

Twenty-ninth Meeting

Stockholm, 14-15 November 2013

ECDC Annual Work Programme 2014

Following its Twenty-ninth meeting on 14-15 November 2013, the Management Board approved the ECDC Annual Work Programme 2014 via written procedure (document MB29/7 Rev.2) on the 19th December 2013.

Agenda Item: 6	Document number: MB29/7 Rev.2	Date: 12 December 2013
Summary:	<p>The foundation for ECDC's work</p> <p>As stated in Article 14.5(d) of ECDC's Founding Regulation, [The Management Board shall:] "adopt, before 31 January each year, the Centre's programme of work for the coming year."</p> <p>The ECDC Annual Work Programme 2014 is based on ECDC's <i>Strategic Multi-annual Programme (SMAP) 2014-2020</i>. The activities to be implemented in 2014 are clearly and individually linked to the long-term strategies of ECDC.</p> <p>Main priorities of the 2014 Work Programme</p> <p>The Annual Work Programme for 2014 has been developed based on the Strategic Multi-annual Programme (SMAP) 2014–2020. The Work Programme 2014 is the first annual work programme to implement the new SMAP.</p> <p>In 2014, ECDC will further reinforce the: collaboration and cooperation with EU institutions, Member States and international partners; consolidate its core and support functions; strengthen the role and outputs of the seven disease programmes; and ensure that leadership, administration and ICT efficiently support the core operations of the Centre.</p> <p>Preparation of the 2014 Work Programme</p>	

	<p>The present document is the result of a process of internal and external consultations. It takes its point of departure from a discussion on the scientific priorities for the Work Programme 2014 during the 33rd Advisory Forum meeting on (20-21 February 2013). As a result of an internal process of consultation with the ECDC Units and Disease Programmes, a document, "ECDC 2014 Work Programme Priorities" was presented and discussed at the 27th meeting of the Management Board on 20-21 March 2013. Management Board members were invited to comment the document. The comments have been included and integrated in this final document.</p> <p>The detailed 2014 Work Programme was prepared as from April 2013 in terms of budget allocation for operations and of staff allocation by activity to ensure the best allocation of resources to activities, according to the methodology of the Activity based Budget. The document was discussed by the Management Board at its 29th meeting on 14-15 November 2013 and finally adopted through a written consultation on the 19th December 2013.</p>
<p>Action:</p>	<p>The Management Board approved the ECDC Annual Work Programme 2014. This document includes a detailed list of activities for operations (Title III) and their budget, as well as the corresponding allocation of staff (Annex 1).</p> <p>Its implementation will be regularly monitored and reported to the Management Board, in particular, in the Annual Report of the Director.</p>
<p>Background:</p>	<p>Regulation (EC) N° 851/2004 of the European Parliament and of the Council of 21 April 2004</p> <p>Article 14.5(d) – [The Management Board shall:] "adopt, before 31 January each year, the Centre's programme of work for the coming year."</p>

Contents

Foreword of the Director.....	4
Executive summary.....	5
Introduction.....	8
The ECDC vision.....	8
Structure of the 2014 Annual Work Programme.....	9
Resources.....	9
Process of elaboration and consultation with the major stakeholders.....	10
8. Collaboration and cooperation.....	11
Strategy 8.1 - ECDC in the 'family' of European Institutions and bodies.....	11
Strategy 8.2 - Working with the European Union Member States.....	12
Strategy 8.3 - Cooperation with the World Health Organisation (WHO).....	12
Strategy 8.4 - Working with non-EU countries.....	13
9. Core and support functions.....	16
Strategy 9.1 – Surveillance.....	16
Strategy 9.1 – Epidemic intelligence and response.....	18
Strategy 9.3 – Preparedness.....	20
Strategy 9.4 – Scientific advice.....	22
Strategy 9.5 – Public health training.....	25
Strategy 9.6 – Microbiology support.....	27
Strategy 9.7 – (Health) communication.....	29
Strategy 9.8 – Eurosurveillance.....	31
10. Disease programmes.....	32
Strategy 10.1 - Antimicrobial resistance and healthcare-associated infections.....	32
Strategy 10.2 - Emerging and vector-borne diseases.....	35
Strategy 10.3 - Food and waterborne diseases and zoonoses (including legionella).....	37
Strategy 10.4 - Sexually transmitted infections including HIV/AIDS and blood-borne viruses.....	40
Strategy 10.5 - Influenza and other acute viral respiratory infections.....	42
Strategy 10.6 - Vaccine preventable diseases.....	45
Strategy 10.7 - Tuberculosis.....	48
11. Management.....	50
Strategy 11.1 Ensuring independence.....	50
Strategy 11.2 General management.....	51
Strategy 11.3 Corporate governance.....	52
12. Administration.....	53
Strategy 12.1 General.....	53
Strategy 12.2 Human resources.....	53
Strategy 12.3 Finances and accounting.....	54
Strategy 12.4 Legal services.....	54
Strategy 12.5 Internal control coordination.....	54
Strategy 12.6 Performance management.....	54
Strategy 12.7/8/9/10 Corporate services.....	55
Strategy 12.8 Internal communication and knowledge services.....	55
Strategy 12.9 Procurement.....	56
13. Information and communications technologies.....	58
ANNEX 1. BUDGET FOR TITLE 3.....	62
ANNEX 2. ACTIVITY BASED BUDGET.....	63
ANNEX 3. BREAKDOWN OF THE DISEASE PROGRAMMES BUDGET.....	65
ANNEX 4. RISK ANALYSIS.....	66
ANNEX 5. DETAILED PROCESS FOR THE PREPARATION OF THE WORK PROGRAMME.....	67
ANNEX 6. PROCUREMENT PLAN.....	68

Foreword from the Director

This new ECDC annual work programme is uniquely important in that it marks two important transitions for ECDC. The first of these is the transition between our strategic multi-annual programme (SMP) for 2007-2013, which covered our start-up period, to our SMAP 2014-2020, a period which we enter as a “cruising speed” EU Agency. The second transition is from the era when Decision 2119/98/EC of the European Parliament and Council provided the legal basis for cooperation and coordination between Member States and the Commission in the fight against infectious diseases, to the new era of the Serious Cross Border Health Threats Decision. On 6 November 2013 Decision 1082/2013/EU of the European Parliament and of the Council entered into force, repealing Decision 2119/98/EC. The new Decision brings with it a significantly stronger framework for EU cooperation against infectious diseases. While the new Decision does not change ECDC’s mandate, we will certainly have a role to play in giving technical support to Member States and the Commission as they implement this important new piece of legislation.

ECDC’s SMAP 2014-2020 brings some changes in the way we structure this year’s programme: for example, there are specific strategies on “Microbiology support” and “Ensuring independence”. However, when you read our programme for 2014, I think that what will strike you most is the high level of continuity with previous years.

The starting points for developing SMAP 2014-2020 were ECDC’s Founding Regulation (which has not changed since 2004) and feedback from our partners in the Member States and EU Institutions on their priorities for ECDC over the coming years. Our partners had many valuable ideas on how ECDC could be further improved, but they also told us that they valued our core public health functions and our disease specific programmes. Building up these functions and establishing the programmes were the core objectives of ECDC’s first SMAP. This feedback was therefore a double tribute to ECDC: we defined the right course of action in our first SMAP, and then we delivered on our promises. The fundamentals of what ECDC does, therefore, stay largely the same in the new programme.

There are some changes in the terminology we use, and how our various strategies are structured and numbered. But the way in which we group the different diseases ECDC covers has not changed, and there is a high degree of continuity in our core activities, such as surveillance, risk assessment, scientific advice and public health training. In each area of our work, there is some evolution in the specific priorities we pursue, and we aim to further improve the European added value of our work. And, reflecting the priority given to performance management in SMAP 2014-2020, there is a section on this topic in our work programme for 2014.

In summary then, our approach is to continue delivering on ECDC’s mandate, but doing it even better and supporting the Commission as it implements Decision 1082/2013/EU..

Marc Sprenger MD PhD
Director

Executive Summary

The Annual Work Programme for 2014 has been developed based on the Strategic Multi-annual Programme (SMAP) 2014–2020. In relation to this, ECDC will further reinforce the: collaboration and cooperation with EU institutions, Member States and international partners; consolidate its core and support functions; strengthen the role and outputs of the seven disease programmes; and ensure that leadership, administration and ICT efficiently support the core operations of the Centre.

The Work Programme has also been prepared with a clear focus on ECDC values, developed in 2010: “service orientation”, “quality based” and “one ECDC”.

In 2014, the Centre’s proposed budget is the same as for 2013 at 58.3 M €, while the total number of staff will decrease from 298 to 294. The decrease of staff is due to the requested post reduction of 10% of the Establishment Plan (i.e. Temporary Agent posts) until 2018 (5 % for the overall reduction of staffing levels and an additional 5 % for the redeployment pool of agencies) . The reduction on the original number of 200 Temporary agent posts started in 2013 and will result in an establishment plan of 180 Temporary Agent posts in 2018.

Collaboration and cooperation

ECDC in the family of European institutions and Bodies

ECDC aims to establish, through DG SANCO, stronger working relationships with other relevant DGs of the Commission; enhance the cooperation with EU Agencies and initiate and implement joint activities under signed bilateral agreements; and further develop its relations with the European Parliament.

Working with the EU Member States

Taking into account the difficulties that public health institutions in some EU Member States face in this current economic climate, ECDC aims to make our cooperation with Member States more efficient by further developing the Customer Relationship Management system and further promoting an alignment of ECDC and national work plans. We also aim to further collaborate with the Swedish Ministry of Health and Social Affairs to maintain a good cooperative relationship with our host country.

Cooperation with the World Health Organization

The joint declaration between The Commission and the World Health Organization Regional Office for Europe (WHO/Europe) sets priorities for cooperation for the coming years. Of particular importance is the planning and implementation of relevant surveillance and epidemic intelligence activities. ECDC aims to have joint work plans with WHO/Europe to promote a more efficient use of resources.

Working with non-EU countries

ECDC will continue working with EU enlargement countries to strengthen their capabilities towards implementation of the *acquis* on communicable diseases in the enlargement process. We will also further develop and implement the strategy on progressive integration of enlargement countries into EU surveillance activities. ECDC will continue its work with European Neighbourhood Policy countries, moving from a time-limited project-based approach to self-supported sustainable cooperation.

Core and Support Functions

Surveillance

ECDC hopes to harmonise and strengthen the methods used in the production of ECDC scientific outputs. Surveillance standards, surveillance dashboard functioning and monitoring of data quality will be put into place for six priority diseases in order to improve the quality of surveillance data. We also aim to review the list of health conditions to be routinely reported through TESSy or event-based integrated surveillance systems. We will also explore the feasibility of facilitating a ‘machine to machine’ transfer of surveillance data to TESSy from Member States.

Epidemic intelligence and response

ECDC aims to be the main source of information on global communicable disease threats for European public health and healthcare professionals. It is foreseen that the Roundtable report will be shared with all Member States, and that support will be provided to Member States through outbreak response teams when requested. Rapid risk assessments will be further improved and the EWRS will be expanded to cover the threat detection and assessment of all threats to public health.

Preparedness

ECDC aims for the following outcomes in the field of preparedness in three different domains: internal preparedness within ECDC and improving crisis management infrastructure; providing technical support to the European Commission on preparedness against cross-border health threats and crisis management; and support to Member States on preparedness planning and capacity-building to effectively react to cross-border health threats.

Scientific advice

ECDC aims to improve the quality of its scientific advice through establishing a grading system, establishing clear and transparent processes to manage the Centre's scientific outputs, providing a platform for information exchange and implementing the Burden of Communicable Disease in Europe (BCoDE) toolkit in all Member States. Another aim is to better anticipate infectious disease threats in Europe through the use of predictive, operational and qualitative tools. Finally, the Centre will assess the impact of social determinants on the infectious disease burden as well as drafting a framework to improve monitoring of infectious diseases in migrant populations.

Public health training

In the area of public training, a continuation of EPIET and EUPHEM fellowships is foreseen. We will also add e-learning courses to the present ECDC training toolbox and establish a Learning Management System (LMS) to support all learning activities. The MediPIET1 project will be finalised and the follow-up programme will be implemented pending approval from the Commission. A 'senior exchange' programme between National Experts in disease prevention and control in EU Member States will also be initiated.

Microbiology support

The main objective for 2014 is to consolidate and monitor essential microbiology capabilities for surveillance, prevention and control of infectious disease and antimicrobial resistance in the EU. This will be achieved through the annual microbiology activity report on capacity building activities, an EU laboratory capabilities monitoring tool and molecular surveillance implemented for four pathogens as agreed to by Member States.

Health communication

The Centre will continue to focus its communication work on the following target audiences: health professionals, policy makers, the media and health communicators. The website is seen as central to presenting the work of ECDC so the establishment of a new web portal will be an aim for 2014. We will also continue to support Member States' efforts to integrate behaviour change, risk and crisis communication strategies in their communicable disease prevention programmes.

Eurosurveillance

For 2014, Eurosurveillance aims to continue to be at the forefront of publishing quality scientific information related to European-wide surveillance. To this end, it will aim to promote the journal to new readers and contributors, operate a submission system that allows contributors to track the status of their papers, operate a plagiarism detection system and conduct an annual scientific seminar.

Disease programmes**Antimicrobial resistance and healthcare-associated infections**

ECDC will focus on improving the surveillance of antimicrobial resistance, antimicrobial consumption and healthcare-associated infections through their relevant networks and through improving quality and online availability of the data. In particular, ECDC will produce country summary sheets/dashboards on HAI and AMR indicators, including in-hospital patient mortality from HAI, that will be made publicly available on the ECDC website. Additionally, we will initiate the implementation of molecular surveillance of antimicrobial-resistant bacteria, and contribute to the first Joint Interagency Antimicrobial Consumption and Resistance Analysis Report together with EMA and EFSA. We will also promote the exchange of good practice and guidance in the area between Member States, and implement awareness raising campaigns about the prudent use of antibiotics by coordinating the European Antibiotic Awareness Day in collaboration with the Commission and the WHO.

Emerging and vector borne diseases

ECDC will further develop the collection of data on vectors and pathogens they transmit in Member States, together with EFSA. Specific targets include the finalisation of an interactive mapping tool as well as a model for evaluation of vector control measures for West Nile fever. The Centre will also pilot and publish guidelines for the surveillance of the main native mosquito vectors. Work will be continued on Lyme borreliosis diagnosis and epidemiology. Additionally, we will develop the ECDC emerging and vector borne disease network for interactions with Member States and link it with EFSA networks to collaborate on non-food borne zoonoses.

Food- and waterborne diseases and zoonoses

In 2014, ECDC will strengthen multi-sectoral laboratory and epidemiological surveillance by fostering analyses of collected human data and integrating it with food, water, animal and environmental/climate data. We will also enhance the control of multinational foodborne and Legionnaires' disease outbreaks in the EU by strengthening early detection and investigation of multi-country FWD clusters and outbreaks. ECDC will strengthen public health microbiology for FWD and Legionnaires' disease by providing Member States' laboratories with external quality assessment schemes and reference service support for molecular typing of Salmonella, Listeria, STEC/VTEC, Legionella and vCJD. ECDC will also provide quality services for molecular typing data for Salmonella, Listeria and STEC/VTEC.

HIV, sexually transmitted infections and viral hepatitis

ECDC's work in this area will focus on the coordination of enhanced surveillance of HIV, STI and hepatitis B and C through improving online availability of surveillance data. The Centre will also continue to produce epidemiological reports on these diseases as well as evidence-based guidance to reduce health inequalities, especially related to HIV infection. ECDC will also support Member States and the Commission in the monitoring of the Dublin Declaration and the EU Action Plan on HIV/AIDS¹.

Influenza and other respiratory viruses

ECDC will support the implementation of the Council recommendation on seasonal influenza vaccination, as well as building on existing surveillance and scientific advice to continue to systemise severe disease surveillance, sero-surveillance and molecular strain surveillance. ECDC will also work closely with WHO to support Member States to improve their pandemic preparedness and support the process led by the European Commission on joint EU procurement of vaccines. We will also continue to improve monitoring of new respiratory viruses, such as MERS-CoV, and improve work on the human-animal interface, especially regarding swine and avian influenza and the pandemic viruses.

Vaccine preventable diseases

ECDC will work jointly with the Member States and the European Commission in order to improve childhood vaccination in the EU, in line with Council conclusions². This will be done through: guidance and country support to the EU Member States on measles and rubella elimination; strengthened laboratory and surveillance activities in EU Member States through the coordination of the VPD EU networks; development and establishment of monitoring and evaluation tools; and evidence-based guidance on key vaccination strategies for different diseases, one of which will be pertussis.

Tuberculosis

ECDC will coordinate, together with WHO/Europe a joint network of to improve TB control in the EU which will be achieved through working with surveillance, laboratory services, and prevention and care. Strengthening TB (molecular) surveillance at the national and EU level will be prioritised. If the ECDC molecular typing pilot study 2013 is positively evaluated by the Advisory Forum, MDR TB molecular typing data will be collected as part of the routine surveillance starting from 2014. ECDC will also work to strengthen laboratory services for the management of TB through the annual meeting of the European Tuberculosis Surveillance Network and the European Reference Laboratory Network for TB. ECDC will also support countries with the development and implementation of country strategies for prevention and control of TB and the Centre will collect the evidence for assessing whether to introduce latent TB infection control in the EU. Guidance will be developed on the introduction of new TB drugs, and on interventions for TB prevention and control in hard to reach populations.

Leadership, Administration and ICT**Management**

In 2014, ECDC will continue to implement policies and processes within ECDC that are adapted to the independence policy, in particular, extending the annual declaration of interests exercise to all ECDC staff members and also conducting again annual declaration of interest exercises the Centre's governing bodies, senior management team, heads of disease programmes and *ad hoc* scientific panels. ECDC will continue to support the Management Board and the Advisory Forum, as well as Member States and key partners in an accountable and transparent way.

Administration

ECDC will continue to work towards a high-level organisational performance through providing a good working environment for staff. We will also implement the changes to the Staff Regulations and Financial Regulation. We will continue to ensure timely preparation and correct implementation of the budget, and map and review administrative processes to enhance efficiency. With the new centralisation of ICT, the Unit will continue to implement its new governance and working processes.

¹ Commission communication (COM/2009/0569 final) on combating HIV/AIDS in the EU and neighbouring countries

² Luxembourg 6 June 2011, Council conclusions on Childhood immunisation: successes and challenges of European childhood immunisation and the way forward

Introduction

1. The ECDC vision

ECDC strives for excellence in the prevention and control of communicable diseases in order to help achieve better health and improved quality of life for all European Union citizens. In the pursuit of this aim, we need to ensure that our scientific excellence, organisational performance and partnerships are aligned with the Centre's core values ('service orientation', 'quality based' and 'one ECDC').

ECDC will consolidate its organisational achievements and focus on increasing its impact on public health, as well as improving its performance in order to strengthen Europe's capacity to tackle communicable diseases and their determinants.

The ECDC mission and mandate

The Centre's mission is laid down in Article 3 of the Founding Regulation,³ which states that '*the mission of the Centre shall be to identify, assess and communicate current and emerging threats to human health from communicable diseases. In the case of other outbreaks of illness of unknown origin, which may spread within or to the Community, the Centre shall act on its own initiative until the source of the outbreak is known. In the case of an outbreak which clearly is not caused by a communicable disease, the Centre shall act only in cooperation with the competent authority, upon request from that authority.*'

The Centre's mandate can be derived from Article 168 of the Treaty on the Functioning of the European Union (EU), with an overarching principle of ensuring a high level of human health protection in the definition and implementation of all Union policies and activities. ECDC's role is to provide necessary scientific support for EU actions defined in Article 168: encourage collaboration between the Member States and coordination of their actions; support to the European Commission in its initiatives aiming at the establishment of guidelines and indicators; exchange of best practices; and the preparation of the necessary elements for periodic monitoring and evaluation.

Key tasks

Key tasks of the ECDC include:

- operating dedicated surveillance networks;
- providing scientific opinions and promoting and initiating studies;
- operating the Early Warning and Response System;
- providing scientific and technical assistance and training;
- identifying emerging health threats;
- collecting and analysing data; and
- communicating on its activities to key audiences.

The specific tasks of the Centre are described in Article 3(2) and subsequent articles of the Founding Regulation. The tasks of the Centre are transposed into annual work programmes.

³ Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 establishing a European centre for disease prevention and control. Official Journal of the European Union. 2004;L 142:1–11.

