epidemiological situation). Field deployments on request from the Member States, the European Commission (DG ECHO, DG SANTE) and GOARN (including collaboration agreement with DG ECHO). Use of ECDC tools – risk ranking, HEPASA, EWRS for capacity and capability building (including e-learning). EWRS properly functioning and further improved in accordance with the needs of the Commission and the Member States.
2.4.2	Produce and disseminate rapid risk assessments.	ECDC produces timely and high quality rapid risk assessments (RRA) to support the Commission and the Member States in responding to cross-border public health threats. Response duties always covered by trained staff.	Average number of downloads per RRA/ROA. Number of RRAs for which after action reviews (AAR) have been conducted. Duty roster arrangements without interruption and with participation of trained experts.	RRAs and Joint ECDC-EFSA public health risk assessments (rapid outbreak assessments), including joint notification summaries. Response related rosters functional.
2.4.3	Maintain and network for the EOC and public health event tools.	EOC functional to a high standard and public health event tools ready and tested. Participation in the international network of EOCs. EOC ready to address public health emergencies of cross-border relevance and to support the Commission and the Members States in providing a timely response.	Public health emergency training organised as per plan. Rate of satisfaction of ECDC partners with collaboration.	Public health emergency training internally. EOC equipment upgraded. Organisation of an international EOC meeting.

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
2.4.4	Maintain and update the response measures database on Non-Pharmaceutical Interventions (NPIs) for COVID-19.	The response measures database to be maintained. Continue the coordination and supervision of data quality for the database.	Response measures database is updated once every two weeks, including data validation. The information included in the response measures database is used by ECDC internal and external stakeholders (mathematical modelling, EU Commission, WHO, Member States).	Information in the database is updated according to the agreed quality standards. Database maintained until the end of August 2022.

**Table 23. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
2.4.1	Rate of participation in ECDC meetings and activities. Implementation according to project plan (schedule, resources and scope).	N/A	75%	Stakeholder Relationship Management (SRM)
	Rate of awareness and use of ECDC tools by Member States.	N/A	Less than 20% deviation from the duration, resources and scope of the initial baseline.	Quarterly portfolio steering committee reporting.
	Proportion of field requests to respond to cross-border public health emergencies for which support is provided to Member States and the European Commission.	N/A	On average >50% of Member States are aware of and use ECDC tools.	Assessment carried out during the annual NFP meeting based on list of tools available. EOC.
2.4.2	Average number of downloads per rapid risk assessment (RRA)/rapid outbreak assessment (ROA).	100%	100%	ECDC annual report / web statistics
	Number of RRAs for which after action reviews (AAR) have been conducted.	TBC	TBC	Survey among NFPs
2.4.3	Public health emergency training: all milestones implemented on time as per planned activities.	N/A	100%	EOC
	Rate of satisfaction of ECDC partners with collaboration of EOCs.	N/A	75%	Dedicated survey
2.4.4	Response measures database updated every two weeks. Data validation performed in every round of update.	N/A	100%	Permanent review of the response measures database.

**Table 24. Resource allocation**

2.4 Emergency preparedness and response	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	25.4 FTE <sup>22</sup>	8.0 FTE	33.4 FTE
Total budget for this activity	EUR 1 099 000		

<sup>22</sup> It is difficult to plan the FTEs for the preparation of rapid risk assessments as the skills required depend on the nature of the threat, which cannot be anticipated. In addition to the 15 FTEs, it is estimated that on average another 5.5 FTE experts are mobilised annually for the preparation of RRA content during the year (taken from their unplanned buffer time).

## Strategic objective 3. Future outlook: prepare for the future through foresight and innovation assessments

ECDC will continue the development of its 'Foresight' programme initiated in 2021, for the detection and identification of threats from emerging infectious diseases. Simulation models will be developed for infectious diseases of priority to public health, their drivers and determinants, including factors such as climate change, technological, behavioural and medical policy. The effectiveness of different measures will be evaluated as an input for policy options. An important area for addressing future knowledge gaps and trends is the environment, as one possible driver for communicable diseases. ECDC will provide climate change indicators for infectious diseases through the virtual observatory as part of the European Green Deal.

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

ECDC will gradually capitalise on the digital transformation of the health sector (e-health), new technologies, methods to tackle the spread of communicable diseases more effectively and respond to threats more swiftly. In 2022, a new version of TESSy will be released through EpiPulse. The surveillance system reengineering programme will be finalised in 2023. ECDC will scale up the use of WGS to better detect and investigate multinational outbreaks and to foster EU and national prevention control strategies. ECDC will build on the results of the eHealth proof-of concept study launched in 2021 (SARI surveillance), assess the current obstacles and limitations for the use of electronic health information for infectious disease surveillance and expand participation to more countries. In addition, the Centre will work on the necessary upgrades to enable EpiPulse to act as a 'node' to the EHDS (facilitating access to and combination of research data with public health data).

It is important for ECDC to understand future public health opportunities and threats, support enhancements in methods and technologies and facilitate their transition in the EU and Member States. Key issues to be solved include data exchange formats and interoperability between countries, data protection and data sharing.

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

#### **Overview**

Given the long lead-time and the need for robust evidence to develop and implement public health interventions, ECDC will establish mechanisms to anticipate future trends and needs. The Centre will identify key knowledge gaps for policy formulation and implementation. Areas where evidence is still missing for existing public health policies and practice will be identified through scoping, systematic reviews, and expert panel consultations. New policy and practice needs will be identified using forward-looking activities through 'foresight' and horizon-scanning, as well as consultations with Competent Bodies and others on policy-relevant questions, and the evidence needed.

ECDC will continue the development of its 'Foresight' programme initiated in 2021, for the detection and identification of threats from emerging infectious diseases. Simulation models will be developed for infectious diseases of priority to public health, their drivers and determinants, including factors such as climate change, technological, behavioural and medical policy. Forecast baseline scenarios will be compiled. Interventions will be simulated to assess their potential short and long-term impact on disease incidence and inequality. The effectiveness of different measures will be evaluated, as an input for policy options. Scenario-based intervention analyses will be conducted, estimating the potential impact of control measures. The forecasts available for the drivers identified in 2021 will be assessed, and used for situational awareness, intervention planning, projections, epidemiological explanations, and structured reasoning. Expert consultations will be organised with international experts to identify gaps in the literature and expert reviews.

An important area for addressing future knowledge gaps and trends is the environment, as one possible driver for communicable diseases. While global warming is now a reality, we also see a shift in the geographic distribution of disease vectors in new areas in Europe, which to date had been unaffected. Deforestation and urbanisation, with the displacement of wildlife causes closer proximity between humans and vectors. Other links could also be explored, such as that between pollution and the development of communicable diseases. ECDC will provide climate change indicators for infectious diseases through the virtual observatory as part of President von der Leyen's European Green Deal, and a detailed plan will be elaborated by ECDC in close collaboration with the Member States and the Commission to document and tackle these questions. Several studies show that climatic and environmental drivers can be epidemic precursors of diseases. For many years ECDC has recognised the strategic importance of climatic and environmental determinants and it has been developing a European Environment and Epidemiology (E3) Network to monitor environmental conditions related to infectious disease threats. The information that feeds ECDC's surveillance portal could be used to support this effort.

**Table 25. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
3.1.1	Prediction modelling initiated for priority public health infectious diseases foresight programme.	Simulation models developed with their drivers and determinants.  Predictions will improve ECDC's ability to identify future threats at EU and Member State level and prioritise its work plan and workforce development accordingly.	Models developed for priority public health diseases drivers: implementation according to project plan (schedule, resources and scope).	Models developed for priority public health infectious disease drivers.
3.1.2	Expert consultation on threat scenario development and mitigating policy options.	Semi-quantitative methods will be deployed to construct a consensus forecast on future trends of drivers and the resulting major threat scenarios facing the EU over the study time horizon.  Forecasts will improve ECDC's ability to identify future threats at EU and Member State level and prioritise its workplans and workforce development accordingly.	Expert consultations: implementation according to project plan (schedule, resources and scope).	Meeting report

**Table 26. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
3.1.1	Models developed for specified infectious disease drivers: implementation according to project plan (schedule, resources and scope).	N/A	Less than 20% deviation from the duration, resources and scope of the initial baseline.	Quarterly portfolio steering committee reporting.
3.1.2	Expert consultations: implementation according to project plan (schedule, resources and scope).	N/A	Less than 20% deviation from the duration, resources and scope of the initial baseline.	Quarterly portfolio steering committee reporting.

**Table 27. Resource allocation**

3.1 Foresight	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	1.4 FTE	0.4 FTE	1.8 FTE
Total budget for this activity	EUR 570 000		

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

#### **Overview**

ECDC will provide advocacy and support for research to address needs and knowledge gaps in the prevention and control of infectious disease. ECDC will establish a process to identify and report research priorities relevant to its mandate and advocate them to relevant research funding authorities. The Centre will establish links with EU research initiatives, provide expert advice and contribute to the advisory boards of relevant EU-funded research projects. ECDC will also collaborate with other EU Agencies, through the EU Agency Network on Scientific Advice

(EU-ANSA), to develop joint statements on the need for research and innovative approaches in areas of common interest, through scientific collaboration and the sharing of expertise in research clusters. ECDC will continue to collaborate with the European Health and Digital Executive Agency (HaDEA) to ensure complementarity with the projects funded by the public health programme/ESF+.

ECDC will continue to contribute to EU joint actions and EU research projects which complement its own activities.

**Table 28. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
3.2.1	Identify and communicate research priorities relevant to the prevention and control of infectious disease.	ECDC will anticipate needs, through appropriate literature reviews and consultations with partners, for research proposals and communicate this to research commissioners.  Increased relevance of research activities and output to the needs of public health policy makers and practitioners in Member States.	Report to research commissioning bodies on priority knowledge gaps: Q4 2022	Report
3.2.2	Contribute to EU joint actions and EU research projects.	Actions and outputs of EU projects will benefit from ECDC input and will be complimentary to ECDC actions, rather than duplicating them.  More efficient use of EU resources, and reduced duplication of demands for support or input to projects from Member States.	Proportion of EU joint actions in the field of communicable diseases to which ECDC has contributed.	ECDC contributions to ongoing projects, including expert advice, data, and technical support (subject to resource availability and concordance with ECDC mandate).
3.2.3	Collaborate with other EU Agencies, through the EU Agency Network on Scientific Advice (EU-ANSA) to develop innovative approaches to addressing issues of mutual interest through scientific collaboration and the sharing of expertise in research clusters.	Synergies and efficiencies achieved through collaborative scientific activities between agencies.	Report to Advisory Forum on collaborative initiatives: Q4 2022	Report to Advisory Forum on collaborative initiatives.

**Table 29. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
3.2.1	Report: implementation according to project plan (schedule, resources and scope).		Q4 2022	Report on ECDC website.  Quarterly portfolio steering committee reporting
3.2.2	Proportion of EU joint actions in the field of communicable diseases to which ECDC has contributed.	Proportion of EU joint actions in the field of communicable diseases to which ECDC has contributed.	N/A	List of joint actions.
3.2.4	Report to Advisory Forum on collaborative initiatives: implementation according to project plan (schedule, resources and scope).	N/A	Q4 2022	Report to Advisory Forum.



**Table 30. Resource allocation**

3.2 Engage	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	0.8 FTE	0.3 FTE	1.1 FTE
Total budget for this activity	EUR 20 000		

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

#### **Overview**

ECDC aims to assess and make use of new technologies to modernise its surveillance and risk assessment, in light of the infrastructural development fostered by the European Commission and the changes in clinical public health practice in Member States. The EU4Health initiative will issue a specific Joint Action Grant to support Member States in strengthening their capacities for digital real time surveillance, starting from autumn 2021. Coordination is ongoing between ECDC and the European Commission to ensure that the Joint Action addresses the main surveillance gaps observed during the COVID-19 pandemic and the current limitations in exploiting electronic health data for public health surveillance.

In 2022, a new version of TESSy will be released through EpiPulse, with a lower reporting burden for Member States and increased timeliness of outputs. The surveillance system reengineering programme will be finalised in 2023 with the new version of TESSy fully integrated, including all diseases in EpiPulse Cases. At the same time, ECDC will continue to improve threat detection through event-based surveillance, expanding the range of data sources and increasing the automation of searches.

ECDC will scale up the use of WGS to better detect and investigate multinational outbreaks to foster EU and national prevention control strategies. In accordance with the ECDC roadmap for integration of molecular and genomic typing into EU-wide surveillance, ECDC will offer scientific guidance on the added-value of WGS and integrate WGS data for pathogens and antimicrobial resistance threats into EU surveillance.

As shown during the COVID-19 pandemic, automated collection of surveillance and laboratory data, based on electronic health records could speed up the gathering and analysis, freeing up time for professionals in countries to do other tasks and quickly providing available data to support the response to threats. Further implementation of electronic health records (and the inclusion of parameters important for public health) is needed, as well as the application of artificial intelligence for data validation, analysis and automated reporting. ECDC will contribute to the European Commission vision set out in its 'Communication on enabling the digital transformation of health and care in the Digital Single Market; empowering citizens and building a healthier society'. It will also benefit from the Commission Recommendation on a European electronic health record exchange format, in the area of laboratory and vaccination data. The ultimate objective is to establish automatic surveillance systems based on e-health records that can reliably address some of the current EU-level surveillance objectives.

Epidemic intelligence processes will be progressively automated to allow for a broader range of sources to be screened and for more efficient detection and assessment of events and threats.

In 2022, ECDC will achieve the following milestones:

1. Build on the results of the eHealth proof-of concept study (SARI surveillance) launched in 2021 and expand this to include more countries, diseases and a broader range of relevant health information.
2. Contribute to the development of the EHDS by providing input and requirements for the implementation of a pilot on surveillance of antimicrobial resistance.
3. Assess the impact on public health key functions of new digital and laboratory diagnostic technologies and develop a roadmap for their gradual integration in routine practice.

**Table 31. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
3.3.1	Assess the results of the SARI surveillance partially based on electronic health records.	Data on feasibility. Data on limitations and weaknesses.	<u>E-health programme:</u> Implementation according to project	Expansion of eHealth programme to more countries and more diseases.

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
		Initial recommendations for informing health information system developments in the Member States.	plan (schedule, resources and scope)	
3.3.2	Modernise and integrate EU/EEA surveillance platforms.	Interoperable EU/EEA indicator-based, event-based and genomic surveillance.  Better user experience for the Member States.	System downtime  Time from data submission to publication.  EpiPulse internal and external user rating.	EpiPulse gradually includes the new TESSy.  Smooth and timely Atlas update and AER production.
3.3.3	Implement the molecular surveillance strategic framework.	Molecular typing surveillance schemes are operational for diseases prioritised under the ECDC molecular surveillance strategic framework.  Improved efficiency and/or effectiveness of prevention and control of infectious diseases at EU and Member State level through the implementation of molecular surveillance.	Proportion of diseases with integrated WGS surveillance schemes, as per strategic framework,	Ongoing molecular typing surveillance for all diseases planned for implementation in 2022.
3.3.4	Automate epidemic intelligence processes.	Improved detection of cross border public health threats allowing the Commission and Member States to act rapidly.	Number of processes being automated.	Tool for detecting and monitoring events from different sources.  Tool to automate description of threats.

**Table 32. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
3.3.1	E-health programme: implementation according to project plan (schedule, resources and scope).	N/A	Less than 20% deviation from the duration, resources and scope of the initial baseline.	Quarterly portfolio steering committee reporting.
3.3.2	Indicator-based surveillance platform downtime.  EpiPulse internal and external user rating.		Downtime reduced by $\geq 50\%$ compared with baseline.  - User satisfaction $\geq 80\%$	IT statistics  User survey
3.3.3	Proportion of diseases with integrated WGS surveillance schemes as per strategic framework.	N/A	$>60\%$	WGS data reported to ECDC
3.3.4	Number of epidemic intelligence processes being automated.	N/A	More than 30% of processes are automated.	Epidemic Intelligence tools.

**Table 33. Resource allocation**

3.3 Support transformation	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	17.9 FTE	5.6 FTE	23.6 FTE
Total budget for this activity	EUR 1 393 000		

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

ECDC will implement a comprehensive programme to support the Western Balkans and Turkey under the EU Instrument of Pre-Accession Assistance (ECDC-IPA6 project) to prepare for participation in ECDC activities upon their accession to the EU and to progress with a 'One-Health' approach against AMR. The Centre will also support European Neighbourhood Policy (ENP) partner countries to deepen their cooperation with ECDC through action to strengthen health security in the EU neighbourhood area which covers the Western Balkans, Turkey, ENP East and ENP South regions financed by the European Commission under ENI. This support will help set up a regional competent workforce for the prevention and control of challenges posed by communicable diseases and enhance regional cooperation to tackle cross-border health security threats (EU Initiative on Health Security).

