

ECDC Annual Work Programme 2012

Following the Twenty-third meeting in November 2011, the Management Board approved the ECDC Annual Work Programme 2012 via written procedure (document MB23/5 Rev.3).

<p>Summary:</p>	<p>After the adoption of the Work Programme by the Management Board on 10 November 2011, the European Commission informed ECDC of additional budget cuts for 2012 for an additional 586,000 Euro (1%, done for all agencies). For title 1 and 2, a cut of 381,000 Euro is proposed for Interim Services, Weighting and Missions, and Social contacts between staffs. For title 3, 205,000 Euro have been cut evenly on all meetings over 20,000 Euro by 10.55%. The current version of the document includes the additional cuts.</p> <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 2012 is based on ECDC's <i>Strategic Multi-annual Programme (SMP) 2007-2013</i>. The activities to be developed in 2012 are therefore clearly and individually linked to the long-term strategies of ECDC.</p> <p>Main priorities of the 2012 Work Programme</p> <p>According to the ECDC Strategic Multi-annual Programme, for the period 2010-2013, ECDC should consolidate its Public Health Functions (surveillance, scientific advice, preparedness and response, health communication) while at the same time reinforce and give more visibility to the Disease Specific work. The adoption of long-term strategies for the Disease Specific Programmes by the Management Board in November 2009 was part of this process.</p> <p>Partnerships (including External Relations and Country Relations) are at the core of ECDC missions. ECDC will work on further improving its cooperation with the EU institutions, Member States, other public health partners and external partners, through the streamlining of its cooperation principles, structures and practices. The</p>
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	<p>nomination of a one Competent Body and a National Coordinator per country will facilitate this process.</p> <p>In 2012 ECDC will particularly focus its efforts on cross-cutting issues, such as measles elimination, health inequalities/migrant health, strengthening microbiology laboratory capacity in Europe, assessment tool for the EU Candidate Countries.</p> <p>In 2012, the Centre's budget is slightly increasing by 4% to reach 58.6 M €, while the total number of 300 staff should remain unchanged. For the first time, ECDC Work Programme includes the full Activity Based Budget, providing the real cost of activities for the centre.</p> <p>The <i>Executive Summary</i> of the document encapsulates the most important outputs of the 2012 Work Programme.</p> <p>Consultation on the 2012 Work Programme</p> <p>The Work Programme is built on the priorities for scientific advice, scored by the Member States and validated by the Advisory Forum in May 2011, and on the setting of priorities for 2012. In June, the Management Board reviewed ECDC's 2012 priorities; these priorities were further submitted to a written consultation of the Management Board during the summer. Comments from the Board have been fully taken into account in the present document. A discussion on the Work Programme also took place at the Advisory Forum on 28-29 September 2011. In order to ensure full synergy, the document also takes into account comments received from the European Commission in August 2011.</p>
<p>Action:</p>	<p>The Management Board is requested to approve the ECDC Annual Work Programme 2012. This document, once adopted, will guide the Centre's activities for 2012. 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>

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Executive Summary

As in the previous years, ECDC work for 2012 is planned on a yearly basis in an Annual Work Programme with a medium term “rolling time horizon”, which is based on the Strategic Multi-annual Programme (2007-2013). In this way ECDC’s day-to-day work is linked to its longer-term goals and official mandate.

This document is based on the priority list for scientific advice prepared by ECDC in January/February with input from Competent Bodies for scientific advice, the Advisory Forum (AF) and ECDC Units and Disease Specific Programmes, and scored by the Member States. A list of “ECDC 2012 Work Programme priorities” was also discussed by the Management Board in June 2011 and a written consultation of the Management Board took place during summer. Comments received from the Management Board, the European Commission and the Advisory Forum (meeting on 28-29th September) were fully taken in consideration. The Work Programme for 2012 has been prepared with a clear focus on ECDC values, developed in 2010: “**service orientation**”, “**quality based**” and “**one ECDC**”.

Main priorities of the 2012 Work Programme

According to the Strategic *Multi-annual Programme 2007-2013 (SMP)*¹, from 2010 onwards, ECDC should further **consolidate its Public Health Functions** now fully in operation (surveillance, scientific advice, preparedness and response, health communication) and give a higher **priority to diseases specific work**. This process is supported by the long term strategies for the Disease Specific Programmes adopted in November 2009 by the Management Board², as a complement to the SMP.

Building Partnerships will remain a high priority in order to further improve ECDC’s overall cooperation with the EU institutions, Member States, other public health partners and external partners. The nomination of one Competent Body and a National Coordinator per country will aim to ensure full synergy in the work. ECDC will also strengthen its relations with the EU Candidate Countries and Potential Candidates, European Neighbourhood Policy countries, and other international institutions.

The **budget of the Centre** will slightly increase by 4% in 2012, **to reach 58.1 M€** (of which 20.3 M for operational expenses), while the **total number of 300 staff**³ **will remain unchanged**.

During the written consultation, the Management Board highlighted the need for ECDC to **focus on several cross-cutting issues**, in particular: in the field of measles elimination, health inequalities and migrant health, strengthening of microbiology laboratory capacities in Europe and assessment tool for candidate countries.

The implementation of the Work Programme for 2012 is conditional upon the approval of the corresponding budget by the relevant authorities.

Priorities for the Disease Specific Programmes in 2012

- **Antimicrobial resistance and healthcare-associated infections:** ECDC will focus on improving surveillance of antimicrobial resistance – AMR (EARS-Net), antimicrobial consumption (ESAC-Net) and healthcare associated infections – HAI (HAI-net), and complete the European point prevalence survey on HAI and antimicrobial use in acute care hospitals. ECDC will start running an Epidemic Intelligence Information System (EPIS) for AMR and HAI. ECDC will provide systematic reviews and evidence-based guidance on AMR and HAI prevention and control, in support to Council Recommendations 2002/77/EC and 2009/C 151/01. It will also support the

¹ Document MB 10/7 - *ECDC Strategic multiannual programme 2007-2013*

² Document MB 17/9 - *Disease Specific Programmes (DSPs) Strategies*

³ Temporary Agents + Contract Agents

Commission in its evaluation of the implementation of the latter Recommendation and in the implementation of its upcoming Communication on AMR, as well as contribute to the cross-sectoral, inter-agency work on AMR and to the work of the Trans Atlantic Task Force on AMR (TATFAR). Finally, ECDC will contribute to the coordination of Member States' activities in the field of AMR and HAI through an annual meeting of the ARHAI network, country visits and coordinating the 5th Annual European Antibiotic Awareness Day.

- **Emerging and Vector-borne diseases:** In the field of Emerging and Vector borne Disease (EVD), ECDC is working towards developing timely and topical assessments of the risks that vector-borne diseases and emerging zoonotic diseases pose to EU citizens, as well as improving their surveillance and control. Only some of these diseases are covered by EU legislation. In any case the range of diseases to be monitored is evolving according to their changing epidemiology and their potential for upsurge (Annex 2 of the International Health Regulations).

ECDC will contribute to the strengthening of EU-wide preparedness and response by providing Member States with access to expertise, and a wide range of tools to support decision-making. A coordinated multi-disciplinary approach is required for covering emerging and vector-borne diseases. It involves environmental, entomological, and behavioural studies and links between veterinarians, physicians, and a wide range of laboratory expertise and academic research. The objective is to get a better overview of existing surveillance and a better understanding of the factors linked to an emergence or resurgence, and to advice on appropriate measures for prevention and control. Therefore networking activities need to be consolidated, projects on tick- and mosquito-borne diseases need to be capitalised and projects on vector surveillance and control need to be reinforced.

- **Food and Waterborne diseases:** Enhanced surveillance of FWD will be improved by strengthening laboratory capacity through training, by improving the quality of the data, and through a centralised platform for management and analysis of molecular typing data for rapid outbreak/cluster detection and assessment of strains. Information on true burden of selected food and waterborne diseases will be provided and surveillance reports prepared and published. Rapid detection and investigation of multinational clusters/outbreaks will be fostered by the EPIS platform. Multidisciplinary collaboration between public health experts, veterinarians and food safety experts and authorities will be further promoted and facilitated.
- **Influenza:** The work in 2012 will focus on supporting Member States and the Commission in the implementation of the *2009 Council Recommendation on influenza immunisation*; on building on current influenza surveillance in Europe, extending it to severe disease; on improving the quality of the EU Member States pandemic plans and preparedness based on the lessons learnt from the 2009 pandemic and subsequent workshops in 2011; and on supporting the implementation of the Commission Work Programme on influenza, including its Health Security Initiative.
- **Tuberculosis:** The tuberculosis (TB) Programme aims to support Member States in TB prevention and control to achieve the long-term goal of reducing and ultimately eliminating TB in the EU/EEA. It functions as a reference point for EU/EEA countries to obtain relevant expertise and information about, trends in TB epidemiology; emerging threats related to TB; and scientific advances in the field. A platform is also provided for communication channels between, and to all, relevant stakeholders.

To reach its goals, the ECDC TB programme key areas of work and prioritisation are based on the four principles and eight strategic areas of the *Framework action plan to fight TB in the EU*. To assess and measure the impact of the TB-programme's efforts, as well as to identify new needs and challenges, on TB prevention and control in the EU/EEA, the programme further developed and uses the monitoring framework, *Progressing towards TB elimination: A follow-up to the action plan to fight TB in the EU*.

- **Sexually Transmitted infections including HIV/AIDS and blood-borne viruses:** 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. More than 25 000 new HIV diagnoses are reported in the EU each year and still a substantial proportion of infections remains undiagnosed. The Programme will

contribute to improving the understanding of the epidemiology of HIV/AIDS, STI and viral hepatitis to better inform key prevention and intervention strategies and to contribute to the development of a robust scientific base. Key public health messages and information in the field of HIV/AIDS, STI and hepatitis B and C need to be disseminated.

The programme will contribute to increasing awareness among the European policymakers and experts about HIV/AIDS, STI and hepatitis B and C, and improving coordination of activities and effective exchange of experiences among Member States. "Second generation" surveillance across Europe will be promoted by supporting countries to implement standardised behavioural surveillance. Better country estimates of the burden of HIV disease, including the cost effectiveness of different screening strategies will be developed for HIV and hepatitis will be available. A Monitoring and Evaluation Programme to monitor the EU and individual Member States responses to HIV/AIDS will be carried out.

- **Vaccine Preventable diseases:** In the field of vaccine preventable disease (VPD), ECDC will keep improving current immunisation programmes, supporting the decision making process, and supporting measles and rubella elimination plans. ECDC will support Member States in setting up systems for monitoring quality and outcomes of vaccination programmes, with a particular focus on vaccine coverage assessment and vaccine registries. ECDC will keep on working towards establishing a standardised system for vaccine safety monitoring and adverse events management in the EU, including the use of data linkage between large databases. Enhanced surveillance of all vaccine preventable diseases will be conducted through TESSy. Many activities aiming at covering those vaccine preventable diseases not yet under surveillance will be initiated. Finally, ECDC will work with WHO EURO and the European Commission in supporting Member States to eradicate measles and rubella in the European region and to keep the region polio-free.

Priorities of the Public Health Functions in 2012

- **Surveillance activities:** Now that the European communicable diseases surveillance system (TESSy) has been established as a solid platform for a wide variety of diseases datasets, much of the development work in 2012 will focus on consolidating the data warehouse and improve the ease of the use of data by experts and Member States through online queries and reports. Further improvement of the data collection processes will continue to be a priority, with the common dataset collected for all diseases. Data will be reported in the Annual Epidemiological Report and diseases specific reports. The quality assurance of surveillance data will be further developed with improved quality checks, continuous controls and mapping of assurance systems in Member States in order to improve the comparability of data and limit under ascertainment and reporting.
- **Scientific Advice:** ECDC will continue to deliver scientific advice and risk assessment on request and on its own initiative. The delivery of scientific advice will be based on the work of competent teams of the Centre's Disease Programme experts and, if necessary, strengthened by liaising with external experts. To facilitate production of high quality scientific advice, important tools, a repository of worldwide candidate experts and an easy-to-use system to triage, track and monitor scientific questions and responses will be further developed. ECDC will organise the annual ESCAIDE conference and continue working with its main stakeholders on indentifying, communicating and eventually closing the research gaps in the field of communicable diseases. Infectious disease indicators of climate change will be developed for a number of CD, as well as risk maps and short-term predictions of disease incidence. The "Comparative Impact of Infectious Disease in Europe" activity will begin developing EU-adapted Disability Weights as an important element of the project on the Burden of Communicable Diseases in Europe. Work is also planned on analysis of health determinants related to infectious diseases, as well as on the links between infections and chronic conditions.
- **Strengthening the microbiology laboratory capacity in Europe:** In line with its Public Health Microbiology Strategy and Joint Strategy of the Commission and ECDC on human pathogen laboratories, ECDC will help consolidate the laboratory capabilities in the Member States to meet the requirements of EU communicable disease surveillance and alert. It will work together with the National Microbiology Focal Points and other stakeholders to design and validate tools for

laboratory capability monitoring, establish an evidence-based roadmap to and initiate the integration of molecular typing data into EU surveillance and develop standardised methods for surveillance of antimicrobial resistance across human and animal health sectors.

- **Detection, assessment, investigation and response to emerging threats:** In 2012, ECDC will continue the collaboration with Member States to ensure a prompt dissemination of epidemic intelligence, in particular in the context of large mass gathering expected to take place in the EU in 2012: the UEFA cup in Poland and Ukraine, and the 2012 Olympic Games in London. Access to ECDC epidemic intelligence tools will be provided to all Member States. Although the support to pandemic preparedness will continue, there will be a shift towards generic preparedness, including the facilitation of sharing best practices. Intentional release of biological agents will be further integrated into ECDC work and Commission guidelines on intentional release agents revised. The ECDC Emergency Operation Centre (EOC) will continue coordinating risk assessment in the EU and ensure optimal communication and coordination with all Member States, EU and international stakeholders. Support to preparedness and response will remain a high priority.
- **Training activities:** To secure the long-term sustainability of the training activities meeting the demands of the Member States (MS), there will be a shift towards a higher proportion of fellows in the EPIET “MS track” (from 4 to 12 fellows) and a downshift of the EPIET “EU-track” (from 17 to 12 fellows). The new EUPHEM programme will be evaluated before expanding the present number (4 fellows). ECDC will continue to support the development of national FETPs associated with EPIET and support the EPIET MS track through training of trainers.
- **Health Communication:** ECDC will in 2012 further improve work to disseminate its scientific outputs. ECDC web portal and extranet services will play a central role and be further improved. ECDC will develop additional audiovisual offerings. The system for information sharing and coordination of risk messages with the network of the HSC communicators will be strengthened. The communication efforts will focus to provide health professionals and policy makers with needed information. More emphasis will be put on behaviour change and supporting Member States health communication capacities. Communication activities and pilot interventions targeting vulnerable groups (e.g. Roma) will be developed.
- **Country Relations and Coordination:** ECDC will focus in 2012 on development and establishment of the efficient cooperation programmes, based on needs of the countries. The objective is to improve relations with the Member States and EEA/EFTA countries through one main Competent Body per country and to ensure more effective coordination of services provided by ECDC towards the countries.
- **Leadership:** ECDC will continue to ensure high quality support to the Management Board and the Advisory Forum. ECDC will enhance all aspects of its management. Quality management will be further developed and implemented. The activity-based budget (ABB) now part of the Work Programme for 2012 will be closely monitored and fine-tuned. ECDC Management Information system for planning, monitoring and reporting will be further enhanced. Indicators and reporting services will be further improved. A common project methodology will be developed and implemented across the Centre for all IT and non IT projects.
- **Administration:** The Administration services will continue to enhance the level and quality of support they provide to the operational units and the Director’s office, in the field of finances, human resources, missions and meetings, legal advice, procurement, logistics and ICT support. During 2012, ECDC will implement a full ICT centralisation.

Introduction

Structure of the 2012 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 2007-2013 (SMP) adopted by the Management Board in June 2007, outlines clear expectations for ECDC's achievements by 2013. ECDC 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 SMP. In this way ECDC's day-to-day work is constantly linked to its longer-term goals and official mandate.

Therefore, the Annual Work Programme for 2012 has been developed, based on the Strategic Multi-annual Programme (seven Targets gathered into three Groups: Group I: Disease-specific issues (Target 1), Group II: Public Health functions (Targets 2-6) and Group III: Partnerships⁶ (Target 7).

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

Based on the *Strategic Multi-annual Programme 2007 – 2013*⁷, ECDC will further consolidate its "Public Health Functions" now fully in place and in routine operation (surveillance, scientific advice, preparedness and response, training, health communication).

ECDC will also, according to the Strategic Multi-annual Programme and the specific Strategies adopted for each of the Disease Specific Programmes⁸ by the Management Board in November 2009, further strengthen its disease based work.

Cross cutting issues

In addition to the continuation of its activities, and fully taking into account the comments received from Management Board members following a written consultation during summer, ECDC will particularly focus its efforts in 2012 on a number of cross-cutting issues:

Measles elimination:

Notwithstanding the renewed commitment to eliminate measles and rubella from Europe by 2015, measles is still largely spreading in the EU. ECDC will put specific effort in carrying out specific activities (in term of advocacy, communication and scientific advice) to support the Member States effort to reach the elimination goal.

ECDC will allocate **360 k€** for activities targeted at measles elimination and **3 full time equivalents**. Activities will include in particular:

- Regional pilot intervention and meeting on challenges and best practices in selected Member States for measles and rubella elimination.
- Review of best practices for behaviour change and communication in support of M&R elimination.
- Inventory of arguments and strategies of vaccine opposition.
- Scoping and conceptualisation for the development of an ECDC multilingual website on vaccination, the result of which will be brought to the MB.

⁴ Article 14(5)(d)

⁵ Article 16(3)(b)

⁶ *Cooperation with EU structures, Member States, Inter Governmental Organisations and Non-governmental Organisations.*

⁷ Document MB 10/7 - *ECDC Strategic multiannual programme 2007-2013*

⁸ Document MB 17/9 - *Disease Specific Programmes (DSPs) Strategies*

- Study on social determinants and measles carried over.
- Training courses on planning and implementation of immunisation programmes, risk communication and health communication and behaviour change in Member States, focusing on all vaccine preventable diseases, incl. influenza and measles (multiannual project).

Strengthening the microbiology laboratory capacity in Europe:

In line with its Public Health Microbiology Strategy and Joint Strategy of the Commission and ECDC on human pathogen laboratories, ECDC will consolidate the laboratory capabilities in the Member States to meet the requirements of EU communicable disease surveillance and alert through further support and cross-disease coordination of reference laboratory networks, training courses and quality assessment schemes. It will work together with the National Microbiology Focal Points and other stakeholders to design and validate tools for laboratory capability monitoring, establish an evidence-based roadmap to and initiate the integration of molecular typing data into EU surveillance and develop standardised methods for surveillance of antimicrobial resistance across human and animal health sectors.

In 2012, ECDC will specifically dedicate 316 k€ and 4.75 full time equivalents to microbiological laboratory support, in addition to activities across ECDC which have a microbiology component. . Activities related to microbiology will include in particular:

- Support to the microbiology laboratory network
- Laboratory capacity in response to outbreaks on ad hoc request, microbiological advice, guideline for laboratory diagnosis, External Quality Assurance
- Outsourcing of influenza laboratory activities
- Internal development of molecular flu surveillance, as necessary
- Implementation of the antiviral analysis tools for influenza in TESSy
- Molecular typing activities, further to clarifications on areas where work is required
- Strategy and roadmap for integration of molecular typing
- Biosafety capacity building
- Directory of expert and reference laboratories
- Producing internal PHM standards and procedures

Health inequalities / Migrant health:

To better understand how health inequalities influence communicable disease prevention and control, ECDC will provide scientific and technical evidence based information, as well as identify and share best practices among stakeholders.

