Spain's post-Public Health Emergency Preparedness Assessment action plan in the context of Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health

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1. Introduction

The COVID-19 pandemic made clear that the structures and legislation in place at that time were insufficient to prevent significant losses during a public health crisis which respected no borders. Following this experience, and drawing on lessons learned from the emergency, various measures were adopted both globally and domestically to strengthen preparedness and response capacities for addressing health crises.

At the global level, the International Health Regulations were amended in 2024, with said amendments entering into force in 2025; and, at the European Union level, Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health was adopted.

At the domestic level, this action plan sets out the steps Spain is taking to improve its preparedness and response capacities to address possible threats.

This plan is based on the following approaches and reasoning:

- Health crises can have widely diverse origins and respond to multiple interrelated factors: changes in vector distribution, new emerging threats, migratory trends and natural disasters, among others. This means that any progress towards developing robust preparedness and response plans calls for an ***all-hazards approach*.**
- Similarly, it is essential to adopt the ***One Health approach***, given the interdependence between human health and the health of domestic animals, wildlife, plants and the environment.
- Moreover, coordination between public health authorities and all other relevant actors is fundamental; therefore, it is necessary to establish a ***whole-of-government approach***.
- Finally, as was made clear by the COVID-19 pandemic, it is crucial that the public participate actively in the adoption of measures to handle health crises and in the prevention and recovery phases. Therefore, it is essential to adopt a **whole-of-society approach**.

This action plan aims to strengthen Spain's capabilities to be prepared for and respond to any future health risks, in order to reduce morbidity, mortality and any other harm which might affect society as a whole.

2. Background/context

2.1. International Health Regulations (2005)

The International Health Regulations (2005) (IHR) provide the international legal framework for the prevention of and response to the international spread of diseases. The IHR are an instrument of international law, adopted pursuant to Article 21 of the Constitution of the World Health Organization (WHO), and are legally binding on 196 States Parties, including Spain. Their purpose and scope "are to prevent, prepare for, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risk and which avoid unnecessary interference with international traffic and trade".

Following the COVID-19 pandemic, amendments were made in 2022 and 2024. These include:

- The addition of the definition of "pandemic emergency" to introduce a new level of global alert and thus trigger stronger international collaboration when such emergencies occur.
- The creation of national IHR authorities, responsible for coordinating the implementation of the IHR domestically.
- The creation of a Coordinating Financial Mechanism.
- The express inclusion of the concept "preparedness", in order to stress the importance of countries developing the core capacities described in Annex 1 of the IHR.
- The introduction of provisions to guarantee equitable access to relevant health products during a public health emergency.
-

Article 54 of the IHR establishes that States Parties and the Director-General of WHO must report to the World Health Assembly on the implementation of the IHR. This reporting process is standardized through the obligatory IHR States Parties Self-Assessment Annual Reporting (SPAR) tool. Additionally, there are voluntary assessment processes, such as simulation exercises (hereinafter, SimEx), after action reviews (AAR) and joint external evaluations (JEE).

2.2. Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health

Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health (hereinafter, Regulation (EU) 2022/2371), adopted in light of the lessons learned during the COVID-19 pandemic, broadens "the legal framework for epidemiological surveillance, monitoring, early warning of, and combatting serious cross-border threats to health, including zoonotic-related threats", in order to "facilitate adequate Union-wide preparedness for and response to all cross-border threats to health".

Regulation (EU) 2022/2371 sets out the need to establish a Union-wide prevention, preparedness and response plan, as well as national prevention, preparedness and response plans. **Article 7 provides that a self-assessment must be conducted** every three years: "Member States shall provide the Commission and relevant Union agencies and bodies with an updated report on prevention, preparedness and response planning and implementation at national level and, where appropriate, cross-border interregional levels."

Article 8 regulates external assessment of prevention, preparedness and response planning. This assessment is conducted every three years by ECDC. Following said assessment, ECDC "shall, if applicable, present to the Member States and to the Commission recommendations based on the assessments [...], addressed to Member States, taking into account national respective circumstances". After publication, **Member States are expected to submit**, within nine months, an **action plan addressing the proposed recommendations**.

2.3. National regulatory framework

Significant legislative progress has been made in Spain over the past two decades. The General Public Health Act 33/2011 of 4 October (hereinafter, the General Public Health Act) was passed in 2011. Among other measures, and with regard to preparedness and response capacities, the Act provides for the establishment of a Public Health Surveillance Network, including a 24/7 operational emergency response system.

After the COVID-19 pandemic, the Spanish Government drew up a Recovery, Transformation and Resilience Plan. The Plan includes a component (no. 18) focused on renewing and extending the capacities of the National Health System, clearly establishing the need to improve Spain's preparedness for public health emergencies and strengthen its response capacities.

On 22 June 2022 the Government adopted the Public Health Strategy, which constitutes the first shared public health roadmap for the country as a whole and establishes the priority actions to be taken in order to create a reference framework for coordinating all relevant actors and stakeholders. It creates a fabric which binds different international public health initiatives together with domestic policies (at the national, regional and local levels), taking into account Spain's political and organizational structure.

Royal Decree 568/2024 of 18 June, creates a National Public Health Surveillance Network, approved in 2024, describes the structure, objectives and purposes of the network, as well as the surveillance systems by which it is constituted. The Royal Decree also regulates Spain's Early Warning and Response System, managed by the Expert Committee of the Early Warning and Response System, and defines national reference laboratories.

More recently, in 2025, Parliament passed Act 7/2025, of 28 July, creating the National Public Health Agency, which will develop and implement technical aspects of public health surveillance, activities for which the Ministry of Health is currently responsible. In addition to coordinating and assessing the National Public Health Surveillance Network and developing health emergency preparedness and response plans, this agency will create and manage a national strategic stockpile for public health emergencies.

A Royal Decree adopting the National Preparedness and Response Plan against Serious Health Threats (hereinafter, the National Preparedness and Response Plan) is expected to be approved in 2026. The Plan includes the creation of a national coordination committee, a body through which the Central Administration can participate in the activity of the National Preparedness and Response Plan, as well as the development of preparedness and response capacities for addressing serious health threats and health crises, including psycho-social issues, and paying special attention to vulnerable groups and the gender perspective. The actions proposed in this action plan are aimed at implementation of the Plan adopted under the Royal Decree.

3. Public Health Emergencies Preparedness Assessment (PHEPA)

In line with Article 8 of Regulation (EU) 2022/2371, ECDC will assess, every three years, “the Member States' state of implementation of their national prevention, preparedness and response plans and their relation with the Union prevention, preparedness and response plan”.

This assessment is divided into different phases and ends with the publication of a report by ECDC. The process begins with a preliminary discussion with each Member State, followed by a desk review of documents and, finally, a visit to the country. The visit includes meetings with experts and relevant actors and stakeholders, and is divided into two parts: an initial discussion which covers all the capacities listed in a template (based on the capacities set out in the IHR and the additional capacities set out in Article 7 of Regulation (EU) 2022/2371); and a second part which focuses on specific capacities, which may vary from one round of assessment to the next.

In 2024, Spain received its first assessment after a visit to Spain from ECDC between 14 and 18 October. From among the capacities assessed, the following five were assessed in depth: laboratory (capacity 3), surveillance (capacity 4), health emergency management (capacity 6), risk communication and community engagement (capacity 8) and antimicrobial resistance and healthcare-associated infections (capacity 12).

Coordination between national authorities and ECDC representatives was conducted by the Preparedness and Response Area of the Coordination Centre for Health Alerts and Emergencies, under the Directorate-General for Public Health and Equity in Health, which acts as an international focal point for Spain's preparedness and response.

Representatives from the different units constituting the Early Warning and Response System of the National Public Health Surveillance Network took part in the meetings with ECDC representatives, as did representatives from different areas within the Ministry of Health and from other ministries, including the ministries of Foreign Affairs; Agriculture, Fisheries and Food; Science and Innovation; Interior; Consumer Affairs; and Industry and Tourism. Representatives from several regional governments also took part in the in-depth assessment of capacities.

In July 2025, Spain received its PHEPA country report with 77 recommendations for improving capacities to be prepared for and respond to public health events. The observations were analysed in depth in order to identify the units with the decision-

making powers to address the recommendations, and working groups were created to define the necessary actions to implement said recommendations.

