Twenty-sixth Meeting

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ECDC Annual Work Programme 2013

Agenda Item: 6	Document number: MB26/10	Date: 29 October 2012

Summary:	**The foundation for ECDC's work**
	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."
	The ECDC Annual Work Programme 2013 is based on ECDC's *Strategic Multi-annual Programme (SMP) 2007-2013*. The activities to be developed in 2013 are therefore clearly and individually linked to the long-term strategies of ECDC.
	Main priorities of the 2013 Work Programme
	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 complemented the Multi-annual Work Programme for the period 2010-2013.
	Partnerships (including Relations with Member States and External 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.
	As for 2012, some cross-cutting activities will be particularly emphasised. Specific strategies covering all parts of the Centre have been developed in four areas: measles elimination, health inequalities/migrant health, microbiology coordination, and support to candidate countries.

| | In 2013, the Centre's budget request is the same as for 2012, with 58.2 M €, while the total number of staff should slightly decrease from 300 to 298, due to the requested staff reduction of 1% over the next five years. ECDC Work Programme includes the full Activity Based Budget, providing the real cost of activities for the Centre.

The *Executive Summary* of the document encapsulates the most important outputs of the 2013 Work Programme.

Preparation of the 2013 Work Programme

The planning process started earlier this year to comply with the recommendation of the Internal Audit Service of the Commission, in order to better align and provide in due time relevant input in the EU budgetary discussion process. A first written consultation of the Management Board and Advisory Forum members was carried out in January. A first discussion on the priorities for the Work Programme 2013 also took place during the Management Board meeting, on 28-29 March 2012. The Advisory Forum was also consulted at its meeting on 3-4 May 2012.

The implementation of the 2012 Work Programme is conditional upon the approval of the corresponding budget by the relevant authorities. It is conditional also upon the result of the internal allocation of staff, to be presented at the Management Board meeting in November, in order to ensure that all activities can be sufficiently staffed. |
| **Action:** | The Management Board is requested to approve the ECDC Annual Work Programme 2013. This document, includes a detailed list of activities for operations (Title III) and their budget, as well as the corresponding allocation of staff (in annex 1).

Its implementation will be regularly monitored and reported to the Management Board, in particular, in the Annual Report of the Director. |
| **Background:** | Regulation (EC) N° 851/2004 of the European Parliament and of the Council of 21 April 2004

Article 14.5(d) – [The Management Board shall:] "adopt, before 31 January each year, the Centre's programme of work for the coming year." |

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Executive Summary

As in the previous years, ECDC work for 2013 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. It subsequently outlines the major priorities for the seven target areas, as well as for some management issues. It also refers to the '*ECDC Strategies for Disease Specific Programmes (DPs) 2010-2013*' adopted by the Management Board in November 2009.

The planning process started earlier this year to comply with the recommendation of the Internal Audit Service of the Commission, in order to better align with the budget cycle and provide relevant input in due time in the EU budgetary discussion process.
The Work Programme for 2013 has been prepared with a clear focus on ECDC values, developed in 2010: "**service orientation**", "**quality based**" and "**one ECDC**".

Main priorities of the 2013 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 Board[2], 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. ECDC will also strengthen its relations with the EU Candidate Countries and Potential Candidates, European Neighbourhood Policy countries, and other international institutions.

In 2013, **the Centre's budget request** is the same as for 2012, with 58.2 M €, while the **total number of staff** should slightly decrease from 300 to 298, due to the requested staff reduction of 1% over the next five years. ECDC Work Programme includes the full Activity Based Budget, providing the real cost of activities for the centre.

As for 2012, some **crosscutting activities** will be particularly emphasised. Specific strategies covering all parts of the Centre have been developed in four areas:

- *Advancing measles elimination in Europe*: ECDC will put specific efforts to contribute to the renewed commitment to eliminate measles and rubella from Europe by 2015, by putting specific efforts in carrying out activities in terms of advocacy, communication and scientific advice to support the Member States to reach the elimination goal.

- *Strengthening the microbiology laboratory capacity in Europe*: ECDC will consolidate the laboratory capacities 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.

- *Vulnerable populations, including migrants and Health inequalities*: ECDC will address the cross-cutting topic area of health inequalities, in particular migration and infectious diseases in the Eu by developing a strategy and targeted initiatives in this field.

- *Collaboration with the EU enlargement countries/assessment visits*: The priority for ECDC working with enlargement countries is to support them to fulfill the requirement of the EU acquis in the area of

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[1] Document MB 10/7 - *ECDC Strategic multiannual programme 2007-2013*
[2] Document MB 17/9 - *Disease Specific Programmes (DSPs) Strategies*

communicable diseases. With the financial support from the Commission, ECDC will provide the European Commission with technical assessments on progress made by the EU enlargement countries on the basis of mutually agreed procedures

The implementation of the Work Programme for 2013 is conditional upon the approval of the corresponding budget by the relevant authorities.

Priorities for the Disease Specific Programmes in 2013

- **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 a European survey on carbapenemase-producing bacteria. ECDC will further develop the Epidemic Intelligence Information System for AMR and HAI (EPIS AMR-HAI). ECDC will provide systematic reviews and evidence-based guidance on AMR and HAI prevention and control, in support to the Commission's Action Plan on AMR - COM (2011) 748 and Council Recommendation 2009/C 151/01. ECDC will contribute to the cross-sectoral, inter-agency work on AMR and to the work of the Transatlantic 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 networks, country visits and coordination of the 6th 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 in collaboration with the European Food Safety Agency. 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 and Zoonoses:** In the next 2-3 years enhanced surveillance of Food and Waterborne Diseases and Zoonoses (FWD) will be improved by strengthening laboratory capacity through external quality assurance schemes and molecular typing services for *Salmonella*, STEC/VTEC and *Listeria monocytogenes*. Multidisciplinary collaboration between public health experts, veterinarians and food safety experts and authorities will be further promoted and facilitated through joint meetings and scientific activities. Surveillance of AMR in *Salmonella*, *Campylobacter* and STEC/VTEC will be harmonised.

  Legionnaires' disease
  The enhanced surveillance of travel-associated cases and clusters of Legionnaires' disease will continue and the upgrading of EPIS ELDSNet will further facilitate the work flow of notifications and information exchange. The strengthening of the laboratory capacities through laboratory specific courses and twinning projects will be promoted. The multi disciplinary courses on risk assessment, outbreak investigation and prevention will continue.

- **Influenza**: The influenza work in 2013 will again concentrate on supporting Member States and the Commission in the implementation of the *2009 Council Recommendation on influenza immunisation*. Building on current influenza surveillance in Europe - focusing on improving the molecular aspects - and developing work with intensive care networks at EU level - including

surveillance of severe disease - will also be important. Moreover, work will continue on improving the quality of the EU Member States' pandemic preparedness plans, but with a more general perspective in 2013, in line with Commission guidelines. The seroepidemiology area of surveillance in a pandemic studies will continue to be further explored. In the communication field, the emphasis will be on health promotion in relation to influenza immunisation and behavior attitudes and changes. In addition, the monitoring of the implementation of seasonal influenza vaccination coverage will continue under the auspices of the VENICE consortium and two activities will be strengthened in 2013, namely the convergence of influenza aspects in the framework of the EU enlargement and a closer collaboration with the EU vaccine task force project.

- **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.

  In the response to the threat of multi-drug resistant gonorrhoea two new Member States will be encouraged to start participating in the European Gonococcal Antimicrobial Surveillance programme. A tool for country estimates of the burden of HIV disease, including the cost effectiveness of different screening strategies will be developed for HIV and hepatitis. A Monitoring and Evaluation Programme to monitor the EU and individual Member States responses to HIV/AIDS will be carried out. Guidance for comprehensive disease prevention in the context of sexual health for men who have sex with men will be produced in addition to the development of a framework for hepatitis B and C control and further work on HIV and migrant health.

- **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 implement the project on vaccine coverage assessment through the VENICE network. Enhanced surveillance of all vaccine preventable diseases (including lab support) will be conducted and the newly established active surveillance of pneumococcal invasive diseases will be fully implemented. Activities aiming at covering those vaccine preventable diseases not yet under surveillance will be continued. Finally, ECDC will keep on working 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 2013

- **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 2013 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. The TESSy molecular surveillance component will be implemented and the integration of microbiological and epidemiological surveillance data will be continued. Event-based (EPIS) and indicator–based surveillance (TESSy) components will be further integrated. 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. The long-term surveillance strategy will be updated to cover the period 2014-2020.

- **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. All scientific advice should be evidence-based, i.e. valid, reliable, and transparent. ECDC aims at developing "best practices" for scientific advice and risk assessments, new tools and methodologies for EBM (Evidence based medicine) in Public Health and EBM training modules for internal and external participants. 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 continue developing EU-adapted Disability Weights as an important element of the project on the Burden of Communicable Diseases in Europe. Moreover, this activity will build on the experience acquired in 2012 in order to improve the toolkit available for Member States for estimation of their national burden of communicable diseases and will expand its objectives in order to include assessment of interventions. Work is also planned on analysis of health determinants related to infectious diseases, as well as on the links between infections and chronic conditions. In the area of health economics we intend to further develop our professional networks, including cooperation with OECD and further provide evidence to address health inequalities on communicable diseases in Europe.

- **Vulnerable   populations   including   migrants:**   Elevated   communicable   disease incidence/prevalence rates in vulnerable populations pose a health threat not only to members of these vulnerable groups, but also to society at large. For example, low measles vaccination coverage can diminish herd immunity and be a crucial conduit for rapid disease transmission in the general population; or high TB rates in prisons in the former Soviet Union served as a reservoir that led to an overall resurgence of TB in the general population. In order to address the issue, ECDC has developed the strategic IDeA-Framework. This framework rests on three pillars: Information; Dissemination; and Action. The action plan will then ensure that projects will collectively strengthen all three pillars of the IDeA framework. Implementing the Framework will require coordination within ECDC and additional resources. In the short-term, ECDC will focus on improving internal coordination of work in this area and on increasing participation in relevant initiatives at the EU- and MS-level. In the medium-term, ECDC will advance the evidence base by generating pertinent information to guide public health action. This has started with projects launched in WP2012 and 2013. Over the long-term, ECDC will advocate for changes in the surveillance system to accommodate indicators for SD of health and will continue to enhance the evidence base, support MS action, and develop novel ways for communicating important findings to stakeholders.

- **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 2013, ECDC will continue the collaboration with Member States to ensure a prompt dissemination of epidemic intelligence. Access to more ECDC epidemic intelligence tools will be provided to Member States (e.g. the Threat Tracking Tool). 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), the shift towards a higher proportion of fellows in the EPIET "MS track" will be followed through. Efforts will be made to explore ways to find financially sound ways of ensuring a sustainable programme, including further exploring the potentials of e-learning. With external fund we will initiate a Mediterranean Programme on Intervention Epidemiology Training (MediPIET).

- **Health Communication**: As in previous years, ECDC will in 2013 further refine the work to disseminate its scientific outputs, taking into account the growing role of social media. ECDC web portal and extranet services will play a central role and be further improved. ECDC will develop additional audiovisual offerings. The communication efforts will focus to provide health professionals and policy makers with needed information. More emphasis will be put on translating health communication evidence into effective practice, as well as ensuring synergies in the area of health promotion and behavioural change.

- **Country Relations and Coordination**: ECDC will focus in 2013 on the further development and establishment of the efficient cooperation programmes, based on the 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 further ensure more effective coordination of services provided by ECDC towards the countries. CRM will be enhanced to allow the Member States to update their own information in the system.

- **Leadership**: ECDC will continue to ensure high quality support to the Management Board and the Advisory Forum. The issue of conflict of interest / independence policy will continue to receive a particular high level of priority to prevent such conflicts of interests to happen. ECDC will further strengthen all aspects of its management. Quality management will be further developed and implemented. The activity-based budget (ABB) 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. The common project methodology developed in 2012, will be fully implemented across the Centre for all IT and non IT projects. ECDC will strengthen its relations with the third countries, the EU enlargement countries and key European and global public health actors, in particular WHO European Regional Office.

- **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 2013, ECDC will complete the implementation of its ICT centralisation.

Introduction

Structure of the 2013 Annual Work Programme

According to ECDC's Founding Regulation[3], "*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*"[4]

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 2013 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: Partnerships[5] (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*[6], 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 Programmes[7] 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:

Advancing Measles elimination in Europe

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 **194 k€** for activities targeted at measles elimination and **4.5** full time equivalents. Activities will include in particular:

- Follow-up of all activities started in 2012 measles action-plan
- Regional pilot intervention and meeting on challenges and best practices in selected Member States for measles and rubella elimination.
- Country workshops for discussing the implementation of the national plans for measles and rubella elimination
- Meeting to bring forward the ideas for measles and rubella elimination generated during the free-thinkers meeting

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[3] Article 14(5)(d)

[4] Article 16(3)(b)

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

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

[7] Document MB 17/9 - *Disease Specific Programmes (DSPs) Strategies*

– Feasibility study for the implementation of an ECDC multilingual website on vaccination
– Training courses on risk communication and health communication and behaviour change in Member States

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, support implementation and evaluation of 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.

In 2013, ECDC will specifically dedicate **242 k€** and **4.75 full time equivalents** to coordination of microbiological laboratory support, in addition to activities across ECDC which have a microbiology component that amount to approximately 2 735 k€. Activities related to microbiology will include in particular:

– Support to the disease-specific microbiology laboratory networks
– Laboratory capacity in response to outbreaks on ad hoc request, microbiological advice, guideline for laboratory diagnosis,
– New process for outsourcing External Quality Assessment schemes
– Internal development of molecular influenza surveillance, as necessary
– Implementation of the antiviral analysis tools for influenza in TESSy
– Evaluate pilot phase of integration of Molecular typing in EU surveillance of tuberculosis and food borne pathogens
– Review and update the roadmap for further integration of molecular typing to surveillance of additional human pathogens
– Directory of expert and reference laboratories
– Producing internal PHM standards and procedures

Vulnerable populations including migrants

Health inequalities are ubiquitous. Substantial differences in health outcomes are found within and between EU Member States. The importance of the issue is recognised in the Europe 2020 Strategy and in the Communication Solidarity in Health: Reducing Health Inequalities in the EU[8], which among its priorities lists improving the evidence base and addressing the needs of vulnerable groups. The DG SANCO activities under Europe 2020 include prioritising health inequalities[9]. ECDC has been mandated to identify, assess, and communicate current and emerging threats to human health from communicable diseases. Changing social determinants in Europe (e.g. financial crisis, population ageing, migration) will drive health inequalities and are consequently an important current and emerging threat to the health of many vulnerable groups within Europe.

Communicable diseases are unevenly distributed throughout society with vulnerable groups carrying a disproportionate burden of diseases including TB, HIV, vaccine-preventable infections, H. pylori, respiratory, and sexually transmitted infections[10]. These groups can be characterised by socio-economic status, lower education, manual occupations, or recent migration status. They are characterised by a number of risk factors such as low vaccine coverage, elevated exposures (e.g. crowding), high-risk health behaviours or limited access to health care, all of which can predispose them to an increased communicable disease burden.

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[8] http://ec.europa.eu/health/social_determinants/policy/commission_communication/index_en.htm
[9] http://ec.europa.eu/health/europe_2020_en.htm
[10] Am J Public Health. (2008);98(5):787-92.

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 2013, 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 **295 k€** for activities targeted at health issues of vulnerable populations including migrants inequality and migrant health and **3 full time equivalents**. Activities will include in particular:
- Attribution of social policies on infectious disease burden
- Develop a health promotion manual for intervening on vulnerable groups
- Assess the consequences of the economic crisis on ID control programs
- Define vulnerable groups that are disproportionally affected by IDs
- Review of the living conditions in detention centres and their potential impact on the spread of IDs
- Promote the collection of a social determinants indicator as part of mandated ID reporting

Collaboration with the EU enlargement countries/assessment 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, and to strengthen their administrative, institutional, and control capacity structures. With the financial support from the European Commission (under the Instrument of Pre-accession Assistance, IPA) ECDC will continue assisting EU enlargement countries in preparations for the participation of their stakeholders in ECDC work. In 2013, Croatia, as the new EU Member State will be fully integrated into ECDC activities, while other countries' integration will proceed gradually.