Specific attention will be given to vulnerable groups characterised by low education level, low income that place them at increased risk of acquiring diseases, including communicable diseases. With the challenges posed by the economic crisis, conditions for an increased number of people included in vulnerable populations are met. In addition, with countries neighbouring EU at unrest, populations enter EU Member States in an attempt to find better living conditions. Other groups may adopt high risk behaviours, being at higher risk of getting infectious diseases (e.g. men having sex with men, injecting drug users).

All these groups require tailored approaches, to address their specific needs and increase their access to preventive health services such as immunisation for example.

ECDC will also address the cross-cutting topic area of migration and infectious diseases in the EU by developing a strategy and targeted initiatives in this field.

ECDC will allocate **385 k€** for activities targeted at health inequality and migrant health and **3 full time equivalents**. Activities will include in particular:

- Studies and technical report on migrant health
- Workshops and expert meeting on migrant health

- Studies on the impact of Social Determinants
- Studies on Health inequity in migrants and ethnic minorities
- Effectiveness of antenatal care (ANC) programmes (HIV, syphilis, HBV) - survey and analysis
- Taskforce visits Estonia: initiative in improving treatment adherence by treating alcoholism
- Coordination of activities and technical support on TB control in vulnerable populations
- Support to EU Urban tuberculosis control initiative

Collaboration with the EU enlargement countries/assessment tool and visits: ECDC work with 'third' countries is based on the "ECDC Policy for Collaboration with 'Third' Countries" (MB20/12), approved in November 2010 by the ECDC Management Board. The priority in ECDC collaboration with 'third' countries is to support EU enlargement countries to fulfil the requirements of the EU *acquis* in the area of communicable diseases. This aims to strengthen the preparedness and response of their administrative, institutional, and control capacity structures and mechanisms, as well as to integrate them into the work of the ECDC. ECDC will furthermore provide the European Commission with technical assessments on progress made by the EU enlargement countries on the basis of mutually agreed procedures.

ECDC will allocate **110 k€** for activities targeted at the EU enlargement countries assessment tool and **2.25 full time equivalent plus additional staff from the disease programmes.**

Partnerships with the Member States and EEA/EFTA countries, with 'third' countries, with EU institutions, and the World Health Organisation remain at the core of ECDC missions, and will be further strengthened through streamlining of cooperation principles, structures and practices. The nomination of one Competent Body and a National Coordinator per country will ensure better synergy with ECDC.

ECDC will continue working with the WHO, and in particular with its Regional Office for Europe to enhance the joint surveillance of communicable diseases (e.g. HIV, TB, and influenza) and coordinate support of relevant public health activities.

Resources

In 2012, the centre's budget is reaching **58.1 M€**, with a slight increase (+ 2.5% overall, but a decrease of -6.3% for operational activities, at 20.3 M€). Staff remains the same as last year: **300 staff members** (200 temporary agents and 100 contract agents)

Table I: *Budget by Title*

	2012	change 2012/2011
Title I - Staff	31.2 M€	+7.9%
Title II - Infrastructure	6.6 M€	+13.8%
Title III - Operations	20.3 M€	-6.3%
TOTAL	58.1 M€	+2.5%

Process of elaboration and consultation with the major stakeholders

The planning process started in January/February with the submission of an **priority list for scientific advice** prepared by ECDC Scientific Advice Unit, based on input from Competent Bodies for scientific

advice, the Advisory Forum (AF) and ECDC Units and Disease Specific Programmes. This list received scoring from the Member States, and was reviewed and agreed by the Advisory Forum in May 2011.

At its 22nd session in June 2011, the Management Board reviewed the “**ECDC 2012 Work Programme priorities**”⁹. The document was the basis of a written consultation from the Director to the Management Board members, asking which activities should ECDC remove, add or further prioritise from its Work Programme for 2012. Comments were received from 7 countries plus the Commission, and have been fully taken into consideration in the internal discussions. The Work Programme for 2012 was discussed at the Advisory Forum on 28-29th September 2011.

During summer, all ECDC Units and Disease Specific Programmes prepared the **detail planning of their activities for 2012**, which includes a precise allocation of resources for each activity.

The **list of activities and budget allocation** was then reviewed and approved by the Senior Management Team. The initial requests from the Units and Disease Programmes exceeded by 6 M€ the budget available for the Centre in 2012; therefore the Senior Management Team had to make cuts in the initial proposals from ECDC teams in order to meet the budget allocation. For the first time, the detailed **budget allocation following the rules of the Activity Based Budget** is fully reflected in the document submitted to the Management Board, giving a better idea of the real cost of activities carried out by the Centre (see annex 2). In November, once approved by the Management Board, the activities will be entered in ECDC Management Information System (MIS), which centralises all planning information, and allows their precise monitoring and reporting.

Structure of the document

The document includes for the first time a detailed costing, following the principles of the **Activity Based Budget** disclosing the cost of each activity, product and service. The Activity Based Budget includes the cost of staff and infrastructures, providing a better understanding of how ECDC spends its budget for each of its activities. All staff are accounted and their time is allocated to specific activities, based on estimations. This also clarifies the use of shared resources (staff from ECDC Units working for the different disease programmes) following the reorganisation of the Centre in April 2011.

In addition, the document provides for each new activity in the Work Programme 2012, the **justification** for ECDC to get involved and its European added value.

⁹ Document MB 22/13 Rev.1 - ECDC 2012 Work Programme Priorities

Target 1: Disease-specific work

Strategic Multi-annual Programme 2007-2013 objective:

“By 2013, ECDC will have made significant contributions to the scientific knowledge base of communicable diseases and their health consequences, their underlying determinants, the methods for their prevention and control, and the design characteristics that enhance effectiveness and efficiency of their prevention and control programmes. In this regard, ECDC will work to:

- *Enhance the knowledge of the health, economic and social impact of communicable diseases in the European union;*
- *Improve the scientific understanding of communicable disease determinants consequences, their underlying determinants, the methods for their prevention and control;*
- *Improve the range of the evidence base for methods and technologies for communicable disease prevention and control;*
- *Contribute to the strengthening of programmes for communicable disease prevention and control at European Union level and, upon request, in individual Member States. “*

Grouping of disease-specific work

To deal with a large range of communicable diseases, ECDC chose to aggregate them into disease groups and conditions based mostly on determinants, since this usually provides a pointer to similar categories of intervention:

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

For each of the disease groups, priorities have been identified in the 2007-2013 Strategic Multi-annual Programme in accordance with 4 common generic Strategies:

- *Strategy 1:* Health, social and economic impact of the disease
- *Strategy 2:* Disease determinants
- *Strategy 3:* Prevention and Control methods
- *Strategy 4:* Prevention and Control programmes at EU and MS level

As the generic strategies were considered too broad and not addressing specificities of the various groups of diseases, which must respond to very diverse challenges, a document *Strategies for Disease Specific Programmes 2010-2013*¹⁰ was adopted by the Management Board in November 2009 to complete the Multi-annual Programme on specific diseases work. This document presented tailored strategies for each of the Disease Programmes. Both the Multi-annual Programme and the “Strategies for Disease Specific Programmes 2010-2013” documents have been used as a basis in the preparation of the Work Programme for 2012.

Prioritisation among the disease-specific groups

All Disease programmes develop activities in the field of epidemiologic data surveillance, development of scientific advice and update on recent scientific findings, risk assessments and guidelines that would have a European added value, follow up and coordination with the relevant European and international initiatives, as well as support to Member States (e.g. network coordination, capacity building). The horizontal programmes have also a ‘*Science Watch*’ function, in which they monitor upcoming issues in their areas (emerging pathologies, new technologies and prevention methods, or issues that might raise public interest). Prioritisation in the work of the Disease Specific Programmes fully takes into account the priorities that the European Commission plans to emphasise in its own Work programme in 2012 and upcoming initiatives.

¹⁰ Document MB 22-13.rev1 - ECDC 2012 Work Programme Priorities

Antimicrobial resistance and healthcare-associated infections (ARHAI)

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

Antimicrobial resistance (AMR) and healthcare-associated infections (HAI) are among the most serious public health problems, globally and in Europe. It is estimated that approximately 4 million patients acquire a HAI each year in the 27 Member States and that approximately 37,000 deaths directly result from these infections. More than one half of these deaths are due to the most common multidrug-resistant bacteria.

The programme will contribute to improving coordination and methods for surveillance of AMR & HAI in Europe, increasing awareness among the European public and physicians about AMR and the prudent use of antibiotics, and improving coordination of activities and effective exchange of experiences among Member States. It will provide guidance (systematic reviews) on the prevention and control of HAI and of AMR in healthcare settings and in the community.

Main objectives of the programme in 2012

1. Ensure prudent use of antibiotics / better compliance with infection control practices
2. Improve surveillance of AMR, antimicrobial consumption and HAI
3. Coordinate European Antibiotic Awareness Day
4. Enhance coordination through the ARHAI Network

Expected results in 2012

In 2012, ECDC will focus on improving surveillance of AMR (EARS-Net), antimicrobial consumption (ESAC-Net) and HAI (HAI-Net) following the successful integration of the three surveillance networks in ECDC routine surveillance activities (TESSy). ECDC will complete the European point prevalence survey on HAI and antimicrobial use in acute care hospitals and will contribute to training on surveillance, prevention and control of AMR and HAI, in particular by providing a course on point prevalence surveys.

ECDC will start running an Epidemic Intelligence Information System (EPIS) for AMR and HAI for outbreaks and for rare events that are not covered by the established surveillance networks. ECDC will also prepare a European survey on carbapenemase-producing bacteria that will be performed in 2013.

ECDC will contribute to ensuring prudent use of antibiotics and better compliance with infection control practices, in particular by providing systematic reviews and evidence-based guidance on AMR and HAI prevention and control, in support to Council Recommendations 2002/77/EC and 2009/C 151/01. It will also support the European Commission in its evaluation of the implementation of the latter Recommendation and in the implementation of its upcoming Communication on AMR. ECDC will contribute to the cross-sectoral, inter-agency work on AMR, together with EMA and EFSA. ECDC will also contribute to the work of the Trans Atlantic Task Force on AMR (TATFAR) through several of these activities, in particular by organising an EU/US workshop on evaluation tools for hospital infection control programmes.

Finally, ECDC will contribute to the coordination of Member States' activities in the field of AMR and HAI through an annual meeting of the ARHAI network, by performing country missions and coordinating the 5th Annual European Antibiotic Awareness Day.

Indicators	Targets
Number of reports published: <ol style="list-style-type: none"> Surveillance Guidance 	<ol style="list-style-type: none"> Three reports published: EARS-Net (antimicrobial resistance), ESAC-Net (antimicrobial consumption) HAI-Net (healthcare-associated infections) Two guidance documents available: evidence-based guidance on organisation of hospital infection control programmes, systematic review on effectiveness of perioperative prophylaxis
Proportion (number) of Member States participating in specific ECDC initiatives: <ol style="list-style-type: none"> Proportion of MS having completed the European prevalence survey of HAI and antimicrobial use in acute care hospitals Number of countries organising activities on the prudent use of antibiotics in connection with European Antibiotic Awareness Day (EAAD 2012) 	<ol style="list-style-type: none"> At least 50% of Member States At least 25 Member States

Justification of new activities for 2012

Carbapenemase-producing bacteria are resistant to almost all antibiotics. In the absence of novel antibiotics, options for treating patients with such infections are limited and rely on non optimal alternatives, including older and toxic antibiotics. Carbapenemase-producing bacteria are spreading in Europe, in particular through cross-border transfer of patients as shown by a recent ECDC risk assessment. In 2012, as part of its coordination of AMR and HAI activities, ECDC will prepare a **European survey on carbapenemase-producing bacteria**. The goal will be to identify laboratories that can act as a reference laboratory in each Member State, train microbiology experts and laboratory staff for the detection of this type of resistance, develop a survey protocol and select hospitals and laboratory that will participate in the survey. The methodology will be comparable to the successful European *C. difficile* Infection Survey (ECDIS) that was conducted in 2008. The European survey on carbapenemase-producing bacteria will be performed in 2013 and will require collection of consecutive isolates as well as of data on risk factors for such infections. Identification of the type of carbapenemase and molecular typing will be performed in selected reference laboratories.

In 2012, the ARHAI Programme will also start contributing to an ECDC activity on **public health programme evaluation and health economics on AMR and HAI**, and to the development of the **ECDC Microbiology Strategy, in particular on the topic of AMR surveillance**.

List of activities for 2012:

Strategy 1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU

- European Antimicrobial Resistance Surveillance Network (EARS-Net)
- European Surveillance of Antimicrobial Consumption Network (ESAC-Net)
- Healthcare-Associated Infections surveillance Network (HAI-Net)
- Surveillance of HAI and antimicrobial use in long-term care facilities
- Surveillance of *Clostridium difficile* infections

Strategy 2. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

- Unexpected requests for scientific advice on AMR and HAI issues

Strategy 3. To produce guidelines, risk assessments and scientific answers, and work with Member

List of activities for 2012:

States to implement evidence-based prevention and intervention

- Reviews and guidance on prevention and control of AMR and HAI

Strategy 4. To develop a mechanism for the support and coordination of the investigation and response to health threats in Europe, through the provision of guidance to the Member States, the establishment of a mechanism for the mobilisation of laboratories and the deployment of outbreak assistance teams

- Epidemic Intelligence Information System (EPIS) for AMR and HAI
- Coordination of AMR and HAI activities, incl. support to the Commission, country support and cross-sectoral work with EFSA and EMA
- Training support to ARHAI Programme
- European Antibiotic Awareness Day (EAAD)
- Communication support to ARHAI Programme
- Application development and project support for ARHAI Programme
- Contribution to public health programme evaluation and health economics on AMR and HAI
- Contribution to development of Microbiology Strategy

Budget for 2012: 1,573,075 EUR

Number of staff (FTE): 11.94

Emerging and vector borne diseases (EVD)

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

In the field of Emerging and Vector borne Disease (EVD), ECDC is working towards developing timely and topical assessments of the risks that vector-borne diseases and emerging zoonotic diseases pose to EU citizens, as well as improving their surveillance and control. Only some of these diseases are covered by EU legislation. In any case the range of diseases to be monitored is evolving according to their changing epidemiology and their potential for upsurge (Annex 2 of the International Health Regulations).

ECDC will contribute to the strengthening of EU-wide preparedness and response by providing Member States with access to expertise, and a wide range of tools to support decision-making. A coordinated multi-disciplinary approach is required for covering emerging and vector-borne diseases. It involves environmental, entomological, and behavioural studies and links between veterinarians, physicians, and a wide range of laboratory expertise and academic research. The objective is to get a better overview of existing surveillance and a better understanding of the factors linked to an emergence or resurgence, and to advice on appropriate measures for prevention and control. Therefore networking activities need to be consolidated, projects on tick- and mosquito-borne diseases need to be capitalised and projects on vector surveillance and control need to be reinforced.

Main objectives of the programme in 2012

1. To contribute to increase and standardise vector distribution reporting in Europe and develop strategies for prevention and control of vector-borne diseases
2. To develop reporting standards and enhance collection of surveillance data on vector-borne diseases
3. To provide external laboratory support, expertise and training for response to emerging threats and create links between Veterinary and Human Public Health (laboratories and institutions)

Expected results in 2012

In 2012, ECDC will further play a central role in maintaining specific European networks of expertise: laboratory network for outbreak assistance and support, and entomologists and public health experts' network providing information on vectors of arthropod-borne diseases.

The laboratory network for outbreak assistance and support will focus its expertise on capacity building and external quality assurance issues, as well as increase its collaboration with veterinary laboratories.

The network of medical entomologists and public health professionals in the EU will further focus on collating vector distribution data and to improve the exchange between medical entomologists and public health professionals by providing strategy document on vector-borne disease with a focus on malaria. In addition the network will develop generic tools to support Member States in strengthening preparedness and response actions by supporting the field evaluation of guidelines for invasive mosquito monitoring. The database of vector distribution data will be integrated into ECDC.

Tick-borne diseases (Lyme borreliosis, tick-borne encephalitis, rickettsioses and Q fever) have been a priority since 2010, and relevant projects aimed at enhancing knowledge on burden of disease and improving surveillance and notification in Member States. For Lyme borreliosis additional work needs to be done to harmonise reporting in the EU including case definition and laboratory standards.

For a number of mosquito-borne diseases the EU case definitions need to be updated. Furthermore, tools for mapping West Nile fever cases notified by Member States and surrounding countries will be further developed and adapted to provide timely information to the blood-safety and public health authorities for decision making. The integration of the timely data collection of vector-borne diseases into an EPIS platform¹¹ will be evaluated. In addition, the impact of vector control measures and methods needs to be assessed and evaluated for cost and benefit through systematic review and evidence-based

¹¹ Epidemic Intelligence Information System (EPIS)

guidance, in order to provide Member States with optimal vector control strategies, according to the encountered situations.

Finally ECDC will enhance collaboration with European Research projects working on emerging and vector-borne diseases, and with other European agencies, like the European Food Safety Authority, especially for zoonoses, and the European Environmental Agency. Collaboration will also be strengthened with international organisations (e.g. WHO, OIE, FAO).

Indicators	Targets
Number of reports published: a) Guidance	a) One: Field evaluation of guidelines monitoring invasive mosquitoes
Proportion (number) of Member States participating in specific ECDC initiatives	N/A
Others: a) Number of Vector distribution maps available and updated on the website b) Number of EVD case definitions revised and report available c) Number of External Quality Assurance (EQA) accomplished and results published	a) At least 10 b) Two c) Two

Justification of new activities for 2012

Prevention and control of vector-borne disease can often be achieved through vector control. Vector control requires a specific expertise including a thorough understanding of the biology of the vectors and of the transmission cycles, and a detailed knowledge on the various options of vector control methods and tools. Not all EU Member States are acquainted with this knowledge. Sharing information on the scientific developments in vector control and vector control tools is important to improve the preparedness of EU member states towards vector-borne disease prevention and control. The outbreak of West Nile fever and increase in cases of malaria in Europe pointed to a need to provide scientific advice in the field of vector control to support member states in their evidenced based decisions on the usefulness of vector control to contain outbreaks. This need was also recognised during expert consultations on mosquito-borne diseases (December 2010, January 2011). ECDC will support this need by providing a **systematic review and evidence-based guidance on the use of vector control for outbreak control**.

Correct and standardised disease surveillance can only be achieved if clearly **defined case definitions** are available. The autochthonous transmission of **dengue and chikungunya in Europe** in 2010 showed the need to fine tune the existing case definitions for both diseases, as these are non specific (case definition for viral hemorrhagic fevers).

List of activities for 2012:

Strategy 1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU

- Network of public health and entomologist experts on Vector Borne diseases (VBORNET)
- Mosquito-borne diseases: reporting and data collection: EU case definitions and real-time case mapping
- Tick-borne diseases: reporting and data collection: EU case definitions and integration into TESSy

Strategy 2. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

- Provision of scientific expertise in the field of EVD: for risk assessments and other ECDC projects

Strategy 3. To produce guidelines, risk assessments and scientific answers, and work with Member States to implement

List of activities for 2012:*evidence-based prevention and intervention*

- From surveillance to prevention: literature review of vector control methods and evaluation of costs versus benefit for guidance on vector-borne disease control
- Exotic mosquitoes, vectors of emerging diseases: implementation of guidelines for surveillance of vectors

Strategy 4. To develop a mechanism for the support and coordination of the investigation and response to health threats in Europe, through the provision of guidance to the Member States, the establishment of a mechanism for the mobilisation of laboratories and the deployment of outbreak assistance teams

- European Network for Viral Imported diseases - Collaborative Laboratory Network for Response (ENIVD-CLRN)
- Epidemic Intelligence Information System (EPIS) for EVD: development of system
- Support to response section for simulation exercise on outbreak of vector-borne disease
- EVD and veterinary/human interface: enhance collaboration with animal health sector (missions)
- EVD External Communication: surveillance reports, publications, communication tools and items
- Expertise enhancement on EVD: participation to scientific conferences, meetings, consultations and advisory committees

Budget for 2012: 866,000 EUR**Number of staff (FTE): 5.31**

Food- and Waterborne Diseases and Zoonoses (FWD)

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

In the next 2-3 years enhanced surveillance of Food and Waterborne Diseases (FWD) will be improved by strengthening laboratory capacity through training, by improving the quality of the data, and through a centralised platform for management and analysis of molecular typing data for rapid outbreak/cluster detection and assessment of strains. Information on the true burden of selected food and waterborne diseases will be provided and surveillance reports prepared and published. Rapid detection and investigation of multinational clusters/outbreaks will be fostered by the EPIS platform. Multidisciplinary collaboration between public health experts, veterinarians and food safety experts and authorities will be further promoted and facilitated.

