

European Centre for Disease Prevention and Control

# Updates from ECDC

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CAPSCA EUR-MID/13, Paris, 8 October 2026

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# ECDC – European Centre for Disease Prevention and Control



- An agency of the European Union located in Solna, Sweden
- Founded in 2005; currently over 350 employees from all 27 EU Member States

# ECDC – Points of Entry – Border Health

**Outbreak support PHEs**
- Hantavirus outbreak
- Ebola disease Bundibugyo

**Technical guidance**
- Travel related public health measures
- PHSM
- Contact Tracing on Aircraft (RAGIDA)

**PHEPAs**
- PoE and border health
- Health Emergency Management
- IHR implementation

**EU Health Task Force**

**Country support workshops**

Support to HSC

Lessons learned -AARs

**Collaboration with partners:**

World Health Organization

EASA European Union Aviation Safety Agency

ICAO

# EU Health Task Force

# The EU Health Task Force

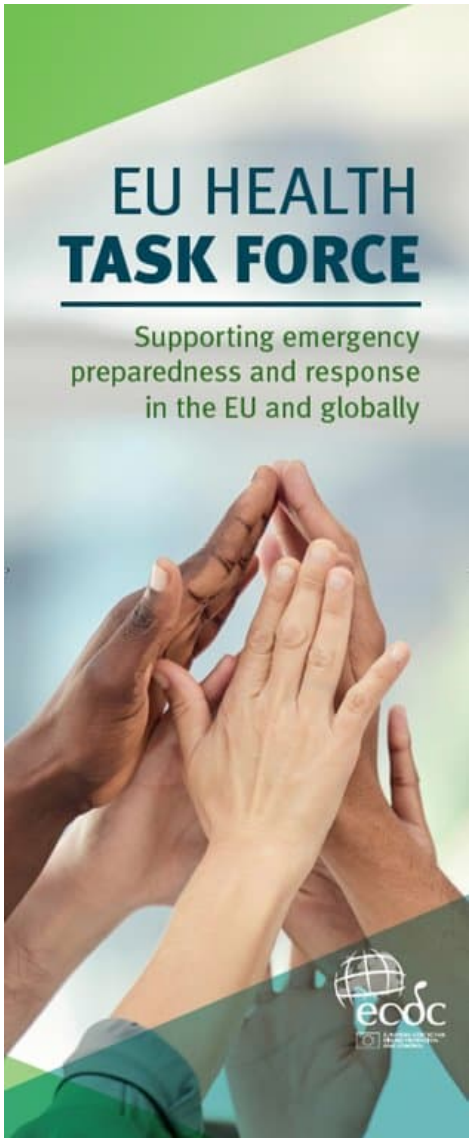
EU deployable public health work force providing support for the operational response and for crisis preparedness to countries within and outside the EU

**Preparedness**

- Develop, review preparedness and response plans or guidelines/protocols related to specific technical areas
- Test preparedness and response plans, or plans related to specific technical areas
- Review implementation preparedness and response actions
- Support capacity building activities

**Response**

- Threat detection and monitoring, incl. during outbreak or following disasters
- Outbreak investigation and emergency response
- Outbreak related operational research




**REQUEST SUPPORT: ECDC National Coordinator and ECDC National Focal Points**

# Activities and achievements: EUHTF assignments to date

Since 2023, the EUHTF has accepted **51 requests**

- Status - ongoing (13), completed (34), paused (1) and discontinued (3)

## Experts engaged

- 26 experts deployed internationally
- 50 experts engaged in-person and remotely

## Location

- 39 assignments in EU/EEA countries
- 12 assignments in third countries

## Main technical area/topic

- Emergency/Outbreak response – 16
- Mass gathering – 2
- Rapid risk assessment – 1
- After-action review – 6
- Capacity building – 9
- Simulation exercise – 7
- Preparedness and response plan – 4
- Outbreak related research – 2
- Targeted country visit /expert advice – 3
- Surveillance evaluation - 1

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# EUHTF Assignments within the EU/EEA