The Ministry of Health is responsible for national coordination of preparedness and response planning by the National Health System, while the Public Health Committee of the Inter-territorial Council of the National Health System must ensure planning is coordinated and harmonized throughout the country. In this regard, once the action plan has been submitted to the Public Health Committee, the members of the Expert Committee of the Early Warning and Response System will take part in working groups created to implement this plan in order to define the procedures, plans or other actions necessary to put in place the recommendations made in the assessment, ensuring that preparedness and response action is coordinated and harmonized between the national and regional levels.

The Preparedness and Response Area of the Coordination Centre for Health Alerts and Emergencies gathered all of the information included in **APPENDIX II: Tables of recommendations and actions**. This information will be shared in the different groups and committees belonging to the Inter-territorial Council of the National Health System.

Appendix I: List of acronyms

Coordination Centre for Health Alerts and Emergencies

CCAES – Coordination Centre for Health Alerts and Emergencies
CCAES-DARO – Area within CCAES, responsible for Detection, Alerts and Operational Response. Communicable Diseases
CCAES-EVIS – Area within CCAES, responsible for Assessment, Surveillance and SimEx. Sexually Transmitted Diseases
CCAES-HADES – Area within CCAES, responsible for Information and Data Analysis Systems
CCAES-LAB/IRAS-RAM – Area within CCAES responsible for HAIs, AMR and Reference Laboratories
CCAES-P&R – Area within CCAES, responsible for Preparedness and Response and Infectious Respiratory Diseases
CCAES-VECZO – Area within CCAES, responsible for Vector-Borne Diseases and Zoonotic diseases

Ministry of Health

AEMPS – Spanish Agency of Medicines and Medical Devices
AEMPS PRAN – National Action Plan against Antimicrobial Resistance
AESP – Public Health National Agency
DGCartera – Directorate-General for the Common Portfolio of National Health System Services and Pharmacy
DGOP – Directorate-General for Professional Planning
DGPNSD (OEDA) – Government Delegation for the National Plan on Drugs (Spanish Observatory on Drugs and Addictions)
INGESA – National Institute for Health Management
SGCA – Deputy Directorate-General for Quality of Care
DGSPyES – Directorate-General for Public Health and Equity in Health
SESAN – State Secretariat for Health
SGSAySL – Deputy Directorate-General for Environmental Health and Occupational Health
SGSE – Deputy Directorate-General for Health Abroad

Ministry of Agriculture, Fisheries and Food

MAPA – Ministry of Agriculture, Fisheries and Food
SGASyCF – Directorate-General for Health Agreements and Border Controls
SGLSV – Deputy Directorate-General for Animal and Plant Health Laboratories
SGSHAT – Deputy Directorate-General for Animal Health and Hygiene and Traceability

Ministry for the Ecological Transition and the Demographic Challenge

MITERD – Ministry for the Ecological Transition and the Demographic Challenge
SGBTM – Deputy Directorate-General for Terrestrial and Marine Biodiversity

Ministry of Science, Innovation and Universities

AEI – National Research Agency
CSIC – Spanish National Research Council
ISCIII – Carlos III Health Institute
ISCIII CNE – National Centre for Epidemiology
ISCIII CNM –National Centre for Microbiology
ISCIII CNSA – National Centre for Environmental Health
ISCIII RELAB – Network of Laboratories for Biological Alerts

Ministry of the Interior

MIN-ASCOP – Area for Public Safety and Operations
MIN-DGPCyE – Directorate-General for Civil Protection and Emergencies
MIN-DGCE – Directorate-General for Coordination and Studies

Ministry of Defence

MINISDEF – Ministry of Defence
MINISDEF-JECOSAN – Ministry of Defence - Defence Medical Services

Other acronyms

AAR – After Action Review
AMR – Antimicrobial Resistance
ARIs – Acute Respiratory Infections
AVISAP – Comprehensive platform of the National Public Health Surveillance Network
HAIs – Healthcare-Associated Infections
HEBAR – Wastewater-based surveillance tool
ECDC – European Centre for Disease Prevention and Control
EARS-Net – European Antimicrobial Resistance Surveillance Network
HEIMDAL – Information system for handling alerts within the incident management system
IHR – International Health Regulation
IMSERSO – Institute for Older Persons and Social Services
FFCCS – Law enforcement agencies
LTCFs – Long-Term Care Facilities
MDRO – Multidrug-Resistant Organism
PHENC - Public health emergency of national concern
PoE – Point of Entry
PRAN – National Plan against Antimicrobial Resistance
RCCE – Risk communication and community engagement
SARI – Severe Acute Respiratory Infection
SimEx – Simulation Exercise
SiViEs – System for Surveillance in Spain
SiVIRA – Surveillance system for acute respiratory infections

Appendix II: Tables of recommendations and actions

A. Financing and legislation

RECOMMENDATIONS	STATUS	COORDINATOR	OTHER COMPETENT BODIES	INDICATORS
Context and background This plan and the proposed actions to implement the recommendations are based on the draft Royal Decree adopting the National Preparedness and Response Plan, among other regulatory documents.				
1. Identify and ensure the availability of a specific financing mechanism or fund for emergencies which guarantees development of all the capacities listed in Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health.				
Public health emergencies cause sudden increases in public spending, especially spending on health by regional governments, and put pressure on treasuries, requiring the activation of rapid response mechanisms. The experience gained during the COVID-19 pandemic shows that Spain has a range of budgetary and financial instruments it can employ to provide continuity of care and ensure system liquidity. Firstly, the use of residual liquid assets to fund extraordinary expenses is especially helpful, owing to their immediate availability. Secondly, the emergency procurement process streamlines essential services and purchases—such as medical supplies, disinfection services, and technical equipment—to ensure a suitable rapid response by public services. Thirdly, the emergency fund allows Spain to meet unexpected and non-deferrable expenses, strengthening the country's immediate response capacity to extraordinary financial needs without needing to process a more complex budgetary amendment. The State's financial support for regional governments is crucial in these situations. This support is provided in the form of extraordinary transfers (whether repayable or non-repayable) to cover the cost of spending on health, education and social care. In addition, the different administrations can make internal budget amendments to shore up insufficient credit or reallocate resources to urgent needs. At the European level, the temporary easing of fiscal rules—which happened, for example, when the general escape clause of the Stability and Growth Pact was activated—makes it easier for States to increase spending and the general government deficit to address health emergencies without breaking regulations. The State may also take on debt, especially in exceptional circumstances, to mobilize additional resources and ensure sufficient funds are available. At the regional level, health crises increase pressure on commercial debt and can cause a rise in the average debt collection period. This justifies activation of liquidity mechanisms, such as regional financing funds. These instruments guarantee payments to health suppliers are made and breakdowns in operation avoided. Lastly, the use of regulatory measures to contain prices, such as temporary caps on essential health products, can contribute to moderating the budgetary impact of the increase in demand. Overall, these mechanisms constitute a robust and proven framework for addressing future health emergencies, combining immediate liquidity, budgetary adjustment capacity, regulatory flexibility, State financial backing, the option of taking on debt and regulatory support measures.				
2. Ensure the availability of regulatory documents that support the capacity-building required by Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health.				
2.1. Have a National Preparedness and Response Plan	UNDERWAY	**CCAES-P&R, SESAN**	CCAES-EVIS, CCAES-DARO, DGPNSD (OEDA), ISCIII CSIC	- Royal Decree adopting the National Preparedness and Response Plan approved (Yes/No)
2.2. Have a national public health agency	COMPLETED UNDERWAY	**SESAN**	DGSPyES	- National public health agency created (Yes/No) - Statutes of the national public health agency drafted (Yes/No)

	2.3. Approve a Royal Decree on surveillance of Communicable Diseases	UNDERWAY	**CCAES-EVIS**	ISCIII CNE, ISCIII CNM, other CCAES areas, CSIC	- Approve and implement the Royal Decree on Surveillance of Communicable Diseases (Yes/No)
	2.4. Adopt a National Biosecurity Plan	UNDERWAY	**CCAES-P&R, CCAES-LAB/IRAS-RAM**	ISCIII, SGSHAT (MAPA), MIN-DGPCyE	- Biosecurity Plan adopted (Yes/No) - National Biosecurity Committee created (Yes/No)
	2.5. Approve a Royal Decree regulating the National Action Plan against Antimicrobial Resistance (also known as the Strategic Action Plan to reduce the risk of antimicrobial-resistance selection and spread).	UNDERWAY	**AEMPS PRAN**	CCAES-LAB/IRAS-RAM, SGCA, SGSHAT (MAPA), ISCIII CNE, ISCIII CNM	- Royal Decree approved (Yes/No)