Main objectives of the programme in 2012

1. Strengthen early detection and response to Food and Waterborne Diseases clusters / outbreaks
2. Strengthen multi-sectoral surveillance of Food and Waterborne Diseases
3. Strengthen public health microbiology for Food and Waterborne Diseases

Expected results in 2012

Food and Waterborne Diseases surveillance report for salmonellosis, campylobacteriosis, listeriosis, STEC/VTEC infection, shigellosis and yersiniosis will be produced so that it becomes an annual regular output along with the EFSA-ECDC European Union Summary Report on Zoonoses. Quarterly overviews on *Salmonella* and STEC/VTEC infections will become routine reports that are published on ECDC web site.

The key area of work will be to strengthen the laboratory-based EU-wide surveillance through the FWD network by starting the collection and integration of molecular typing data for surveillance of selected pathogens/diseases in TESSy (starting with *Salmonella*, STEC/VTEC and *Listeria*). Coordination of molecular typing activities related to validation, quality assurance, methodological issues, training and reference services to the Member States regarding PFGE (Pulsed Field Gel Electrophoresis) and MLVA (Multiple loci variable number tandem repeat) will be established. Work towards linking the typing data from human, food, animal and feed strains will be continued in close collaboration with EFSA, the European Commission, EU Reference laboratories and the Member States. The new system will enable more rapid and accurate detection of dispersed multi-country outbreaks through regular cluster analysis and effective linking with broader FWD network through EPIS¹². The use of developed FWD toolbox will be promoted.

Seroepidemiological study on true incidence of salmonellosis and campylobacteriosis will be finalised and a multi-country study will be performed. Joint *Listeria* typing study will be performed in close collaboration with EFSA, EC, Member States, EU Reference laboratory for *Listeria* and WHO collaborating centre for *Listeria*.

Multidisciplinary collaboration will be strengthened through a pilot training workshop on foodborne outbreak investigations to be organised and planned in close collaboration with EFSA¹³ and the European Commission. The feasibility of the training becoming a part of EU programme "Better Training for Safer Food" will be explored.

Quality assurance schemes for *Legionella* will be continued as well as the enhanced surveillance for travel-related Legionnaires' disease.

¹² Epidemic Intelligence Information System (EPIS)

¹³ European Food Safety Agency

Indicators	Targets
Number of reports published: a) Surveillance	a) Four reports: two quarterly surveillance reports (Salmonella, VTEC), two annual reports (EU report on zoonoses, report for six FWD priority diseases)
Proportion (number) of Member States participating in specific ECDC initiatives: a) Proportion of countries involved in the seroepidemiology study of Salmonella and Campylobacter infections in humans b) Number of countries participating in the EFSA-ECDC joint Listeria typing study	a) At least 50% of Member States participating b) At least 50% of Member States participating

Justification of the new activities for 2012

Establishment of molecular surveillance for selected Food and Waterborne Diseases: Reported salmonellosis, listeriosis and VTEC infection cases account for 14,5% of all reported communicable diseases. A multidisciplinary research network, Med-Vet-Net (funded by the EU) established and standardised a molecular typing platform and common reference and surveillance database for PFGE patterns. This molecular surveillance network of public health / food laboratories was linked to the international PulseNet network, allowing global detection and investigation of foodborne outbreaks. Its funding stopped in 2006. Due to increasing intensity of global food market, animal trade, and travelling, it is essential to re-establish the molecular surveillance network using Med-Vet-Net as a starting point and, ensuring the integration of public health, food, animal and feed into a common system. The first step is to establish the molecular surveillance network for public health laboratories as a part of TESSy. Its scope will be gradually broadened to all other diseases where the molecular surveillance is needed in a centralised typing system at the EU level.

List of activities for 2012:

Strategy 1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU

- Reports (Zoonoses Report 2011, AMR report 2011, FWD surveillance report 2010-2011, Quarterly reports)
- Surveillance of Legionnaires' disease - all cases
- Coordination of molecular typing support to TESSy MSS for FWD (WP1)
- AMR monitoring for Salmonella and Campylobacter

Strategy 2. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

- Scientific studies
- Scientific ad hoc advice on emerging urgent FWD issues

Strategy 4. To develop a mechanism for the support and coordination of the investigation and response to health threats in Europe, through the provision of guidance to the Member States, the establishment of a mechanism for the mobilisation of laboratories and the deployment of outbreak assistance teams

- Communication support for Food and Water-borne diseases
- Communication support to Member States on Gastro Intestinal diseases
- Management and coordination of the ELDSNet network
- Travel-associated Legionnaires' Disease (TALD) annual report
- Training support to Food and Water-borne diseases
- Training to Member States related to legionella
- Response support on legionella
- Management and coordination of FWD programme

List of activities for 2012:

- Epidemic Intelligence Information System (EPIS) for FWD
- Response support on Food and Water-borne diseases
- Microbiology and diagnostic support to Member States
- Microbiology strategy development

Budget for 2012: 912,100 EUR**Number of staff (FTE): 9.91**

Influenza and other acute viral respiratory infections (FLU)

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

Seasonal and pandemic influenza are serious recurring threats to human health and functioning in Europe. Since the Council Recommendation on seasonal influenza vaccination (December 2009), all the EU/EEA Member States are committed to increase the use of seasonal influenza vaccines. Similarly through a Council Conclusion / Recommendation adopted in 2010 there is a commitment to learn from the experience of the 2009 pandemic and workshops undertaken in 2010 to further strengthen pandemic and general preparedness in the EU and a potential intention of the Commission to make pandemic preparedness an EU Competence under the Health Security Initiative.

ECDC will continue to provide support, training and scientific guidance to help the EU and its Member States achieve these goals. Working within limited resources in the next two years ECDC will contribute to efforts to reduce the burden of seasonal influenza in Europe especially through supporting implementation of the Council Recommendation on influenza vaccination,

For improving European pandemic preparedness and response ECDC will work with Member states, the European Commission and WHO to assist Member States in improving their pandemic plans and preparedness.

Main objectives of the programme in 2012

1. Support the Member States and the Commission in the implementation of the 2009 Council Recommendation on influenza immunisation
2. Build on current influenza surveillance in Europe / extend it to severe disease due to influenza
3. Improve the quality of EU Member States pandemic plans and preparedness based on lessons from 2009 and joint ECDC & WHO workshops in 2011
4. Support implementation of the Commission's Work Programme on influenza

Expected results in 2012

On seasonal influenza, following the Council Recommendation, a Monitoring and Support Framework will be developed and implemented with the Commission and Member States; this will include the production of a VENICE¹⁴ Report and a guidance document on the monitoring of the Council Recommendation ahead of the 2013 report required from Member States to the Commission. In addition, ECDC will continue the work started in 2011 on evidence-based advice on risk groups for seasonal influenza vaccination in Europe. In terms of communication, ECDC will continue with its seasonal influenza communication support to Member States initiated during 2011 doing more on evidence-based behaviour change and dissemination in 2012 including an annual cycle of immunisation promotion, focused especially on health care workers. The annual training workshops for those delivering influenza immunisation programmes will be continued extending the audience to the levels where immunisation is delivered in countries and piloting training in communication for all immunisation. ECDC will continue to strengthen severe influenza disease surveillance, capturing analyses from system gathering epidemiological data from hospitals including intensive care units and combining this with virological data which will include working with the GISAIID¹⁵ programme and the WHO system.

For the Pandemic Preparedness and Response, working jointly with WHO and the Commission, ECDC will develop potential indicators for improving the national and EU pandemic preparedness already in place. It will work on a number of difficult areas identified in workshops in 2011 such as disease severity and risk based approaches through an annual risk assessment procedure. In addition, links will be strengthened with ECDC's partners in other countries outside the EU to share thinking and experiences along with working with existing relevant EU research and development programmes. All of the above

¹⁴ Vaccine European New Integrated Collaboration Effort (VENICE)

¹⁵ Global Initiative on Sharing All Influenza Data (GISAIID)

will be supported by routine surveillance and scientific outputs appearing weekly and fortnightly respectively focused through the new web portal.

Indicators	Targets
Number of reports published: a) Surveillance b) Guidance	a) At least 20 fortnightly Influenza Digest issues and 40 Weekly Influenza Surveillance Outputs (WISO), one annual influenza surveillance report and 10 scientific publications. b) Four guidance documents related to influenza and immunisation updated
Proportion (number) of Member States participating in specific ECDC initiatives: a) Proportion of MS participating in Pandemic Preparedness and Immunisation Training workshops	a) At least 70% of Members States participating in both workshops

Justification of the new activities for 2012:

Scientific Advice and Publications on Influenza: In 2012, ECDC will continue its seasonal influenza Risk Assessment as recommended by the evaluation of the pandemic 2009 response by WHO.

Influenza Surveillance: Capturing data on severe influenza cases in intensive care units in addition to existing severe case reporting will be explored with national experts. In addition standard methods to estimate influenza mortality will be evaluated. These were gaps identified in evaluation of pandemic responses.

Combined meeting: In accordance with ECDC policy meetings on influenza will be more combined into single events with the annual surveillance meeting and monitoring and evaluation of the Council Recommendation implementation. The meeting will help enhance discussions on the current progress of the EISN¹⁶ surveillance network, future activities and changes in surveillance systems for influenza, and to follow-up the implementation of the Council Recommendation on influenza immunisation. In this meeting, experts from surveillance, vaccination and communication areas will be able to interact and strengthen their collaboration.

List of activities for 2012:

Strategy 1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU

- Influenza surveillance - Network coordination, surveillance reports, WHO liaison activities and surveillance webpage content

- Influenza surveillance - Combined meeting: Annual European Influenza Surveillance Network (EISN) meeting + Monitoring

- Influenza surveillance - Severe disease surveillance - intensive care units / mortality; Proposal for good practice of annual severe influenza and mortality monitoring

- Influenza surveillance - Influenza virology coordination and improved flu surveillance; continued outsourcing of influenza laboratory activities

- Influenza surveillance - Internal development of molecular flu surveillance in TESSy if necessary

- Influenza surveillance - Implementation of the antiviral analysis tools for influenza in TESSy

- Influenza surveillance - Weekly Influenza Surveillance Overview (WISO): weekly output in season and bi-weekly out of season

Strategy 2. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

¹⁶ European Influenza Surveillance Network (EISN)

List of activities for 2012:

- Scientific advice and publications on influenza – (Science Watch, update guidance on scientific evidence on antivirals, vaccines, personal measures and public health measures, influenza risk assessment report, scientific evidence/ advice on flu risk groups and other people targeted)
- FLU immunisation evaluation and monitoring – production of a VENICE report
- Pandemic preparedness procurement work supporting the EU

Strategy 3. To produce guidelines, risk assessments and scientific answers, and work with Member States to implement evidence-based prevention and intervention

- Monitoring and supporting Council Recommendation on influenza immunisation including the production of a guidance document on its monitoring in preparation for a 2013 Commission Report

Strategy 4. To develop a mechanism for the support and coordination of the investigation and response to health threats in Europe, through the provision of guidance to the Member States, the establishment of a mechanism for the mobilisation of laboratories and the deployment of outbreak assistance teams

- Health communication on influenza and influenza immunisation and communication
- Trainings in Influenza prevention focussing on influenza immunisation
- Liaison ad-hoc missions & meetings on human influenza and the human–animal interface

Budget for 2012: 741,055 EUR

Number of staff (FTE): 7.81

Tuberculosis (TB)

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

The TB Programme aims to support Member States in TB prevention and control to achieve the long-term goal of reducing and ultimately eliminating TB in the EU/EEA. It functions as a reference point for EU/EEA countries to obtain relevant expertise and information about, trends in TB epidemiology; emerging threats related to TB; and scientific advances in the field. A platform is further also provided for communication channels between, and to all, relevant stakeholders.

To reach its goals, the ECDC TB programme key areas of work and prioritisation are based on the four principles and eight strategic areas of the *Framework action plan to fight TB in the EU*. To assess and measure the impact of the TB-programme's efforts, as well as to identify new needs and challenges, on TB prevention and control in the EU/EEA, the programme further developed and uses the monitoring framework, *Progressing towards TB elimination: A follow-up to the action plan to fight TB in the EU*.

Objectives of the programme in 2012

1. Strengthen laboratory capacity and surveillance
2. Support to countries
3. Focus on childhood Tuberculosis and urban Tuberculosis control in vulnerable populations
4. Further work on new tools & approaches

Expected results in 2012

The key outcomes will be in the area of surveillance, laboratory coordination, TB control among vulnerable populations and the assessment of new tools for latent TB infection (LTBI) control. The first Annual TB Surveillance and Monitoring report will be published; an expansion of the ECDC / WHO Office for Europe joint annual TB surveillance reports that will this year include the monitoring aspect of TB in the EU. The coordination and activities within the European Reference Laboratory Network for TB will be continued; including the Network's annual meeting and the new incorporation of molecular typing activities.

To enhance awareness and provide evidence-based guidance on TB burden and TB control among vulnerable populations the TB programme will support the further development and activities of an EU urban TB control initiative as well as develop evidence based-guidance on childhood TB outbreak management. As new tools and evidence for the prevention and control of latent TB infection is becoming available in the context of achieving TB elimination, the TB programme aims to achieve EU consensus and a consolidated strategy for the implementation of new approaches for programmatic LTBI control.

Indicators	Targets
Number of reports published: a) Surveillance b) Guidance	a) TB Surveillance and Monitoring Report b) Childhood TB outbreak management; consensus paper on the introduction of programmatic Latent TB Infection (LTBI) control to eliminate TB
Proportion (number) of Member States participating in specific ECDC initiatives	N/A
Other: a) Number of External Quality Assurance (EQA) accomplished and results published	a) One

Justification of the new activities for 2011

Enhance awareness and provide evidence-based guidance on TB burden and TB control among vulnerable populations: The evidence around interventions tailored to vulnerable populations requires further assessment in order to develop and implement effective strategies for TB control among these groups. The TB programme will focus two vulnerable populations/settings in 2012; **Children and urban TB control** of which the former is a new activity. Several EU countries have experienced TB outbreak among children, especially pre-schools and schools, and the TB programme identified the added value of providing evidence-based guidance on the TB outbreak management among this group.

Achieve EU consensus and a consolidated strategy for the implementation of new approaches for programmatic Latent TB Infection (LTBI) control: To truly achieve TB elimination, the elimination of the “TB reservoir” (i.e. latent TB infection) is needed. Until populations are fully “cured” from a latent TB infection, the risk for outbreaks due to disease reactivation will be maintained and thus the prevalence of active TB disease. New evidence and approaches are now becoming readily available for Latent TB infection treatment and control, and several EU countries are already in what is termed the “TB elimination phase” with very low incidence of TB disease. The TB programme can now move forward to consider new approaches to further support EU member states in considering and developing approaches in this field.

List of activities for 2012:

Strategy 1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU

- Strengthening TB surveillance & monitoring

Strategy 2. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

- Awareness and evidence-based action on TB burden and TB control among vulnerable populations

Strategy 3. To produce guidelines, risk assessments and scientific answers, and work with Member States to implement evidence-based prevention and intervention

- Implementation of new tools and approaches to eliminate TB

Strategy 4. To develop a mechanism for the support and coordination of the investigation and response to health threats in Europe, through the provision of guidance to the Member States, the establishment of a mechanism for the mobilisation of laboratories and the deployment of outbreak assistance teams

- Communication support on tuberculosis
- Strengthening TB laboratory capacity
- Tuberculosis technical support to countries
- Liaison with partners and scientific initiatives
- Communication to Member States, partners and public

Budget for 2012: 647,770 EUR

Number of staff (FTE): 6.13

Sexually Transmitted Infections, including HIV/AIDS and Blood-borne viruses

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

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. More than 25 000 new HIV diagnoses are reported in the EU each year and still a substantial proportion of infections remains undiagnosed. The Programme will contribute to improving the understanding of the epidemiology of HIV/AIDS, STI and viral hepatitis to better inform key prevention and intervention strategies and to contribute to the development of a robust scientific base. Key public health messages and information in the field of HIV/AIDS, STI and hepatitis B and C need to be disseminated.

The programme will contribute to increasing awareness among the European policymakers and experts about HIV/AIDS, STI and hepatitis B and C, and improving coordination of activities and effective exchange of experiences among Member States. “Second generation” surveillance across Europe will be promoted by supporting countries to implement standardised behavioural surveillance. Better country estimates of the burden of HIV disease, including the cost effectiveness of different screening strategies will be developed for HIV and hepatitis will be available. A Monitoring and Evaluation Programme to monitor the EU and individual Member States responses to HIV/AIDS will be carried out.

Objectives of the programme in 2012

1. Monitor Member States commitments on HIV/AIDS
2. Produce evidence based guidance in the area of HIV and sexually transmitted and blood-borne infections
3. Enhance surveillance (including hepatitis B/C)

Expected results in 2012

ECDC’s work on HIV and STI will focus on the coordination of enhanced surveillance of these diseases. In addition, enhanced surveillance for hepatitis B and C will be implemented by collecting disease-specific data on hepatitis B and C for 2006-2011. The European Gonococcal Antimicrobial surveillance programme (Euro-GASP) will be expanded to new Member States in 2012 and will support countries to prepare for the emerging multi-drug resistant gonorrhoea. The work on behavioural surveillance and guidance on key prevention strategies will be continued, with a target on key populations and vulnerable populations (e.g. men who have sex with men, migrants, people who inject drug users) in the different strategies. Furthermore, ECDC will explore to adapt HIV surveillance to monitor recently acquired infections and to monitor the impact of treatment on the epidemiology.

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/AIDS. Monitoring and Evaluation work will be harmonised with other international agencies so that double reporting by countries is avoided. ECDC will produce user-friendly models for national HIV estimates in EU Member States in collaboration with UNAIDS. ECDC will review the evidence for Chlamydia screening and update the information on national strategies for Chlamydia control in Europe, discuss prevalence data and support Member States with STI laboratory diagnostics. ECDC will review and assess different public health measures amongst which the assessment of different screening strategies for HIV and hepatitis B and C.

Indicators	Targets
Number of reports published: <ol style="list-style-type: none"> Surveillance Technical Reports 	<ol style="list-style-type: none"> Three annual report: HIV/AIDS, STI, (hepatitis B/C) and EURO-GASP Three reports: Two technical reports from the STI microbiology project and a special report on the response to the HIV epidemic in Europe
Proportion (number) of Member States participating in specific ECDC initiatives <ol style="list-style-type: none"> Number of countries participating in the behavioural regional workshops Expand the Euro-GASP to include new Member States and support Member States in controlling the emerging multidrug resistant gonorrhoea 	<ol style="list-style-type: none"> 8 Member States 20 Member States

Justification for new activities for 2012

Comprehensive strategy for STI/HIV/Hepatitis disease prevention: ECDC has started to work in the area of disease prevention in men having sex with men (MSM) as 'classical' disease prevention approaches appear not to be effective and comprehensive prevention toolkits are needed. In 2012, guidance will be produced on disease prevention among MSM with this comprehensive approach as a follow-up of previous projects. Antenatal screening programmes to prevent transmission of HIV, syphilis and hepatitis B (but also rubella) from mother to child have been proven to be very effective. However in some countries, these programmes appear not to exist (or not to cover all diseases) or to be less effective. ECDC intends to carry out a survey on the effectiveness of national ANC programmes with the aim to provide guidance in the coming years and to provide a platform for sharing best practices.