ECDC will foster its bilateral cooperation with major CDCs and new international partners. The four-year project ECDC4Africa CDC, started in 2021 and funded by DG IINTPA, will continue with technical activities to help health security in Africa, through the sharing of practices and the strengthening of capacities in preparedness, surveillance (including epidemic intelligence) and response to health threats posed by communicable diseases. Multi-lateral collaboration with major CDCs via regular interactions with the network of major CDCs across the globe will be continued and strengthened.

ECDC will strengthen coordination and collaboration with key partners, both at EU and global level, with the EU institutions and bodies – in particular the European Commission, the European External Action Service, the European Parliament - and other EU agencies. The Centre will strengthen its collaboration with WHO to improve the coordination of activities and minimise the risk of overlap and double reporting for Member States.

As seen through the COVID-19 pandemic, in nature, and as a result of increased global mobility, pathogens and communicable diseases do not respect borders. International coordination and cooperation has been reaffirmed as critical for the handling and controlling of the pandemic. This is relevant for the immediate neighbourhood of the EU and the rest of world. Therefore, now more than ever, cooperation with international partners, such as WHO, other centres for disease prevention and control, the European Commission and the other EU institutions is of the utmost importance for the protection of European citizens. The most effective way to protect EU citizens against communicable disease outbreaks is to contain them at source before they spread, through strengthened resilience and the capacity building for countries outside the EU, in order to obtain reliable information through active networking as quickly as possible.

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

#### **Overview**

ECDC will implement a comprehensive programme to support Western Balkans and Turkey to prepare for participation in ECDC activities upon their accession to the EU. The Centre will also support European Neighbourhood Policy (ENP) partner countries in accordance with their respective Association Agreements with the EU, based on their interest in enhancing cooperation with ECDC. The programme will gradually integrate partner countries in ECDC systems and networks according to their readiness and EU policy priorities, strengthen capacities, skills and institutional mechanisms for prevention, preparedness and response to health threats, support implementation and approximation of the EU acquis, standards and best practices, and contribute to training programmes in field epidemiology. The programme will include:

- technical cooperation for the Western Balkans and Turkey under the EU Instrument of Pre-Accession Assistance (ECDC-IPA6 project) to support (a) their preparation and progressively increasing participation in ECDC activities, networks and systems and (b) their progress on 'One-Health' approach against AMR. If the additional financial envelope is approved by DG NEAR, ECDC will start implementing additional activities aimed at boosting the capacities of national authorities in Western Balkan countries to respond to public health emergencies based on lessons learnt from COVID-19 pandemic;
- action to strengthen health security in the EU neighbourhood which covers the Western Balkans, Turkey, ENP East and ENP South regions financed by the European Commission under ENI to support setting up a competent regional workforce for the prevention and control of challenges posed by communicable diseases. This action will also enhance regional cooperation to tackle cross-border health security threats – EU Initiative on Health Security. The programme will focus on:
  - (a) The building up of workforce-oriented capability, to be delivered through the Mediterranean and Black Sea Programme for Intervention Epidemiology Training (MediPIET).

- (b) Strengthening public health systems and capacities to assess, detect, respond and prevent threats from communicable diseases. This will include activities such as assessment of partner countries' levels of preparedness for public health emergency preparedness, support for public health emergency preparedness and response planning, development of protocols for after-action reviews, training on epidemic intelligence and rapid risk assessments, organisation of scenario-based workshops and simulation exercises.
- (c) Integration into ECDC systems, knowledge sharing and networking that will include participating in the meetings of National Focal Points for Threat Detection, Preparedness and Response and different ECDC-organised events and, where possible, integration of partner countries into ECDC systems.
- (d) Enhancing regional cooperation.

**Table 34. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
4.1.1	Gradually integrate the Western Balkans and Turkey into ECDC systems and networks via enhanced technical cooperation and support their preparations for participation in ECDC activities and their progress with a 'One-Health' approach against AMR.	National experts from the Western Balkans and Turkey participate in ECDC technical cooperation activities, as described in the ECDC-IPA6 Action description. Increased technical communication and networking among the Western Balkans and Turkey, EU Member States and ECDC.	Participation rate and satisfaction with ECDC activities by the Western Balkans and Turkey. Technical cooperation in 'One health' approach to AMR: implementation according to project plan and taking into account feasibility due to pandemic developments (schedule, resources and scope).	ECDC pre-accession assistance activities to prepare the Western Balkans and Turkey for participation in ECDC. Technical cooperation activities initiated for the 'One-Health' approach to AMR.
4.1.2	Support the progressive integration of ENP partner countries into ECDC activities and enhance health security by improving public health system capacities and capabilities, including training through MediPIET, to respond to health threats related to communicable diseases and enhance regional cooperation.	ENP countries and ECDC jointly implement activities as described in the EU Initiative on Health Security.	Activities as described in the EU Initiative on Health Security: implementation according to project plan (schedule, resources and scope).	Development and implementation of work plan to deliver epidemic intelligence, risk assessment, preparedness and response capacity building activities. Application of framework and criteria for integration of ENP partner countries into ECDC systems and networks.
4.1.3	Following the request from European Commission, continue assessment of partner non-EU countries and follow-up on the assessment of the Western Balkans, Turkey and ENP partner countries.	Subject to European Commission's request, at least one country assessment finalised, with follow-up on the assessment of the Western Balkans and Turkey.	Uptake of ECDC recommendations by countries. Number of countries who have developed a post-assessment action plan.	Technical assessment reports and initiation of national post-assessment action plans.
4.1.4	Manage MediPIET, as part of ECDC action to strengthen health security in the EU neighbourhood area, financed by the European Commission.	MediPIET part of the Health Security Initiative, funded by DG-NEAR covering the Western Balkans, Turkey and European Neighbourhood Policy (ENP) countries. Increased synergy with EPIET. MediPIET will complement capacity building with the participation of alumni in operational cross-border activities.	Number of MEDIPIET enrolled fellows per country.  Proportion of participants that consider the training useful.  Proportion of countries that consider the training useful.	Fourth Cohort of MediPIET, training started, with on-the-job projects and modules implemented. Annual meeting of steering committee. MediPIET managed by ECDC, and aligned with ECDC fellowship programme and other ECDC training approaches.

**Table 35. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
4.1.1	Participation rate and satisfaction with ECDC activities by the Western Balkans and Turkey.  Technical cooperation in 'One Health' approach against AMR: implementation according to project plan and taking into account feasibility due to pandemic developments (schedule, resources and scope).	75% participation  N/A	85% participation and 80% satisfaction  Less than 20% deviation from the duration, resources and scope set out as the initial baseline.	This includes: Satisfaction surveys Participation in surveys (e.g. EULabCap) Data reporting (e.g. EpiPulse, ECDC surveillance studies)  Quarterly ECDC Portfolio Steering Committee reporting
4.1.2	Attendance rate and satisfaction with meetings and ECDC activities by ENP countries.	75% participation	85% participation and 80% satisfaction  Less than 20% deviation from the duration, resources and scope set out as the initial baseline.	SRM system, and international relations statistics  Quarterly ECDC Portfolio Steering Committee reporting
4.1.3	Uptake of ECDC recommendations by countries.  Number of countries that have developed a post-assessment action plan.	49  4	65  6	European and International Coordination section  tbc
4.1.4	Number of MEDIPIET-enrolled fellows per country. Proportion of participants that consider the training useful. Proportion of countries that consider the training useful.	TBC  N/A  N/A	TBC  80%  80%	MediPIET statistics  Satisfaction forms  Assessment carried out during annual meeting.

**Table 36. Resource allocation**

4.1 Neighbourhood	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	9.6 FTE	2.7 FTE	12.3 FTE
Total budget for this activity	EUR 100 000 <sup>23</sup>		

**Table 37. Additional resources expected to be financed from grant, contribution or service-level agreements**

4.1 Neighbourhood	Operational staff and budget (R0-T3)
Total FTEs for this activity	12 FTE
Total budget for this activity	EUR 3.2 M
ECDC-IPA6	EUR 1.2 M FTEs included under the relevant strategic objectives
EU Initiative on Health Security	EUR 2 M FTEs included under the relevant strategic objectives.

<sup>23</sup> Only includes core ECDC budget.

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

### Overview

The COVID-19 pandemic has shown the extreme importance of active cooperation and exchanges between CDCs globally and also offered an occasion to strengthen and expand these links. ECDC will foster its bilateral cooperation with major CDCs with whom bilateral agreements are in place (US CDC, China CDC, Public Health Agency of Canada and the Israel CDC) and with new international partners.

As per the contribution agreement between ECDC and DG INTPA with external EU funding, it is expected that the inception phase of the four-year project ECDC4Africa CDC will be finalised and technical activities will continue to contribute to the improvement of health security in Africa by sharing practices and strengthening Africa's capacity for preparedness, surveillance and epidemic intelligence in response to health threats posed by communicable diseases.

Multi-lateral collaboration with major CDCs via regular interaction with the network of major CDCs across the globe will continue and be strengthened. Areas for further multi-lateral cooperation include global health security and implementation of the International Health Regulations (IHR) core capacity standards, in close collaboration with WHO; workforce development in the area of infectious diseases; sharing of experience and best practices on emergency response, including deployments and training; structured real-time information sharing and good practice/information sharing including coordination in the field and consultation on projects.

The scientific journals/bulletins published by major centres for disease prevention and control play an important role in public health during a crisis period. In particular, they can support decision making by sharing emerging evidence in a timely manner. Editors of journals published by global organisations/centres for disease prevention and control face similar challenges and therefore a community of practice will be developed among them to identify commonalities and synergies when communicating during crises.

**Table 38. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
4.2.1	Assessment of bilateral cooperation arrangements with CDCs – establishment of new partnerships and possibilities for further improvement in crisis situations.	Regular interaction with the contact points in other CDCs to coordinate, support and promote bilateral partnership. Monitoring and evaluation of the implementation of the memorandums of understanding (MoUs)/administrative agreements between ECDC and these organisations. Implementation of joint action plans in specific work areas.	Rate of meetings organised with CDCs.  Rate of MoUs/administrative arrangements evaluated.  Rate of implementation of joint plans.	Regular exchange of information and practices through face- to-face or teleconferences. Cooperation between ECDC and CDCs with which it has formal bilateral arrangements (MoU, administrative arrangements) evaluated. Joint action plans developed associated with the MoUs. Possibilities to establish processes and procedures for the rapid exchange of information in outbreak situations explored and taken forward.
4.2.2.	Evaluation of cooperation in the network of major CDCs – consolidation and further expansion of the network.	Regular interaction with the network of major CDCs. Added value of the network assessed or at least initiated. Network extended to new CDCs. Regular exchange of good practices in outbreak situations.	Rate of meetings of the network of major CDCs organised. Rate of interest of other CDCs in joining the network.	Regular exchange of information and practices through face- to-face meetings or teleconferences. Assessment of added value of multilateral collaboration among major CDCs initiated. Consolidation and further expansion of the network to other CDCs explored. Identification of good practice/control options in outbreak situations or approaches to the prevention and control of infectious disease threats.

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
4.2.3	Initiate the implementation of a technical partnership project 'ECDC4Africa CDC' to contribute to health security in Africa by sharing EU practices and strengthening Africa CDC capacities in preparedness, surveillance, and response to health threats.	Defined technical activities of the ECDC partnership with Africa CDC in preparedness, risk assessment, rapid response, and emergency operations, as well as support to continental harmonised indicator- and event-based surveillance of infectious diseases.	ECDC4Africa CDC' project: implementation according to project plan and taking into account feasibility due to pandemic developments (schedule, resources and scope).	Agreed cooperation framework between ECDC and Africa CDC for implementation of technical partnership over defined period of time.

**Table 39. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
4.2.1	Rate of implementation of joint action plans, when available.	N/A	80%	Joint action plans
4.2.2	Attendance rate for ECDC meetings.		85%	Attendance at both virtual and physical meetings organised by ECDC.
4.2.3	ECDC4Africa CDC' project: implementation according to project plan and taking into account feasibility due to pandemic developments (schedule, resources and scope).	N/A	Less than 20% deviation from the duration, resources and scope set out as the initial baseline.	Quarterly portfolio steering committee reporting.

**Table 40. Resource allocation**

4.2 Major CDCs	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	3.9 FTE	1.2 FTE	5.1 FTE
Total budget for this activity	EUR 65 000 <sup>24</sup>		

**Table 41. Additional resources expected to be financed from grant, contribution or service-level agreements**

4. 2 Major CDCs	Operational staff and budget (R0-T3)
Total FTEs for this activity	9 FTE
Total budget for this activity	EUR 1.2 M
ECDC-ACDC	EUR 1.2 M
	FTEs included under the relevant strategic objectives.

### **4.3. Coordination: ensure seamless coordination with EU and international partners to enable achievement of common objectives**

#### **Overview**

ECDC will strengthen coordination and collaboration with key partners, both at EU and global level. This includes:

- Coordination with the EU institutions and other bodies – in particular the European Commission (DG SANTE, DG ECHO, DG NEAR, DG INTPA, DG RTD) and the European External Action Service (EEAS), to ensure ECDC international actions are coherent with EU priorities and policy objectives. ECDC will strengthen its collaboration with the European Parliament, in particular the Committee for the Environment, Public Health and Food Safety (ENVI) and the Council.

<sup>24</sup> Only includes core ECDC budget.

- Collaboration with other EU agencies, in particular environmental and health agencies such as the European Food Safety Authority (EFSA), the European Medicines Agency (EMA), the European Chemicals Agency (ECHA), the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the European Environment Agency (EEA) will be further enhanced and synergies with other agencies and partners will be explored. Possibilities to launch joint procurements will be explored.
- Strengthened collaboration with WHO to be further intensified towards an efficient partnership in addressing serious cross-border threats to health posed by infectious diseases and contributing to health security, including further development of joint reporting and data sharing. Within the scope of their partnership, ECDC and WHO will aim to enhance their technical cooperation to improve the coordination of their activities, minimising the risk of overlap and double reporting for the Member States and harnessing synergies and complementarities between the two organizations, particularly as regards the EU neighbourhood region.
- Responding to requests for technical and scientific assistance submitted to ECDC, including the mobilisation of experts and/or fellows from the ECDC Fellowship Programme by ECDC to support EU response actions in the field.

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

**Table 42. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
4.3.1	Nurture collaboration and coordination with the EU institutions and bodies, particularly the European Commission (DG SANTE, DG ECHO, DG NEAR, DG INTPA) and the European External Action Service (EEAS) and other EU agencies, in particular the European Food Safety Authority (EFSA) and the European Medicines Agency (EMA).	Strengthen further collaborative and coordination interaction with the EU institutions and in particular the European Commission for increased information sharing, effective communication and alignment of actions. Enhance collaboration with other EU Agencies to share knowledge and best practices and promote potential synergies and joint activities.	Number and proportion of requests from the European Commission and Member States answered within agreed deadlines. Number of references to ECDC in the EU legislation or in EU policy documents.	Enhanced channels of close collaboration for effective coordination and interaction with the European Commission, the European External Action Service, the European Parliament and the Council Secretariat. Identification of potential areas of collaboration and joint work with other EU Agencies.
4.3.2	Invest in maintaining appropriate relationships with the European Parliament, in particular with the Committee for the Environment, Public Health and Food Safety (ENVI).	Ensure continuous and smooth relations with the European Parliament and its Members, and provide information and support on specific infectious disease topics.	Number and proportion of requests from the European Parliament answered within agreed deadlines. ECDC participation at European Parliament events and meetings.	ECDC Director's annual exchange of views with the ENVI Committee and hearings before Parliamentary Committees upon request. Provision of scientific opinions as requested by European Parliament. Information on ECDC activities and the Centre's disease specific areas in a format useful for making decisions.
4.3.3	Enhance further collaboration with WHO to ensure complementarity of actions and to avoid duplication of efforts.	Added value to the countries through collaborative and joint efforts of ECDC and WHO Regional Office for Europe and decreased burden for the Member States in reporting (to avoid double reporting) and ensure synergy and complementarity of effort.	Rate of implementation of annual joint action plan.	Implementation of the administrative arrangement between ECDC and WHO Regional Office for Europe, including annual plan for joint and collaborative activities.