B. Laboratory

RECOMMENDATIONS	STATUS	COORDINATOR	OTHER COMPETENT BODIES	INDICATORS
Context and background Spain has a strong, well-structured laboratory system which follows a stepped model, capable of responding effectively to both diagnostic needs and public health requirements. Its main strengths include its decentralized response capacities for advanced genomic characterization combined with those of the National Centre for Microbiology of the Carlos III Health Institute and of regional networks. All of this ensures rapid and accurate detection of emerging threats. New regulations further contribute to this effort: Royal Decree 568/2024 of 18 June, providing for the creation of a National Public Health Surveillance Network regulates the appointment and responsibilities of national reference laboratories, establishing a formal, standardized framework for their integration, coordination and operation. This regulation will represent a significant step forward which will contribute to strengthening the quality, coherence and operating capacity of the laboratory system. In this regard, the draft Royal Decree adopting the National Preparedness and Response Plan expands on the above, providing that national reference laboratories must guarantee the diagnostic capacities required to define the characteristics of public health threats; have procedures in place for sending samples securely and reporting results promptly; and employ the coordination, information-sharing and technical support mechanisms provided for the Network of Biological Alert Laboratories (RE-LAB), especially in cases where biological agents have been deliberately released. In addition, the National Public Health Surveillance Network will establish a national plan for increasing diagnostic capacities to respond to threats that exceed normal laboratory capacities and the national reference laboratories will ensure continuous operation and adaptation in cases of increased demand using the means set out in said plan. Designation as an EU reference laboratory (EURLs) gives national reference laboratories access to BSL-4 laboratories. In addition, since the Carlos III Health Institute, to which the National Centre for Microbiology is attached, is a member of the European Research Infrastructure on Highly Pathogenic Agents (ERINHA), access to this kind of facility is also guaranteed without the need to enter into additional international agreements.				
3.	Foster the development of public health laboratories.				
	3.1. Foster the designation of national reference laboratories within the National Public Health Surveillance Network.	UNDERWAY	**CCAES-LAB/IRAS-RAM ISCIII CNM**	CCAES-EVIS, SGSAySL, DGPNSD (OEDA), CSIC, ISCIII CNE, ISCIII RELAB, SGLSV	- Regulatory framework available (Yes/No) - At least three national reference laboratories designated per year for 2026-2028
	3.2. Develop procedures to scale up capacity of national reference laboratories (once designated) and of other Spanish laboratories, including other Spanish laboratories conducting clinical diagnostics if necessary. Formalize a funding mechanism guaranteeing rapid deployment of laboratory capacities.	NOT STARTED			- Plan to increase response capacities approved (Yes/No)
	3.3. Establish collaboration agreements with laboratories from other sectors to strengthen diagnostic support, adopting a One Health approach and ensuring alignment with related plans and strategies.	UNDERWAY			- Catalogue of cross-sector agreements signed
4.	Reach collaboration agreements with services that require BSL-4 laboratories.				
	4.1. Reach collaboration agreements within Spain.	UNDERWAY	**ISCIII CNM, CCAES-LAB/IRAS-RAM**	ISCIII RELAB	- Catalogue of collaboration agreements signed
Proposed action					
Organize SimEx and/or stress testing to assess the scalability of the diagnostic capacity in the Laboratory Scalability Plan in a public health emergency.	SimEx cannot be organized until a plan to increase laboratory capacity is implemented, since the purpose of the SimEx is to assess said plan and one of the proposed actions is to establish plan. No SimEx are planned before 2028.				

C. Surveillance

<table>
<tr><th>RECOMMENDATIONS</th><th>STATUS</th><th>COORDINATOR</th><th>OTHER COMPETENT BODIES</th><th>INDICATORS</th></tr>
<tr><td colspan="5">Context and background
The recommendations regarding this capacity make explicit reference to surveillance of acute respiratory infections, wastewater surveillance for respiratory viruses and, lastly, to development of mathematical modelling capabilities to reinforce near-term forecasting during public health emergencies.
Surveillance of Acute Respiratory Infections (ARIs) in the SiVIRA system is traditionally conducted by means of sentinel systems, and is characterized by combining the epidemiological and virological surveillance data of a single population to obtain information on disease incidence rates and the speed at which the infectious agent spreads across the population. Given the high frequency of ARIs, unlike other modes of surveillance, ARI surveillance systems are not exhaustive (i.e. they do not include all cases among a given population); rather, they are based on representative population samples. The system has a syndromic surveillance component that studies the frequency with which primary care patients present with ARIs, and another, more specific, systematic selection component that obtains more detailed information and includes virological testing on a sample of the total number of patients presenting with ARIs. The surveillance results for these samples are subsequently extrapolated to the population as a whole. Surveillance of severe acute respiratory infection (SARI) has the same characteristics and basic design as ARI surveillance, including both a syndromic and a systematic selection component. In the case of SARIs, the cases included in the surveillance system are usually reported by a sentinel hospital and calculations are made to obtain an estimated referral population for said hospital, i.e. the number of people who would be admitted to it if they required hospitalization because of a SARI.
In relation to wastewater surveillance, Spain is working on the transposition of Article 17 of Directive (EU) 2024/3019 concerning urban wastewater treatment and guaranteeing the collection and treatment thereof, which will replace Council Directive 91/271/EEC in 2027. The aforementioned Article sets forth the obligation to set up surveillance systems based on wastewater analysis to support the early identification and monitoring of risks to public health.</td></tr>
<tr><td>5.</td><td colspan="4">Guarantee the continuity and maintenance of the SiVIRA.</td></tr>
<tr><td></td><td>5.1. Maintain common protocols and metadata across the country, as well as agreements regarding indicators and reporting frequency.</td><td>COMPLETED</td><td rowspan="5">ISCIII CNE, CCAES-HADES</td><td rowspan="5">CCAES-P&R, CCAES-EVIS, CCAES-DARO, ISCIII CNM</td><td>- Common protocols, metadata and agreements on indicators revised annually and agreed by the Autonomous Communities (Yes/No)
- Periodic reports available</td></tr>
<tr><td></td><td>5.2. Facilitate the sharing of good practices between Autonomous Communities in the implementation of SiVIRA.</td><td>UNDERWAY</td><td>- At least two annual SiVIRA working group meetings; at least one of them held in person (Yes/No)</td></tr>
<tr><td></td><td>5.3. Promote automation in the recording of cases and surveillance variables by promoting new technologies.</td><td>UNDERWAY</td><td>- Increase in the percentage of Autonomous Communities that use automated processes to record cases as specified in surveillance protocols
- Increase in the percentage of Autonomous Communities in which basic system variables are obtained automatically</td></tr>
<tr><td></td><td rowspan="2">5.4. Periodically evaluate implementation of the common surveillance protocol in the different Autonomous Communities and any deviations.</td><td>COMPLETED SARI 2025</td><td rowspan="2">- Evaluation report on the implementation of the SARI surveillance protocol in the Autonomous Communities (Yes/No)
- Evaluation report on the implementation of the ARI surveillance protocol in the Autonomous Communities (Yes/No)</td></tr>
<tr><td></td><td>NOT STARTED ARIs</td></tr>
</table>