List of activities for 2012:

Strategy 1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU

- Coordinate HIV/AIDS surveillance in Europe
- Coordinate hepatitis surveillance in EU/EFTA countries
- Annual meeting of HIV/AIDS and STI networks
- Behavioural surveillance related to HIV and STI
- Coordinate STI surveillance in EU/EFTA countries

Strategy 2. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

- Provide scientific advice on HIV/AIDS, STIs and blood borne disease (on direct request)
- Pilot EU public health value studies on HIV/AIDS, STI and BBV
- Migrant health
- Comprehensive STI/HIV disease prevention approach
- Chlamydia control in Europe

Strategy 3. To produce guidelines, risk assessments and scientific answers, and work with Member States to implement evidence-based prevention and intervention

- Prevention and guidance of HIV/AIDS, STI and BBV

Strategy 4. To develop a mechanism for the support and coordination of the investigation and response to health threats in Europe, through the provision of guidance to the Member States, the

List of activities for 2012:

establishment of a mechanism for the mobilisation of laboratories and the deployment of outbreak assistance teams

- HIV Monitoring and Evaluation of Dublin declaration
- Epidemic Intelligence Information System (EPIS) for STI and Hepatitis
- Monitoring and evaluation of EU and country responses HIV/AIDS
- Communication support to Member States on comprehensive disease prevention approaches

Budget for 2012: 933,000 EUR

Number of staff (FTE): 8.30

Vaccine Preventable Diseases

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

In the field of vaccine preventable disease (VPD), ECDC will keep improving current immunisation programmes, supporting the decision making process, and supporting measles and rubella elimination plans. ECDC will support Member States in setting up systems for monitoring quality and outcomes of vaccination programmes, with a particular focus on vaccine coverage assessment and vaccine registries. ECDC will keep on working towards establishing a standardised system for vaccine safety monitoring and adverse events management in the EU, including the use of data linkage between large databases. Enhanced surveillance of all vaccine preventable diseases will be conducted through TESSy. Many activities aiming at covering those vaccine preventable diseases not yet under surveillance will be initiated. Finally, ECDC will work with WHO EURO and the European Commission in supporting Member States to eradicate measles and rubella in the European region and to keep the region polio-free.

Objectives of the programme in 2012

- 1) Foster one programme for outsourced activities – EVER
- 2) Foster one Vaccine Preventable Diseases network meeting as a service to Member States
- 3) Support high quality laboratory activities harmonised under a unique framework

Expected results in 2012

ECDC will ensure coordination of EU-wide projects focused on vaccination coverage and active surveillance of pneumococcal disease and will start to bring all projects related to vaccine epidemiology under a unique framework (EVER). Support to MS to reach the measles and rubella elimination goal will be provided. Surveillance activities will mainly focus on the ongoing epidemiological and laboratory surveillance of VPDs. The new module of EPIS (Epidemic Intelligence Information System) VPD will be up and running and new communication support will be offered to Member States. Provision of further scientific advice, according to the prioritisation exercise carried out in 2011, will be given.

Indicators	Targets
Number of reports published: a) Surveillance b) Guidance	a) 12 annual reports (One report per disease/group of diseases with the exception of measles) b) One Scientific Guidance published
Proportion (number) of Member States participating in specific ECDC initiatives a) Number of Member States participating in ECDC measles elimination's activities	a) At least 10 Member States

Justification of the new activities for 2012

Measles and Rubella elimination support to Member States: Notwithstanding the renewed commitment to eliminate measles and rubella from Europe by 2015, measles is still largely spreading in the EU. The ECDC will put specific effort in carrying out specific activities (in term of advocacy, communication and scientific advice) to support the MS effort to reach the elimination goal.

List of activities for 2012:

Strategy 1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU

- EUVAC-NET, enhanced surveillance of VPDs and improving capacity for pertussis diagnosis
- Enhanced Invasive Bacterial Diseases (IBD) surveillance (meningococcal and Hib infections)
- Enhanced Diphtheria surveillance
- Enhanced Rotavirus and varicella surveillance – mapping EU capacity for surveillance of new VPDs
- Invasive Pneumococcal Disease surveillance
- Vaccine Preventable Diseases contribution to the Annual Epidemiological Report (AER)
- Vaccination status variables in the TESSy metadataset

Strategy 2. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

- Unexpected scientific advice activities (including risk assessment)
- Scientific advice on Vaccine Preventable Diseases issues – scientific panel on waning immunity
- Analysis of historical surveillance data on Vaccine Preventable Diseases
- Health inequalities and vulnerable populations

Strategy 3. To produce guidelines, risk assessments and scientific answers, and work with Member States to implement evidence-based prevention and intervention

- Measles elimination action plan
- Support EC for implementing Council Conclusions on childhood immunisation
- Diphtheria lab projects

Strategy 4. To develop a mechanism for the support and coordination of the investigation and response to health threats in Europe, through the provision of guidance to the Member States, the establishment of a mechanism for the mobilisation of laboratories and the deployment of outbreak assistance teams

- Public Health Capacity support to Member States on measles and rubella elimination
- Audio-visual work to support advocacy for measles vaccination
- Communication support for Vaccine Preventable Diseases
- Invasive Bacterial Diseases (IBD) lab projects (meningococcal and Hib infections)
- Support to Member States for communication interventions for measles and rubella elimination
- Liaison with external partners on Vaccine Preventable Diseases (EMA, WHO, CDC, etc.)
- Knowledge and evidence on health communication
- Support Training activities on Vaccine Preventable Diseases
- Epidemic Intelligence Information System (EPIS) for Vaccine Preventable Diseases
- Country cooperation and Capacity building
- Vaccine Preventable Diseases network management (including VPD network meeting)

Budget for 2012: 1,498,000 EUR

Number of staff (FTE): 11.11

Target 2: Communicable disease surveillance

Strategic Multi-annual Programme 2007-2013 objective:

“By 2013, ECDC will be the central focal point for communicable disease surveillance in the EU and the authoritative point of reference for strengthening”

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

Now that all surveillance networks existing prior to the establishment of ECDC have been incorporated in ECDC activities (but the transmissible spongiform encephalopathy (TSE) network), ECDC focus will be:

1. To ease and automate the exchange of data between Member States and ECDC;
2. To improve the service to the Member States and stakeholders regarding access to data and report in the most appropriate way;
3. To contribute to an overall improvement of data quality in surveillance systems throughout the EU;
4. To implement a molecular surveillance component in TESSy¹⁷;
5. To further integrate the event-based surveillance (EPIS¹⁸) and indicator-based surveillance (TESSy) components.

Main objectives for the target in 2012

1. Implement an online query tool providing access to custom reports to TESSy external users;
2. Finalise and promote the manual for improvement of data quality in surveillance systems in the EU;
3. Review the structure and content of the *Annual Epidemiological Report (AER)* to further integrate event-based and indicator-based surveillance components;
4. Set up a molecular surveillance component in TESSy.

Expected results in 2012

The communicable diseases surveillance system (TESSy) has been established as a solid platform for the disease datasets incorporated from all but one (TSE) of the Disease Specific Networks. It serves the Member States and the EU region as a whole.

The development work planned for 2012 focuses on consolidating the data warehouse, improving the ease of use and quality of the outputs for the expert user, and improving the reporting through the annual epidemiological report (AER).

Further improvement of the data collection processes will continue to be a priority, with the common dataset collected for all diseases, the promotion and evaluation of case definitions in the EU region, continuation and alignment of data collection with WHO and other partners, enhancing the surveillance of laboratory data, especially implementing the molecular subtyping reporting, and general support for improving surveillance in Member States.

¹⁷ The European Surveillance System (TESSy)

¹⁸ Epidemic Intelligence Information System (EPIS)

Finally, the quality assurance of surveillance data will be further developed, with improved quality checks and continuous data controls, mapping of quality assurance systems in Member States and the implementation of the tool developed to help improve these systems and the assessment of under ascertainment and reporting, in order to improve the validity and comparability of the reported data.

Indicators	Targets
Number of queries on TESSy data through the new online query tool.	100
Percent of data call processed according to time agreed with the Member States	95%
Molecular surveillance component in TESSy implemented	Yes

List of activities for 2012:

Strategy 1. To establish EU wide reporting standards and an integrated data collection network for surveillance including all Member States and covering all communicable diseases with the detail necessary according to their priority

- TESSy data collection
- Molecular surveillance: implementation of the component for food and water borne.

Strategy 2. To analyse trends of public health importance for EU and its Member States regarding communicable diseases in order to provide a rationale for public health action on the EU level and in Member States

- Statistical tools and services, including review of indicators and formats used for tables, charts and maps.

Strategy 3. To ensure that the reports on trends of public health importance for EU and the MS regarding Communicable Diseases are produced and disseminated to reach all stakeholders in an appropriate manner to ensure that appropriate public health action is taken

- Annual epidemiological report: a new structure will be developed for better integrating event-based surveillance and indicator-based surveillance components.
- TESSy: implementation of a new query tool to produce online surveillance reports

Strategy 4. To maintain a system for quality assurance of the surveillance data that will also enable progress towards improving comparability of data between all Member States

- Surveillance systems evaluation: piloting of the new tool in Member States
- Monitoring and evaluating data quality: finalisation and implementation of activity initiated in 2011

Budget for 2012: 1,553,000 EUR

Number of staff (FTE): 23.45

Target 3: Scientific excellence and information

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

According to the ECDC Multiannual Strategic Work Programme by the year 2013, ECDC's reputation for scientific excellence and leadership will be firmly established among its partners in public health, and ECDC will be a major resource for scientific information and advice on communicable diseases for the Commission, the European Parliament, the Member States and their citizens.

Main objectives for the Target in 2012

1. Enhance visibility of ECDC through increasing scientific presence
2. Continue to influence EU research in public Health
3. Conduct scientific studies of added European value to fill important gaps in Public Health knowledge
4. Produce scientific advice, guidance, and risk assessments in response to requests or on Centre's own initiative.
5. Work with Member States to implement evidence-based prevention and intervention.

Expected results in 2012

1. Public health research catalyst

ECDC will organise the 2012 ESCAIDE (European Scientific Conference on Applied Infectious Disease Epidemiology) conference. It will also assist DG Research and Innovation and European Agency for Health and Consumers (EAHC) in identifying specific research gaps in the area of communicable diseases. Work will continue to strengthen methodological support and building capacity in all Member States in areas such as comparative impact of different communicable diseases.

2. Promote, initiate and coordinate research

Infectious disease indicators of climate change will have been developed, for a number of CD. Results can be used to develop risk maps and short-term predictions of disease incidence, which is one of the features of the European Environment and Epidemiology (E3) Network. Risk maps will be developed for selected environment sensitive diseases, describing the current and potential range of transmission, taking into account trends in environmental change and climate change as well as trade, travel and demographic trends. The "Comparative Impact of Infectious Disease in Europe" activity will begin developing EU adapted Disability Weights. In addition, the project will work to improve estimates of underreporting and different forms of reporting delays. ECDC is working on issues related to the impact of economic crisis on infectious diseases. Work is planned on analysis of health determinants related to infectious diseases, as well as on the links between infections and chronic conditions.

3. Produce guidelines, risk assessments and scientific advice

ECDC will continue to provide high quality risk assessments and guidance on request from the Member States, European Parliament and the Commission. The burden of communicable disease activity (CID) will start preparations for supporting EU-wide implementation of first versions of the estimation tool by Member States. Comprehensive estimates of disease burden from the CID activity will assist Member States in evidence-based health policy development including informing the planning of allocation of resources. ECDC will also continue to train internal and external experts in evidence-based methodologies for Public Health. It will develop and apply the methods of evidence-based medicine specific for public health field in communicable diseases. The ECDC library will play a key role in providing the knowledge base to support risk assessments and guidance development. ECDC, in cooperation with the European Medicine Agency (EMA), will start developing activities to support the

Member States in effectively communicating and exchanging information on potential communicable disease risks associated to tissue and cell donation. The ECDC will conduct preparatory work to be able to assist member states with risk assessments concerning communicable diseases in the area of substances of human origin.

4. Prime source of scientific advice

To facilitate production of high quality scientific advice, two important tools will be ready for operations: (1) the ECDC Candidate Expert Database (ECED), a repository of worldwide experts, and (2) the Scientific Advice Repository and Management System (SARMS), an easy-to-use system to triage and monitor scientific questions to the appropriate experts within ECDC.

5. Microbiological laboratory support

In line with its Public Health Microbiology Strategy and Joint Strategy of the Commission and ECDC on human pathogen laboratories, ECDC will help consolidate the laboratory capabilities in the Member States to meet the requirements of EU communicable disease surveillance and alert. This will be achieved through further support and cross-disease coordination of reference laboratory networks, laboratory training courses and quality assessment schemes. ECDC will work together with the National Microbiology Focal Points and other stakeholders to design and validate tools for laboratory capability monitoring, establish an evidence-based roadmap for integration of molecular typing data into EU surveillance and develop standardised methods for surveillance of antimicrobial resistance across human and animal health sectors. ECDC will strengthen collaboration in the area of public health microbiology with the European Commission, Member States, WHO, and microbiology learned societies. It will further support the coordination of the European Public Health microbiology training programme (EUPHEM).

Indicators	Targets
Number of external participants attending ESCAIDE	At least 300 participants
Number of scientific studies published in 2012	At least 40
Impact of ECDC scientific work: expected impact factor of scientific papers published by ECDC authors in peer-reviewed journals and as ECDC reports	At least 2.5
Proportion of requests for scientific advice answered within the time agreed with the requesting party	80%
Proportion of sampled scientific advice documents used by MS	Target not available - will be fixed after one year
Development, piloting and validation of laboratory capability appraisal tools for priority diseases	Appraisal tools for generic and specific capabilities for three diseases

Justification of the new activities for 2012

Substances of Human Origin: Further to the request of the Commission to ECDC and EMA to provide EU support for vigilance and traceability of Tissues and Cells, the Management Board adopted in the June 2011 MB meeting a draft communication of the MB on EU support system for traceability and vigilance to tissues and cells. This communication includes the creation of a steering group to further develop the EU support system for Tissues and cells within the legal mandates of both agencies (*add ref to the minutes*) and therefore to facilitate the appropriate division of labour between agencies.

As the outcome of the discussion of the steering group established by the Commission in Oct 2011 is still pending, activities undertaken by ECDC shall be limited to ECDC's mandate.

ECDC will allocate **245 k€** for activities targeted to vigilance and traceability of communicable disease risk from Tissues and Cells and **3 full time equivalents**. The ECDC activities will include:

- Review of EU SoHO Infections Disease surveillance
- Further development of EUPHRAT risk assessment tool (Tissue and Cell adaptation)
- Meetings of the Coordination group and with the Commission, if needed as per Commission's request
- Meetings and work with the European Medicine Agency (EMA), the Council of Europe (CoE) and WHO
- Scientific meeting on Tissue and Cell safety
- Risk assessments on demand pursuant the relevant paragraphs of the Founding Regulation
- Comprehensive reviews and risk assessments concerning infectious diseases for Substances of Human Origin (2-3 publications on results of Expert panel work)
- Expert panels for Tissues and Cells Scientific and Risk Assessments
- The support for the development of a rapid alert exchange platform, if needed, as per discussions with the Commission: the responsible agency shall be decided once the steering group has come to a recommendation.

List of activities for 2012:

Strategy 1. To function as a public health research catalyst

- Research Coordination
- ESCAIDE
- Impact Assessment Group
- ECDC's priority setting exercise and survey tool
- Conference Coordination Group (enhance ECDC's visibility and impact at scientific conferences)

Strategy 2. To promote, initiate and coordinate research for evidence-based public health and to identify future threats

- Climate Change (CC) Adaptation
- Evidence Based Medicine (EBM)
- Comparative Impact of (Infectious) Disease (CID)
- Needs assessments for observational studies database
- Public Health programme evaluation and health economics: exploring best practices of economic evaluation
- Impact of Social Determinants (SD)

Strategy 3. Produce guidelines, risk assessments and scientific advice

- Answer to scientific questions, risks assessments and guidelines
- Substances of Human origin and Vigilance and traceability of Tissues and Cells (SOHO-VTTC)

Strategy 4. Be a major repository for scientific advice on communicable diseases

- Maintain SARMS
- Maintain ECED
- Consolidation of the library services to support the preparation of scientific advices and risk assessments [R]
- Update the review of ECDC peer reviewed impact indicators [R]
- Operate and further develop the Knowledge Management (KM) services and support all ECDC KM related activities [R]

Strategy 5. To promote and support the strengthening of microbiology for CD prevention, control, and

scientific studies in the EU region

- Development, piloting and validation of laboratory capability appraisal tools for priority diseases
- Annual ECDC report on public health microbiology activities
- Development of evidence-based roadmap for integration of molecular typing in EU surveillance
- Support to standardisation of antimicrobial susceptibility testing
- Development of EU protocol for monitoring of resistance of Salmonella and Campylobacter from human, animal and food sources
- Strengthening liaison and coordination with stakeholders (EC, NMFP, AF, WHO learned societies)
- Development of an EU Directory of expert and reference laboratories by pathogen
- Microbiology technical support, including internal microbiology standards and procedures

Budget for 2012: **1,944,000 EUR**

Number of staff (FTE): **28.27**

Target 4: Detection, assessment, investigation and response to emerging threats from Communicable Diseases

Strategic Multi-annual Programme 2007-2013 objective:

“By the year 2013, ECDC will be the reference support point in the European Union for the detection, assessment, investigation and coordinated response to emerging threats from communicable diseases, including threats related to intentional release of biological agents, and diseases of unknown origin.”

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

The sources of epidemic intelligence (EI) for threat detection will ensure a comprehensive coverage of all EU countries and strong international relations, so that warnings on threats to EU are detected earlier and exhaustively.

Tools for information and communication, ensuring optimal synergies between risk assessment and risk management functions, will lead to smooth and timely communication between scientific advisors and decision makers.

Intentional release of biological agents will be integrated into ECDC work, providing defined criteria and clear procedures to assess and respond to the public health risk posed by such incidents.

The ECDC Emergency Operation Centre (EOC) will continue coordinating risk assessment in the EU and ensure optimal communication and coordination mechanism with all Member States as well as all EU and international stakeholders, speeding up crisis assessments of a threat.

ECDC will support the strengthening of capacities in the Member States through the development of models of best practice, guidelines and tools.

All of the above will mean a clear European added value in creating a robust system and specialised resources for rapid detection, analysis and reaction to emerging health threats, ensuring a wide geographical coverage and being able to quickly mobilise resources from throughout the region that will use the same methods and know intimately the procedures required. ECDC will enhance the overall preparedness of the region, and reduce the workload of Member States through provision of the above information, to ensure their optimal compatibility and interoperability.

In addition to pandemic preparedness, more emphasis will be put on generic preparedness. This will include the improvement of the access to existing tools (by mapping of the tools, and making them easily available to Member States), increase Member States capacity to adjust/develop their generic preparedness plans and increase the ability to mobilise the networks of relevant clinicians during crises.

Main objectives for the Target in 2012

1. Production of a weekly threat bulletin accessible to the public;
2. Promotion of the rapid risk assessment guidance and training for Member States;
3. Enhancing epidemic intelligence and response support in the context of the UEFA cup in Poland and Ukraine as well as the 2012 Olympic Games in London;
4. Support the Commission work on generic preparedness.

