

Assessment of internal control principles

Internal Document





3.2.1.(CAAR) Assessment of internal control principles

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SCOPE

This document forms part of the EUAA Consolidated Annual Activity Report (CAAR) and has been prepared based on the communication from the European Commission on the guidelines for the CAAR¹. The results of the assessment of internal control principles as part of the internal control self-assessment for the financial year 2025 (implemented Q1 2026) are provided, covering:

- An overview of the state of play of all 17 internal control principles and components (control environment, risk assessment including risks of fraud, control activities, information and communication, monitoring activities);
- Information on how effectively the internal control principles are implemented. Indicating, if applicable, any prominent internal control weaknesses that have occurred in the reporting year as well as identifying the achievements in the area;
- The results of the actions taken during the year to address the identified weaknesses.

This document constitutes one of the main elements supporting the Executive Director's Declaration of Assurance included in the CAAR.

¹ Communication from the Commission on the strengthening of the governance of Union Bodies under Article 70 of the Financial Regulation 2018/1046 and on the guidelines for the Single Programming Document and the Consolidated Annual Activity Report of 20 April 2020, C (2020)2297.



CONTROL ENVIRONMENT

The control environment is the set of standards of conduct, processes, and structures that provide the basis for carrying out internal control across an organisation. The Management Board and senior management set the tone at the top for the importance of internal control, including expected standards of conduct.

1. Commitment to integrity and ethical values

Principle 1: The Agency demonstrates a commitment to integrity and ethical values.

Characteristics:

- 1.1. Tone at the top. The Management Board, the Executive Director and all management levels respect integrity and ethical values in their instructions, actions, and behaviour.
- 1.2. Standards of conduct. The Agency's expectations on integrity and ethical values are based on the standards of conduct of the Commission and are understood at all levels of the Agency, as well as by entrusted bodies, outsourced service providers and beneficiaries.
- 1.3. Alignment with standards. Processes are in place to assess whether individuals and entities are aligned with the Commission's expected standards of conduct and to address deviations in a timely manner.

In 2025, the Agency has revised its policy² on the prevention and management of conflicts of interest, related post-employment and ethical guidance, and the role of ethics correspondent.

The “ethics correspondent” role is active in the Agency and continues to foster staff awareness on ethical principles, providing dedicated guidance and promoting consistency on ethics related decisions across the Agency.

The Agency continued to provide mandatory training on ethics and integrity and to raise staff awareness on respect and dignity. The number of trained staff is high and has stabilised in recent years.

During 2025, the Agency focused on addressing four important recommendations from the IAS audit report on human resources management and ethics in the EUAA (2024). As recommended by IAS, the Agency reached out to DG HR seeking clarification related to the role of Heads of Sector in the appraisal exercise (presented under ICP 4), the establishment of a Permanent Joint Committee as well as the establishment of a permanent disciplinary board. Following the consultation, the Agency's senior

² Decision of the Executive Director No 20/2025 on the policy on the prevention and management of conflicts of interest, related post-employment and ethical guidance, and the role of ethics correspondent.



management took the decision to establish a permanent Joint Committee and a Permanent Disciplinary Board. The required implementation acts are under preparation. The Agency also took measures to reinforce the role of the confidential counsellors and allocated time for Staff Committee members to perform their role.

In response to IAS findings, the Agency established a mandatory on-boarding training programme for extended management on ethics and integrity, respect and dignity, and fraud prevention and escalation mechanisms. The participation rate to these training courses exceeded the established target of 80 % with the following breakdown of participation rates: 83 % on ethics and integrity, 97 % on respect and dignity, and 95 % on fraud prevention and escalation mechanisms.

The Agency assessed that it has implemented all corrective actions addressing gaps related to the application of the first internal control principle, implemented corrective actions are presented in the Register of Deficiencies and Corrective Action plan.

Internal control weaknesses identified do not impair the achievement of the objectives under this principle.

2. Exercises oversight responsibility

Principle 2: MB demonstrates independence from management and exercises oversight of the development and performance of internal control

Characteristics:

2.1. The MB oversees the Agency's governance, risk management and internal control practices. This happens through the use of appropriate working arrangements and communication channels.

2.2. The Executive Director oversees the internal control systems and oversees the development and performance of internal control. The Executive Director is supported in this task by the manager in charge of risk management and internal control.

2.2. In their capacity as authorising officer, the Executive Director provides a Declaration of Assurance on the appropriate allocation of resources and their use for their intended purpose and in accordance with the principles of sound financial management, as well as on the adequacy of the control procedures in place.

2.4 The manager in charge of risk management and internal control, with the support of the Internal Control and Compliance Unit, plays a key role by preparing parts II, III and IV as well as relevant annexes related to internal control of the Executive Director's CAAR



The Agency's Management Board oversees governance, risk management and internal control systems and regularly exercises oversight of the management carried out by the Executive Director. In 2025:

- The Agency continued reporting quarterly to the Management Board on the status of the Agency's annual and multi-annual performance indicators set in the Single Programming Document (SPD) and on progress related to governance monitoring indicators.
- The Agency continued providing updates to the Management Board on aspects relating to risk management and internal controls, including information about ongoing audits, and on the follow up on outstanding corrective actions.

No internal control weaknesses were identified that would impair the achievement of the objectives under this principle.