	5.5. Enhance the integration of virological data in SiVIRA, improving prioritization of cases from the surveillance sample for molecular characterization and the recovery of that data, guaranteeing fulfilment of protocol requirements.	UNDERWAY			- Increase in the percentage of cases in SiVIRA with availability of information on viral subtypes, clades and variants
	5.6. Establish common indicators that enable the coordination of risk assessment across Spain and harmonized prevention and control actions.	COMPLETED			- Publication of a framework document for the monitoring of acute respiratory infections (Yes/No)
6.	Develop and implement Spain's wastewater-based surveillance tool (HEBAR) to support the respiratory disease surveillance system, and integrate it with other surveillance systems.				
	6.1. Establish a wastewater-based surveillance system to support the early detection and monitoring of public health threats.	NOT STARTED	**SGSAySL**	CCAES-EVIS	- Percentage of coverage of wastewater-based surveillance across Spain
	6.2. Develop and launch the HEBAR platform.	UNDERWAY		CCAES-HADES	- Launch of the HEBAR Platform (Yes/No)
	6.3. Integrate the HEBAR platform into AVISAP	COMPLETED		CCAES-HADES, CCAES-EVIS, CCAES-P&R, CSIC, DGPNSD	- Access to the HEBAR system through the AVISAP platform (Yes/No)
7.	Cross-sector collaboration with research units and scientific societies to create mathematical models for near-term forecasting during emergencies.				
	7.1. Develop collaboration agreements with other units identified as having the capacity to create mathematical models.	UNDERWAY	**CCAES-HADES**	CCAES, CSIC, ISCIII	- Catalogue of institutions identified as developing epidemiological mathematical models (Yes/No) - Collaboration agreement signed with at least one of the institutions identified
	7.2. Create a formal and permanent working group formed by members of the Health Alert and Emergency Coordination Centre (CCAES) and experts from research bodies.	NOT STARTED			- Creation of the working group (Yes/No) - At least two annual working group meetings held - Annual update of available mathematical models identified (Yes/No)
8.	Create working groups ("ponencias") to address public health events at an early stage to ensure there is consistency in the response to the event from the different Autonomous Communities and ensure good communication and collaboration to detect small outbreaks even at local levels.				
	8.1 Create working groups to coordinate the different aspects of surveillance of communicable diseases and the response to public health events.	The structure for this coordination is established and integrated within the Inter-territorial Council of the National Health System. At the national level, there are surveillance protocols for compulsorily notifiable diseases, as well as mechanisms for managing the events detected and the capacity to develop ad hoc protocols for new threats that are reproduced and implemented at the regional and local levels following adaptation thereof to their needs and capacities. In the framework of the General Public Health Act and of Royal Decree 568/2024, providing for the creation of a National Public Health Surveillance Network, the information gathered is included in a national platform coordinated with the Autonomous Communities. Spain's SiViEs platform, hosted by the National Centre for Epidemiology, enables coordinated management of outbreaks together with the Autonomous Communities, including those occurring at a local level.			

D. Human resources

RECOMMENDATIONS	STATUS	COORDINATOR	OTHER COMPETENT BODIES	INDICATORS
Context and background The Framework Statute for Health Workers and the draft Royal Decree adopting the National Preparedness and Response Plan constitute the legislative framework that establishes mechanisms for ensuring the greatest possible availability of the necessary human resources in the sphere of healthcare and public health and, in coordination with the Ministry of Territorial Policy and Democratic Memory, at Points of Entry (PoE), as well as the reorganization of these resources, when considered necessary, to respond to threats which could entail a public health emergency of national concern (PHENC) in the framework of the National Health System (and a public health emergency of international concern, as applicable). Thus, the development of the aspects of the Zaragoza Declaration concerning human resources in the sphere of public health surveillance and healthcare preparedness and response must also contribute to improving this capacity. The assessment of the human resources capacity included more recommendations for action than are listed below. However, given the current status of the future national public health agency, the creation of which has already been approved, we have considered it appropriate to monitor a limited number of recommendations during this cycle and address those not included herein within a more stable context.				
9. Develop the legislative framework guaranteeing greater availability of the necessary healthcare and public health human resources for their mobilization in response to public health emergencies.				
9.1. Establish a legislative framework for mobilizing human resources.	UNDERWAY	**DGOP**	Other CCAES units, Autonomous Communities	- Inclusion of specific provisions regarding mobilization in emergencies in the Royal Decree adopting the National Preparedness and Response Plan (Yes/No)
9.2. Map the public health and healthcare workforce that can be mobilized in the event of an emergency.	UNDERWAY		Ministry of Health, Autonomous Communities	- The updated map covers 100% of the country
9.3. Prepare a national plan for scaling-up and mobilizing healthcare and public health human resources in response to PHENCs.	NOT STARTED		CCAES, Autonomous Communities, MIN-DGPCyE	- Publication of the national plan for scaling-up human resources (Yes/No)

E. Emergency preparedness and response

RECOMMENDATIONS	STATUS	COORDINATOR	OTHER COMPETENT BODIES	INDICATORS
Context and background The aim of the draft Royal Decree adopting the National Preparedness and Response Plan is to approve the structure and content of the Plan, which organizes the necessary governance mechanisms (providing for the creation of a national coordination committee) and sets out specifications regarding the preparedness and response capacities and resources needed to address serious health threats and health crises, some of which are covered in this Action Plan. The Plan comprises the following: organizational structure for the planning of preparedness and response against serious health threats or other crises with a major impact on the healthcare system; detection and assessment of risks by the early warning and rapid response system; declaration of a PHENC; preparedness and response capacities against serious health threats or other crises with a major impact on the healthcare system and; assessment and presentation of reports on the status of preparedness and response capacities. The legal and organizational framework for building up the national strategic stockpile strengthens diverse legislative instruments and previous agreements, such as Joint Notified Ministerial Order 179/2021, which regulates the Joint Interministerial Committee between the Ministry of Defence and the Ministry of Health. The work carried out by the Committee for Social and Economic Rebuilding in the wake of the pandemic identified areas for improvement in the provision of medical countermeasures. In addition, Royal Decree 118/2023 regulating the organization and functioning of the National Institute for Health Management (INGESA) entrusted INGESA with the administration and management of the national strategic stockpile. The national strategic stockpile is supported by two complementary working groups: the Central Administration's interministerial working group and a working group attached to the Inter-territorial Council of the National Health System and created to guarantee coordination between the national strategic stockpile and the strategic stockpiles managed by the Autonomous Communities. Different national bodies participate in joint EU actions on the provision of medical countermeasures, such as the Joint action on comprehensive and sustainable strategic stockpiles of medical countermeasures used in crisis, and the Coordination and Harmonisation of the Existing Systems against Shortages of Medicines – European Network (CHESSMEN) initiative.				
10. Finalize, approve and guarantee implementation of the components of the National Preparedness and Response Plan against Serious Health Threats that include formal mechanisms for prioritizing and assessing risks and an incident management system that establishes mechanisms for governance of public health emergency management, formalizes cross-sector collaboration and improves collaboration between public health authorities and the healthcare system.				
10.1. Develop, at a national level, a standard operational procedure (SOP) for rapid risk assessment based on an "all hazards" approach and covering all aspects of risk assessment (including triggering criteria, involvement of external consultants and re-assessment criteria, etc.), ensuring methodological alignment with international guidelines.	UNDERWAY	**CCAES-DARO**	CCAES-P&R, ISCIII CNE, ISCIII CNM, ISCIII RELAB, MIN-ASCOP, MINISDEF-JECOSAN	- SOP for carrying out rapid risk assessment published (Yes/No)
10.2. Develop a standard operational procedure (SOP) for prioritizing serious health threats based on an "all hazards" approach, ensuring methodological alignment with international guides.	UNDERWAY	**CCAES-P&R**	CCAES-DARO, CCAES HADES, ISCIII CNM, ISCIII RELAB, ISCIII CNE, MINISDEF-JECOSAN	- SOP for prioritizing risks adopted (Yes/No)
10.3. Define and publish the national process for prioritizing health risks based on an "all hazards" approach.	NOT STARTED			- Risk prioritization report published (Yes/No)
10.4. Define the components of the incident management system and the operational criteria for	NOT STARTED	**CCAES-P&R**	CCAES-DARO,	- Incident management procedure with its