Expected results in 2012:

Epidemic intelligence is now well established in ECDC. Priorities for 2012 will consist of strengthening the collaboration with Member States in these activities, to ensure a prompt dissemination of information best meeting the expectations of the Member States. Epidemic intelligence tools will be better integrated (EWRS and EPIS), and EPIS platforms will be further consolidated and integrated.

Enhancement of epidemic intelligence activities will be carried-out in order to ensure a close monitoring of emerging communicable diseases in the context of large mass gathering expected to take place in the EU in 2012: the UEFA cup in Poland and Ukraine, and the 2012 Olympic Games in London.

In support of Commission activities, best practices on generic preparedness will be identified and shared between the Member States. Support to preparedness and response will remain a high priority for the ECDC including contribution to the revision of the EU pandemic preparedness plan, and for mosquito borne diseases. Generic preparedness will remain a priority, focusing in particular on feasibility of sharing through a virtual stockpile of products in short supply needed in outbreak situations (antitoxin, immunoglobulin...).

Indicators	Targets
Percentage of daily and weekly threat bulletins produced and disseminated in due time* (*before 14.00 on weekdays for the daily bulletin; before 12.00 on Fridays for the weekly bulletin)	100%
Percentage of rapid risk assessment produced within 48 hours of initial decision	75%
Development of preparedness strategy	Draft strategy agreed internally

Justification of the new projects for 2012

Enhancement of Epidemic Intelligence in the context of mass gathering: 2012 is a year in which two of the largest mass gathering events in the world will take place: the Olympic Games in London and the UEFA football cup in Poland and Ukraine. Such large events will result with influx of visitors coming from all parts of the world. Health security during these events is of paramount importance and relies on enhanced epidemic intelligence activities, and availability of upsurge resources in the event of an alert. ECDC will ensure a strong liaison function with the organising countries and provide them with targeted daily epidemic intelligence bulletins.

Mapping of ECDC and EU preparedness tools: To consolidate the existing knowledge and practices in order to further support generic preparedness in Europe.

List of activities for 2012:

Strategy 1. To develop an efficient integrated early warning system about emerging threats in Europe

- Epidemic intelligence
- Epidemic Intelligence Information System (EPIS)
- 24/7 threat detection
- Mass gatherings support
- Rapid assessment and outbreaks
- Risk analysis
- Application development
- Development and implementation of GIS at ECDC including establishment of ECDC Geoportal

Strategy 2. To develop mechanism for coordination of investigation and support to response to health threats

- General response
- Response support

List of activities for 2012:

- Member States support

Strategy 3. To strengthen the Member States and EU preparedness to Communicable Diseases threats, pandemic preparedness

- Bioterrorism

Strategy 4. Strengthening the Emergency operation centre

- Emergency operations centre

- Simulation exercises

Budget for 2012: 798,000 EUR

Number of staff (FTE): 26.49

Target 5: Training for the prevention and control of Communicable Diseases

Strategic Multi-annual Programme 2007-2013 objective:

“By the year 2013, ECDC will be the key reference support centre in the European Union for strengthening and building the capacity through training for the prevention and control of communicable diseases and diseases of unknown origin.”

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

At the end of the medium-term period, ECDC will have conducted a thorough need assessment in training among all Member States, based on a set of defined core competencies. Based on an inventory of existing resources across the EU, ECDC will have developed the partnership and funding mechanisms to ensure a comprehensive approach to strengthening EU capacity to detect and respond to communicable disease threats. The outcomes over the mid-term period should cover:

- The global need for training at European level, currently addressed through the coordination of the EPIET¹⁹ (EU and MS tracks), and EUPHEM²⁰, as well as and the organisation of short-term training modules bringing together experts from the various Member States;
- The support required by Member States to strengthen their own capacity through the development of field epidemiology Member States programmes and the organisation of short courses.

The European added value of such a Europe-wide approach to training will be to create a wide and diversified network of training institutions and individual experts, sharing a common culture and knowledge base for training related to communicable diseases prevention and control in Europe.

Main objectives for the Target in 2012

1. Workforce Development for Disease Prevention & Control in Member States and at EU Community Level.
2. Strengthening of the network for public health training with partners within and beyond the EU.
3. Development of a Public Health Training Centre Function at the EU Level.

Expected results in 2012:

ECDC will coordinate or perform training activities in 2012, aimed at training professionals at the mid career level for disease prevention & control in order to ensure that Member States and the Community have the minimum required workforce capacity. ECDC will also organise and participate in activities with key partners for competency based public health training within and beyond the EU, in order to develop and maintain a partnership network with access to training resources. ECDC will furthermore develop and maintain a centre function for public health training resources in order to offer Member States and the Commission to have open access to training materials, curricula and consultations

¹⁹ European Programme for Field Epidemiology Training

²⁰ European Public Health Microbiology Fellowship Programme

Indicators	Targets
Number of professional participating in ECDC workshops, courses and long-programmes	200 professionals trained
Number of contributions to training efforts of Member States and ECDC partners, after their request or on ECDC's	35 contributions from ECDC
Number of training resources developed: training materials and curriculum	26
Proportion of satisfied participants to training activities	80%

List of activities for 2012:

Strategy 1. To develop EU capacity on prevention and control of Communicable Diseases through training

- EPIET Coordination
- EPIET Fellowships
- EPIET Modules
- EUPHEM

Strategy 2. To develop network of training programmes

- Training of Trainers in EPIET Member States track

Strategy 3. To create a training centre function within ECDC

- Public Health Capacity through training

Budget for 2012: 4,000,000 EUR

Number of staff (FTE): 13.38

Target 6: Health communication

Strategic Multi-annual Programme 2007-2013 objective: *“By the year 2013, ECDC communication output is the main European source of authoritative and independent scientific and technical information in its field, and ECDC is the reference support point in the EU for risk communication in the area of Communicable Diseases”.*

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

The health communication efforts of ECDC are based on the communication strategy approved by the Management Board in November 2009. ECDC outputs will continuously be improved as for quality and easy accessibility according to each target group. In addition to communicate ECDC content more emphasis will be put on supporting the Member States needs on specific communication challenges, e.g. hard to reach populations and risk communication.

Main objectives for the Target in 2012

1. Continue to develop the most appropriate strategies to disseminate ECDC content to professional and technical audiences
2. Ensure that ECDC delivers all its relevant content through the ECDC web portal (including social media) and a professional press office, info stands, and audiovisuals for target audiences
3. Further increase attractiveness and improve the transparency of Eurosurveillance through further optimisation of editorial work flows in preparation for the allocated impact factor
4. Facilitate the dissemination of effective practices and innovation in health communication and behaviour change for communicable disease prevention among professional audiences.
5. Build capacities in the Member States on implementation of risk communication and behaviour change, with the special focus on vaccine preventable diseases in 2012 (measles, rubella and influenza).

Expected results in 2012

- **Communication to professional audiences:** Work will continue to strengthen Eurosurveillance as the main European journal in its area. The work to ensure a wide dissemination of ECDC scientific outputs to the public health and other relevant experts in the Member States will continue. The technical basis is the web portal/information system increasingly using the extranets that have previously been set up. A new series of technical reports “Insights into health communication” will be developed and disseminated among professional audiences
- **Public communication and media:** A proactive media service is of strategic importance, and additional audiovisual offerings will make ECDC messages more attractive and easily available. The dependence on external contractors for media monitoring will be phased out as new technologies developed by the Commission will be increasingly used for the purpose. ECDC will continue to strengthen its systems for information-sharing and coordination of risk messages within the framework of the HSC²¹ Communicators’ Network. The funding for multilingual offerings to the public on the ECDC web portal has been reduced due to budgetary constraints.
- **Support to Member States health communication capacities:** ECDC will build a network of experts and institutions to share innovative information and ensure synergies between the Member States in the area of behaviour change. Practical evidence-based guidance for health communication activities will continuously be developed and themed surveys undertaken to translate health communication evidence into effective practice. Structured sets of communication tools will be developed that could be adapted and used within national public health programs.

²¹ Health Security Committee of the EU

Indicators	Targets
Number of Eurosurveillance issues	50 weekly issues
Number of unique visitors on ECDC website	800.000
Number of Member States that have used and adapted the communication tools and toolkits.	5
Number of published technical reports in the series of "Insights into health communication"	4

Justification of the new activities for 2012

In the year we will consolidate previous work. Core communication resources have been shifted towards communication activities to **support the measles and rubella elimination activities**.

List of activities for 2012:

Strategy 1. Communication to professional audiences

- Publications
- Communication input into Portal 1.1 and 2.0
- Print and distribution of Eurosurveillance (50 weekly issues) and development of the website
- Purchase and implementation and use of electronic submission system and plagiarism detection system for Eurosurveillance
- Presence at international conferences and meetings, incl. promotional activities

Strategy 2. Communication to the media and to the European public

- Press, media and information services
- Audiovisual work
- Web and social media
- Communication tools and toolkits
- Translations

Strategy 3. To support the Member States health communication capacities

- Public health capacity through training
- Knowledge and evidence on health communication
- Regional pilot interventions on behaviour change in selected Member States for measles and rubella elimination
- Review of best practices for behaviour change and communication in support of M&R elimination
- Regional meeting on challenges and best practices on measles and rubella elimination

Budget for 2012: 1,760,000 EUR

Number of staff (FTE): 42.72

Target 7: Partnerships and international activities

Strategic Multi-annual Programme 2007-2013 objective:

“By 2013, ECDC will have a structured Communicable Diseases cooperation programme with all Member States, the Commission and other relevant EU agencies, and it enjoys a close partnership with WHO and other selected partners at regional and global levels”.

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

Through coordinated work with the Member States and EEA countries, ECDC will have efficient cooperation programmes, based on needs of the countries developed and established. The Member States and EEA countries will have one coordinating Competent Body per country for all official ECDC relations. ECDC has a mandate to act beyond EU borders to protect EU citizens in situations where communicable disease outbreaks may threaten health of EU populations. ECDC work with ‘third’ countries is based on the “ECDC Policy for Collaboration with ‘Third’ Countries” (MB20/12), approved in November 2010 by the ECDC Management Board. In developing collaboration with specific ‘third’ countries ECDC takes into account the 1) objectives of relevant EU policies, 2) the current status of relations between the EU and a given country, and 3) public health/communicable disease impact of the country to the EU/global health, and its legal mandate. ECDC works with the EU Candidate Countries and Potential Candidates (EU enlargement countries) and some countries under the European Neighbourhood Policy (ENP). The priority in ECDC collaboration with ‘third’ countries is to support EU enlargement countries to fulfil the requirements of the EU *acquis* in this field. This aims to strengthen the preparedness and response of their administrative, institutional, and control capacity structures and mechanisms, as well as to integrate them into the work of the ECDC. ECDC will furthermore provide the European Commission with technical assessments on progress made by the EU enlargement countries on the basis of mutually agreed procedures.

ECDC will pursue its efficient collaboration with additional external partners, based on their potential global impact on public health as well as EU political priorities. ECDC will enhance its capacity and strengthen its resources to respond to assistance requests from ‘third’ countries and international organisations.

Main objectives for the Target in 2012

Improve ECDC relations with the EU Member States and EEA countries through one coordinating Competent Body per country.

Mainstream ECDC activities with the ‘third’ countries through implementation of ECDC policy approved by the Management Board and complemented by the guidance from the Commission.

Enhance cooperation with the EU Candidate Countries and Potential Candidates and develop relations with countries covered by the European Neighbourhood Policy with key European and global public health actors, in particular with WHO European Regional Office through the implementation of the Administrative Agreement.

Develop and implementing country intelligence based approach to serve all needs of EU Members States and ‘third’ countries

Enhance relations with key European and global public health actors.

Expected results in 2012:

Effective internal coordination of ECDC assistance towards the countries will be the focus of ECDC in 2012, based on more efficient, transparent and simplified approach, approved by the Management Board. By the end of 2012, ECDC will work in a more efficient way with all Member States and EEA countries through one coordinating Competent Body per country. This approach will be supported by the online tools²², developed by the ECDC, which will allow the coordinating Competent Bodies to provide their official nominations online and to set models for specific interactions.

“ECDC Policy for Collaboration with ‘Third’ Countries”, approved in November 2010 by the Management Board, will be used as a framework for ECDC everyday’s work with ‘third’ countries. This document will be supported by SOPs ensuring coherent approach within the Centre. EU Candidate Countries and Potential Candidates have been further integrated into the ECDC activities, and ECDC will, following the support of and close collaboration with the Commission, provide technical assessments on progress made by the EU enlargement countries. ECDC has initiated collaboration with some countries under the European Neighbourhood Policy. ECDC will enhance the capacity building activities in the European Neighbourhood area, through the development of training programme based on the EPIET-model. This will be done in close collaboration with DG SANCO, other relevant Commission services, and interested countries.

In 2012 ECDC will develop a strategy regarding its response to requests for rapid assistance in international actions related to prevention and control of communicable diseases.

Regarding the Commission, ECDC will further strengthen coordination of activities at all levels between ECDC and partner DG SANCO through regular meetings and nominated contact points. ECDC will enhance the collaboration with other Commission services, as appropriate.

ECDC will continue joint activities with several EU Agencies in the framework of existing Agreements: e.g. European Food Safety Authority (EFSA), European Medicines Agency (EMA), European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), and European Police Office (Europol). ECDC will also further strengthen its collaboration with Executive Agency for Health and Consumers (EAHC).

In 2012 ECDC will be coordinating the Network of Heads of EU Agencies, and Chair its Troika (European Chemicals Agency and European Railway Agency as members). There will be two meetings of this network in 2012, and ECDC will lead the development of joint Agency positions related to EU governance. ECDC will also coordinate two other Agency networks, namely Heads of Administration and Heads of Communication.

ECDC will continue working with the WHO in the framework of Administrative Agreement between ECDC and WHO Regional Office for Europe. The joint or coordinated surveillance of communicable diseases (e.g. HIV, TB, and influenza) will be streamlined through technical agreements approved by the Joint Coordination Group (JCG). In 2012, the JCG will develop and agree indicators to be used to evaluate the collaboration in 2013.

Indicators	Targets
No. of country visits to the MS and EEA/EFTA countries (ECDC Director’s visits, technical visits)	15 country visits
No. of structured communicable diseases cooperation programmes with MS	10 cooperation programmes
Number of assessments visits to the EU enlargement countries	3 visits
Number of workshops with ENP countries	1 workshop
Development of ECDC strategy on its role in the international outbreak response	Strategy approved

²² Microsoft CRM (Customer Relationship Management software)

Justification of the new activities for 2012

In 2012 the support to the Member States and EEA/EFTA countries will be strengthened through one coordinating Competent Body per country. **Communicable diseases cooperation programmes with Member States** will indicate the key areas of future collaboration between the country and the ECDC.

Collaboration with the EU enlargement countries, including development of the assessment tool and implementation of assessment visits is an integral part of implementation of the "ECDC Policy for Collaboration with 'Third' Countries.

ECDC support to the ENP countries/workshop for ENP countries is the implementation of the "ECDC Policy for Collaboration with 'Third' Countries.

ECDC Partnerships Management system (CRM²³) further development and adaptations to new coordinating Competent Bodies structure: By request of the Management Board and Advisory Forum, our tool to manage contacts will be further developed as to allow the Member States to update their own information and view relevant information from other Member States.

List of activities for 2012:

Strategy 1. To develop programmes of ECDC cooperation and support on Communicable Diseases with each Member State

- Relations with Member States and EEA/EFTA countries
- Support to the EpiNorth project
- Support to the EpiSouth plus project
- ECDC country visits
- ECDC Partnerships Management system (CRM) further development and adaptations to new coordinating Competent Bodies structures

Strategy 2. To ensure a close and productive cooperation with all EU structures whose activities can contribute to Communicable Diseases prevention and control

- ECDC support to the European Neighbourhood Policy (ENP) countries
- Collaboration with the EU enlargement countries
- ECDC strategy on international communicable disease outbreak response
- Relations with EU structures
- Meetings of the Network of Heads of EU Agencies

Strategy 3. To maintain effective working relationships with WHO and other IGOs, NGOs, scientific institutions and Foundations of key importance to ECDC's work

- Relations with WHO, nongovernmental organisations (NGOs) and scientific foundations

Budget for 2012: 655,000 EUR

Number of staff (FTE): 8.30

²³ Customer relationship management (CRM)

Target 8: Leadership²⁴**Corporate Governance****Projected outcomes for the medium-term (2–3 years)**

Corporate Governance shall ensure the smooth provision and delivery of top-notch substantive, logistical and administrative support for high-level meetings of the Management Board (MB), the Advisory Forum (AF) and the Senior Management Team (SMT). This work has an impact on the Organisation's ability to take key management and programme decisions via the strategic preparation, advice, management, evaluation and follow-up of resolutions and activities.

Main objectives for the Target in 2012

1. Enhance support to the Management Board, Advisory Forum and Senior management Team meetings
2. Ensure accountability and transparency to the entire membership and partners
3. Build credibility and confidence to ECDC as the primary convener of dialogue and partnership building in the field of public health

Expected results in 2012

During 2012, ECDC will ensure the smooth provision of support and service to its governing bodies, namely, substantive servicing of meetings/working groups/teleconferences of the AF (four meetings), MB (three meetings), Audit Committee (AC) and SMT (weekly meetings). ECDC will also ensure timely dissemination of documentation (meeting documentation, written procedures) to various stakeholders via the Extranet Workspace and other modes of communication. Enhanced management and oversight vis-à-vis the direction, guidance and policy clearance of all programmatic and administrative actions, including follow-up to meetings will be carried out. Contact lists and communication channels will be updated in real time.

Indicators	Targets
Proportion of Declarations of Interest filled in by the Members and Alternates of the ECDC Advisory Forum and Management Board on 31 December 2012	100%

Justification of the new activities for 2012

External evaluation of ECDC: The external evaluation of ECDC, undertaken in order "to assess the impact of the Centre on the prevention and control of human disease and the possible need to extend the scope of the Centre's mission to other relevant Community-level activities of public health", has been required as per Article 31 of ECDC's Founding Regulation (European Parliament and Council Regulation (EC) no 851/2004). The final report of the first independent External Evaluation of ECDC was presented on 15 August 2008.

List of activities for 2012:

Leadership (advice and support to Director)

External communication

Organisation and support of the annual meetings of the Management Board (MB) and the Advisory Forum (AF), including weekly meetings of the Senior Management Team (SMT)

Updated lists / Communication with the Competent bodies

External evaluation of ECDC

²⁴ Not among the seven official Targets in ECDC SMP 2007-2013, but added for internal purposes, to apply the same management principles to this area of work.

Strategic Management

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

ECDC will enhance all aspects of its management: the management system, a quality system, its information support, and the capacity of staff at all levels to manage the resources at their disposal.

Progress towards the strategic multi-annual programme (SMP) 2007-2013 and its seven Targets will be routinely monitored and the results used for the Management Board's and ECDC's (annual) evaluations. ECDC's Annual work programmes are based on the SMP in order to provide a long term stable programme structure.

The ECDC Programme Management Information System for planning, monitoring and reporting will be further improved. It will ensure that all ECDC Work programmes are directly linked from the SMP down to operational activities. Monitoring and evaluation will be systematic, emphasise programme outcomes and efficiency, include feedback loops and promote self-learning for individuals and management.

Objectives for the Target in 2012

1. Implement the quality management system encompassing all areas of work in the Centre.
2. Further develop the management Information System to be used as a tool for the follow up of the Activity Based Budget and reporting on budget implementation in synergy with ABAC
3. Provide the technical tools to all Units to plan and monitor the implementation of their activities more efficiently.