3. Establishes structure, authority and responsibility

Principle 3: The Management establishes, with political oversight, structures, reporting lines, and appropriate authorities and responsibilities in the pursuit of objectives

Characteristics:

3.1 Management structures are comprehensive. The design and implementation of management and supervision structures cover all policies, programmes, and activities. In particular, for spending programmes, they cover all management modes, expenditure types, delivery mechanisms and entities in charge of budget implementation to support the achievement of policy, operational and control objectives.

3.2 Authorities and responsibilities. The Executive Director, as appropriate, delegates authority and uses appropriate processes and technology to assign responsibility and segregate duties as necessary at the various levels of the Agency.

3.3 Reporting lines. The Executive Director designs and evaluates reporting lines within the Agency to enable the execution of authority, fulfilment of responsibilities, and flow of information.

Management structures, reporting lines, as well as roles and responsibilities are defined in the Agency's governance documents, and effectively contribute to the achievement of the Agency's objectives. Within this framework:



- The Management Board adopted the latest changes to the Agency's internal structures in Q1 2023³ to be able to effectively put into action the new EUAA mandate in accordance with the EUAA Regulation. This decision was implemented through subsequent decisions of the Executive Director in 2023⁴, 2024⁵ and in 2025⁶.
- the Agency has continued, with multiple internal communication measures, to reach out to staff and increase staff awareness of decisions taken at senior management and Management Board levels. To this end, staff is debriefed by the Chair of the Management Board and the Executive Director on the highlights of each Management Board meeting. Summaries of the minutes from different management meetings are shared with staff by email and are made available on the Agency's electronic document and management system (ERDMS) allowing them to receive timely and accurate information about the decisions taken by senior management affecting their work. The Executive Director informs staff via email on the key recent developments, achievements and challenges the Agency is facing on a regular basis during the year.

The adoption of the Decision of the Executive Director on the delegation of financial authority and nominations to carry out one or more specific tasks in preparation for ancillary to budget implementation⁷ was an important step towards establishing clearer structures and responsibilities related to budget implementation. This allowed for the inventory of actors involved in budget implementation and revision of the nomination and delegation process.

Overall, the Agency's approach reflects a responsible control environment that supports sound financial management and reduces operational risks.

No internal control weaknesses were identified that would impair the achievement of the objectives under this principle.

³ Management Board Decision No 127 of 13 February 2023 establishing the Agency's internal structures and laying down the internal rules of procedure (ISROP).

⁴ Decision of the Executive Director No 28/2023 implementing Management Board Decision No 127 of 13 February 2023 establishing the Agency's internal structures and laying down the internal rules of procedure (ISROP).

⁵ Decision of the Executive Director No 53/2024 implementing Management Board Decision No 127 of 13 February 2023 establishing the Agency's internal structures and laying down the internal rules of procedure (ISROP).

⁶ Decision of the Executive Director No 57/2025 implementing Management Board Decision No 127 of 13 February 2023 establishing the Agency's internal structures, and laying down the internal rules of procedure (ISROP).

⁷ Decision of the Executive Director No 51/2025 on the delegation of financial authority and nominations to carry out one or more specific tasks in preparation for or ancillary to budget implementation.



4. Demonstrates commitment to competence.

Principle 4: The Agency demonstrates a commitment to attract, develop, and retain competent individuals in alignment with objectives

Characteristics:

4.1 Competence framework. The Agency defines the competences necessary to support the achievement of objectives and regularly evaluates them across the Agency, taking action to address shortcomings where necessary

4.2 Professional development. The Agency provides the training and coaching needed to attract, develop, and retain a sufficient number of competent staff.

4.3 Mobility. The Agency, as far as possible, promotes staff mobility so as to strike the right balance between continuity and renewal.

4.4 Succession planning and deputising arrangements for operational activities and financial transactions are in place to ensure continuity of operations.

The Agency continued its efforts to further attract, develop, and retain competent staff. During 2025, the Agency has recruited an unprecedentedly high number of staff, considering all types of personnel. The fulfilment of all authorised posts stands at 90%.

The Agency continued to provide numerous training possibilities for staff, including language training and individual coaching. This is reflected in very positive staff satisfaction with the learning opportunities they get working for the Agency expressed in the Staff Engagement Survey.

The Agency committed to further enhance learning and development processes by ensuring uniformity in the applicable regulatory framework and by establishing a formal process for evaluating the effectiveness of training.

In addition to well established staff support measures, additional well-being initiatives were introduced in 2025, such as:

- Annual medical checks in Malta and availability of an in-house doctor in HQ;
- Accessible psychological support with the Agency’s medical service provider;
- Additional shuttle service routes for staff in Malta;
- A “Let’s talk health” campaign;
- Welcome guides for newcomers to Malta, Italy, Greece, Cyprus, and Spain and Belgium;
- Relocation services in Malta helping to find real estate, support in opening bank account, providing information on labour market for spouses.



Following IAS recommendation, the Agency has adopted a Human Resources strategy implementation plan, which includes a timeline for the adoption of subsequent policies and sub-strategies. The document is available on the Agency's intranet.

The internal control weaknesses identified do not impair the achievement of the objectives under this principle.

5. Enforces accountability.

Principle 5: The Agency holds individuals accountable for their internal control responsibilities in the pursuit of objectives

Characteristics:

5.1. Enforcing accountability. The Agency defines clear roles and responsibilities and holds individuals and entrusted entities accountable for the performance of internal control responsibilities across the organization and for the implementation of corrective action as necessary

5.2 Staff appraisal. Staff efficiency, abilities and conduct in the service are assessed annually against expected standards of conduct and set objectives. Cases of underperformance are appropriately addressed.