Furthermore, ECDC will 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 **46 k€** for assessment missions to two chosen EU enlargement countries and will in addition implement ECDC-IPA3 activities with an estimated budget of **170,000 Euro**.

2.25 full time equivalents are allocated for the coordination of the collaborative activities in addition to the additional involvement of staff from operational units and 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. ECDC will continue working with the WHO, and in particular with its Regional Office for Europe to enhance the coordination of communicable diseases surveillance and the support of relevant public health activities.

Resources

In 2013, **the Centre's proposed budget** is the same as for 2012, with 58.2 M €, while the **total number of staff** should slightly decrease from 300 to 298, due to the requested staff reduction of 1% over the next five years. ECDC Work Programme includes the full Activity Based Budget, providing the real cost of activities for the centre.

Table I: *Budget by Title*

	2013	change 2012/2013
Title I - Staff	31.5 M€	+0.9%
Title II - Infrastructure	6.9 M€	+3.9%
Title III - Operations	19.9 M€	-2.0%
TOTAL	58.3 M€	+0.21%

The implementation of the 2013 Work Programme is conditional upon the approval of the corresponding budget by the relevant authorities.

The lessons learnt from the matrix structure of ECDC also showed the importance to pay attention to having sufficient human resources to implement the activities. Therefore this work programme is also conditional also upon the result of the internal allocation of staff, to be prepared during the summer and presented at the Management Board meeting in November, in order to ensure that all activities can be sufficiently staffed.

Process of elaboration and consultation with the major stakeholders

ECDC work, which is based on the **Strategic Multi-annual Programme** (2007-2013), is planned on a yearly basis in an **Annual Work Programme**.

The ideas presented in this document are the result of an **internal and external process of consultation,** with Heads of Units, Heads of sections and Heads of diseases Programme and involving input from all ECDC staff and the Members of the Management Board and Advisory Forum. The proposals have been reviewed by the Senior Management Team in order to reflect the overall strategic priorities of the Centre for 2013.

The planning process started earlier this year to comply with the recommendation of the Internal Audit Service of the Commission, in order to better align and provide in due time relevant input in the EU budgetary discussion process. Written consultations of the Management Board and Advisory Forum members were carried out in January and in April 2012, and the present proposal incorporate the suggestions made. A discussion on the priorities for the Work Programme 2013 took place during the 25th meeting of the Management Board on 28-29 March 2012, and at the Advisory Forum ion 3-4 May 2012. The document MB12/13 rev.1 '*ECDC 2013 Work Programme Prior*ities' served as a basis for the development of the more detailed list of activities and budget for 2013.

The Management Board should approve the final version of the 2013 Work Programme at its June 2012 meeting, for the list of activities and their operational budget (title III); the allocation of staff by strategies and a detailed activity based budget, will complete the document in November 2012, in order for the Management Board to have a complete picture of costs of products and services to be provided by ECDC in 2013, once the internal negotiations on staff are finalised.

Rationale of the priority setting for 2013

During the first five years of its existence (2005-2010), ECDC saw substantial year-on-year increases in the amount of money and staff available to it. It was always envisaged that ECDC resources would stabilise after 2010. However, due to the continuing financial difficulties in Europe, it now seems highly likely that the resources available to ECDC will decrease over the next five years. Under austerity measures agreed with the European Commission, the number of staff positions at ECDC will decrease from 300 (as at 2012) to 285 in 2020. The EU's Budgetary Authority applied a 1% cut to our budget request for 2012 (it was reduced from € 58.6 million to € 58.2 million), and it is quite possible that we will see similar cuts in future years. Moreover, we should anticipate on the potential legislation regarding serious cross border threats by the Commission.

The choices proposed in our work programme for 2013 need to be seen against this background. The most optimistic scenario we can hope for is zero growth in staffing or operational resources. Therefore, if ECDC is to take on new activities in 2013 then resources must be found by re-prioritising existing activities. It is essential to preserve sufficient capacity for the core of our services in surveillance, (rapid) risk assessment and preparedness. This has led us to look critically at our existing activities and priorities.

Finally the 2013 Work Programme has been scrutinised to stop small or fragmented actions, in order to focus on more robust and effective projects.

We also reviewed the Programme, and our plans to implement it, with a view to potential impact on the capacities of key public health institutions across the EU. We will look to ensure that the public health studies needed to support the programme are carried in such a way as to strengthen the EU's "public health infrastructure", and support the work of public health experts in universities, national institutes and other such partners.

As in 2012, some crosscutting activities will be particularly emphasised. Specific strategies covering all parts of the Centre have been developed in four areas: measles elimination, health inequalities/migrant health, microbiology coordination, and the support to candidate countries.

ECDC will continue consolidating and strengthening its management in the areas of quality management, internal processes and tools which will lead to strengthen its ability to deliver timely and quality outputs and further enhance the efficient use of its resources.

In particular a process for improving the quality of internal processes was launched in 2012, in ECDC, following the Common Assessment Framework (CAF) methodology. The process consisted of a self assessment by voluntary ECDC staffs in order to identify areas for improvement. The CAF team selected a list of improvement actions. These actions have been integrated in the present Work Programme after common discussion between the CAF team and the Senior Management Team.

In short, the overall aim of our 2013 Work Programme is to support Europe's struggle to strengthen its defences against infectious diseases.

Outcome of the quality management exercise:

In 2011, ECDC has launched a reflection on developing a quality management system, in order to improve its process and the quality of its services and outputs.

After review of the existing standard quality management systems, it was decided to use the Common Assessment Framework (CAF), which is a process relatively light, well adapted to public institutions, and used in many other EU organisations.

During 2011, 2 self assessment teams composed of voluntary staffs, representing the different Units of the Centre and the different categories of staff were created and trained to carry out the self assessment of ECDC. The 2 groups have carried out their assessment based on the criteria and manual of the CAF method and prepared a report. The report looks into the strengths and areas of improvement and proposes a list of actions.

Three seminars were held together between representatives of the assessment teams and the Senior management Team to discuss the findings and prioritise the actions to be taken, either as quick wins or as actions to be included as part of our Work Programme for 2013.
Based on a consensus between the CAF self assessment teams and the SMT the list of proposed actions to be carried out in 2013 is as follows:

1. Designate contact persons between ICT and the operational units (business side of projects) to facilitate
2. Clearly define / review and better communicate the ECDC vision and mission to the staff and our external stakeholders through concrete vision and mission statements and ensure ECDC activities are aligned with ECDC mission: this should be part of the work to prepare our next Strategic Multi-annual Work Programme (SMAP 2014-2020)
3. Further improve the internal regular collection and dissemination of performance data (financial, HR, procurement, audits, outputs and outcomes, etc) and measure progress against targets.
4. Connect the key performance indicators (KPIs) of the individual staff performance with KPIs of project, activity and ultimately ECDC's performance (integrated systematic cascading system of objectives in place under the new Strategic multi-annual Work programme 2014-2020). Strengthening this connection will help make more visible one's contribution to the strategy of the Centre and increase motivation.
5. Further improve our management Information System, based on an evaluation of the end users, in particular to strengthen project management, and further integrate the system with our Activity Based Budget (time management), budget execution and the monitoring and performance of activities.

In addition to these five objectives, a list of quick wins has been identified and will be regularly monitored by the internal Quality Management Steering Committee.

The process of the first Common Assessment Framework (CAF) will be evaluated by an external party in 2013 and the second assessment should be initiated after two years (2014) to review the progress made and propose further improvements.

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:
- 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*[11] 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

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[11] Document MB 22-13.rev1 - *ECDC 2012 Work Programme Priorities*

priorities that the European Commission plans to emphasise in its own Work programme in 2012 and upcoming initiatives.

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, antimicrobial consumption and 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 2013

1. To improve the country participation and the quality of the surveillance data on AMR, antimicrobial use and HAI to guide the prevention efforts;

2. To strengthen the European Antibiotic Awareness Day by providing training on how to develop, implement and evaluate the national campaigns to encourage prudent use of antibiotics, based on materials developed by ECDC;

3. To support the Member States efforts to increase compliance with hand hygiene in healthcare by performing preparatory work for a new, specific ECDC surveillance module.

Expected results in 2013

In 2013, 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 publish the final results of 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 support to infection control training in Member States.

ECDC will conduct a European survey on carbapenemase-producing bacteria. Because of recent AMR trends, this survey was chosen as a priority over MRSA typing. ECDC will also further develop the 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 contribute to ensuring prudent use of antibiotics and better compliance with infection control practices in support to the Commission Action Plan on AMR - COM (2011) 748 and Council Recommendation 2009/C 151/01, in particular by providing systematic reviews and evidence-based guidance on AMR and HAI prevention and control. ECDC will contribute to the cross-sectoral, inter-agency work on AMR, together with EMA and EFSA, in particular by contributing to a joint inter-agency report on AMR and antimicrobial consumption in the EU. ECDC will also contribute to the work of the Transatlantic Task Force on AMR (TATFAR) through several of these activities, in particular by organising two workshops and producing an EU/US report 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 a 3rd annual meeting of the ARHAI networks, country visits and coordination of the 6th Annual European Antibiotic Awareness Day.

Indicators	Targets

Number of reports published:
    a) Surveillance
    b) Guidance
	a) Three reports published: EARS-Net (antimicrobial resistance), ESAC-Net (antimicrobial consumption), HAI-Net (healthcare-associated infections)
	b) Two guidance documents available: systematic review and evidence-based guidance on effectiveness of perioperative prophylaxis, and systematic review (update) on organisation of hospital antimicrobial

Proportion (number) of Member States participating in specific ECDC initiatives:
    a) Proportion of MS having participated in the European survey on carbapenemase-producing bacteria
    b) Number of countries organising activities on the prudent use of antibiotics in connection with European Antibiotic Awareness Day (EAAD 2013)
	a) At least 20 Member States
	
	b) At least 25 Member States

Justification of new activities for 2013

There is a need to obtain an overview of surveillance data on antimicrobial consumption and on AMR across sectors in EU Member States. ECDC will contribute to a **joint inter-agency report on antimicrobial consumption and AMR in human and veterinary medicine in the EU**. This inter-agency initiative is led by the EMA upon request from the Commission and is part of the implementation of the Commission Action Plan on AMR - COM (2011) 748.

Hand hygiene is a general measure that contributes to the prevention and control of communicable diseases. In healthcare settings, improved hand hygiene practices reduce cross-transmission of multidrug-resistant microorganisms, prevent healthcare-associated infections and save costs. In 2013, ECDC will conduct **preparatory work** for a new surveillance module for **hand hygiene compliance**. Ultimately, with this new module, ECDC will provide support to Member States that want to develop and implement this type of surveillance. This activity will support Council Recommendation 2009/C 151/01 and support, but not overlap, with the work conducted by WHO as part of the First Global Patient Safety Challenge 'Clean Care is Safer Care' and the campaign "SAVE LIVES: Clean Your Hands".

List of activities for 2013:	
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)	30,000
- European Surveillance of Antimicrobial Consumption Network (ESAC-Net)	80,000
- Healthcare Associated Infections surveillance Network (HAI-Net)	30,000
- Surveillance of HAI and antimicrobial use in long-term care facilities	128,000
- Surveillance of *Clostridium difficile* infections	110,000
- Epidemic Intelligence Information System for AMR and HAI (EPIS AMR-HAI)	-
- European survey on carbapenemase-producing bacteria	250,000
- Hand hygiene compliance: preparatory work for a new surveillance module	-
- External quality assessment (EQA) of performance of laboratories participating in EARS-Net	120,000
- Contribution to joint inter-agency report on AMR and antimicrobial consumption	-

List of activities for 2013:	
(inter-sectoral, with EMA and EFSA)	
- ARHAI contribution to Annual Epidemiological Report	-
Strategy 3. *To produce guidelines, risk assessments and scientific answers, and work with Member States to implement evidence-based prevention and intervention*	
- Reviews and guidance on prevention and control of AMR and HAI	102,595
- Unexpected requests for scientific advice (including risk assessment)	-
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*	
- Country visits to discuss AMR and HAI issues (2 visits)	24,000
- Technical support to Greece	-
- Support to the Commission	-
- Contribution to the Transatlantic Task Force on Antimicrobial Resistance (TATFAR)	-
- Cooperation with WHO/Europe in implementing the regional strategy on AMR	-
- Disease programme coordination (incl. meetings and missions)	354,405
- Open source publication costs	6,000
- Support to infection control training in Member States	85,000
- 6th European Antibiotic Awareness Day	140,000

Budget for 2013: EUR 1,460,000 in Title III

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 notifiable at the EU level. 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 in collaboration with the European Food Safety Agency. 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 2013

1. To strengthen and standardise the reporting on the vector distribution and on vector-borne diseases, and to develop a strategy for the prevention and control of these diseases

2. To provide external laboratory support, expertise and early response to emerging threats, and further strengthen the links between the veterinary and human public health fields

3. To strengthen the internal collaboration within ECDC for health impact studies

Expected results in 2013

In 2013, ECDC will further play a pro-active role in maintaining specific European networks of expertise: laboratory network for outbreak assistance and support on diagnosis of emerging and vector-borne viral diseases, and entomologists and public health experts' network providing information on vectors of arthropod-borne diseases. In addition, an officially appointed disease network of national focal points for EVDs will be set up.

The laboratory network for outbreak assistance and support will focus its expertise on strengthening 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. The database of vector distribution data will be integrated into ECDC and collated with data collected by EFSA.

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. Tick borne encephalitis will be notifiable in 2013. For Lyme borreliosis additional work needs to be done to harmonise reporting in the EU including laboratory diagnosis standards and case definition.

For a number of mosquito-borne diseases (dengue, chikungunya), surveillance using updated EU case definitions will be strengthened. 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 together with a platform of ad hoc information exchange will be evaluated. In addition, the impact of vector control measures and methods needs to be further assessed and evaluated for cost and benefit through systematic review, evidence-based guidance and modelling, in order to provide Member States with optimal vector control strategies, according to the encountered situations.

Following the publication and field evaluation of guidelines on surveillance of invasive mosquito species in 2011-2012, another guideline on surveillance of native mosquito species will be developed.

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).

An effort will be made to extend the number of fact sheets of diseases and to regularly update those already posted on the website

Indicators	Targets
Number of reports published: a) Guidance	a) One: guidance on surveillance of native 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 new case definitions and report available c) Number of External Quality Assurance (EQA) accomplished and results published d) Number of updated EVD fact sheets and new edited fact sheets	a) At least 10 b) One c) Two d) 6

Justification of new activities for 2013

Surveillance of vector-borne diseases: network and data, in order to enhance disease network activity to support compliance with EU regulations. The establishment of a Disease network for EVDs is deemed to be necessary with regards to the rapidly evolving epidemiology of some of these diseases and according changes in EU regulations.

Surveillance of vectors of emerging diseases: data collection in order to allow for a vector data repository for vectors of public and animal health importance at the EU level and to encourage cooperation between EU agencies. Data collected since 2009 by ECDC will be merged with data collected by EFSA in order to synergise efforts.

Diagnosis: EQA standards for malaria and Lyme disease for harmonisation of diagnostic procedures at the EU level for data comparability. Diagnosis of Lyme disease still poses complex problems and harmonization of approaches is needed. Malaria due to *Plasmodium vivax* is reappearing more frequently in Europe in recent years and diagnostic procedures need to be standardised.