**Table 43. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
4.3.1	Number and proportion of requests from the European Commission and Member States answered within agreed deadlines. Number of references to ECDC in the EU legislation or in EU policy documents.	TBC	95%	SARMS
		N/A	TBC	Bibliometric analysis
4.3.2	Number and proportion of requests from the European Parliament answered within agreed deadlines. ECDC participation in European Parliament events and meetings.	TBC	TBC	SARMS  Stakeholder Relations Management system (SRM)
4.3.3	Rate of implementation of annual joint action plan.	75%	90%	Monitoring of annual joint action plan.

**Table 44. Resource allocation**

4.3 Coordination	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	2.3 FTE	0.8 FTE	3.1 FTE
Total budget for this activity	EUR 37 000		

## Strategic objective 5. Transform the organisation into the next generation ECDC

To enhance its organisational management, the Centre will gradually make adopt an integrated management framework, including IT systems. The aim is to progressively improve the Centre's ability to work more efficiently by optimising processes, enhancing project management, and monitoring its overall performance against its strategic and annual Key Performance Indicators (KPIs). ECDC will continue to implement the 2020 roadmap to reengineer its IT applications for steering and supporting activities, and further refine the plan as appropriate. The Centre will also gradually transform the administrative support to operational units. ECDC will also continue implementing the Management Board's recommendations adopted in 2020 as a follow-up to the Centre's third external evaluation.

ECDC will emphasise the building up of internal expert capacity to attract the foremost experts in the fields of competence needed to fulfil its new strategy and work programme. Following the skills gap analysis commenced in 2021, the Centre will gradually integrate new professional skills in emerging areas, as required. Moreover, in 2021 a mobility framework was developed to facilitate internal mobility.

ECDC will focus on further developing its online presence on the web and in social media. In order to reach out with ECDC messages and content, the comprehensive stakeholder's engagement programme, set up in 2021, and the public relations plan will be further implemented.

Once adopted in 2022, ECDC will initiate the implementation of its new, strengthened mandate. This will mean updating/adapting ECDC's Strategy 2021–2027 and introducing a Strategy Implementation Roadmap for the new mandate. This will also involve an examination of how ECDC operates internally and in relation to Member States and other partners to produce the outputs defined in the agreed legal text.

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

### Overview

To enhance its organisational management, the Centre will gradually make improvements as part of an integrated management framework, including IT systems, in accordance with ECDC's strategic roadmap. The aim is to gradually improve the Centre's ability to work more efficiently by optimising processes and enhancing project management. ECDC will also continuously monitor its overall performance against strategic and annual Key Performance Indicators (KPIs) and provide timely information on the use of its human and financial resources. A continuous improvement approach, implemented as part of an overarching quality management system, ensures increased effectiveness and efficiency of the Centre's operations. In 2022, ECDC will implement process measurement and continue to optimise its key processes and implement its new quality management system, as well as improving the monitoring and reporting of KPIs and launching a new stakeholder survey.

ECDC will continue implementing the 2020 roadmap to reengineer its IT applications for steering and supporting activities and this roadmap will be revised and updated as appropriate. This will support overall performance management and improve the Centre's ability to steer and support its operations while managing its information assets.

ECDC will continue to gradually transform the administrative support to operational units. This will entail targeted work in specific areas to develop integrated strategic plans for support services; improve planning and execution; reduce the quantity of transactions; ensure active and nuanced management of risk across support services; deploy paperless support services based on electronic workflows and aligned/integrated systems; and develop easier-to-access support tools to facilitate knowledge and capacity building. The enhancements will also include improvements for workplace and well-being as well as reducing ECDC's carbon footprint.

ECDC will also continue implementing the Management Board's recommendations adopted in 2020 following the third external evaluation of ECDC.

**Table 45. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
5.1.1	Ensure continued implementation of the integrated management framework and alignment with the new ECDC mandate.	ECDC organisational management is supported by a comprehensive integrated management framework	Implementation of the integrated management framework as per the roadmap.	The ECDC Strategy and the Strategy Implementation Roadmap updated in line with ECDC's new mandate. The integrated management framework has been reviewed.
5.1.2	Strengthen internal processes for creating, capturing, sharing, and leveraging internal ECDC knowledge.	Learning culture is diffused throughout ECDC.	Lessons learnt: implementation according to project plan (schedule, resources, and scope).	Plan has been developed on practices to be introduced in view of ECDC becoming a learning and innovative organisation.
5.1.3	Ensure continued implementation of the roadmap for the IT Integrated Steering and Support Systems (IceCube).	ECDC's integrated management framework is operational, with integrated and automated IT tools.	Roadmap for IT Integrated Steering and Support systems: milestones implemented on time in accordance with the roadmap.	ECDC planning and monitoring system selected. Implementation of ECDC planning and monitoring system initiated. Process management tool selected. List of prioritised ECDC e-workflows established. Concept developed and initial set up of the monitoring data warehouse.
5.1.4	Initiate implementation of the ISO 9001-based quality management system at ECDC.	ECDC's quality management system is strengthened.	Implementation of the selected quality management system at ECDC: implementation according to project plan (schedule, resources, and scope). Proportion of key processes reviewed.	Approach developed for implementation of the ISO 9001 quality management system. Process landscape updated to reflect ECDC's new mandate. All ECDC instructional documents adapted to the new approach. Stakeholder survey carried out and an action plan prepared. Evaluations carried out.
5.1.5	Enhance continued planning and reporting on ECDC annual work programmes.	Comprehensive planning, monitoring, and reporting on ECDC activities to support implementation of ECDC's Strategy.	Proportion of activities implemented from the annual work programme.	Planning, monitoring, and reporting on ECDC work programmes carried out. Integrated work plan monitoring process implemented. List of core ECDC outputs updated to reflect the ECDC new mandate.

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
				Project office roles and responsibilities reinforced. Actions to support project management across ECDC coordinated.
5.1.6	Enhance the system of Key Performance Indicators (KPIs) to improve monitoring of ECDC's performance and achievement of strategic objectives.	Improved achievement of set targets through enhanced KPIs and their monitoring.	Key performance indicator management process: implementation according to project plan (schedule, resources, and scope). Percentage of indicators reaching the target.	Matrix of strategic and SPD KPIs developed.  KPI management process established.
5.1.7	Ensure continued coordination of the ECDC internal control and audit activities.	ECDC internal control framework implemented.	Percentage of external and accepted internal audit recommendations implemented within agreed deadlines (excluding 'desirable'). Percentage of the internal control framework implemented.	Audit coordination and follow-up of audit observations implemented. Internal control coordination and internal control framework activities implemented.

**Table 46. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
5.1.1	Implementation of the integrated management framework as per roadmap.	N/A	100%	Integrated management framework roadmap
5.1.2	Lessons learnt: implementation according to project plan (schedule, resources, and scope).	N/A	Less than 20% deviation from the duration, resources, and scope of the initial baseline.	Quarterly portfolio steering committee reporting
5.1.3	Roadmap for Integrated Steering and Support Systems (IceCube): milestones implemented on time, as per roadmap.	N/A	90%	IceCube roadmap
5.1.4	Implementation of the selected quality management system at ECDC: implementation according to project plan (schedule, resources, and scope). Proportion of key processes reviewed.	N/A	Less than 20% deviation from the duration, resources, and scope of the initial baseline.	Quarterly portfolio steering committee reporting.
		N/A	20%	Monitoring of the list of key processes.
5.1.5	Proportion of activities in the annual work programme implemented.*	61%	85%	Consolidated annual activity report.
5.1.6	Key performance indicators management process: implementation according to project plan (schedule, resources, and scope). Percentage of the annual work programme indicators reaching the target.	N/A	Less than 20% deviation from the duration, resources, and scope of the initial baseline.	Quarterly portfolio steering committee reporting.
		85%	90%	Consolidated annual activity report
5.1.7	Percentage of external and accepted internal audit recommendations implemented to agreed deadlines (excluding 'desirable').** Percentage of the internal control framework (ICF) implemented.	80%	90%	ICF annual review
		67%	100%	ICF annual review.

\* Objectives/key outputs that could be deprioritised in case of emergency (yes/no)

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

**Table 47. Resource allocation**

5.1 Integrated Management Framework	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	2.0 FTE	0.0 FTE	2.0 FTE
Total budget for this activity	EUR 0		

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

#### Overview

During the course of 2022, an ECDC People Strategy will be developed that will capture all support services to staff and managers, as well as services and support for organisational development. The strategy will encompass several actions which are currently underway, such as the learning policy, skills gap analysis, the new 'Welcome to ECDC' programme, a new e-recruitment tool, review of the ECDC values and further work on electronic workflows and enhanced reporting.

Human resources management services are designed to capture and respond to the current and future capacity needs of units by supporting the development of staff and efficiently recruiting short-term staff, supported by a comprehensive framework to enhance well-being and a healthy work-life balance for staff. ECDC will gradually adapt its workforce to the results of the analysis on skills needs for the organisation.

ECDC will continue to place emphasis on building up internal expert capacity and attracting the best experts in the fields of competence needed to fulfil its new strategy and work programme in 2022. Following the skills gap analysis conducted in 2021, the Centre will ensure that staff have the learning opportunities to further develop their skills in emerging areas as required (e.g. digital skills). The new learning policy will provide learning and development opportunities to support staff and managers to develop professionally and use their skills more effectively. The annual staff development dialogue ensures alignment of personal objectives, ECDC objectives and strategy, and it provides a platform for discussing staff development.

Following the development of a mobility framework in 2021, internal mobility will be facilitated.

**Table 48. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
5.2.1	Transform human resources management and provide effective and efficient human resource services.	ECDC has a sufficient number of skilled staff to ensure the implementation of its work programme. Foundation for developing an agile workforce. Enhanced effectiveness of management. Enhanced wellbeing at all levels and healthy work environment for staff.	Proportion of organisational entities (units, sections, groups) covered by the skills gap analysis. Timeliness of recruitment process. Percentage of staff satisfaction/engagement*. Number of people on (short-term and long-term) sick leave*. Average vacancy rate (post occupied)*.	Skills gap analysis finalised to support the strategy 2021-2027 with specific focus on expert competencies (to be used for recruitment and in particular training plans). The new induction programme for newcomers, 'Welcome to ECDC' is fully deployed. Management training as well as targeted management coaching to support the development of the concept management by objectives. Stress prevention programme – further activities accomplished to build up staff resilience in view of the Next Generation ECDC (linked to new strategy). Timely adoption of new implementing rules.

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

**Table 49. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
5.2.1	Proportion of organisational entities (units, sections, groups) covered by the skills gap analysis.	N/A	100%	Results of the skill gap analysis
	Timeliness of recruitment process.	10.7 weeks	12 weeks from vacancy notice deadline.	HR service statistics
	Percentage of staff satisfaction/engagement.	61%	75%	Biannual staff survey
	Number of people on (short-term and long-term) sick leave.*	1.82% (short-term) 3.28% (long-term)	<2% (short-term) <3% (long-term)	HR statistics (short term up to four weeks; long-term: four weeks and longer).
	Average vacancy rate for Temporary Agent posts (post occupied).	3.3% (96.7% occupied)	< 5%	% of authorised posts in the annual establishment plan (Temporary Agents) that are vacant at the end of the year, including job offers sent before 31 December.

**Table 50. Resource allocation**

5.2 Engaged staff	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	13.5 FTE	0.0 FTE	13.5 FTE
Total budget for this activity	EUR 0		

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

#### **Overview**

ECDC has an important role in providing reliable, easy-to-understand and shareable information to its target audiences through its communication channels and outputs, enabling them to make informed decisions about their health and the health of others based on the best available evidence. This will continue to be done in collaboration with national authorities and stakeholders at EU and national level.

In 2022, ECDC's communication efforts will continue to build its reputation as an independent, transparent, open and trusted agency that produces and shares high-quality and actionable content on infectious disease epidemiology, prevention and control in Europe. This will be achieved through an extensive public relations plan (including an updated target audience mapping and the kick-off of a rebranding exercise), enhanced engagement with media outlets, and closer relationships with health professionals through scientific conferences and cooperation with scientific journals, clinical societies, NGOs and professional organisations.

ECDC will make infectious disease science easy-to-understand for all its target audiences through risk and crisis communication activities by explaining complex topics more simply, using straightforward vocabulary, and a more approachable tone of voice and style. In addition to providing the latest data and scientific evidence on infectious diseases, ECDC will strive to provide further interpretation, context and actionable insights. ECDC will also continue to develop new communication format and explore ways to improve its messaging, outputs and digital channels, including a thorough content review on its ECDC website and enhanced social media advertising.

ECDC will continue to raise awareness of key public health issues through enhanced communication activities and campaigns, in collaboration with the EU/EEA Member States and stakeholders, during international awareness days/weeks such as the World Antimicrobial Awareness Week, HIV/hepatitis Testing Week, World Hepatitis Day, World AIDS Day, World TB Day, European Immunisation Week/World Immunization Week, World Food Safety Day and Influenza Awareness Week, and continue coordinating the European Antibiotic Awareness Day.

Furthermore, ECDC will start developing a new stakeholder engagement framework, to improve the dialogue between ECDC and its stakeholders, to further build trust by ensuring transparency in its engagement activities,

and to increase the reach and visibility of its messages and content through different stakeholder groups, in a structured and streamlined manner across ECDC.

The stakeholder engagement framework will further define who ECDC's stakeholders are, via an updated mapping and segmentation of stakeholder groups, guiding principles on how to interact and work with them, and an outline of the sections or individuals within the Centre who are primarily responsible for engaging with each of these groups. In addition, the framework will identify means for stakeholders to express their interest in engaging with ECDC, eligibility criteria and processes for the Centre to identify areas of collaboration and to prioritise participation.

ECDC will seek synergies, align plans and priorities and establish mechanisms for mutual coordination of activities with communication counterparts in other EU agencies, other European institutions, WHO's Regional Office for Europe, and the Health Security Committee Communicators Network. ECDC will also continue to support or participate in communities of practice together with stakeholders in the areas of internal communication and stakeholder engagement.

Finally, ECDC will redesign the internal communication function to ensure efficiency and proactivity, while increasing internal transparency and employee engagement. Given the setup of the organisation and the different professional and cultural backgrounds of its staff, ECDC will upgrade its internal communication channels and practices, build a greater understanding of its mission and strategic priorities, contribute to an improved organisational culture, share information, and provide platforms for staff to create the workplace they wish to have.

From 2022 onwards, internal communication activities will be better planned, more systematic, and performed in close collaboration with internal stakeholders across ECDC. ECDC will also create a new information centre, as part of a wider enterprise content management platform, which will replace the current intranet and support a more holistic approach to internal information management.

**Table 51. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
5.3.1	Develop and implement the assessment phase of the public relations plan.	Assessment phase of the public relations plan implemented as per the project plan.	Framework contract signed and outputs included in the assessment phase finalised.	Brand audit. Target audience analysis update. Media mapping. Strategic public relations plan.
5.3.2	Continued engagement with media outlets across the EU.	Increased understanding of ECDC's role and products.	Number of media clippings in online and print media. Number of requests received and handled through the press inbox.	Answers to 100% of requests received through the press inbox. Daily, quarterly and annual media monitoring reports. Topic-specific media monitoring reports.
5.3.3	Improve and further develop ECDC online presence, ensuring that the content on its websites is audience-oriented and that it helps to improve the transparency, visibility and availability of ECDC outputs.	Improved website content and structure management	Number of visitors and sessions. Number of downloads on the website (measures users re-using ECDC data and publications). Proportion of returning vs new visitors on the website (measures visitors' loyalty and engagement).	Improved ECDC websites
5.3.4	Implement the first phase of the stakeholder engagement framework.	ECDC's stakeholder landscape revised through updated mapping. ECDC staff's understanding of ECDC's stakeholder landscape improved. Identification and agreement on roles and responsibilities across ECDC when managing and engaging with different stakeholder groups. Streamlined engagement efforts at ECDC.	Phase one of the stakeholder engagement framework implemented. Communication-led stakeholder outreach initiatives including professional and patient organisations, and NGOs.	- Analysis of the current stakeholder landscape and gaps. - Updated stakeholder mapping. - Outreach to selected communication stakeholders

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
5.3.5	Further enhance ECDC's social media presence and engagement.	ECDC visibility and engagement enhanced through social media.	Number of followers and rate of engagement and interaction with of ECDC social media channels. Number of participants in online campaigns and discussions. Amount of multimedia content produced.	Enhanced social media presence, activities and engagement. Increased ECDC brand knowledge, familiarity and reliability. Production of multimedia content.
5.3.6	Implement disease-specific communication activities following internationally recognised awareness days, ECDC priorities and stakeholder priorities.	Increased awareness of infectious disease epidemiology, prevention and control.	Number of integrated communication campaigns. Number of digital events held. Number of information stands implemented.	Integrated communication campaigns implemented. Shared content with the National Focal Points for Communication and other stakeholders at EU level. Information stands established. Digital events held.
5.3.7	Enhance internal communication activities, including the delivery of a new information centre.	ECDC communicates internally in an efficient and proactive way, creating a greater understanding of its mission and strategic priorities, and helping its employees feel motivated and fulfilled as part of the organisation, thus contributing to staff engagement.	Information centre established. Number of internal communication news items. Number of internal communication-led activities.	Information centre and analytics. Internal communication news items. Internal communication activities.
5.3.8	Maintain and enhance cooperation with key stakeholders at EU-level, including relations with our host country.	Collaboration with stakeholders and host country enhanced. Policy-makers, public health professionals and NGOs offered scientific evidence for decision making through organised events.	Satisfaction of participants at Gastein seminar.	Session organised by ECDC at the European Health Forum Gastein 2021. Liaison and actions as per the agreement regarding strategic co-operation between ECDC and the Swedish Government, including sharing of experiences, and expertise with the Swedish authorities
	Ensure continued support and coordination of the ECDC governance bodies.	Relationship with the ECDC governance bodies strengthened.	Satisfaction level of members of the ECDC governance bodies with the cooperation and coordination support from ECDC.	Support and coordination of the work of the Management Board (MB), Advisory Forum (AF), and Coordinating Competence Bodies (CCBs). Liaison and actions taken 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.