5.3. Staff promotion. Promotion is decided after consideration of the comparative merits of eligible staff taking into account, in particular, their appraisal reports

The roles and responsibilities of actors involved in the implementation of the internal control framework are reinforced since 2024⁸.

All internal control monitoring indicators used for the assessment of internal control principle five were achieved. The results obtained from the Staff Engagement survey Indeed demonstrate very positive staff perception of their own accountability and attitude towards their work and the workplace.

For the staff appraisal for 2024 implemented in 2025, the Agency has applied an improved procedure where the Heads of Unit assumed full responsibility for the appraisal of staff under their line management. The change was comprehensibly presented to managers and staff during the dedicated meetings.

No internal control weaknesses were identified that would impair the achievement of the objectives under this principle.

⁸ Decision of the Executive Director No 41/2024 on the roles and responsibilities for the implementation of the internal control framework.



RISK ASSESSMENT

Risk assessment is a dynamic and iterative process for identifying and assessing risks which could affect the achievement of objectives, and for determining how such risks should be managed.

6. Specifies suitable objectives.

Principle 6: The Agency specifies objectives with sufficient clarity to enable the identification and assessment of risks relating to objectives

Characteristics:

6.1 Mission. The Agency, its centres and units/sectors have up-to-date mission statements that are aligned across all hierarchical levels, down to the tasks and objectives assigned to individual staff members. Mission statements are aligned with the Agency's responsibilities under the Treaties and the policy objectives set in the legal base.

6.2 Objectives are set at every level. The Agency's objectives are clearly set and updated when necessary (e.g., significant changes in priorities, activities and/or the organigram). They are consistently filtered down from the top to the various levels of the organisation and are communicated and understood by management and staff.

6.3 Objectives are set for the most significant activities. Objectives and indicators cover the Agency's most significant activities contributing to the delivery of the Agency's priorities relating to the core business, as well as operational management.

6.4 Objectives form the basis for committing resources. Management uses the objectives set as a basis for allocating available resources as needed to achieve policy, operational and financial performance goals.

6.5 Financial reporting objectives. Financial reporting objectives are consistent with the accounting principles applicable to the Agency.

6.6 Non-financial reporting objectives. Non-financial reporting provides management with accurate and complete information needed to manage the organisation at Agency, centre and unit level.

6.7 Risk tolerance and materiality. When setting objectives, management defines the acceptable levels of variation relative to their achievement (tolerance for risk) as well as the appropriate level of materiality for reporting purposes, taking into account cost effectiveness.

6.8 Monitoring. Setting objectives and performance indicators make it possible to monitor progress towards their achievement



In 2025, the Agency conducted an assessment (identification, analysis and evaluation) of perceived risks to the achievement of its objectives, identified at the various organisational levels (Centre, Unit, Sector). The risk assessment is conducted annually, documented and communicated to all staff, following its approval by senior management and its presentation to the Management Board. The outcome of the risk assessment is documented in two separate compendiums, together with the Agency's register of significant and critical risks which are accessible to all staff on the Agency's intranet site.

In order to address the gaps identified by IAS, the Agency has reviewed Human Resources related indicators used at different reporting levels and will start corresponding reporting in 2026. The Management Board was informed about these changes.

All the internal control monitoring indicators used for the overall assessment of the presence and the functioning of this internal control principle were achieved.

No significant internal control weaknesses were identified which would impair the achievement of the objectives under this internal control principle.

7. Identifies and analyses risk.

Principle 7: The Agency identifies risks to the achievement of its objectives across the organisation and analyses risks as a basis for determining how the risks should be managed

Characteristics:

7.1 Risk identification. The Executive Director identifies and assesses risks at the various organisational levels (centres, units, sectors) and those related to entrusted entities, analysing internal and external factors. Management and staff are involved in the process at the appropriate level.

7.2 Risk assessment. The Executive Director estimates the significance of the risks identified and determines how to respond to significant risks considering how each one should be managed and whether to accept, avoid, reduce or share the risk. The intensity of mitigating controls is proportional to the significance of the risk.

7.3 Risk identification and risk assessment are integrated into the annual activity planning and are regularly monitored

The Agency's risk management process is well-developed and set out in the Agency's risk management manual. The following activities were implemented in 2025:

- The organisation of two workshops with risk management correspondents.



- Quarterly monitoring of the EUAA central risk register. The latest report for Q4 2025 shows that 100 % of risk responses intended to mitigate significant and critical risks were timely implemented, which is above the target of 80%.
- Quarterly risk management reviews which ensure follow-up on previously identified risks and highlight any new significant and critical risks documented in the central risk register.

As an effort towards further strengthening of risk awareness and consistent risk management in the Operational Centre, the Centre has developed a Practical Guide on Risk Management. The Guide, being a highly practical document, successfully translates the Agency's risk management methodology into an operational context.

No significant internal control weaknesses were identified which would impair the achievement of the objectives under this internal control principle.

8. Assesses fraud risk.

Principle 8: The Agency considers the potential for fraud in assessing risks to the achievement of objectives

Characteristics:

8.1 Risk of fraud. The risk identification and assessment procedures consider possible incentives, pressures, opportunities and attitudes which may lead to any type of fraud, notably fraudulent reporting, loss of assets, disclosure of sensitive information and corruption.