List of activities for 2013:	
Strategy 1.	*To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU*
- EVD regular surveillance reports: weekly publication of West Nile disease case maps and annual reporting on other emerging and vector-borne disease cases	-
- Surveillance of vector-borne diseases: Lyme borreliosis standards for reporting and meeting	40,000
- Surveillance of vector-borne diseases: network and data: EVD Disease Network meeting and TESSy requirement definition	24,000
- Surveillance of vector-borne diseases: West Nile: development of web-based interactive mapping tool and real-time data collection	-
- Surveillance of vectors of emerging diseases: data collection: common database with EFSA on vectors	-
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:	-
- Environmental and climatic determinants: map of susceptible and vulnerable area for malaria	-
Strategy 3.	*To produce guidelines, risk assessments and scientific answers, and work with Member States to implement evidence-based prevention and intervention*
- ENIVD-CLRN+: European Network for Viral Imported diseases - Collaborative Laboratory Network for Response: outbreak response, microbiology coordination, training, EQA, fact sheets	325,000
- Surveillance of vectors of emerging diseases: development of guidance for surveillance of native mosquitoes and meeting	70,000
- VBORNET: Network of Public Health and entomologist experts on Vector Borne diseases: vector distribution maps, fact sheets, scientific advice, expertise and training capacity mapping, surveillance an control strategy support	300,000
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*
- Diagnosis: EQA standards for malaria and Lyme	30,000
- EVD contribution to external communication: reports, factsheets, web-information and open source publications	7,000
- EVD coordination/ general administration	-
- Expertise enhancement on EVD, coordination with FP7 projects: attendance to conferences, steering committees, advisory bodies	-

Budget for 2013: EUR 796,000 on Title III

Food- and Waterborne Diseases and Zoonoses (FWD)

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

Food- and Waterborne Diseases and Zoonoses

In the next 2-3 years enhanced surveillance of Food and Waterborne Diseases (FWD) will be improved by strengthening laboratory capacity through external quality assurance schemes and molecular typing services for *Salmonella*, STEC/VTEC and *Listeria monocytogenes*, and through upgrades of TESSy and EPIS FWD for analysis and management of molecular typing data for rapid outbreak/cluster detection. Analysis and outputs of surveillance data will be further developed to produce useful reports and scientific articles. Multidisciplinary collaboration between public health experts, veterinarians and food safety experts and authorities will be further promoted and facilitated through joint meetings and scientific activities. Surveillance of AMR in *Salmonella*, *Campylobacter* and STEC/VTEC will be harmonised. Collaboration with veterinary and food safety stake holders will be strengthened as well as global collaboration with laboratory networks like PulseNet International.

Legionnaires' disease

The surveillance focus on travel-associated cases and clusters of Legionnaires' disease is relevant as many clusters consist of single cases from different countries and would have never been detected without a European surveillance scheme. The ageing population in most of Europe and their continued tendency to travel lends additional importance to the surveillance of a disease that tends to be associated with old age and travel accommodation sites in classical tourist destination countries. In the next years this enhanced surveillance will continue and the upgrading of EPIS ELDSNet will further facilitate the work flow of notifications and information exchange. The strengthening of the laboratory capacities through laboratory specific courses and twinning projects will be promoted. The multi disciplinary courses on risk assessment, outbreak investigation and prevention will continue.

Main objectives of the programme in 2013

1. To prevent multinational foodborne and Legionnaires' disease outbreaks at EU level by strengthening the early detection and response to clusters/outbreaks within and between the Member States and EEA countries

2. To foster the linkage of cases with the sources of animal, food, water or environmental origin by strengthening multi-sectoral laboratory and epidemiological surveillance of diseases, to better understand the origin and sources, and to prevent future occurrences of infections

3. To strengthen public health microbiology for FWD and Legionnaires' diseases as a service to Member States

Expected results in 2013

Food- and Waterborne Diseases and Zoonoses

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 and the Annual Epidemiological Report. Agreed surveillance statistic for six priority diseases will be published on ECDC web site to promote the use of TESSy data and to provide epidemiological information for wider public. An EU protocol for harmonised monitoring of AMR will be finalised after consultation with the MSs and stake holders. As a new activity, a protocol on harmonised detection, laboratory testing and reporting of STEC/VTEC infections will be drafted. A workshop to improve the quality of microscopy diagnostics of parasitic diseases will be held in the Eastern European region.

The key area of work will be to strengthen the laboratory-based EU-wide surveillance through the FWD network by opening the collection and integration of molecular typing data for surveillance of selected pathogens/diseases in TESSy (starting with *Salmonella*, STEC/VTEC and *Listeria*) as part of the pilot

phase, ending 2013. 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 continued. 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 EPIS[12]. A meeting with PulseNet International will be organised in Sweden to assess the development of novel molecular typing techniques and their applicability for FWD surveillance. The use of published FWD toolbox will be promoted as it has been integrated as part of the Commission's Better Training for Safer Food- programme.

Multi-country study on estimation of sero-incidence of salmonellosis and campylobacteriosis will be finalised. Joint *Listeria* typing study will be performed for *Listeria* strains isolated from food and humans in close collaboration with EFSA, EC, Member States, EU Reference laboratory for *Listeria* and WHO collaborating centre for *Listeria*.

Legionnaires' disease

Quality assurance schemes for *Legionella pneumophila* will be continued as well as the enhanced surveillance for travel-associated Legionnaires' disease. The joint surveillance report on all cases of Legionnaires' disease and travel-associated cases will be produced on a yearly basis. The next, upgraded, version of EPIS ELDSNet will be developed and implemented. This development will be done in close cooperation with the network members.

Indicators	Targets
Surveillance: a) EU protocol on harmonised monitoring of AMR in human Salmonella and Campylobacter infections b) Agreed surveillance statistics published on ECDC web site c) Daily surveillance of travel-associated cases of Legionnaires' disease and the annual surveillance of all cases of Legionnaires' disease reported in Member states and EEA countries.	a) Report finalised and distribute to the MSs b) Tables and graphs based on analysed surveillance data for six priority diseases are published on ECDC web site c) Combined report finalised and distributed to the Member States
Outbreak detection: a) Number of detected multi-country clusters/outbreaks	a) Number of verified multi-country clusters and outbreaks increased by 30% compared to verified cluster/outbreaks in 2012 through EPIS

Justification of the new activities for 2013

STEC/VTEC: Routine surveillance of STEC/VTEC is based on various national surveillance systems, which differ in their capability to detect STEC/VTEC and related HUS cases. The STEC outbreak in 2011, caused by a novel pathotype of *E. coli*, emphasised the need to produce specific guidance on sampling schemes, laboratory testing methods and reporting of STEC/VTEC infections to TESSy.

Molecular typing: As part of strengthening the link to the global surveillance of foodborne diseases through molecular typing, a PulseNet International meeting will be organised to ensure the development of molecular surveillance for FWD in Europe in close collaboration with the leading international networks.

Diagnostic workshop on parasitic diseases: Giardiasis and other parasitic infections have high notification rates in some EU countries. A need has been identified to support diagnosis of these diseases and a targeted training workshop for selected Eastern EU countries is proposed to be held for

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[12] Epidemic Intelligence Information System (EPIS)

the national level authorities. The training strengthens public health microbiology and national surveillance systems.

Legionnaires' disease: ELDSNet laboratory support through twinning for enhanced detection of cases. In order to increase the knowledge of different laboratory methods a twinning project will be piloted in 2013. The idea is to let laboratory people visit a laboratory in another Member State and exchange practice and knowledge.

List of activities for 2013:	
Strategy 1. *To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU*	
- Annual EFSA-ECDC AMR surveillance report: EUSR AMR 2012	-
- Annual EFSA-ECDC Zoonoses Report: EUSR Zoonoses 2012	13,000
- FWD contribution to Annual Epidemiological Report	-
- FWD pilot: Curation and validation of PFGE data for Salmonella, Listeria and VTEC	100,000
- FWD study: Seroepidemiology for *Salmonella* and *Campylobacter* infections	-
- FWD-Net Management and coordination of FWD network	120,000
- LEG: ELDSNet Coordination, annual meeting, coordination group meetings	40,000
- LEG: Routine surveillance of Legionnaire's disease (all cases)	-
- Regular review of quarterly reports for Salmonella and VTEC	-
- Routine surveillance of six priority FWD	18,000
- Routine surveillance of vCJD	42,000
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*	
- FWD EliTE study: Joint *Listeria* typing study - human and food strains	38,000
Strategy 3. *To produce guidelines, risk assessments and scientific answers, and work with Member States to implement evidence-based prevention and intervention*	
- FWD Molecular surveillance: cluster management	-
- FWD pilot: External Quality Assurance (EQA) and typing support	210,000
- Health Promotion and Behaviour Change - support to FWD: Evaluation of communication tools for gastrointestinal disease prevention in schools	30,000
- LEG: *Legionella* microbiology and diagnostic support project to MS	200,000
- Protocol for harmonised monitoring of AMR in human *Salmonella* and *Campylobacter* infections	-
- PulseNet International meeting	30,000
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*	
- FWD coordination and management of the programme	20,000
- FWD Training support	25,000
- LEG: ELDSNet laboratory support through twinning	-
- LEG: ELDSNet Training support	-

Budget for 2013: EUR 886,000 in Title III

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 that Europe has to learn from the experience of the 2009 pandemic and workshops undertaken in 2010 to further strengthen pandemic and general preparedness in the EU. In addition there is a potential intention of the Commission to make pandemic preparedness an EU Competence under the Health Security Initiative.

ECDC will continue to provide support, surveillance, 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 particularly 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.

Surveillance will be enhanced through ECDC assisting Member States in filling gaps revealed by the pandemic in severe disease and mortality surveillance, seroepidemiology and developing with international partners standard protocols for investigating outbreaks and epidemics of respiratory infections. In addition ECDC will continue to deliver high quality scientific advice, especially focusing on immunisation, vaccine safety and effectiveness, leading the EU Vaccine Task Force for influenza and virological risk assessment.

Main objectives of the programme in 2013

1. Reduce the burden of disease in Europe through the better prevention of individuals at higher risk with emphasis on immunisation and provision of scientific advice

2. Improve the quality of EU Member States pandemic plans, and expand the lessons learnt from the 2009 pandemic to improve general preparedness

3. Build on the current influenza surveillance in Europe, extending it to severe disease, seroepidemiology and molecular work and delivering high quality scientific advice

Expected results in 2013

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 VENICE[13] Report and a separate policy survey on the monitoring of the Council Recommendation contributing to the 2013 report required from the Commission to the Health Council. In addition, ECDC will continue the work started in 2012 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 2012 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. 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 GISAID[14] programme and the WHO system.

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[13] Vaccine European New Integrated Collaboration Effort (VENICE)
[14] Global Initiative on Sharing All Influenza Data (GISAID)

For the Pandemic Preparedness and Response, working jointly with WHO and the Commission, ECDC will finalise indicators for improving the national and EU pandemic preparedness already in place. It will work on some difficult areas indentified 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 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 2013

Surveillance *(Cross-cutting activity)* - developing work with intensive care networks at EU level including surveillance for severe influenza disease: this is for an improved Epidemic Intelligence and for allowing ITUs across Europe to share experience in real time with themselves and their national authorities

Crosscutting activities - Enlargement of EU in order to assess public health threats across Candidate Countries and Potential Candidate Countries (CCPCC).

Health Promotion and Behavioural Change support to FLU: this is to support the European Council recommendation 2009/1019/EU to increase influenza vaccination uptake for healthcare workers and people in risk groups and to lessen the cost of communication campaigns and help spread a common and coherent message on influenza vaccination throughout the EU.

SIIP Project - Annual EU Seasonal Influenza Event with the objective of supporting implementation of the 2009 Council Recommendation.

SIIP Project - Development of a Communication Plan for MS on Influenza Immunisation for supporting implementation of the EU Council Recommendation on Seasonal Flu

List of activities for 2013:	
Strategy 1. *To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU*	
- Surveillance - Routine influenza surveillance - Weekly Influenza Surveillance Overview (WISO) coordination and production	-
- Surveillance - Annual Seasonal Influenza risk assessment	-
- Surveillance - Annual Seasonal Report	-
- Surveillance - Developing work with intensive care networks at EU level including surveillance for severe influenza disease	0,000
- Surveillance - Routine European Influenza Surveillance Network (EISN) coordination	-
- Surveillance - Two Influenza coordination Group meetings	0,000
- Surveillance of hospitalised severe influenza cases	-
- Surveillance Plus Annual Influenza Meeting	,000

List of activities for 2013:	
- Surveillance Plus Flu DP contribution to the Annual Epidemiological Report	-
- Surveillance - Routine Community Network of Reference Laboratories (CNRL) for Human - Influenza coordination and influenza virology coordination	325,000
- Surveillance - Routine Community Network of Reference Laboratories (CNRL) for Human Influenza task group	0,000
- Surveillance & Studies in a Pandemic - Protocol Development & Seroepidemiology and Options Meeting	0,000
- Surveillance & Studies in a Pandemic & Seroepidemiology	0,000
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*	
- Science - Open Source influenza publications	-
- Science - Unexpected requests for scientific advice (including risk assessments)	-
- Science Routine Production, Review and Development of 'Ad Hoc' Reports and Peer Review Publications	-
- Science Routine Science-watch and Influenza Digest	-
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*	
- Cross-cutting activities - Enlargement of EU	-
- Cross-cutting activities - Round Table	-
- Health Promotion and Behavioural Change support to FLU	-
- Routine influenza programme administration and coordination	-
- SIIP[15] - Communication	-
- SIIP - Project Liaison work with EU Influenza Bodies - EU Vaccine Task force - Influenza Group	1,000
- SIIP Project Annual EU Seasonal Influenza Event	0,000
- SIIP Project - Annual Training in Influenza Immunisation	0,000
- SIIP Project - Development of a Communication Plan for MS on Influenza Immunisation	-
- SIIP Project - Monitoring of the implementation of Council Recommendation on Seasonal Influenza Vaccination VENICE	-
- SIIP Project - Vaccine Effectiveness (Influenza)	-
- SIIP Project Monitoring of the implementation of Council Recommendation on Seasonal Influenza Vaccination	5,000
- SIIP Project - Piloting of materials for health professionals on influenza immunisation	0,000

Budget for 2013: EUR 721,000 in Title III

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[15] SSIP: Surveillance and Studies in a Pandemic

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 provided for communication between, and to all, relevant stakeholders.

To reach its goals, the ECDC TB programme key areas of work 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 developed and implemented a monitoring framework, Progressing towards TB elimination: A follow-up to the action plan to fight TB in the EU.

Objectives of the programme in 2013

1. Strengthening tuberculosis prevention and control
2. Strengthening and enhancing the EU-wide TB surveillance and laboratory capacity
3. Providing guidance on TB control among vulnerable populations
4. Providing guidance on the introduction of new tools for TB control

Expected results in 2013

The key outcomes will be in the area of tuberculosis prevention and control, TB surveillance and laboratory capacity, TB control among vulnerable populations, and guidance on the introduction of new tools for TB control.

By providing support to the five high priority countries (Bulgaria, Estonia, Latvia, Lithuania, and Romania) with the development of a country strategy for TB prevention and control, ECDC will contribute to high quality TB prevention, case finding and treatment.

In 2013, the ECDC TB programme will organise the First Annual TB network meeting – with participation of members of the ERLN-TB, surveillance and control and prevention networks. ECDC will continue to publish the Annual TB Surveillance report together with WHO Euro. The European Reference Laboratory Network for TB will coordinate the TB reference laboratories in EU countries and improve the quality of diagnosis. In 2013 the network will be expanded with molecular typing activities.

ECDC will focus on three vulnerable groups in the work program of 2013: children, migrants, and people living in urban settings. The work on children will result in an evidence based guidance document on childhood TB outbreak management. For migrants, ECDC will produce a guidance document on TB control in migrants by updating and consolidating available ECDC documents. ECDC will continue the support of the Urban TB Control network which will result in new approaches to target metropolitan risk groups.

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. In 2013, ECDC will gather the evidence for a consensus meeting in 2014.

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 2013

Of the 18 countries identified in the **'Plan to Stop TB in 18 High Priority Countries** in the WHO European Region 2007-2015' five are EU countries, Bulgaria, Estonia, Latvia, Lithuania and Romania. Control of TB in these 5 high priority countries will have an impact on the tuberculosis burden in the EU/EEA. Therefore, ECDC will provide high-level, tailored support to these Member States with the largest TB burden to strengthen tuberculosis prevention and control.

Up to now ECDC has organised separate network meetings for **surveillance and for laboratory**. Since surveillance, laboratory, and prevention and control are all important aspects of a TB programme and since they are interrelated ECDC will organise integrated meetings from 2013 onwards. Therefore, ECDC will organise the First Annual TB network meeting in 2013.