**Table 52. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
5.3.1	Framework contract signed and outputs included in the assessment phase finalised.	N/A	Less than 20% deviation from the duration, resources and scope of the initial baseline.	Quarterly Portfolio Steering Committee reporting
5.3.2	Number of media clippings in online and print media Number of requests received and handled through the press inbox	N/A	10% increase from 2018 figures	Media monitoring reports
5.3.3	Number of visitors and sessions  Number of downloads on the website (measures users re-use ECDC data and publications)  Proportion of returning vs new visitors on the website (measures visitors' loyalty and engagement)	Visitors 14% Sessions 7%  10%  48 %	+10% +5%  +7%  Above 40%	Website statistics
5.3.4	Phase one of the Stakeholder Engagement Framework implemented.  Communication-led stakeholder outreach initiatives including professional and patient organisations, and NGOs.	N/A  Outreach to 19 stakeholder groups ahead of EAAD	Less than 20% deviation from the duration, resources and scope of the initial baseline  Outreach to 20 stakeholder groups on EAAD and other topics	Quarterly portfolio steering committee reporting  Meeting minutes
5.3.5	Number of followers and rate of engagement and interaction with of ECDC social media channels Number of participants in online campaigns and discussions Number of multimedia content produced	TBC  TBC  TBC	+20%  +20%  +20%	Social media statistics
5.3.6	Number of integrated communication campaigns Number of digital events held Number of info stands implemented	N/A  N/A  N/A	At least five  At least three At least two, provided conferences take place	Website and social media postings  Event programmes and pages. Procurement documentation.
5.3.7	Information Centre established. Number of internal communication news items. Number of internal communication-led activities.	N/A  150  N/A	Delivered within the expected deadlines +5% At least two activities	Information Centre Information Centre analytics Information Centre
5.3.8	Satisfaction of participants at Gastein seminar	TBC	80%	Participants survey
5.3.9	Satisfaction level of members of the ECDC governance bodies with ECDC cooperation and coordination support.	N/A	75%	Survey among members of the MB, AF, and CCBs

**Table 53. Resource allocation**

5.3 Stakeholders and external communication	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	4.8 FTE	0.0 FTE	4.8 FTE
Total budget for this activity	EUR 1 140 000		



## 6. Support services

### 6.1 Digital Transformation Services

#### Overview

ECDC operates digital platforms through which data and information are managed, handled and automatically exchanged for the purpose of supporting the activities of European surveillance and contact tracing networks. Digital solutions such as EpiPulse, the Early Warning and Response System (EWRS), and common EU initiatives such as the European Health Data Space (EHDS), the European Federation Gateway Service (EFGS) or the Passenger Locator Form Exchange Platform (ePLF) are instrumental for the operation of the Centre and to tackle the COVID-19 pandemic response.

ECDC also provides its staff with a digital workplace that addresses the need for teleworking, mobility, flexibility, communication and collaboration.

IT product and service portfolios are fit for purpose to address business needs thanks to the application of the target operating model and ECDC's IT Governance Policy, implemented since 2020.

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

**Table 54. Objectives, main outputs and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
6.1.1	ECDC supports public health by providing digital solutions for the Commission, Member States and other stakeholders. In addition, the Centre's operations are facilitated by digital solutions to steer and support the Next Generation ECDC.	Enable ECDC to strengthen and apply scientific excellence in its activities and outputs by providing experts with the solutions they need. Enable ECDC, by providing IT services and solutions, to support the countries to strengthen their capacity and capability to make evidence-based decisions on public health policies and practices. Support and strengthen cooperation between ECDC and partners in non-EU countries by providing proper collaboration and communication solutions.	Business owner satisfaction. Implementation of the IT work programme according to plan (schedule, resources and scope) Quality of software products.	New IT solutions and further development of IT products.  IT services, the basic maintenance of IT products and continuous service improvements are ensured. High quality IT, PMO, enterprise architecture and IT security services are provided.
6.1.2	ECDC provides its staff with a digital workplace that addresses the need for mobility, flexibility, communication and collaboration. Users can easily access the IT services they need via the front-Office or self-service.	Provide a modern, digital workplace in order to increase efficiency. ECDC is continuously improving its digital infrastructure so that its critical systems fulfil business needs.	End-user satisfaction. Proportion of ICT Front-Office requests and incidents resolved as per SLA. Availability of hosted applications under SLA.	Implement recommendation of workplace assessment for 'hotdesking'. Implement new telephony solution. Implement Enterprise Content Management Platform (including MS teams full functionality, encryption of sensitive non-classified data and Sharepoint online). Migration of cloud infrastructure from Cancom to Cloud II framework contract. Migration of containers from on-premise to cloud. Implement an Information Security Management System. Implement recommendations from feasibility study on identity and access management.

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
6.1.3	Prepare ECDC for the future through technology foresight and innovation.	Continuous improvement of DTS target operating model. Develop competencies relevant to core business and maintain Institutional memory. Monitor and assess new technologies.	Number of feasibility studies performed per year.	Review of DTS Target Operating Model Launch of tender procedure for next generation outsourcing framework contracts Assess feasibility to adopt a new technical platform for e-workflows and low code solutions

**Table 55. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
6.1.1	Business owners satisfaction.  Implementation of the IT work programme according to initial baseline (schedule, resources and scope).  Quality of software products: number of critical and high-severity defects for IT products with high business impact (BIP = 1, 2).	52%  29% for schedule deviation 26% for resource deviation 0% for scope change  For IT products with BIP 1 or 2: 1 Critical and 0 High.	At least 57%  Less than 20% deviation from the schedule, resources and scope of the initial baseline.  For IT products with BIP 1 or 2: 0 Critical and 0 High.	DTS dashboard
6.1.2	End-users satisfaction surveys  Proportion of ICT Front-Office requests and incidents resolved as per SLA. Availability of hosted applications under SLA.	75%  98.5% for requests and 97% for the incidents  99%	At least 78%  Above 95% for requests and above 95% for incidents 99%	DTS dashboard
6.1.3	Number of feasibility studies performed per year.	11	at least three	DTS dashboard

**Table 56. Resource allocation**

6.1 Digital Transformation	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	9.4 FTE	0.0 FTE	9.4 FTE
Total budget for this activity	EUR 10 320 000		

## 6.2 Resource Management

### Overview

Strategic and operational support services in human resources management, finance and accounting, corporate services as well as legal services and procurement are key to supporting the smooth running of ECDC operations.

The successful implementation of ECDC's strategy and ultimately its mandate is contingent on having an effective and efficient backbone of resource management services. The Agency will develop its systems and processes with the aim of ensuring shorter planning and execution cycles for all services, while maintaining high quality and ensuring compliance with regulations.

Corporate Services will adapt its structure to more efficiently support ECDC's strategy 2021–2027, by simplifying and reinforcing its facilities, security and meeting management services, continuing to digitalise the ECDC mailroom and archive activities, and reassessing the Centre's approach to business continuity and crisis management. The section will also continue to implement EMAS and the promotion of sustainability at ECDC.

In the area of Finance and Accounting, the Centre will implement an asset management framework and identify processes relating to commitments and payments that can be improved.

The Legal Services and Procurement Section will continue to develop tools to improve the planning, prioritisation and execution of requests within the Centre.

The objectives, outputs and expected results for Human Resources are covered under 5.2 above. Furthermore, RMS (Resource Management Section) is a main partner in the development and implementation of the integrated management framework and the associated IT integrated steering and support systems referenced under 5.1 above.

**Table 57. Objectives, main outputs, and expected results in 2022**

No.	Objective 2022	Expected result and EU added value	Performance indicator	Main outputs 2022
6.2.1	Provide effective and efficient procurement services.	ECDC has services and goods available in the right quality and quantity and in a timely manner, facilitating effective planning and execution of procurement and grant procedures so that the Centre can pursue its mandate.	Percentage of procurement/grant procedures launched on planned launch date. Percentage of procurement/grant procedures completed within indicative minimum procurement/grant timelines.	Number of negotiated procedures/direct contracts reduced. Number of new procurement procedures added to the procurement plan reduced. Continued implementation of procurement e-workflows. Basic procurement training made available to all newcomers at ECDC.
6.2.2	Provide effective and efficient legal services.	ECDC receives effective and efficient legal advice in matters related to the operation and administration of the Centre's activities.	Proportion of reviewed annual and specific declarations of interest for: <ul style="list-style-type: none"> <li>delegates from Governing Bodies</li> <li>invited experts and ECDC staff members before participating in meetings with scientific outputs</li> <li>invited experts and ECDC staff members before participating in the preparation of Rapid Risk Assessments.</li> </ul> Proportion of replies to requests to document access within the legal deadline. Reply to confirmatory applications within the legal deadline.	Legal Intranet page with key information available. Update existing Memoranda of Understanding (MoU) with other agencies to comprehensively regulate areas of cooperation. Full compliance and establishment of routines for the implementation of the new Independence Policy for Staff. Development of an effective ex-post control strategy for the application of the Independence Policy and the Data Protection Regulation.
6.2.3	Provide effective and efficient corporate services.	ECDC has established a sustainable, secure and healthy workplace that fosters innovation and creativity, where staff and partners are equipped with the right tools, adequate processes and an appropriate environment for collaboration.	EU Eco-Management and Audit Scheme (EMAS): all milestones implemented as per project plan.  ECDC's greenhouse gas emissions (CO <sub>2</sub> ) reduced.  Percentage of meetings launched on planned launch date. Percentage of changes made to the meeting plan throughout the year. Proportion of issues solved as per SLA.	Develop and start the implementation of the corporate services strategy aligning the Corporate Services Section structure and service framework with ECDC's long-term plan for improving efficiency and effectiveness. Implement service level agreements for facilities management services. Improve experience for participants at ECDC events. Reduce ECDC environmental footprint according to set objectives. Continue the implementation of the ECDC workplace assessment recommendations. Increase the digitalisation of mailroom and archives.
6.2.4	Provide effective and efficient financial management services.	ECDC ensures correct, sound, and efficient management of its financial resources.	Percentage of budget committed (C1) and percentage of payments executed (C1) in the same year as the commitment*. Percentage of invoices paid within the time limits of the ECDC Financial Regulation*. Rate of cancellation of payment appropriations*. Rate of outturn*.	Consolidation and possible enhancement of the use of electronic payments and commitments in Speedwell. Further efforts to get suppliers on board with e-invoicing. Enhance the financial reporting, forecasting and monitoring of budget implementation throughout the Centre. Consolidate process to ensure payments within the time limits of the ECDC Financial Regulation.

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

**Table 58. Performance indicators**

Measurement of objective above	Performance indicator	Baseline 2020	Target	Means of verification
6.2.1	Percentage of procurement/grant procedures launched on planned launch date. Percentage of changes made to the procurement plan throughout the year. Percentage of procurement/grant procedures completed within indicative minimum procurement/grant timelines.	TBC  TBC TBC	80%  20%  85%	Management information system   Minimum timelines published on ECDC intranet for each type of procedure.
6.2.2	Proportion of reviewed annual and specific declarations of interest for: <ul style="list-style-type: none"> <li>delegates to Governing Bodies;</li> <li>invited experts and ECDC staff members before participating in meetings with scientific outputs;</li> <li>invited experts and ECDC staff members before participating in the preparation of Rapid Risk Assessments.</li> </ul> Proportion of replies to requests to document access within the legal deadline. Reply to confirmatory applications within the legal deadline.	MB: 96%, AF: 89% Senior management: 100% Ext. experts at meetings: 99%  Ext. experts for RRA: 100%  N/A  N/A	100% for each category      100%  100%	Report from the Compliance Officer.      Manually collected statistics  Manually collected statistics
6.2.3	EU Eco-Management and Audit Scheme (EMAS): all milestones implemented as per project plan.  ECDC's greenhouse gas emissions (CO2)  Percentage of meetings launched on planned launch date.  Percentage of changes made in the meeting plan throughout the year. Proportion of issues resolved as per SLA.	N/A  N/A  TBC  TBC N/A	100%    TBC  80%  20% 90%	Project plan    Energy meters (electricity consumption), combined with consumption invoices.  Management Information System Ivanti system
6.2.4	Percentage of budget committed (C1) and percentage of payments executed (C1) in the same year as the commitment*. Percentage of invoices paid within the time limits of the ECDC Financial Regulation*. Rate of cancellation of payment appropriations*. Rate of outturn*.	98.5% committed, 81.2% paid  93%  2.41% 3.23%	100% committed minimum, 80% paid minimum  95% 2% 5%	ABAC WF

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

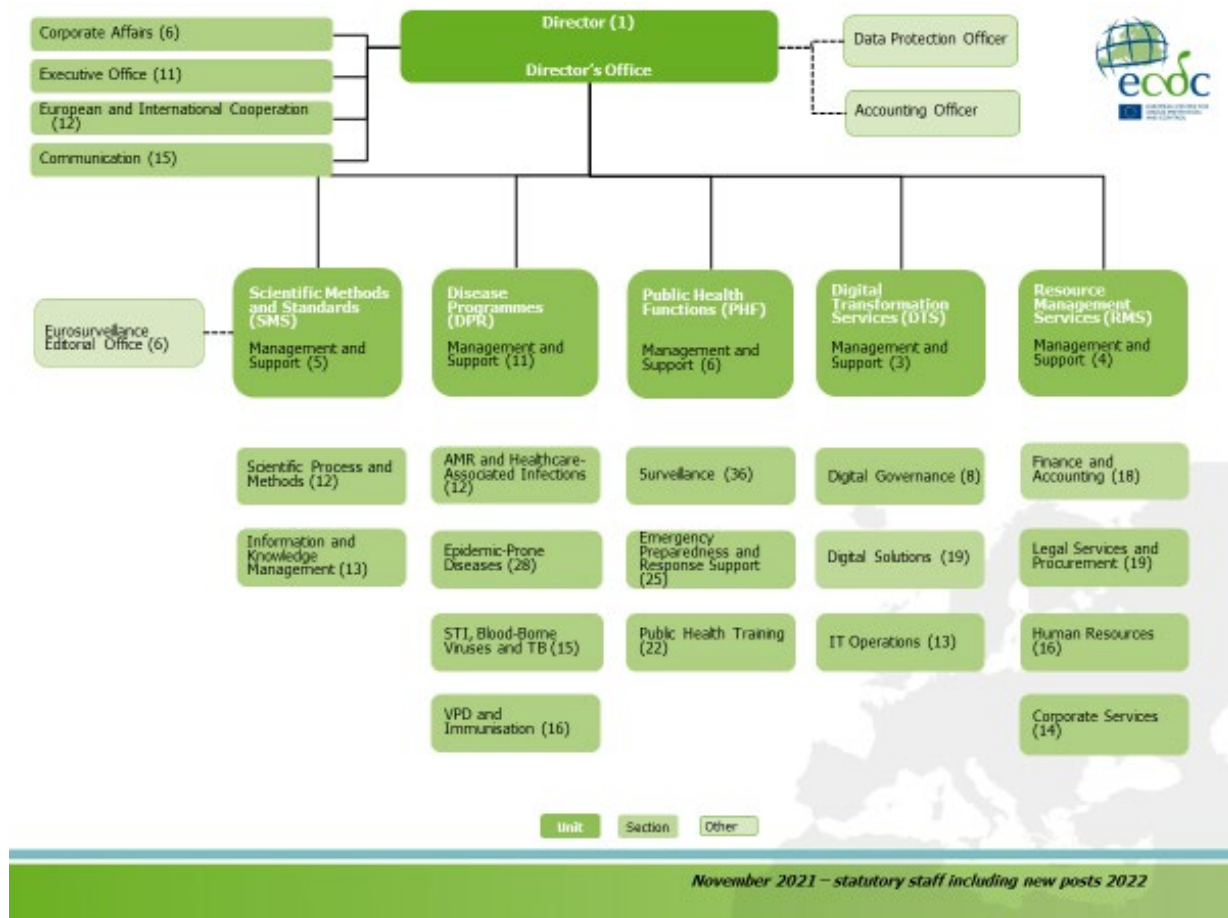
**Table 59. Resource allocation**

6.2 Resources management	Operational staff and budget (T3)	Horizontal FTE admin support	Total staff and budget
Total FTEs for this activity	7.6 FTE	0.0 FTE	7.6 FTE
Total budget for this activity	EUR 0		

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# Annex 1. Organisational chart



\* 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.