Expected results in 2012

The objective for 2012 is to strengthen internal management activities towards improved efficiency in ECDC daily work. In order to achieve this ECDC will further develop its Quality Management System. As part of the Common Assessment framework, the self assessment by the staff of ECDC processes will take place and serve as a source for further improvement projects to be integrated as part of the Work Programme for 2013. The Activity Based Budget will be further monitored and fine tuned. As part of a general strategy for evaluation, ECDC will develop a system for the internal evaluation of its activities (peer reviews). Indicators and reporting services will be further improved in order to provide more qualitative information for both internal management and stakeholders. The existing internal project office will be further strengthened to develop common project methodologies across the Centre, for all projects including non IT projects.

Indicators	Targets
Improvements projects from CAF integrated in ECDC Work Programme 2013	5 projects integrated in the Work Programme 2013
Implementation of the Work Programme 2012	80% of the planned activities implemented

Justification of the new activities for 2012

Development of common project management methodology: In order to harmonise the work and ensure a better monitoring, the existing internal project office will be further strengthened to develop common project methodologies across the Centre, for all projects including non IT projects.

List of activities for 2012:

- Planning (Work Programme 2013) and monitoring of activities (Work Programme 2012)
- Follow up of indicators and reporting activities
- Activity Based Budget follow up

Streamlining of project management methodologies across the centre
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Further development of the Quality Management System
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Budget for 2012: **15,000 EUR**

Number of staff (FTE): **18.50**

Target 9: Administration²⁵

Strategic Multi-annual Programme 2007-2013 objective

“ECDC’s administration will foster excellence in service provision, facilitate the operational activities of the Centre, ensure that the human and financial resources are properly and efficiently managed in a good working environment”.

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

The objective is to consolidate the established services and to further develop the support to the Centre as an organisation of 300 staff (TA+CA). In the medium-term the focus is on further institution building, assuring business continuity while applying best practices in the administrative areas, and specifically to:

- Ensure that the financial resources of the Centre are properly and well managed, and reported in a clear and comprehensive manner;
- Support the staffing of the Centre and actively foster the development of the organisation and its staff;
- Develop, maintain and manage the premises of ECDC and provide the logistics service to enable the operational functioning of ECDC and to make it a good place for staff to work;
- Coordinate meetings and support the travel requirements of experts invited by the Centre and ECDC staff and interviewees in accordance with ECDC rules and regulations in an efficient and cost-effective manner;
- Operate the ICT platforms and services at a high level of availability and assure integrated business applications;
- Provide legal advice and counselling;
- Ensure that the Internal Control Standards are set up by ECDC and appropriate action plans are drafted and followed to implement them as well as recommendations by Court of Auditors or the Internal Audit Services.
- Establish a coherent transparent stream of information and quick access to relevant information for all staff and facilitate the free flow of knowledge and information across the Centre;

Main objectives for the Target in 2012

1. Secure the organisation's business continuity by shortening the recruitment processes, reducing the number of vacant posts at year end and further strengthening the gender balance in management positions
2. Ensure the preparation and correct implementation of the budget and deliver the annual accounts of the Centre, including the improvement of asset management
3. Operate and provide support and maintenance for the administrative and operational applications, IT networks and infrastructure of ECDC
4. Implement an ICT centralisation with the aim to increase cost-efficiency and interoperability of systems.
5. Support the units in the implementation of meetings so that activities are carried out according to the Work Programme and resources are utilised efficiently
6. Provide logistics services to staff and assure that the Centre’s premises and assets are well preserved and protected and that security of staff and Centre’s visitors is ensured

²⁵ Since 2008, as for Leadership, a specific Target has been added in the Annual Work Plan for internal management purposes regarding the administrative area.

7. Communicate internally reflecting ECDC values and using intranet as one key channel, and improve the free flow of knowledge and information across the Centre

Indicators	Targets
Average of recruitment process- from date of publication of vacancy notice to appointment decision	12 weeks
Vacancy rate	8%
Proportion of women in the new appointments to Management posts (<i>Heads of Units/Deputy Heads of Units/Heads of Sections</i>)	50%
Budget execution 2012	80% implemented
Process time to handle users IT requests	100% compliance with Service Level Agreements (SLAs)
Travel claims (staff) and external experts reimbursements processed	6 weeks on average
Number of Internal Control Standards fully implemented at end of 2012	100%
Use of the intranet by staff (viewed pages, visits compared to 2011)	20% increase

Expected results in 2012

The priorities of the Administration Services for 2012 will be to enhance the level and quality of support it provides to the operational units and to the Director's cabinet. This support includes the areas of:

- Manage ECDC's human and financial resources in a cost-efficient way
- Find a solution for appropriate premises
- Offer opportunities for managers and staff to further develop and grow
- Lead the agencies troika of Heads of Administration
- Develop an coherent and transparent internal communication system that allows quick access to relevant information for all staff
- Implement ICT centralisation

List of activities for 2012:

Strategy 1: To plan, support and implement the intended growth for the staffing of the Centre, ensure an effective human resource administration, and actively foster the development of the organisation and its staff

- Ensure accurate and timely HR services
- Further improve the organisational performance (by providing a management development program and an internal public health training programme)
- Services in the area of learning and development
- Policies and Services for integration and wellbeing of staff and good working environment
- Develop policy for internal staff mobility
- Implementation of new HR IT system
- Develop action plans to increase the gender balance for future recruitments

Strategy 2: To ensure that the financial resources of the Centre are properly and well managed, and reported on in a clear, comprehensive and transparent manner

- Deliver Annual Accounts and annual report on budget implementation
- Treasury Management
- Reporting on budgetary implementation
- Timely execution of payments and verification of commitments and payments
- Participate in the inter-institutional Budget Cycle, draft ECDC's budget, publish budget and amendments, carry-out budget transfers
- Implementation of ABAC Assets in the Centre

Strategy 3: To operate the ICT platforms and services at a high level of availability and ensure integrated and functional business applications

- Consolidate and operate the back office and provide the technical platforms for operational and administrative applications
- Maintain, operate and administer the ICT network and communication infrastructure for the internal network and the interconnections with external networks – including remote access and wireless communication
- Operate and administer the front office equipment and user support for internal as well as external users; extend the capacity to 350 desks by the end of the year
- Produce reports to management, ICT Budget management, Maintain and develop policies and procedures, Coordinate the networks of internal and external ICT contact points
- Coordinate development and maintenance of applications as agreed

Strategy 4: To coordinate meetings and support travels in an efficient and cost-effective manner

- Support the units in the implementation of meetings so that activities are carried out according to the Work Programme and resources are utilised efficiently
- Support staff in mission travel preparations and process and follow-up payments of travel claims
- Automation of some aspects of the missions and meetings workflow
- Develop further the monitoring of the operational meetings with regular updates on the implementation of meetings
- Develop the internal procedures for the use of Travel Agency services

Strategy 5: To effectively develop, maintain and manage ECDC premises, equipment and logistic services

- Provide logistics services to staff
- Extend, manage and maintain the ECDC premises
- Asset management
- Policies and guidelines for ECDC premises

Strategy 6: To provide legal advice and counselling

- Provide legal advice in all areas relevant to the Centre
- Operate the ECDC data protection function
- Legal support to development and review of procedures
- Coordinating procurement activities
- Maintaining an up-to-date database for contracts in the Centre
- Tool to automate the procurement process and contract database
- Revised procurement procedures to enhance efficiency of the procurement process

Strategy 7: To ensure that the Internal Control Standards are set up and implemented as well as recommendations by Court of Auditors or the Internal Audit Services

- Support the development and assessment of IC system, incl. internal procedures
- Promote, facilitate and monitor the implementation of the ICS, incl. risk management
- Perform ex-post controls
- Ensure liaison with the Internal Audit Service (IAS) and Audit Committee (AC) , and proper follow-up of audit observations

Strategy 8: Develop an coherent and transparent internal communication system

- Organisation of internal events (5 staff events, including 2 major events) and campaigns
- Contribute to steering Troika of the Heads of Communication and Information Network (HCIN) of EU agencies
- Branding and layout and printing of materials supporting internal communication
- Develop mechanisms for assessing the effectiveness of internal communication
- Intranet version 1.1: migration plan, deployment of the new platform
- Editorial content (special reports, bi-weekly newsletter, articles, statistical reports...)
- Document Management coordination and migration and implementation
- Incoming and outgoing mail correspondence registration and management; administration of Centre's paper based archive

Budget for 2012: 2,365,000 EUR

Number of staff (FTE): 79.40

ANNEXES

ANNEX 1: Proposed budget 2012 for operations (Title 3)

Description	Core Units					Disease Programmes							TOTAL
	DIR	OCS	PHC	RMC	SRS	ARHAI	VPD	EVD	FWD	HASH	FLU	TB	
3000 - Surveillance	-	-	-	128,000	586,000*	840,000	450,000	-	267,000	340,000*	424,075*	-	3,035,075
3001- Preparedness and Response	-	50,000	60,000	-	50,000	-	-	50,000	-	-	-	-	210,000
3002 - Scientific Advice	-	945,000	140,000	140,000	-	218,500	495,000	755,000	453,900	475,000*	90,000*	520,000	4,232,400
3003 - Training	-	-	3,916,000	-	-	84,075	-	-	35,000	-	10,000	-	4,045,075
3004 - Communication	-	-	544,000	110,000	-	50,000	190,000	-	30,000	30,000	-	-	954,000
3005 - ICT	-	80,000	2,927,000	465,000	1,370,000*	40,000	-	-	-	-	-	-	4,882,000
3006 - EOC	-	-	-	-	95,000	-	-	-	-	-	-	-	95,000
3007 - Translations	-	-	150,000	-	-	40,000	-	-	-	-	-	-	190,000
3008 - Meetings	400,000	187,000	120,000	96,000	71,000	300,500	363,000	61,000	126,200	88,000	216,980	127,770	2,157,450
3009 - Country Cooperation	270,000	-	-	-	-	-	-	-	-	-	-	-	270,000
3010 - Library	-	-	-	190,000	-	-	-	-	-	-	-	-	190,000
Total	670,000	1,262,000	7,857,000	1,129,000	2,172,000	1,573,075	1,498,000	866,000	912,100	933,000	741,055	647,770	20,261,000

* The total amounts spent per Core Unit / Disease Programmes remain unchanged from the budget approved at the MB meeting on 10th November 2011 (MB23/5 Rev.2). However some readjustments/ corrections have been made as some activities for FLU, HASH and SRS were budgeted under incorrect budget lines: this results in a slightly different split.

To comply with the revised draft budget allocated by the Commission, a cut of 10.55% has been applied uniformly to all meetings above 20,000€; this results in a cut of 205,000€ in title 3 on the Budget line 3008 - Meetings.

ANNEX 2: Activity Based Budget 2012

The Work Programme for 2012 includes for the first time an overview of the estimated detailed cost of activities, products and services to be provided, following the principles of the **Activity Based Budgeting**. The more detailed list is available for ECDC management, and can be provided on demand to Board Members. The Activity Based Budget gives a better understanding of how ECDC spends its budget for each of its activities.

The costs are split into the 3 Titles of the Budget, as modes of calculation differ, and are summed up in order to get the total cost:

- **Costs in Title 1** (staff related costs) are calculated based on the planned allocation of staff on different activities during the year. Due to ECDC new organisation, this exercise was for a large part, the result of negotiations between the Units (where the staff is sitting) and the Disease Programmes (which have no staff, but buy services/ staff time to the Units). As a result of this exercise, each staff has now a clear allocation of his tasks for the coming year (which will avoid any misunderstanding, or overlapping expectations from different line managers). The costs are calculated following an average salary, based on 7 groups of grades, in order to better reflect the costs incurred (cost of a junior expert/ a senior expert or a secretary for example can be very different). The cost of activities depends therefore very much of the number of FTEs per activity.
- **Costs in Title 2** (infrastructures) are considered for the largest part as an overhead. This overhead cost is divided by the number of staff (as by definition more staff will consume more building facilities, IT, etc.) In addition costs directly linked to specific activities are allocated to these activities (ex. Quality management, Boards meetings, etc.)
- **Costs in Title 3** (operations) are allocated for each activity after decision of the Senior Management Team.

The first table presents an overview of the Activity Based Budget by Target, following the structure of the Multi-annual Programme 2007-2013. The following tables present the Budget at Strategy level for each Target. In addition, for Target 1, costs for each Disease Programme are presented.

Tables include also costs for “management and support” for each Target. This includes generally costs of management by the heads of Unit, head of section and the secretariat, when they can’t be specifically attached to a strategy. However for the moment, these figures are difficult to compare, as the “management and support” time is not yet registered in a consistent way. Development of precise guideline to estimate time for management and secretariat consistently across the Centre is an area for further improvement.

The Work Programme for 2012 follows the same structure as before (multi-annual Work Programme 2007-2013) and should therefore allow comparisons with previous years. However the reorganisation of the Centre might have implications in terms of staff allocation (example: centralisation of the resource officers and financial assistants under the Resource and Coordination Unit, where they were previously working directly in the different Units.)

Overview

Target	Strategy	FTE	Budget Title 1	Budget Title 2	Budget Title 3	Total Cost
Total Target 1	Diseases Programmes	60	6,304,948	1,128,053	7,171,000	14,604,002
Strategy 1.1	To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU <i>(Surveillance activities for Disease Programmes)</i>	21	2,308,862	385,030	3,198,925	5,892,818
Strategy 1.2	To improve the scientific understanding of communicable disease determinants <i>(Scientific advice from Disease Programmes)</i>	6	556,878	104,421	453,000	1,114,300
Strategy 3	To improve the range of the evidence base for methods and technologies for communicable disease prevention and control <i>(Guidance from Disease Programmes)</i>	4	368,301	69,226	861,000	1,298,527
Strategy 4	To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States <i>(co-ordination, training, monitoring and evaluation, communication, response from Disease Programmes)</i>	21	2,244,685	392,979	2,644,075	5,281,738
	<i>Management and support</i>	9	826,222	176,397	14,000	1,016,619
Total Target 2	Surveillance (general)	23	2,495,023	437,241	1,553,000	4,485,264
Total Target 3	Scientific Advice	28	3,054,787	544 053	1,944,000	5,542,840
Total Target 4	Preparedness and response	26	2,692,689	495,116	798,000	3,985,805
Total Target 5	Training	13	1,367,753	249,492	4,000,000	5,617,245
Total Target 6	Health Communication	43	3,675,355	796,492	1,760,000	6,231,847
Total Target 7	Partnerships	8	896,209	154,767	655,000	1,705,976
Total Target 8	Leadership	19	1,789,410	1 024 963	15,000	2,829,373
Total Target 9	Administration	79	6,632,449	1 834 545	2,365,000	10,831,994
	Trainees and interims - all ECDC		1,344,258			1,344,258
GRAND TOTAL		301	30,252,881	6 664 723	20,261,000	57,178,604

Target 1:						
Target 1	Antimicrobial resistance and Healthcare-associated infections	11.94	1,320,528	222,618	1,573,075	3,116,221
Target 1	Emerging and vector-borne diseases	5.31	514,369	98,990	866,000	1,479,360
Target 1	Food and Waterborne Diseases	9.91	1,090,601	184,742	912,100	2,187,442
Target 1	Influenza	7.81	848,814	145,677	741,055	1,735,546
Target 1	Tuberculosis	6.13	565,128	114,211	647,770	1,327,109
Target 1	Sexually transmitted infections incl. HIV/AIDS and blood-borne viruses	8.30	770,995	154,744	933,000	1,858,739
Target 1	Vaccine Preventable Diseases	11.11	1,194,513	207,071	1,498,000	2,899,585
Total Target 1		60.50	6,304,948	1,128,053	7,171,000	14,604,002

Target 2: Surveillance						
Target 2	Strategy 1: To establish EU wide reporting standards and an integrated data collection network for surveillance including all Member States and covering all communicable diseases with the detail necessary according to their priority	9.86	1,004,168	183,903	1,052,000	2,240,071
	Strategy 2: To analyse trends of public health importance for EU and its Member States regarding communicable diseases in order to provide a rationale for public health action on the EU level and in Member States	3.38	304,489	63,072	342,000	709,561
	Strategy 3: To ensure that the reports on trends of public health importance for EU and the MS regarding Communicable Diseases are produced and disseminated to reach all stakeholders in an appropriate manner to ensure that appropriate public health action is taken	0.90	128,975	16,782	-	145,757
	Strategy 4: To maintain a system for quality assurance of the surveillance data that will also enable progress towards improving comparability of data between all Member States	4.25	462,804	79,202	159,000	701,005
	<i>Management and support</i>	5.06	594,588	94,282	-	688,870
Total Target 2		23.45	2,495,023	437,241	1,553,000	4,485,264

Target 3: Scientific Advice						
Target 3	Strategy 1: To function as a public health research catalyst	5.99	623,002	111,694	532,500	1,267,195
	Strategy 2: To analyse trends of public health importance for EU and its Member States regarding communicable diseases in order to provide a rationale for public health action on the EU level and in Member States	7.13	861,816	132,881	663,000	1,657,697
	Strategy 3: Produce guidelines, risk assessments and scientific advice	1.00	112,268	18,647	117,500	248,415
	Strategy 4: Be a major repository for scientific advice on communicable diseases	5.60	488,863	121 286	320,000	915,149
	Strategy 5: To promote and support the strengthening of microbiology for CD prevention, control, and scientific studies in the EU region	4.76	466,190	88,688	311,000	865,878
	<i>Management and support</i>	3.80	502,648	70,857	-	573,506
Total Target 3		28.27	3,054,787	544,053	1,944,000	5,542,840

Target 4: Preparedness and response						
Target 4	Strategy 1: To develop an efficient integrated early warning system about emerging threats in Europe	8.78	860,145	163,741	463,000	1,486,886
	Strategy 2: To develop mechanism for support/ coordination of investigation/response to health threats	3.00	343,541	57,059	143,000	543,600
	Strategy 3: To strengthen the Member States and EU preparedness to Communicable Diseases threats, pandemic preparedness	2.58	289,793	48,132	112,000	449,924
	Strategy 4: Strengthening the Emergency operation centre	3.00	305,875	55,940	80,000	441,815
	<i>Management and support</i>	9.13	893,336	170,244	-	1,063,580
Total Target 4		26.49	2,692,689	495,116	798,000	3,985,805

Target 5: Training						
Target 5	Strategy 1: To develop EU capacity on prevention and control of Communicable Diseases through training	7.76	725,686	144,698	3,691,000	4,561,384
	Strategy 2: To develop mechanism for support/ coordination of investigation/response to health threats	1.15	146,567	21,444	160,000	328,010
	Strategy 3: To create a training centre function within ECDC	3.02	358,615	56,313	149,000	563,928
	<i>Management and support</i>	1.45	136,885	27,038	-	163,923
Total Target 5		13.38	1,367,753	249,492	4,000,000	5,617,245

Target 6: Health Communication						
Target 6	Strategy 1: Communication to professional audiences	30.34	2,391,257	565,740	1,490,000	4,446,997
	Strategy 2: Communication to the media and to the European public	2.50	195,923	46,617	130,000	372,539
	Strategy 3: To support the Member States' health communication capacities	2.18	219,703	40,557	140,000	400,259
	<i>Management and support</i>	7.70	868,472	143,579	-	1,012,051
Total Target 6		42.72	3,675,355	796,492	1,760,000	6,231,847