**Capacity building:** Training

**Outbreak investigation:** Epidemiological and microbiological support

**Outbreak investigation:** Vector control

**AAR**

Development of a national prevention, preparedness and response **(PPR) plan**

**Capacity building**: Training CBRN and *surveillance**

**SimEx**

Development of a **PPR plan**

**AAR**

**Mass gathering events**

**SimEx**

Multi-country **operational research**

Advise on development of **a national action plan on health security**

***Expert advice**: Entomological Surveillance*

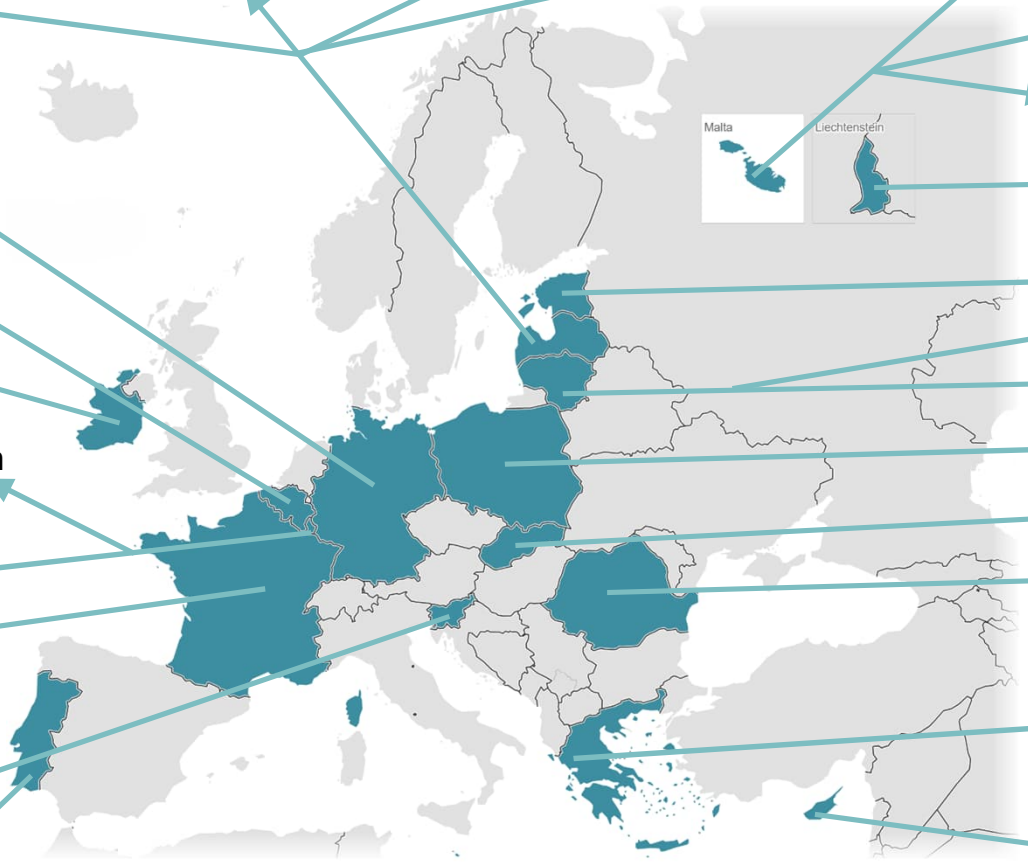
**Two mass gathering events**

*Development of an **EOC**** 

**AAR**

**Expert Advice:** Workforce planning

**AAR**




Administrative boundaries: © EuroGeographics © OpenStreetMap
Cartography: Eurostat – IMAGE, 04/2026

***Capacity building**: Training**

**AAR**

***Capacity building:** Training**

*Development of an **EOC** **

*Multi-country **AAR***

**Data management** support

**Expert advice:** Capacity building for Surveillance, preparedness and response

Development **PPR plan**

# EUHTF Assignments outside of the EU/EEA, in collaboration with partners

- **Ukraine**: **Rapid Risk Assessment** related to a flooding event
- **DRC: Mpox response**, through GOARN, DG ECHO and DG INTPA
- **Israel and occupied Palestinian Territories**: Response to infectious disease events associated with the escalation of violence, through GOARN and DG ECHO (in support of UNRWA HQ in Jordan)
- **Zambia:** Response to **cholera**, through GOARN and DG INTPA to WHO
- **Rwanda:** Response to **Marburg** virus disease, with DG ECHO through UCPM
- **Sierra Leone:** Support to **mpox response**, through DG ECHO UCPM
- **DRC:** To support response to **Ebola** viral disease, co-deployment with Africa CDC
- **Uganda and DRC:** Point of Entry fact finding mission
- **Africa CDC (Addis, Kampala):** Technical support (surveillance, preparedness and response, modelling) HSOH Africa CDC - ECDC Partnership project/ DG INTPA
- **South Sudan:** Preparedness for Bundibugyo virus, through GOARN and DG ECHO