\*\* The number of posts allocated to the sections includes temporary posts allocated in response to the COVID-19 pandemic, as well as project posts for which staff will be recruited in accordance with the needs of the project. It also includes new posts granted to ECDC for 2022.

## Annex 2. Resource allocation per activity 2021–2024

	2021		2022				2023				2024			
Strategic Objective	FTEs	BUDGET (M €)	FTEs	CAs	TAs	BUDGET (M €)	FTEs	CAs	TAs	BUDGET (M €)	FTE	CAs	TAs	BUDGET (M €)
<b>1. Strengthen and apply scientific excellence</b>	90.5	14.7	99.6	38.3	61.3	33.9	100.4	35.1	65.3	28.0	101.9	35.7	66.2	28.9
<b>2. Support the countries in strengthening their capacities and capabilities</b>	116.5	22.7	128.4	47.3	81.1	30.8	130.9	43.4	87.5	28.6	132.7	44.0	88.7	29.5
<b>3. Future outlook</b>	15.0	2.9	27.7	9.9	17.8	5.5	27.6	8.9	18.7	5.7	28.0	9.0	19.0	5.9
<b>4. Increase EU health security through cooperation with non-EU partners</b>	34.6	3.2	21.1	9.3	11.8	2.9	21.1	8.5	12.6	3.0	21.4	8.6	12.8	3.0
<b>5. Transform the organisation</b>	19.6	5.8	21.7	10.3	11.3	4.6	21.6	9.5	12.1	4.6	21.9	9.6	12.3	4.7
<b>6. Support services</b>	14.8	13.0	17.7	7.3	10.3	14.0	17.8	6.7	11.1	14.8	18.0	6.8	11.2	15.4
<b>7. Neutral category</b>	28	3.0	29.0	15.3	13.7	3.4	28.6	14	14.7	3.4	29.1	14.2	14.9	3.4
<b>Seconded National Experts</b>	0.3	5					0.5	5		0.5	5			0.5
<b>Total</b>	<b>319*</b>	<b>65.6*</b>	<b>351</b>	<b>138.7</b>	<b>207.4</b>	<b>95.8</b>	<b>353</b>	<b>126</b>	<b>222</b>	<b>88.8</b>	<b>358</b>	<b>128</b>	<b>225</b>	<b>91.5</b>

*The resource allocation split according to the activities of the Centre is a provisional estimation based on figures from 2022.*

*\*Initial staff and budget.*

## Annex 3. Financial Resources 2022–2024

Table A3.1 Revenue

REVENUES (in EUR)	N (2021)	N+1 (2022)
	Revenues estimated by the Agency	Budget forecast
<b>EU contribution</b>	165 995 020	93 600 000
<b>Other revenue</b>	2 120 000	2 272 000
<b>TOTAL REVENUES</b>	<b>168 115 000</b>	<b>95 872 000</b>

REVENUES (EUR)	General revenues						
	Executed N-1 (2020)	Estimated by the agency N (2021)	N+1 (2022)		VAR N+1/N (%)	Envisaged N+2 (2023)	Envisaged N+3 (2024)
			Agency request	Budget forecast			
<b>1 REVENUE FROM FEES AND CHARGES</b>							
<b>2 EU CONTRIBUTION</b>	58 991 486	164 525 714	90 528 522			86 500 000	89 100 000
<i>- Of which assigned revenues deriving from previous years' surpluses</i>		1 469 306	3 071 478				
<b>3 THIRD COUNTRY CONTRIBUTIONS (incl. EEA/EFTA and candidate countries)</b>	1 481 590	2 120 000	2 272 000			2 335 000	2 405 000
<i>- Of which EEA/EFTA (excl. Switzerland)</i>	1 481 590	2 120 000	2 272 000			2 335 000	2 405 000
<i>- Of which candidate countries</i>							
<b>4 OTHER CONTRIBUTIONS</b>							
<b>5 ADMINISTRATIVE OPERATIONS</b>							
<i>- Of which interest generated by funds paid by the Commission by way of the EU contribution (FFR Art. 58)</i>							
<b>6 REVENUES FROM SERVICES RENDERED AGAINST PAYMENT</b>							
<b>7 CORRECTION OF BUDGETARY IMBALANCES</b>							
<b>TOTAL</b>	<b>60 473 076</b>	<b>168 115 000</b>	<b>95 872 000</b>			<b>88 835 000</b>	<b>91 505 000</b>



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

REVENUES (EUR)	N (2021)	N+1 (2022)
	Revenues estimated by the Agency	Budget forecast
<b>TOTAL REVENUES</b>	3 000 000	7 000 573

REVENUES (EUR)	Additional EU funding: grant, contribution and service-level agreements						
	Executed N-1 (2020)	Estimated by the Agency  N (2021)	N+1 (2022)		VAR N+1/N (%)	Envisaged N+2 (2023)	Envisaged N+3 (2024)
			Agency request	Budget forecast			
ADDITIONAL EU FUNDING STEMMING FROM GRANTS (FFR Art.7)							
ADDITIONAL EU FUNDING STEMMING FROM CONTRIBUTION AGREEMENTS (FFR Art.7)	<b>46 256</b>	<b>3 000 000</b>	<b>0</b>	<b>7 000 573</b>		<b>0</b>	<b>0</b>
ADDITIONAL EU FUNDING STEMMING FROM SERVICE LEVEL AGREEMENTS (FFR Art. 43.2)							
<b>TOTAL</b>	<b>46 256</b>	<b>3 000 000</b>	<b>0</b>	<b>7 000 573</b>		<b>0</b>	<b>0</b>

Table A3.2 Expenditure

Expenditure (EUR)	N (2021)		N+1 (2022)	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
<b>Title 1 - Staff expenditure</b>	38 063 000	38 063 000	38 548 000	38 548 000
<b>Title 2 - Infrastructure and operating expenditure</b>	8 586 000	8 586 000	9 208 000	9 208 000
<b>Title 3 - Operational expenditure</b>	121 466 000	121 466 000	48 116 000	48 116 000
<b>TOTAL EXPENDITURE</b>	<b>168 115 000</b>	<b>168 115 000</b>	<b>95 872 000</b>	<b>95 872 000</b>

EXPENDITURE (EUR)	Commitment and payment appropriations						
	Executed Budget N-1 (2020)	Budget N (2021)	Draft Budget N+1 (2022)		VAR N+1(2022) /N(2021)(%)	Envisaged N+2 (2023)	Envisaged N+3 (2024)
			Agency request	Budget forecast			
<b>Title 1 - Staff expenditure</b>	<b>33 039 806</b>	<b>38 063 000</b>	<b>38 548 000</b>		1.2%	<b>38 800 000</b>	<b>39 300 000</b>
<b>11 Salaries &amp; allowances</b>	29 419 341	33 068 000	34 123 000			34 500 000	34 955 000
- Of which establishment plan posts	22 482 367	24 318 400	24 803 000			24 991 000	25 317 000
- Of which external personnel	6 936 974	8 749 600	9 320 000			9 509 000	9 638 000
<b>12 Expenditure relating to staff recruitment</b>	228 457	380 000	390 000			365 000	350 000
<b>13 Mission expenses</b>	92 948	185 000	200 000			400 000	400 000
<b>14 Socio-medical infrastructure</b>	151 213	165 000	180 000			200 000	210 000
<b>15 Training</b>	430 574	500 000	500 000			600 000	650 000
<b>16 External Services</b>	2 714 573	3 730 000	3 105 000			2 700 000	2 700 000
<b>17 Receptions, events and representation</b>	2 700	35 000	50 000			35 000	35 000
<b>Title 2 - Infrastructure and operating expenditure</b>	<b>8 247 810</b>	<b>8 586 000</b>	<b>9 208 000</b>		7.2%	<b>8 800 000</b>	<b>8 900 000</b>
<b>20 Rental of buildings and associated costs</b>	4 379 049	4 460 000	4 538 000			4 600 000	4 600 000
<b>21 Information, communication technology and data processing</b>	2 500 087	3 106 000	3 390 000			3 000 000	3 100 000
<b>22 Movable property and associated costs</b>	297 987	123 000	150 000			200 000	200 000
<b>23 Current administrative expenditure</b>	287 250	175 000	255 000			250 000	250 000
<b>24 Postage / Telecommunications</b>	207 126	175 000	170 000			200 000	200 000
<b>25 Meeting expenses</b>	576 311	547 000	705 000			550 000	550 000

EXPENDITURE (EUR)	Commitment and payment appropriations						
	Executed Budget N-1 (2020)	Budget N (2021)	Draft Budget N+1 (2022)		VAR N+1(2022) /N(2021) (%)	Envisaged N+2 (2023)	Envisaged N+3 (2024)
			Agency request	Budget forecast			
Title 3 - Operational expenditure	19 185 460	121 466 000	48 116 000		-60.3%	41 235 000	43 305 000
30 Operational expenditure	19 185 460	121 466 000	48 116 000			41 235 000	43 305 000
<b>TOTAL</b>	<b>60 473 076</b>	<b>168 115 000</b>	<b>95 872 000</b>			<b>88 835 000</b>	<b>91 505 000</b>

**Table A3.3 Budget outturn and cancellation of appropriations**

Budget outturn	N-4 (2018)	N-3 (2019)	N-2 (2020)
Revenue actually received (+)	58 069 000	60 316 000	70 708 000
Payments made (-)	47 369 000	48 441 000	47 139 000
Carry-over of appropriations (-)	10 304 000	11 671 000	22 533 000
Cancellation of appropriations carried over (+)	792 000	880 000	1 155 000
Adjustment for carry-over of assigned revenue appropriations from previous year (+)	498 000	259 000	1 118 000
Exchange rate differences (+/-)	+193 000	+126 000	-238 000
Adjustment for negative balance from previous year (-)			
<b>Total</b>	<b>1 879 000</b>	<b>1 469 000</b>	<b>3 071 000</b>

**Descriptive information and justification on:**

- **Budget outturn**

First estimate of the 2020 surplus to be reimbursed to the EU budget (as assigned revenue): EUR 3 071 478.28

The Centre cashed its budget of EUR 62 490 000 in 2020.

The expenditure of 2020, including the carry-forward to 2021, was EUR 69 672 702.91

The amount of cancelled unused payment appropriations carried forward from the previous year was EUR 1 155 058.40, the adjustment for carry-over from the previous year of appropriations available on 31.12 arising from assigned revenue of EUR 1 118 597.19 and the exchange rate loss for the year 2020 of EUR -238 085.36 have resulted in a positive budget outturn for 2020.

In 2020, ECDC reimbursed the positive budgetary balance from 2019 of EUR 1 469 305.54 to the EU.

As a result of the above, EUR 3 071 478.28 will be reimbursed during 2021 to the EU budget (as assigned revenue) related to the Centre's 2020 budget.

- **Cancellation of commitment appropriations**

The total implementation of commitment appropriations for ECDC in 2020 reached 96.77%, with a total of EUR 2 016 923.65 cancelled, compared to EUR 455 125.46 cancelled in 2019. As a result, the reductions of the EU contribution of 2% for the implementation of commitment appropriations and 2% for the cancellation of payment appropriations are not applicable to ECDC in 2022. The commitment of appropriations for the operational expenditure on Title 3 was 96.57% in 2020.

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

The Centre has carried forward EUR 10 592 099.19 from 2019 to 2020, of which EUR 9 437 040.79 was paid (fund source C8).

This corresponds to 89.1% of the amount carried forward.

**Table A3.4** Detail for Title 3 budget per budget lines

Budget line	Unit	Section	Final total allocation 2022 and 2023 (EUR)
<b>BL 3000 - Integrated Surveillance, including Epidemic Intelligence and Microbiology</b>	Public Health Unit	Surveillance	<b>12 803 000</b>
<b>BL 3001 - Preparedness and Response</b>	Public Health Unit	Emergency preparedness and response support	<b>1 059 000</b>
<b>BL 3002 - Scientific Processes and Methods</b>	Scientific Methods and Standards Unit	Scientific processes and methods	<b>1 385 000</b>
<b>BL 3003 - Public Health Training</b>	Public Health Unit	Public Health Training	<b>4 945 000</b>
<b>BL 3004 – External communication</b>	Director Office	Communication	<b>1 104 000</b>
<b>BL 3005 - Information and Communication technologies</b>	Digital Transformation Unit	All DT sections	<b>10 320 000</b>
<b>BL 3006 - Information and Knowledge Management</b>	Scientific Methods and Standards Unit	Information and Knowledge Management	<b>720 000</b>
<b>BL 3007 - Air-Borne, Blood-Borne and Sexually Transmitted Infections</b>	Disease Programmes Unit	Air-Borne, Blood-Borne and Sexually Transmitted Infections	<b>9 477 000</b>
<b>BL 3008 - One Health-related diseases</b>	Disease Programmes Unit	One Health-related diseases	<b>4 190 000</b>
<b>BL 3009 - EU and external cooperation</b>	Director Office	European and international cooperation	<b>363 000</b>
<b>BL 3010 - New health technologies assessment</b>	Transversal activity		<b>1 180 000</b>
<b>BL 3011 - Foresight assessment of future trends and threats</b>	Transversal activity		<b>570 000</b>
<b>TOTAL</b>			<b>48 116 000</b>