2. Structure of the 2014 Annual Work Programme

According to ECDC's Founding Regulation⁴, "*The Management Board shall adopt, before 31 January each year, the Centre's programme of work for the coming year. It shall also adopt a revisable multi-annual programme.*" Furthermore, "*Each year the director shall submit to the Management Board for approval [...] draft work programmes*".⁵

The Strategic Multi-annual Programme 2014-2020 (SMAP) outlines clear expectations for ECDC's achievements by 2020. ECDC's work is planned on a yearly basis in an Annual Work Programme with a medium term "rolling time horizon", which is based on the structure and content of the SMAP. In this way, ECDC's day-to-day work is constantly linked to its longer-term goals and official mandate. The SMAP provides input for the preparation of the subsequent annual work programmes. Therefore, the Annual Work Programme for 2014 has been developed, following the structure and numbering of the Strategic Multi-annual Programme 2014 – 2020. Based on the SMAP, in 2014, ECDC will further reinforce the "**Collaboration and cooperation** with EU institutions, Member States and international partners" (Strategy 8), consolidate its "**Core and support functions**" (Strategy 9), strengthen the role and outputs of the seven "**Disease Programmes**" (Strategy 10), ensure that "**Leadership**" (Strategy 11), "**Administration**" and "**ICT**" support efficiently the core operations of the Centre.

The Work Programme has also been prepared with a clear focus on ECDC values, developed in 2010: "**service orientation**", "**quality based**" and "**one ECDC**".

A set of indicators has been developed for the SMAP. These indicators have been streamlined with the annual Work Programme, in order to have only one set of indicators. This is necessary as from 2016, following the new EU Financial Framework Regulation, both multi-annual and annual work programmes should be integrated in a single programming document, which should be revised yearly. Therefore it is more sensible/practical to have only one set of indicators in one document. The targets of the indicators have been adapted to the work programme 2014 and changed accordingly where they differ from the targets set for 2020. The indicators of the work programme will continue to be reported annually to the Management Board, as part of the annual report, and also with a more long term perspective showing how the SMAP is implemented during the next seven years. The way of measuring the indicators are explicitly explained with the indicators. Among the tools to be used, an annual stakeholder survey should provide feedback to ECDC on the level of satisfaction of its stakeholders (in particular, the Member States, Commission and Parliament). ECDC will regularly review the results of its operations using the set of indicators. This will be used as a guidance to make the necessary adjustments, with a view to improve performance. To increase our performance management, the indicators will in particular feed into the existing quality management system and the internal evaluation process to be launched in 2014, and contribute to the internal evaluation of ECDC's activities and outputs (see p. 57), or the improvement/reengineering of the Centre's internal work processes. The results will also contribute to the discussions of the Quality Management Steering Committee and the Senior Management Team in order to improve the efficacy of the Centre (*this is already done e.g. monthly review by the SMT of the ECDC's internal management's dashboard, or ad-hoc as a result of Member States' surveys*). When presented annually to the Management Board, an action plan will be attached to address and improve areas where performance is not considered satisfactory.

In addition, as part of the annual review of the SMAP in the new single programming document, the ECDC business processes will be reviewed to ensure their appropriateness. If necessary, adaptations will be performed as relevant to the indicators, while keeping overall a sufficient level of stability, to ensure comparability of the measurements over the 7-year period.

⁴ Article 14(5)(d)

⁵ Article 16(3)(b)

Resources

In 2014, the Centre's proposed budget is the same as for 2013 at 58.3 M €, while the total number of staff will decrease from 298 to 294. The decrease of staff is due to the requested post reduction of 10% of the Establishment Plan (i.e. Temporary Agent posts) until 2018 (5 % for the overall reduction of staffing levels and an additional 5 % for the redeployment pool of agencies). The reduction on the original number of 200 Temporary agent posts started in 2013 and will result in an establishment plan of 180 Temporary Agent posts in 2018. ECDC's Work Programme includes the full Activity Based Budget, providing the real planned cost of the activities of the Centre.

Table I: *Budget by Title*

	2014	change 2013/2014
Title I - Staff	31.5 M€	+0%
Title II - Infrastructure	7.1 M€	+2%
Title III - Operations	19.7 M€	-0.7%
TOTAL	58.3 M€	0%

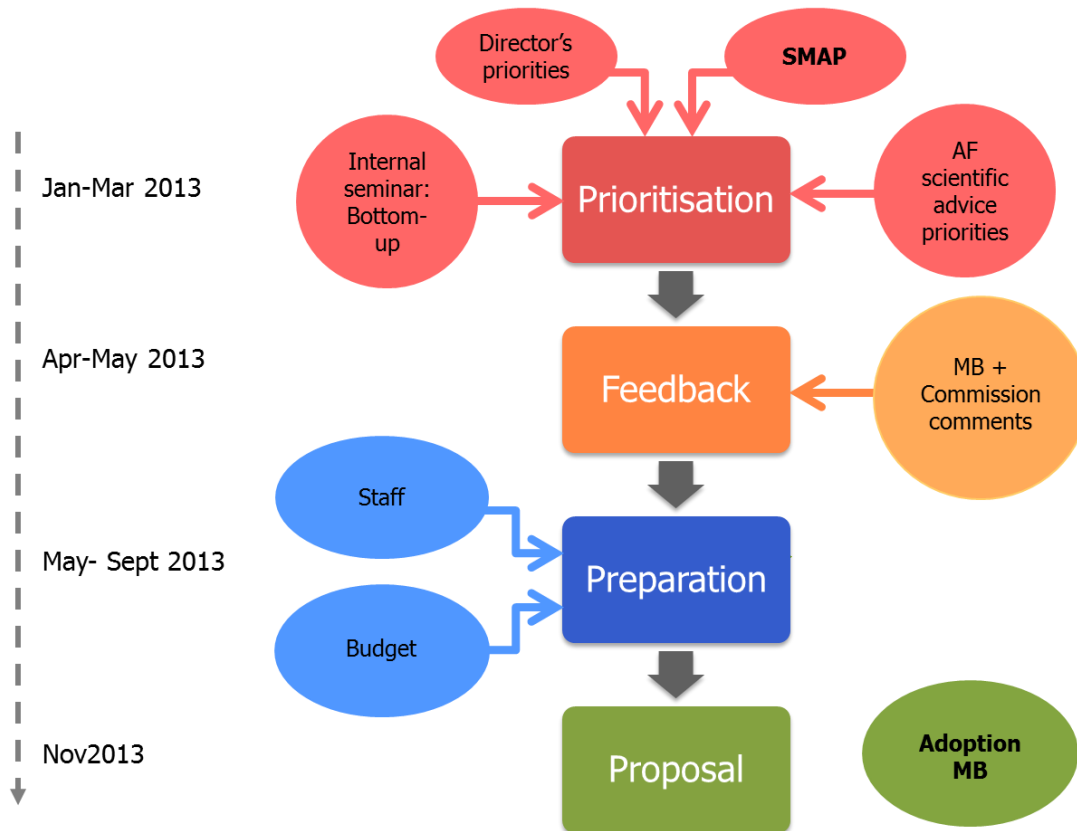
As from this year, the detailed presentation of the budget by activities has been simplified to provide an easier overview to the reader. ECDC grouped its activities by 'functional groups', which reflects on which kind of activities the resources (budget and staff) is spent. This grouping will make it easier to get a quick overview of ECDC resource allocation, and allow comparisons at the level of each stable group from a year to another, as a comparison at the level of individual actions is not always possible due to their changing nature.

Process of elaboration and consultation with the major stakeholders

The present document takes as its point of departure the current activities of ECDC. A discussion on the scientific priorities for the Work Programme 2014 also took place during the 33rd Advisory Forum meeting on 20-21 February 2013. In March 2013, a preliminary document, ECDC 2014 Work Programme Priorities, as the result of an internal process of consultation with the ECDC Units and Disease Programmes, was presented and discussed at the 27th meeting of the Management Board on 20-21 March 2013. It has been reviewed and revised by the Senior Management Team to reflect the overall strategic priorities of the Centre for 2014. Management Board members were invited to comment on the document. The comments have been included and integrated in the final document.

The detailed 2014 Work Programme was prepared as from April 2013 and further developed during summer, both in terms of budget allocation for operations and of staff allocation by activity, in order to ensure the best allocation of resources to activities, according to the methodology of the Activity based Budget. Thus, the document is proposed for adoption by the Management Board.

Process for adoption of the Work Programme 2014



8. Collaboration and cooperation

Infectious disease threats shared across continents are likely to further shape the work of ECDC, increasingly calling for global cooperation on diverse issues. For virtually all infectious diseases and health topics falling under ECDC's mandate, pooling data, evidence and research efforts at global level, beyond the EU, adds scientific value. From a technical point of view, cooperation can only enrich the knowledge base and avoid duplication of work to help contain threats faced by the EU and beyond.

Global threats require global responses, to be formulated jointly in close partnership with key international actors. This calls for ECDC to work closely and efficiently with other public health actors in a well-coordinated and complementary manner.

Strategy 8.1 - ECDC in the 'family' of European Institutions and Bodies

Projected outcomes for the medium-term (3 years)

In the coming years, ECDC will further strengthen its link with the EU institutions to enhance the timely flows of information and further coherence of actions. ECDC aims to establish, through DG SANCO, stronger working arrangements with other relevant DGs of the European Commission, in order to ensure appropriate involvement (e.g. to provide technical expertise, scientific advice) in the EU level/global activities related to our mission; notably, this applies to DG Research and innovation and the Joint Research Centre, DG Enlargement, DG Humanitarian Aid and Civil Protection (ECHO), and DG Development and Cooperation (DEVCO).

To enhance the cooperation with EU Agencies, ECDC will further initiate and evaluate projects of common interest, carry out joint expert work, co-publish scientific outputs, and implement other joint activities under signed bilateral agreements (e.g. EEA⁶, EFSA, EMA, EMCDDA, EASA, EUROPOL, FRONTEX and FRA). ECDC also strives to have more hands-on working relations through formal agreements with the Executive Agency for Health and Consumers (EAHC) to ensure coherence, enhance complementarity of actions and avoid duplications between the two agencies.

Maintaining, and further developing relations with the European Parliament (EP) will continue to be a key priority for ECDC.

Main objectives for 2014

- To further strengthen the effective collaboration and exchange of information with other EU Institutions and relevant EU Agencies to contribute to the prevention and control of communicable diseases within the EU and beyond.
- To enhance the monitoring of bilateral agreements between ECDC and other relevant EU Agencies as part of the general monitoring framework covering all bilateral agreements.

Expected outputs in 2014:

- Yearly updates of joint projects and reports, periodically presented to ECDC's governing bodies.

STRATEGY 8.2 - WORKING WITH THE EUROPEAN UNION MEMBER STATES

Projected outcomes for the medium-term (3 years)

ECDC is fully aware of difficulties that public health institutions in some EU Member States and EEA/EFTA countries are facing due to the challenging economic climate. The external orientation of ECDC to reduce the

⁶ EEA: European Environment Agency; EFSA: European Safety Food Authority; EMA: European Medicine Agency; EMCDDA: European Monitoring Centre for Drugs and Drug Addiction; EASA: European Aviation Safety Authority; FRA: Fundamental Rights Agency

burden in the countries is one of the priorities of ECDC in 2014. The Centre will continue to review the existing work procedures that regulate relations with the Member States with an aim to make our cooperation more efficient and less burdensome, notably the cooperation with the coordinating Competent Bodies and its support structures. An alignment of national work plans and ECDC work plans will be initiated in several ways, not only by the use of Advisory Forum (AF) meetings, but also by more specific country cooperation. As from 2014, the level of satisfaction of the Coordinating Competent Bodies on the communication with ECDC will be assessed as part of the annual stakeholder survey.

Country visits to the EU/EEA Member States could form a second layer to develop a deeper understanding of a country's priorities and programmes within the area of public health and communicable diseases. They are also a means to explore the needs of further cooperation and exchange, as well as possible support from ECDC.

As ECDC is now a fully operational EU Agency, it is time to further develop and increase the strategic collaboration with our host-country Sweden. In 2014, the Swedish Ministry for Health and Social Affairs and ECDC will, therefore, draw on each other's competencies and experiences to explore the possibilities of joint actions within the area of communicable diseases.

Main objectives for 2014

- To further develop the ECDC Customer Relationship Management (CRM) system.
- To further promote an alignment of ECDC/national work plans, which requires a more country oriented approach in order to optimise the use of resources.
- To strengthen the cooperative relation between ECDC and our host country Sweden.

Expected outputs in 2014

- Nominations of experts in CRM by coordinating Competent Bodies will be fully functional.
- Yearly thematic or joint strategic meetings will be organised to align ECDC and Public Health expertise efforts at the strategic level.
- Interim reports from the 'ECDC economic austerity task force'.
- Establish a Pilot Survey and Questionnaires Committee to seek ways to reduce the burden on Member States.
- Member States will be informed about the planned activities organised by ECDC well in advance in the form of a yearly calendar.
- Organise a specific collaboration event with relevant Swedish partners.

STRATEGY 8.3 - COOPERATION WITH THE WORLD HEALTH ORGANISATION (WHO)

Projected outcomes for the medium-term (3 years)

The Joint Declaration between the European Commission and the World Health Organization Regional Office for Europe (WHO/Europe), including its' Roadmap for collaboration on Health Security sets the overarching framework, including priorities, for the collaboration between ECDC and WHO/Europe. These are further defined in the Administrative Agreement between ECDC and WHO/Europe. In the prioritised disease areas the work will continue to further streamline actions, including the reporting. The ECDC will support the Commission in the implementation of the Roadmap for EC/WHO/Europe collaboration on Health Security with an adequate focus on general surveillance.

Main objectives for 2014

Provide technical support to the Commission/DG SANCO in the implementation of the Roadmap for collaboration on Health Security, and further strengthen the coordination of technical activities and the follow up of their implementation.

Expected outputs in 2014

1. Annual plan of joint activities between ECDC and WHO/Europe includes from both parties the estimates for allocated resources, both human and financial.
2. The coordination between ECDC and WHO/Europe has been streamlined (meetings of the Joint Coordination Committee).
3. The evaluation of the results and added value of joint work conducted with WHO/Europe.

STRATEGY 8.4 - WORKING WITH NON-EU COUNTRIES

Projected outcomes for the medium-term (3 years)

EU Enlargement Countries: ECDC will continue supporting EU Enlargement countries to strengthen their capabilities towards implementation of the EU *acquis* on communicable diseases and their participation in ECDC activities. In this regard, ECDC will continue investing in carrying out country assessments in the field of communicable diseases prevention and control, as requested by the Commission. ECDC will, partly pending on the availability of further funding under IPA II, engage representatives of EU Enlargement countries to ECDC activities.

ECDC will continue to further develop and implement the strategy on progressive integration of EU enlargement countries into the EU surveillance activities taking into account the existing capabilities of these countries.

European Neighbourhood Policy Countries: Structured ECDC cooperation with ENP countries will take its shape during the coming years under the framework of ECDC ENPI project. This project supports the overall policy objective of bringing neighbouring countries closer to EU standards by strengthening their capacities and aligning practices with the ultimate aim of the regular participation of ENP countries in jointly identified ECDC activities and communication through one country correspondent.

Other non-EU countries: ECDC will continue working with other non-EU countries based on the updated ECDC international relations strategy to be presented to ECDC MB in March 2014 for their approval. This work is largely based on the bilateral agreements between ECDC and the Public Health Institutes in the US, Canada, and China. ECDC will implement a general framework to monitor the implementation of bilateral agreements and in this context also the mode of working will be streamlined as appropriate.

Main objectives for 2014

- To update the ECDC policy for international relations ('ECDC Policy for Collaboration with 'Third' Countries') and submit it to ECDC MB for their approval.
- To continue, on the request of the Commission, the technical assessment process of EU Enlargement countries.
- To further improve the entire assessment process, and to update the tools to reflect the recent development in relevant EU legislation.
- To continue providing input to the Commission for the annual progress reporting of both Enlargement and ENP countries, as well for the preparation of sub-committee meetings.
- To initiate the collaboration with the European Neighbourhood policy countries in the framework of ENPI
- To continue implementation of the start-up phase of the MediPIET project, and provide adequate scientific and technical support to the further development and consolidation of the programme. (see under strategy 9.5)

Expected outputs in 2014

8.4 Updated ECDC policy for international relations/ working with non-EU countries

8.4.1 EU enlargement countries

- The revised assessment process of EU Enlargement countries including the revised Toolbox (in collaboration with the Commission);
- Technical assessment of Turkey;
- Finalised Technical Assessment Report of Serbia;
- ECDC-IPA3⁷ project work plan for 2014 implemented and draft activity report submitted to the European Commission (DG Enlargement):
 - Attendance of designated experts to attend selected ECDC disease groups meetings;
 - Meeting of National ECDC Correspondents in pre-accession countries;
 - Two international relations missions.

8.4.2 European Neighbourhood Policy Countries

- Upon request of the European Commission ECDC will maintain the EPIS system for EpiSouth;
- ENP countries have nominated National ECDC Correspondents and ECDC has established contacts with them;
- New ECDC-ENPI project initiated and activities started;
- Implementation of bilateral agreement between ECDC and ICDC.

8.4.3 Other non-EU countries

- Streamlined implementation and follow up of bilateral agreements.

Nb.	Objective	Indicator	Target 2014	Verification
1	Achievement of timely and sustainable support to the Commission and relevant countries in the implementation of EU enlargement and ENP policies. Established and functioning working relations with relevant international partners.	Completion of an agreed list of joint activities established between ECDC and its international partners	- Degree of completion of the Work Programme 2014, in the area of cooperation and collaboration: 80 % activities successfully implemented	Review of the list of activities with enlargement/ENP countries and international partners
2	Achievement of a high level of effective communication and coordination between ECDC and its Competent Bodies	Satisfaction of the Coordinating Competent Bodies on the communication with ECDC	70 % satisfied with communication and coordination	Measure to be integrated into the annual stakeholder survey

⁷ ECDC pre-accession cooperation programme with EU enlargement countries

List of activities 2014			
Activities	Staff (FTE)	Budget T3 (operations)	Budget total
ECDC in the 'family' of EU Institutions and Bodies	3.5	29,000 €	590,491 €
Working with European Union Member States	2.6	10,000 €	346,732 €
Cooperation with the World Health Organisation (WHO)	0.1	0,000 €	13,567 €
Working with non-EU countries	4.9	136,440 €	716,311 €
TOTAL	11.0	175,440 €	1,667,101 €

9. CORE AND SUPPORT FUNCTIONS

STRATEGY 9.1 - SURVEILLANCE

Projected outcomes for the medium-term (3 years)

The objectives of ECDC for the medium term are to:

- Provide better service to Member States, i.e. easier uploads, improved data access, and more friendly output consultation (dashboard);
- Develop a set of agreed surveillance standards for priority diseases;
- Develop and implement a set of routinely generated indicators for data quality and comparability, and timeliness;
- Review the list of health conditions to be reported routinely through indicator-based (TESSy) or event-based (EPIS/EWRS) integrated surveillance systems, as well as the reporting processes;
- Explore and facilitate automated machine-to-machine transfer of surveillance data to TESSy for Member States wishing to do so.

Main objectives for 2014

- Harmonising and strengthening the methods used in the production of ECDC scientific outputs.
- Consolidating surveillance and increasing its efficiency.
- Developing standards and sharing best practices in surveillance.
- Improving quality of surveillance data.
- Enhancing surveillance outputs and their impact.
- Promoting the use of surveillance data.
- Strengthening capacity in surveillance.
- Controlling expansion.⁸

Expected outputs in 2014

- Surveillance standards developed for 6 diseases and special health issues. The list will be published by year-end in the annual report of the centre.
- Surveillance dashboard functioning for 6 diseases. The number of consultations for 2014 will be measured through web's statistics, and the level of satisfaction of the Member States and the Commission through the annual stakeholder survey.
- Systematic and standardised monitoring of surveillance data quality for six pilot diseases under European enhanced surveillance started.⁹ The number of countries following these standards for the six diseases will be extracted from TESSy.
- Feasibility study results available for implementation of machine to machine communication and approach tested with two countries. Satisfaction of the two test countries will be measured in the annual stakeholder survey.

⁸ Consider the shrinking public health resources across Europe before suggesting the inclusion of any new data to be reported

⁹ Monitoring to be performed against indicators and targets agreed within the networks

- More emphasis on the development of case definitions in areas where needed, such as Lyme disease, Dengue, Crimean Congo Haemorrhagic Fever, hepatitis A, B, C.
- An updated procedure for reporting notifiable diseases to ECDC is shared with MS.
- Bio-statistical and geospatial methods are used to test hypothesis generated by routine analysis of surveillance data.
- A manual for strengthening surveillance quality in MS is available on the ECDC web portal.
- The annual meeting of national focal points for surveillance is organised, disease metadata sets are reviewed, data calls are performed, data are cleaned, validated, and analysed, and surveillance reports are generated including the annual epidemiological report.