8.2 Anti-fraud strategy. The Agency as a whole and each centre/unit/sector set up and implement measures to counter fraud and any illegal activities affecting the financial interests of the European Union. They do this by putting in place a sound anti-fraud strategy to improve the prevention, detection and conditions for investigating fraud, and to set out reparation and deterrence measures, with proportionate and dissuasive sanctions.

The EUAA anti-fraud strategy and framework 2024-2026, adopted by the Management Board on 31 July 2024 (MBD 169), is based on an in-depth fraud risk assessment implemented in 2023. The European Anti-Fraud Office (OLAF) and the European Commission's Directorate-General for Migration and Home Affairs (DG HOME) were consulted in the drafting of the Strategy. The Strategy and corresponding annexes are publicly accessible on the Agency's website.

The revision of the Fraud Risk Register Action Plan Summary concluded that 88% of risk responses were implemented by the agreed target dates. The Agency continues awareness raising measures in the anti-fraud area - 73 % of Agency's staff are trained on internal controls (including fraud prevention). These two indicators are regularly monitored and assessed as achieved for 2025.



No internal control weaknesses were identified that would impair the achievement of the objectives under this principle. Please refer to Part 3.1.4 of the CAAR for more details on Prevention, detection and correction of fraud.

9. Identifies and analyses significant change.

Principle 8: The Agency identifies and assesses changes that could significantly impact the internal control system

Characteristics:

9.1 Assess changes. The risk identification process considers changes in the internal and external environment, in policies and operational priorities, as well as in management's attitude towards the internal control system.

The Agency continued to effectively implement the new tasks and responsibilities mandated under the EUAA Regulation as well as the requirements stemming from the new Pact on migration and asylum.

The Pact programme is the Agency's response to delivering a range of cross-cutting outputs on time and as per the requirements. It ensures focus on priority tasks and transparent processes, as well as consistency in exchanges with external stakeholders. The programme facilitates coordination, monitoring and reporting, internally and with stakeholders, enhancing trust and accountability, creating synergies and facilitating exchanges and learning. The programme has a dedicated intranet site where updates on the state of play are provided. The staff as well as the management are kept informed through dedicated and targeted updates. The progress related to the Pact programme is reported at every Management Board and Executive Board meeting. As a result of the Pact programme, there were 39 deliverables finalised during 2025. The Pact programme demonstrates that the Agency assesses change thoughtfully and invests timely efforts to deliver the requested outputs.

The Agency continued further strengthening the new functions established by the EUAA Regulation.

The Agency has adopted the Fundamental Rights Strategy Action Plan 2025 which contributes to gradual achievement of the objectives set out in the Fundamental Rights Strategy 2024-2028. As an outcome, 24 out of 38 measures were assessed as completed and 17 out of 27 targets as achieved under the Fundamental Rights Strategy Action Plan 2025 implemented with the support of the 28 appointed fundamental rights focal points. During the year, the Fundamental Rights Officer organised the first Fundamental Rights Conference and conducted a number of consultations and site visits. The Management Board took several decisions to safeguard the independence



of the Fundamental Rights Officer, thus contributing to further strengthening the function.

In accordance with the multiannual monitoring programme (MB Decision 165/2024), the Monitoring Unit (MONU) successfully conducted two pilot country monitoring exercises in Estonia and The Netherlands in 2025. Through the development of monitoring tools, the establishment and formalisation of monitoring-specific procedures, as well as the systematic analysis of information gathered through a variety of stakeholders, MONU built a robust and evidence-based system to identify preliminary gaps and best practices to be further corroborated during the on-site visit in both countries. On 17 June 2025 the Management Board took Decision No 183 on the annual programme 2026 for monitoring the operational and technical application of the Common European Asylum System.

Liaison officers, another new function foreseen in the EUAA Regulation – were recruited in 2025. After an extensive on-boarding programme, the eight officers started working in their respective countries of assignment.

The Agency often applies a programme governance approach when managing important changes such as the introduction of the Agency’s new mandate, the Pact on Migration and Asylum, optimisation programme, etc. This means that specific roles and responsibilities are assigned based on project governance arrangements to manage organisational and regulatory changes.

No internal control weaknesses were identified which would impair the achievement of the objectives under this internal control principle.

CONTROL ACTIVITIES

Control activities ensure the mitigation of risks related to the achievement of policy, operational and internal control objectives. They are performed at all levels of the organisation, at various stages of business processes, and across the technology environment. They may be preventive or detective and encompass a range of manual and automated activities as well as segregation of duties.

10. Selects and develops control activities.

Principle 10: The Agency selects and develops control activities that contribute to the mitigation of risks to the achievement of objectives to acceptable levels

Characteristics:

10.1 Control activities are performed to mitigate the identified risks and are cost-effective. They are tailored to the specific activities and risks of each of the Agency’s centres/units/sectors and their intensity is proportional to the underlying risks.



10.2 Control activities are integrated in a control strategy. The control strategy includes a variety of checks, including supervision arrangements, and where appropriate, should include a balance of approaches to mitigate risks, considering manual and automated controls, and preventive and detective controls.

10.3 Segregation of duties. When putting in place control measures, management considers whether duties are correctly divided between staff members to reduce risks of error and inappropriate or fraudulent actions.

10.4 Business continuity plans based on a business impact analysis following corporate guidance are in place, up-to-date and used by trained staff to ensure that the Agency is able to continue working to the extent possible in case of a major disruption. Where necessary, business continuity plans must include coordinated and agreed disaster recovery plans for time-sensitive supporting infrastructure (e.g., IT systems).