AfricaCDC Centres for Disease Control and Prevention

GOARN

European Union Civil Protection and Humanitarian Aid

European Commission

World Health Organization

Collaboration and coordination with **other institutions and partners** in the field is continuous

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# Public Health Emergency Preparedness Assessments – PHEPAs

# Basis of the assessment - Information reported under Article 7 of the SCBTH

**Article 7 self-assessment questionnaire**
Developed by EC in collaboration with ECDC
Published in an implementing act
Launched in September 2023
Report every three years with first submission on 27 December 2023
Reported by all EU/EEA countries
76 questions from 16 capacities

**State Party Self-assessment Annual Reporting tool (SPAR)**
Developed by WHO to report on the implementation of IHR core capacities
Report yearly since 2010
Reported by all state parties

**Public Health Emergency Preparedness Assessment (PHEPA)**
Assessments on prevention preparedness and response under Article 8 of the SCBTH

# Capacities included in the PHEPA

| | |
|---|---|
| **A. International Health Regulation (IHR) 2005 capacities** | |
| **Capacity 1.** | IHR implementation and coordination |
| **Capacity 2.** | Financing |
| **Capacity 3.** | Laboratory |
| **Capacity 4.** | Surveillance |
| **Capacity 5.** | Human resources |
| **Capacity 6.** | Health emergency management |
| **Capacity 7.** | Health service provision |
| **Capacity 8.** | Risk communications and community engagement (RCCE) |
| **Capacity 9.** | Points of Entry (PoEs) and border health |
| **Capacity 10.** | Zoonotic diseases and threats of environmental origin, including those due to the climate |
| **Capacity 11.** | Chemical events |
| **B. Additional capacities for EU/EEA MS reported as per article 7 of the regulation** | |
| **Capacity 12.** | Antimicrobial resistance (AMR) and healthcare associated infections (HAIs) |
| **Capacity 13.** | Union level coordination and support functions |
| **Capacity 14.** | Research development and evaluations to inform and accelerate emergency preparedness |
| **Capacity 15.** | Recovery elements |
| **Capacity 16.** | Actions taken to improve gaps found in the implementation of prevention, preparedness and response plans |

# Where we are now?

All **30** EU/EEA countries will be assessed every three years

- **29** assessments conducted so far (from May 2024)
- **1** more to be conducted (by October 2026)

- **2** JEE-PHEPA
- **3** joint PHEPA/One Health Fact finding mission

**11** team members in each team (average, sometimes more)

**5** institutions represented in each team (average, sometimes more)

more than **70** ECDC experts have joined a PHEPA

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# Points of Entry

*Interim findings from PHEPA reports*

# SPAR C11 – Points of Entry and Border Health

➢**SECTION 1. Information by type of Points of Entry**

- Number of designated ports/airports/ground crossings

➢**SECTION 2. Core Capacities at PoE and International Travel Related Measures**

- **C11.1 Core capacity** requirements at all times for PoEs (airports, ports and ground crossings)
- **C11.2. Public health response** at points of entry
- **C11.3. Risk-based approach** to international travel-related measures

| Level | C11.1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings) | |
|---|---|---|
| Level 1 | Strategic risk assessment for individual PoE as an integral part of a national risk assessment has not been completed | ❑ |
| Level 2 | Some designated PoE are implementing routine core capacities based on a completed associated strategic risk assessment | ❑ |
| Level 3 | Some designated PoE are implementing routine core capacities<br>AND<br>These are integrated into the national surveillance system for biological hazards/all hazards (e.g., event-based and early warning surveillance) | ❑ |
| Level 4 | All designated PoE are implementing routine core capacities with an all-hazard and multisectoral approach integrated into the national surveillance system | ❑ |
| Level 5 | Routine core capacities implemented at all designated PoE are exercised (as appropriate), reviewed, evaluated, updated and actions are taken to improve capacity on a regular basis | ❑ |

| Level | C11.2. Public health response at points of entry | |
|---|---|---|
| Level 1 | PoE designated based on a strategic risk assessment are in the process of developing a PoE public health emergency contingency plan | ❑ |
| Level 2 | Some designated PoE have developed a PoE public health emergency contingency plan for events caused by biological hazards | ❑ |
| Level 3 | All designated PoE have developed PoE public health emergency contingency plans for events caused by biological hazards and integrated into national emergency response plans[88] | ❑ |
| Level 4 | All designated PoE have developed PoE public health emergency contingency plans for events caused by all hazards[89] and integrated into national emergency response plans | ❑ |
| Level 5 | All PoE public health emergency contingency plans for events caused by all hazards all designated PoE are exercised (as appropriate), reviewed, evaluated and updated on a regular basis | ❑ |