HIV infection is an important risk factor for the development of active TB among individuals infected with *Mycobacterium tuberculosis*. In 2010, 15 EU/EEA countries provided information on HIV status of TB patients for between 15% and 100% of their cases which accounted for 24% of TB cases overall. Thus the true extent of TB/HIV co-infection in the EU is unknown. A previous ECDC project identified reasons why countries are not testing or reporting HIV status. ECDC will offer support to Member States in identifying the challenges with and solutions to HIV-status reporting.

The TB programme has conducted several projects to gather information on **TB in migrants**, e.g. effectiveness of TB screening methods and strategies for migrants in the EU. ECDC will update the available systematic reviews and consolidate the scientific work on tuberculosis in migrants, as described in the "Addressing issues concerning health inequalities and migrant health" action plan. This will provide countries with evidence-based support on how to ensure quality and equal access to TB care in migrant populations and thus quality TB prevention and control.

List of activities for 2013:

Strategy 1. *To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU*	
- Strengthening TB surveillance & monitoring	79,000
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 tuberculosis	205,000
Strategy 4. *To produce guidelines, risk assessments and scientific answers, and work with Member States to implement evidence-based prevention and intervention*	
- Administrative support to the tuberculosis programme	-
- Awareness and evidence-based action on tuberculosis burden and tuberculosis control among HIV-co-infected tuberculosis patients	35,000
- World TB day	40,000
- Awareness and evidence-based action on tuberculosis burden and tuberculosis control among vulnerable populations	40,000
- Liaison with partners and scientific initiatives within the field of tuberculosis prevention and control	6,000
- Strengthening tuberculosis laboratory capacity	241,000
- Strengthening tuberculosis prevention and control in countries	30,000
- Strengthening tuberculosis prevention and control in the five tuberculosis high priority countries	75,000
- Tuberculosis programme coordination	-

Budget for 2013: EUR 751,000 in Title III

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 2013

1. Monitor the response to HIV/AIDS (tighten the link between epidemiological and behavioural surveillance and monitoring of the response to HIV; strengthen monitoring and evaluation activities)

2. Promote public health programmes on prevention and control that reduce health inequalities (provide evidence-based scientific advice to support (inter) national prevention activities; focus on key populations; support the public health decision-making)

3. Support enhanced surveillance of HIV, sexually transmitted infections (STI), Hepatitis B/C (strengthen epidemiological surveillance; enforce the surveillance of antimicrobial resistance in gonorrhoea in the context of emerging multi-drug resistant gonorrhoea)

Expected results in 2013

ECDC's work on HIV, STI and hepatitis B and C will focus on the coordination of enhanced surveillance of these diseases. The European Gonococcal Antimicrobial surveillance programme (Euro-GASP) will be expanded to two new Member States in 2013 and will support countries to prepare for the emerging multi-drug resistant gonorrhoea as outlined in the 2012 Response Plan. 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 drugs) in the different strategies. Furthermore, ECDC will explore to adapt HIV surveillance to combine the data collection of HIV and AIDS and to capture other relevant variables 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. ECDC will produce user-friendly models for national HIV prevalence estimates in EU Member States in collaboration with UNAIDS. ECDC will update the information on national strategies for chlamydia control in Europe, prepare to revise the guidance on chlamydia control and establish a prevalence data base. ECDC will assess different public health measures amongst which the assessment of different screening strategies for HIV and hepatitis B and C and launch a toolkit that can be used at national level for policy guidance. A framework for the prevention and control for hepatitis B and C will be developed in collaboration with key stakeholders.

Indicators	Targets
Number of reports published: a) Surveillance b) Technical Reports	a) Three annual reports: HIV/AIDS, STI, (hepatitis B/C) and EURO-GASP b) Four reports: Chlamydia control in Europe; Response to the HIV epidemic in Europe; HIV prevalence estimates modelling; Guidance for disease prevention among MSM
Proportion (number) of Member States participating in specific ECDC initiatives a) Number of countries participating in the behavioural regional workshops b) Expand the Euro-GASP to include new Member States and support Member States in controlling the emerging multidrug resistant gonorrhoea	a) 8 Member States (achieved in 2012/2013) b) 20 Member States

Justification for new activities for 2013

Migrant health for a coherent implementation of ECDC actions and projects related to migrant health and for raising the awareness of critical issues related to migrant health and HIV

Prevention and control programmes for hepatitis B/C: this is to provide a common framework for public health programmes to support prevention and control in MS and to support individual MS.

List of activities for 2013:	
Strategy 1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU	
- Hepatitis B/C surveillance	20,000
- HIV/AIDS surveillance	20,000
- STI surveillance including the European Gonococcal Antimicrobial Surveillance Programme	197,000
- Improving prevalence estimates for HIV and hepatitis	90,000
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	
- Prevention and control programmes for HIV, STI and hepatitis (evidence-based guidance for disease prevention among MSM)	70,000
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	
- Estimating cost effectiveness for screening strategies for HIV and Hepatitis B and C (toolkit)	109,000
- Migrant health and HIV (health in equalities)	90,000
- Monitoring and evaluation of the Dublin Declaration	55,000
- Monitoring and evaluation of the EU Communication and Action Plan on HIV/AIDS 2009-2013	25,000
- Prevention and control programmes for HIV, STI and hepatitis (1. strengthen antenatal screening programmes for HIV, HBV and syphilis; 2. updated guidance for chlamydia control; 3. framework for prevention and control of hepatitis B/C)	165,000
- Scientific advice on HIV prevention	90,000

List of activities for 2013:	
- Disease programme coordination HASH	65,000
- EPIS STI	-

Budget for 2013: EUR 996,000 in Title III

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, impact studies and support to 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 2013

1. To support the Council Conclusions, setting up a shared repository of evidence for VPD control and prevention (assess the effectiveness of measures for outbreak response, develop guidance for improving VPD surveillance and communication activities)

2. To support the Member States to improve the vaccination coverage for priority diseases and to assess the impact of vaccination programmes (providing support for VPD control, vaccination campaigns and improving the monitoring of immunisation activities)

3. To step up the quality of VPD surveillance (harmonising diagnostic methods, surveillance quality, implementing new methods)

Expected results in 2013

ECDC will consolidate EU-wide projects focused on vaccination coverage and active surveillance of pneumococcal disease started in 2012. Support to MS to reach the measles and rubella elimination goal will be provided, as a follow-up of activities started in 2012. Surveillance activities will mainly focus on the ongoing epidemiological and laboratory surveillance of VPDs. New communication support will be offered to Member States and communication tools developed in 2012 will be piloted in some MS to assess efficacy and feasibility. Provision of further scientific advice and risk assessment on VPD, according to the emerging priorities, will be given.

The following activities will be continued:

- Coordination of activities for laboratory surveillance of whooping cough: overall, close collaboration between epidemiologists, microbiologists and relevant stakeholders should be facilitated to ensure the Coordination to produce one Annual report for all VPD, (Mandatory, Dec.2119/98/EC).

- The measles action plan summary report that provides an overview of all the activities performed in the measles action plan

- Eurovaccine 2013 in order to share best practices at EU level.

- Public Health Program Evaluation: this is a technical support for countries regarding actions taken to eliminate measles and rubella and promoting usage of planning and (self) assessment tools.

- Health Promotion and Behavioural Change support to VPD provides an overview and provision of evidence on recent developments in risk communication theory and practice in the context of measles elimination. Therefore this project is aimed at testing various evidence-based interventions in pilot countries. It will be thoroughly documented throughout the project life, so that by the end of it, result can be shared and disseminated for all EU level.

- Progress review on measles and rubella elimination in the EU. As movement of people and communicable diseases between EU Members States is high and increasing integration of public health microbiology into disease-specific fields and activities, it is becoming increasingly important to address measles and rubella elimination at EU level in addition to at national level.

- Public Health Program Evaluation. Europe has committed to eliminating measles and rubella: this provides technical support for countries regarding actions taken to eliminate measles and rubella and promoting usage of planning and (self) assessment tools.

- EUVAC-NET for contribution to the measles, rubella and CRS elimination plan.

- Revisions and amendment of EU case definitions (varicella and pertussis) to improve surveillance standards at EU level

- Cross-cutting activities for assessment of public health threats across Candidate Countries and Potential Candidate Countries (CCPCC).

- Scientific advice on VPD issues, including rapid risk assessments, for dissemination of scientific evidence on VPDs across the EU Member States.

- EPIS - VPD development for timely detection and response to VPD diseases for better control of measles and rubella elimination.

No new activity will be developed in 2013.

Indicators	Targets
Number of reports published: a) Surveillance b) Guidance	a) One report covering all VPD, with the exception of measles (monthly reporting) and rubella (quarterly) b) One Scientific Guidance published, risk assessment provided on-demand
Proportion (number) of Member States participating in specific ECDC initiatives a) Number of Member States participating in the active surveillance of pneumococcal infections and in the ECDC vaccine coverage project	a) At least 10 Member States

List of activities for 2013:	
Strategy 1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU	
- Coordination of activities for laboratory surveillance of *diphtheria*	60,000
- Coordination of activities for laboratory surveillance of IBD (N. meningitidis, H. influenzae) in EU/EEA countries	-
- Coordination of activities for laboratory surveillance of whooping cough	160,000
- Coordination to produce one Annual report for IBD, (*N. meningitidis*, *H. influenzae*, *S. pneumoniae*)	-
- Enhanced IBD surveillance	-
- Setting up and coordination of European Invasive Pneumococcal active surveillance (IPD) network	480,000
- The measles action plan summary report	-
- EUVAC-NET	-
- Revisions and amendment of EU case definitions (varicella and pertussis)	-
- Analysis of historical surveillance data on VPD	-
- Diphtheria enhanced surveillance	-
- Implementation of the vaccination status variables	-

- Production of European Measles and Rubella reports (EMMO and RUMO)	-
- Production of the ECDC VPD Annual Report	-
- VPD team contribution to the Annual Epidemiological Report (AER)	-
- VPD network management	-
- Supervision of VPD surveillance activities	-
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*	
- Produce scientific content for updating VPD related web pages	-
- Health Promotion and Behavioural Change support to VPD	139,000
- Unexpected scientific advice activities	-
- Scientific advice on VPD issues	-
- Support EC for implementing Council Conclusions on childhood immunisation	30,000
- Vaccine Task Force vaccination	-
Strategy 3. *To produce guidelines, risk assessments and scientific answers, and work with Member States to implement evidence-based prevention and intervention*	
- Eurovaccine 2013	150,000
- Public Health Program Evaluation	55,000
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*	
- Impact of rotavirus vaccination	-
- Participation of IPA B in routine meetings of ECDC disease networks	-
- Progress Review: Measles and rubella elimination in the EU	-
- Vaccine safety (including VAESCO)	-
- VENICE	200,000
- Annual meetings of the VPD Programme (mainly related to EPIS VPD)	-
- EPIS - VPD development and management	-
- VPD programme coordination	-
- VPD Liaison with external partners	-

Budget for 2013: EUR 1,424,000 in Title III

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 surveillance systems in the Member States"

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, 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 to analysis 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 TESSy[16] and continue to further integrate microbiological and epidemiological surveillance data;
5. To further integrate the event-based surveillance (EPIS[17]) and indicator–based surveillance (TESSy) components.

Main objectives for the target in 2013

1. Develop a new long-term surveillance strategy for surveillance in the EU/EEA Member States;
2. To ensure that all experts in ECDC and in the Member States have a user-friendly access to the appropriate surveillance data and basic analysis
3. Support the Member States in consolidating or further developing their surveillance activities
4. Harmonise and strengthen the methods used in the production of ECDC scientific outputs

Expected results in 2013

The ECDC long-term surveillance strategy covers the period 2008 – 2013 and focussed on strategies to deal with the existing Disease Surveillance Networks. Therefore, in 2013, a new long-term surveillance strategy will be developed, looking at how to best exploit the unique opportunities resulting from the centralisation and harmonisation of the microbiological and epidemiological surveillance data in one platform and building on the achievements in Europe so far, and setting the scene for 2014 to 2020.

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

The development work planned for 2013 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) and the support to the production of disease specific surveillance reports.

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[16] The European Surveillance System (TESSy)

[17] Epidemic Intelligence Information System (EPIS)

In 2013, a "critical surveillance indicator" dashboard will be developed to offer access to MS to a timely user-friendly standardised set of surveillance indicators. The validated data and its analysis will no longer be available simply as an electronic or a paper report, but as a mix of reports, bulletins, automated online reports and slides, integrated online mapping and tabular query tools and more publications in Medline listed peer reviewed journals will be developed to improve access and use of the data collected.

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 common case definitions in the EU region, continuation and alignment of data collection with WHO and other partners, enhancing the surveillance of laboratory data, especially further implementing the molecular subtyping reporting, and general support for improving surveillance in Member States.

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.

The integration of event-based surveillance (EPIS platforms) and indicator-based surveillance (TESSy) will be further developed in 2013. This will result in surveillance reports where epidemic intelligence and TESSy data are brought together to better describe the epidemiological patterns. Priority is given to vaccine preventable diseases, in the context of measles elimination, and food and water borne diseases in order to strengthen the EU added value.

Indicators	Targets
Number of queries on TESSy data through the new online query tool.	1500 external hits on query tool
Percent of data call processed according to time agreed with the Member States	95%

Justification of the new projects for 2013

The new projects in 2013 regarding surveillance of communicable diseases are related to a better access for MS to critical surveillance.

List of activities for 2013:	
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	-
- TESSy and EPIS data management	260,000
- Molecular surveillance: Finalise the pilot for food and water borne and tuberculosis	-
- TESSy training molecular surveillance	98,000
- Routine provision of statistical tools and services for ECDC experts	-
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 (geospatial support and analysis).	-
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*
- Production of the annual epidemiological report (AER).	-
- TESSy: enhancement of the query tool to produce online surveillance reports	-
- TESSy: development of a dashboard for critical surveillance indicators in the EU/EEA	-
- Implementation of the new strategy for surveillance reporting	-
- Implementation of the surveillance analysis communication strategy	-
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: support to MS and candidate countries for the evaluation of their surveillance systems	50,000
- Defining EU surveillance systems standards	30,000
- Application of a standardised TESSy data quality validation and assessment protocol	-
- Pilot the e-manual for monitoring data quality and evaluation of surveillance systems in some EU Member States	45,000
- Monitoring and evaluating data quality: support to Member States for implementation of activity aiming at improving data quality in surveillance.	-

Budget for 2013: EUR 483,000 in Title III

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 2013

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.
6. Firmly embed information sharing and Knowledge Management activities into the respective European activities in the domain of public health.

Expected results in 2013

1. Public health research catalyst
ECDC will organise the 2013 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 continue developing EU adapted Disability Weights. 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.

In the area of health economics we intend to further develop our professional networks, including cooperation with OECD and further provide evidence to address the impact of health inequalities on communicable diseases in Europe by analysing and quantifying how differences in health expenditures can impact the effectiveness of CD prevention and control programmes. (See "Cross-cutting activities" on page 7-8).

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 build on the experience acquired during the 2012 BCoDE toolkit implementation within Member States improving the robustness of the epidemiological assumptions outlining the disease models, improving the accessibility and availability of the toolkit, finalize the estimation of European-tailored

disability weights and initiate the assessment of interventions studies. Comprehensive estimates of disease burden from the CID activity are aiming at assisting Member States in evidence-based health policy development including informing the planning of allocation of resources, as well as identifying data gaps through a critical assessment of surveillance data quality and availability.

ECDC aims at developing "best practices" for scientific advice and risk assessments, new tools and methodologies for EBM (Evidence based medicine) in Public Health and EBM training modules for internal and external participants.

The ECDC library will play a key role in providing the knowledge base to support risk assessments and guidance development, as well as scientific reviews. ECDC will work towards offering KM services to external stakeholders and firmly embedding information sharing and Knowledge Management activities into the respective European activities in the domain of public health.

4. Prime source of scientific advice

ECDC will develop tools and procedures to measure the penetration and impact of scientific advice, to help strengthen its efficiency, relevance and credibility in Europe. The Scientific Advice Repository and Management System (SARMS) and the ECDC´s expert database will be further developed and established, as consistent and transparent scientific advice process and repository to guide upon what to do and how to do it. To enforce engagement with scientific stakeholders and other EU agencies related to ECDC (e.g. EFSA, EMA. EMCDDA) an Interagency Liaison-Group for Scientific Advice (ILSA) will be established. Main task of ILSA will be to exchange best practices for scientific advice.