Nb.	Objective	Indicator	Target 2014	Verification
3	Support to the Commission and the Member States in the implementation of the epidemiological surveillance of communicable diseases and special health issues according to Article 6.5 of Decision 1082/2013/EU	Proportion of diseases and special health issues for which surveillance standards have been developed and agreed with the National Surveillance partners	Diseases and special health issues under surveillance reviewed according to the SMAP; standards developed for 6 diseases in 2014	Steps to verify 100% achievement are: - Yearly list of diseases for which the standards have been agreed - Yearly report from TESSy on the number of diseases following these standards
3	High level of user friendliness and quality of uploading surveillance data.	Level of positive feedback from the Member States using machine to machine to upload TESSy data	-100 % response to all requests -80% users satisfied	Measure to be integrated into the annual stakeholder survey
5	Interactive outputs available for all diseases under surveillance	Proportion of diseases under surveillance for which online interactive outputs are available	Satisfaction with functionality: 80%	Outputs used measured by web statistics As measured in annual stakeholder survey
6	Substantially increased power of surveillance by implementing molecular characterisation for selected diseases	-Proportion of evaluated business cases for selected pathogens. -Proportion of pathogens with molecular surveillance modules in TESSy	n/a in 2014 n/a in 2014	Results of the pilot phase are verified by the Advisory Forum opinion Note: the decision process might lead to a review of targets in 2017

List of activities 2014			
Activities	Staff (FTE)	Budget T3 (operations)	Budget total
Public health surveillance	6.9	495,000 €	1,303,496 €
Methods to support disease prevention and control	5.6	395,000 €	1,131,295 €
Molecular surveillance	0.9	-	122,648 €
Management and administration support	8.1	-	1,073,272 €
TOTAL	21.4	890,000 €	3,630,711 €

STRATEGY 9.2 – EPIDEMIC INTELLIGENCE AND RESPONSE

Projected outcomes for the medium-term (3 years)

The objectives of ECDC for the medium term are to:

- Increase the capabilities of detection and response in front of threats and outbreaks through the systematic use of molecular epidemiology techniques;
- Implement joint approaches for threat assessment across the various areas of expertise in the EU;
- Develop Standard Operation Procedures (SOPs) to cooperate with other relevant EU agencies and WHO.

Main objectives for 2014

- To be the main source of information on global communicable disease threats for European public health and healthcare professionals.
- To provide evidence-based rapid assessments of emerging threats leading to rapid, appropriate and coordinated measures across Europe.
- To provide support to Member States through outbreak response teams.
- To make available to Member States epidemic intelligence and rapid assessment methodology, toolkits for investigating and responding to emerging threats as well as lessons learnt during investigation of emerging threats and response support to Member States.
- To contribute to capacity building in Member States and candidate countries in threat detection and assessments.
- To reflect in EWRS¹⁰ the expanded scope of the threat detection and assessment to cover all threats to public health.

Expected outputs in 2014

- RT report shared with all MS.
- Response duty and production of Rapid Risk Assessments within 48 hours. The satisfaction of the Member States and the Commission will be measured in the annual stakeholder survey.
- SOPs for Rapid Risks Assessments and related outputs finished and agreed with the Senior Management Team (SMT).
- Development of processes and criteria to link to alert systems blood, tissues & cells and organs in case of communicable disease outbreaks of risk to transfusion and transplantation medicine.
- Development of risk assessment on one disease prioritised with experts and authorities in the field of transplantation and transfusion medicine.
- Development of high-prevalence risk maps for HTLV-1 aiming at informing services in charge of safety of substance of human origin in the EU/EEA.
- Development of the CALLISTO FP7¹¹ Project.
- Reviewing the criteria and SOPs to deploy missions in the EU Member States.

¹⁰ EWRS - Early Warning Response System

¹¹ Seventh Framework Programme ('Companion Animals multisectorial interprofessional and Interdisciplinary Strategic Think tank On zoonoses')

- Missions deployed according to requests.
- Version 3 of the Threat Tracking Tool (TTT).
- Participate in multidisciplinary scientific seminars/meetings.
- Further development of EWRS.

Nb.	Objective	Indicator	Target 2014	Verification
7	Provision of relevant, timely and quality rapid risk assessment to support the risk management carried out by the Member States and the Commission	<ul style="list-style-type: none"> - Number of timely rapid risk assessments - Proportion of rapid risk assessment assessed positively by Member States through the annual stakeholder survey 	<ul style="list-style-type: none"> - 80% of rapid risk assessments produced within 48 hours of initial decision - 100% within 4 weeks - 80 % yearly satisfaction of respondents 	<ul style="list-style-type: none"> Timeliness: RRA statistics Quality: annual stakeholder survey

Justification of new activities for 2014

- **Development of a VPD intranet** instead of an EPIS VPD to test the feasibility of the exchange of information in this area with Member States.
- **Development of Version 3 TTT** is needed to adapt this tool to the current EI requirements.
- **EWRS developments** to adapt to the decision on serious cross border threats to health (1082/2013/EU) and to implement functionalities.

List of activities 2014			
Activities	Staff (FTE)	Budget T3 (operations)	Budget total
Epidemic intelligence	7.4	155,000 €	1,006,714 €
Rapid assessment of public health events	2.0	-	320,768 €
Emergency operations	2.3	60,000 €	354,459 €
Management and administration support	0.6	-	87,606 €
TOTAL	12.4	215,000 €	1,769,547€

STRATEGY 9.3 – PREPAREDNESS

Projected outcomes for the medium-term (3 years)

Outcomes in the field of Preparedness consider the needs in three different domains: 1) internal preparedness within ECDC, 2) support to the European Commission on preparedness against cross-border health threats and crisis management, and 3) support to Member States on preparedness planning and capacity-building to effectively react to cross-border health threats:

- ECDC internal preparedness and crisis management will be at a constant high level based on well-tested (exercises and real events) infrastructure, processes and procedures.
- Provision and maintenance of communication platforms in support to professional public health networks among Member States and relevant stakeholders for collaboration on matters related to public health emergency preparedness.
- Provision of guidance and tools to facilitate the development and self-assessment of preparedness planning in the Member States.

Main objectives for 2014

- Further strengthen crisis management within ECDC to support the EU response to emergencies through the EOC¹² infrastructure, tools, procedures, processes and internal simulation exercises.
- Identify key preparedness gaps in the Member States and assess key emerging threats for which preparedness activities should be orientated in coming years.
- Provide technical support to the European Commission and the Member States on the implementation of the provisions under the decision on serious cross border threats to health (1082/2013/EU) and other Commission initiatives, in particular in improving the interoperability and consistency of national preparedness planning, intersectoral coordination and business continuity planning.
- Support the development and evaluation of national preparedness plans.

Expected outputs in 2014

- ECDC internal preparedness and crisis management will be at a constant high level based on well-tested (exercises and real events) infrastructure, processes and procedures.
- Provision of guidance and tools to facilitate the development, self-assessment and strengthening of preparedness plans and preparedness in the Member States, as well as the identification and dissemination of good practices between countries.
- ECDC will provide updated communication platforms and support to networks of public health and other relevant professionals in order to support the collaboration on matters related to public health emergency preparedness between Member States and other stakeholders.
- ECDC will on request and within available resources provide specific support to countries, including on mass-gatherings.

¹² ECDC's Emergency Operations Centre

Nb.	Objective	Indicator	Target 2014	Verification
8	Support to the Commission and the Member States in the implementation of the preparedness Article 4 of Decision 1082/2013/EU as endorsed by the Health Security Committee, in particular in improving the interoperability and consistency of national preparedness planning, intersectoral coordination and business continuity planning.	<p>- Proportion of planned ECDC activities (guidelines, seminars, workshops, exercises) undertaken to reach the objective</p> <p>- Proportion of ECDC products endorsed by the Health Security Committee</p>	<p>90% in 2014 including:</p> <ul style="list-style-type: none"> - ECDC internal PHE plan tested and updated - Extranet for National Focal Points for Preparedness and Response in place - Consultation of Member States on guidance and metrics for operational planning <p>50% in 2014</p>	<p>ECDC assessment reports of preparedness at national level for communicable diseases upon request of the HSC</p> <p>Verified by HSC meeting minutes</p>

Justification of new activities for 2014

In the area of preparedness, a crucial development is the **decision on serious cross border threats to health (1082/2013/EU)** and the **full implementation by the Member States of the International Health Regulations (IHR) requirements**. Therefore, the focus of ECDC will be to collaborate with the Commission in the development of the technical background in coordination with EU and WHO, and the support to Member States on risk assessment and planning effectiveness for emergency response. Meanwhile, a wide range of emerging risks (including MERS-CoV and H7N9) continues to persist, demonstrating the need for a strengthened all-hazard preparedness approach at the EU level.

List of activities 2014			
Activities	Staff (FTE)	Budget T3 (operations)	Budget total
Country preparedness support	3.5	319,000 €	822,175 €
EU preparedness	1.3	3,000 €	186,972 €
Management and administration support	0.5	-	70,085 €
TOTAL	5.3	322,000€	1,079,232 €

STRATEGY 9.4 – SCIENTIFIC ADVICE

Projected outcomes for the medium-term (3 years)

- **Scientific Advice Coordination:** Improve the quality of ECDC’s scientific advice and the transparency of its processes, and foster the coordination with EU Agencies and public health science.
- **Horizon Scanning:** Strengthen the horizon scanning work for both Member States and ECDC through operationalising techniques and tools for:
 - Mapping key factors driving environmental, economic, technological and social change;
 - Identifying their interactions and boundaries;
 - Examining key assumptions; and
 - Scanning for emerging threats or surprises.
- **Social Determinants of Infectious Diseases:** Assess the impact of social determinants, such as the economic crisis, on infectious disease burden, as well as develop a public health framework to improve monitoring of infectious diseases in migrant population. This work should be conducted in collaboration with relevant EU or international organisations such as FRONTEX or the International Organization for Migrations.

Main objectives for 2014

- **Scientific Advice Coordination:** Improve the quality of ECDC’s scientific advice and transparency of its processes, and foster coordination with EU Agencies and public health science. The use of ECDC scientific guidance by Member States will be assessed as part of the annual stakeholder survey. The level of quality of ECDC scientific publications will be assessed through an annual review of the citations in the scientific literature and the related impact factor. In addition, ECDC will ensure that the scientific priorities proposed by the Advisory Forum are integrated in the work programme for 2015, by using the IRIS¹³ system.
- **Horizon Scanning:** Anticipate the Infectious Diseases threats in Europe.
- **Social Determinants of Infectious Diseases:** Provide an analysis of the impacts of social determinants on infectious disease burden and disseminate best practices to mitigate those impacts.

Expected outputs in 2014

- **Scientific Advice Coordination:**
 - o Establish a grading system and e-tool to grade the quality of evidence and strength of recommendations in Public Health/infectious diseases prevention and control.
 - o Establish clear processes to manage ECDC’s scientific advice and internal tools that facilitate the application of ECDC’s scientific advice procedures; prioritisation (IRIS), handling and archiving requests (SARMS), expert directory and selection of experts, public consultation. The timeliness of response to scientific requests from the commission and the Member States will be monitored using SARMS¹⁴.
 - o Provide a platform for information exchange and create opportunities for collaboration by organising the ESCAIDE Scientific Conference, coordinating ECDC’s input to the network of “Chief Scientists” of the EU Agencies mandated to provide scientific advice.
 - o Implement the Burden of Communicable Disease in Europe (BCoDE) toolkit in all Member States.

¹³ ECDC prioritisation framework IRIS

¹⁴ ECDC Scientific Advice Repository and Management System

- **Horizon scanning:**
 - o The aim for 2014 is to assess the strategic feasibility and operability of three pragmatic activities with complementary types of tools: predictive, operational and qualitative.
- **Social Determinants of Infectious Diseases:**
 - o Draft a framework on monitoring of infectious diseases in migrant populations as well as migration flows to the EU/EEA with potential infectious diseases transmission.
 - o Develop tool to estimate the impact of changing economic conditions on specific infectious diseases.
 - o Measure disease burden for specific infectious diseases under changing economic conditions.

ECDC tries to liaise closely with DG Research and Innovation regarding projects on public health and communicable diseases. Whereas ECDC has so far not joined any consortium applying for funding from DG R&I, the Agency has been invited to become a member of the scientific board/advisory groups of several such projects. Some examples are:

- CALLISTO (Companion animal multi-sectorial, inter-professional and interdisciplinary strategic think tank on zoonoses);
- IDAMS (International research consortium on dengue risk assessment, management and surveillance);
- EDENNEXT (Biology and control of vector-borne infections in Europe)
- PREDEMICS (Preparedness, prediction, prevention of emerging zoonotic viruses with pandemic potential using multi-disciplinary approaches).

Nb.	Objective	Indicator	Target 2014	Verification
9	High level of support of the Commission and Member States by producing quality scientific publications in the area of the priorities and mandate of the Centre	Quality of ECDC scientific publications in peer-reviewed journals remains high i.e.: - Average journal Impact Factor - Average number of citations of each article	IF > 3.8 > 10	Quality and citations base on the following databases: Scopus, PubMed and Embase
10	High level of timely and adequate response to requests for scientific opinions by providing authoritative and reliable evidence-based scientific opinions and guidance to Member States, Commission and Parliament	- Proportion of prioritised scientific topics executed. - Proportion of requested items for scientific advice (ad hoc and planned) timely delivered - Use of evidence-based opinions and guidance produced by ECDC	80 % of prioritised actions integrated in annual work programme 80 % >70% of opinions and guidance	- Comparison between IRIS (tool for scoring scientific priorities by the Advisory Forum) and the approved Work Programme - Source SARMS (internal database on external scientific advice requests) - Annual stakeholder survey

Justification of new activities for 2014

- **Horizon Scanning - Predictive tools:** Software tools have been developed to predict when and where disease outbreaks might occur based on large databases of online information and newspaper articles. These systems have been shown to provide striking results when tested on historical data.
- **Horizon Scanning - Qualitative tools:** In order to limit the fall-out of ID threats, it is critical to conduct with experts in the field a comprehensive foresight study which can help in mitigating the negative consequences of an infectious disease emergency for which the public health infrastructure

is ill prepared. Through expert assessments, infectious diseases are identified that can emerge quickly on the horizon and overrun existing barriers and defences. This assessment will also consider societal aspects of IDs threats such as the weaknesses of the current public health and legal framework. Such a foresight study will develop potential scenarios to help guide preparedness activities.

- **Horizon scanning – new technologies:** The field of microbiological diagnosis is changing rapidly, and consequences for public health must be followed closely. The work in this field is carried out in close cooperation with the Microbiology Section and other experts in house.

List of activities 2014			
Activities	Staff (FTE)	Budget T3 (operations)	Budget total
Scientific advice coordination	1.3	270,000 €	474,951 €
Scientific liaison activities	0.3	285,000 €	320,042 €
Research coordination and studies	6.6	508,000 €	1,421,690 €
Management and administrative support	5.0	38,100 €	800,482 €
TOTAL	13.1	1,101,000 €	3,017,165 €

STRATEGY 9.5 – PUBLIC HEALTH TRAINING

Projected outcomes for the medium-term (3 years)

The objectives of ECDC for the medium term are that:

- A sustainable level of EPIET and EUPHEM fellows has been established, and any further expansion of the fellowship programme is seen through an increased number of national EPIET Associated Programmes.
- With sufficient Commission funding, a firm basis for MediPIET¹⁵ has been established in terms of accepted core competencies to be targeted by the programme and an agreed upon initial curriculum. (see also above, under strategy 8.4).
- The ECDC virtual training centre makes available online to all Member States training resources, including E-learning and tools for knowledge transfer, allowing the countries to cascade training to regional and local levels.
- ECDC has set up a programme of short training modules and “sharing good practice” workshops targeting national experts at mid-career and senior levels in ECDC networks, aiming to reduce differences in capacity for disease prevention and control between Member States.

Main objectives for 2014

- Continuation of EPIET&EUPHEM fellowships.
- Add e-learning courses to the present ECDC training toolbox.
- Establish a functional Learning Management System (LMS) aiming to support all learning activities as coordinated by ECDC and EU network partners.
- Finalise the project IFS.2012/307-293 (MediPIET-1) and continue to implement a follow-up programme (“MediPIET 2”) pending successful contract negotiations with the Commission.
- Review courses for Infection Control in the EU using the new Core Competencies for IC.
- Initiate a programme of ‘senior exchange’ between EU Member States for National Experts in Disease Prevention and Control.
- Evaluate the use and added value of ‘Good Practice Workshops’ to professional workforce development and lifelong learning in Disease Prevention and Control.

Expected outputs in 2014

- One fellowship cohort graduating from EPIET and EUPHEM, one new cohort selected and in place and fellowship training curriculum implemented as planned. The satisfaction of EPIET and EUPHEM fellows as well as short trainings participants will be systematically assessed. In addition, the achievement of the agreed learning objectives will be assessed. And finally the number of articles published by EUPHEM/EPIET fellows will be monitored during and 2 years after graduation.
- Framework partnership agreements with all fellowship host sites in place.
- First E-learning course performed and LMS established.
- Infection Control Competencies integrated into the ECDC framework of core competencies for disease prevention and control.
- First pilot ‘senior exchange’ performed.
- Project ‘establishment of MediPIET’ successfully completed and all deliverables achieved.
- “MediPIET 2” launched pending successful contract negotiations with the Commission.

¹⁵ Mediterranean training programme in field/intervention epidemiology

- Evaluation report of added value of 'Good Practice Workshops' to professional workforce development and lifelong learning in Disease Prevention and Control.

Justification of new activities for 2014

- **Senior Exchange programme pilot:** Based on expressed needs from Member States in the Advisory Forum and previous ECDC consultations on Training Strategy, a programme for senior exchange will be piloted, using the model developed by CEPOL for short-term exchange of senior law enforcement officers in the EU.
- **ECDC coordinated Networks engage more frequently in workshops sharing 'good practice'.** Within ECDC's responsibility for supporting and coordinating training programmes to assist Member States and the Commission, we plan to evaluate the added value of such workshops to the overall programme of training activities for the workforce of disease prevention and control in the EU.
- **MediPIET 1** is running well according to the plans creating high expectations for a follow-up.

Nb.	Objective	Indicator	Target 2014	Verification
11	With special emphasis on the core capacities referred to in Article 4 of Decision 1082/2013/EU, a strengthened workforce in the Member States through adequate and relevant training.	<p>Reaction: Participant satisfaction with ECDC training activities.</p> <p>Learning: Achievement of agreed learning objectives in relation to core capacities in ECDC fellowship programmes (EPIET/EUPHEM).</p> <p>Behaviour: Number of scientific articles of public health relevance by EPIET/EUPHEM fellowship during and 2 years after graduation</p>	<p>> 80 % satisfaction</p> <p>> on average 80 % achievement by all fellows</p> <p>> 50% increase compared to the 2-year period before entering the programme</p>	<p>Course evaluations.</p> <p>Incremental progress reports (IPR), Competencies Development Monitoring Tool (CDMT), mid-term and final reviews with fellows and supervisors.</p> <p>Bibliometrics (PubMed, Scopus)</p>

List of activities 2014

Activities	Staff (FTE)	Budget T3 (operations)	Budget total
E-learning	1.4	100,000 €	273,693 €
EPIET/EUPHEM Fellowships	6.6	3,285,875 €	4,054,824 €
MediPIET	2.5	-	429,066 €
Other training activities	2.4	343,000 €	730,185 €
TOTAL	12.9	3,728,875 €	5,487,768 €

STRATEGY 9.6 – MICROBIOLOGY SUPPORT

Projected outcomes for the medium-term (3 years)

The objectives of ECDC for the medium term are to:

- Develop and implement a system that assists Member States in monitoring critical microbiology laboratories capabilities for European surveillance of infectious diseases and epidemic preparedness;
- Gradually integrate selected molecular typing data into European surveillance and epidemic investigations for priority diseases and transmissible drug resistance threats after agreement from the Member States. The number of pathogens is determined by the roadmap. TESSy will provide information on the number of samples reported with molecular information

Main objectives for 2014

Support the consolidation and monitoring of essential microbiology capabilities for surveillance, prevention and control of infectious disease and antimicrobial resistance in the EU.

Expected outputs in 2014

- Annual ECDC microbiology activity report on capacity building activities. The report will monitor the ECDC activities delivered in 2013 to strengthen disease networks capacities to enhance EU wide laboratory-based surveillance and epidemic response support.
- EU Laboratory Capabilities monitoring tool finalised and data collection started to assess EU capabilities in 2013. The data provided by Member States will be analysed for the first dashboard report to be used in 2015 to ensure that the EU microbiology capabilities in public health are maintained / improved.
- Molecular surveillance implemented for four pathogens as agreed with Member States. Disease specific molecular surveillance strategies developed for two additional pathogens.