In 2025, the Agency further enhanced its control activities by implementing the following measures:

- During the last quarter of the year, the senior management reviewed the Agency's business continuity management framework and approved the annual internal assessment of the EUAA's business continuity management system as well as the report for the annual management review (2025) of the business continuity management system. The senior management also approved the proposed actions in the above documents for implementation in 2026.
- The participation rate of Financial Initial Agents (FIAs) and Financial Verifying Agents (FVAs) to training on the minimum compulsory competence framework (ABAC, Expenditure Lifecycle, Internal Control and Fraud Prevention) has stabilised and is above the 85 % target.
- The Agency has implemented financial ex post controls based on a documented, risk-based ex post control strategy. The senior management validated and issued, in Q1 2026, a new financial ex post controls report covering the financial year 2025. However, due to time constraints imposed by the reporting deadline, the controls only cover expenditure up to mid-November 2025. Therefore, the portion of the Agency's budget, from mid-November to the end of 2025, was not subject to financial ex post controls.
- As part of the internal control strategy, the methodology for the implementation of a risk and cost-effectiveness assessment of the Agency's controls was endorsed by the Agency's senior management. Its application will contribute to the development of the Agency's financial circuits as part of the on-going optimisation project.



- The cost-effectiveness of the Agency’s ex-post controls strategy is assessed annually. The Agency quantified the staff costs allocated to ex post controls and concluded on the cost-effectiveness, benefits and added value of these controls.

In its audit report on human resources management and ethics in EUAA (2024), IAS recommended that the Agency enhances its control measures relating to mission management. The Agency has committed to implementing six corrective actions in order to address internal control gaps in this area. Some of these actions are internally assessed as implemented, and the full implementation of actions is foreseen by Q4 2026.

The results of the Financial ex post controls confirmed that despite the progress in the mission management in the Agency, some control gaps leading to mission payments calculation errors pertain and require further improvements. In particular, strengthening of ex-ante controls, documentation, governance arrangements, and recovery procedures related to staff missions is required to ensure sound financial management.

Senior management reaffirmed the need to put into place a risk-based ex ante control strategy defining the extent, intensity and frequency of ex ante controls for financial operations and financial circuits, by taking into account cost-effectiveness and the results of prior controls. This ex-ante control strategy should be reassessed regularly and reported annually, in terms of its cost effectiveness, in the CAAR. Furthermore, the Agency is also committed to assessing possibilities for improving the Agency’s Activity Based Budgeting (ABB) and Activity Based Management (ABM).

The weaknesses identified do not impair the achievement of the overall objectives under this internal control principle.

11. Selects and develops general control over technology.

Principle 11: The Agency selects and develops general control activities over technology to support the achievement of objectives

Characteristics:

11.1 Control over technology. In order to ensure that technology used in business processes, including automated controls, is reliable, and taking into account the overall corporate processes, the Agency selects and develops control activities over the acquisition, development and maintenance of technology and related infrastructure.

11.2 Security of IT systems. The Agency applies appropriate controls to ensure the security of the IT systems of which they are the system owners. This is done in accordance with the IT security governance principles, in particular as regards data protection, professional secrecy, availability, confidentiality and integrity.



The Agency is committed to the use of reliable technology for its business processes and for the security of its IT systems. In anticipation of development and widespread use of AI systems, the Agency has formed a dedicated Digital Innovation Team which works to set up the Agency's AI governance structure. Meanwhile, the Internal guidance on the use of online generative artificial intelligence tools for staff was developed and presented in dedicated info sessions to staff.

In order to strengthen monitoring and assessment of cyber security matters in the Agency, a number of new internal control monitoring criteria were established. The targets for all the indicators were achieved the results from the Staff Engagement Survey, in particular, demonstrate an outstanding result for staff perception towards awareness about basis cyber security rules and how to address such security breaches. Moreover, a very positive result was also captured during the last Staff Engagement Survey, 94% of staff positively replying that they feel confident in using digital tools and technologies to deliver the expected results.

Regardless of the positive perception of staff on IT and cyber security matters, during 2025 the Agency faced, as anticipated, challenges related to implementation of specific measures within the pre-established deadlines as per Regulation (EU, Euratom) 2023/2841 of the European Parliament and of the Council laying down measures for a high common level of cybersecurity at the institutions, bodies, offices and agencies of the Union. The Agency manages inter-related risk at its central risk register and also maximised its efforts to increase its cyber security maturity within a given timeframe.

The Agency continued following up on the implementation of the action plan to address the findings presented in the IAS audit report on IT governance and IT project management. Due to emerging unforeseen priorities, implementation of corrective actions is delayed. Despite progress in this area, several moderate deficiencies affecting the achievement of the objectives linked to this IC principle remain. Please refer to Annex 3 of the ICSA report for more detailed information.

A number of corrective actions identified as an outcome of financial ex post controls were implemented in 2025, most notably the procurement request template was revised to ensure that a business case exists for procurement processes before launching a new procurement procedure in case it relates to a project. The Agency also took measures to improve its electronic file circulation system to avoid any potential data protection gaps. The Agency addressed a significant part of deficiencies related to security gaps linked to ABAC access rights and continues working on further improvements.

The Agency is committed to increasing awareness regarding the use of Qualified Electronic Signatures on external and internal documentation as well as continuing to work on developing its records management systems.



The deficiencies identified by either IAS or Senior Management are not major and therefore do not impair the achievement of the overall objective and characteristics of ICP 11.