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. A corporate approach will be promoted for for outsourcing the management of laboratory external quality assessment schemes. ECDC will work together with the National Microbiology Focal Points and other stakeholders to test, validate and start implementing tools for laboratory capability monitoring. ECDC will evaluate the pilot phase and accordingly refine and revise the multi-annual evidence-based roadmap for integration of molecular typing data into EU surveillance and response support. It will continue to support the development and implementation of standardised methods and definitions 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).

6. Substances of Human Origin

The ECDC activities will include:

-   Review of EU surveillance of diseases that can be transmitted through blood, tissues and cells
-   Further development of EUPHRAT risk assessment tool (Tissue and Cell adaptation)
-   Participation in meeting of the three different sets of Competent Authorities in this area, as per the Commission's request
-   Meetings and joint 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 to the relevant paragraphs of the Founding Regulation
-   Comprehensive systematic reviews and risk assessments concerning infectious diseases for Substances of Human Origin (2-3 publications on results of the work of an expert panel).

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

List of activities for 2013:

Strategy 1. *To function as a public health research catalyst*	
- Research Coordination	20,000
- ESCAIDE	260,000
- Public consultation	10,000
- ILSA – Interagency Liaison-Group for Scientific Advice	30,000
- ECDC's priority setting exercise and survey tool	4,000
Strategy 2. *To promote, initiate and coordinate research for evidence-based public health and to identify future threats*	
- Climate Change (CC) Adaptation	100,000
- European Environment and Epidemiology network	125,000
- Future Infectious Diseases threat to Europe	15,000
- Evidence Based Medicine (EBM) Training	65,000
- EBM Methods development, internal support and internal cooperation	85,000
- Comparative Impact of (Infectious) Disease (CID)	260,000
- Public Health programme evaluation and health economics: exploring best practices of economic evaluation	45,000
- Health inequalities: migrant health	50,000
- Health inequalities: Social determinants of IDs	50,000
- Impact of Social Determinants (SD)	195,000
- Health economics networks	10,000
- Health economics – health expenditures	50,000
- Open access publications	10,000
Strategy 3. *Produce guidelines, risk assessments and scientific advice*	
- Answer to scientific questions, risks assessments and guidelines	-
Strategy 4. *Be a major repository for scientific advice on communicable diseases*	

- Maintain SARMS	60,000
- Maintain ECED	15,000
- Further consolidation of the library services to support the preparation of scientific advices and risk assessments and systematically support of the scientific reviews done in ECDC [R]	180,500
- Update the review of ECDC peer reviewed impact indicators [R]	-
- Operate and further develop the Knowledge Management (KM) services based on evaluation of tools, support all ECDC KM related activities and offer services to external partners [R]	80,750
- Firmly embed information sharing and Knowledge Management activities into the respective European activities in the domain of public health	14,250
Strategy 5. *To promote and support the strengthening of microbiology for CD prevention, control, and scientific studies in the EU region*	
- Guidance for EU molecular surveillance	40,000
- Laboratory Capacity Appraisal and Monitoring	-
- Microbiology Coordination and technical support for strengthening laboratory capacity	146,600
- Microbiology Liaison and communication	55,000

Budget for 2013: EUR 1,237,600 in Title III

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.

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 2013

1. To ensure that the emerging threats are detected and assessed in a timely manner, and that the Member States are supported for response;
2. Ensure an optimal preparedness for public health emergencies;
3. Support the Member States in their response activities;

Expected results in 2013

Epidemic intelligence is now well established in ECDC. Priorities for 2013 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.

A generic epidemic intelligence platform will be develop, providing MS with a common platform for accessing information related to the risk assessment of emerging threats, including the ECDC threat tracking tool as well as the "Communicable disease threat reports" (CDTR). As a result, this will improve quality and accessibility of ECDC outputs related to threat detection and assessment e.g. the weekly communicable disease threat report, the daily round table report and the threat tracking tool.

The guidance for the assessment of threats related to exposure in aircrafts will be further developed (RAGIDA).

Provision has been made to allow further enhancing the EU EWRS platform, in order to reflect the implication of the proposal by the Commission for a decision on "serious cross-border health threats to health". This will be done for the European Commission and Member States by ECDC in its operation support role for the system.

Support to preparedness and response will remain a priority for the ECDC including support to EU pandemic preparedness planning, and support to cross-border health threat preparedness planning as defined by the Health Security Initiative of DG SANCO.

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.

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%

List of activities for 2013:	
Strategy 1. To develop an efficient integrated early warning system about emerging threats in Europe	
- Epidemic intelligence	90,000
- Epidemic Intelligence Information System (EPIS)	-
- 24/7 threat detection	-
- Risk analysis	-
- EI platform giving MS access to Threat Tracking Tool and CDTR	-
- EPIS management and coordination	-
- Development and implementation of GIS at ECDC including establishment of ECDC Geoportal	290,000
Strategy 2. To develop mechanism for coordination of investigation and support to response to health threats	
- General response	-
- Development of response tools (checklists, communication platform)	-
- Rapid risk assessment and mobilisation of outbreak assistance teams	-
- International outbreaks response activities	-
- Shipment of laboratory samples	5,000
- Member States support	-
- Substances of Human origin and Vigilance and traceability of Tissues and Cells (SOHO-VTTC)	95,000
Strategy 3. To strengthen the Member States and EU preparedness to Communicable Diseases threats, pandemic preparedness	
- Further develop the guidance on risk assessment for communicable diseases on board aircrafts	30,000

List of activities for 2013:	
- Support to member States and candidate countries in Epidemic Intelligence	-
- Biopreparedness	-
- Threat detection training	40,000
- Threat Tracking tool v.3	-
- Internal and Member States training on rapid risk assessment methodology	-
- Pandemic preparedness – influenza component of general preparedness activity	15,000
- Preparedness support to Member States: new cross border health threat legislation	100,000
- Support EPIET training programme and internal ECDC training, organisation of experts and EPIET placement/missions	20,000
Strategy 4. Strengthening the Emergency operation centre	
- Emergency operations centre	20,000
- Simulation exercise	73,634
- Finalisation of the Public Health Emergency (PHE) management intranet system	-

Budget for 2013: EUR 763,634 in Title III

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 EPIET[18] (EU and MS tracks), and EUPHEM[19], 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 2013

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.
4. Setting up a regional EPIET-like training programme in the Mediterranean Region (MediPIET) with external funding.

Expected results in 2013

ECDC will coordinate or perform training activities in 2013, 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. Within the EPIET programme there will be a continuous shift towards more MS track fellows in the MS. Efforts will be made to explore ways to find financially sound ways of ensuring a sustainable programme, including further exploring the potentials of e-learning. With external fund we intend to initiate a Mediterranean Programme on Intervention Epidemiology Training (MediPIET).

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[18] European Programme for Field Epidemiology Training
[19] 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 2013:	
Strategy 1. To develop EU capacity on prevention and control of Communicable Diseases through training	
- Fellowship scientific Coordination activities	216,805
- EPIET/EUPHEM Fellowships Grants (this includes 8 EPIET fellows for the EU track, 12 EPIET fellows for the Member States track and 4 EUPHEM fellows)[20]	1,729,000
- EPIET/EUPHEM training Modules	727,055
- EPIET Member States track support	240,000
- Specific EUPHEM Modules	281,140
- MediPIET	*Specific Grant*
Strategy 2. To develop network of training programmes	
- Training of Trainers in EPIET Member States track	480,000
Strategy 3. To create a training centre function within ECDC	
- Package of services in learning methodology	-
- Accreditation for ECDC training events	10,000
- E- learning	100,000

Budget for 2013: EUR 3,784,566 in Title III

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[20] The number of fellows is under current review and subject to placement possibilities for the fellows

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 2013

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. Increase the quality and impact of Eurosurveillance through further optimisation of new website with more modern features

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 2013

-   **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. The new series of technical reports "Insights into health communication" will continue to be 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 HSC[21] 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 continue to build its network of experts and institutions to share innovative information and ensure synergies between the Member States in the area of health promotion and 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. Pre- and post-evaluation methods and tools to assess the effectiveness of risk communication initiatives undertaken by public health sector in the EU will be developed.

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[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

List of activities for 2013:

Strategy 1. Communication to professional audiences	
- Communication support to disease programmes and units	-
- Design support	-
- Publications	200,000
- Translations	50,000
- Eurosurveillance annual Board meeting	38,000
- Print and distribution of Eurosurveillance (50 weekly issues) – cost for 5 topical issues	55,000
- Operation of electronic submission system and plagiarism detection system for Eurosurveillance	-
- Increase the scientific impact of Eurosurveillance	-
- Promotion of the journal to attract new readers and contributors including through presence at international conferences and meetings	4,500
- Website and database maintenance	8,500
- Develop and implement reader-friendly new website with more modern interactive features	310,000
Strategy 2. Communication to the media and to the European public	
- Press, media and information services	150,000
- Audiovisual work	100,000
- Web and social media	-
- Multilingual website development	-
- Web Portal 2.0 development	-
Strategy 3. To support the Member States health communication capacities	
- Health Promotion and Behavioural Change	100,000
- Health Promotion and Behavioural Change CORE- Risk Communication Capacity	30,000
- Health Promotion and Stakeholder Partnership	30,000
- Research to support communicable disease prevention initiatives	75,000
- Public Health Program Evaluation- risk communication initiatives in EU	45,000

Budget for 2013: EUR 1,196,000 in Title III

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".

Cooperation with Member States

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

Main objectives for the Target in 2013

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

Expected results in 2013:

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 tools[22], developed by the ECDC, which will allow the coordinating Competent Bodies to provide their official nominations online and to set models for specific interactions.

Indicators	Targets
Number of country visits to the MS and EEA/EFTA countries (ECDC Director's visits, technical visits)	15 country visits
Number of structured communicable diseases cooperation programmes with MS	10 cooperation programmes

Justification of the new activities for 2013

ECDC Partnerships Management system (CRM[23]) 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

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[22] Microsoft CRM (Customer Relationship Management software)
[23] Customer relationship management (CRM)

List of activities for 2013:	
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: annual meeting of the Coordinating Competent Body (CCB)	300,000
- Strengthening of the work with countries by providing expertise and support to the Member States and other ECDC stakeholders based on a solid understanding of the public health structures in the countries.	-
- Development of the ECDC Partnerships Management System which provides ECDC staff and external sources with user friendly access to high quality information regarding stakeholders, activities, processes, etc.; collect the information on countries in the System; use of the system to support interactions between ECDC and Member States (and EEA/EFTA countries).	-
- ECDC country visits	-

International relations

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

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 2013

- 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 enlargement countries and develop relations with countries covered by the European Neighbourhood Policy.
- Enhance relations with key European and global public health actors, in particular with WHO European Regional Office through the implementation of the Administrative Agreement.

Expected results in 2013

"ECDC Policy for Collaboration with 'Third' Countries", approved in November 2010 by the Management Board, will be used as a framework for ECDC day-to-day work with countries beyond EU borders. This document will be supported by SOPs and internal guidelines ensuring coherent approach within the Centre. ECDC will fully integrate Croatia into ECDC activities by implementing the interim engagement action plan during the period preceding its accession. Following the support of and close collaboration

with the Commission, ECDC provides assistance activities for EU candidate and potential candidate countries and will conduct countries' capacity assessments in communicable diseases based on ECDC assessment toolbox. Thereby ECDC will contribute to monitoring of progress made by the EU enlargement countries.

ECDC has initiated collaboration with some countries under the European Neighbourhood Policy. ECDC will further develop the capacity building activities with Southern European Neighbourhood Policy countries, through the development of a training programme based on the EPIET-model. This will be done in close collaboration with DG SANCO, other relevant Commission services, and interested countries. Depending on obtaining a grant from the European Neighbourhood and Partnership Instrument (ENPI), ECDC will also further develop its activities with countries participating in the Eastern Partnership.

In 2013 ECDC will develop a strategy regarding its response to requests for rapid assistance in international actions related to prevention and control of communicable diseases, and strengthen the monitoring of implementation of bilateral agreements between ECDC and institutions in countries beyond EU-borders.

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 the end of February 2013 ECDC will finish the one-year term as coordinator of the Network of Heads of EU Agencies. The last meeting under ECDC chairmanship will take place in February 2013.

ECDC will continue working with the WHO in the framework of the Administrative Agreement between ECDC and WHO Regional Office for Europe. Based on the monitoring of the implementation of technical level action plans developed for 2012 for all the disease specific areas the Joint Coordination Group will in 2013 steer the development of further action plans and the evaluation of the collaboration.

Indicators	Targets
Number of assessments visits to the EU enlargement countries	2 visits
Number of workshops with ENP countries	2 workshops
Number of experts from EU enlargement countries participating in ECDC meetings/activities	45 experts
Development of ECDC strategy on its role in the international outbreak response	Strategy approved

Justification of the new activities for 2013

ECDC support to the EU enlargement and ENP countries is the implementation of the "ECDC Policy for Collaboration with 'Third' Countries. EU enlargement countries' capacity assessment is conducted following the Commission (SANCO) request to ECDC (in 11 June 2011). Cooperation with other non-EU countries is based on signed MoUs and Administrative Arrangements with ECDC.

List of activities for 2013:	51
Strategy 2.	*To ensure a close and productive cooperation with all EU structures whose activities can contribute to Communicable Diseases prevention and control*
- Coordination of the network of EU agencies	47,000
- Assessment of EU enlargement countries' communicable disease surveillance and prevention systems	15,000
- Collaboration with the EU enlargement countries (candidates/potential candidates)	*Specific Grant*
- ECDC external strategy	-
- Support to ENP countries	-
- Relations with EU structures	1,700
- Support to the EpiNorth network	32,000
- Relations with NGOs and other stakeholders	20,000

Strategy 3.	*To maintain effective working relationships with WHO and other IGOs, NGOs, scientific institutions and Foundations of key importance to ECDC's work*
- Follow up of implementation of Memorandum of Understanding (MoUs) with CDCs – US, China, Canada…	25,000
- Relations with WHO	80,000

Budget for 2013: EUR 520,700 in Title III

Target 8:   Leadership[24]

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), including related steering committees and working groups. It also ensures that a policy is in place for the prevention of conflicts of interest to guarantee accountability and transparency. The 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 2013

1. Enhance support to the Management Board, Audit Committee, Advisory Forum and Senior Management Team.
2. Ensure accountability and transparency to the entire membership, partners, and other stakeholders.
3. Build credibility and confidence to ECDC as the primary convener of dialogue and partnership building in the field of public health.
4. Continue to give a high level of priority to the prevention of conflict of interest / independence policy of the Centre.

Expected results in 2013

During 2013, 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) (three meetings) and Senior Management Team (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.

A high level of attention will be devoted to the **prevention of conflicts of interest / independence policy** of the Centre. In order to assure transparency, all newly appointed Members and Alternates of the Management Board and the Advisory Forum are requested to fill in a Declaration of Confidentiality and a Declaration of Commitment. In addition, each year, they must fill in Annual Declaration of Interest forms, which are duly published on the ECDC website. Members (and/or Alternates) are also required to declare a conflict of interest(s) for specific agenda items prior to participating in meetings, workshops and/or video/teleconferences. Experts and Observers are also required to fill in such forms. At the end of 2011, 100% of the Annual Declaration of Interest Forms were filled by Members and Alternates of the Management Board and Advisory Forum.

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 2013	100%
Timeliness of the documents dispatched to the Management Board, Audit Committee and Advisory Forum	10 working days before the meeting

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[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.

List of activities for 2013:
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

Strategic Management

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

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

Progress towards the final implementation of the strategic multi-annual programme (SMP) 2007-2013 and its seven Targets will be routinely monitored and the results used for the Management Board 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 2013

1. Further implement the quality management system encompassing all areas of work in the Centre.
2. Implement a common project management methodology and assistance to project managers across the organisation
3. Provide guidelines and technical tools, including IT tools (Management Information System) to all Units to plan and monitor the implementation of their activities more efficiently.