Nb.	Objective	Indicator	Target 2014	Verification
12	Implementation of the ECDC microbiology strategy to ensure sufficient microbiology capacity within the EU, to detect and manage infectious threats.	Proportion of Member States having microbiological core capabilities and capacity, as defined by the ECDC Microbiology Strategy	<p>- Launch of annual monitoring of three components i.e. primary diagnostics; national microbiology reference laboratory services and laboratory-based surveillance and epidemic response support. EU Laboratory Capabilities monitoring tool finalised and first round of data collection and analysis started to assess EU dashboard of capabilities in 2013.</p> <p>- Assess the agreed laboratory EQA performance levels as required for reliable EU surveillance of communicable disease and antimicrobial resistance.</p>	<p>Verification by technical audits of Member States and other components.</p> <p>[NB. The midterm evaluation may result in the formulation of specific targets and options for action.]</p>

			- Molecular surveillance strategy defined for 6 pathogens and implemented for 4 pathogens	
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Justification of new activities for 2014

- **Initiate the monitoring of essential capabilities of EU public health microbiology system:** Agreement reached with the Advisory Forum members and the National Microbiology Focal Points on the need to establish a system that allows the monitoring of progress of laboratory capacity building initiatives and an objective way to show EU-added value; approved proposal by the Management Board (MB27).
- **Support the Commission to develop proposal for EU Reference Laboratories for Human Pathogens:** As the relevant technical agency in this area, ECDC plans to support the Commission in developing a proposal for EU Reference Laboratories for Human Pathogens and in aligning this proposal to the needs of the Member States.

List of activities 2014

Activities	Staff (FTE)	Budget T3 (operations)	Budget total
Microbiology support	4.9	145,000 €	825,958 €
TOTAL	4.9	145,000 €	825,958 €

STRATEGY 9.7 – HEALTH COMMUNICATION

Projected outcomes for the medium-term (3 years)

Based on previous research and audience segmentation, the Centre will in its external communications focus on the following target audiences: health professionals, policy makers, media, and health communicators. The web portal is foreseen to remain the main vehicle for presenting and storing ECDC outputs. However, it will need adaptation to its audiences and to technical developments. Social media will be increasingly utilised to support and complement more traditional communications channels.

Understanding the population's knowledge and perceptions of communicable diseases is the basis for better and more focused planning of interventions and campaigns. Within the priority areas, ECDC will support the Member States' efforts to integrate behaviour change and risk communication strategies in their communicable disease prevention programmes. ECDC within its capacity will facilitate professional networking creating an opportunity for the Member States to share different ideas, resources, information, examples, experiences, and expertise on risk communication as well as develop guidance and adaptable tools.

Main objectives for 2014

- Consolidate the work according to the Strategic Multi-Annual Programme (SMAP) priorities – no major new areas of activities
- Develop the new web portal 2.0, including multi-lingualism, as a strong basis for external communications; in addition ECDC will increase the use of its social channels. Usage of both the web portal and the social media channels will be monitored. ECDC will get external certification of its website. Furthermore, the Commission and Member States will provide feedback on the quality of the content and user-friendliness of the website through the annual stakeholder survey.
- Integrate components of behavioural change and risk communication into concrete Disease Programmes prevention projects
- Enhance the competence of risk and crisis communication of the countries
- Enhance professional networking acting as the main European hub for scientific advice and guidance on behaviour change and risk communication related to communicable diseases

Expected outputs in 2014

- Clear categories of information to facilitate access to information implemented.
- Extranet launched for national focal points for communication, HSC communicators and external experts.
- Regional tailored capacity building workshops/courses/table top trainings on risk and outbreak/crisis communication.
- Regional capacity building workshops supporting measles/rubella elimination.
- Innovative partnership (Free Thinkers sustained).
- Partnership established with other actors (WONCA,¹⁶ medical journals).
- Provision of scientific input to crisis communication in case of Communicable diseases events/emergencies, coordinated by the Health Security Committee in liaison with the Commission, according to the decision on serious cross border threats to health (1082/2013/EU). In case such event occurs, the quality and timeliness of ECDC input will be monitored.

All actions foreseen as part of the ECDC communication strategy will be monitored to ensure their timely implementation.

¹⁶ World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians

Nb.	Objective	Indicator	Target 2014	Verification
13	Publication of topical online information within ECDC's remit through the web portal and social media channels	Usage of the ECDC web portal and social media channels	+10% web visitors and social media followers - Certification by an external party (HON)	Web and social metrics used for verification Measure on quality will be in the annual stakeholder survey Health on the Net (HON) http://www.hon.ch for reference
14	Support to Member States and Commission in regard to public health campaigns and provide training and tools for risk communication.	Activities and actions delivered according to approved planning	100% delivery within agreed timelines	Records on file of activities and actions
15	Provision of scientific input to crisis communication in case of Communicable diseases events/emergencies coordinated by the Health Security Committee in liaison with the Commission according to articles 11 and 17 of Decision 1082/2013/EU	Proportion of lines to take (LTTs), press material shared	100% input to all critical events	Quality and timeliness verified by feedback from Commission on HSC actions and decisions

Justification of new activities for 2014

- **Development of innovative methods** is needed for measles/rubella elimination. Traditional measures for measles/rubella elimination have not been sufficient. Development of new and innovative measures related to behaviour change would be a useful complement.

List of activities 2014

Activities	Staff (FTE)	Budget T3 (operations)	Budget total
Press, media and information services	5.1	225,000 €	772,778 €
Web portal, social media and extranets	5.2	-	510,438 €
Country support on risk and behaviour-based communication	2.7	215,000 €	539,455 €
Translations	0.1	45,000 €	53,857 €
Editorial services	6.6	180,000 €	816,162 €
Management and administrative support	6.8		911,325 €
TOTAL	26.4	665,000 €	3,604,015 €

STRATEGY 9.8 – EUROSURVEILLANCE

Projected outcomes for the medium-term (2–3 years)

In the coming years, *Eurosurveillance* should continue to serve public health in Europe and be a key part of ECDC's activities by providing an attractive scientific journal that allows for worldwide unique rapid sharing of important developments related to outbreaks and infectious diseases, where sharing of information can lead to immediate public health action. In particular, Eurosurveillance should be on the forefront to publish quality scientific information related to outcome from European-wide surveillance, and new tools in surveillance and evidence-based public health. Eurosurveillance should follow closely new developments by publishing and sharing large datasets and support the dissemination of the surveillance data collected at European level.

Eurosurveillance should use social media strategically, adapted to the available resources, to ensure a good visibility. It should support capacity building activities and attempts to contribute to close the gap in the available evidence base in international scientific databases in the area of prevention and control of communicable disease in Europe.

Main objectives for 2014

- Regular production of 50 weekly issues.
- Increase the scientific impact.
- Promoting the journal to attract new readers and contributors.
- Operate a submission system that allows contributors to track the status of their papers.
- Operate “Plagiarism” detection system.
- Conduct annual scientific seminar.
- Contribute to evidence-base broadening through capacity –building (incl. the CME or similar activities, scientific writing activities).

Expected outputs in 2014

- Issues regularly online across the year (50 issues unless editorial policy changes).
- Impact Factor ranging between 1.5 and 5.
- New instructions for rapid communications and outbreak reports implemented.

List of activities 2014

Activities	Staff (FTE)	Budget T3 (operations)	Budget total
Eurosurveillance	5.1	164,500 €	687,093 €
Management and administrative support	0.4	-	84,116 €
TOTAL	5.5	164,500 €	771,210 €

10. DISEASE PROGRAMMES

To deal with a large range of communicable diseases, ECDC chose to aggregate them into disease groups and conditions based mostly on determinants:

- Antimicrobial resistance and healthcare-associated infections.
- Emerging and Vector-borne Diseases.
- Food and Waterborne Diseases and Zoonoses (including legionella).
- Influenza and other respiratory viruses.
- Tuberculosis.
- Sexually Transmitted Infections including HIV/AIDS and Blood-borne viruses.
- Vaccine Preventable Diseases.

A common set of indicators has been defined for all the disease programmes. It consists of the number of tools, products and activities aimed at implementing the SMAP through the annual work programme. In addition, for each of the disease programmes, the level of satisfaction of ECDC stakeholders (Commission, Parliament, Member States) will be measured in the annual stakeholder survey. Finally each of the programme will be evaluated on a five year periodicity, including on the added value of its work. In 2014, ECDC will establish a roadmap to plan when each of the Disease Programme will be evaluated, on a rolling basis.

STRATEGY 10.1 – ANTIMICROBIAL RESISTANCE AND HEALTHCARE-ASSOCIATED INFECTIONS

Projected outcomes for the medium-term (3 years)

In the light of the alarming trends of increasing prevalence of resistance to last-line antimicrobial agents in Gram-negative bacteria, antimicrobial resistance (AMR) and healthcare-associated infections (HAI), prudent use of antimicrobials and infection prevention and control will continue to be an EU public health priority in the next three years and beyond. The development of a robust information system is the cornerstone of EU public health policies in the area.¹⁷ Furthermore, the need for global cooperation to address AMR and HAI is increasingly recognised.

The ultimate objective of ECDC's Antimicrobial Resistance and Healthcare-associated Infections (ARHAI) programme therefore is to provide robust surveillance and information systems in the area. ARHAI will continue to improve surveillance of AMR, antimicrobial consumption and HAI. The focus will be on improved quality and availability of data and on better harmonisation of European surveillance systems to produce reliable indicators for HAI, AMR and antimicrobial consumption. The programme will also continue to be a member of the Transatlantic Task Force on AMR (TATFAR) and provide technical support as basis for further enhanced global collaboration.

The programme will contribute to increasing awareness about the issues of AMR, antimicrobial consumption and prudent use of antibiotics among European public, health professionals and policymakers. It will promote the exchange of experience and best practices on surveillance, prevention and control of AMR and HAI, as well as prudent use of antimicrobial agents.

Guidance (systematic reviews) on the prevention and control of HAI and of AMR in healthcare settings with an emphasis on cross-border patients, as well as on antibiotic stewardship will be finalised.

ECDC will provide input to the 2nd Council Recommendation on patient safety, including healthcare-associated infections (2009/C151/01) implementation report and to 3rd Council Recommendation on the prudent use of antibiotics in human medicine (2002/77/EC).

¹⁷ See in particular the Action Plan against rising threats from Antimicrobial Resistance ((Com (2011)748) and Council Recommendation (2009/C151/01) on patient safety, including the prevention and control of healthcare associated infections.

Main objectives of the programme in 2014

- **Surveillance:** Support implementation of Commission Decision 2012/506/EU (amending Decision 2002/253/EC with case definitions of HAI) by ensuring participation of all Member States in ARHAI surveillance networks (EARS-Net, ESAC-Net, HAI-Net), and in particular surveillance modules for surgical site infections (HAI-Net SSI) and for HAI in intensive care units (HAI-Net ICU) that include data on in-hospital patient mortality from these infections. Improve online availability and interactive functionality of data from the networks. Improving the quality of HAI surveillance data in Member States will be promoted through funding of validation studies for HAI data collection (point prevalence survey, 5 countries) and a training course on data collection for the point prevalence survey of HAI in preparation of future point prevalence surveys of HAI and antimicrobial use.
- **Surveillance/Scientific advice:** Promote exchange of good practices between Member States for the surveillance, prevention and control of AMR and HAI.
- **Communication/External stakeholder interactions:** Promote awareness campaigns about prudent use of antibiotics by coordinating the European Antibiotic Awareness Day, in close collaboration with the Commission involving WHO/Europe.

Expected outputs in 2014

- Support implementation of Commission Decision 2012/506/EU (amending Decision 2002/253/EC with case definitions of HAI) with (a) increased participation of Member States in ARHAI surveillance networks (EARS-Net, ESAC-Net, HAI-Net), and in particular in surveillance modules for surgical site infections (HAI-Net SSI) and for HAI in intensive care units (HAI-Net ICU), (b) increased data representativeness in participating countries. ECDC will also publish four European surveillance reports: surveillance of surgical site infections, surveillance of HAI in intensive care units, AMR surveillance and surveillance of antimicrobial consumption. Furthermore, ECDC will produce country summary sheets/dashboards on HAI and AMR indicators, including on in-hospital mortality, which will be made publicly available on the ECDC website.
- Complete the European survey on carbapenemase-producing bacteria (EuSCAPE) that will collect AMR data on carbapenemase-producing *Enterobacteriaceae* from 38 European countries. ECDC will initiate the implementation of molecular surveillance of antimicrobial-resistant bacteria, e.g., carbapenem-resistant or extensively drug-resistant (XDR) *Enterobacteriaceae* and *Acinetobacter* spp., MRSA.
- Contribute to the European "One Health" approach to AMR prevention and control by contributing to the first Joint Interagency Antimicrobial Consumption and Resistance Analysis Report (JIACRA), together with EMA and EFSA.
- Contribute to ensuring prudent use of antibiotics and better compliance with infection control practices in support to the Commission Action Plan on AMR - COM (2011) 748 and Council Recommendation (2009/C 151/01) on patient safety, including the prevention and control of HAI. In particular, ECDC will provide revised estimates on the burden of HAI and AMR (number of cases, number of deaths) in the EU based on the latest data. ECDC will also continue its work on structure and process indicators for prevention and control of HAI, concluding by the integration of these indicators in the HAI-Net surveillance protocols. Finally, ECDC will develop, in support of the implementation report of Council Recommendation (2009/C 151/01), a monitoring and evaluation system with a set of indicators to assess the implementation of national strategies/action plan and their success in improving prevention and control of HAI.
- Publish the ECDC guidance on the effectiveness of infection control measures to prevent the transmission of multidrug-resistant organisms through cross-border transfer of patients and contribute to the promotion and exchange of best practices between Member States by providing a repository of existing guidance and other documents on HAI and AMR prevention and control.
- Contribute to the coordination of Member States' activities in the field of AMR, antimicrobial consumption and HAI through a 3rd annual meeting of the ARHAI networks, country visits and coordination of the 7th Annual European Antibiotic Awareness Day.

- Finalise, the TATFAR progress report, in collaboration with the US Centers for Disease Control and Prevention (CDC).

Nb.	Objective	Indicator	Target 2014	Verification
16	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Number and type of tools, products and activities aimed at realising the SMAP deliverables.	90%	Measured and verified by Management Information System
17		Satisfaction by the member states on the value of the Disease Programmes	>80% satisfaction by two-third of the respondents	As measured by the annual stakeholder survey
18		Added value of the disease programmes is periodically evaluated	Each programme is evaluated every 5 years and a follow-up plan is made and executed.	

Justification of new activities for 2014

- **Online network data and country summary sheets/dashboards:** ECDC will develop new queries and new interactive outputs for increased online availability of HAI, AMR and antimicrobial consumption data. This is needed to enable easier consultation and meaningful comparison of HAI, AMR and antimicrobial consumption indicators, including on in-hospital patient mortality from HAI, between Member States.
- **Repository of existing guidance and other documents on HAI and AMR prevention and control:** ECDC will promote exchange of good practices of prevention and control of HAI and AMR between Member States, by collecting and improving access to guidance and other documents **produced at EU level, by Member States, professional organisations, partners as well as the findings of relevant Commission-funded projects in a repository** publicly available on the ECDC website.
- **Molecular surveillance for AMR:** To implement the ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness, ECDC will organise a **technical expert consultation on ECDC strategy for molecular surveillance of antimicrobial-resistant bacteria, e.g. carbapenem-resistant or extensively drug-resistant (XDR) *Enterobacteriaceae* and *Acinetobacter* spp., MRSA.** This activity will support the updated ECDC Public Health Microbiology Strategy and Work Plan 2012-2016.

List of activities 2014

Activities	Staff (FTE)	Budget T3 (operations)	Budget total
- Communication	0.5	140,000 €	182,487 €
- Interactions with external stakeholders	2.9	427,000 €	894,755 €
- Microbiology support	0.4	337,000 €	400,289 €
- Scientific advice	1.5	-	227,283 €
- Programme coordination	1.8	-	233,803 €
- Public health training	0.7	280,000 €	389,205 €
- Epidemic intelligence	0.2	-	24,530 €
- Surveillance analysis	2.8	335,000 €	769,152 €
TOTAL	10.7	1,519,000 €	3,121,503

STRATEGY 10.2 – EMERGING AND VECTOR BORNE DISEASES

Projected outcomes for the medium-term (3 years)

ECDC will contribute to improved surveillance of vector-borne diseases, i.e. to encourage timely reporting of geo-referenced and harmonised human data; this will be implemented with the help of the newly created EVD network.

ECDC will further develop the collection of data on vectors and pathogens they transmit, together with European Food Safety Authority (EFSA). This will allow precise analysis of disease trends, of pathogen presence (in human or reservoir hosts) and of the occurrence of vectors on a European scale. In parallel, a worldwide screening regarding emerging and vector-borne diseases in humans will be carried out for evaluating risks related to travel and global environmental change.

Furthermore, ECDC is working towards the development of timely and topical assessments of the risks that vector-borne diseases and emerging zoonotic outbreaks pose to EU citizens, and to develop scientific evidence base for choices of appropriate measures for prevention and control. It will thus contribute to the strengthening of EU-wide preparedness and response by providing Member States with access to multidisciplinary expertise, to coordination and support for response efforts and a wide range of tools to support decision-making, like real-time mapping of cases, risk mapping, risk forecasting and provision of scientific advice on choices for control strategies.

This work also implies the follow-up of environmental, entomological, and behavioural studies to assess potential public health hazards for example those linked to climate change. These activities will be based on links between veterinarians, physicians, and a wide range of laboratory expertise and academic research.

Main objectives of the programme in 2014

- **Surveillance:** Strengthen and standardise timely reporting on vector distribution and vector-borne diseases.
- **Scientific advice:** Integrate multidisciplinary knowledge based on studies of social and environmental/climatic determinants and migrant health, and through strengthened links with veterinary public health.
- **External stakeholder interactions:** Develop an ECDC EVD disease network for interactions with Member States.

Expected outputs in 2014

- The officially appointed disease network of national focal points for EVDs will be further developed and an annual meeting will be held. An EVD extranet will be further developed for interactive information exchanges between network members and EVD experts.
- Collection of more precise geographic case data in TESSy (possibly geo-referenced) for the main EVDs (previously agreed with Member States), and production of additional enhanced surveillance reports.
- An interactive tool for mapping West Nile fever cases notified in real-time by Member States and surrounding countries will be finalised, to provide timely information to the blood-safety and public health authorities for decision-making. In addition, a model for a scientific evaluation of vector control measures for West Nile will be developed, in order to provide Member States with advice on choices for optimal vector control strategies, according to the encountered situations.
- ECDC will further support specific European networks of expertise: 1) a laboratory network for outbreak assistance and support on diagnosis of emerging and vector-borne viral diseases, and 2) entomologists' and public health experts' network providing support and distribution maps on vectors of arthropod-borne diseases.

- ECDC will further develop a geo-reference database on presence of vectors and their pathogens (collaborative project with EFSA) to facilitate a multidisciplinary approach and assessment, and ensure compatibility with the ECDC geoportal E3, especially for environmental parameters.
- Guidelines for the surveillance of the main native mosquito vectors will be published and piloted, as a continuum to the already elaborated guidelines for the surveillance of invasive mosquito vectors.
- The first results of the systematic review on spatial and temporal trends of Lyme borreliosis and surveillance perspectives in the EU will be available.
- Enhanced collaboration with the European Food Safety Authority on non-food-borne zoonoses, in a “One Health” perspective. Collaboration with other international organisations (e.g. WHO, OIE, FAO) will also be strengthened.

Nb.	Objective	Indicator	Target 2014	Verification
16	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Number and type of tools, products and activities aimed at realising the SMAP deliverables.	90%	Measured and verified by Management Information System
17		Satisfaction by the member states on the value of the Disease Programmes	>80% satisfaction by two-third of the respondents	As measured by the annual stakeholder survey
18		Added value of the disease programmes is periodically evaluated	Each programme is evaluated every 5 years and a follow-up plan is made and executed.	

Justification of new activities for 2014

Climate change: Activities linked to climate/environmental changes including the E3 geo-portal, have now been integrated in the EVD programme. This implies reallocation of additional budget and human resources for the programme.