| Level | C11.3. Risk-based approach to international travel-related measures | |
|---|---|---|
| Level 1 | National multisectoral process with mechanisms to determine the adoption of international travel-related measures,[90] on a risk-based manner, is not available or under development | ❑ |
| Level 2 | National multisectoral process with mechanisms to determine the adoption of international travel-related measures, on a risk-based manner, is developed including guidelines and SOPs for their implementation | ❑ |
| Level 3 | National multisectoral process with mechanisms to determine the adoption of international travel-related measures, on a risk-based manner, is developed and being implemented at national level | ❑ |
| Level 4 | National multisectoral process with mechanisms to determine the adoption of international travel-related measures; on a risk-based manner, is developed and being implemented at national and intermediate levels | ❑ |
| Level 5 | National multisectoral process and mechanisms to determine the adoption of international travel-related measures are being implemented at national, intermediate and local levels and exercised (as appropriate), reviewed, evaluated and updated on a regular basis, in response to an event or emergency | ❑ |

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# Art 7 PoE questions (complement SPAR)

## 9.1. Core capacity and contingency plan at PoE

- Implement, test, and update routine core capacities in all PoE with an **all-hazard, multi-sectoral** approach
- **Integrate** routine core capacities at PoE with national surveillance system
- **Implement, test, and update** PoE all-hazard public health emergency contingency plans
- Implement and test instruments regularly for **sharing and reporting** of travel related health information

## 9.2. International travel-related measures

- Implement, test and update international travel-related measures **adoption mechanism** across all administrative levels
- Include communication with the **Health Security Committee** prior to implementation of measure

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# Strengths

- Prevention, preparedness and response/**contingency plans** for public health events are in place at most designated Points of Entries.
  - In many countries, these plans have a multi-hazard approach, but this is not the case in all countries.
  - Several countries reports having routine core capacities in place at PoE and that these are routinely exercised.
- Many countries have **a legal framework** in place, which covers core capacities and prevention, preparedness and response plans for designated Points of Entry, and with roles and responsibilities clearly described.
- Most countries have regular **exercises** and other activities (Intra-Action Reviews, After-Action Reviews) aimed to test the plans and to identify strengths and challenges at PoE.
- Many countries report that surveillance data from PoE is integrated into the **national surveillance system** and that surveillance at PoE follows a multisectoral approach.
- Well-established **vector (including rodents) control** programmes.
- Reports of having instruments for **sharing travel-related health data** and mechanism in place for implementation of travel measures.
- Many countries describe that there is sufficient communication between **cross-sectoral stakeholders (within and across levels) with SOPs in place and that decision-making structures** for crises are well defined.

# Areas for improvement

- PPR plans at PoE should be revised to cover a wider range of potential scenarios
- Some countries are in the process of developing PPR plans
- It's a challenge to ensure that all core capacities are implemented in smaller PoE
- Many countries report need of improvements such as further exercises and AARs
- Strengthening of training at national level and at smaller PoE including district level inspectors is needed
- Stakeholder collaboration at PoE (including private/governmental responsibilities) could benefit from formalisation

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# PHEPA Recommendations

- PPR planning at PoE should ensure regular revision/update of plans, as well as development of specific SOPs
- Conduct exercises to **test all-hazard preparedness and contingency plans** at PoE, including for CBRNE threats and mass gatherings
- Formalise and clarify **stakeholder collaboration**
- Ensure the full implementation of a national **vector control program** at all designated PoEs
- The national and regional competences need to be enhanced to ensure that designated PoE have the required core and emergency IHR capacities
- Establish a dedicated step to consult the Health Security Committee (HSC) on planned border measures ahead of implementation