12. Deploys through policies and procedures.

Principle 12: The Agency deploys control activities through corporate policies that establish what is expected, and in procedures that put policies into action.

Characteristics:

12.1 Appropriate control procedures ensure that objectives are achieved. The control procedures assign responsibility for control activities to the entity or individual responsible for the risk in question. The staff member(s) put in charge perform the control activities in a timely manner and with due diligence, taking corrective action where needed. Management periodically reassesses the control procedures to ensure that they remain relevant.

12.2 Exception reporting is one of the management tools used to draw conclusions about the effectiveness of internal control and/or the changes needed in the internal control system. A system is in place to ensure that all instances of overriding controls or deviations from established processes and procedures are documented in exception reports (ex-ante) or non-compliance reports (ex post). All instances of ex ante overriding controls or deviations must be justified and approved before action is taken and logged centrally.

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

The Agency continued developing and putting into action corporate policies. Importantly, in 2025:

- The Executive Director took numerous decisions on governance-related matters. Several internal control gaps stemming from financial ex post controls were addressed by adoption of the Decision of the Executive Director on the delegation of financial authority and nominations to carry out one or more specific tasks in preparation for or ancillary to budget implementation, as well as a Finance Guidance and the Financial electronic workflow step descriptions documents.
- All governance-related documents are going through a validation cycle with the respective internal stakeholders responsible for the subject matter.
- An update of potential and genuinely sensitive functions was, in accordance with the standard practice, carried out to ensure that the mitigating controls in place continue to be adequate and work as intended. New functions introduced by



the latest organisational change taking place in 2025 were factored into the assessment with a particular focus on the newly established role of the Liaison Officers.

- Exceptions and non-compliances were reported as part of the continuous monitoring exercise on governance indicators. The reporting is based on data logged in the Agency's Register of Exceptions and Non-Compliance Events. The financial impact of exceptions and non-compliances on the total amount of payment appropriations executed was 0.37% against the target of < 2 %.
- The Agency concluded ex post evaluations of the three operational plans with Member States as well as ex post evaluation of pilot regional project and the Agency's Communication Strategy. The close follow up of the implementation of actions to address evaluation recommendations is implemented, and the year-end status reports are presented in the CAAR and tabled for the Management Board, as is the standard practice.
- The first steps were taken to address some gaps related to the Agency's financing decisions. Further action is ongoing internally to streamline and optimise the process.
- The Agency significantly improved its response to the climate and energy crises and produced multiple deliverables in the ongoing Environmental Management Foundations project. As an ultimate outcome of this project, the Agency is expected to adopt an environmental management policy and framework and to establish an Environmental Management Group that is expected to steer and guide implementation of proposed environmental measures that will be intended to reduce insofar as possible the Agency's carbon footprint and make the Agency more sustainable.

The Agency supported the EU Agencies Network (EUAN) by active participation and chairing dedicated working groups, in particular:

- The Evaluation Working Group of the EU Agencies Network (EUAN), chaired by the EUAA, has prepared a dedicated Handbook on evaluations for EU decentralised Agencies. This handbook, that was approved by the EUAN Heads of Resources and the Heads of Agencies, aims to support the development of an evaluation culture and harmonised evaluation practices within and across EU agencies and provides operational and practical information on evaluation governance, planning, implementation and follow-up in EU decentralised agencies.
- The Internal Control Working Group (ICWG) within the Performance Development Network (PDN) of the EU Agencies Network (EUAN), chaired by the EUAA, has prepared a Guidance on the identification, management and register of sensitive functions. This methodology has been presented to and is



endorsed by the EUAN PDN, the Legal Network, and the Heads of Resources Network.

No significant internal control weaknesses were identified which would impair the achievement of the objectives under this internal control principle.

INFORMATION AND COMMUNICATION

Information is necessary for the organisation to carry out internal control and support the achievement of objectives. External communication provides the public and stakeholders with information on the Agency's policy objectives and actions. Internal communication provides staff with the information it needs to achieve its objectives and to carry out day-to-day controls.

13. Uses relevant information.

Principle 13: The Agency obtains or generates and uses relevant quality information to support the functioning of internal control.

Characteristics:

13.1 Information and document management. The Agency identifies the information required to support the functioning of the internal control system and the achievement of Agency's objectives. Information systems process relevant data, captured from both internal and external sources, to obtain the required and expected quality information, in compliance with applicable security, document management and data protection rules. This information is produced in a timely manner, and is reliable, current, accurate, complete, accessible, protected, verifiable, filed and preserved. It is shared within the organisation in line with prevailing guidelines.

The Agency continued working to strengthen its document and records management. The new draft policy on document, records and archival management has been prepared and waiting for final formalisation. A significant number of inactive physical files have been fully catalogued and are now accessible through a structured electronic inventory. A project under the optimisation programme has been initiated to define the Agency's needs for records management that could eventually lead to a management decision on the choice of the technological solution.

The Agency has, in addition, been working on implementing rules on the marking and handling of Agency documents categorised as sensitive non-classified. The formal adoption of the documents is underway.

The Data Protection Officer initiated the first-ever mapping of personal data processing in operations within the Agency — a milestone that will be completed next year. The



Data Protection Officer continued their efforts in raising staff awareness on data protection during dedicated training sessions and events. Staff perception related to their awareness about basic data protection rules and where to address data breaches was captured as part of the Staff Engagement Survey (SES). It demonstrated an outstanding result of 93% positive to negative perceptions against the target of 70%.