List of activities 2014

Activities	Staff (FTE)	Budget T3 (operations)	Budget total
- Communication	0.5	-	54,568 €
- Interactions with external stakeholders	0.6	250,000 €	332,581 €
- Microbiology support	0.3	325,000 €	382,651 €
- Scientific advice	3.7	413,500 €	-
- Programme coordination	1.6	-	218.365 €
- Epidemic intelligence	0.1	-	20,351 €
- Surveillance analysis	1.2	-	153.381 €
TOTAL	7.9	988,500 €	2,056,429

STRATEGY 10.3 – FOOD- AND WATERBORNE DISEASES AND ZOOSES

Projected outcomes for the medium-term (3 years)

1. Food- and Waterborne Diseases and Zoonoses:

- Enhanced surveillance of Food and Waterborne Diseases (FWD) will be further improved by strengthening laboratory capacity through external quality assurance schemes and molecular typing services for Salmonella, STEC/VTEC and Listeria monocytogenes as well as antimicrobial sensitivity testing (AST) for both Salmonella and Campylobacter. In particular, coordinated surveillance of STEC/VTEC and antimicrobial resistance (AMR) in Salmonella and Campylobacter will be implemented through protocols agreed with Member States and in collaboration with EFSA. Molecular typing based surveillance will be implemented and further developed based on the pilot evaluation results and according to the strategic public health microbiology road map. Analysis and outputs of surveillance data will be further utilised to produce useful reports and scientific publications. Analyses on *Campylobacter* seasonality will be performed.
- Laboratory capacity for parasitic and viral FWD surveillance will be strengthened through nominations of operational contact points for these diseases with access to EPIS. Guidelines and toolkits to advise on the control of FWD of viral origin will be developed and tested, with focus on norovirus and hepatitis A.
- Upgraded TESSy (molecular surveillance data) and EPIS FWD will be opened for wider target groups (new participating Member States, Commission and EFSA for analysis and to support the management of detected outbreaks/clusters. Multidisciplinary collaboration with veterinary and food safety stake holders will be further strengthened as well as global collaboration with laboratory networks like PulseNet International.

2. Legionnaires' disease

- The surveillance focus on travel-associated cases and clusters of Legionnaires' disease is relevant as many clusters consist of single cases from different countries and would hardly be detected without a European surveillance scheme. This enhanced surveillance will continue. The upgrading of EPIS ELDSNet will further facilitate the work flow of notifications and information exchange. Capacity building activities will continue to be focussed on strengthening laboratory capacities through specific courses and twinning projects. Molecular typing strategy will be developed to support surveillance.

Main objectives of the programme in 2014

- **Surveillance and prevention:** Strengthen multi-sectorial laboratory and epidemiological surveillance by fostering analyses of collected human data and integrating it with data from food, water, animal, environmental/climate origin in close collaboration with EFSA, the Commission, and European Union Reference Laboratories.
- **EU-wide outbreak detection and investigation:** Contribute to enhanced control of multinational foodborne and Legionnaires' disease outbreaks at EU/EEA level by strengthening early detection and investigation of multi-country FWD clusters/outbreaks in close collaboration with EFSA and the Commission.
- **Public health microbiology:** Strengthen public health microbiology for FWD and Legionnaires' diseases and foster linkage with food, feed, animal, and environmental (water) laboratories in close collaboration with European Union Reference Laboratories.

Expected outputs in 2014

Surveillance and prevention:

- ECDC will coordinate three FWD networks (ELDSNet, FWD-Net and EuroCJD network) and organise network meetings. The epidemiological reports on relevant topics, i.e. Legionnaires' disease, EFSA-ECDC Zoonoses and AMR (farm-to-fork), EFSA-ECDC- EMA joint AMR report, and surveillance of six priority FWD 2010-2012 will be prepared and submitted for publication.
- The European Listeria Typing Exercise (ELiTE) project will be concluded, data analysis will be performed and final report comparing molecular typing data from human and food samples will be prepared jointly by ECDC, EFSA, the European Commission and European Union Reference Laboratories.
- Additional activities will focus on agreement on surveillance for AMR and STEC at EU level through the finalisation of protocols and initiation of their implementation.
- ECDC will also produce a guidance document on HAV control in the EU.
- Continuation of the pilot testing of the communication toolkit for gastrointestinal disease prevention in schools, with report developed.

EU-wide outbreak detection and investigation and Epidemic Intelligence

- ECDC will strengthen multi-sectorial collaboration in detecting multi-country outbreaks by providing ad hoc access to EPIS FWD platform to veterinary, public health and food sectors, and; by organising ad hoc and planned meetings involving stakeholders from food, veterinary and public health sectors.
- ECDC will also produce SOPs for molecular surveillance and related issues, promoting the integration of (molecular typing) data from food, feed, animals and environment.

Public health microbiology

- ECDC will provide Member States laboratories with external quality assessment (EQA) schemes and reference service support for molecular typing of Salmonella, Listeria, STEC/VTEC, Legionella and diagnostics of variant Creutzfeldt Jacob disease (vCJD), as well as for AST for both Salmonella and Campylobacter.
- In order to support molecular surveillance and to promote Member States participation, ECDC will also provide quality services for molecular typing data for Salmonella, Listeria, STEC/VTEC. The standard MLVA protocol for *Salmonella* Enteritidis will be agreed with the Member States Implementation of agreed AMR protocol for Salmonella and Campylobacter will be initiated
- A new flexible training format, twinning, will be introduced allowing laboratories to develop their competences based on their learning needs.

Nb.	Objective	Indicator	Target 2014	Verification
16	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Number and type of tools, products and activities aimed at realising the SMAP deliverables.	90%	Measured and verified by Management Information System
17		Satisfaction by the member states on the value of the Disease Programmes	>80% satisfaction by two-third of the respondents	As measured by the annual stakeholder survey
18		Added value of the disease programmes is periodically evaluated	Each programme is evaluated every 5 years and a follow-up plan is made and executed.	

Justification of the new activities for 2014

- **Development of a guidance document on hepatitis A prevention and control with focus on post-exposure prophylaxis, vaccination policies, and seroprevalence in the EU/EEA:** in response to the number of HAV outbreaks and the increased exposure of EU citizens to risks such as travelling to endemic countries, decreased naturally-acquired immunity and contaminated food products, ECDC will produce a study on the current seroprevalence and incidence of HAV in the EU and a guidance document on HAV prevention.
- ***Campylobacter* seasonality study:** to study the seasonality of *Campylobacter* infections in the EU and identify possible associated risk factors, in response to a significant increase of reported cases in the past few years in the EU/EEA.
- **Inventory of national surveillance systems for parasitic diseases in EU/EEA:** to set the basis for future interventions to strengthen EU laboratory capacity in diagnosis and surveillance of parasitic FWD. Food- and waterborne parasites are often neglected in developed countries while increased travelling and global food trade is posing an increased risk for acquisition of infection.
- **Implementation of an EU protocol for AMR surveillance for *Salmonella* and *Campylobacter*:** to improve quality and comparability of AMR data with food and veterinary sector.
- **EQA for antimicrobial susceptibility testing for *Salmonella* and *Campylobacter*:** to ensure the data quality and promote the use of agreed methods of the new protocol for AMR surveillance.
- **Laboratory twinning training:** to foster public health laboratories capability development through exchange visits between laboratories in the EU/EEA. The survey of national reference laboratory capacity for six food- and waterborne diseases performed by ECDC in 2009 demonstrated the high diversity in the services and minimum capacities available. To foster comparability of surveillance and to strengthen laboratories capacity building a flexible training format is proposed.

List of activities 2014

Activities	Staff (FTE)	Budget T3 (operations)	Budget total
- Interactions with external stakeholders	1.8	167,000 €	419,553 €
- Microbiology support	1.6	585,000 €	802,821 €
- Scientific advice	0.6	52,000 €	131,830 €
- Programme coordination	2.0	-	318,288 €
- Public health training	0.1	19,900 €	34,492 €
- Epidemic intelligence	1.0	10,000 €	144,913 €
- Surveillance analysis	2.5	92,000 €	435,505 €
TOTAL	9.6	925,900 €	2,288,403 €

STRATEGY 10.4 – STIs, INCLUDING HIV/AIDS AND BLOOD-BORNE VIRUSES

Projected outcomes for the medium-term (3 years)

The programme will contribute to strengthen the prevention and control efforts with respect to HIV, STI and hepatitis B/C at national and at the EU level.

In the EU, several key populations are severely affected by HIV, sexually transmitted infections (STI) and hepatitis B and C. Political commitments have been made to combat HIV/AIDS in the EU and neighbouring countries. The Programme will contribute to improving the understanding of the epidemiology of HIV/AIDS, STI and viral hepatitis to improve key prevention and intervention strategies and to contribute to the development of a robust scientific base, as well as to the dissemination of key public health messages and information in the field of HIV/AIDS, STI and hepatitis B and C.

Objectives of the programme in 2014

- **Scientific advice:** Provide evidence-based guidance to reduce health inequalities – especially related to HIV infection;
- **Disease and Programme Monitoring:** Monitor the HIV/AIDS response;
- **Surveillance:** Strengthen surveillance and improve the online availability of surveillance data.

Expected outputs in 2014

- ECDC's work on HIV, STI and hepatitis B and C will focus on the coordination of enhanced surveillance and will produce epidemiological reports on these diseases. The European Gonococcal Antimicrobial Surveillance Programme (Euro-GASP) Programme will monitor the susceptibility in a sample of gonococci across EU Member States, implement the ECDC Response Plan and manage and control the threat of multi-drug resistant gonorrhoea.
- The work on guidance on key prevention strategies will be continued, with the target on key populations and vulnerable populations (e.g. men who have sex with men, people who inject drugs) and will improve the knowledge of health inequalities in migrant populations.
- On request, ECDC will provide technical support to MS and review national programmes.
- ECDC will revise the guidance on chlamydia control and produce guidance to strengthen antenatal screening programmes for HIV, syphilis, hepatitis B and rubella.
- A framework for the prevention and control for hepatitis B and C will be developed in collaboration with key stakeholders and in line with the Commission's proposals. Further, ECDC will continue the work to assess different screening strategies for HIV and hepatitis B and C and launch a toolkit that can be used at national level for policy guidance.
- ECDC will also review the latest developments and evidence and update the current HIV testing guidance.
- ECDC also will support the Member States and the European Commission in the monitoring of the Dublin Declaration and the EU Action Plan on HIV/AIDS¹⁸, as part of a long-term strategy. ECDC will produce user-friendly models for national HIV prevalence estimates in EU Member States in collaboration with UNAIDS.
- Relevant evidence-based guidance will be published to guide and inspire national programmes, with a special focus on vulnerable populations to support the implementation of comprehensive approaches to HIV, hepatitis B/C and STI prevention and control in Member States.

¹⁸ [Commission communication \(COM/2009/0569 final\) on combating HIV/AIDS in the EU and neighbouring countries](#)

- EU enlargement countries will be invited to network meetings to ensure that these 'countries are informed about relevant developments for HIV, STI and hepatitis B/C control. The network will increase its impact by sharing the best practices and experiences in surveillance, prevention and control from other countries.
- The epidemiologic situation will be assessed and relevant tools published to achieve that the European Commission has received adequate and timely scientific advice to guide them in their decision-making on strategies related to HIV, STI and hepatitis B and C prevention and control. Technical support will aim mainly at vulnerable groups. It will include program science methods and tools for prioritisation based on cost-effectiveness of screening and include support for decision making on resource (re-)allocation in times of economic austerity.

Nb.	Objective	Indicator	Target 2014	Verification
16	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Number and type of tools, products and activities aimed at realising the SMAP deliverables.	90%	Measured and verified by Management Information System
17		Satisfaction by the member states on the value of the Disease Programmes	>80% satisfaction by two-third of the respondents	As measured by the annual stakeholder survey
18		Added value of the disease programmes is periodically evaluated	Each programme is evaluated every 5 years and a follow-up plan is made and executed.	

Justification for new activities for 2014

- **Review and update evidence-based guidance on HIV screening and testing:** to update the current guidance and to consider latest developments in the area of counselling and testing.
- **Human T- lymphotropic virus 1 (HTLV-1) project:** on request of the European Commission to prepare scientific advice regarding development of maps of areas with high prevalence of HTLV – I.

List of activities 2014

Activities	Staff (FTE)	Budget T3 (operations)	Budget total
- Communication	0.4	-	35,384 €
- Interactions with external stakeholders	0.7	256,856 €	346,200 €
- Scientific advice	4.2	599,700 €	1,117,911 €
- Public health training	-	-	-
- Programme coordination	1.4	-	208,871 €
- Epidemic intelligence	0.1	-	11,071 €
- Surveillance analysis	2.1	215,000 €	504,196 €
TOTAL	8.8	1,071,556 €	2,223,632 €

STRATEGY 10.5 - INFLUENZA AND OTHER RESPIRATORY VIRUSES

Projected outcomes for the medium-term (3 years)

The objectives of ECDC for the medium term are to:

- Work to provide technical support to the prevention and control efforts by the Member States and the Commission aiming at a decrease in the morbidity and mortality that is due to seasonal influenza, especially through increased national and individual use of immunisation and better use of personal health measures.
- Make scientific outputs publicly available on the ECDC website. These will include: Weekly/biweekly Influenza Surveillance Overview (WISO), monthly influenza virus characterisation reports for Europe, risk assessments, surveillance reports, guidance documents, scientific advances, public health developments and scientific articles in peer-review journals. Continue to produce an Influenza Digest that provides influenza news and disseminates all the scientific and public health outputs of ECDC concerning influenza.
- Contribute to the WHO Global Influenza Surveillance and Response System (GISRS).
- Continue to lead and coordinate the monitoring and assessment of influenza vaccine coverage and vaccine effectiveness and make estimations comparable between Member States (MS) and between seasons; ensure communication of influenza vaccine study results that are seen to be independent of industry influence; coordinate international collaborations in the field of influenza vaccination; and, based on scientific evidence, contribute to the promotion of vaccination. The programme will promote influenza vaccine safety investigations if necessary in support of the regulatory process and public health policy. Through the existing EU Vaccine Task Force on Influenza, the programme will ensure close collaboration between ECDC, European Medicines Agency and DG Research in the context of existing and new seasonal influenza vaccines.
- Assess (with the MS and WHO) influenza severity and support the Commission in coordinating the response to major influenza epidemics/pandemics across the EU.
- Strengthen health communication as part of a prevention strategy including vaccination and in collaboration with WHO strengthen the laboratory activities through external quality assessment and training and coordinate the early detection of viruses at the EU level and their molecular typing.

Main objectives of the programme in 2014

- **Disease and programme monitoring support:** Support the implementation of the Council recommendation on seasonal influenza vaccination (2009/1019/EU) thereby reducing the burden of disease in Europe through improved protection of individuals at higher risk of severe disease.
- **Surveillance and scientific advice:** Build on existing surveillance and scientific advice to continue to systematise severe disease surveillance, sero-surveillance and molecular strain surveillance and characterisation.
- **Pandemic preparedness:** Support, with WHO, Member States to improve the quality of pandemic preparedness of MS - based on the new global guidance (aligned with the implementation of the decision on serious cross border threats to health (1082/2013/EU)) - support the process on joint EU procurement of vaccines.
- **Other respiratory viruses:** Monitor the emergence of and provide/produce relevant assessments/information as related to new respiratory viruses and ensure timely dissemination to key stakeholders such as Member States and the Commission.

Expected outputs in 2014

- Strengthen the collaboration on influenza and other respiratory viruses with the WHO Regional Office for Europe. Closely work with WHO in areas such as pandemic preparedness, global surveillance and influenza vaccines. Improved pandemic plans, preparedness and practice at EU, Member State and local level under the decision on serious cross border threats to health (1082/2013/EU) are expected and that will draw on the guidance from WHO and lessons learnt from the 2009 pandemic.
- Provide technical support to the Health Security Committee and the joint procurement initiative.
- Improve monitoring of new respiratory viruses – threats like MERS-CoV, which will likely continue to emerge.
- Improve the work on the human-animal interface - especially swine and avian influenza and the pandemic viruses.
- Provide technical support to the Commission, Member States and liaise with the pharmaceutical industry to support the development of better laboratory tests of protection correlates (serology). Support observational studies (virus identification and typing) through the surveillance system.
- Support (technically) the Commission and European Medicines Agency in the work on for seasonal influenza vaccines, including coordination of public health work on post-marketing effectiveness and safety.
- Continue to support the Member States to improve diagnostics of influenza disease, antiviral treatment and antiviral susceptibility as well as improving communication surrounding vaccination uptake.
- Monitor and report on progress as related to the EU Council recommendation of 2009 on influenza vaccination – in support of the Commission.

Nb.	Objective	Indicator	Target 2014	Verification
16	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Number and type of tools, products and activities aimed at realising the SMAP deliverables.	90%	Measured and verified by Management Information System
17		Satisfaction by the member states on the value of the Disease Programmes	>80% satisfaction by two-third of the respondents	As measured by the annual stakeholder survey
18		Added value of the disease programmes is periodically evaluated	Each programme is evaluated every 5 years and a follow-up plan is made and executed.	

List of activities 2014

Activities	Staff (FTE)	Budget T3 (operations)	Budget total
- Communication	0.7	40,000 €	128,874 €
- Interactions with external stakeholders	1.2	235,000 €	398,823 €
- Microbiology support	0.4	318,000 €	377,572 €
- Scientific advice	2.7	195,000 €	572,386 €
- Programme coordination	2.1	-	233.409 €
- Public health training	-	-	-
- Epidemic intelligence	0.2	-	21,025 €
- Surveillance analysis	0.8	-	107,755 €
- Preparedness	0.3	45,000 €	114,022 €
TOTAL	8.4	833,000 €	1,953,866 €

STRATEGY 10.6 - VACCINE PREVENTABLE DISEASES

Projected outcomes for the medium-term (3 years)

ECDC will work jointly with the Member States and the European Commission in order to improve childhood vaccination in the EU, in line with the Council Conclusions.¹⁹

In the conference “For a Healthy Future of Our Children – Childhood Immunisation”, organised by the European Commission in Budapest on 3-4 March 2011 (with the contribution of Member States and ECDC), participants examined successes and challenges of childhood immunisation in the European Union and underlined the need to achieve and maintain timely, high childhood immunisation coverage in both general and under-vaccinated populations; quality data for monitoring coverage and surveillance of vaccine-preventable diseases at sub-national, national and EU levels; and co-ordinating and refining communication strategies to target under-vaccinated population groups or those who are sceptical about the benefits of vaccination.

Considering the needs and gaps highlighted above, the main project outcomes for the next 3 years are to:

- Determine the impact of Invasive Pneumococcal Disease (IPD) and pertussis vaccinations, mainly in children and adolescents. For both diseases there is the need of gathering more evidence for effective vaccination strategies;
- Working closely with Member States and the WHO, to improve the quality of vaccine coverage data collected at EU-level, possibly adopting a standardised methodology;
- Supporting Member States in developing communication strategies in order to advocate for vaccination and to target under vaccinated population.

In addition to that, ECDC will specifically provide evidence-based guidance on new vaccines and technical supports to Member States on request; contribute to the global efforts of eliminating measles and rubella; provide tools for modelling and estimating the impact of vaccination of priority diseases.

Objectives of the programme in 2014

- **Disease and Programme Monitoring:** To initiate an EU wide infrastructure to monitor the impact of vaccination programmes, and to develop methodologies and reach consensus on how to monitor age specific vaccination uptake and immunity levels in the EU for priority VPDs [see Influenza Section above]
- **Scientific advice:** Support Member States in setting up and implementing vaccination strategies (including new vaccines) by providing scientific advice, review of economic studies, studies on community acceptance and tools for effective communication on immunisation
- **Public health microbiology:** To reach agreement at EU level upon processes and standards for laboratory-based surveillance of priority VPDs²⁰

Expected outputs in 2014

- Guidance and country support to Member States on measles and rubella elimination through guidance on communication strategies and training support.
- Strengthened laboratory and surveillance activities in the EU Member States through the coordination of the VPD EU network(s) for amongst others pertussis, invasive bacterial diseases, diphtheria, measles, mumps, rubella and polio. These include network meetings encouraging knowledge exchange, training, external quality assurance activities (for laboratory networks), and coordination of the collection of data for the ECDC routine disease surveillance. A business case for the molecular surveillance of N. meningitidis will be developed.
- Development and establishment of monitoring and evaluation tools (EU frameworks with sentinel sites for assessing the impact of specific VPD strategies).

¹⁹ Luxembourg 6 June 2011, Council conclusions (2011/C202/02) on Childhood immunisation: successes and challenges of European childhood immunisation and the way forward.

²⁰ (including integration of molecular typing: see ECDC microbiology strategy and molecular surveillance roadmap)

- Evidence-based guidance on key vaccination strategies. In 2014 one focus will be on effective pertussis vaccination strategies in EU.
- Risk assessments for the resurgence of diseases or appearance of new diseases, on request from Member States and the European Commission. These may also be conducted in the event that ECDC identifies a potential risk through its routine screening for threats.