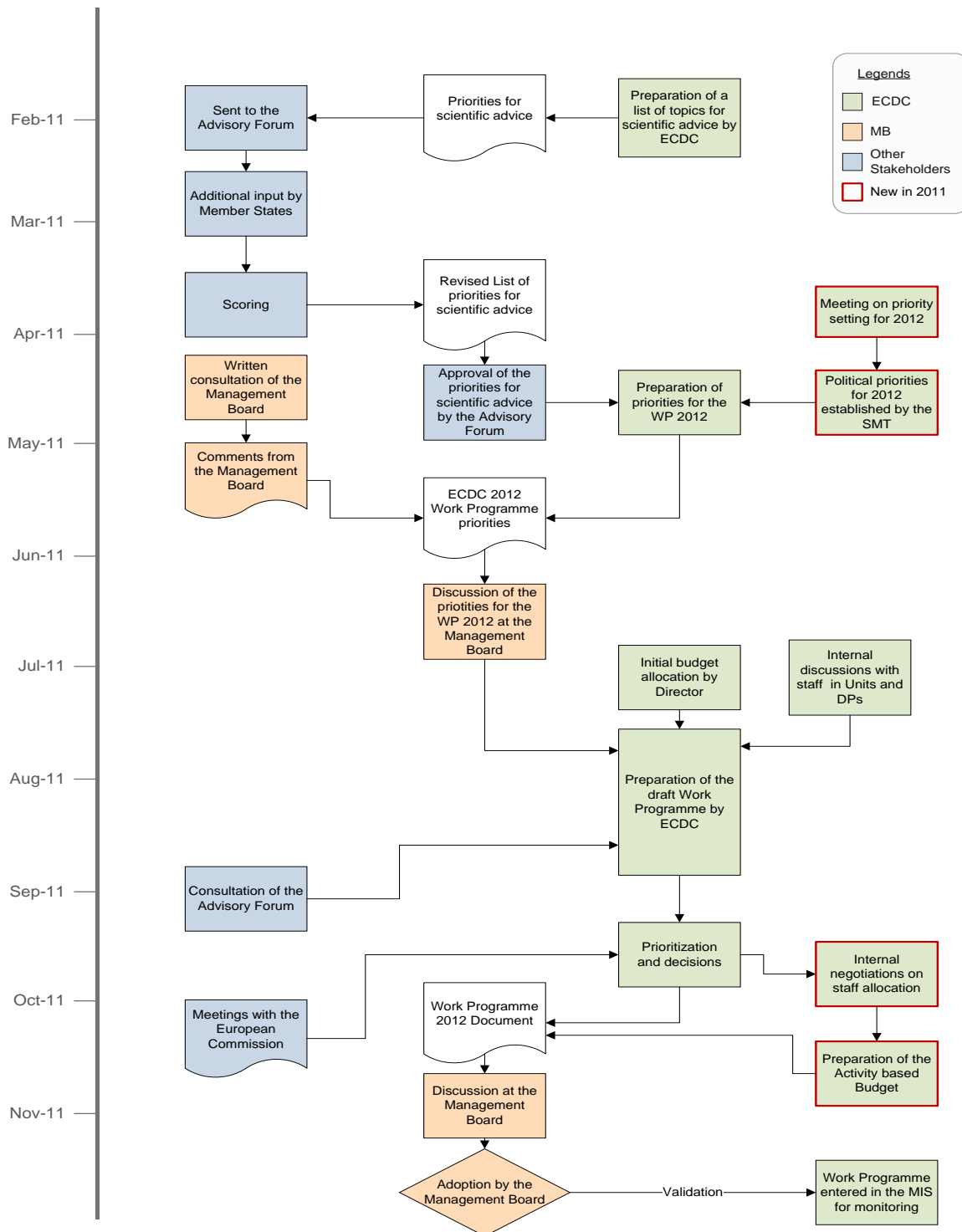
Target 7: Partnerships						
Target 7	Strategy 1: To develop programmes of ECDC cooperation and support on Communicable Diseases with each Member State	2.76	302,116	51,465	547,000	900,581
	Strategy 2: To ensure a close and productive cooperation with all EU structures whose activities can contribute to Communicable Diseases prevention and control	4.74	481,030	88,385	108,000	677,415
	Strategy 3: To maintain effective working relationships with WHO and other IGOs, NGOs, scientific institutions and Foundations of key importance to ECDC's work	0.80	113,062	14,917	-	127,980
Total Target 7		8.30	896,209	154,767	655,000	1,705,976

Target 8: Leadership						
Target 8	Strategy 1: To provide effective Governance	3.30	310,404	561,534	-	871,938
	Strategy 2: To provide high quality overall management in ECDC's work and use of resources	14.20	1,296,905	444,783	15,000	1,756,688
	<i>Management and support</i>	1.00	182,101	18,647	-	200,748
Total Target 8		18.50	1,789,410	1 024 963	15,000	2,829,373

Target 9: Administration						
Target 9	Strategy 1: To plan, support and implement the intended growth for the staffing of the Centre, ensure an effective human resource administration, and actively foster the development of the organisation and its staff	15.00	1,201,395	588 700	-	1,790,095
	Strategy 2: To ensure that the financial resources of the Centre are properly and well managed, and reported on in a clear, comprehensive and transparent manner	23.95	1,786,082	446,588	55,000	2,287,670
	Strategy 3: To operate the ICT platforms and services at a high level of availability and ensure integrated and functional business applications	13.80	1,224,571	257,324	2,055,000	3,536,894
	Strategy 4: To coordinate meetings and support travel in an efficient and cost-effective manner	7.05	523,949	131,459	-	655,408
	Strategy 5: To effectively develop, maintain and manage ECDC premises, equipment and logistic services	3.50	249,194	65,263	-	314,457
	Strategy 6: To provide legal advice and counselling	5.00	490,613	93,233	-	583,846
	Strategy 7: To ensure that the Internal Control Standards are set up and implemented as well as recommendations by Court of Auditors or the Internal Audit Service	1.15	122,081	66 444	-	188,524
	Strategy 8: To develop a coherent and transparent internal communication system	6.20	511,683	115,609	255,000	882,292
	<i>Management and support</i>	3.75	522,882	69,925	-	592,807
Total Target 9		79.40	6,632,449	1,834,545	2,365,000	10,831,994

	Trainees and interims - all ECDC		1,344,258			1,344,258
GRAND TOTAL		301.00	30,252,881	6,664,723	20,261,000	57,178,604

ANNEX 3: Process of preparation and adoption of the Work Programme 2012



ANNEX 4: Risk assessment of ECDC activities in the Work Programme 2012

As part of preparing the Work Programme (WP) 2012, 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 senior management in the yearly ECDC risk-self assessment exercises, with the latest exercise performed in February 2011, have been considered.

The following main risks were identified:

- Risk of WP implementation suffering from a PHE event/crisis. Although there is preparedness in ECDC and in the WP for down scaling the activities, it would still imply that a part of the WP would not be implemented as planned.
- Lack of availability of expert staff, especially regarding Disease Programme (DP) activities. ECDC has strengthened the possibilities for better allocation of staff to specific activities through the new organization. Specific agreements are now also in place between the DPs and the shared resources Units (PHC and SRS).
- Unavailability of data from member states and/or unavailability of member states/stakeholders resources to contribute to and/or participate in ECDC activities. At the moment ECDC has a good 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 would potentially jeopardize the implementation of the WP. A specific risk was raised regarding difficulties in finding/absence of suitable tenderers. Good planning and follow-up of outsourced work should reduce this risk to an acceptable level.
- Dependency on new IT developments. ECDC is IT intense, and any delays in IT developments would impact the WP negatively. In 2012, ECDC is centralizing its IT activities, including IT developments. This should further improve IT planning and delivery.
- Not having the right information to monitor activities. ECDC is strengthening the indicators in the WP and the process for monitoring of activities. ECDC has also introduced a system for Activity Based Budgeting and made improvements to the Management Information System.
- Business continuity is not entirely assured given the lack of a formal Business Continuity Plan (BCP). The BCP is planned to be completed by the end of 2011.
- Budget cuts in the 2012 budget and/or cut of posts (incl. vacant), and/or having posts downgraded, in the establishment table 2012.

ANNEX 5: ECDC procurement plan for 2012

Strat.	DP	Activities	Procurement	Amount	Budget Line	Type of procurement
Antibiotic Resistance and Healthcare Associated Infections (ARHAI)						
1.4	*ARHAI	European Antibiotic Awareness Day (EAAD)	Audiovisual work: 30 second TV spot on EAAD	20,000	3004	Under existing framework contract
1.4	*ARHAI	European Antibiotic Awareness Day (EAAD)	Communication support	30,000	3004	Under existing framework contract
1.4	*ARHAI	Application development and project support	Website maintenance: EAAD website, ESCAIDE website, other websites	40,000	3005	Under existing framework contract
1.4	*ARHAI	Training support to ARHAI	PPS 3rd lot, Train the Trainer course for EU Member States: March 2012	60,000	3003	Under existing framework contract
1.4	*ARHAI	Training support to ARHAI	Implementation of training strategy infection control	24,075	3003	Open call - new framework contract
1.1	*ARHAI	European Antimicrobial Resistance Surveillance Network (EARS-Net)	EQA of performance of laboratories participating in EARS-Net	120,000	3000	Under existing framework contract
1.1	*ARHAI	European Antimicrobial Resistance Surveillance Network (EARS-Net)	Lab/Hospital software support for AMR surveillance (WHONET)	30,000	3000	Under existing framework contract
1.1	*ARHAI	Healthcare-Associated Infections surveillance Network (HAI-Net)	Support to coordination of HAI-Net activities and analysis of HAI-Net data	40,000	3000	Open call - new framework contract
1.1	*ARHAI	Healthcare-Associated Infections surveillance Network (HAI-Net)	Validation, analysis and support of EU point prevalence survey - HAI and antimicrobial use	180,000	3000	Open call - new framework contract
1.1	*ARHAI	Healthcare-Associated Infections surveillance Network (HAI-Net)	Hospital software support for HAI surveillance	30,000	3000	Open call - new framework contract
1.1	*ARHAI	European Surveillance of Antimicrobial Consumption Network (ESAC-Net)	Validation and analysis of ESAC-Net	80,000	3000	Under existing framework contract
1.1	*ARHAI	Surveillance of HAI and antimicrobial use in long-term care facilities	Surveillance of HAI and antimicrobial use in long-term care facilities	210,000	3000	Under existing framework contract
1.1	*ARHAI	Surveillance of Clostridium difficile infections	Supporting capacity building for surveillance of Clostridium difficile infections at European level	150,000	3000	Under existing framework contract
1.3	*ARHAI	Reviews and guidance on prevention and control of AMR and HAI	Systematic review and evidence-based guidance on peri-operative antibiotic prophylaxis (support to Council Recommendations)	73,500	3002	Under existing framework contract

1.3	*ARHAI	Reviews and guidance on prevention and control of AMR and HAI	Systematic review and evidence-based guidance on organisation of hospital infection control programmes (support to Council Recommendations)	56,000	3002	Under existing framework contract
1.3	*ARHAI	Reviews and guidance on prevention and control of AMR and HAI	Systematic review and evidence-based guidance on organisation of hospital antimicrobial stewardship programmes: Literature search strategy and results	3,000	3002	Negotiated pr. - direct contract
1.3	*ARHAI	Reviews and guidance on prevention and control of AMR and HAI	European survey on carbapenemase-producing bacteria, incl. risk factors	50,000	3002	Open call - new framework contract
1.4	*ARHAI	Application development and project support	Website maintenance: EAAD website, ESCAIDE website, other websites	40,000	3005	Open call - new FWC
1.4	*ARHAI	Coordination and country support on AMR and HAI	Country visits to discuss AMR and HAI issues (3 visits)	36,000	3002	Under existing framework contract

TOTAL**1,272,575****Emerging and Vector-Borne Diseases (EVD)**

1.4	*EVD	European Network for Viral Imported diseases - Collaborative Laboratory Network for Response (ENIVD-CLRN)	Laboratory capacity in response to outbreaks on ad hoc request, microbiological advice, guideline for laboratory diagnosis, External Quality Assurance (FWC)	335,000	3002	Under existing framework contract
1.1	*EVD	Network of Public Health and entomologist experts on Vector Borne diseases (VBORNET)	Entomological data collection improvement and enlargement, expertise mapping, strategy development (FWC)	350,000	3002	Under existing framework contract
1.1	*EVD	Tick-borne diseases: reporting and data collection	Lyme borreliosis (year 2): case definition, laboratory diagnostic capacity in EU	40000	3002	Open call - Direct contract
1.2	*EVD	From surveillance to prevention: vector control	Impact of vector control and advice for control of mosquito-borne diseases (assessment of existing evidence including cost/benefit evaluation)	30,000	3002	Open call - Direct contract
1.4	*EVD	Response support	Animal-human health sector simulation exercise	50,000	3001	Open call - Direct contract

TOTAL**755,000****Food and Waterborne Diseases (FWD)**

1.1	*FWD	Coordination of molecular typing support to TESSy MSS for FWD (WP1)	PulseNet Europe (WP1): Coordination of all activities for WP1-4; 80 000€: support to TESSy MSS	80,000	3002	Open call - new FWC
1.1	*FWD	Coordination of molecular typing support to TESSy MSS for FWD (WP1)	PulseNet Europe (WP1): Liaison with PulseNet US/International; 5 000€	5,000	3002	Open call - new FWC

1.1	*FWD	Coordination of molecular typing support to TESSy MSS for FWD (WP1)	PulseNet Europe (WP1): Liaison with WHO-GFN laboratory sub committee; 2 000€	2,000	3002	Open call - new FWC
1.1	*FWD	Coordination of molecular typing support to TESSy MSS for FWD (WP1)	PulseNet Europe (WP1): Liaison with other stake holders, like ISO working group; 1500 €	1,500	3002	Open call - new FWC
1.1	*FWD	Coordination of molecular typing support to TESSy MSS for FWD (WP1)	PulseNet Europe (WP1): Participation in EU RLS meetings; Salm, VTEC, List; 2400€	2,400	3002	Open call - new FWC
1.1	*FWD	Coordination of molecular typing support to TESSy MSS for FWD (WP1)	PulseNet Europe (WP1): Training through twinning activities; 20 000€	20,000	3002	Open call - new FWC
1.1	*FWD	Microbiology and diagnostic support to MSs	PulseNet Europe (WP1): Reference material services; 10 000€	10,000	3002	Open call - new FWC
1.1	*FWD	Microbiology and diagnostic support to MSs	PulseNet Europe (WP1): Molecular typing services to MSs laboratories; 20000€	20,000	3002	Open call - new FWC
1.1	*FWD	Coordination of molecular typing support to TESSy MSS for FWD (WP1)	PulseNet Europe (WP1): Certification system for PFGE and normalisation, maintenance of the system in close collaboration with curators; 8 000€	8,000	3002	Open call - new FWC
1.2	*FWD	Scientific study	PulseNet Europe (WP4): Coordination of Listeria typing study group; 24 000€	24,000	3002	Open call - new FWC
1.2	*FWD	Scientific study	PulseNet Europe (WP4): Listeria strain collection, 3000 €	3,000	3002	Open call - new FWC
1.2	*FWD	Scientific study	PulseNet Europe (WP4): Performing PFGE for the Listeria strain collection and providing result feedback to respective laboratories ("reverse" EQA), 60 000 €	-	3002	Open call - new FWC
1.2	*FWD	Scientific study	PulseNet Europe (WP4): Sequencing for a subset of Listeria strains, 24 000€	-	3002	Open call - new FWC
1.2	*FWD	Scientific study	FWC: 4th specific contract: Multinational study on true incidence of Salmonella and Campylobacter infections in populations	137,000	3000	Under existing framework contract
1.3	*FWD	Microbiology and diagnostic support to MSs	Strengthening of laboratory capacity to detect and type Legionella in Member States	130,000	3000	Open call - Direct contract
1.4	*FWD	Communication support to MS on GI diseases	Communication toolkit piloting and evaluation	30,000	3004	Open call - Direct contract
1.4	*FWD	Training support to FWD	Legionella training course	35,000	3003	Open call - Direct contract
1.4	*FWD	Microbiology and diagnostic support to MSs	PulseNet Europe (WP1): Curators participation in BN workshop for handling of PFGE and MLVA data and performing cluster analyses; 6 000€	6,000	3002	Open call - new FWC

1.4	*FWD	Microbiology and diagnostic support to MSs	PulseNet Europe (WP2): Curation of Salmonella PFGE profiles and MLVA sequences and support to MSs; 52 000€	52,000	3002	Open call - new FWC
1.4	*FWD	Microbiology and diagnostic support to MSs	PulseNet Europe (WP2): EQA scheme of PFGE and MLVA for Salmonella; 30 000€	30,000	3002	Open call - new FWC
1.4	*FWD	Microbiology and diagnostic support to MSs	PulseNet Europe (WP2): EQA scheme for normalisation of PFGE; 20 000€	20,000	3002	Open call - new FWC
1.4	*FWD	Microbiology and diagnostic support to MSs	PulseNet Europe (WP3): Curation of VTEC PFGE profiles and support to MSs; 5 000€	5,000	3002	Open call - new FWC
1.4	*FWD	Microbiology and diagnostic support to MSs	PulseNet Europe (WP3): EQA scheme of PFGE for VTEC; 30 000€	30,000	3002	Open call - new FWC
1.4	*FWD	Microbiology and diagnostic support to MSs	PulseNet Europe (WP4): Curation of Listeria PFGE profiles and support to MSs; 20 000€	20,000	3002	Open call - new FWC
1.4	*FWD	Microbiology and diagnostic support to MSs	EQA for VTEC; detection of virulence genes and serotyping	45,000	3002	Under existing framework contract
1.4	*FWD	Microbiology and diagnostic support to MSs	FWC: Diagnostic support to MSs for surveillance of vCJD	60,000	3002	Under existing framework contract

TOTAL **775,900**

Influenza (FLU)

1.4	*FLU	Monitoring and supporting Council Recommendation on influenza immunization		70,000	3002	Under existing framework contract
1.4	*FLU	Training in Influenza	Training Course for those organising influenza immunization incl measles	10,000	3003	Under existing framework contract
1.1	*FLU	Influenza surveillance	Influenza virology coordination and improved flu surveillance; Outsourcing of influenza laboratory activities (including one task group meeting)	354,075	3002	Open call - new framework contract

TOTAL **434,075**

Sexually transmitted infections incl. HIV/AIDS and blood borne viruses (HASH)

1.4	*HASH	Communication support to MS on sexual health	Concept of information package	30,000	3004	Under existing framework contract
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1.4	*HASH	Monitoring and evaluation of EU and country responses HIV/AIDS	Monitoring the implementation of the EU Communication on HIV/AIDS in the EU & neighbouring countries 2009-2013 (Lot 1 and Lot 2) and monitoring the HIV response in the EU/EFTA Member States (Lot 3 and Lot 4)" - 2nd SC	100,000	3000	Under existing framework contract
1.4	*HASH	Monitoring and evaluation of EU and country responses HIV/AIDS	M&E dissemination and communication (World AIDS Day)	15,000	3000	Under existing framework contract
1.4	*HASH	International and EU collaboration strategy	World AIDS conference - Symposium on migrants, CDC, Public health Canada, IOM	10,000	3002	Negotiated pr. - direct contract
1.2	*HASH	Chlamydia control in Europe	"Chlamydia Control in Europe" - 2nd SC	80,000	3000	Under existing framework contract
1.2	*HASH	Migrant health	Health inequity in migrants and ethnic minorities	40,000	3000	Open call - Direct contract
1.2	*HASH	STI/HIV prevention and sexual health	Guidance for disease prevention among MSM - review national policies and guidance writing	60,000	3000	Open call - new framework contract
1.3	*HASH	Prevention and guidance of HIV/AIDS, STI and BBV	Improving tools to estimate HIV prevalence in Europe - 3rd SA	60,000	3000	Under existing framework contract
1.3	*HASH	Prevention and guidance of HIV/AIDS, STI and BBV	Cost-effectiveness analyses for screening strategies for HIV and hepatitis B and C - 2nd SC	120,000	3000	Under existing framework contract
1.4	*HASH	International and EU collaboration strategy	World AIDS conference - Symposium on migrants, CDC, Public health Canada, IOM	10,000	3008	Negotiated pr. - direct contract
1.3	*HASH	Behavioural surveillance related to HIV and STI	Support for the implementation of behavioural surveillance related to HIV and STI in Europe - 3rd SC - behavioural surveillance tools and support to the Member States	75,000	3000	Under existing framework contract
1.1	*HASH	Coordinate hepatitis surveillance in EU/EFTA countries	Consultant	25,000	3000	Under existing framework contract
1.1	*HASH	Coordinate HIV/AIDS surveillance in Europe	Pilot study for HIV incidence among MSM (new FWC)	40,000	3000	Open call - new framework contract
1.1	*HASH	Coordinate STI surveillance in EU/EFTA countries	STI microbiology project, including Euro-GASP - 4th SC/ new FWC	200,000	3000	Under existing framework contract
TOTAL				855,000		