	activation, escalation and de-escalation within this system: public health response teams, laboratories, high-level isolation units, national strategic stockpile, civil protection, PoE, case management.			CCAES-LAB/IRAS-RAM, MIN-ASCOP, MIN-DGPCyE, ISCIII CNM, ISCIII CNE, ISCIII RELAB	components and interventions (Yes /No)
	10.5. Define the social and public health interventions—and procedures for their activation—that are triggered at each activation level of the system/scenario.	NOT STARTED			
11.	Include a section on recovery in the Royal Decree adopting the National Preparedness and Response Plan				
	11.1. Include a section on recovery in the National Preparedness and Response Plan specifying the authorities responsible for initiating and managing recovery activities.	UNDERWAY	**CCAES-P&R**		- Section on recovery included in the Royal Decree adopting the National Preparedness and Response Plan (Yes/No)
12.	Create an information system for the management of events				
	12.1. Create an information system for handling alerts within the incident management system (HEIMDAL).	UNDERWAY	**CCAES-DARO, CCAES-HADES**	CCAES-P&R, ISCIII RELAB, ISCIII CNE, ISCIII CNM	- System deployed in the production environment (HEIMDAL) (Yes/No). System includes the following modules: - Notifications with participation of the Autonomous Communities/ Autonomous Cities of Ceuta and Melilla and the Central Administration - Forums with Autonomous Communities/Autonomous Cities of Ceuta and Melilla and the Central Administration - Catalogue of bodies and information flows in response to events published (Yes/No)
13.	Develop the plan for building up the national strategic stockpile				
	13.1. Create a national strategic stockpile working group to identify public health risks and threats, prepare a list of priority medicines, medical devices and other products and to prepare a protocol for their procurement, storage, safekeeping, rotation and destruction.	COMPLETED	**INGESA**	CCAES-P&R, SESAN, DGSPyES, DGCartera, AEMPS, MIN-ASCOP, MINISDEF	- Ministerial Order on the creation of the group signed (Yes/No)
		UNDERWAY			- Prioritized list of medicines, medical devices and other products to be procured for health emergencies published (Yes/No)
	13.2. Establish governance mechanisms for the strategic management of the national strategic stockpile for decision-making in crisis situations.	UNDERWAY			- Governance mechanisms for the national strategic stockpile established (Yes/No)
	13.3. Prepare a procedure for the activation and distribution of medicines, medical devices and	UNDERWAY			- Activation and distribution protocols published (Yes/No)

	other products in healthcare emergencies.				
	13.4. Guarantee a sustainable national strategic stockpile based on prioritization and assessment of threats over time and including priority medical countermeasures and their raw materials or components.	UNDERWAY			- Storage and safekeeping agreement signed with the Ministry of Defence (Yes/No) - Protocol for procurement, storage and safekeeping published (Yes/No)
	13.5. Establish a working group with the Autonomous Communities for the strategic management of the national strategic stockpile.	COMPLETED			- National Health System working group on strategic stockpile storage facilities created and constituted (Yes/No)
		UNDERWAY			- Meetings held as frequently as determined within the working group for coordination with the national strategic stockpile working group - Procedures handbook setting out the working methodology for this group prepared (Yes/No)

F. Health service provision

RECOMMENDATIONS	STATUS	COORDINATOR	OTHER COMPETENT BODIES	INDICATORS
Context and background In the framework of the draft Royal Decree adopting the National Preparedness and Response Plan, the Inter-territorial Council of the National Health System shall be responsible for implementing cooperation, coordination and cohesion mechanisms for preparedness and response actions against public health threats and health crises within the National Health System in a manner that is coherent with and complements public health decisions. It will also be responsible for managing and mobilizing healthcare resources and for coordinating the preparation of contingency plans and health service continuity plans in the context of regional preparedness and response plans.				
14. Identify areas for improvement and implement the corresponding recommendations regarding coordination between the Central Administration and the Autonomous Communities to guarantee health service continuity				
14.1. Create a body within the Inter-territorial Council of the National Health System for coordinating healthcare-related activities that include a preparedness and response component.	UNDERWAY	**DGSPyES** (CCAES-P&R, SGCA)	CCAES-P&R, SGCA, CCAES-HADES	- Coordination body constituted (Yes/No)
14.2. Prepare a guide for the preparation and implementation of regional health service continuity plans.	NOT STARTED			- Guide for the preparation and implementation of regional health service continuity plans published (Yes/No)
14.3. Map health service provision capacity, and develop a platform for real-time monitoring of the availability of resources during public health emergencies.	NOT STARTED			- Mapping questionnaire prepared (Yes/No) - Questionnaire on capacities completed by 100% of Autonomous Communities. (Yes/No) - Platform for monitoring availability of healthcare resources created (Yes/No)

G. Risk communication and community engagement (RCCE)

RECOMMENDATIONS	STATUS	COORDINATOR	OTHER COMPETENT BODIES	INDICATORS
Context and background The national structure for risk communication on healthcare emergencies of the Ministry of Health is not formalized nor are its processes documented, and many of its functions are carried out in an ad hoc manner. This situation, combined with the high turnover of communication staff, hampers continuity and the sustained strengthening of capacities in non-critical periods. In this context, the future national public health agency (AESAP), to be created under Act 7/2025 of 28 July, will play an important role in consolidating these functions. Article 2.3-e) of the aforementioned Act provides that the agency will be the public body responsible for public information and communication on public health and public health risks. The aims of the agency are to: • Inform the public of risks and threats to health pursuant to Article 10 of Act 33/2011, without prejudice to the decision-making powers of other public administrations, and taking into account the official languages of the different Autonomous Communities. • Without prejudice to the decision-making powers of other public administrations, support and advise on the communication and response strategy for addressing the demands and need for information of public administrations and the public. • Collaborate with other health authorities and with civil society to prevent and combat disinformation and the propagation of erroneous and false information concerning public health. We have taken note of the recommendations and will plan and undertake feasible RCCE actions when the new public health agency has commenced its activities.				
15. Develop a National Strategy for Coordinating RCCE and Managing Infodemics. This Strategy shall include the following actions:				
15.1. Create a committee or working group for communication involving the Autonomous Communities.	NOT STARTED	**Office of the Ministry Communication Area**	AESP/CCAES, DGSPyES, Behavioural Sciences Unit of ISCIII	- Crisis Communication Committee constituted (Yes/No)
15.2. In the sphere of human resources (through an entity-specific list of positions and qualifications and skills required for each), allocate dedicated permanent staff to RCCE within the Ministry of Health, CCAES and/or at the regional level.	NOT STARTED			
15.3. Include Behavioural and Cultural Insights (BCI) as a structural pillar of the RCCE process.	NOT STARTED			- Self-reported adherence analysed (Yes/No)
15.4. Train spokespersons and staff engaged in RCCE.	NOT STARTED			- No. of training programmes - No. of professionals enrolled on training programmes
15.5. Establish disinformation management mechanisms.	NOT STARTED			- Website updated daily to identify and counter disinformation. - Agreements formalized with digital platforms for monitoring of disinformation
15.6. Define a mechanism to scale-up communication during emergencies.	NOT STARTED			

	15.7. Distribution of specific communication materials across different sectors within the Autonomous Communities (e.g. educational institutions, transport services, businesses, etc.), including messages on how to protect vulnerable populations.	NOT STARTED			
	15.8. Define RCCE standard operating procedures for both emergency and non-emergency situations to improve the timeliness and efficiency of RCCE interventions during emergencies. Include stable and clear communication channels with the Ministry of Health and CCAES.	NOT STARTED			- Materials prepared for future completion (communiqué templates, FAQs and charts)
	15.9. Create a network of health- and science- specialized journalists at the national and regional levels, ensuring timely and consistent involvement in emergency communication activities. Define the criteria to form part of the network.	NOT STARTED			- Periodic Crisis Communication Committee press conferences with a specialist spokesperson (data + measures) and institutional spokesperson

H. Points of Entry

RECOMMENDATIONS	STATUS	COORDINATOR	OTHER COMPETENT BODIES	INDICATORS
Context and background General Healthcare Act 14/1986, the General Public Health Act and Royal Decree 1418/1986 establish the functions of the Ministry of Health and Consumer Affairs in the sphere of External Healthcare, with the External Healthcare units at PoE being responsible for managing and coordinating emergency preparedness and response activities at said points, working in close coordination with other units at the national and regional levels on public health matters relating to travel. In coordination with the Spanish navy and as part of the National Strategy for Maritime Security, the Ministry of Health participates annually in the MARSEC maritime security exercise, leading the assessment and response activities concerning public health risks linked to international maritime traffic.				
16. Expand the Simulation Exercise (SimEx) programme at the PoE to specifically assess the relevant measures and include other sectors and stakeholders outside the sphere of public health: cross-border security/customs, agriculture, animal health, tourism, private transport companies, etc.				
16.1. Establish formal contacts with bodies outside the sphere of public health and invite them to participate in the SimEx.	COMPLETED	**SGSE**	SGASyCF (MAPA), MIN-DGCE, FFCCS, MIN-ASCOP, DGPNSD (OEDA)	- The aforementioned sectors, with the exception of tourism, participate in SimEx.
16.2. Perform cross-sector SimEx.	COMPLETED			- At least one simulation exercise performed per year with cross-sector participation.
17. Include designated airports in the PoE SimEx programme as airports function quite differently compared with ports, and the aviation industry is less familiar with public health procedures and PoE standard operating procedures.				
17.1. Organize broad-reaching exercises simulating responses to public health events at air borders.	UNDERWAY	**SGSE**	SGASyCF (MAPA), MIN-DGCE, FFCCS, MIN-ASCOP, DGPNSD (OEDA)	- At least one simulation exercise involving airports performed each year.
18. Strengthen cross-border cooperation with non-EU countries like Morocco, for ground crossings in the Autonomous Cities of Ceuta and Melilla.				
17.1 Strengthen cross-border cooperation with non-EU countries.	Work is underway to sign a Memorandum of Understanding (MoU) or specific agreement with Morocco to strengthen cross-border cooperation on health and healthcare matters at the PoE to Ceuta and Melilla.			