Nb.	Objective	Indicator	Target 2014	Verification
16	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Number and type of tools, products and activities aimed at realising the SMAP deliverables.	90%	Measured and verified by Management Information System
17		Satisfaction by the member states on the value of the Disease Programmes	>80% satisfaction by two-third of the respondents	As measured by the annual stakeholder survey
18		Added value of the disease programmes is periodically evaluated	Each programme is evaluated every 5 years and a follow-up plan is made and executed.	

Justification of the new activities for 2014

- **Strengthening rubella and congenital rubella (CR) surveillance in all EU Member States:** This contributes to the activities aimed at meeting the 2015 target of rubella elimination; optimal surveillance is the key in assuring elimination is reached. EU-wide surveillance of congenital surveillance remains to be established, as identified in the survey conducted in 2012 (published 2013), and mapped the infrastructure in place in MS for CR surveillance. Coordination of EU-wide rubella and CR surveillance will allow the introduction of common indicators and the harmonisation of laboratory procedures to ensure data comparability data between countries, supporting the WHO elimination goal.
- **Developing protocols for priority VPD outbreak control:** Available and updated outbreak control plans are essential to ensure rapid response. Providing protocols at EU-level will support Member States in the development and/or updating of their national plans.
- **Scientific advice guidance on one priority vaccine (Meningococcal B vaccine):** Currently, the majority of invasive meningococcal cases in the EU/EEA are due to serogroup B, against which a vaccine was very recently licenced on the EU market. Post-marketing licensure surveillance is essential to monitor the impact of such vaccination. A working group of key experts in the EU/EEA will be set up to define the indicators of such surveillance and to determine the effectiveness of the new vaccine in the field and in age groups targeted by vaccination.

List of activities 2014			
Activities	Staff (FTE)	Budget T3 (operations)	Budget total
- Communication	1.2	110,000 €	265,303 €
- Interactions with external stakeholders	1.2	80,000 €	246,888 €
- Microbiology support	0.6	220,000 €	293,129 €
- Scientific advice	1.8	1,111,000 €	1,370,290 €
- Programme coordination	2.3	-	257,379 €
- Public health training	0.5	-	72,519 €
- Epidemic intelligence	0.2	-	38,833 €
- Surveillance analysis	2.0	-	236,917 €
- Preparedness	0.1	-	21,707 €
TOTAL	9.9	1,521,00 €	2,802,966 €

STRATEGY 10.7 - TUBERCULOSIS

Projected outcomes for the medium-term (3 years)

The focus for the next years will be in coordinating a joint network to improve TB control in the EU together with WHO Regional Office for Europe as ECDC is uniquely positioned for this. The TB control network will be divided in three themes, surveillance, laboratory services, and prevention and care. To focus TB control at the EU level the Framework Action Plan to Fight Tuberculosis in the European Union will be updated. Activities performed by the network and facilitated by ECDC include: Improve TB surveillance at national and European level; improve laboratory services for management of TB; detect, monitor and control international TB outbreaks through molecular surveillance; support national TB control efforts, especially in high-burden countries; organise and coordinate guidance development; coordinate exchange of expertise between countries; adapt international developments to the EU level and facilitate adoption in countries.

Objectives of the programme in 2014

- **Surveillance:** Strengthening TB (molecular) surveillance at national and EU level.
- **Public health microbiology:** Strengthening TB laboratory services for management of TB.
- **External stakeholder interactions:** Strengthening national TB control efforts, especially in high-burden countries and for vulnerable populations.
- **Scientific advice:** Providing evidence based guidance relevant for EU/EEA TB prevention and control.

Expected outputs in 2014

The key outcomes will be in the areas of TB surveillance, laboratory capacity, tuberculosis prevention and care, and scientific guidance:

- Organisation of the annual meetings of the European Tuberculosis Surveillance Network and the European Reference Laboratory Network for Tuberculosis (ERLTB-Net). In addition, a new network focusing on TB prevention and care will be established and the first meeting held;
- Publication of the Annual TB Surveillance report together with WHO Euro. If the ECDC Molecular Typing Pilot Study 2013 is evaluated as successful by the Advisory Forum, MDR TB molecular typing data will be collected as part of the routine surveillance starting from 2014. The ERLTB-Net will coordinate the TB reference laboratories in the EU countries as well as improve the quality of diagnosis and molecular typing and continue building capacity for TB diagnosis;
- As new tools and evidence for the prevention and control of latent TB infection (LTBI) are becoming available in the context of achieving TB elimination, ECDC aims to achieve EU consensus and a consolidated strategy for the implementation of new approaches for programmatic LTBI control. In 2014, ECDC will collect the evidence for assessment of introducing programmatic LTBI control in the EU;
- By supporting countries with the development and implementation of country strategies for TB prevention and control, e.g. by conducting country visits, ECDC will contribute to high quality TB control;
- New activities include updating the 'Framework Action Plan to Fight Tuberculosis in the EU' development of guidance on the introduction of new tuberculosis drugs in tuberculosis control in the EU/EEA and development of scientific guidance on interventions for TB prevention and control in hard to reach and vulnerable populations, e.g. migrants.

Nb.	Objective	Indicator	Target 2014	Verification
16	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Number and type of tools, products and activities aimed at realising the SMAP deliverables.	90%	Measured and verified by Management Information System
17		Satisfaction by the member states on the value of the Disease Programmes	>80% satisfaction by two-third of the respondents	As measured by the annual stakeholder survey
18		Added value of the disease programmes is periodically evaluated	Each programme is evaluated every 5 years and a follow-up plan is made and executed.	

Justification of the new activities for 2014

- **Initiate a review of the 'Framework Action Plan to Fight Tuberculosis in the EU'**: the current Framework Action Plan was published in 2008 and is now after six years in need of updating and revision.
- **Development of guidance document on the introduction of new tuberculosis drugs in tuberculosis control in the EU/EEA**: as new drugs are becoming available there is a need for guidance on what steps need to be taken for the introduction of new TB drugs in a country.

Development of guidance document on interventions for TB prevention and control in hard to reach and vulnerable populations, e.g. migrants: in many EU/EEA countries TB is concentrated in hard to reach and vulnerable populations. To control TB in these populations guidance on specific interventions are needed.

List of activities 2014			
Activities	Staff (FTE)	Budget T3 (operations)	Budget total
- Communication	0.4	-	32,753 €
- Interactions with external stakeholders	1.8	229,000 €	433,017 €
- Microbiology support	0.3	200,000 €	235,042 €
- Scientific advice	0.8	311,000 €	426,640 €
- Programme coordination	1.8	-	190,490 €
- Epidemic intelligence	0.1	-	14,017 €
- Surveillance analysis	1.0	-	119,530 €
TOTAL	6.1	740,000 €	1,451,488 €

11. MANAGEMENT

STRATEGY 11.1 – ENSURING INDEPENDENCE

Projected outcomes for the medium-term (3 years)

During 2013 and 2014 the focus will be on ensuring implementation of policies and processes within ECDC that are adapted to the independence policy. In particular, conducting the first all staff annual declaration of interest exercises in 2013 and 2014 will involve the development of new processes and imply significant work for staff across ECDC.

In 2014-2015 ECDC will focus on automating the workflows for making declarations of interest (DOI). This will facilitate the processes of verifying, checking and – if needed – further investigating declarations. It will also facilitate the access to declarations by interested parties within and outside ECDC, while respecting the relevant EU data protection legislation.

From 2015 onward, once the independence system is operating smoothly and is supported by ICT tools, the focus of the Compliance Officer will shift from implementation and refinement of the system to an even more proactive role in the auditing / investigation of compliance.

Main objectives for 2014

- Successful completion of annual declaration exercises for Governing Bodies, staff and ad hoc scientific panel(s).
- Full use of the ECDC document management system (DMS) to declarations of interest – DMS will become a coherent electronic filing system for declarations made.
- Further iteration and improvement to the systems for applying the ECDC independence policy.
- Delivery of an interim annual report of the Compliance Officer ahead of the November Management Board meeting.

Expected outputs in 2014

- Successful completion of annual declaration exercises. The proportion of approved annual and specific declaration of interest for delegates to Governing Bodies, ad hoc scientific panels, invited experts and ECDC staff members before to activities defined in the policy will be monitored.
- Document Management System becomes coherent electronic filing system for all DOIs made under the independence policy.
- Further development and clarification of criteria for reviewing the DOIs and deciding on proportionate action where an actual or potential conflict of interests is identified.
- Further improvement of the systems for applying independence policy: the systems become more user friendly and make compliance by our partners easier.
- Further dialogue with the Competent Bodies and Networks to help identifying how the policy can be applied to them in a proportionate and workable way.
- Interim annual report of the Compliance Officer for 2014 delivered in time for the November Management Board meeting.

Nb.	Objective	Indicator	Target 2014	Verification
19	Implementation of the independence policy of the agency	Proportion of approved annual and specific declarations of interest for delegates to Governing Bodies, ad hoc scientific panels, invited experts and ECDC staff members before participation to the specified activities as defined in the policy.	100 %	Data from the compliance officer

Justification of the new activities for 2014

- **ECDC's document management system (DMS)** is to become the electronic filing platform for all key documents within ECDC. Given the importance of record keeping to the credibility of ECDC's independence policy, applying DMS to the declarations generated under the policy needs to be a priority in 2014. Suitable adaptations of the system are being made in autumn 2013.

STRATEGY 11.2 – GENERAL MANAGEMENT

Projected outcomes for the medium-term (3 years)

- The future development of the organisation of ECDC is mainly covered in various chapters of the work plan, but the cohesion is guarded by the Office of the Director. Emphasis is on quality, project management and feedback circles like 3i.
- The General management is also in charge of ensuring the cohesion of the efforts to reduce the burden for Member States.
- The Office of the Director monitors the adequate overall implementation of the SMAP at the institutional level.

Objectives for 2014

- Ensure the efficient management of the Centre.
- Ensure cohesion across Units and staffs.

Expected outputs in 2014

- Cohesion in the deliverables mentioned in SMAP.
- Setting priorities during the year to match the planning and upcoming issues to deliver the most important value to the Member States and the Commission, and at the same time, keep realistic time limits and efforts for staff.

STRATEGY 11.3 – CORPORATE GOVERNANCE

Projected outcomes for the medium-term (3 years)

The objectives of ECDC for the medium term are to:

- Ensure excellence in communications with the Member States and other stakeholders;
- Act as a liaison between ECDC and the Member States, ensure the smooth provision and delivery of substantive, logistical and administrative support for high-level meetings of the ECDC Management Board (MB), Advisory Forum (AF), Coordinating Competent Bodies (CCB), , including auxiliary meetings and steering committees. It will also ensure effective support to, and communication with, the membership;
- Support and facilitate the Member States and other stakeholders through the Customer Relationship Management (CRM) system.

Objectives for 2014

- Support for Management Board meetings (three per year), meetings of the Audit Committee (three per year), Advisory Forum (four per year), Coordinating Competent Bodies (once per year),
- Provision of information and regular communication with Members, key partners and other stakeholders.
- Support the Member States and key partners in an accountable and transparent manner, with a view to meeting the needs of the entire membership and to ensuring their effective performance in fulfilling their statutory responsibilities and mandated functions. It will also support, as necessary, the organisation of other meetings with high-level representation.
- Support our stakeholders, key partners, particularly, countries and EU Institutions, and ensure coherence of ECDC's communication for the interaction with them.
- Support the Units and Disease Programmes in working with countries or external stakeholders on crosscutting areas.

Expected outputs in 2014

- Increased efficiency in servicing the needs of the Member States.
- Enhancing high-level meetings (MB, AC, AF, CCB) through excellence of documentation and presentations, including increased transparency (video streaming) and efficiency (extranets; webinars).
- Organising the second Joint Strategy Meeting (JSM), to be convened in 2015.

List of activities 2014			
Activities	Staff (FTE)	Budget T3 (operations)	Budget total
- Management and administrative support	4.0	-	451,272 €
- General management	1.5	-	276,847 €
- Ensuring independence	1.2	-	206,752 €
- Corporate governance	3.6	-	567,287 €
TOTAL	10.4	-	1,502,158 €

12. RESOURCE MANAGEMENT AND ORGANISATIONAL DEVELOPMENT

STRATEGY 12.1 – GENERAL

Projected outcomes for the medium-term (3 years)

The objectives of ECDC for the medium term are:

- Changes to the Staff Regulations and Financial Regulation implemented;
- Recommendations of the EU network regarding organisational performance development implemented
- Administrative processes mapped and reviewed in particular to enhance clarity of roles and responsibilities;
- Preparatory work for the implementation of paperless workflows;
- Consolidation of the matrix structure.

Main objectives for 2014

- Guarantee a high level organisational performance through good environment for the staff (healthy workplace, well developed staff performance processes, alignment of organisational and individual staff member's objectives).
- Implement changes of the new Staff Regulations and Financial Regulation.
- Ensure the timely preparation and correct implementation of the budget, deliver the annual accounts of the Centre, and improve the asset management.
- Improve the working environment for staff and support the units in the implementation of meetings.
- Communicate internally reflecting ECDC values and improve the free flow of knowledge and information across the Centre.
- Ensure high quality of internal control in ECDC.

STRATEGY 12.2 – HUMAN RESOURCES

Expected outputs in 2014

- To guarantee high level organisational performance, it is essential that the human resources of the organisation – its staff – have a good performance environment. This includes a healthy workplace with well developed staff performance processes in which the organisational and the individual staff member's objectives are aligned.
- Continuation of HR services, such as recruitment and staffing, pay and staff entitlements, working conditions, staff statistics and reporting will take place.
- In the area of learning and development services (L&D), with particular focus on management training, expert development and e-learning will continue.
- Implementation of the Allegro (HR IT software) module for training processes.
- Review of the L&D strategy in the light of SMAP and in order to support staff performance according to the ECDC long term strategy.
- Services as regards integration and wellbeing of staff, such as support for settling into Sweden, medical services, prevention of harassment and equal opportunities, will be continued and be further developed, stress Prevention and Management programme, including stress monitoring measures, relocation / integration in Sweden support to staff and newcomers re-launched in a consolidated form after the scope is reviewed and defined).

- Implementation of changes related to the amendment of the Staff Regulations - enters into force 1 January 2014; the revised Staff Regulations will be fully implemented and the first new/updated Implementing Rules are adopted), and the new/revised performance development processes - appraisal and reclassification; review of the performance management process).

STRATEGY 12.3 – FINANCES AND ACCOUNTING

Expected outputs in 2014

- Implementation of the Centre's New Financial Regulation and rules of application.
- Ensure the implementation of the budget through correct commitment implementation and the timely execution of payments, which will be monitored internally during the year and reported at year-end.
- Improve the asset management of the Centre by implementing ABAC Assets fully.
- Deliver reliable annual accounts and regular and legal underlying transactions of these accounts.
- Secure sufficient cash-flows for the Centre in accordance with the cash needs throughout the financial year.
- Assure the full implementation of the task and staff reallocation to the Finance Section.

STRATEGY 12.4 – LEGAL SERVICES

Expected outputs in 2014

- Continued provision of high quality expert advice applicable throughout the Centre.
- Enhanced transparency and appropriate information and (personal) data exchange practices.

STRATEGY 12.5 – INTERNAL CONTROL COORDINATION

Expected outputs in 2014

- The Director's Declaration of Assurance, and the underlying building blocks, confirms that the quality of internal control in ECDC is high.
- The assessments planned for 2014 are performed (of Internal Control Standards, selected Internal Procedures/Policies and the selected ex-post verifications of financial transactions, including ex-post verifications of grants.
- The assessments show (lack of critical/very important failures) that the internal control system works effectively.
- Audit observations are followed-up regularly and implemented appropriately.

STRATEGY 12.6 – PERFORMANCE MANAGEMENT

Expected outputs in 2014

ECDC will drive the preparation, monitoring and reporting of its Annual Work Programme, based on the Strategic Multi-annual Programme 2014-2020 (SMAP), taking into account the requirements of the new EU Financial Regulation, and recommendations of the EU agencies network to streamline their methodologies. The objective is to implement at least 85% of the activities approved by the Management Board in the Work Programme 2014.

In addition, ECDC will further improve the efficiency and measurement of its activities:

- Quality management activities will be further enhanced and structured. In particular, the second self-assessment of the quality management system developed since 2011 (Common Assessment Framework) will be conducted. Internal processes will be reviewed where necessary in order to improve their efficiency and adherence.
- The project management methodology started in 2013 will be finalised and fully implemented across the centre for both IT and non IT projects. The Management Information System (MIS) will be further developed, with the finalisation of a Project management module.
- A pilot process for the evaluation of ECDC activities and outputs will be launched and tested.
- Measurement of the expectations of our stakeholders will start being conducted yearly to provide feedback for the continuous improvement of ECDC's work and service delivery.

STRATEGY 12.7/8/9/10 – CORPORATE SERVICES

Expected outputs in 2014

12.7.1 Security

- A physical Security Policy about access and working in the ECDC's premises will be approved and implemented.

12.7.2 Facility Management

- The "Final premises Programme" will be prepared and approved by the SMT. A feasibility study about potential alternatives fitting the "Programme" will be prepared and approved by the Management Board and sent to the Budgetary Authorities.

12.7.3 Missions & Meetings

- A partially automated workflow will be released to streamline the Mission Order and Travel Claim processes.
- A contract for Travel Agency services will be signed and integrated in the Missions & Meetings procedures for travel and accommodation booking.

STRATEGY 12.11 – INTERNAL COMMUNICATION AND KNOWLEDGE SERVICES

Expected outputs in 2014

- Internal communication: increase the visibility and the dissemination of internal communications through a network of plasma screens rolled out at strategic points within ECDC premises.
- Intranet 1.1: New version of the Intranet fully integrated with Document Management System (DMS), internal workspaces and Who's Who section connected with the Talent map (customisation of Mysites) - Customisation of the Intranet PHE management tool et set up of new functionalities.
- Document Management System: new version in production, including scientific output workflow implemented.
- Up-to-date retention list, templates coordination, up-to-date filing plan, monthly reports on Document Management System (DMS).
- DMS content validated, documents properly tagged, templates updated in DMS, document types values updated in DMS, DMS views created based on users' requests.
- Mail Room: regular shipping of correspondence, continued and complete register of mails, updated archives database.

- Enterprise Search: new version in production, integrated with DMS and Intranet, scope covers two more ECDC systems.
- Terminology Service and Terminology Add In: in production, content updated.
- Talent Map – ECDC Professional Profile system uploaded with 75% of ECDC experts, new version in production.
- Knowledge Management support for internal and external partners delivered, Knowledge Management WG meeting organised.
- Enhance the Library electronic collection and the accessibility via the Library Intranet.
- E-LARA Library catalogue: implementation of the cataloguing, loan, and serial modules.
- Evidence-based practice: follow up work in providing support in the in-house training in EBM and give assistance to the in-house risk assessments, guidance, and systematic reviews.
- Increase the training offer of the services and information resources provided.
- Produce and deliver the Library Report collecting all the activities and statistics from the Library activities.

STRATEGY 12.12 – PROCUREMENT

Expected outputs in 2014

- Finalised reorganisation of ECDC procurement services
- Reviewed and documented end to end procurement process
- Establishment of a Procurement Management and Control System in order to improve efficient organisational performance, including contractual management and monitoring.

Nb.	Objective	Indicator	Target	Verification
20	Ensured best use of financial resources, timely correlated to the implementation of activities of the work programme.	Percentage of budget committed (C1) and percentage of payments executed (C1) in the same year as the commitment Percentage of invoices paid within the time limits of the ECDC Financial Regulation	100% committed 80% paid 80%	Verified by Internal Audit Services
21	Implementation of the <i>annual</i> work programmes, aligned with the SMAP in order to ensure the full implementation of the SMAP by 2020	Proportion of activities implementation of the Annual Work programme	85%	Verified by Internal Audit Services

List of activities 2014			
Activities	Staff (FTE)	Budget T3 (operations)	Budget total
- Human resources	15.0	-	1,599,837 €
- Finance and accounting	16.0	-	1,555,393 €
- Legal and procurement	11.0	-	1,258,582 €
- Internal control	1.0	-	247,075 €
- Quality management	4.5	-	776,867 €
- Corporate services	1.0	-	106,106 €
- Internal communication and knowledge services	9.8	370,000 €	1,816,559 €
- Missions and meetings	6.0	-	548,957 €
- Management and administrative support	8.0	-	1,137,903 €
- Security	1.2	-	123,820 €
- Facility management	3.0	-	283,246 €
- Management and support	8.0	-	1,137,903 €
TOTAL	76.5	370,000 €	9,454,346 €

13. INFORMATION AND COMMUNICATIONS TECHNOLOGIES

Projected outcomes for the medium-term (3 years)

The objectives of ECDC for the medium term are:

- Essential governing bodies and related processes are in place.
- Opportunity and value studies' processes are in place.
- Solution architectures updated.
- Architecture long term strategy (LTS) defined.
- Architecture roadmap is in place and monitored.
- Initial CMMI²¹ level is appraised.
- CMMI (initial level+1) is reached on ICT-Support /ICT-Development scope.