Expected results in 2013

The objective for 2013 is to strengthen internal management activities towards improved efficiency in the ECDC daily work. In order to achieve this ECDC will further improve its planning, monitoring and reporting activities. Indicators and reporting services will be further improved in order to provide more qualitative information for both internal management and stakeholders. The new project office will be further strengthened to develop common project methodologies across the Centre, for all projects including non IT projects, and ensure their implementation throughout the Centre. The Activity Based Budget will be further monitored and fine tuned.

In addition, ECDC will further develop its Quality Management System. The results of the Common Assessment framework, conducted in 2012 through a self assessment by the staff of ECDC helped to list some improvement projects, which have been integrated in the Work Programme for 2013. ECDC will continue developing business processes in order to clarify the roles and collaborations within the organisation and to reinforce the efficiency in the delivery of products and services.

As part of a general strategy for evaluation, ECDC will develop a system for the internal evaluation of its activities (peer reviews).

Indicators	Targets
Development of internal business processes	At least 75 internal processes drafted
Implementation of the Work Programme 2012	85% of the planned activities implemented

Justification of the new activities for 2013

SMAP preparation: The preparation of the Strategic Multi-Annual work Programme for the period 2014-2020, which provides ECDC long-term perspective and the structure of ECDC annual work programmes for the period will be finalised for adoption by the Management Board in 2013.

List of activities for 2013:	
- Meetings of the Director	15,000
- Planning (Work programme 2014), monitoring (Work Programme 2013) and reporting (Work Programme 2012)	-
- Review of the ECDC key business processes	-
- Launch of the second self-assessment for the quality management system (CAF)	-
- Evaluation and update of the Management Information System	-
- Fine tuning of the Activity Based Budget	-
- Implementation of common project management methodologies across the centre	-
- Internal process for the evaluation of scientific operations	-
- Quality Management System	-
- SMAP preparation (Strategic Multi-Annual work Programme 2014-2020)	10,000

Budget for 2013: EUR 25,000 in Title III

Target 9:   Administration[25]

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".

Information and Communication Technologies

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 project and maintenance areas, and specifically to:

- Operate the ICT platforms and services at a high level of availability and assure integrated business applications;
- Optimise ICT resources
- Define ICT project management best practices and implement them in coherence with centralised Project office

Main objectives for the Target in 2013

1. Operate and provide high level support and maintenance for the operational and administrative applications, IT networks and infrastructure of ECDC, complying with budget cuts,
2. Define further cost-efficient ICT strategies
3. Carry on of progressive definition and implementation of ICT project best practices

Indicators	Targets
Process time to handle users IT requests	100% compliance with Service Level Agreements (SLAs)

Expected results in 2013

A new ICT Unit has been established in the Centre at mid 2012. For the first time in the Work Programme 2013, the newly centralised ICT Unit has developed an integrated work programme. The priority of the ICT Services in 2013 will be:

- The execution of ICT work plan
- The consolidation of the ICT centralisation
- The definition of new cost-efficient ICT strategies and relevant indicators
- The improvement of ICT project management

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[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.

List of activities for 2013:

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

ICT Epidemiological applications	
- Critical surveillance dashboard	60,000
- Molecular surveillance (roadmap implementation)	145,000
- TESSy maintenance	150,000
- TESSy outputs development	150,000
- TESSy outputs maintenance	130,000
- TESSy Query Data - second generation	65,000
- Epidemic Intelligence Platform	145,960
- EPIS ELDSNet	67,000
- EPIS Maintenance	67,500
- EWRS maintenance and implementation of Health Threat Package	143,640
ICT- Infrastructure	
- ICT support for internal and external ECDC users	868,697
- Manage the ICT resources and services	176,243
- Operation of the ECDC applications	734,000
- Testing and deployment of IT applications	246,960
ICT- Applications	
Project and application development support: Corrective maintenance	
- CRM: Corrective maintenance	150,000
- ECDC Common applications: Corrective maintenance	80,000
- Extranets: Corrective maintenance	60,000
- Identity Management: Corrective maintenance	50,000
- Portal: Corrective maintenance	80,000
Project and application development support: Evolutionary maintenance	
- Portal: Multilingualism	180,000
- Portal: release 2.0	270,000
- Portal: vaccine web-site development (measles)	40,000
Project and application development support: Research	
- Pre-studies	30,000

Budget for 2013: EUR 4,090,000 in Title III

Administration support

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;
- Provide legal advice and counselling;
- Ensure that the Internal Control Standards are fully implemented, and that the recommendations by Court of Auditors and the Internal Audit Service are implemented.
- 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 2013

1. Secure the organisation's business continuity by efficient recruitment processes, reducing the number of vacant posts at year end and further strengthening the gender balance in management positions
2. Implement changes of the Staff Regulation;
3. Ensure the timely preparation and correct implementation of the budget, deliver the annual accounts of the Centre, and improve the asset management
4. Support the units in the implementation of meetings so that resources are utilised efficiently by partial automation of services for missions and meetings
5. Improve the working environment for staff and ensure the security of staff and the Centre's visitors
6. Communicate internally reflecting ECDC values and using intranet as one key channel, and improve the free flow of knowledge and information across the Centre and evaluate offerings and impact of Internal Communications and its tools

Indicators	Targets
Average of recruitment process - from expiry date of vacancy notice to appointment decision	12 weeks
Vacancy rate	8%
Proportion of women in the new appointments to Management posts *(Heads of Units/Deputy Heads of Units/Heads of Sections)*	50%
Budget execution 2013	80% implemented
Travel claims (staff) and external experts reimbursements processed	6 weeks on average
Regular mailing of internal newsletters	24 newsletters sent every other week
Use of the intranet by staff (viewed pages, visits compared to 2012)	10% increase

Expected results in 2013

The priorities of the Administration Services for 20123 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
- Establish an coherent and transparent internal communication system that allows quick access to relevant information for all staff

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*
- Provision of Human Resources services such as recruitment and staffing, pay and staff entitlements, working conditions	-
- Provision of services for learning and development with particular focus on management training, expert development and e-learning	-
- Provision of services for the integration and wellbeing of staff, such as a support for settling into Sweden, medical services, the prevention of harassment and equal opportunities.	-
- Interaction with Staff Committee	-
- Implementation of the changes related to the amendment of the Staff Regulations	-
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*
- Delivery of the annual provisional and final accounts and the annual reports on budget implementation	
- Treasury management	
- Overall management of the annual budget, the inter-institutional Budget Cycle and Draft Budget, budget amendments and budget transfers, the publication of the budget and its amendments and contact point for the Court of Auditors	
- Monitoring and reporting on the Centre's payment and commitment execution	-
- Timely initiation and execution of payments and the ex-ante financial verification of all commitments, payments, recovery orders and credit operations of the Centre	-
- Drafting and revising of the financial and accounting documentation, delegations, internal procedures and policies	-
- Provision of support and advice to the authorising officers, the financial and operational actors on Financial and Budgetary matters, in line with the budgetary and accounting principles	-
- Implementation of ABAC Assets in the Centre	-
- Ensure the legality and regularity of the procurements as well as the contractual and financial implementation of commitments;	-
- Monitor and report on the centre's procurement plan;	-
- Consolidate financial and procurement internal workflows;	-
- Implementation of homogeneous and compatible procedures, norms and methods to process and access financial information and documentations.	-

- Evaluate the monitoring and reporting systems, including the financial and procurement workflows across the Centre	
Strategy 4: To coordinate meetings and support travels in an efficient and cost-effective manner	
- Support the units in the different phases of the organisation of the missions and meetings and implement the systems needed to increase the quality of support given	-
- Partial automation of the missions and meetings workflow as much as possible	-
- Exploration of the possibilities of green policies that can be applied in the fields of missions and meetings	-
- Provision of a systematic procedure to evaluate the organisation of meetings	-
Strategy 5: To effectively develop, maintain and manage ECDC premises, equipment and logistic services	
- Provision of logistic services for all staff	-
- Maintenance of the facility	-
- Inventory management	-
- Upkeep and further improvement of the security and safety of the ECDC staff and premises.	-
- Exploration and development of "green" policies	-
- Development of a building manual	-
- Development of a security policy for the Centre	-
Strategy 6: To provide legal advice and counselling	
- Provision of legal advice, and drafting of policies;	-
- Identification and notification of remaining personal data processing operations;	-
- Legal support to the development and review of internal procedures;	-
- Monitoring of open calls for tender and reopening of competitions within the ICT framework contract;	-
- Maintenance of the database for all contracts in the Centre;	-
- Organisation and chairing of the CPCG	-
- Provision of legal advice, and drafting of policies;	-
- Development of tools to support the procurement process and the contract database;	-
- Support Human Resources in drafting the implementing rules in relation to the Staff Regulations	-
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 of the development and assessment of the Internal Control system (incl. internal procedures);	-
- Promotion, facilitation and monitoring of the implementation of the Internal Control Standards (incl. risk management and Internal Control self-assessment exercise);	-
- Performance of the ex-post controls of the grant contracts and the ex-post controls of the financial transactions;	-
- Liaison with the Internal Audit Service, the Audit Committee and ensuring of the proper follow-up of the audit observations	-
- Perform "compliance testing" of internal control systems and procedures, as determined in the yearly plan	-
Strategy 8: Develop an coherent and transparent internal communication system	
- Organisation of internal events (5 staff events, including 2 major events) and campaigns	-

- Branding and layout and printing of materials supporting internal communication	-
- Evaluate the effectiveness of internal communication	-
- Functional integration of intranet and Document Management system	-
- Editorial content (special reports, bi-weekly newsletter, articles, statistical reports...)	-
- Document Management coordination and implementation	-
- Incoming and outgoing mail correspondence registration and management; administration of Centre's paper based archive	-
- New version of chrono application	-
- Further development of PHE intranet page	36,000
- Operate an internal content steering committee	-
- Use of the collaboration and social tools, such as wikis, blogs, ratings ("I like this") for internal communication	-

Budget for 2013: EUR 36,000 in Title III

ANNEXES

ANNEX 1: Proposed budget 2013 for operations (Title 3)

Budget requests per budget lines / Activities	DPs *ARHAI	*EVD	*FLU	*FWD	*HASH	*TUB	*VPD	Core DIR	Core ICT	Core OCS	Core PHC	Core RMC	Core SRS	Grand Total
3000-Networking, surveillance and data collection on Communicable diseases	498,000		325,000	383,000	295,000		850,000			146,600			103,000	**2,600,600**
3001-Preparedness, response and emerging health threats											70,000		130,000	**200,000**
3002-Scientific opinions and studies	382,595	732,000	65,000	258,000	510,000	617,000	310,000			980,000	50,000			**3,904,595**
3003-Technical assistance and training	85,000		20,000	25,000			49,000				3,724,566			**3,903,566**
3004-Publications and Communications	140,000		0	30,000	0		100,000				670,000	59,500		**999,500**
3005-ICT to support projects			20,000						4,090,000	189,000		354,500	550,000	**5,203,500**
3006-Build up and maintenance of the Crisis Centre													93,634	**93,634**
3007-Translations of scientific and technical reports and documents											50,000			**50,000**
3008-Meetings to implement the work programme	354,405	64,000	291,000	190,000	191,000	134,000	115,000	93,700		280000	175,000	52,250	270,000	**2,210,355**
3009-Country cooperation and partnership								452,000						**452,000**
3010-Scientific Library and Knowledge Services												261,250		**261,250**
Grand Total	**1,460,000**	**796,000**	**721,000**	**886,000**	**996,000**	**751,000**	**1,424,000**	**545,700**	**4,090,000**	**1,595,600**	**4,739,566**	**727,500**	**1,146,634**	**19,879,000**

ANNEX 2: Activity Based Budget 2013

Overview

Target	Strategy	FTE	Budget Title 1	Budget Title 2	Budget Title 3	Total Cost
Total Target 1	**Diseases Programmes**	**55**	**5,970,811**	**1,012,444**	**7,054,000**	**14,037,256**
Strategy 1.1	To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU *(Surveillance activities for Disease Programmes)*	20	2,216,979	361,871	3,123,000	5,701,850
Strategy 1.2	To improve the scientific understanding of communicable disease determinants *(Scientific advice from Disease Programmes)*	5	460,065	85,916	273,000	818,981
Strategy 3	To improve the range of the evidence base for methods and technologies for communicable disease prevention and control *(Guidances from Disease Programmes)*	4	494,107	82,316	1,352,595	1,929,019
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 *(co-ordination, training, monitoring and evaluation, communication, response from Disease Programmes)*	23	2,416,022	424,559	2,305,405	5,145,987
	Management and support	3	383,638	57,782	-	441,419
Total Target 2	**Surveillance (general)**	28	**2,896,716**	**512,012**	**483,000**	**3,891,728**
Total Target 3	**Scientific Advice**	22	**1,857,176**	**440,893**	**1,881,100**	**4,179,169**
Total Target 4	**Preparedness and response**	21	**2,201,275**	**378,426**	**778,634**	**3,358,335**
Total Target 5	**Training**	13	**1,414,086**	**240,185**	**3,784,566**	**5,438,836**
Total Target 6	**Health Communication**	35	**3,124,531**	**646,951**	**1,196,000**	**4,967,482**
Total Target 7	**Partnerships**	9	**943,564**	**168,531**	**550,700**	**1,662,795**
Total Target 8	**Leadership**	18	**1,673,017**	**752,475**	**25,000**	**2,450,492**
Total Target 9	**Administration**	**97**	**8,613,074**	**2,152,175**	**4,126,000**	**15,665,734**
	Trainees and interims - all ECDC		**1,950,000**			**1,950,000**
	GRAND TOTAL	**298**	**30,644,251**	**6,933,091**	**19,879,000**	**57,456,342**

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	8.96	826,020	164,403	358,000	1,348,424
	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	4.11	384,784	75,437	-	460,222
	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	0.76	94,949	13,987	-	108,936
	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	2.06	237,582	37,833	125,000	400,415
	Management and support	12.01	1,353,381	220,351	-	1,573,732
Total Target 2		**27.91**	**2,896,716**	**512,012**	**483,000**	**3,891,728**

Target 3	Strategy 1: To function as a public health research catalyst	2.75	264,103	50,445	324,000	638,547
	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	6.78	204,504	124,277	965,000	448,439
	Strategy 3: Produce guidelines, risk assessments and scientific advice					-
	Strategy 4: Be a major repository for scientific advice on communicable diseases	5.18	465,918	110,042	350,500	926,460
	Strategy 5: To promote and support the strengthening of microbiology for CD prevention, control, and scientific studies in the EU region	4.60	523,741	99,380	241,600	864,721

	Management and support	3.09	398,910	56,750	-	455,660
Total Target 3		22.40	1,857,176	440,893	1,881,100	3,333,828

Target 4: Preparedness and response						
Target 4	Strategy 1: To develop an efficient integrated early warning system about emerging threats in Europe	6.21	636,726	113,890	380,000	1,130,616
	Strategy 2: To develop mechanism for support/ coordination of investigation/response to health threats	6.43	753,043	118,017	100,000	971,060
	Strategy 3: To strengthen the Member States and EU preparedness to Communicable Diseases threats, pandemic preparedness	2.93	351,988	53,655	205,000	593,809
	Strategy 4: Strengthening the Emergency operation centre	5.06	459,518	92,864	93,634	646,016
	Management and support					
Total Target 4		20.63	2,201,275	378,426	778,634	3,341,500