Table A3.5 Activity-based budget 2022

## Resource allocation by strategy

							38,548,000	9,208,000	48,116,000	95,872,000
Strategic objective / Action Area	Sum of Total Budget	FTEs	FTE Admin	CA	TA	Title 1	Title 2	Title 3	TOTAL	
1. Strengthen and apply scientific excellence	34,047,163		99.6	23.5	38.3	61.3	11,044,397	2,160,266	20,842,500	34,047,163
1.0 Management	398,882		2.0	0.5	0.2	1.8	361,169	37,713	-	398,882
1.1 Standards	498,105		3.7	0.9	1.3	2.4	428,018	70,087	-	498,105
1.2 Evidence	25,973,134		53.2	12.8	18.3	34.9	6,158,041	1,007,593	18,807,500	25,973,134
1.3 Methodologies	2,071,350		9.9	2.4	3.0	6.9	1,154,348	187,002	730,000	2,071,350
1.4 Knowledge transfer	5,105,693		30.9	6.9	15.6	15.3	2,942,821	857,872	1,305,000	5,105,693
2. Support the countries to strengthen their capacities and capabilities	30,625,201		128.4	30.9	47.3	81.1	14,563,488	2,433,213	13,628,500	30,625,201
2.0 Management	446,430		2.2	0.5	0.2	2.0	404,222	42,208	-	446,430
2.1 Country focus	3,386,708		16.0	3.9	6.8	9.2	1,839,915	303,293	1,243,500	3,386,708
2.2 Prevention and control programmes	13,237,668		53.9	13.0	19.0	34.9	6,032,902	1,022,266	6,182,500	13,237,668
2.3 Training	7,889,646		22.9	5.5	9.1	13.8	2,352,982	433,164	5,103,500	7,889,646
2.4 Emergency preparedness	5,664,749		33.4	8.0	12.2	21.1	3,933,466	632,283	1,099,000	5,664,749
3. Future outlook	5,625,653		27.7	6.6	9.9	17.8	3,118,128	524,526	1,983,000	5,625,653
3.0 Management	253,594		1.3	0.3	0.1	1.1	229,617	23,976	-	253,594
3.1 Foresight	808,979		1.8	0.4	0.4	1.4	205,263	33,717	570,000	808,979
3.2 Engage	188,036		1.1	0.3	0.2	0.9	147,744	20,292	20,000	188,036
3.3 Support transformation	4,375,044		23.6	5.6	9.1	14.4	2,535,504	446,541	1,393,000	4,375,044
4. Increase EU health security through cooperation with non EU partners	3,006,113		21.1	4.8	9.3	11.8	2,404,598	399,515	202,000	3,006,113
4.0 Management	118,872		0.6	0.1	0.1	0.5	107,633	11,239	-	118,872
4.1 Neighbourhood	1,563,481		12.3	2.7	7.3	5.0	1,230,987	232,494	100,000	1,563,481
4.2 Major CDCs	809,083		5.1	1.2	1.4	3.7	647,460	96,623	65,000	809,083
4.3 Coordination	514,677		3.1	0.8	0.5	2.6	418,517	59,160	37,000	514,677
5. Transform the organisation	4,585,301		21.7	0.0	10.3	11.3	2,294,756	1,150,545	1,140,000	4,585,301
5.0 Management	182,036		1.4	0.0	1.0	0.4	155,498	26,538	-	182,036
5.1 Integrated management framework	760,577		2.0	0.0	0.5	1.5	283,578	476,999	-	760,577
5.2 Engaged staff	1,680,588		13.5	0.0	5.9	7.6	1,379,685	300,902	-	1,680,588
5.3 Stakeholders and external communication	1,962,101		4.8	0.0	2.9	1.9	475,995	346,106	1,140,000	1,962,101
6. Support services	14,030,999		17.7	0.0	7.3	10.3	1,814,801	1,896,199	10,320,000	14,030,999
6.0 Management	122,905		0.6	0.0	0.0	0.6	111,532	11,373	-	122,905
6.1 Digital Transformation Services	12,785,724		9.4	0.0	4.7	4.8	911,329	1,554,395	10,320,000	12,785,724
6.2 Resource management	1,122,370		7.6	0.0	2.7	5.0	791,940	330,431	-	1,122,370
9. Benchmarking	3,432,819		29.0	0.0	15.3	13.7	2,883,862	548,957	-	3,432,819
9.0 Neutral category as per Benchmarking Methodology	3,432,819		29.0	0.0	15.3	13.7	2,883,862	548,957	-	3,432,819
Seconded National Experts	518,750		5.0	0.0	0.0	0.0	423,971	94,779	-	518,750
Seconded National Experts	518,750		5.0	0.0	0.0	0.0	423,971	94,779	-	518,750
<b>Grand Total</b>	<b>95,872,000</b>		<b>350.0</b>	<b>65.8</b>	<b>137.7</b>	<b>207.4</b>	<b>38,548,000</b>	<b>9,208,000</b>	<b>48,116,000</b>	<b>95,872,000</b>

**Table A3.6 Breakdown of neutral category**

Strategic objective/Action area	FTE
<b>9. Benchmarking</b>	<b>29.0</b>
<b>9.0 Neutral category as per Benchmarking Methodology</b>	<b>29.0</b>
Logistics	2.4
Digital Transformation Services	2.0
Executive Office	2.4
Finance	16.0
Human Resources	2.5
Legal and Procurement	3.2
Administrative support	0.5
<b>Grand Total</b>	<b>29.0</b>

**Table A3.7 Additional resources to be used from grant, contribution or service-level agreements (EUR)**

Projects	Contract Agents	Operational Amount
<b>STRATEGIC OBJECTIVE 4</b>		
<b>Action Area: 4.1 Neighbourhood</b>		3 165 828
<b>EUIHS</b>	10	1 960 328
Integrated Surveillance	0	150 000
Public Health training	4	1 065 328
Communication	1	
Emergency Preparedness and Response Support	3	330 000
Finance and accounting	1	
European and International Cooperation	1	415 000
<b>IPA 6</b>	2	
Integrated Surveillance	1	
European and International Cooperation	1	1 205 500
<b>Action Area: 4.2 Major CDCs</b>		1 176 840
<b>ACDC</b>	9	1 176 840
Corporate Services	1	
Public Health training	2	
Legal Services and Procurement	1	
Emergency Preparedness and Response Support	1	
Integrated Surveillance	2	
Finance and accounting	1	
European and International Cooperation	1	1 176 840
<b>Grand Total</b>	<b>21</b>	

## Annex 4. Human resources (quantitative)

**Table A4.1 Staff population and its evolution; overview of all categories of staff**

### A. Statutory staff and SNE

Staff	Year2020		Year2021		Year 2022	Year2023	Year 2024
	Authorised Budget	Actually filled as of 31/12/2020 <sup>25</sup>	Occupancy rate %	Authorised staff	Envisaged staff	Envisaged staff	Envisaged staff
<b>ESTABLISHMENT PLAN POSTS</b>							
Administrators (AD)	126	120	95.2%	144	148	155	158
Assistants (AST)	51	50	98.0%	59	62	62	62
Assistants/Secretaries (AST/SC)	3	3	100.0%	5	5	5	5
<b>TOTAL ESTABLISHMENT PLAN POSTS</b>	<b>180</b>	<b>173</b>	<b>96.1%</b>	<b>208</b>	<b>215</b>	<b>222</b>	<b>225</b>
<b>EXTERNAL STAFF</b>	<b>FTE corresponding to the authorised budget</b>	<b>Executed FTE as of 31/12/2020<sup>26</sup></b>	<b>Execution rate %</b>	<b>Headcount as of 31/12/2020</b>	<b>FTE corresponding to the authorised budget</b>	<b>Envisaged FTE</b>	<b>Envisaged FTE</b>
Contract Agents (CA)	120	112	92.6%	138 <sup>27</sup>	130	126	128
Seconded National Experts (SNE)	5	3	60.0%	5	5	5	5
<b>TOTAL EXTERNAL STAFF</b>	<b>125</b>	<b>115</b>	<b>91.3%</b>	<b>143</b>	<b>135</b>	<b>131</b>	<b>133</b>
<b>TOTAL STAFF</b>	<b>305</b>	<b>288</b>	<b>94.1%</b>	<b>351</b>	<b>350</b>	<b>353</b>	<b>358</b>

<sup>25</sup> Posts filled at 31.12.2020 include seven offers made and accepted (2 AD8, 3 AD5, 2 AST4).

<sup>26</sup> Posts filled at 31.12.2020 include seven offers made and accepted (6 FGIV, 1 FGIII). It should be noted that, as of April 2020, ECDC had received 20 additional contract agent posts in the course of 2020 due to the COVID-19 pandemic.

<sup>27</sup> 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	Year 2021	Year 2022	Year 2023	Year 2024
	Envisaged FTE	Envisaged FTE	Envisaged FTE	Envisaged FTE
<b>Contract Agents (CA)</b>	21	21	21	21
<b>Seconded National Experts (SNE)</b>	0	0	0	0
<b>TOTAL</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>21</b>

**C. Other human resources****Structural service providers**

	Actually in place as of 31/12/2020
<b>Security/reception/logistics</b>	7
<b>IT</b>	8
<b>Other (specify)</b>	0

**Interim workers**

	Total FTEs in year N-1 (2020)
<b>Number</b>	33

**Table A4.2 Multi-annual staff policy plan Year N+1-Year N+3**

Function group and grade	Year 2020				Year 2021		Year 2022		Year 2023		Year 2024	
	Authorised budget		Actually filled as of 31/12/2020 <sup>28</sup>		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
<b>AD 16</b>												
<b>AD 15</b>		1				1		1		1		1
<b>AD 14</b>		2		1		2		2		2		2
<b>AD 13</b>		3				3		3		3		3
<b>AD 12</b>		7		5		7		7		7		7
<b>AD 11</b>		8		6		8		8		8		8
<b>AD 10</b>		23		8		25		25		25		26
<b>AD 9</b>		24		14		24		24		24		24
<b>AD 8</b>		22		30		24		25		28		29
<b>AD 7</b>		26		14		29		29		29		29
<b>AD 6</b>		10		14		18		21		25		26
<b>AD 5</b>				28		3		3		3		3
<b>AD TOTAL</b>		<b>126</b>		<b>120</b>		<b>144</b>		<b>148</b>		<b>155</b>		<b>158</b>
<b>AST 11</b>												
<b>AST 10</b>		1				1		1		1		1
<b>AST 9</b>		2				2		2		2		2
<b>AST 8</b>		3		3		3		3		3		3
<b>AST 7</b>		11		3		11		11		11		11
<b>AST 6</b>		10		10		10		10		10		10
<b>AST 5</b>		15		11		15		15		15		15
<b>AST 4</b>		5		16		10		13		13		13

<sup>28</sup> Posts filled at 31.12.2020 include seven offers made and accepted (2 AD8, 3 AD5, 2 AST4).

Function group and grade	Year 2020				Year 2021		Year 2022		Year 2023		Year 2024	
	Authorised budget		Actually filled as of 31/12/2020 <sup>28</sup>		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
<b>AST 3</b>		4		3		7		7		7		7
<b>AST 2</b>				1								
<b>AST 1</b>				3								
<b>AST TOTAL</b>		<b>51</b>		<b>50</b>		<b>59</b>		<b>62</b>		<b>62</b>		<b>62</b>
<b>AST/SC 6</b>												
<b>AST/SC 5</b>												
<b>AST/SC 4</b>												
<b>AST/SC 3</b>		3				5		5		5		5
<b>AST/SC 2</b>												
<b>AST/SC 1</b>				3								
<b>AST/SC TOTAL</b>		<b>3</b>		<b>3</b>		<b>5</b>		<b>5</b>		<b>5</b>		<b>5</b>
<b>TOTAL</b>		<b>180</b>		<b>173</b>		<b>208</b>		<b>215</b>		<b>222</b>		<b>225</b>
<b>GRAND TOTAL</b>		<b>180</b>		<b>173</b>		<b>208</b>		<b>215</b>		<b>222</b>		<b>225</b>

**External personnel****Contract Agents**

Contract agents	FTE corresponding to the authorised budget 2020	Executed FTE as of 31/12/2020	Headcount as of 31/12/2020 <sup>29</sup>	FTE corresponding to the authorised budget 2021	FTE corresponding to the authorised budget 2022	FTE corresponding to the authorised budget 2023	FTE corresponding to the authorised budget 2024
Function Group IV	67	62	62	85	76	74	76
Function Group III	40	36	36	40	41	38	38
Function Group II	11	12	12	12	12	13	13
Function Group I	2	2	2	1	1	1	1
<b>TOTAL</b>	<b>120</b>	<b>112</b>	<b>112</b>	<b>138</b>	<b>130</b>	<b>126</b>	<b>128</b>

**Seconded National Experts**

Seconded National Experts	FTE corresponding to the authorised budget N-1	Executed FTE as of 31/12/N-1	Headcount as of 31/12/N-1	FTE corresponding to the authorised budget N	FTE corresponding to the authorised budget N+1	FTE corresponding to the authorised budget N+2	FTE corresponding to the authorised budget N+3
<b>TOTAL</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>

<sup>29</sup> Posts filled at 31.12.2020 include seven offers made and accepted (6 FGIV, 1 FGIII). It should be noted that, as of April 2020, ECDC had received 20 additional contract agent posts in the course of 2020 due to the COVID-19 pandemic.

**Table A4. 3 Recruitment forecasts N+1 following retirement/mobility or new requested posts****(Information on the entry level for each type of posts indicative table)**

Job title in the Agency	Type of contract (Official, TA or CA)		TA/Official		CA
			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 <sup>30</sup>	Internal (brackets)	External (brackets)	
Head of Unit	0	0	AD 11 – AD 12	AD 11/ AD 12	-
Deputy Head of Unit	0	1	AD 10 – AD 12	AD 10	-
Head of Section	4	0	AD 8 – AD 10	AD 8	-
Principal Expert	4	3	AD 8 – AD 9	AD 8	-
Expert	5	14	AD 5 – AD 7	AD 5	-
Scientific Officer	4	27	-	-	FG IV
Administration (e.g. HR, Procurement/Finance)/IT Officers	4	8	AST 4 – AST 6	AST 4	-
Officers in support functions (e.g. Communication, IT, Legal)	4	3	-	-	FG IV
Assistants/specialists in support functions (e.g. HR, Finance, Procurement, IT)	2	9	-	-	FG III
Administrative assistants	0	2	AST/ SC 1 – AST/SC 3	AST/ SC 1	-
Office assistants	2	0	-	-	FG II

<sup>30</sup> Including posts for externally funded projects.

# Annex 5. Human resources (qualitative)

## A. Recruitment policy

### Temporary agents

#### *Type of key functions*

The establishment table focuses on the core functions of the Centre: the temporary agents. Temporary Agents (TA) are typically recruited to form the core capacity, running the main functions of the Centre, whereas Contract Agent (CA) are recruited to fulfil support functions.

Of key importance is the recruitment of highly qualified professionals for operational as well as administrative and management functions. This is especially important since ECDC is to be a centre of excellence in a 'knowledge sector'. Moreover, the Centre needs to cover a broad range of specialist areas (including specialists in 55 diseases and conditions, broader public health functions such as emerging infection, health determinants, burden of disease, training, response capacity, preparedness planning and disease surveillance and monitoring). This means it is essential that the Centre has access to a broad, solid base of the best professionals. Many positions are expert posts, specialised in specific fields of public health such as epidemiology. The epidemiological resources in Europe at senior level are limited and therefore it is important to offer appropriate incentives and attractive conditions.

The establishment table reflects the emphasis on building up internal expert capacity and attracting the best experts in the Centre's fields of competence. Hence, overall two thirds of the temporary agent posts are identified at administrator (AD) level, with the majority of the posts intended for technical experts in areas such as public health and epidemiology. The large number of AD staff is possible because a support capacity of assistant (AST) level staff is built up around the temporary agents to provide core support functions. Another important element of the Centre's administrative support capacity is its reliance on contract agents.

#### *Selection procedure*

The selection procedure for temporary agents follows the Centre's implementing rules on temporary agents - the model implementing rules for all agencies. According to these implementing rules, there is a provision for internal selection and the Centre makes use of this. The Centre aims to carry out recruitment processes in an objective, transparent and highly efficient manner, respecting candidate confidentiality and 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 the unit for which the potential staff member is being recruited.

#### *Entry grades*

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

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

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

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

Given that the Centre focuses on recruiting many contract staff for support functions, the aim is to recruit experienced senior administrative support staff at AST 4 level to coordinate the contract staff.

#### *Contract duration*

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

At its 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 the following posts and corresponding entry grades:

AD 5–7	Experts operational units etc;
AD 8	Principal experts in operational units, Heads of Section, etc;
AD 10	Deputy Heads of Unit;
AD 11–12	Heads of Unit;
AST/SC 1	Administrative assistants;
AST 4	Procurement officers, Human Resources officers, IT security officers, IT project managers, etc.

### *Contract agents*

The Centre's contract agents are mainly in the administrative unit, working on projects and programmes. Those in supportive functions are important as they enable 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 providing junior technical support in the long-term operational disease programmes.

#### *Selection procedure*

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

#### *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 for missions and meetings, human resources assistants, assistant secretaries, legal officers, web editors, editors, etc) and junior experts in operational programmes of a long-term nature;
- short-term functions could be posts for projects.

The contract duration is set as follows:

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

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

### *Job profiles*

The Centre's contract agents are mainly recruited:

- for administrative support functions;
- 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 assistants, Travel/mission assistants, Information assistants, etc.;
- FG IV Junior experts in operational programmes/projects, junior ICT developers, editors, legal officers etc.

## Seconded national experts

Article 29 (3) of the Centre’s Founding Regulation provides for the ‘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 (SNEs) at ECDC.