Main objectives for 2014

- Deliver timely, quality and budget-responsible Support, Development and Infrastructure services. measured towards performance indicators on availability of enterprise infrastructure services and backend systems, availability of hosted applications and proportion of ICT Front-Office incidents resolved.
- Secure hosted infrastructures and applications and ensure ICT business continuity on critical scope.
- Improve ICT maturity.

Expected outputs in 2014

- Essential IT governance and related processes will be in place.
- Architecture approach defined.
- CMMI appraisal will be performed.
- ICT catalogue of services reviewed and completed.

Justification of the new activities for 2014

- **ICT maturity related activities:** Stabilisation of recent ICT reorganisation steps 1 and 2 in its new governance and working processes, and implementation of lasting and mature ICT processes in ECDC.

Nb.	Objective	Indicator	Target	Verification
22	Ensured agencies operations by maintaining constant availability of IT services elements to ensure a smooth running of the Centre's activities (dedicated applications, databases, web portal)	Performance of ICT services in regards to: - availability of enterprise infrastructure services and backend systems, - availability of hosted applications under SLA, - proportion of ICT Front-Office incidents resolved as per SLA.	99% each, 100% each 90%	

²¹ Standard for Capability Maturity Model + Integration

List of activities 2014

Activities	Staff (FTE)	Budget T3 (operations)	Budget total
Management and Administrative support	9.0	-	1,513,145 €
Support	10.0	1,598,598 €	3,032,376 €
Infrastructure	12.0	1,937,000 €	3,543,446 €
Development	4.0	808,531 €	1,417,411 €
TOTAL	35	4,344,129 €	9,506,378 €

SUMMARY OF STAFF AND OPERATIONAL BUDGET

UNIT / DP	Staff (FTE) ²²	Budget T3 (operations)	Budget total
*ARHAI	10,7	1,519,000 €	3,121,503 €
*EVD	7.9	988,500 €	2,056,429 €
*FLU	8.4	833,000 €	1,953,866 €
*FWD	9.6	925,900 €	2,288,403 €
*HASH	8.8	1,071,556 €	2,223,632 €
*TUB	6.0	740,000 €	1,451,488 €
*VPD	9.9	1,521,000 €	2,802,966 €
Core DIR	20.5	155,440 €	2,702,509 €
Core ICT	35.0	4,344,129 €	8,879,538 €
Core OCS	17.9	1,186,100 €	3,729,920 €
Core PHC	42.8	4,712,875 €	9,148,318 €
Core RMC	81.7	456,000 €	8,655,860 €
Core SRS	36.7	1,188,000 €	1,845,174 €
TOTAL	296.3	19,720,000 €	58,235,581 €

²² The figure includes TA, CA and SNEs

ANNEXES

Annex 1: Budget for title 3 (operations)

TABLE: Budget Title 3														
Sum of Budget requested														
DP/Core Unit	*ARHAI	*EVD	*FLU	*FWD	*HASH	*TUB	*VPD	Core DIR	Core ICT	Core OCS	Core PHC	Core RMC	Core SRS	Grand Total
3000-Surveillance	505,000		318,000	637,000	244,700		220,000						170,000	2,094,700
3001-Epidemic intelligence and response													130,000	130,000
3002-Scientific advice (including microbiology support)	147,000	868,500	150,000	22,000	570,000	545,000	1,151,000			758,600		320,000	60,000	4,592,100
3003-Public Health Training	280,000										3,578,875			3,858,875
3004-Health Communication	140,000		40,000		-		40,000				665,000	26,000		911,000
3005-Public Health Informatics	-	40,000		-			15,000		4,344,129	190,000		20,000	650,000	5,259,129
3006-Preparedness			45,000								149,000			194,000
3007-Eurosurveillance													78,500	78,500
3008-Expert Consultations	435,000	80,000	280,000	266,900	256,856	195,000	95,000	39,000		237,500	320,000	90,000	178,000	2,473,256
3009-Collaboration and (country) cooperation	12,000							116,440						128,440
Grand Total	1,519,000	988,500	833,000	925,900	1,071,556	740,000	1,521,000	155,440	4,344,129	1,186,100	4,712,875	534,500	1,188,000	19,720,000

Annex 2: Activity Based Budget

Targets according to MB27/8:	299	31,535,000	7,060,000	19,720,000	58,315,000	
Values						
Strategies	FTEs	Budget Title1	Budget Title2	Budget Title3	Budget Total	Budget %
[-] Strategy 8: Collaboration and cooperation	11.0	1,158,463	322,678	175,440	1,656,582	2.84%
[-] 8.1 ECDC in the 'family' of European Institutions and Bodies	3.5	370,770	187,348	29,000	587,118	1.01%
Cooperation and collaboration: ECDC in the 'family' of European	2.6	307,715	171,229	9,000	487,944	0.84%
Scientific advice: Scientific liaison activities	0.9	63,055	16,119	20,000	99,174	0.17%
[-] 8.2 Working with the European Union Member States	2.6	287,540	46,565	10,000	344,105	0.59%
Cooperation and collaboration: Working with the European Unio	2.5	269,369	43,879	-	313,247	0.54%
Management: Management and Administrative support	0.2	18,171	2,686	10,000	30,858	0.05%
[-] 8.3 Cooperation with the World Health Organisation (WHO)	0.1	12,330	1,119	-	13,449	0.02%
Cooperation and collaboration: Cooperation with the World Hea	0.1	12,330	1,119	-	13,449	0.02%
[-] 8.4. Working with non-EU Countries	4.9	487,824	87,646	136,440	711,909	1.22%
Cooperation and collaboration: Working with non-EU Countries	4.9	487,824	87,646	136,440	711,909	1.22%
[-] Strategy 9: Core and Support Functions	101.9	11,028,963	1,824,663	7,231,475	20,085,100	34.44%
[-] 9.1 Surveillance	21.4	2,336,465	382,932	890,000	3,609,397	6.19%
Surveillance: Management and administrative support	8.1	920,549	144,285	-	1,064,834	1.83%
Surveillance: Methods to support disease prevention and contro	5.6	630,673	99,847	395,000	1,125,519	1.93%
Surveillance: Molecular surveillance	0.9	106,000	15,671	-	121,671	0.21%
Surveillance: Public health surveillance	6.9	679,244	123,129	495,000	1,297,373	2.22%
[-] 9.2 Epidemic intelligence and response	12.4	1,320,676	221,856	215,000	1,757,532	3.01%
Epidemic intelligence and response: Emergency operations	2.3	250,206	41,976	60,000	352,182	0.60%
Epidemic intelligence and response: Epidemic intelligence	7.4	712,998	132,308	155,000	1,000,306	1.72%
Epidemic intelligence and response: Management and administr	0.6	75,714	11,194	-	86,908	0.15%
Epidemic intelligence and response: Rapid assessment of public	2.0	281,758	36,379	-	318,137	0.55%
[-] 9.3 Preparedness	5.3	656,135	95,033	322,000	1,073,169	1.84%
Preparedness: Country preparedness support	3.5	436,565	62,572	319,000	818,137	1.40%
Preparedness: EU preparedness	1.3	158,999	23,506	3,000	185,506	0.32%
Preparedness: Management and administrative support	0.5	60,571	8,955	-	69,526	0.12%
[-] 9.4 Scientific advice	13.1	1,665,351	235,289	1,101,100	3,001,739	5.15%
Scientific advice: Management and administrative support	5.0	666,630	89,548	38,100	794,278	1.36%
Scientific advice: Research coordination and studies	6.6	788,888	117,532	508,000	1,414,421	2.43%
Scientific advice: Scientific advice coordination	1.3	179,547	23,730	270,000	473,277	0.81%
Scientific advice: Scientific liaison activities	0.3	30,286	4,477	285,000	319,763	0.55%
[-] 9.5 Public Health Training	12.9	1,514,272	230,699	3,728,875	5,473,846	9.39%
Public Health Training: E-learning	1.4	148,163	24,178	100,000	272,341	0.47%
Public Health Training: EPIET/EUPHEM Fellowships	6.6	645,049	118,092	3,285,875	4,049,016	6.94%
Public Health Training: MediPIET	2.5	380,269	45,222	-	425,491	0.73%
Public Health Training: Other training activities	2.4	340,791	43,207	343,000	726,998	1.25%
[-] 9.6 Microbiology support	4.9	587,785	87,758	145,000	820,543	1.41%
Microbiology support: Microbiology support	4.9	587,785	87,758	145,000	820,543	1.41%
[-] 9.7 (Health) communication	26.4	2,444,789	472,368	665,000	3,582,157	6.14%
Health Communication: Press, media and information services	5.1	453,299	90,444	225,000	768,743	1.32%
Health Communication: Web portal social media and extranets	5.2	414,132	92,683	-	506,815	0.87%
Health Communication: Country support on risk and behaviour-l	2.7	273,624	48,356	215,000	536,980	0.92%
Health Communication: Editorial services	6.6	513,485	118,204	180,000	811,689	1.39%
Health Communication: Management and administrative suppor	6.8	783,243	120,890	-	904,134	1.55%
Health Communication: Translations	0.1	7,006	1,791	45,000	53,797	0.09%
[-] 9.8 Eurosurveillance	5.5	503,490	98,727	164,500	766,717	1.31%
Eurosurveillance: Eurosurveillance	5.1	427,046	91,787	164,500	683,333	1.17%
Eurosurveillance: Management and administrative support	0.4	76,444	6,940	-	83,384	0.14%

[-] Strategy 10: Disease Programmes	61.5	7,154,110	1,101,223	7,598,956	15,854,289	27.19%
+ 10.0 Management and support	0.1	19,728	1,791	-	21,519	0.04%
+ 10.1 Antibiotic resistance and healthcare-associated infections	10.7	1,397,995	191,522	1,519,000	3,108,517	5.33%
+ 10.2 Emerging and vector borne diseases	7.9	917,461	142,046	988,500	2,048,007	3.51%
+ 10.3 Food and waterborne diseases	9.6	1,179,345	172,269	925,900	2,277,514	3.91%
+ 10.4 STIs, including HIV/AIDS and Blood-borne viruses	8.8	984,796	158,277	1,071,556	2,214,629	3.80%
+ 10.5 Influenza and other respiratory viruses	8.4	962,048	149,994	833,000	1,945,042	3.34%
+ 10.6 Vaccine-preventable diseases	9.9	1,094,991	176,970	1,521,000	2,792,961	4.79%
+ 10.7 Tuberculosis	6.1	597,746	108,354	740,000	1,446,100	2.48%
[-] Strategy 11: Leadership	10.4	1,141,260	350,477	-	1,491,737	2.56%
+ 11.0 Management and support	4.0	376,262	71,639	-	447,901	0.77%
+ 11.1 Ensuring independence	1.2	182,872	22,163	-	205,035	0.35%
+ 11.2 General management	1.5	247,418	27,088	-	274,506	0.47%
+ 11.3 Corporate Governance	3.6	334,707	229,587	-	564,294	0.97%
[-] Strategy 12: Resource Management and Organisational Development	76.5	7,125,729	1,894,868	370,000	9,390,597	16.10%
+ 12.0 Management and support	8.0	985,522	143,278	-	1,128,800	1.94%
+ 12.1 General	0.0	-	-	-	-	0.00%
+ 12.10 Missions & Meetings	6.0	437,727	107,458	-	545,186	0.93%
+ 12.11 Internal Communication and Knowledge Services (ICKS)	9.8	862,939	575,963	370,000	1,808,902	3.10%
+ 12.12 Procurement	8.0	714,732	143,278	-	858,010	1.47%
+ 12.2 Human Resources (HR)	15.0	1,320,140	267,974	-	1,588,114	2.72%
+ 12.3 Finance and Accounting	16.0	1,257,862	286,555	-	1,544,417	2.65%
+ 12.4 Legal Services	3.0	337,398	53,729	-	391,127	0.67%
+ 12.5 Internal Control Coordination	1.0	197,276	47,910	-	245,185	0.42%
+ 12.6 Performance management	4.5	595,733	175,594	-	771,327	1.32%
+ 12.7 Corporate Services	1.0	87,421	17,910	-	105,331	0.18%
+ 12.8 Security	1.2	101,434	21,492	-	122,925	0.21%
+ 12.9 Facility Management	3.0	227,544	53,729	-	281,273	0.48%
[-] Strategy 13: Information and Communication Technologies (ICT)	35.0	3,612,669	1,516,839	4,344,129	9,473,637	16.25%
+ 13.0 Management and support	9.0	1,141,385	361,187	-	1,502,572	2.58%
+ 13.1 Information and Communication Technologies (ICT)	26.0	2,471,284	1,155,652	4,344,129	7,971,065	13.67%
[-] zFTEs not allocated	2.8	313,806	49,252	-	363,058	0.62%
2 additional SNEs	2.0	165,849	35,819	-	201,669	0.35%
Long term sick leave	0.8	147,957	13,432	-	161,389	0.28%
Total core budget	299.0	31,535,000	7,060,000	19,720,000	58,315,000	100.00%
Externally assigned revenues	FTEs	Budget Title1	Budget Title2	Revenue*	Budget Total	Budget %
3012-Grant: DG EnLargement (IPA)				150,000		
3011-Grant: DG Devco (MediPIET)				136,000		
3013-Grant: IMI (ADVANCE)				100,286		
Total Externally assigned revenues				386,286		
GRAND TOTAL	299**	-	-	386,286	386,286	0.28%
* Budget available for 2014 (remaining funds + expected revenue 2014)						
** TA+CA+ 5 SNEs						

Annex 3: Breakdown of the Disease Programmes budget (Titles 1,2,3)

Budget Total	Column La								
Strategies	*ARHAI	*EVD	*FLU	*FWD	*HASH	*TUB	*VPD	Grand Total	
DP: Communication	182,487	54,568	128,874		35,384	32,753	265,303	699,368	
DP: Epidemic intelligence	24,530	20,351	21,025	144,913	11,071	14,017	38,833	274,740	
DP: Interactions with external stakeholders	894,755	332,581	398,823	419,553	346,200	433,017	246,888	3,071,817	
DP: Microbiology support	400,289	382,651	377,572	802,821		235,042	293,129	2,491,503	
DP: Preparedness			114,022				21,707	135,729	
DP: Programme coordination	233,803	218,365	233,409	318,288	208,871	190,490	257,379	1,660,604	
DP: Public health training	389,205		-	35,492	-		72,519	497,216	
DP: Scientific advice	227,283	894,533	572,386	131,830	1,117,911	426,640	1,370,290	4,740,873	
DP: Surveillance analysis	769,152	153,381	107,755	435,505	504,196	119,530	236,917	2,326,435	
Grand Total	3,121,503	2,056,429	1,953,866	2,288,403	2,223,632	1,451,488	2,802,966	15,898,286	

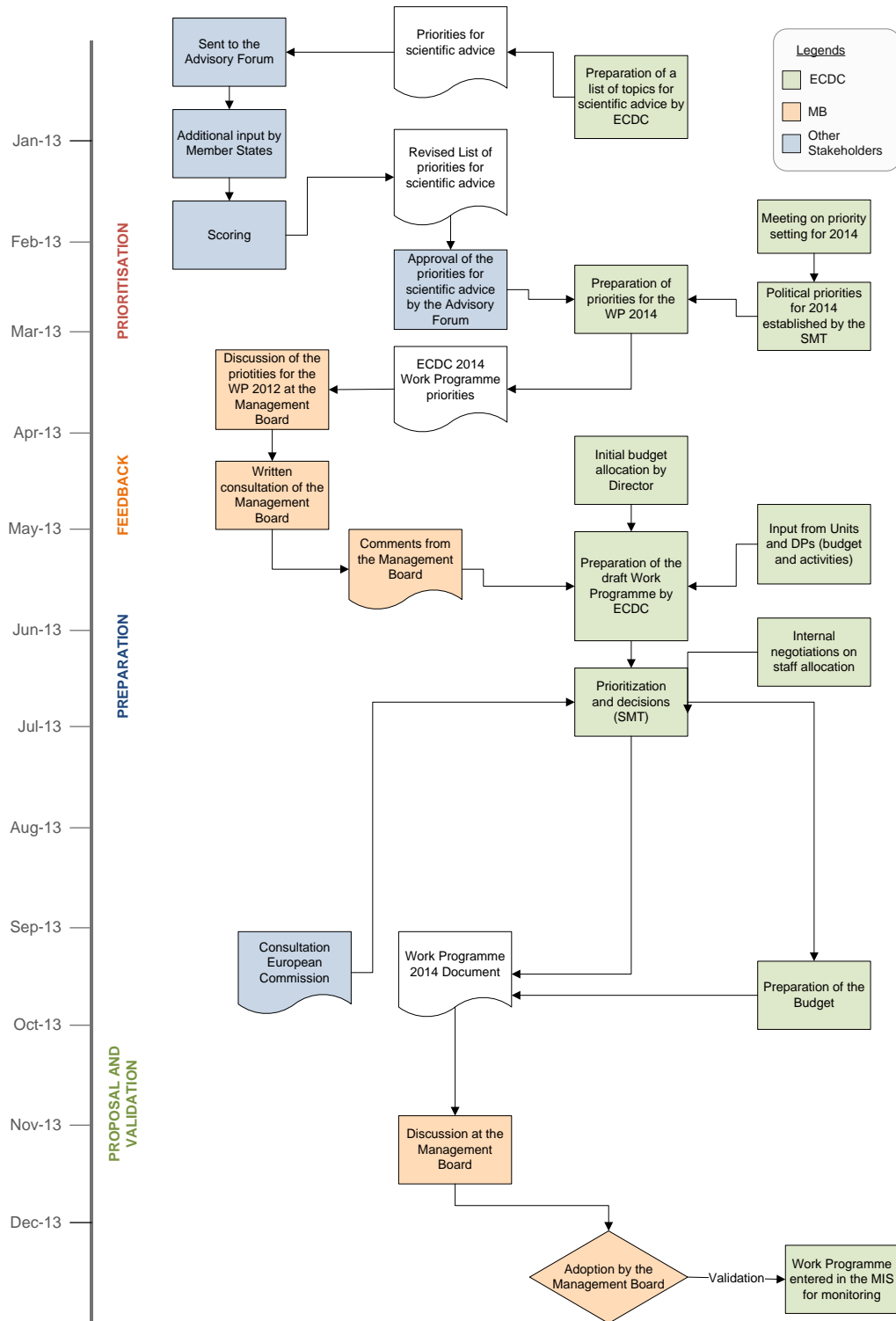
Annex 4: Risk assessment for the Work Programme 2014

As part of preparing the Work Programme (WP) 2014, ECDC conducted a risk self-assessment exercise in order to identify all main risks that could impact the implementation of the WP. Also the risks identified by management in the 2013 ECDC risk-self assessment workshops, with the latest performed 5 February and 11 March 2013, have been considered.

The following main risks were identified:

- Risk of WP implementation suffering from a PHE event. Although there is preparedness in ECDC for down scaling the activities, it would still imply that a part of the WP would not be implemented as planned.
- Unavailability of data from Member States and/or unavailability of Member States/stakeholders resources to contribute to and/or participate in ECDC activities. Currently, ECDC has satisfactory acceptance/support among stakeholders; however, budget constraints on Member States/stakeholders could impact their priorities regarding ECDC related activities.
- Outsourcing of activities. Any outsourcing implies dependence on external parties. All forms of external parties' non-delivery (including insufficient quality) would potentially jeopardise the implementation of the WP. Good planning and follow-up of outsourced work (including quality checks) should reduce this risk to an acceptable level.
- ECDC work is very much IT dependent for its business operations. In 2012 and 2013, some high level risks have started to be mitigated. In 2014, some risks will still need to be addressed in regards to: the inception of the ICT long-term strategy; the need to update the ECDC business continuity plan and; the high proportion of outsourced ICT staff.
- Budget cuts in the 2014 budget and/or cut of posts in the establishment table 2014 would impact the WP negatively.
- Implementation of the molecular surveillance strategy roadmap for new diseases will depend on the successful evaluation of pilot molecular surveillance projects on foodborne pathogens and tuberculosis.