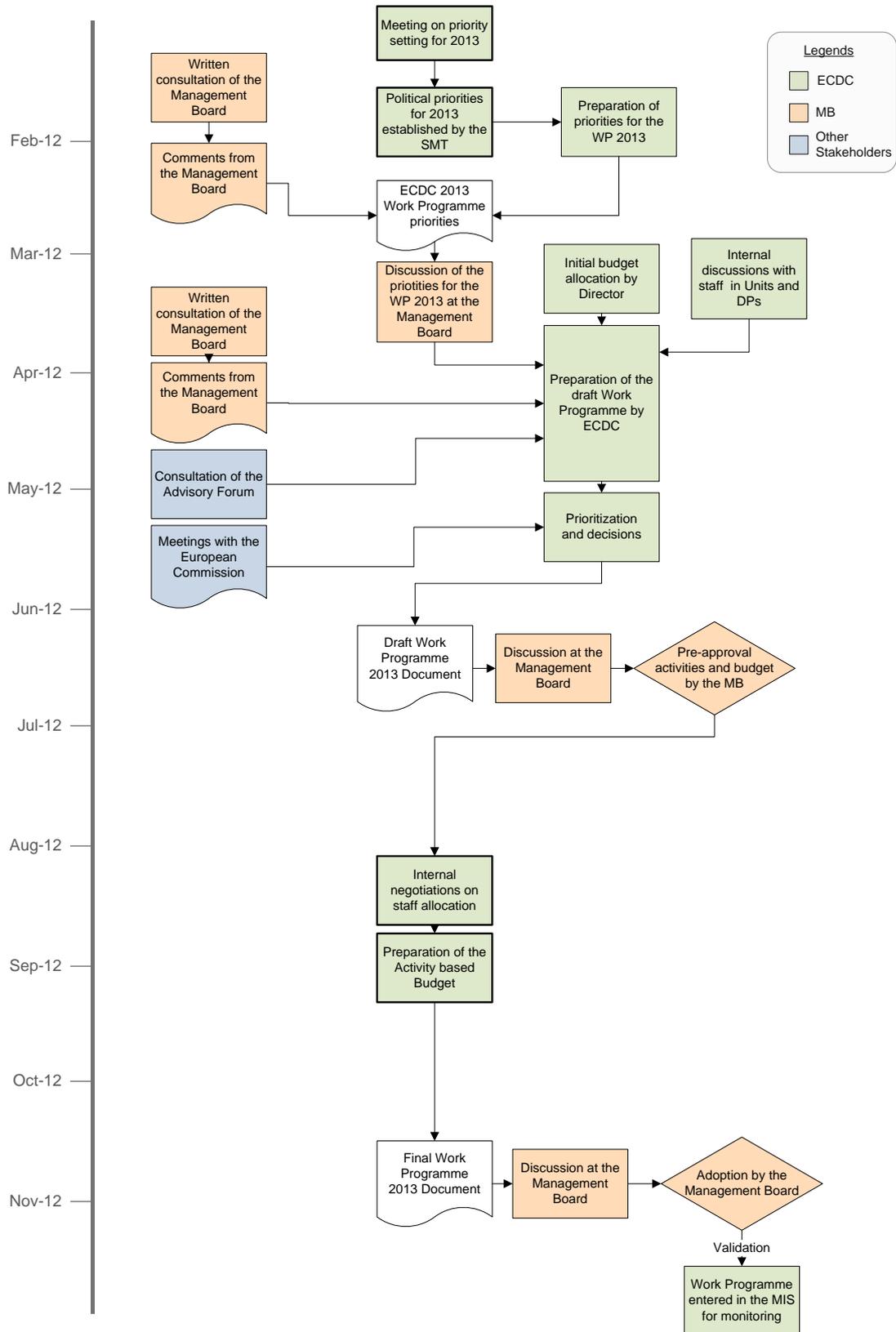| Target 5: Training						
Target 5	Strategy 1: To develop EU capacity on prevention and control of Communicable Diseases through training	6.90	673,402	126,570	3,194,566	3,994,538
	Strategy 2: To develop mechanism for support/ coordination of investigation/response to health threats	1.21	140,595	22,241	480,000	642,837
	Strategy 3: To create a training centre function within ECDC	2.24	234,859	41,158	110,000	386,017
	Management and support	2.74	365,230	50,215	-	415,445
Total Target 5		13.09	1,414,086	240,185	3,784,566	5,438,836

Target 6: Health Communication						
Target 6	Strategy 1: Communication to professional audiences	14.33	1,109,992	262,770	666,000	2,038,762
	Strategy 2: Communication to the media and to the European public	9.90	833,165	181,600	250,000	1,264,765
	Strategy 3: To support the Member States' health communication capacities	2.49	245,696	45,629	280,000	571,325
	Management and support	8.56	935,678	156,951	-	1,092,629
Total Target 6		**35.27**	**3,124,531**	**646,951**	**1,196,000**	**4,967,482**

Target 7: Partnerships						
Target 7	Strategy 1: To develop programmes of ECDC cooperation and support on Communicable Diseases with each Member State	2.88	260,710	52,737	300,000	613,447
	Strategy 2: To ensure a close and productive cooperation with all EU structures whose activities can contribute to Communicable Diseases prevention and control	5.81	626,406	106,621	115,700	848,728
	Strategy 3: To maintain effective working relationships with WHO and other IGOs, NGOs, scientific institutions and Foundations of key importance to ECDC's work	0.50	56,448	9,172	135,000	200,620
Total Target 7		**9.19**	**943,564**	**168,531**	**550,700**	**1,662,795**

Target 8: Leadership						
Target 8	Strategy 1: To provide effective Governance	6.00	475,202	395,061	-	852,492
	Strategy 2: To provide high quality overall management in ECDC's work and use of resources	5.03	717,424	227,291	25,000	1,296,217
	Management and support	7.09	480,391	130,124	-	561,103
Total Target 8		**18.13**	**1,673,017**	**752,475**	**25,000**	**6,035,400**

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	15.20	1,281,009	419,471	-	1,700,480
	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	23.00	1,859,954	540,899	-	2,400,854
	Strategy 3: To operate the ICT platforms and services at a high level of availability and ensure integrated and functional business applications	26.23	2,326,882	481,057	4,090,000	6,897,939
	Strategy 4: To coordinate meetings and support travel in an efficient and cost-effective manner	6.50	469,788	119,232	-	589,021
	Strategy 5: To effectively develop, maintain and manage ECDC premises, equipment and logistic services	4.50	353,269	132,546	-	485,815
	Strategy 6: To provide legal advice and counselling	5.00	494,647	121,717	-	616,364
	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	1.00	182,907.81	48,343.46	-	1,041,735
	Strategy 8: To develop a coherent and transparent internal communication system	5.75	490,867	105,475	36,000	596,341
	Management and support	10.00	1,153,750	183,435	-	1,337,185
Total Target 9		**97.18**	**8,613,074**	**2,152,175**	**4,126,000**	**15,665,734**

	Trainees and interims - all ECDC		1,950,000			1,950,000

	GRAND TOTAL	**299**	**30,644,251**	**6,933,091**	**19,879,000**	**57,456,342**

ANNEX 3: Process of preparation and adoption of the Work Programme 2013

Legends
- ECDC
- MB
- Other Stakeholders

Timeline: Feb-12, Mar-12, Apr-12, May-12, Jun-12, Jul-12, Aug-12, Sep-12, Oct-12, Nov-12

Meeting on priority setting for 2013

Written consultation of the Management Board

Political priorities for 2013 established by the SMT

Preparation of priorities for the WP 2013

Comments from the Management Board

ECDC 2013 Work Programme priorities

Discussion of the priotities for the WP 2013 at the Management Board

Initial budget allocation by Director

Internal discussions with staff in Units and DPs

Written consultation of the Management Board

Comments from the Management Board

Preparation of the draft Work Programme by ECDC

Consultation of the Advisory Forum

Prioritization and decisions

Meetings with the European Commission

Draft Work Programme 2013 Document

Discussion at the Management Board

Pre-approval activities and budget by the MB

Internal negotiations on staff allocation

Preparation of the Activity based Budget

Final Work Programme 2013 Document

Discussion at the Management Board

Adoption by the Management Board

Validation

Work Programme entered in the MIS for monitoring

ANNEX 4: Risk assessment of ECDC activities in the Work Programme 2013

As part of preparing the Work Programme (WP) 2013, 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 2012, 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 for down scaling the activities, it would still imply that a part of the WP would not be implemented as planned.

- Unavailability of data from member states and/or unavailability of member states/stakeholders resources to contribute to and/or participate in ECDC activities. 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 (including insufficient quality) would potentially jeopardize the implementation of the WP. Good planning and follow-up of outsourced work (including quality checks) 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 in the process of centralizing its IT activities, including IT developments. A new ICT Unit has been created. This has further improved IT planning and delivery. However, there are still some concerns regarding availability of strategic resources for IT and the potential ineffectiveness of IT services due to an excessive dependency on outsourced staff.

- Budget cuts in the 2013 budget and/or cut of posts (incl. vacant), and/or having posts downgraded, in the establishment table 2013.

ANNEX 5: ECDC procurement plan for 2013

UNIT/DP	Activity	Procurement title	Amount	Budget line	Type of procurement
.ARHAI	DP coordination & cross-cutting activities (incl. support to Member States and the Commission)	Country visits to discuss AMR and HAI issues (2 visits)	24,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
.ARHAI	European Antibiotic Awareness Day	Communication training of MS EAAD focal points (lot3)	90,000 €	3004-Publications and Communications	Under existing Framework Contract
.ARHAI	European Antibiotic Awareness Day	EAAD event	30,000 €	3004-Publications and Communications	Under existing Framework Contract
.ARHAI	European Antibiotic Awareness Day	Diffusion rights for 30s EAAD TV spot	20,000 €	3004-Publications and Communications	Open Call for tender
.ARHAI	European Antimicrobial Resistance Surveillance Network (EARS-Net)	European survey on carbapenemase-procuding bacteria	250,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
.ARHAI	European Antimicrobial Resistance Surveillance Network (EARS-Net)	Lab/Hospital software support for AMR surveillance (WHONET)	30,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract
.ARHAI	European Antimicrobial Resistance Surveillance Network (EARS-Net)	EQA of performance of laboratories participating in EARS-Net	120,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Open Call for tender
.ARHAI	European Surveillance of Antimicrobial Consumption Network (ESAC-Net)	Validation and analysis of ESAC-Net data	80,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract
.ARHAI	Healthcare-Associated Infections surveillance Network (HAI-Net)	Validation, analysis and support of EU point prevalence survey - HAI and antimicrobial use	30,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Negotiated procedure

.ARHAI	Healthcare-Associated Infections surveillance Network (HAI-Net)	Surveillance of HAI and antimicrobial use in long-term care facilities	128,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract
.ARHAI	Healthcare-Associated Infections surveillance Network (HAI-Net)	Surveillance of Clostridium difficile infections	110,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract
.ARHAI	Healthcare-Associated Infections surveillance Network (HAI-Net)	Implementation of infection control training section	85,000 €	3003-Technical assistance and training	Under existing Framework Contract
.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)	102,595 €	3002-Scientific opinions and studies	Under existing Framework Contract
.ARHAI	Open source publication costs	Open source publication costs	6,000 €	3002-Scientific opinions and studies	
.EVD	Diagnosis: EQA standards for malaria and Lyme	EQA standards for malaria and Lyme	30,000 €	3002-Scientific opinions and studies	Negotiated procedure
.EVD	Surveillance of vector-borne diseases (MALA, WN, LB, TESSy)	Lyme borreliosis (year 3): standards for reporting	20,000 €	3002-Scientific opinions and studies	Negotiated procedure
.EVD	Surveillance of vector-borne diseases (MALA, WN, LB, TESSy)	Diagnosis: EQA for Lyme or Malaria	30,000 €	3002-Scientific opinions and studies	Negotiated procedure
.EVD	Surveillance of vectors (mosquitoes, ticks)	Guidance for surveillance of native mosquitoes: step 3 (West Nile, malaria)	50,000 €	3002-Scientific opinions and studies	Open Call for tender
.EVD	VBORNET	WP1 - co-ordination and IT developments	300,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
.FLU	SIIP project - Health Promotion and Behavioural Change support to FLU	Health Promotion and Behavioural Change support to FLU	20,000 €	3003-Technical assistance and training	Open Call for tender
.FLU	SIIP Project Monitoring of the implementation of Council Recommendation on Seasonal Influenza Vaccination	Production of interim report and continuation of monitoring activities	65,000 €	3002-Scientific opinions and studies	Under existing Framework Contract

.FLU	Surveillance - Cross-cutting activity (with other Unit-Sections) - developing work with intensive care networks at EU level including surveillance for severe influenza disease	Costs involved in developing the surveillance aspects of an ITU network in Europe	20,000 €	3005-ICT to support projects	Under existing Framework Contract
.FLU	Surveillance - Routine Community Network of Reference Laboratories (CNRL) for Human Influenza coordination and influenza virology coordination	Surveillance - Routine Community Network of Reference Laboratories (CNRL) for Human Influenza coordination and influenza virology coordination	325,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract
.FWD	FWD coordination and management of the programme	FWD coordination and management	10,000 €	3002-Scientific opinions and studies	Negotiated procedure
.FWD	FWD coordination and management of the programme	Open source publication	6,000 €	3002-Scientific opinions and studies	Negotiated procedure
.FWD	FWD coordination and management of the programme	Ad hoc risk assessments	4,000 €	3002-Scientific opinions and studies	Negotiated procedure
.FWD	FWD EliTE study: Joint Listeria typing study - human and food strains	EliTE study (ECDC-EFSA-EURL Listeria)	38,000 €	3002-Scientific opinions and studies	Negotiated procedure
.FWD	FWD pilot: Curation and validation of PFGE data for Salmonella, Listeria and VTEC	Curation of Salmonella, Listeria and VTEC PFGE data	100,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract
.FWD	FWD pilot: External Quality Assurance (EQA) and typing support	EQA and typing support for Salmonella, Listeria and VTEC	210,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract
.FWD	FWD study: Seroepidemiology for Salmonella and Campylobacter infections	Completion of seroepidemiology study	69,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
.FWD	FWD Training support	Giardiasis and other parasites workshop	25,000 €	3003-Technical assistance and training	

.FWD	Health Promotion and Behaviour Change - support to FWD: Evaluation of communication tools for gastrointestinal disease prevention in schools	Health Promotion and Behaviour Change - support to FWD: Evaluation	30,000 €	3004-Publications and Communications	Open call for tender low value
.FWD	LEG: Legionella microbiology and diagnostic support project to MS	Legionella microbiology and diagnostic support project to MS	200,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
.FWD	Surveillance protocol for STEC/VTEC	STEC surveillance protocol	18,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Negotiated procedure
.FWD	Surveillance diagnostic support to vCJD	3rd SC as part of existing FWC 2011-2013	42,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract
.FWD	Surveillance- scripts for EUSR and FWD surveillance report	FWC for data script production	13,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Negotiated procedure
.HASH	Estimating cost effectiveness for screening strategies for HIV and Hepatitis B and C	Production of toolkit for cost effectiveness of screening	95,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
.HASH	Hepatitis B/C surveillance	Procurement for statistician to work across hepatitis B and C, HIV and STI data analyses	20,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract
.HASH	HIV/AIDS surveillance	Procurement for statistician to work across hepatitis B and C, HIV and STI data analyses	20,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract
.HASH	Improving prevalence estimates for HIV and hepatitis	Procurement	90,000 €	3002-Scientific opinions and studies	Under existing Framework Contract

.HASH	Migrant health	Procurement to analyze the burden of HIV among irregular migrants	80,000 €	3002-Scientific opinions and studies	Open Call for tender
.HASH	Migrant health	Procurement on the epidemiology of HIV among migrants in the EU/EEA, including migrant groups with multiple risk factors for HIV	45,000 €	3002-Scientific opinions and studies	Open Call for tender
.HASH	Monitoring and evaluation of the Dublin Declaration	Procurement on the monitoring and evaluation of the Dublin Declaration for HIV	50,000 €	3002-Scientific opinions and studies	Open Call for tender
.HASH	Monitoring and evaluation of the EU Communication and Action Plan on HIV/AIDS 2009-2013	Procurement on the monitoring and evaluation of the EU Action Plan	40,000 €	3002-Scientific opinions and studies	Open Call for tender
.HASH	Prevention and control programmes for HIV, STI and hepatitis	Procurement for a technical report of effectiveness of ANC strategies in EU/EEA	45,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
.HASH	Prevention and control programmes for HIV, STI and hepatitis	Procurement related to guidance for disease prevention among MSM	45,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
.HASH	Prevention and control programmes for HIV, STI and hepatitis	Launch event of guidance for disease prevention among MSM	10,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Negotiated procedure
.HASH	Prevention and control programmes for HIV, STI and hepatitis	Procurement for a survey to MS regarding chlamydia control	70,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
.HASH	Prevention and control programmes for HIV, STI and hepatitis	Support for the implementation of behavioural surveillance in Europe	10,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract
.HASH	STI surveillance	Procurement for STI microbiology activities with a focus on monitoring gonococcal succeptibility	145,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Open Call for tender