I. Zoonotic diseases

RECOMMENDATIONS	STATUS	COORDINATOR	OTHER COMPETENT BODIES	INDICATORS
Context and background Spain's current mechanisms for collaboration and coordination between the public health and animal health sectors to combat specific zoonotic risks have led to the creation of the following working groups and committees formed by representatives from different administrative levels and sectors. • Standing committee to monitor the National Plan on the Prevention, Surveillance and Control of Vector-borne Diseases. • Response Committee for the Contingency Plan for Controlling Rabies in Wild and Captive Animals • Standing Committee for the National Plan against Zoonotic Influenza • Operating group for the permanent sharing of information (food alert management) • Institutional Committee for the Plan for the Prevention and Monitoring of Tuberculosis • Interdepartmental Monitoring Committee for the management and coordination of the activities of the Strategic Plan on Health and the Environment In the draft Royal Decree adopting the National Preparedness and Response Plan, the article that refers to the scope of the Plan provides a list of the different types of serious threats to health and healthcare crises in addition to specifying that the provisions of the Royal Decree are based on the "one health" principle, among other principles. In recent years, much work has been done to build interoperable information systems for the Ministry of Health and the Autonomous Communities. The creation and launch of these systems is at a very advanced stage. Spain, through the Ministry of Agriculture, Fisheries and Food, has maintained bilateral relations with neighbouring countries (France, Morocco, Portugal and Andorra) on zoonotic risks since the 1950s. Now more than ever, the incorporation of the biodiversity perspective must be understood as an essential element of coordinated surveillance, prevention and response activities. This entails promoting the integration of ecological data, as well as collaboration with fauna recovery centres and the active participation of environmental conservation and management bodies within the One Health model.				
19. Advance the One Health approach in the framework of collaboration with relevant sectors.				
19.1. Establish an Interministerial Strategic One-Health Committee to guarantee collaboration between sectors and ensure the continuity of activities.	UNDERWAY	**CCAES-VECZO**	CCAES-P&R, CCAES-DARO, SGSAySL, SGSE, CSIC, ISCIII CNE, ISCIII CNM, MAPA (SGLSV+ SGSHAT), MITERD (SGBTM)b	- Decision published on the creation of the interministerial committee for the strategic management of zoonotic risks (Yes/No)
19.2. Formalize a specific focal point for each area of interest (animal and human health, food security, research, environment, laboratories).	UNDERWAY			- List of focal points for each ministry and each sector (Yes/No)
19.3. Guarantee the interoperability of the information systems used to manage surveillance of zoonotic diseases and to manage incidents in the human, animal and environmental health sectors.	UNDERWAY			- The zoonotic risk surveillance and incident management systems used by the human and animal health sectors are interoperable and interconnected (Yes/No)
	NOT STARTED			- Data on biodiversity and wild fauna is integrated (Yes/No)
19.4. Prepare operational protocols for information sharing among the different parties (animal	UNDERWAY			- Standard operating procedures defining the communication channels and characteristics of the

	and human health, food security, research, environment, laboratories) involved in combating zoonotic diseases.				information to be shared have been adopted for all potential incidents related to zoonotic diseases (Yes/No)
	19.5. Establish bilateral relations on zoonotic risks with neighbouring countries.	NOT STARTED			- At least one bilateral meeting informed by the One Health approach is held per year with neighbouring countries. - MoUs or similar signed with Portugal, France and Morocco

J. Chemical events

RECOMMENDATIONS	STATUS	COORDINATOR	OTHER COMPETENT BODIES	INDICATORS
Context and background The draft Royal Decree adopting the National Preparedness and Response Plan applies to multiple categories of serious health threat and health crisis, including those caused by chemical events. In the context of civil protection, the National General Plan for Civil Protection Emergencies constitutes the main operating and organizational instrument of the National Civil Protection System, coordinating the action of the Central Administration in response to multi-risk and high-impact emergencies. For its part, Royal Decree 524/2023 approving the Basic Civil Protection Regulations sets out the general planning framework for defining the risks on which said planning is focused, the different types of plan—national, territorial, special and self-protection plans—and their structure, registration, implementation and mechanisms for coordination among different administrations. The Basic Civil Protection Guidelines for Chemical Risk set forth the minimum technical criteria for prevention and planning against major accidents involving releases of hazardous substances. In addition, these Guidelines include the obligations of the Seveso Directive and regulate the identification of hazards, risk assessment, self-protection plans and land-use planning. The Guidelines, which serve as a basis for regional special plans, are currently being updated. The National Civil Protection Plan for Chemical Risk sets out the national response to chemical emergencies, including attacks using chemical agents, and defines the phases thereof as well as the corresponding coordination bodies, activation procedures, support for Autonomous Communities, chemical risk information systems and national and international cooperation mechanisms. This framework is complemented by Directive 2012/18/EU, which strengthens prevention of major accidents by requiring the adaptation of risk management standards to the classification, labelling and packaging system. This Directive was transposed into Spanish law by means of Royal Decree 840/2015, which establishes control measures, as well as obligations regarding notification, prevention policy, safety management systems and reports, in addition to classifying establishments according to the amount of hazardous substances present and calling for on-site and off-site emergency plans. National environmental health authorities are responsible for implementing, applying and managing the Strategic Plan on Health and the Environment and its monitoring committee, in coordination with the Ministry for the Ecological Transition and Demographic Challenge, as part of the Public Health Strategy provided for in the General Public Health Act.				
20. Develop a protocol for coordination between public health and civil protection authorities and other sectors in the event of a chemical event				
20.1. Establish the operating procedure for event notifications between the different authorities responsible for responding to chemical events that represent a public health threat.	UNDERWAY	**CCAES-P&R**	SGSAySL, CSIC, ISCIII CNSA, MIN-DGCE, FFCCS, MIN-DGPCyE, MINISDEF	- Standard operating procedures defining the communication channels and characteristics of the information to be shared have been adopted (Yes/No)
20.2. Integrate surveillance of chemical risks that might entail a threat to public health (including biomonitoring) into the National Public Health Surveillance Network.	UNDERWAY			- Surveillance and early warning of chemical risks integrated into the surveillance and incident management system (Yes/No)
20.3. Establish a chemical risk assessment methodology that includes the input of scientific advisors specialized in toxicological assessment and atmospheric dispersion modelling in the event of a chemical event.	COMPLETED			- High-priority list of hazardous substances with inclusion and exclusion criteria is available (Yes/No) - List made of the companies that handle volumes of chemical substances that represent a risk of generating an impact on public health and/or environmental health (Yes/No)

	20.4. Guarantee diagnostic capacities. Map the diagnostic laboratories that would meet the necessary criteria in the event of a chemical event.	UNDERWAY			- Catalogue available of laboratories with the capacity to detect chemical agents (Yes/No)
	20.5. Identify hospitals of reference to guarantee healthcare capacity.	NOT STARTED			- Network of hospitals available to treat patients exposed to chemical agents from the priority list (Yes/No)