Annex 5: Detailed process of elaboration of the Work Programme 2014



Annex 6: Procurement plan

Procurement plan						
Budget line						
	Expense name	Expense type	Procurement type	Contract type	Total	
3000-Surveillance	Antimicrobial sensitivity testing EQA for Salmonella and Campylobacter	Procurement	Open call for tender	Specific contract	50,000	
	Assessment of the achievements of the existing LTSS 2008-2013; incorporate gaps into next LTSS	Procurement	Open call for tender	(blank)	40,000	
	Contract out the evaluation of the TESSy platform, together with the EPIS and EWRS, from both an ITC architecture aspect as well as from a user acceptability aspect.	Procurement	Open call for tender	Direct Contract	100,000	
	Coordination of activities for laboratory surveillance whooping cough	Procurement	Under existing FWC	Specific contract	140,000	
	External Quality Assessment: performance of laboratories participating in EARS-Net	Procurement	Under existing FWC	Specific contract	120,000	
	External Quality Assessment: performance of laboratories participating in FWD-Net (antimicrobial susceptibility testing)	Procurement	Open call for tender	Specific contract	50,000	
	Feasibility study of the introduction of machine-to-machine reporting by MS into TESSy	Procurement	Negotiated procedure	Direct Contract	20,000	
	Following the integration of the DSNs, an external evaluation of the way Surveillance is organised at EU level will be contracted to look at lessons learnt	Procurement	Open call for tender	(blank)	60,000	
	FWD Analysis and drafting of EUSR 2013 Zoonoses report	Procurement	Negotiated procedure	Direct Contract	20,000	
	FWD molecular surveillance; coordination and management of national public health reference laboratory network for (molecular) typing of Salmonella, STEC, Campylobacter and Listeria monocytogenes	Procurement	Under existing FWC	Specific contract	110,000	
	FWD: EQA schemes and reference laboratory services for Salmonella, STEC and Listeria	Procurement	Under existing FWC	Specific contract	240,000	
	Implementation of ERLI-Net lab coordination activities	Procurement	Under existing FWC	Framework contract	318,000	
	Implementation of lab coordination activities: "IBD Network management"	Procurement	Under existing FWC	Specific contract	140,000	
	Laboratory capacity/Capability assessment: Supporting capacity building for surveillance of Clostridium difficile infections at European level	Procurement	Under existing FWC	Specific contract	50,000	
	LEG: External Quality assessment for Legionella	Procurement	Open call for tender	Framework contract	105,000	
	LEG: Lab methods, training and Scientific watch	Procurement	Under existing FWC	Specific contract	40,000	
	Meeting to discuss the evaluation of the TESSy platform, together with the EPIS and EWRS,	Meeting	Not applicable	(blank)	10,000	
	Other: Lab/Hospital software support for AMR surveillance (WHONET) EARS-Net	Procurement	Under existing FWC	Specific contract	30,000	

	LEG: External Quality assessment for Legionella	Procurement	Open call for tender	Framework contract	105,000	
	LEG: Lab methods, training and Scientific watch	Procurement	Under existing FWC	Specific contract	40,000	
	Meeting to discuss the evaluation of the TESSy platform, together with the EPIS and EWRS,	Meeting	Not applicable	(blank)	10,000	
	Other: Lab/Hospital software support for AMR surveillance (WHONET) EARS-Net	Procurement	Under existing FWC	Specific contract	30,000	
	Other: support to analysis of antimicrobial consumption data and to coordination activities ESAC-Net	Procurement	Under existing FWC	Specific contract	80,000	
	Other: support to analysis of HAI data and to coordination activities HAI-Net	Procurement	Open call for tender	Specific contract	40,000	
	Other: Validation of national HAI-Net data (5 countries)	Procurement	Negotiated procedure	Direct Contract	50,000	
	recruitment of expert consultant	Procurement	Open call for tender	Direct Contract	50,000	
	Scientific study: Procurement for reviewing guidance on chlamydia control	Procurement	Under existing FWC	Specific contract	29,700	
	Surveillance report: contribution to inter-agency joint report on AMR and antimicrobial consumption (JIACRA)	Procurement	Negotiated procedure	Direct Contract	15,000	
	Surveillance report: Publication of Euro-GASP surveillance report	Procurement	Under existing FWC	Specific contract	175,000	
	Surveillance Report: support to repeated to point prevalence surveys of HAI and antimicrobial use in long-term care facilities	Procurement	Open call for tender	Framework contract	120,000	
	Surveillance statistical analysis: HASH	Procurement	Under existing FWC	Specific contract	40,000	
	TSE: Diagnostic and surveillance support for CJD	Procurement	Open call for tender	Framework contract	72,000	
	Visit 2 countries to better understand their way of reporting data to TESSy	Mission	(blank)	(blank)	6,000	
3001-Epidemic intelligence and response	A) EOC and PHE ongoing maintenance and equipment upgrades	Procurement	Negotiated procedure	Direct Contract	60,000	
	F) GIDEON and other software licenses	(blank)	Not applicable	(blank)	20,000	
	H) SLA with JRC - EI DASHBOARD	(blank)	Not applicable	(blank)	50,000	
	I) SLA with JRC - MEDISYS maintenance, upgrades and customisation	(blank)	Not applicable	(blank)	50,000	

3002-Scientific advice (including microbiology support)	2nd CID study (junior consultant)	Procurement	Negotiated procedure	Direct Contract	25,000
	Annual GIN membership fee	Other	Not applicable	Orders	3,000
	Campylobacter study	Procurement	Negotiated procedure	Direct Contract	10,000
	Day-to-day network coordination: VectorNet WP1, 2, 3 and 4	Procurement	Under new FWC	Specific contract	200,000
	EBPH Grading System	Procurement	Under existing FWC	Framework contract	40,000
	EBPH methods/tools development	Procurement	Negotiated procedure	Direct Contract	30,000
	EBPH support	Procurement	Under existing FWC	Specific contract	70,000
	EBPH training	Procurement	Under existing FWC	Framework contract	40,000
	ELITE study: method comparison	Procurement	Negotiated procedure	Orders	12,000
	ESCAIDE 2014	Procurement	Under new FWC	Framework contract	240,000
	ESCAIDE support consultant	Procurement	Negotiated procedure	Direct Contract	15,000
	Fees for peer-reviewed publication in open source journals	Procurement	Negotiated procedure	Orders	7,500
	Horizon Scanning: other studies	Procurement	Open call for tender	Framework contract	60,000
	Horizon Scanning: tools	Procurement	Open call for tender	Framework contract	60,000
	Horizon Scanning: foresight study	Procurement	Open call for tender	Framework contract	20,000
	Human T- lymphotropic virus 1 (HTLV-1) project: systematic review	Procurement	Negotiated procedure	Direct Contract	40,000
	Implementation of lab coordination activities: including lab network coordination, EQA, training, methods harmonisation and network meeting.	Grant	Other	Grant agreement	200,000
	IRIS - licence renewal	Procurement	Not applicable	Orders	4,000
	Laboratory support to outbreak preparedness, response & External Quality Assessment & Training: WP1, WP2 and WP5	Procurement	Under existing FWC	Specific contract	310,000

Monitoring and evaluation: "Continuation of VENICE.net activities under the existing FWC"	Grant	Under existing FPA	Specific grant agreement	220,000
Monitoring and evaluation: "Monitoring national Influenza programmes as part of support to Council Recommendation"	Grant	Under existing FPA	Specific grant agreement	50,000
Monitoring and evaluation: "Setting up a database of vaccine products, as part of the Council Conclusions implementation" - Content /scientific development	Procurement	Open call for tender	Direct Contract	25,000
Monitoring and evaluation: Procurement on monitoring the HIV response	Procurement	Under existing FWC	Specific contract	100,000
Open source publication costs	Procurement	Negotiated procedure	Orders	44,100
Procurement	Procurement	Under existing FWC	Framework contract	240,000
Procurement of Knowledge Engineering capacity	Procurement	Under new FWC	Framework contract	80,000
Risk assessment: EU malaria susceptibility maps	Procurement	Negotiated procedure	Direct Contract	35,000
Risk assessment:Climate change decision tool	Procurement	Under existing FWC	Framework contract	20,000
Risk assessment:E3 Network analysis and modelling of environmental drivers	Procurement	Under new FWC	Framework contract	60,000
Risk assessment:E3 Network spatial analyst	Procurement	Under new FWC	Framework contract	60,000
Risk Assessment:Economic Austerity-Burden	Procurement	Under existing FWC	Specific contract	50,000
Risk Assessment:Economic Austerity-Intervening	Procurement	Under existing FWC	Specific contract	50,000
Risk assessment:EU adaptation strategy package on climate change	Procurement	Open call for tender	Framework contract	50,000
Scientific advice & technical guidance on lab issues: WP3 and 4	Procurement	Under existing FWC	Specific contract	15,000
Scientific advise on behaviour change and risk communication: "Continuing activities to support measles and rubella elimination"	Procurement	Open call for tender	Direct Contract	70,000
Scientific guidance: "Effective pertussis vaccination strategies in EU"	Procurement	Negotiated procedure	Direct Contract	60,000
Scientific guidance: Assessment of latent TB control as a programmatic intervention - part 2	Procurement	Under existing FWC	Specific contract	205,000

Scientific guidance: Interventions for TB prevention and control in hard to reach and vulnerable populations, e.g. migrants	Procurement	Open call for tender	Direct Contract	76,000
Scientific guidance: Procurement for consultant to write guidance document on chlamydia control	Procurement	Negotiated procedure	Direct Contract	12,500
Scientific guidance: Procurement for consultant to write the HEP framework	Procurement	Negotiated procedure	Direct Contract	12,500
Scientific Guidance: Procurement for providing guidance on antenatal screening programmes	Procurement	Under existing FWC	Specific contract	40,000
Scientific guidance: Procurement to produce tool for HIV prevalence estimates	Procurement	Under existing FWC	Specific contract	75,000
Scientific guidance: Procurement to review evidence and update HIV testing guidance	Procurement	Open call for tender	Specific contract	25,000
Scientific manuscript writing: Procurement for journal supplement and publication to publish evidence-based guidance for disease prevention among MSM	Procurement	Negotiated procedure	Orders	25,000
Scientific study: "setting up a sentinel system for assessing impact of different immunisation strategies for pertussis "	Procurement	Open call for tender	Framework contract	238,000
Scientific study: "SpIDNet framework implementation"	Procurement	Under existing FWC	Specific contract	488,000
Scientific study: Framework to monitor migrant health and infectious diseases	Procurement	Under existing FWC	Specific contract	40,000
Scientific study: Framework to monitor migrant health and infectious diseases (remaining money needed for FWC)	Procurement	Under existing FWC	Specific contract	30,000
Scientific study: Lyme borreliosis epidemiology (FWC year 2)	Procurement	Under existing FWC	Specific contract	33,500
Scientific study: modelling for West Nile vector control	Procurement	Negotiated procedure	Direct Contract	30,000
Scientific study: Procurement on cost-effectiveness of screening strategies HIV-HEPBC	Procurement	Under existing FWC	Specific contract	55,000
Scientific study: Procurement on country support	Procurement	Open call for tender	Framework contract	45,000
Scientific study: Vector data and geo database	Procurement	Open call for tender	Direct Contract	40,000

	Standardisation of antimicrobial susceptibility testing methods and clinical breakpoints for resistance surveillance	Procurement	Under existing FWC	Specific contract	147,000	
	Summary of evidence: Lab diagnosis of Lyme borreliosis	Procurement	Under existing FWC	Specific contract	50,000	
	Summary of evidence: Prevention of infections among migrants (guidance)	Procurement	Open call for tender	Framework contract	60,000	
	Support the Influenza Vaccine Effectiveness studies through a call for tender or negotiated procedure and publication of an annual estimate for influenza vaccine effectiveness	Procurement	Open call for tender	Framework contract	150,000	
	Support to event organization: World TB Day	Procurement	Negotiated procedure	Direct Contract	14,000	
	Support to TB high priority countries to build capacity for the development and implementation of country strategies.	Procurement	Open call for tender	Direct Contract	50,000	
	Systematic search on quarantine periods for school absence	Procurement	Negotiated procedure	(blank)	60,000	
	Requests for scientific advice: Procurement	Procurement	Negotiated procedure	Direct Contract	10,000	
3003-Public Health Training	Accreditation EACME	Other	Negotiated procedure	Orders	10,000	
	Add E-learning course to LMS	Other	Under new FWC	Specific contract	30,000	
	Bioinformatics & Phylogeny	Other	Not applicable	Not applicable	34,200	
	Biorisks	Other	Not applicable	Not applicable	39,675	
	Cohort 2013	Grant	Under existing FPA	Specific grant agreement	916,800	
	Cohort 2014	Grant	Under existing FPA	Specific grant agreement	400,000	
	Consultation for MS track countries	Other	Not applicable	(blank)	34,800	
	Coordinator meetings	Other	Not applicable	(blank)	25,600	
	ECDC Stay	Other	Not applicable	Not applicable	18,250	
	ECTS exploration	Other	Negotiated procedure	Direct Contract	1,000	
	EPIET&EUPHEM IntroCourse	Other	Under new FWC	Specific contract	283,400	
	ESCAIDE Network Participation plus Graduation	Other	Not applicable	(blank)	234,000	
	FPA Scientific Coordination	Grant	Under existing FPA	Specific grant agreement	597,000	

	Initial Public Health Microbiology Management	Other	Not applicable	Not applicable	39,675	
	International assignments fellows	Other	Not applicable	(blank)	23,725	
	Maintenance of the LMS	Other	Under new FWC	Specific contract	70,000	
	Mini Project Review Modules	Other	Not applicable	(blank)	17,400	
	MultiVariate Analysis	Other	Not applicable	Not applicable	47,500	
	Organisation and delivery of a course: Hospital epidemiology and HAI surveillance, with focus on PPS Lot 3 (5 days)	Procurement	(blank)	Specific contract	125,000	
	Organisation and delivery of a course: MDRO course (3 days)	Procurement	Under new FWC	Specific contract	80,000	
	Other: Implementation of infection control training section (TRICE-IS)	Procurement	(blank)	Specific contract	75,000	
	Outbreak Module	Other	Not applicable	Not applicable	40,000	
	Project Review Stockholm	Other	Not applicable	Not applicable	120,450	
	Removals & Language	Grant	Under existing FPA	Specific grant agreement	112,000	
	Sampling / RAS	Other	Not applicable	Not applicable	66,000	
	Selection face to face	Other	Not applicable	(blank)	75,900	
	Serving DP Training Needs	Other	Not applicable	(blank)	2,000	
	Short Course Programme for experts	Other	Under existing FWC	Specific contract	180,000	
	Site visits	Other	Not applicable	(blank)	53,600	
	TimeSeries Analysis	Other	Not applicable	Not applicable	37,500	
	Vaccinology	Other	Not applicable	Not applicable	68,400	
3004-Health Communication	Audiovisuals	Procurement	Under existing FWC	Specific contract	90,000	
	Capacity workshop delivery	Procurement	Under new FWC	Specific contract	25,000	
	Communication tools/toolkits	Procurement	Under new FWC	Specific contract	25,000	
	Communication tools/toolkits: updating, improving and adapting the influenza toolkit	Publication	Not applicable	(blank)	15,000	
	Consultancy	Procurement	Negotiated procedure	Direct Contract	6,000	
	Curriculum/module developemnt	Procurement	Negotiated procedure	Direct Contract	25,000	
	Evaluation methods/tools	Procurement	Under new FWC	Specific contract	25,000	
	Layout, print and distribution	Publication	Not applicable	(blank)	180,000	
	Other: European Antibiotic Awareness Day (communication support)	Procurement	Open call for tender	Direct Contract	80,000	

	☒ Other: European Antibiotic Awareness Day (diffusion rights for TV spots)	☒ Procurement	☒ Open call for tender	Direct Contract	20,000	
	☒ Other: European Antibiotic Awareness Day (translation)	☒ Publication	☒ (blank)	(blank)	40,000	
	☒ Partnership action	☒ Procurement	☒ Under new FWC	Specific contract	30,000	
	☒ Pilot interventions: "Measles and Rubella elimination country support"	☒ Procurement	☒ Negotiated procedure	Direct Contract	40,000	
	☒ press, media and informaiton services	☒ Procurement	☒ Under existing FWC	Specific contract	135,000	
	☒ Publication	☒ Publication	☒ Under existing FWC	Orders	20,000	
	☒ Risk communication capacity/training: capacity building training package	☒ Publication	☒ Publication	(blank)	25,000	
	☒ Scientific assessment/review	☒ Procurement	☒ Under new FWC	Specific contract	60,000	
	☒ Translation	☒ Procurement	☒ Other	Service Level Agreement	45,000	
	☒ Workshop	☒ Procurement	☒ Negotiated procedure	Direct Contract	25,000	
☒ 3005-Public Health Informatics	☒ B) EOC and PHE intranet ongoing maintenance and equipment upgrades	☒ Procurement	☒ Under existing FWC	Framework contract	-	
	☒ Backoffice consultancy	☒ Procurement	Re-opening of competition ☒ (ICT)	Specific contract	644,000	
	☒ BCoDE improvements	☒ Procurement	☒ Not applicable	Not applicable	100,000	
	☒ BCoDE toolkit	☒ Procurement	☒ Under new FWC	Framework contract	40,000	
	☒ Corrective maintenance of KM Services: TS, TaMa-EPPM, ES	☒ Procurement	☒ Under existing FWC	Framework contract	20,000	
	☒ Data management team - consultants	☒ Procurement	Re-opening of competition ☒ (ICT)	Specific contract	250,000	
	☒ Development and pilot testing of EU Lab Directory	☒ Other	☒ Not applicable	(blank)	25,000	
	☒ Development for operational processes	☒ Procurement	☒ Under new FWC	Specific contract	808,531	
	☒ Expert Directory - corrective and evolutive changes	☒ Procurement	☒ Under existing FWC	Framework contract	20,000	
	☒ Expert directory - maintainance	☒ Procurement	☒ Under existing FWC	Framework contract	5,000	
	☒ Frontoffice consultancy	☒ Procurement	Re-opening of competition ☒ (ICT)	Specific contract	870,000	

	GIS Analyst	Procurement	Re-opening of competition (ICT)	Specific contract	120,000	
	GIS Developer	Procurement	Re-opening of competition (ICT)	Specific contract	155,000	
	Monitoring and evaluation: "Setting up a database of vaccine products, as part of the Council Conclusions implementation" - ICT component / development	Procurement	Re-opening of competition (ICT)	Specific contract	15,000	
	New activity: recruit one dedicated data manager consultant to work on the workbench for all diseases	Procurement	Re-opening of competition (ICT)	Specific contract	125,000	
	Project Management and external software production (operational)	Procurement	Under existing FWC	Specific contract	1,365,000	
	Risk assessment:E3 data manager	Procurement	Under new FWC	Framework contract	40,000	
	SLA Management	Procurement	Re-opening of competition (ICT)	Specific contract	176,000	
	Studies and Analysis (operational)	Procurement	Under existing FWC	Specific contract	233,598	
	TESSy training: trainer resource, laptops renting, material printing	Procurement	Under existing FWC	Framework contract	10,000	
	Testing consultancy	Procurement	Re-opening of competition (ICT)	Specific contract	247,000	
3006-Preparedness	Compile and review guidance tools for influenza pandemic and generic preparedness planning	Procurement	Under new FWC	Framework contract	20,000	
	Development of tools for self-assessment of preparedness plans	Procurement	Under new FWC	Framework contract	40,000	
	Guidance and guidelines on emergency preparedness: compile guidance tools for influenza pandemic and generic preparedness planning (as part of the of activities to be developed under the Framework Contract, 2014-2016) - to be repeated for 3 years	Publication	Under new FWC	Framework contract	30,000	
	Intersectoral coordination: case studies and reports on cross-border and intersectoral preparedness and identify the determinants for cross-border and cross-sectoral interoperability in public health emergency preparednes	Publication	Open call for tender	Direct Contract	15,000	
	Production of case studies and reports on cross-border and intersectoral preparedness.	Procurement	Under new FWC	Framework contract	20,000	

	Ranking emerging infectious disease risks for preparedness	Procurement	Negotiated procedure	Direct Contract	30,000	
			Under new FWC	Framework contract	39,000	
3009-Collaboration and (country) cooperation	10 Task Force meetings, coorganisation of TAIEX workshop, 1 Pre-assessment training and 1 post-assessment workshops	Meeting	Not applicable	(blank)	14,800	
	contracting external experts for the support of ECDC assessment teams	Other	Not applicable	(blank)	46,640	
	Cooperation with and support to ENP countries	Meeting	Under existing FWC	(blank)	50,000	
	Country visit: 2 visits (2 experts, 10 days)	CountryVisit	(blank)	(blank)	12,000	
	Development of agreements and procedures for technical assistance to non-EU countries	Mission	Under existing FWC	(blank)	5,000	
3007-Eurosurveillance	ICT costs	Procurement	Re-opening of competition (ICT)	Specific contract	78,500	
Grand Total					17,567,744	