Tuberculosis (TB)

1.4	*TB	Strengthening TB laboratory capacity	Framework grant for support to network activities	200,000	3002	Grant
1.4	*TB	Liaison with partners and scientific initiatives	Publication fees in open access journals	10,000	3002	Negotiated pr. - direct contract

1.4	*TB	Awareness and evidence-based action on TB burden and TB control among vulnerable populations.	Childhood TB outbreak management	100,000	3002	Open call - Direct contract
1.3	*TB	Implementation of new tools and approaches to eliminate TB	Assessment of introducing programmatic latent TB control in EU TB	210,000	3002	Open call - Direct contract
TOTAL				520,000		

Vaccine Preventable Diseases (VPD)

1.4	*VPD	Audiovisual work	8 minute measles documentary for Europewide TV	50,000	3004	Under existing framework contract
1.4	*VPD	M&R elimination: Support to Member States for communication interventions for measles and rubella elimination	Regional pilot intervention in selected Member States for measles and rubella elimination	60,000	3004	Open call - new framework contract
1.4	*VPD	M&R elimination: Support to Member States for communication interventions for measles and rubella elimination	Review of best practices for behaviour change and communication in support of M&R elimination	30,000	3004	Negotiated pr. - direct contract
1.4	*VPD	M&R elimination: Support to Member States for communication interventions for measles and rubella elimination	Inventory of arguments and strategies of vaccine opposition	30,000	3004	Negotiated pr. - direct contract
1.4	*VPD	M&R elimination: Support to Member States for communication in VPD	Scoping and conceptualisation for the development of an ECDC multilingual website on vaccination	20,000	3004	Negotiated pr. - direct contract
1.1	*VPD	EUVAC	Coordination of activities for laboratory surveillance of whooping cough in Member States and EEA countries	170,000	3000	Under existing framework contract
1.1	*VPD	EUVAC	Immunisation schedules review	30,000	3000	Under existing framework contract
1.1	*VPD	Diphtheria lab projects	EQA diphtheria	50,000	3000	Under existing framework contract
1.1	*VPD	IBD lab projects	Coordination of activities for laboratory surveillance of invasive bacterial diseases (N. meningitidis, H. influenzae and S. pneumoniae)	200,000	3000	Under existing framework contract
1.1	*VPD	EVER	Setting-up and coordination of European Invasive pneumococcal active surveillance (IPD) network	300000	3002	Under existing framework contract
1.2	*VPD	EVER	Vaccine Coverage Project in the EU	150000	3002	Under existing framework contract
1.2	*VPD	Scientific advice on VPD issues	Scientific panel on waning immunity	30,000	3002	Negotiated pr. - direct contract
1.3	*VPD	Measles elimination action plan	Measles and rubella self assessment tool	15,000	3002	Under existing FWC

TOTAL				1,120,000		
Target 2 (Surveillance)						
2.1	SRS	Surveillance	Application of a standard epidemiological analysis plan to two diseases	50,000	3000	Under existing FWC
2.1	SRS	TESSy	Handle external TESSy data requests in light of existing legal framework	50,000	3000	Negotiated pr. - direct contract
2.1	SRS	TESSy	TESSy maintenance data collection, consultant	200,000	3005	Under existing FWC
2.1	SRS	TESSy	Additional pathogens of molecular surveillance incorporated in TESSy, consultant	65,000	3005	Under existing FWC
2.1	SRS	TESSy	TESSy, Surveillance data collection, consultant	128,000	3000	Under existing FWC
2.1	SRS	TESSy	TESSy Trainings on-site new users generic	29,000	3008	Negotiated pr. - direct contract
2.1	SRS	TESSy	Preparation Training material, trainers, laptops, printing	40,000	3000	Negotiated pr. - direct contract
2.1	SRS	TESSy	EPIS/TESSy user support and documentation	128,000	3000	Under existing FWC
2.1	SRS	EPT governance	Maintain nomination process + migrate to one competent body structure	60,000	3000	Under existing FWC
2.1	SRS	EPT governance	Maintain nomination process + migrate to one competent body structure	60,000	3000	Under existing FWC
2.1	SRS	Surveillance	Application of a standard epidemiological analysis plan to two diseases	50,000	3000	Under existing FWC
2.1	SRS	TESSy	Additional pathogens of molecular surveillance incorporated in TESSy, consultant	65,000	3005	Under existing FWC
2.1	SRS	TESSy	Preparation Training material, trainers, laptops, printing	40,000	3000	Under existing FWC
2.1	SRS	TESSy	TESSy, Surveillance data collection, consultant	128,000	3000	Under existing FWC
2.2	SRS	Statistical tools and services	Interactive tool for time series analysis of selected diseases established	50,000	3000	Under existing FWC
2.2	SRS	Application development	EMMA development phase I \ phase II	145,000	3000	Under existing FWC
2.2	SRS	Application development	EMMA development phase I \ phase II	145,000	3000	Under existing FWC
2.2	SRS	Application development	Establish GIS at ECDC: finalizing, reviewing and updating Geospatial SOPs	2,000	3000	Negotiated pr. - direct contract
2.2	SRS	Application development	Establish GIS at ECDC: finalizing, reviewing and updating Geospatial SOPs	2,000	3000	Under existing FWC

2.2	SRS	Statistical tools and services	Interactive tool for time series analysis of selected diseases established	50,000	3000	Under existing FWC
2.3	SRS	TESSy	TESSy maintenance online reports, consultant	200,000	3005	Under existing FWC
2.3	SRS	TESSy	Reporting of TESSy data further development (new reports etc.), consultant	130,000	3005	Under existing FWC
2.3	SRS	TESSy	Reporting for additional pathogens of molecular surveillance incorporated in TESSy, consultant	35,000	3005	Negotiated pr. - direct contract
2.3	SRS	TESSy	TESSy maintenance online reports, consultant	200,000	3005	Under existing FWC
2.4	SRS	Monitoring and evaluating data quality	Development of a manual	30,000	3000	Negotiated pr. - direct contract
2.4	SRS	Surveillance systems evaluation	Pilot in five EU/EEA MS the tool to identify areas to strengthen in order to enable MS to report data according to EU standards	50,000	3000	Negotiated pr. - direct contract
2.4	SRS	Monitoring and evaluating data quality	Development of a manual	30,000	3000	
2.4	SRS	Surveillance systems evaluation	Pilot in five EU/EEA MS the tool to identify areas to strengthen in order to enable MS to report data according to EU standards	50,000	3000	Under existing FWC

TOTAL **2,212,000**

Target 3 (Scientific Advice)

3.1	OCS	Escaide	Organise and execute Escaide 2012 conference	215,000	3002	Open call - Direct contract
3.1	OCS	Escaide	Organise and execute Escaide 2012 conference - Invited guests	29,000	3008	Open call - Direct contract
3.1	OCS	Comparative Impact of (Infectious) Disease (CID)	BCoDE DALY toolkit implementation: software distribution and local training of MS experts (consortium support)	20,000	3002	Under existing framework contract
3.1	OCS	Comparative Impact of (Infectious) Disease (CID)	Adjusting for underreporting and reporting biases (tackling data limitations, multiplication factors)	70,000	3002	Under existing framework contract
3.1	OCS	Comparative Impact of (Infectious) Disease (CID)	Calculation of European-based disease- severity- and duration-specific disability-weights (was: Estimation of new and final European ID-tailored set of disability weights)	105,000	3002	Open call - Direct contract
3.1	OCS	Priority Setting	Develop tool ECDC's priority setting exercise and survey tool	5,000	3002	Negotiated pr. - direct contract
3.2	OCS	Climate Change (CC) Adaptation	Shifting distribution of vector-borne diseases related	35,000	3002	Open call - Direct contract

			to climate:Chick			
3.2	OCS	Climate Change (CC) Adaptation	E3 Network: linking environ with epi data: Data Manager/software engineer	50,000	3005	Under existing framework contract
3.2	OCS	Climate Change (CC) Adaptation	E3 Network: disease forecasting with environ data	75,000	3002	Under existing framework contract
3.2	OCS	Climate Change (CC) Adaptation	Vulnerability mapping: lot 2, continuation (request by EU COM based on White Paper)	50,000	3002	Open call - Direct contract
3.2	OCS	Climate Change (CC) Adaptation	FWD quantitative risk assessment under climate scenarios : continued work, (RIVM tool)	40,000	3002	Open call - Direct contract
3.2	OCS	Impact of Social Determinants (SD)	Attribution of public health policies/programs on ID burden: lot 2, continued activity	50,000	3002	Open call - Direct contract
3.2	OCS	EBM capacity building	EBM capacity building in ECDC and Member States - Course	45,000	3002	Under existing framework contract
3.2	OCS	EBM capacity building	EBM capacity building in ECDC and Member States - Course catering	5,000	3008	Under existing framework contract
3.2	OCS	EBM methods development	Develop EBM grading tool for PH	60,000	3002	Open call - Direct contract
3.2	OCS	Climate Change (CC) Adaptation	FWD outbreaks related to climate: continuation	50,000	3002	Open call – New FWC
3.4	RMC	ECDC Library operations, development, and information services delivery Services	Framework supply journals and databases	180,000	3010	Under existing framework contract
3.4	RMC	ECDC Library operations, development, and information services delivery Services	Framework supply contract books	10,000	3010	Under existing framework contract
3.4	RMC	Knowledge Management	KM development: Develop new and enhance functions of existing KM services	40,000	3005	Under existing framework contract
3.4	RMC	Knowledge Management	KM maintenance: Maintain functions and update content of existing KM services	45,000	3005	Under existing framework contract
3.4	OCS	Maintaing SARMS	Upgrading the system	10,000	3005	Under existing FWC
3.4	OCS	Maintaing ECED	Upgrading the system	20,000	3005	Under existing FWC
3.5	RMC	Laboratory capacity appraisal & monitoring	Development of appraisal tools for priority diseases	50,000	3002	Under existing framework contract
3.5	RMC	Microbiology strategy development	Molecular typing of bacterial pathogens	30,000	3002	Under existing framework contract
3.5	RMC	Microbiology strategy development	Molecular typing of viral pathogens	30,000	3002	Under existing framework contract
3.5	RMC	Microbiology coordination & technical support	Support of EUCAST activities	128,000	3000	Under existing framework contract

3.5	RMC	Microbiology coordination & technical support	Directory of expert and reference laboratories	30,000	3002	Open call - Direct contract
TOTAL				1,477,000		
Target 4 (Preparedness and Response)						
4.1	SRS	Epidemic intelligence	External review of EI guiding principles and 24/7 duty activities	15,000	3006	Negotiated pr. - direct contract
4.1	SRS	EPIS	Upgrade / porting of EPIS STI and EPIS ELDSNet (from MOSS2007 to MOSS2010) - Data Migration included	128,000	3005	Under existing FWC
4.1	SRS	EPIS	EWRS maintenance and new features (i.e. Phase 2 functionalities as per Lux. Meeting)	128,000	3005	Under existing FWC
4.1	SRS	EPIS	Development and maintenance of TTT v3 and TA-TOOL	128,000	3005	Under existing FWC
4.1	SRS	EPIS	Development of EPIS FWD v.2 and EPIS SOHO	64,000	3005	Under existing FWC
4.1	SRS	Epidemic intelligence	External review of EI guiding principles and 24/7 duty activities	15,000	3006	Negotiated pr. - direct contract
4.1	SRS	EPIS	Development and maintenance of TTT v3 and TA-TOOL	128,000	3005	Under existing FWC
4.1	SRS	EPIS	Upgrade / porting of EPIS STI and EPIS ELDSNet (from MOSS2007 to MOSS2010) - Data Migration included	128,000	3005	Under existing FWC
4.2	OCS	Substances of Human origin and Vigilance and traceability of Tissues and Cells (SOHO-VTTC)	Review of EU SOHO Infectious Disease surveillance	100,000	3002	Open call - Direct contract
4.2	OCS	Substances of Human origin and Vigilance and traceability of Tissues and Cells (SOHO-VTTC)	Risk assessments on demand	25,000	3002	Open call - Direct contract
4.2	SRS	Response support	Risk assessment methodology training (internal course and tutorial)	50,000	3001	Open call - Direct contract
4.3	OCS	Blood safety assessment tool	EUFRAT follow-up (tbd in SMT where budget stays)	50,000	3001	Open call - Direct contract
4.3	PHC	Supporting country capacities for preparedness	Mapping and making available existing preparedness tools	60,000	3001	Open call - Direct contract
4.4	SRS	Emergency operations centre	EOC maintenance	30,000	3006	Negotiated pr. - direct contract
4.4	SRS	Emergency operations centre	E-tutorial on PHE plan and functions	50,000	3006	Negotiated pr. - direct contract

4.4	SRS	Emergency operations centre	E-tutorial on PHE plan and functions	50,000	3006	Open call - Direct contract
4.4	SRS	Emergency operations centre	EOC maintenance	30,000	3006	Under existing FWC

TOTAL **1,179,000**

Target 5 (Training)

5.1	PHC	EPIET Coordination	FPA Coordinators (5 placed in member states, including 1 MS)	490,000	3003	Grant
5.1	PHC	EPIET Fellowships	Grants, Insurance, Pension fees (18,17, 12 fellows)	1,140,000	3003	Grant
5.1	PHC	EPIET Fellowships	Insurance, pensions (18,17, 12 fellows)	393,000	3003	Grant
5.1	PHC	EPIET Fellowships	Removals (18, 12 fellows)	100,000	3003	Grant
5.1	PHC	EPIET Fellowships	Language (12 fellows)	24,000	3003	Grant
5.1	PHC	EPIET Modules	Introductory Course	163,000	3003	Negotiated pr. - direct contract
5.1	PHC	EUPHEM	Grants (2, 4, 4 fellows)	251,000	3003	Grant
5.1	PHC	EUPHEM	Insurance, pensions (2, 4, 4 fellows)	90,000	3003	Grant
5.1	PHC	EUPHEM	Removals (2, 4 fellows)	35,000	3003	Grant
5.1	PHC	EUPHEM	Language (4 fellows)	8,000	3003	Grant
5.1	PHC	EUPHEM	FPA for 1 EUPHEM coordinator	80,000	3003	Grant
5.2	PHC	Training of Trainers in EPIET MS track	Senior Training Programme (9 modules) in support of EPIET MS track	160,000	3003	Under existing FWC
5.3	PHC	PH Capacity through training	E-learning strategy	50,000	3003	Under existing FWC
5.3	PHC	PH Capacity through training	Accreditation	5,000	3003	Negotiated pr. - direct contract

TOTAL **2,989,000**

Target 6 (Health Communication)

6.1	PHC	Application development and project support	General applications	140,000	3005	Under existing framework contract
6.1	PHC	Application development and project support	Portal 1.1 (MOSS 2010, multilinguality, subscription) & 2.0 (research for a full facelift)	300,000	3005	Under existing framework contract
6.1	PHC	Application development and project support	CRM (upgrade, MS nominations, link to mailing system, IDM)	400,000	3005	Under existing framework contract
6.1	PHC	Application development and project support	Extranets (maintenance and project management)	45,000	3005	Under existing framework contract

6.1	PHC	Application development and project support	Other websites	17,000	3005	Under existing framework contract
6.1	RMC	Optimisation of editorial work flows	Purchase and implementation and use of electronic submission system	30,000	3004	Negotiated pr. - direct contract
6.1	RMC	Optimisation of editorial work flows	Purchase and implementation and use of plagiarism detection system	5,000	3004	Negotiated pr. - direct contract
6.1	RMC	Promotion of journal and IF	Promotional activities at conferences and in form of ads	5,000	3004	Under existing framework contract
6.1	RMC	Preparation of transfer to new website in 2012 version 3	Documenting Eurosurveillance application functionality and gathering/documenting future requirements (Use Cases, requirements catalogue) Analysing impact of technical upgrade for Eurosurveillance	80,000	3005	Under existing framework contract
6.1	PHC	Application development and project support	General applications	140,000	3005	Open call - new FWC
6.1	PHC	Application development and project support	Portal 1.1 (MOSS 2010, multilinguality, subscription) & 2.0 (research for a full facelift)	300,000	3005	Open call - new FWC
6.1	PHC	Application development and project support	CRM (upgrade, MS nominations, link to mailing system, IDM)	400,000	3005	Open call - new FWC
6.3	PHC	Health inequalities and vulnerable populations (migrant health)	Overall ECDC framework development including studies and technical report on migrant health	140,000	3002	Open call - Direct contract
TOTAL				2,002,000		

Target 7 (Partnerships)

7.1	DIR	Relations with MS and EEA/EFTA countries	Country Needs Assessment Project: FC with institutions in MS and EEA/EFTA countries	150,000	3009	Open call - new framework contract
7.1	DIR	Support to the EpiNorth and EpiSouth projects	EpiNorth project: Specific grant under the Framework partnership agreement (NIPH)	100,000	3009	Grant
TOTAL				250,000		

Target 8 (Leadership)

8.1	RMC	External evaluation of ECDC	External evaluation of ECDC	240,000	2501	Open call - Direct contract
8.2	RMC	Planning and monitoring activities	Further development of the MIS	50,000	2501	Under existing FWC
8.2	RMC	Planning and monitoring activities	Preparation of the Multi-annual Work Programme	50,000	2501	Open call - Direct contract

			2014-2020			
8.2	RMC	Project Management	Development and implementation of a project management policy across ECDC	30,000	2501	Negotiated pr. - direct contract
8.2	RMC	Quality Management System	Business process analysis for ECDC administrative activities	50,000	2501	Negotiated pr. - direct contract
TOTAL				420,000		
Target 9 (Administration)						
9.3	PHC	Operation of the following applications for ECDC: EWRS, E3 pilot, Web portal, SARMS, GIS services, CRM, CIS, IDM, MIS, OWA, COMA, Mail, Extranets, TCW, Tessy, TTT, DMS, Service portal	Backoffice consultants - 2Sharepoint, 3 general admin, 1 DBA	810,000	3005	Open call - new FWC
9.3	PHC	Support for the testing, deployment and golive of new IT projects, releases and applications	Backoffice 2 testers	300,000	3005	Open call - new FWC
9.8	RMC	Mail Room	Incoming and outgoing mail correspondence registration and management; administration of centre's paper based archive	50,000	2400	Under existing framework contract
9.8	RMC	Document Management	Develop current and add additional functionalities to DM services (e.g. Document Management System and Chrono: archive, records management, workflows) Migration of all unit and shared drives Migration of Scientific Legacy Repository of Documents Integration with other in-house applications (e.g. Intranet)	175,000	3005	Under existing framework contract
9.8	RMC	Internal communication and coordination	Develop mechanisms for assessing the effectiveness of internal communication	10,000	3004	Negotiated pr. - direct contract
9.8	RMC	Intranet management	Intranet version 1.1: establish a migration plan	25,000	3005	Under existing framework contract
9.8	RMC	Intranet management	Intranet version 1.1: migration of the content to the new platform (new structure and a new navigation, integration of metadata, keywords)	45,000	3005	Under existing framework contract
TOTAL				1,470,000		