No new internal control weaknesses were identified which would impair the achievement of the objectives under this internal control principle.

14. Communicates internally.

Principle 14: The Agency internally communicates information, including objectives and responsibilities for internal control, necessary to support the functioning of internal control.

Characteristics:

14.1 Internal communication. The Agency communicates internally about its objectives, challenges, actions taken and results achieved, including but not limited to the objectives and responsibilities of internal control.

14.2 Separate communication lines, such as whistleblowing hotlines, are in place at Agency level and in line with Commission guidance (and Commission communications), to ensure information flow when normal channels are ineffective.

The Agency continued with extensive internal communication efforts to regularly communicate on ongoing developments, objectives, challenges, actions taken and results achieved, including the objectives and responsibilities of internal control. This was well acknowledged by the staff during internal communication survey implemented in 2025, where it was confirmed that 85.06% of staff consider that internal communication initiatives help them understand the work of the Agency.

Internal communication initiatives were implemented through a wide range of channels such as staff sessions, newsletters, internal events, emails to all staff (via a dedicated Staff Info mailbox), the intranet, banners, posters, screen information, audio-visual campaigns and others. In 2025, the Agency organised 72 internal events (marking a 60% increase compared with 2024). These are divided between the information sessions on horizontal topics, the core business activities and staff in person events. The Internal Control and Compliance Unit has continued during 2025 to raise awareness on internal control by presenting the most recent developments in the area through publishing dedicated posts to all staff and regular updates of its intranet site.

In December 2025, the Agency held its largest-ever Staff Conference. The event set the scene to reflect on the key accomplishments of the Agency and recognising the collective efforts of staff in advancing the Agency's mission as well as created opportunities for staff to engage in meaningful discussions about the challenges and



milestones of the past year, nurturing a culture of shared learning and growth while striving to inspire new ideas on how to shape the Agency’s future direction.

The Agency continued increasing its efforts to raise staff awareness of the procedure and the dedicated whistleblowing channels by providing information on the intranet as well as during dedicated training on fraud prevention (including the EUAA staff induction training) covering the main measures in place to foster a culture of zero tolerance to fraud and the whistleblowing mechanisms. The extensive efforts throughout the years have led to an outstanding outcome. During the all-Staff Engagement Survey conducted in 2025, the ratio of positive to negative opinions of staff that are aware about the whistle blowing regulatory communication channels to be used in the case of the red flag of fraud reached 84%. Staff satisfaction with Internal Control and Risk Management training is high and is above the established target. Overall, the Agency has achieved all internal control monitoring criteria assessing this internal control principle.

No internal control weaknesses were identified, which would impair the achievement of these objectives under this internal control principle.

15. Communicates externally.

Principle 15: The Agency communicates with external parties about matters affecting the functioning of internal control.

Characteristics:

15.1 External communication. The Agency ensures that external communication is consistent, relevant to the audience being targeted, and cost-effective. The Agency establishes clear responsibilities to align its communication activities with the political priorities and narrative of the Agency.

15.2 Communication on internal control. The Agency communicates with external parties on the functioning of the components of internal control. Relevant and timely information is communicated externally, taking into account the timing, audience, and nature of the communication, as well as legal, regulatory, and fiduciary requirements.

The Agency ensures that its external communication is consistent, targeted to the relevant audience, and cost-effective. The Agency aligns its communication activities with the Agency’s political priorities and overarching narrative. In 2025, an ex-post evaluation of Communication Strategy 2020 took place. Its results confirmed that the Agency’s communication strategy was effective and largely achieved its core objective of increasing the EUAA’s recognition and relevance in public and policy discourse. The evaluation provided four recommendations to strengthen the EUAA’s communication function and support the development of a future strategy.

During 2025, the Agency issued 12 press releases, together with 19 news items on the website and continued to field regular press and media enquiries, replying to over 235



questions. By the end of the year, the Agency was mentioned in around 7 400 news or online articles. There was a decrease in the reach of the Agency’s social media due to external factors, despite this the total number of followers on social media remained the same. The Agency continued its visibility efforts through publications, website updates and audiovisual content, and organised 289 events, including the first EUAA State of Asylum Conference held in Valletta in June 2025.

The Agency communicates the functioning of the components of internal control with external parties such as the European Court of Auditors, the IAS of the European Commission, DG HOME, DG JUST, and the European Parliament. The Agency’s website has a dedicated area on Governance and Internal Control matters, where it presents in detail the applicable Internal Control Framework of the Agency and updated key documents in the field.

No internal control weaknesses were identified which would impair the achievement of the objectives under this internal control principle.

MONITORING ACTIVITIES

Continuous and specific assessments are used to ascertain whether each of the five components of internal control is present and functioning. Continuous assessments, built into business processes at different levels of the organisation, provide timely information on any deficiencies. Findings are assessed, and deficiencies are communicated and corrected in a timely manner, with serious matters reported as appropriate.

16. Conducts ongoing and/or separate assessments.

Principle 16: The Agency selects, develops, and performs ongoing and/or separate assessments to ascertain whether the components of internal control are present and functioning.

Characteristics:

16.1 Continuous and specific assessments. The Agency continuously monitors the performance of the internal control system with tools that make it possible to identify internal control deficiencies, register and assess the results of controls, and control deviations and exceptions. In addition, when necessary, the Executive Director carries out specific assessments, taking into account changes in the control environment. Ongoing assessments are built into business processes and adjusted to changing conditions. Both kinds of assessment must be based on the general principles set out in Annex 2 to this Decision.