K. Antimicrobial resistance and healthcare-associated infections

RECOMMENDATIONS	STATUS	COORDINATOR	OTHER COMPETENT BODIES	INDICATORS
Context and background At the national level, the Zero Resistance Project launched in Spanish ICUs in 2014 includes a harmonized protocol and fulfils most of the recommendations established by ECDC. However, at the hospital level there are considerable differences between Autonomous Communities. The Ministry of Health has recently published the Patient Safety Strategy 2025-2035. Strategic line of action 2 thereof, on safe clinical practice, includes the following specific objectives under General objective 2.2: Promote safe practices for preventing and controlling healthcare-associated infections: • Encourage and extend HAI prevention and MDRO transmission programmes to other areas of hospital care, especially to high-risk areas, using the surveillance and control systems available at health centres. • Strengthen and encourage the creation of regional committees working on prevention, surveillance and control of infections for effective and structured coordination with those responsible for public health surveillance, for the Programme for the Optimization of the Use of Antibiotics, for the National Action Plan against Antimicrobial Resistance, and for the prevention and control of infections. Regional patient safety officers may take responsibility for the prevention and control of infection in their Autonomous Community, depending on its internal organization. • Build skills for the prevention and control of HAIs through specific professional training programmes. Work is underway on the certification of HAI prevention and control programmes and training courses have been developed on Patient Safety, Hand Hygiene and the various Zero Projects (application of evidence-based preventive measures to reduce infections associated with invasive devices and prevent patients from acquiring multi-resistant bacteria while in intensive care). Spain has a consolidated framework of cross-sector collaboration, which facilitates coordination between national institutions, regional authorities and operating surveillance networks. This structure is also supported by established surveillance systems belonging to the National Public Health Surveillance Network, created under Royal Decree 568/2024, which has specific protocols that define the common ground rules and methodologies for HAI and AMR surveillance. This architecture is strengthened by the active participation of the National Centre for Epidemiology and the National Centre for Microbiology, which provide robust technical and analytical support. The sum of these capabilities constitutes an important foundation from which to improve the quality and integration of the response capacity to threats from HAIs and AMR.				
21.	**PATIENT SAFETY**			
21.1. Promptly identify patients who present a high risk of carrying multidrug-resistant organisms (MDRO).	NOT STARTED	**SGCA**	CCAES-LAB/IRAS-RAM, ISCIII CNE, ISCIII CNM, authorities responsible for patient safety in the Autonomous Communities	- Percentage of facilities that carry out MDRO screening (as per the WHO list, adapted to the local ecology) in high-risk units such as ICUs and units providing care to immunosuppressed patients (haematology, oncology and post-transplant) - Publication of the results of the Health Technology Assessment Network study on the "Screening of carriers of Multidrug-Resistant Bacteria during the hospital admission process"
21.2. Immediately apply appropriate measures to prevent and control infection.	UNDERWAY			- Number of centres with certified HAI prevention and control programmes

					- Number of centres with a risk management certification (UNE, EFQM, ISO)
	21.3. Strengthen collaboration with Autonomous Communities and other stakeholders that engage with health professionals and healthcare facilities to ensure epidemiological (patient-based) HAI and AMR data reach the national level to enable identification of issues that require national interventions.	UNDERWAY			- Number of Autonomous Communities with an Infection Prevention and Control Committee
22.	**IN THE FRAMEWORK OF THE NATIONAL ACTION PLAN AGAINST ANTIMICROBIAL RESISTANCE**				
	22.1. Foster collaboration between Autonomous Communities and scientific societies to facilitate understanding of the measures to control multidrug-resistant organisms that are taken at the healthcare facility level.	COMPLETED	**AEMPS PRAN**	CCAES-LAB/IRAS-RAM, CCAES-HADES, SGCA, ISCIII CNE, ISCIII CNM, MAPA (SGSHAT + SGLSV).	- Meetings held every four months with the regional representatives of the National Action Plan against Antimicrobial Resistance and with technical scientific coordinators of the programme for optimizing the use of antibiotics - Annual meetings held with scientific societies as members of the technical coordination group
	22.2. Regularly assess the list of national priority MDROs. Pathogens can be prioritized using the criteria, definitions and levels set out in the WHO bacterial priority pathogens list (2024). Continue to consider resistant fungal pathogens, as their importance is highlighted in the WHO fungal priority pathogens list (2022).	COMPLETED			- Priority MDROs included in surveillance systems (Yes/No)
		UNDERWAY			- Specific indicators included for surveillance, prevention and control of resistant fungal pathogens (Yes/No)
	22.3. Strengthen engagement with entities that directly engage with health professionals and healthcare facilities, such as the Autonomous Communities, professional/scientific societies and other national agencies/ministries (for example, the Ministry of Social Rights, Consumer	COMPLETED			- Number of annual meetings as members of the technical coordination group - Participation in the development of the three-year strategic document of the National Action Plan against Antimicrobial Resistance and in the annual report (Yes/No)

	Affairs and the 2030 Agenda and the Ministry of Science, Innovation and Universities) to collaborate on IPC work with long-term care facilities (LTCFs).				
	22.4. Strengthen collaboration with Autonomous Communities and other stakeholders that engage with health professionals and healthcare facilities to ensure epidemiological (patient-based) HAI and AMR data reach the national level to enable identification of issues that require national interventions.	UNDERWAY			- A regional committee established in which the stakeholders responsible for prevention, control and surveillance are represented (Yes/No)
		NOT STARTED			- The position of technical scientific coordinator for HAIs and AMR created (Yes/No)
	22.5. Promote improved national awareness of the situation with respect to the consumption of antibiotics in Spain by increasing the population coverage of the phenotypic AMR surveillance data that are reported annually to ECDC EARS-Net.	UNDERWAY			- Maps showing antibiotic consumption levels optimized (Yes/No)
23.	**HAI AND AMR SURVEILLANCE (within REVISAP)**				
	23.1. Update HAI-AMR surveillance protocols and consider the possibility of adopting a basic and scalable surveillance system with minimum mandatory reporting including both microbiological and epidemiological data.	UNDERWAY	**CCAES-LAB/IRAS-RAM**	CCAES-EVIS, CCAES-HADES, AEMPS PRAN, ISCIII CNE, ISCIII CNM, IMSERSO, CSIC	- Surveillance protocols (and metadata) published (Yes/No) - HAI protocols prioritizing three MDROs (MRSA, CPE, *C. difficile*) updated (Yes/No) - Updated protocol on HAI outbreaks prioritizing MDROs of particular relevance in hospital settings (Yes/No) - New AMR surveillance protocol prioritizing certain micro-organisms, antimicrobials and samples (Yes/No)
	23.2. Implement the updated epidemiological HAI-AMR surveillance protocols	UNDERWAY			- Increase in the number of Autonomous Communities that issue notifications for each protocol (Yes/No)

	23.3. Strengthen dissemination of national HAI and AMR surveillance results to Autonomous Communities and hospitals.	UNDERWAY			- Annual surveillance reports prepared using the SiViEs database for all HAI-AMR protocols under the National Public Health Surveillance Network (Yes/No).
	23.4. Establish methods for monitoring progress in HAI-AMR reporting by the Autonomous Communities, comparing this reporting with alternative sources of information (such as notifications from laboratories).	UNDERWAY			- Inclusion in national surveillance reports, when possible, of comparisons between results published by other sources, such as the National Centre for Microbiology, with the reports published by the Autonomous Communities (Yes/No) - Improvement in the percentage of outbreak notifications in which the outbreak identification number and the identification number of the National Centre for Microbiology are provided (target of 70%) - Number of outbreaks reported per year as compared with data published by complementary surveillance systems.
	23.5. Obtain more detailed and continuously updated updated demographic and health information about LTCFs.	NOT STARTED			- Cross-cutting nationwide study on the prevalence of HAIs at LTCFs (2026 and 2027) (Yes/No)
	23.6. Integrate epidemiological and laboratory data at the local level in the National Public Health Surveillance Network to inform IPC interventions. Share data for action with: public health staff, hospital IPC teams, healthcare workers in hospitals and LTCFs; and local teams that provide IPC specialization training.				- Disaggregated surveillance reports disseminated at the regional level through the Technical Committee of the Communicable Diseases Surveillance System, as well as relevant websites (AEMPS+/-CCAES/CNE/AESAP) and the regional committees for the National Action Plan against Antimicrobial Resistance (Yes/No)
24.	Promote improved national awareness of the situation with respect to AMR in Spain by increasing the population coverage of the phenotypic AMR surveillance data that are reported annually to ECDC EARS-Net.				
	24.1. Promote improved national awareness of the situation with respect to AMR in Spain by increasing the population coverage of the phenotypic AMR	NOT STARTED	**ISCIII-CNM, CCAES-LAB/IRAS-RAM**	CCAES-EVIS, CCAES-HADES, AEMPS PRAN, ISCIII CNE, ISCIII CNM, IMSERSO, CSIC	- Increase in coverage to include at least one participant hospital per Autonomous Community (NUTS-2) - Meetings held for the dissemination of the