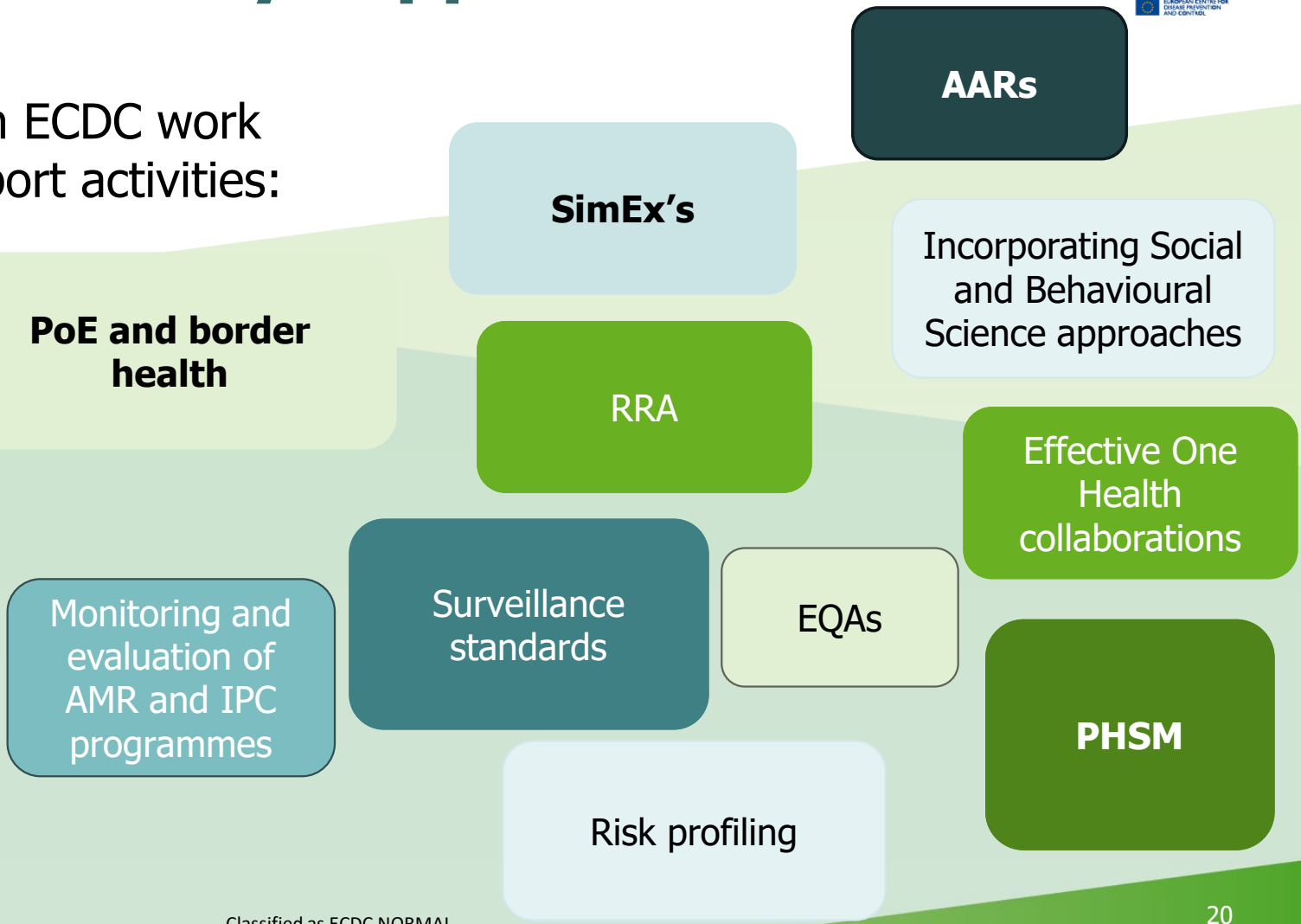
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# Country support

# Reflections for country support

The PHEPA findings inform ECDC work planning and country support activities:

- Workshops
- Guidelines
- Methodology
- Handbooks
- Trainings/webinars
- Support via the EUHTF
- Facilitate twinning
- Country visits




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# Envisioned EPR Country Support 2027

- Subregional community of practice workshops, covering various topics, each involving 3-5 countries (2-3 participants per country); PoE, PHSM, SimEx's, AARs, Risk profiling..
- A forum for peer exchange, capacity strengthening, and discussion of practical approaches to priority preparedness topics
- Flexible approach, tailored to the specific needs identified through the PHEPA process
- Depending on countries' support needs and priorities, workshops may address similar topics for different groups of countries, or countries may participate in multiple workshops covering different topics

**AND**

- 1-2 webinars on PHEPA findings and knowledge sharing
- Capacity specific webinars/thematic workshops led by other teams at ECDC (Micro, Surveillance, AMR/HAI, One Health etc)

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# Thank you!

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