.HASH	STI surveillance	Procurement for inclusion of additional countries into Euro-GASP	40,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Open Call for tender
.TB	Awareness and evidence-based action on tuberculosis burden and tuberculosis control among HIV-coinfected tuberculosis patients	Improve reporting of HIV status in TB patients	35,000 €	3002-Scientific opinions and studies	Open Call for tender
.TB	Awareness and evidence-based action on tuberculosis burden and tuberculosis control among migrants	Consolidate ECDC guidance on TB control among migrants	40,000 €	3002-Scientific opinions and studies	Open Call for tender
.TB	Implementation of new tools and approaches to eliminate tuberculosis	Assessment of latent TB control as a programmatic intervention - part 1	205,000 €	3002-Scientific opinions and studies	Open Call for tender
.TB	Liaison with partners and scientific initiatives within the field of tuberculosis prevention and control	Publication fees for publication in open access journals	6,000 €	3002-Scientific opinions and studies	Negotiated procedure
.TB	Strengthening tuberculosis laboratory capacity	Framework grant for support to network activities - including molecular typing lab activities	241,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
.TB	Strengthening tuberculosis prevention and control in the five tuberculosis high priority countries	Support to high priority countries with the development of a country strategy	75,000 €	3002-Scientific opinions and studies	
.TB	Tuberculosis surveillance and monitoring	MDR-TB molecular surveillance - expert cluster analysis and interpretation of data	15,000 €	3002-Scientific opinions and studies	Open Call for tender
.VPD	Coordination of activities for laboratory surveillance of diphtheria	Collaboration with external partners to set up and coordinate a laboratory network for diphtheria	60,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract
.VPD	Coordination of activities for laboratory surveillance of IBD (N. meningitidis, H. influenzae) in EU/EEA countries	Coordination of activities for laboratory surveillance of IBD (N. meningitidis, H. influenzae).	150,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract

.VPD	Coordination of activities for laboratory surveillance of whooping cough	Coordination of activities for laboratory surveillance of whooping cough	160,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract
.VPD	VPD core activities and general issues	Eurovaccine 2013 outsource conferences services.	80,000 €	3002-Scientific opinions and studies	Open Call for tender
.VPD	Health Promotion and Behavioural Change support to VPD	Risk communication training (focus on measles prevention)	49,000 €	3003-Technical assistance and training	
.VPD	Health Promotion and Behavioural Change support to VPD	Regional pilot interventions in selected Member States for measles and rubella elimination.	80,000 €	3004-Publications and Communications	Negotiated procedure
.VPD	Health Promotion and Behavioural Change support to VPD	Meeting to bring forward the ideas for measles and rubella elimination generated at the first Freethinkers meeting.	10,000 €	3004-Publications and Communications	Under existing Framework Contract
.VPD	Setting up and coordination of European Invasive Pneumococcal active surveillance (IPD) network	Setting up and coordination of European Invasive Pneumococcal active surveillance (IPD) network	480,000 €	3000-Networking, surveillance and data collection on Communicable diseases	
.VPD	VENICE	Implementation of vaccination coverage assessment in EU/EEA/EFTA countries	200,000 €	3002-Scientific opinions and studies	
.VPD	VPD Liason with external partners	Automated display of vaccination schedules in the EU	30,000 €	3002-Scientific opinions and studies	Open Call for tender
DIR	Assessment of EU enlargement countries' communicable disease surveillance and prevention systems.	Assessment of EU enlargement countries' communicable disease surveillance and prevention systems.	15,000 €	3009-Country cooperation and partnership	
DIR	Follow up of implementation of Memorandum of Understanding (MoUs) with CDC (China, Canada, USA, Israel)	Follow up of implementation of Memorandum of Understanding (MoUs) with CDC (China, Canada, USA, Israel)	25,000 €	3009-Country cooperation and partnership	

DIR	Preparatory measures for participation of EU enlargement countries in the work of ECDC	Preparatory measures for participation of EU enlargement countries in the work of ECDC	170,000 €	*3012-DG Enlargement	
ICT	Critical surveillance dashboard	ICT report creator	60,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	Epidemic Intelligence Platform	ICT developer, Business Analyst	145,960 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	EPIS ELDSNet	ICT developer, Business Analyst	67,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	EPIS Maintenance	ICT developer, Business Analyst	67,500 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	EWRS maintenance and implementation of Health Threat Package	ICT developer, Business Analyst	143,640 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	ICT support for internal and external ECDC users	Helpdesk consultants	899,082 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	Manage the ICT resources and services	ITIL consultancy	152,830 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	Molecular surveillance (roadmap implementation)	ICT Development/testing	145,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	Operation of the ECDC applications	ICT to support operational applications	624,348 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	Pilot the e-manual for monitoring data quality and evaluation of surveillance systems in some EU Member States	Pilot and finalisation of the manual	15,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Negotiated procedure
ICT	Project and application development support: Corrective maintenance	Portal: Corrective maintenance	80,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	Project and application development support: Corrective maintenance	CRM: Corrective maintenance	150,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	Project and application development support: Corrective maintenance	Extranets: Corrective maintenance	60,000 €	3005-ICT to support projects	Re-opening of competition (ICT)

ICT	Project and application development support: Corrective maintenance	ECDC Common applications: Corrective maintenance	80,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	Project and application development support: Corrective maintenance	Identity Management: Corrective maintenance	50,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	Project and application development support: Evalutionary maintenance	Portal: release 2.0	270,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	Project and application development support: Evalutionary maintenance	Portal: Multilinguality	180,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	Project and application development support: Evalutionary maintenance	Portal: vaccine web-site development (measles)	40,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	Project and application development support: Research	Prestudies	30,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
ICT	Testing and deployment of IT applications	Application testers	270,640 €	3005-ICT to support projects	Re-opening of competition (ICT)
OCS	Climate Change	Procurement: FWD outbreaks related to climate	40,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
OCS	Climate Change	Climate Change Decision Support Tool	25,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
OCS	Climate Change	Systematic Reviews of Environmental Determinants of Infectious Diseases	35,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
OCS	Comparative Impact of Diseases	Lot 2 tender "Estimation of European disability weights for communicable diseases included in the BCoDE project"	40,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
OCS	Comparative Impact of Diseases	Work Package 4 of the current BCoDE Framework Partnership Agreement	60,000 €	3002-Scientific opinions and studies	Under existing Framework Partnership Agreement

OCS	Comparative Impact of Diseases	IT software: BCoDE toolkit development	30,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
OCS	Comparative Impact of Diseases	Impact of interventions	30,000 €	3002-Scientific opinions and studies	Open Call for tender
OCS	Comparative Impact of Diseases	Use of Burden of Disease studies: systematic review on translating estimates into health policy	30,000 €	3002-Scientific opinions and studies	Open Call for tender
OCS	Comparative Impact of Diseases	Identifying and inclusion of new diseases in the BCoDE project	50,000 €	3002-Scientific opinions and studies	Open Call for tender
OCS	EBM/EBPH internal support	EBM helpdesk function	10,000 €	3002-Scientific opinions and studies	Negotiated procedure
OCS	EBM/EBPH methods development	EBM grading methods	40,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
OCS	EBM/EBPH methods development	EBM tool development	25,000 €	3002-Scientific opinions and studies	Open Call for tender
OCS	EBM/EBPH training	EBM training courses	60,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
OCS	Escaide 2013: Organise and execute conference	ESCAIDE 2013 in Stockholm	230,000 €	3002-Scientific opinions and studies	Open Call for tender
OCS	European Environment and Epidemiology Network	European Environment and Epidemiology Network	70,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
OCS	European Environment and Epidemiology Network	European Environment and Epidemiology Network: analysis	35,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
OCS	Future Infectious Disease Threats to Europe	Foresight study	15,000 €	3002-Scientific opinions and studies	Open Call for tender
OCS	Health economics -Health expenditures	Health Expenditures	50,000 €	3002-Scientific opinions and studies	Open Call for tender
OCS	Health Inequalities - Migrant health	Review of the living conditions in detention centres and their potential impact on the spread if infectious diseases	50,000 €	3002-Scientific opinions and studies	Open Call for tender
OCS	Health Promotion and Behavioural Change CORE	Health Promotion and Behavioural Change CORE	40,000 €	3004-Publications and Communications	Open Call for tender

OCS	Health Promotion and Behavioural Change CORE- Risk Communication Capacity	Procurement	30,000 €	3004-Publications and Communications	Under existing Framework Contract
OCS	Maintaing expert directory	Evolutive and corrective changes to expert directory interim solution	10,000 €	3005-ICT to support projects	Under existing Framework Contract
OCS	Maintaing SARMS	Corrective changes to SARMS	20,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
OCS	Maintaing SARMS	Evolutive changes to SARMS to accomodate workflow for RRA	40,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
OCS	Microbiology Coordination and technical support for strengthening laboratory capacity	Develop and promote AMS testing standards (EUCAST)	146,600 €	3000-Networking, surveillance and data collection on Communicable diseases	Under existing Framework Contract
OCS	Research to support communicable disease prevention initiatives	Research to support communicable disease prevention initiatives	75,000 €	3004-Publications and Communications	Open Call for tender
OCS	Social Determinants of IDs	Attribution of social policies on infectious disease burden	50,000 €	3002-Scientific opinions and studies	Under existing Framework Contract
OCS	Social Determinants of IDs	Health Promotion Manual for Intervening on SD of ID	70,000 €	3002-Scientific opinions and studies	Open Call for tender
OCS	Social Determinants of IDs	Consequences of the economic crisis on ID control programs	40,000 €	3002-Scientific opinions and studies	Open Call for tender
OCS	Social Determinants of IDs	Vulnerable groups to IDs	35,000 €	3002-Scientific opinions and studies	Open Call for tender
OCS	Open Access Publications	Pay for open access publications	10,000 €	3002-Scientific opinions and studies	Negotiated procedure
OCS	Priority setting tool	IRIS	4,000 €	3002-Scientific opinions and studies	Negotiated procedure
OCS	Shipment of laboratory samples	Shipment of laboratory samples	5,000 €	3001-Preparedness, response and emerging health threats	Negotiated procedure

PHC	Accreditation by European Accreditation Council for Continuing Medical Education (EACCME) for ECDC training events.	Accreditation of ECDC Training	10,000 €	3003-Technical assistance and training	Negotiated procedure
PHC	Audiovisuals	Audiovisuals	100,000 €	3004-Publications and Communications	Under existing Framework Contract
PHC	EPIET / EUPHEM Training Modules	EPIET/EUPHEM Modules	727,055 €	3003-Technical assistance and training	
PHC	EPIET MS track support	EU Senior expert training programme	180,000 €	3003-Technical assistance and training	Under existing Framework Contract
PHC	EPIET/EUPHEM e-Learning implemention	ECDC e-Learning Implementation	100,000 €	3003-Technical assistance and training	Open Call for tender
PHC	EPIET/EUPHEM Fellowship Grants	fellowship grants	1,729,566 €	3003-Technical assistance and training	Under existing Partnership agreements and Grants
PHC	Fellowship Scientific Coordination Activities	Fellowship Scientific Coordination Activities	216,805 €	3003-Technical assistance and training	
PHC	FPA Coordinators Fellowships	FPA coordination Fellowships	480,000 €	3003-Technical assistance and training	Under existing Framework Contract
PHC	Health Promotion and Stakeholder Partnership	Health Promotion and Stakeholder Partnership	30,000 €	3004-Publications and Communications	
PHC	Press, Media and Information services	Press, Media and Information services	150,000 €	3004-Publications and Communications	Under existing Framework Contract
PHC	Public Health Program evaluation	Reports from workshops in countries.	10,000 €	3004-Publications and Communications	Under existing Framework Contract
PHC	Public Health Program Evaluation- risk communication initiatives in EU	Public Health Program Evaluation- risk communication initiatives in EU	45,000 €	3004-Publications and Communications	Open Call for tender
PHC	Publications	Layout, print and distribution	200,000 €	3004-Publications and Communications	SLA
PHC	Specific EUPHEM Modules	Specific EUPHEM Modules	281,140 €	3003-Technical assistance and training	
PHC	Translations	Translation	50,000 €	3007-Translations of scientific and technical reports and documents	SLA

RMC	Development of website version 3, prepared in 2012	Eurosurveillance web3	310,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
RMC	ECDC Library operations, development, and information services delivery Services	Procurement	180,500 €	3010-Scientific Library and Knowledge Services	Under existing Framework Contract
RMC	Intranet development	Development of functionalities on the PHE intranet website	36,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
RMC	Knowledge Management Services	Procurement of Knowledge Engineering Capacity (lots of KM FWC)	80,750 €	3010-Scientific Library and Knowledge Services	Under existing Framework Contract
RMC	Promotion of journal and IF to presumptive readers and authors	Publication	4,500 €	3004-Publications and Communications	Under existing Framework Contract
RMC	Website and database maintenance	Eurosurveillance website and database maintenance	8,500 €	3005-ICT to support projects	Re-opening of competition (ICT)
SRS	Assessment of surveillance and early detection and response systems in Member States	Instrumenst for self assessment of member state surveillance and early detection and response sytems	50,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Negotiated procedure
SRS	Epidemic intelligence - external tools development	Epidemic intelligence - external tools development	50,000 €	3001-Preparedness, response and emerging health threats	
SRS	Maintenance, tehcnical suppor of the Emergency Operation Centre (EOC)	Maintenance, tehcnical suppor of the Emergency Operation Centre (EOC)	20,000 €	3006-Build up and maintenance of the Crisis Centre	Negotiated procedure
SRS	Management, manteinance and extension of EMMA system (front end and back end)	Management, manteinance and extension of EMMA system (front end and back end)	80,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
SRS	Management, manteinance and extension of EMMA system (front end and back end)	Management, manteinance and extension of EMMA system (front end and back end)	120,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
SRS	Management, manteinance and extension of EMMA system (front end and back end)	Management, manteinance and extension of EMMA system (front end and back end)	90,000 €	3005-ICT to support projects	Open Call for tender

SRS	Preparedness - Support of the MS - New cross/border health threat legislation	Call for tender to prepare a framework/indicators for the assessment of the preparedness plans in the EU MS	70,000 €	3001-Preparedness, response and emerging health threats	Open Call for tender
SRS	Simulation Exercise	Simulation exercise Type 3 - Command post exercise 1 day duration	73,634 €	3006-Build up and maintenance of the Crisis Centre	Under existing Framework Contract
SRS	TESSy and EPIS data management	TESSy Surveillance Data management consultant and EPIS/TESSy users support and documentation	260,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
SRS	TESSy maintenance	ICT Development/testing	150,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
SRS	TESSy outputs development	ICT report creator	150,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
SRS	TESSy outputs maintenance	ICT report creator	130,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
SRS	TESSy Query Data - second generation	ICT developer	65,000 €	3005-ICT to support projects	Re-opening of competition (ICT)
SRS	TESSy training Molecular surveillance	TESSy trainers, printing, laptops, etc.	38,000 €	3000-Networking, surveillance and data collection on Communicable diseases	Re-opening of competition (ICT)
SRS	Vigilance and traceability of cells and tissues of human origin/ Donor-derived disease transmission by substances of human origin	Lot 2 tender "Infectious Disease Prevention for Substances of Human Origin"	60,000 €	3001-Preparedness, response and emerging health threats	Under existing Framework Contract
SRS	Vigilance and traceability of cells and tissues of human origin/Donor-derived disease transmission by SoHO	Imact of implementation of EUFRAT toolkit	15,000 €	3001-Preparedness, response and emerging health threats	
	ENIVD	Laboratory capacity in response to outbreaks on ad hoc request; microbiological advice	325,000 €	3002-Scientific opinions and studies	Under NEW Framework Contract
	Administration, coordination, communication	Open source publications costs	7,000 €	3002-Scientific opinions and studies	Negotiated procedure