	surveillance data that are reported annually to ECDC EARS-Net.				annual report of the Spanish national network within EARS-Net, including presentation at the forum for regional representatives of the National Action Plan against Antimicrobial Resistance / surveillance working group. (Yes/No) - Participation in EARS-Net encouraged under the National Action Plan against Antimicrobial Resistance.
Deferred recommendations					
In the framework of the recommendation to adopt guidance on prevention and control of carbapenem-resistant//multidrug-resistant Gram-negative organisms in healthcare settings: ensure that screening testing occurs in a timely manner and that appropriate IPC measures are continued during hospitalisation and transfers to other healthcare settings	Implementation of these two recommendations is not currently considered feasible owing to the absence of fully developed protocols that have been implemented in a standardized manner. Therefore, we have no current plans for developing tools in this area and these recommendations will be revisited in future phases of the action plan.				
Carry out external audits on a representative sample of healthcare facilities to assess screening testing and the degree of implementation of preventive and control measures on admission, during hospitalization and in other healthcare settings	CEFIRAS has commenced its work to certify HAI prevention and control programmes. However, the recommendation has not been accepted because the external audit process is not designed during preliminary stages and is unlikely to be developed within three years. The start of this certification process is based on self-assessment and internal improvement cycles.				

L. Coordination with European bodies

RECOMMENDATIONS
As things currently stand, implementation of the recommendations made by ECDC would entail complex and foreseeably long-term cross-sector coordination. We have taken note of the recommendations and we will take all feasible steps from here until the next assessment, but it is not currently feasible to establish a comprehensive plan setting out deadlines and the bodies responsible for its implementation.

M. Public health research

RECOMMENDATIONS	STATUS	COORDINATOR	OTHER COMPETENT BODIES	INDICATORS
Context and background Public health research has become a fundamental tool for anticipating risks, supporting decision-making and strengthening the response capacity of healthcare systems. An increasingly complex situation in which multiple factors impact on public health and new threats are arising continually calls for a robust scientific capacity that is well coordinated and focused on obtaining practical results targeted at action. This is why it is important to establish interoperable information systems, foster research that better connects scientific evidence with practice and encourage collaboration between different disciplines and institutions, both within and outside the country. Adopting innovative methodologies, conducting ongoing assessment of interventions and ensuring that the knowledge generated actually reaches decision-makers are essential to achieving a positive impact on public health. This understanding is the foundation of our action plan, which sets out, the proposed strategic lines of action and priority actions in operational terms.				
25. Develop procedures for integrating research and innovation into emergency response actions for better coordination between scientific institutions and public health services.				
25.1. Define mechanisms for funding critical research by: - Defining and identifying critical lines of research - Establishing preferential funding processes - Preparing urgent ethics committees procedures for emergency situations	NOT STARTED	**State Secretariat for Research**	Ministry of Health, ISCIII, CSIC, funding bodies	- Guide on funding for critical research and the appendices for each component published on the website - List of priority lines of critical research and of lines funded by means of the procedure established available and published on the website - Response time of ethics committees for critical studies of fewer than five days during emergencies
25.2. Establish roles and mechanisms for communication between research bodies and public health services. To this end it is essential to: - Identify strategic units and scientific-technological infrastructures and the capacities thereof that can be activated in emergency situations by priority area of knowledge, and identify the point of contact for each unit or infrastructure. - Formalize a General Action Protocol between the Ministry of Health and the units or infrastructures	NOT STARTED	**CCAES**	ISCIII, CSIC, other public research bodies	- Procedure for defining research areas of interest and for selecting strategic units and infrastructure published on the website - Catalogue of strategic units and infrastructure by area of interest - Continuously updated list of points of contact - General Action Protocol available and published on the website - Summary of an annual coordination meeting attended by all units and/or infrastructures

26.	Establish streamlined mechanisms for launching critical research projects in health emergency situations				
	26.1. Prepare the rules and protocols necessary to: - Launch calls for grant applications for critical research projects during periods of normality and emergency periods that specify earmarked funds and mechanisms for coordination with EU initiatives - Establish a scientific assessment committee to develop framework protocols for research of interest	NOT STARTED	**State Secretariat for Research, ISCIII**	Ministry of Finance, Ministry of Health, AEI, CSIC, other public research bodies	- Rules and protocols published on the website - Protocols available and published on the website for, at least, seroprevalence studies, pathogen transmission studies, and studies on the effectiveness of pharmacological and non-pharmacological countermeasures - Funding of at least one multicentre project for each of the framework protocols prepared - Award decisions for grants in this framework issued within 15 days of the application deadline
	26.2. As soon as possible, prepare a protocol to allow strategic research units and infrastructure access to existing data on health emergences while respecting data protection legislation	NOT STARTED	**CCAES, ISCIII**	CSIC, other public research bodies	- Protocol published on the website - Platforms for access to available data in the event of an emergency

N. Assessment and simulation exercises

RECOMMENDATIONS	STATUS	COORDINATOR	OTHER COMPETENT BODIES	INDICATORS
Context and background Assessment of preparedness and response systems, teams and, in short, capacities for addressing health threats is fundamental to the development, maintenance and optimal functioning thereof. The need for mechanisms promoting such assessment is reflected both at the international level (Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health and repealing Decision No 1082/2013/EU) and at the national level (General Public Health Act and Royal Decree 568/2024 of 18 June, providing for the creation of a National Public Health Surveillance Network). Coordination and assessment of the National Public Health Surveillance Network—of which the Early Warning and Rapid Response System forms part—are among the responsibilities of the recently created national public health agency, as too is the evaluation of public health actions (Act 7/2025 of 28 July, on creation of the national public health agency and amending General Public Health Act 33/2011 of 4 October). The Ministry of Health is aware of the importance of all these actions and of the importance of performing SimEx as an integral part of health threat preparedness and response, as set forth in the draft Royal Decree adopting the National Preparedness and Response Plan. Equally important are after-action reviews (AAR), which enable identification of areas for improvement, critical junctures and even gaps in the risk management cycle. For all the above reasons, during this current period of growth and improvement in capacities, a conscious effort is being made to standardize the performance of AARs and establish them as a routine part of health alert management.				
27.				
27.1. Create the area responsible for decision-making on assessment and simulation exercises in CCAES.	COMPLETED	**CCAES-EVIS**	CCAES, ISCIII CNE, ISCIII CNM, ISCIII- CNSA	- An area with fixed assigned functions has been created on the specific list of positions within CCAES and the qualifications and skills required for each (Yes/No)
27.2. Assess the communicable diseases surveillance system.	NOT STARTED			- Assessment performed of the surveillance of communicable diseases (Yes/No)
28.	Plan and organise more systematic SimEx across different administrative levels to assess the standardization of procedures and coordination mechanisms under the IHR across all levels.			
28.1. Prepare an adapted methodology in Spanish for carrying out SimEx.	NOT STARTED	**CCAES-EVIS**	CCAES, ISCIII CNE, ISCIII CNM, ISCIII RELAB, ISCIII CNSA	- Handbook or procedure published for carrying out SimEx (Yes/No)
28.2. Establish agreements with other ministries for carrying out SimEx to promote cross-sector collaboration	NOT STARTED		Other ministries	- Agreements established with other ministries to promote cross-sector collaboration (Yes/No)
28.3. Carry out SimEx with the involvement of different sectors and administrative levels to identify issues and areas for improvement	NOT STARTED		Other CCAES areas, ISCIII CNE, ISCIII CNM, ISCIII RELAB, ISCIII- CNSA	- Number of annual SimEx coordinated by CCAES to identify areas for improvement (Fulfilment=1)
29.	More consistent and systematic use of AAR			
29.1. Prepare an adapted methodology in Spanish for carrying out AAR	NOT STARTED	**CCAES-EVIS**	Other CCAES areas, ISCIII CNE; ISCIII CNM, ISCIII RELAB	- Handbook or procedure published for carrying out AAR (Yes/No)
29.2. Carry out an AAR with all stakeholders, favouring cross-sector collaboration to identify problems and areas for improvement.	NOT STARTED			- Number of annual AAR to identify problems and areas of improvement (Fulfilment=1)