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

## Structural service providers

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

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

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

**Table A5.1 Implementing rules in place**

Type of recruitment	Decision	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		

## B. Appraisal and reclassification/promotions

**Table A5.2 Implementing rules in place**

Type of reclassification	Decision	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 A5.3** Reclassification of TA/promotion of officials

Grades	Average seniority in the grade among reclassified staff						Actual average over five years	Average over five years (According to decision C (2015)9563)
	Year N-4	Year N-3	Year N-2	Year N-1	Year N			
<b>AD05</b>	5	4.6	7.5	5.3	3.3	5.0	2.8	
<b>AD06</b>	3.8	3.6	4.9	3.0	3.0	3.9	2.8	
<b>AD07</b>	2.8	N/A	N/A	3.0	3.0	2.9	2.8	
<b>AD08</b>	5.7	5.8	4.6	5.0	4.0	5.1	3	
<b>AD09</b>	N/A	4.8	4.4	N/A	N/A	4.6	4	
<b>AD10</b>	N/A	N/A	4.3	5.8	5.0	5.0	4	
<b>AD11</b>	N/A	6.8	N/A	5.0	N/A	5.9	4	
<b>AD12</b>	N/A	N/A	3.2 <sup>31</sup>	N/A	N/A	3.2	6.7	
<b>AD13</b>	N/A	N/A	N/A	N/A	N/A	N/A	6.7	
<b>AST1</b>	N/A	N/A	7.6	N/A	N/A	7.6	3	
<b>AST2</b>	N/A	5.2	3.0	N/A	N/A	4.4	3	
<b>AST3</b>	N/A	N/A	N/A	N/A	N/A	N/A	3	
<b>AST4</b>	4.0	5.3	5.7	N/A	3.8	4.9	3	
<b>AST5</b>	4.8	5.8	5.8	5.8	6.4	5.9	4	
<b>AST6</b>	N/A	N/A	4.8	N/A	5.0	4.9	4	
<b>AST7</b>	6.8	4.8	N/A	4.8	N/A	5.5	4	
<b>AST8</b>	N/A	N/A	N/A	N/A	N/A	N/A	4	
<b>AST9</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<b>AST10 (Senior assistant)</b>	N/A	N/A	N/A	N/A	N/A	N/A	5	
<b>AST/SC1</b>	N/A	N/A	N/A	N/A	N/A	N/A	4	
<b>AST/SC2</b>	N/A	N/A	N/A	N/A	N/A	N/A	5	
<b>AST/SC3</b>	N/A	N/A	N/A	N/A	N/A	N/A	5.9	
<b>AST/SC4</b>	N/A	N/A	N/A	N/A	N/A	N/A	6.7	
<b>AST/SC5</b>	N/A	N/A	N/A	N/A	N/A	N/A	8.3	

<sup>31</sup> not executed due to lack of third language.

**Table A5.4 Reclassification of contract staff**

Function Group	Grade	Staff in activity at 1.01.Year N-2	How many staff members were reclassified in Year N-1	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
<b>CA IV</b>	17	2	0	n/a	Between 6 and 10 years
	16	2	0	n/a	Between 5 and 7 years
	15	20	3	5.0	Between 4 and 6 years
	14	21	1	3.8	Between 3 and 5 years
	13	2	1	3.9	Between 3 and 5 years
<b>CA III</b>	11	6	0	n/a	Between 6 and 10 years
	10	10	0	n/a	Between 5 and 7 years
	9	17	1	4.2	Between 4 and 6 years
	8	1	0	n/a	Between 3 and 5 years
<b>CA II</b>	6	3	0	n/a	Between 6 and 10 years
	5	5	0	n/a	Between 5 and 7 years
	4	2	0	n/a	Between 3 and 5 years
<b>CA I</b>	2	2	0	n/a	Between 6 and 10 years
	1	0	0	n/a	Between 3 and 5 years

## C. Gender representation

**Table A5.5 Data regarding statutory staff on 31/12/2020 (only officials, TA and CA)<sup>32</sup>**

		Official		Temporary		Contract Agents		Grand Total	
		Staff	%	Staff	%	Staff	%	Staff	%
<b>Female</b>	Administrator level			62	37%				
	Assistant level (AST & AST/SC)			33	20%				
	Total	<b>0</b>		<b>95</b>	<b>57%</b>	<b>75</b>	<b>71%</b>	<b>170</b>	<b>63%</b>
<b>Male</b>	Administrator level			53	32%				
	Assistant level (AST & AST/SC)			18	11%				
	Total	<b>0</b>		<b>71</b>	<b>43%</b>	<b>30</b>	<b>29%</b>	<b>101</b>	<b>37%</b>
<b>Grand Total</b>		<b>0</b>		<b>166</b>	<b>100%</b>	<b>105</b>	<b>100%</b>	<b>271</b>	<b>100%</b>

**Table A5.6 Data regarding gender evolution over 5 years of the middle and senior management<sup>33</sup>**

	N-5 (2016)		N-1 (2020)	
	Number	%	Number	%
Female managers	2	33%	2	33%
Male managers	4	67%	4	67%

<sup>32</sup> without offers made and accepted

<sup>33</sup> Staff who are defined as middle managers under the applicable General Implementing provisions on middle management.

## D. Geographical balance

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

**Table A5.7 Data on 31/12/year N-1 - statutory staff only (officials, AT and AC)**

Nationality	AD + CA FG IV		AST/SC- AST + CA FGI/CA FGII/CA FGIII		TOTAL <sup>34</sup>	
	Number	% of total staff members in AD and FG IV categories	Number	% of total staff members in AST SC/AST and FG I, II and III categories	Number	% of total staff
Austria	1	0.6%	1	1.0%	2	0.7%
Belgium	5	2.9%	1	1.0%	6	2.2%
Bulgaria	7	4.1%	0	0.0%	7	2.6%
Croatia	1	0.6%	2	2.0%	3	1.1%
Cyprus	0	0.0%	1	1.0%	1	0.4%
Czech Republic	1	0.6%	1	1.0%	2	0.7%
Denmark	3	1.8%	3	3.0%	6	2.2%
Estonia	0	0.0%	2	2.0%	2	0.7%
Finland	11	6.4%	3	3.0%	14	5.2%
France	18	10.5%	5	5.0%	23	8.5%
Germany	15	8.8%	9	9.0%	24	8.9%
Greece	9	5.3%	1	1.0%	10	3.7%
Hungary	3	1.8%	1	1.0%	4	1.5%
Ireland	2	1.2%	1	1.0%	3	1.1%
Italy	11	6.4%	8	8.0%	19	7.0%
Latvia	3	1.8%	2	2.0%	5	1.8%
Lithuania	4	2.3%	1	1.0%	5	1.8%
Luxembourg	0	0.0%	0	0.0%	0	0.0%
Malta	2	1.2%	0	0.0%	2	0.7%
Netherlands	4	2.3%	2	2.0%	6	2.2%
Poland	4	2.3%	9	9.0%	13	4.8%
Portugal	7	4.1%	3	3.0%	10	3.7%
Romania	13	7.6%	9	9.0%	22	8.1%
Slovakia	1	0.6%	0	0.0%	1	0.4%
Slovenia	1	0.6%	1	1.0%	2	0.7%
Spain	6	3.5%	2	2.0%	8	3.0%
Sweden	38	22.2%	30	30.0%	68	25.1%
United Kingdom	1	0.6%	2	2.0%	3	1.1%
<b>Total</b>	<b>171</b>	<b>100.0%</b>	<b>100</b>	<b>100.0%</b>	<b>271</b>	<b>100.0%</b>

**Table A5.8 Evolution over five years of the most represented nationality in the Agency**

Most represented nationality	N-5 (2016)		N-1 (2020)	
	Number	%	Number	%
Sweden	51	19.4 %	68	25.1 %

The increased percentage of Swedish nationals is largely due to staff members with UK nationality obtaining Swedish citizenship following Brexit.

<sup>34</sup> without offers made and accepted.

## E. 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><b>Description of any other solutions or actions in place:</b></p> <p>There are a number of alternatives for international schooling within the region where the Centre is situated (international schools, German, British, French, Finnish schools). There is no European school in Stockholm.</p> <p>Public schools, whether Swedish or international, are free of charge. Private school fees are high, although national grants per student reduce fees. However, the private international school situated in Stockholm City Centre charges very high fees and the double educational allowance only covers a minimal part of the fees for this school.</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. Environment management

Public administrations are responsible for reducing the impact of their administrative operations on the environment as much as possible. To improve in this area, it has been possible for public administrations to register for the EU Eco-Management and Audit Scheme (EMAS) since 2001. In its special report from 2014 entitled 'How do the EU institutions and bodies calculate, reduce and offset their greenhouse gas emissions?' the European Court of Auditors concluded with a recommendation that EMAS and green procurement should be fully implemented by all EU institutions and bodies.

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

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

With regard to EMAS registration, in June 2020 ECDC performed an environmental assessment as an introduction to implementation of an Environmental Management System based on the European Management Audit Scheme (EMAS). ECDC is now working towards achieving EMAS certification in 2022. The environmental assessment established that travel related to missions, meetings, recruitment and training courses represented the main source of CO<sub>2</sub> emissions for ECDC, with a critical environmental significance factor of 76 (out of 100). In 2019, CO<sub>2</sub> emissions related to staff missions were reduced by 0.75% compared to 2017, and 18% compared to 2018. Due to the COVID-19 pandemic and the reduction of staff missions and meetings, we expect that ECDC's CO<sub>2</sub> emissions related to travel have been reduced to a non-relevant environmental significance factor in 2021.

### ECDC measures to reduce the environmental impact of its operations

In total, 100% of ECDC's electricity is provided by hydro-powered energy. ECDC's premises are equipped with energy-efficient glass windows, optimising daylight admission and reducing solar heat. Light sources are mostly LED, with occupancy sensors and daylight control systems.

ECDC is continuing to improve its new recycling system introduced in 2019, with waste separation for paper, plastic, glass, organic, metal, e-waste, toners, light and bulbs, batteries, corrugated cardboard and boxes. In addition, ECDC requests environmental documentation from some of its suppliers and purchases eco-labelled products (such as stationery and cleaning detergents).

To reduce the environmental impact of the transport, ECDC encourages its staff to use sustainable ways of commuting by providing facilities for bicycles. The Centre's premises also offer very good connections by public transport. Videoconferencing is also encouraged to limit the environmental impact of missions.

### ECDC plans environmental objectives for 2022

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 2022, ECDC will set CO<sub>2</sub> reduction targets and the Agency also aims to introduce an environmental management system and become EMAS certified.

## Annex 7. Building policy

No	Building name and type	Location	Surface area in m <sup>2</sup>			RENT					Host country (grant or support?)
			Office space	Non office space	Total	Rental contract	Duration of the 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	4.905 sqm	4.502 sqm	9.407 sqm	19 491 840 SEK (approx. 1 937 673 EUR/year) <sup>35</sup>	15 years	After 15 years, two renewals of five years each.	Y	Termination notice period 12 months.	No

<sup>35</sup> January 2020, exchange rate.

## Annex 8. Privileges and immunities

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



## Annex 9. Evaluations

### External evaluation

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

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

### Internal evaluations

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

- 2015: ECDC assessment of its IT governance;
- 2016: evaluation of the deployment of ECDC experts in Africa;
- 2017: start of the evaluation of ECDC's Disease Programmes with the development of a common protocol for all Disease Programme evaluations. The first two Programmes to be evaluated were Influenza and other Respiratory Viruses (IRV) in 2018 and Food and Waterborne Diseases (FWD) in 2019 – outsourced;
- 2018: evaluation of ECDC's intranet;
- 2019: evaluation of the document management system - outsourced
- 2019: evaluation of ECDC Fellowship Programme - outsourced
- 2018–2020: EPHESUS (evaluation of the surveillance systems) – outsourced
- 2019–2020: TB programme – outsourced
- 2020: strategic and performance analysis of ECDCs response to the COVID-19 pandemic - outsourced.
- 2021: Evaluation of ESCAIDE – outsourced.

The scope of the procedure is described in the Internal Control Framework 12:

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

and:

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

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

An annual evaluation plan and indicative three years multi-annual evaluation plan are approved by the Director, after consultation of the relevant internal stakeholders. The evaluations planned for 2022 will not be conducted due to the high workload related to the COVID-19 pandemic. However, a team of internal evaluators will continue the evaluation of the current public health emergency, as done in 2021.

In addition, the Financial Regulation (art. 29) requires regular ex-ante, interim or ex-post evaluations for certain interventions.

The multi-annual evaluation plan is drawn up taking into account the life cycle of the interventions, the operational and strategic needs of the Units, general requirements for evaluation, and any specific requirement for the evaluation, as set out in the legal basis for the intervention.

External evaluations typically focus on assessing ECDC interventions. Significant resources are allocated to all ECDC interventions and they are expected to have a long-term impact. Therefore they are periodically evaluated in proportion to the resources allocated and the impact that is anticipated.

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 based on strategic or reputational impact, recurrent activities and programmes/projects with substantial annual budget, need for improvement or interest in being evaluated.

## Stakeholder surveys

In 2015, ECDC launched a 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). The results of the survey were presented to the Management Board. In 2015 the corrective actions were included in a common action plan with the external evaluation. A second survey was done in 2016. The next stakeholder survey has been postponed, to avoid duplication with the third external evaluation of ECDC and the external 'Strategic and performance analysis of ECDC response to COVID-19 pandemic' performed in 2020. The next stakeholder survey is planned for the first quarter of 2022.

## Monitoring of ECDC work programme implementation

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

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

## Organisational management

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

## Governance framework

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

Based on the existing legal framework (Regulation Establishing 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 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 undertaken by ECDC. Each Member State also has a designated Coordinating Competent Body that interacts with ECDC on high-level, strategic, and technical and operational matters.

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

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

The decision-making process is captured through the integration of the governance and quality management frameworks. While most of the Director's formal decisions take the form of administrative decisions, the decisions on policies, processes, procedures, work instructions and records are 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 Groups, Steering Committees, Working Groups, and Task Forces.

## Organisational performance management framework

The Centre's operational activities are implemented either as internal work or by outsourcing (through procurements or grants) and meetings. The detailed planning of these activities is managed and monitored in the Management Information System (MIS). All staff can access the system and obtain (near) real time information on the activities going on 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 SPD) and in terms of its annual consumption (Activity Based Costing, ABC in the Consolidated Annual Activity Report (CAAR)).

Each year, the Director reports on the implementation of the SPD, including the results of the key performance indicators, in the Consolidated Annual Activity Report (CAAR). The Report is adopted by the Management Board and serves as basis for the annual discharge procedure.

## Quality management framework

The quality management framework aims to ensure higher relevance and quality of the organisational outputs and more effective and efficient processes and operations, while creating a mind-set for continuous improvement. At present, there are several QM initiatives in place, and ECDC is committed to working towards a single, uniform and organisation-wide integrated quality management system, based on ISO 9001:2015 standard.

A new instructional document set-up is gradually being implemented to ensure that the documentation used in the Centre is up-to-date and developed using an aligned approach.

The 3i initiative, used to register and track improvements resulting from staff suggestions, is currently being reviewed. Process automation and optimisation work has been introduced through e-workflows for the clearance of scientific outputs and in the areas of procurement, HR, and internal control.

## ECDC internal control framework

To support the internal control system, ECDC has an internal control framework in place.

The internal control framework is designed to provide reasonable assurance regarding the achievement of the five objectives set out in Article 30 of the ECDC Financial Regulation:

- effectiveness, efficiency and economy of operations;
- reliability of reporting;
- safeguarding of assets and information;
- prevention, detection, correction and follow-up of fraud and irregularities, and
- adequate management of the risks relating to the legality and regularity of the underlying transactions, taking into account the multi-annual 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 basis for defining the principles and their characteristics.

The internal control framework is based on the five internal control components:

- The control environment
- Risk assessment
- Control activities
- Information and communication
- Monitoring activities.

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

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

For each principle a number of characteristics have been defined. For each characteristic indicators have been defined, as well as target values.

Internal control principle 16 states that the assessment of internal control is founded both on ongoing (continuous) monitoring and 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 improvement necessary and the appropriate target date.

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

## ECDC Anti-fraud strategy

ECDC has an anti-fraud strategy in place, covering the period 2021–2023.

A review of the underlying fraud risk assessment is performed annually, and is also used as a basis for defining the anti-fraud strategies.

In the latest anti-fraud strategy ECDC has decided to concentrate its efforts on achieving the following strategic objectives:

Objective 1: Internal anti-fraud training.

Objective 2: Perform an annual review and refine the fraud risk assessment over time.

Objective 3: Select one 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 Regulation (EC) No 851/2004 establishing the European Centre for Disease Prevention and Control (ECDC) and in particular article 19, in March 2018, ECDC's Management Board adopted the Independence Policy for Non-Staff and, in December 2019, the Independence Policy for ECDC Staff. The ECDC Compliance Officer is in charge of implementing these policies on the basis of the relevant internal procedures.

As regards the Independence Policy for Non-Staff, there is a systematic review of the interests declared by members of the Management Board, the Advisory Forum, the Eurosurveillance Board and, when scientific advice is given, by experts participating in ECDC meetings or working on ECDC publications. If relevant, the Compliance Officer suggests mitigation measures, particularly if pharmaceutical companies are concerned.