16.2 Sufficient knowledge and information. Staff performing ongoing or separate assessments has sufficient knowledge and information to do this, specifically on the



scope and completeness of the results of controls, control deviations and exceptions.

16.3 Risk-based and periodical assessments. The Agency varies the scope and frequency of specific assessments depending on the identified risks. Specific assessments are performed periodically to provide objective feedback.

The Executive Director ensures continuous monitoring of the effectiveness of internal controls through ex-post controls and audit reports. This allows the Agency to identify any internal control deficiencies, register and assess the status and effectiveness of internal controls, and identify any deviations and exceptions. The outcomes of these assessments are regularly reported to the Management Board, providing insights and recommendations to support informed decision-making and continuous improvement of the internal control systems.

The internal control self-assessment methodology and monitoring criteria were not timely revised by Senior Management. However, the risk was mitigated by the Agency's decision to use the methodology approved within the EUAN PDN network. Moreover, a set of 47 new internal control monitoring criteria applicable for the period 2025 to 2030 was adopted by the Senior Management at the end of 2025 allowing the Agency to conclude the internal control self-assessment FY 2025.

The internal control self-assessment for 2025 considered data from the Staff Engagement Survey (SES) which was organized in Q4 2025.

The Agency took measures to make sure that in years when a full staff engagement survey is not organised, a simplified staff engagement survey covering only the internal control monitoring criteria will be launched in order to feed the annual internal control self-assessment. The first internal control pulse survey is foreseen for 2026, thus addressing the internal control gap from the past and the recommendation issued by IAS.

No significant internal control weaknesses were identified which would impair the achievement of the objectives under this internal control principle.

17. Assesses and communicates deficiencies.

Principle 17: The Agency assesses and communicates internal control deficiencies in a timely manner to those parties responsible for taking corrective action, including the Management Board and senior management, as appropriate

Characteristics:

17.1 Deficiencies. With the support of the manager responsible for risk management and internal control and the Internal Control and Compliance Unit, the Executive Director considers the results of the assessments of how the internal control system



is functioning within the Agency. Deficiencies are communicated to management and to the centres/units/sectors responsible for taking corrective action. They are reported to senior management and the Management Board, including through the CAAR, as appropriate. The term ‘internal control deficiency’ means a shortcoming in a component or components and relevant principle(s) that reduces the likelihood of the Agency achieving its objectives. There is a major deficiency in the internal control system if senior management determines that a component and one or more relevant principles and its characteristics are not present or functioning or that components are not working together. When a major deficiency exists, the Executive Director cannot conclude that the requirements of an effective system of internal control were met. To classify the severity of internal control deficiencies, senior management must use judgment based on relevant duly documented criteria.

17.2 Remedial action. A corrective action is taken in a timely manner by the staff member(s) in charge of the processes concerned, under the supervision of their management. With the support of the manager in charge of risk management and internal control, the Executive Director monitors and takes responsibility for the timely implementation of corrective actions.

The Internal Control and Compliance Unit (ICCU) regularly delivers accurate and reliable information on governance, internal control and risk management in cover notes including relevant reports, for each MB meeting with particular focus on implementation of corrective actions to findings from IAS and ECA.

Importantly, and in line with the best practices of the European Commission, the Agency has chosen to refer only to very important and critical recommendations from IAS as part of the monitoring exercise as important recommendations do not call into question the auditor’s opinion on the effectiveness of the internal control system and therefore do not warrant escalation at governance level. Nevertheless, the follow-up of important recommendations from IAS is implemented at an operational level and reported in the CAAR.

The Agency kept following up on and monitoring progress regarding the implementation of corrective actions. During the year, the Agency assesses that it has implemented 36 corrective actions to address 57 internal control deficiencies identified in the register of deficiencies during the previous (2024) internal control self-assessment (ICSA) (including results from the financial ex post controls).

The Agency takes note of the delays in implementation of some corrective actions and recommendations from both internal control self-assessments and IAS reports. These mainly relate to the actions requiring organisational change. The delayed implementation of corrective actions is regularly discussed with responsible units within the Agency and presented during management meetings.



The follow-up of corrective actions resulting from the 2024 financial ex post control exercise and the internal control self-assessment shows overall acceptable progress in strengthening the Agency's internal control framework. The majority of corrective actions are either implemented or progressing according to the planned implementation timelines.

As recommended by IAS, the Agency centralised human resources related to action plans in the central register of deficiencies and corrective action plan and will be monitoring it centrally.

As part of the efforts to establish a tool for effective monitoring of corrective actions and collection of feedback, a fast-track action under the Optimisation programme related to simplification of exceptions and non-compliance was established. The Agency will assess whether a single on-line register to capture all internal control deficiencies coming from different sources: internal control self-assessment, financial ex post controls report, registration of non-compliances and exceptions, ECA, IAS audits, etc fulfils the Agency's requirements and addresses the needs.

Despite the progress made, there are currently four significantly delayed IAS recommendations that remain open (related to the 2021 IAS report on IT Governance and Project Management). However, as stated in the IAS reports, none of these recommendations are classified as *very important* or *critical* which allows the Agency to conclude that the internal control systems in place are effective and implemented in accordance with the applicable regulatory framework.

No significant internal control weaknesses were identified which would impair the achievement of the objectives under this internal control principle.