As concerns the Independence Policy for Staff, ECDC's Director and the Heads of Unit declare their interests annually 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 must submit an annual declaration of interest, a process which is ongoing and is foreseen to be finalised in 2021.

## Ex-post verifications and audits

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

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

## Risk assessment for the SPD 2022

When preparing the Single Programming Document (SPD) 2022, ECDC conducted a self-assessment of risk in order to identify the main risks that could impact the implementation of the SPD 2022.

The following main risks were identified:

- Risk of SPD implementation suffering as a result of a public health emergency event or being impacted by other unforeseen additional political or public health prioritised activities. Although ECDC is prepared to scale down activities, it would still imply that the Centre would not implement part of the SPD, as planned. Given the ongoing public health emergency with COVID-19, ECDC might be forced to amend the SPD 2022 in order to accommodate for the additional workload.
- Unavailability of data from Member States and/or unavailability of Member State/stakeholder resources to contribute to and/or participate in ECDC activities. ECDC has a good level of acceptance/support among stakeholders, however budget constraints, and the effects of the potential additional workload in 2022 on Member States/stakeholders related to the COVID-19 pandemic could impact their priorities regarding ECDC related activities.
- Amendments to the Founding Regulation/ECDC mandate will change the resources and competences needed at ECDC. In the short-term, it could be difficult to adapt the organisation to the new Regulation/mandate.
- Outsourcing of activities. Any outsourcing implies dependence on external parties. All forms of external parties' non-delivery (including insufficient quality) would potentially jeopardise the implementation of the SPD. Good planning and follow-up of outsourced work (including quality control) should reduce this risk to an acceptable level.

- Any budget cuts in the 2022 budget and/or cuts of posts in the establishment table 2022 would have a negative impact on the SPD. Moreover, any large change in the exchange rate (SEK/EURO) risks having an impact on the budget implementation and thereby also the execution of the SPD.

The following actions were identified as additional mitigations:

- ECDC will closely monitor the impact of the COVID-19 public health emergency event on the activities included in the SPD 2022 and make appropriate changes throughout the year. Important changes will be discussed and approved in the Management Board. **Deadline: Q4 2022**
- ECDC will closely follow, and liaise with the Member States on the effects of the COVID-19 pandemic on their ability to contribute to ECDC activities as planned. **Deadline: Q4 2022**
- ECDC will closely follow and liaise with European Commission and other stakeholders on the final changes to ECDC's Founding Regulation/mandate, as part of the approval process. **Deadline: Q4 2021 – Q2 2022**

## Annex 11. Financing decision<sup>36</sup>

**Table A11.1 Financing decision (envelopes for procurements and grants by strategic objective and action area) for core budget 2022**

Strategic objective	Action Area	Budget Line	Implementation by		Total	
			Grants	Procurements		
<b>1. Strengthen and apply scientific excellence</b>	1.1 Standards	3002- Scientific Process and Methods		0	0	
	<b>1.1 Standards Total</b>			<b>0</b>	<b>0</b>	
	1.2 Evidence	3000- Surveillance			9 500 000	9 500 000
		3006- Information and Knowledge Management			50 000	50 000
		3007- Air-Borne, Blood-Borne and Sexually Transmitted Infections			7 630 000	7 630 000
		3008- One Health related diseases			1 627 500	1 627 500
	<b>1.2 Evidence Total</b>			<b>18 807 500</b>	<b>18 807 500</b>	
	1.3 Methodologies	3002- Scientific Process and Methods		730 000	730 000	
	<b>1.3 Methodologies Total</b>			<b>730 000</b>	<b>730 000</b>	
	1.4 Knowledge transfer	3002- Scientific Process and Methods			635 000	635 000
3006- Information and Knowledge Management				570 000	570 000	
<b>1.4 Knowledge transfer Total</b>			<b>1 205 000</b>	<b>1 205 000</b>		
<b>Total</b>				<b>20 742 500</b>	<b>20 742 500</b>	
<b>2. Support the countries to strengthen their capacities and capabilities</b>	2.1 Country focus	3000- Surveillance		50 000	50 000	
		3003- Public Health Training		55 500	55 500	
		3007- Air-Borne, Blood-Borne and Sexually Transmitted Infections		519 000	519 000	
		3008- One Health related diseases		464 000	464 000	
		3009- European and international cooperation		90 000	90 000	
	<b>2.1 Country focus Total</b>			<b>1 178 500</b>	<b>1 178 500</b>	
	2.2 Prevention and control programmes	3000- Surveillance			3 000 000	3 000 000
		3007- Air-Borne, Blood-Borne and Sexually Transmitted Infections	0		1 118 000	1 118 000
		3008- One Health related diseases			2 064 500	2 064 500
	<b>2.2 Prevention and control programmes Total</b>		<b>0</b>	<b>6 182 500</b>	<b>6 182 500</b>	
2.3 Training	3003- Public Health Training	2 910 000		1 867 500	4 777 500	
	3007- Air-Borne, Blood-Borne and Sexually Transmitted Infections			210 000	210 000	

<sup>36</sup> The new format of the Financing decisions reflects the requirements of Article 110 of the Financial Regulation of the European Union 2018/1046.

Strategic objective	Action Area	Budget Line	Implementation by		Total
			Grants	Procurements	
		3008- One Health related diseases		4 000	4 000
	<b>2.3 Training Total</b>		<b>2 910 000</b>	<b>2 081 500</b>	<b>4 991 500</b>
	2.4 Emergency preparedness	3000- Surveillance		40 000	40 000
		3001- Preparedness and Response		1 059 000	1 059 000
	<b>2.4 Emergency preparedness Total</b>			<b>1 099 000</b>	<b>1 099 000</b>
<b>Total</b>			<b>2 910 000</b>	<b>10 541 500</b>	<b>13 451 500</b>
<b>3. Future outlook</b>	3.1 Foresight	3011- Assessment of future trends and threats Foresight		570 000	570 000
	<b>3.1 Foresight Total</b>			<b>570 000</b>	<b>570 000</b>
	3.2 Engage	3002- Scientific Process and Methods		20 000	20 000
	<b>3.2 Engage Total</b>			<b>20 000</b>	<b>20 000</b>
	3.3 Support transformation	3000- Surveillance		213 000	213 000
		3010- Assessment of new health technologies		1 180 000	1 180 000
	<b>3.3 Support transformation Total</b>			<b>1 393 000</b>	<b>1 393 000</b>
<b>Total</b>				<b>1 983 000</b>	<b>1 983 000</b>
<b>4. Increase EU health security through cooperation with non-EU partners</b>	4.1 Neighbourhood	3009- European and international cooperation		100 000	100 000
	<b>4.1 Neighbourhood Total</b>			<b>100 000</b>	<b>100 000</b>
	4.2 Major CDCs	3009- European and international cooperation		65 000	65 000
	<b>4.2 Major CDCs Total</b>			<b>65 000</b>	<b>65 000</b>
	4.3 Coordination	3008- One Health related diseases		30 000	30 000
		3009- European and international cooperation		7 000	7 000
	<b>4.3 Coordination Total</b>			<b>37 000</b>	<b>37 000</b>
<b>Total</b>				<b>202 000</b>	<b>202 000</b>
<b>5. Transform the organisation</b>	5.3 Stakeholders and external communication	3004- External communication		1 104 000	1 104 000
		3009- European and international cooperation		36 000	36 000
	<b>5.3 Stakeholders and external communication Total</b>			<b>1 140 000</b>	<b>1 140 000</b>
<b>Total</b>				<b>1 140 000</b>	<b>1 140 000</b>
<b>6. Support services</b>	6.1 Digital Transformation Services	3005- ICT		10 320 000	10 320 000
	<b>6.1 Digital Transformation Services Total</b>			<b>10 320 000</b>	<b>10 320 000</b>
<b>Total</b>				<b>10 320 000</b>	<b>10 320 000</b>
<b>Grand Total</b>			<b>2 910 000</b>	<b>44 929 000</b>	<b>47 839 000</b>



**Table A11.1 Financing decision (envelopes for procurements and grants by strategic objective and action area) for contribution agreements budget 2022**

Strategic objective	Action Area	Budget Line Name	Implementation		Grand Total
			Grants	Procurements	
<b>4. Increase EU health security through cooperation with non-EU partners</b>	4.1 Neighbourhood	3020 - ECDC - IPA 6		1 190 500	1 190 500
		3021 ENI grant – Health Security	100 000	1 860 328	1 960 328
	<b>4.1 Neighbourhood Total</b>		<b>100 000</b>	<b>3 050 828</b>	<b>3 150 828</b>
	4.2 Major CDCs	3022- EDF - Africa CDC		1 040 000	1 040 000
	<b>4.2 Major CDCs Total</b>			<b>1 040 000</b>	<b>1 040 000</b>
<b>Grand Total</b>			<b>100 000</b>	<b>4 090 828</b>	<b>4 190 828</b>

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

	General information					Financial and HR impact				
	Actual or expected date of signature	Total amount	Duration	Counterpart	Short description	2021	2022	2023	2024	
<b>Grant agreements</b>										
1. ERLTB-Net	Q2 2021	EUR 200 000 per year	4 years	Consortium led by <i>Ospedale San Raffaele</i>	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	0.25	0.25	0.25	0.25
						No. of SNEs				
2. VENICE.Net	Q4 2021	Estimated at EUR 100 000 per year	4 years	To be selected	Continuation of VENICE.net activities for VPDs incl. influenza. To collect information on the national vaccination programmes through a network of professionals and ensure its availability to Member States and relevant stakeholders.	Amount EUR	100 000	100 000	100 000	100 000
						No. of FTEs	0.5	0.5	0.5	0.5
						No. of SNEs				
3. Scientific coordination of ECDC Fellowship Programme	Q1 2022	EUR 575 000 per year	4 Years	12 specific agreements with different counterparts	Scientific coordination of ECDC Fellowship Programme (Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) paths). To ensure the availability of highly qualified scientific coordinators for the Fellowship programme.	Amount EUR	575 000	575 000	575 000	575 000
						No. of FTEs	1.90	1.90	1.90	1.90
						No. of SNEs				
4. ECDC Fellowship Programme: hosting of fellows	Q1-Q2 2022	EUR 1 950 000 per year	4 Years	39 specific agreements (for hosting cohorts 2020, 2021 and 2022) with different counterparts	ECDC Fellowship Programme (Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) paths) hosting of fellows at training sites. To ensure that EU-track fellows can be employed by their training sites with the financial support of ECDC.	Amount EUR	1 950 000	1 950 000	1 950 000	1 950 000
						No. of FTEs	0.95	0.95	0.95	0.95
						No. of SNEs				
	Total grant agreements					Amount EUR	2 825 000	2 825 000	2 825 000	2 825 000
No. of FTEs						3.6	3.6	3.6	3.6	
No. of SNEs										

	General information					Financial and HR impact				
	Actual or expected date of signature	Total amount	Duration	Counterpart	Short description		2021	2022	2023	2024
<b>Contribution agreements</b>										
None						Amount EUR				
						No. of FTEs				
						No. of SNEs				
	Total contribution agreements					Amount EUR				
						No. of FTEs				
						No. of SNEs				
<b>Service-level agreements</b>										
None						Amount EUR				
						No. of FTEs				
						No. of SNEs				
	Total service-level agreements					Amount EUR				
						No. of FTEs				
						No. of SNEs				
	<b>Total</b>					Amount EUR				
						No. of FTEs				
						No. of SNEs				

	General information					Financial <sup>37</sup> and HR impact				
	Actual or expected date of signature	Total amount EUR	Duration	Counterpart	Short description		2021	2022 (forecasted budget)	2023	2024
<b>Grant agreements where ECDC is recipient of funds</b>										
IPA6 Contribution agreement	10 December 2019	2 500 000	5 years		Preparatory measures for the participation of the Western Balkan countries and Turkey in ECDC with special focus on a 'One-Health' approach against AMR and enhanced SARI surveillance, 2020–2024.	Amount				
						Nr of FTEs				
						Nr of SNEs				
ECDC4Africa CDC Contribution agreement	19 October 2020	9 000 000	4 years		ECDC for Africa CDC action aims to: <ul style="list-style-type: none"> <li>strengthen capacities of Africa CDC in preparedness, risk assessment, rapid response, and emergency operations;</li> <li>improve continental harmonised indicator- and event-based surveillance of infectious diseases, including platforms for data sharing and early detection of threats as well as foundations for sustainable, trained public health workforce.</li> </ul>	Amount	0	7 000 573	0	0
						Nr of FTEs	8	8	8	8
						Nr of SNEs				
EU Initiative on Health Security Contribution agreement	18 December 2020	9 000 000	4 years		The EU Initiative on Health Security aims to set up a regional competent workforce for the prevention and control of challenges posed by communicable diseases and to enhance regional cooperation to tackle cross-border health security threats in EU candidate and potential candidate (EU Enlargement) countries and European Neighbourhood Policy (ENP) partner countries.	Amount	3 000 000	0	0	0
						Nr of FTEs	11	11	11	11
						Nr of SNEs				
Total grant agreements where ECDC is recipient of funds						Amount				
						Nr of FTEs				
						Nr of SNEs				
<b>Total</b>						Amount				
						Nr of FTEs				
						Nr of SNEs				

<sup>37</sup> The budget figures in this table are based on planned revenue - i.e. availability of budget in ECDC account.

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

The proposed ECDC strategy 2021–2027 describes how the Centre will cooperate with third countries and international organisations (under Goal 4, as reproduced below).

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

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

The COVID-19 pandemic has shown that serious threats to health from communicable diseases are inherently cross-border and early lessons underline the importance of strong international cooperation and coordination with partners to share data and knowledge in order to understand and effectively respond to new threats and improve health security in the EU and globally. This is reflected in the Commission's legislative proposal amending ECDC's mandate, which strengthens 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 the Western Balkan countries, Turkey and European Neighbourhood Policy (ENP) partner countries in the implementation of Decision No 1082/2013/EU and the International Health Regulations. The Centre will also offer capacity building activities and training courses.

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 for developing 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 of the EU, 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 IHR and reaching internationally agreed objectives and targets. Good coordination between partners will be essential to avoid overlaps, bring added value, find synergies and take action. In this context, there is a clear potential for ECDC, in line with its commitment to continuous improvement, to provide more effective support to countries strengthening their communicable disease prevention and control systems (long-term projects/capacity building) and provide crisis response in Europe and globally.

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

ECDC will continue to implement a comprehensive programme, in close collaboration with the relevant Commission services, providing technical support for the Western Balkan countries, Turkey and the European Neighbourhood Policy (ENP) partner countries to strengthen their public health systems under the Pre-Accession Assistance (ECDC-IPA6 project) 'Preparatory measures for the participation of the Western Balkans and Turkey in ECDC with special focus on One Health against AMR and an enhanced SARI surveillance, 2020–2024' and the EU Initiative on Health Security 2020-2025 respectively. This programme is designed to enhance the countries' capacities for early threat detection, threat assessment, and response to health threats from communicable diseases. To facilitate sustainability, the programme will also cover public health workforce-oriented capacity building activities and training courses to be delivered through the Mediterranean Programme for Field Epidemiology Training (MedPIET).

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

ECDC will continue to further strengthen its bilateral cooperation with CDCs, including those with which it already has a formal bilateral agreement (US CDC, China CDC, Public Health Agency of Canada, Israel CDC and the Ministry of Health of Mexico) as well as at multi-lateral level within the network of ECDC Focal Points in major CDCs.

Together with major centres for disease prevention and control (CDCs), ECDC will explore further possibilities for establishing processes and procedures for the rapid exchange of information in outbreak situations.

The need for, and added value of multilateral collaboration among major CDCs will also be explored - for example aligned practices/control options in outbreak situations or common challenges/approaches in the prevention and control of infectious disease threats (examples of possible areas of work are digital transformation of healthcare and vaccine hesitancy).

The partnership with Africa CDC, launched in 2020, will continue under the four-year project 'EU for health security in Africa: ECDC for Africa CDC' to contribute to improved health security in Africa.

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

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

ECDC will further strengthen its coordination with WHO and its Regional Offices, in particular with WHO's Regional Office for Europe. Coordination with other organisations will be based on the model tested with the WHO Regional Office for Europe and apply an adapted set of procedures.

With regard to other partners working with non-EU countries (e.g. UN organisations, EU Member States, the World Bank), ECDC will use existing relevant mechanisms for coordination at the country, regional, or global level - for example by using bilateral coordination channels through an EU Member State or liaising with EU delegations in non-EU countries.

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