

ECDC CORPORATE

Annual Work Programme

2015



Following its Thirty-second meeting on 18-19 November 2014, the Management Board approved the ECDC Annual Work Programme 2015.

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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Foreword from the Director

2015 is a special year for ECDC, with a full agenda of business. The Centre will celebrate its 10th anniversary. It will reflect upon the results of its second external evaluations. It will then take appropriate action to address the recommendations its Management Board makes on the basis of this evaluation. But above all else, we will continue to support cooperation between the Commission and Member States against serious cross-border health threats.

In 2014 we have seen an unprecedented epidemic of Ebola in West Africa. The Commission has made good use of the new legal framework established by Decision 1082/2013/EU to coordinate the EU level response to this threat. ECDC, in turn, has fully supported the Commission and the EU Health Security Committee by providing technical support as needed. We have put in place a common reporting system from Ebola cases imported into the EU, produced weekly epidemiological updates on the situation in West Africa, kept our risk assessment under constant review and produced guidance on topics ranging from infection control to how to assess and plan for medical evacuation of patients to the EU by air. We have also worked closely with the Commission and Member States to ensure the EU is well prepared in case the number of imported cases of Ebola here increases.

Our work in 2014 on Ebola is not something ECDC could have planned for in 2013. There is, of course, a certain amount of surge capacity already built in to ECDC's "business as usual" operations, particularly in our Epidemic Intelligence and Response Support Section. We plan on the basis that there will be a number of outbreaks of EU-level concern each year, even if we cannot predict in advance exactly when or where they will happen – or, indeed, which pathogens will cause them. An event like the West African Ebola epidemic, however, requires more resources than are available from this built in surge capacity. Fortunately ECDC has a mechanism for this: our Public Health Event (PHE) plan. Activating this plan enables me, as Director, to take some of our experts off their normal duties and assign them full time to working on a PHE, such as Ebola. I can then agree with ECDC's Management Board to postpone or cancel some activities from the work programme to take account of this reallocation of our experts' time. ECDC has spent several months of 2014 at level one of its PHE plan. Board members may recall that ECDC made use of this mechanism in 2011 to devote resources to the *E.coli* outbreak centred on northern Germany and in 2009-2010 during the influenza A(H1N1) pandemic.

In 2015, we can predict that Ebola will continue to be a disease of concern for the EU, and so for ECDC. This is taken account of in the activities planned by our Emerging and Vector-borne Disease Programme (EVD), where viral haemorrhagic fevers become a priority topic. This family of pathogens includes the *Lassa* and *Marburg* viruses as well as *Ebola*. However, the technical and public health issues for these viruses are the same to a large degree so it makes sense to look at them collectively. It is also worth noting that Europe has seen imported cases of both Lassa fever and Marburg in the past, so it is sensible to strengthen our preparedness against these at the same time as Ebola. What it is not possible to predict in 2015 is the exact course that the *Ebola* epidemic will take and the demands that this might place on ECDC. Nor is it possible to predict whether there will be other major outbreaks or epidemics of EU-level significance that go beyond our built in surge capacity. This inherent unpredictability of infectious diseases is why we have the mechanism – via our PHE plan – to rapidly reallocate resources when needed.

Another priority activity that is difficult to plan for is implementing recommendations that come out of the external evaluation of ECDC. The final report of this evaluation has been delivered in October and its findings will be presented during MB32 in November. The MB's Recommendations Drafting Group will develop recommendations based on this report. It will then be for the full Board at its meeting MB33 in March to discuss and agree upon its recommendations. Implementing these recommendations will be a priority for the ECDC Director, and I would fully expect to start work on this during 2015. But I do not wish to pre-empt the Board's discussions by planning on the basis of what I think the recommendations *might* be. We will make the necessary arrangements once the Board has delivered its opinion.

As I have stressed in this foreword, ECDC is a flexible, adaptable and responsive organisation. It is inherent in the type of work we do, it is designed into our matrix structure and it is part of our organisational culture. We have a team of dedicated professionals who are always willing to show flexibility, or put in extra hours, to protect public health. But there are limits to what we can expect of them. Over the last few months of 2014 our experts have been under a large amount of pressure. What is more, I do not see the situation getting much better over the next few years. Success tends

to breed success: I would anticipate the Commission and HSC continuing to be very active on future outbreaks and epidemics, and continuing to call on ECDC for support. At the same time ECDC has to continue cutting four posts every year between now and 2018.

2015 will be an opportunity to reflect on and celebrate what ECDC has achieved in ten short years. We will conduct a bundle of activities to highlight what has been achieved jointly with colleagues in the Member States, the Commission and other stakeholders. The results of the external evaluation give us an opportunity to see how we can achieve even more in the next ten years of ECDC. But as we define our ambitions for the future, ECDC's Board and ECDC's partners need to ask themselves whether those ambitions are in line with the Centre's resources.

Marc Sprenger MD PhD

Director

Executive Summary

The Annual Work Programme for 2015 has been developed based on the Strategic Multi-annual Programme (SMAP) 2014–2020. In relation to this, ECDC will further reinforce the: collaboration and cooperation with EU institutions, Member States and international partners; consolidate its core and support functions; strengthen the role and outputs of the seven disease programmes; and ensure that leadership, administration and ICT efficiently support the core operations of the Centre.

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

In 2015, the Centre’s proposed budget is roughly the same as for 2014 at 58.3 M € (to be confirmed), while the total number of temporary agents will decrease from 194 to 190. The decrease of staff is due to the requested post reduction of 10% of the Establishment Plan (i.e. Temporary Agent posts) until 2018 (5 % for the overall reduction of staffing levels and an additional 5 % for the redeployment pool of agencies) . The reduction on the original number of 200 Temporary agent posts started in 2013 and will result in an establishment plan of 180 Temporary Agent posts in 2018.

Surveillance

ECDC's overarching priorities in relation to surveillance under its SMAP 2014-2020 are to add more value to the data it gathers by making them available in new, user-friendly formats; to decrease administrative burdens on data providers in the Member States; and to take advantage of the possibilities opened by emerging technologies: in particular, molecular surveillance. In 2015, ECDC is progressing new initiatives in all these areas while continuing to collect and analyse data on all the diseases and public health issues under EU-level surveillance. Event-based and indicator-based surveillance data will be collected in a more systematic and complementary way. This will bring surveillance and epidemic intelligence and response closer together. There will also be work to provide technical input to possible future updating or revisions of EU case definitions by the European Commission, and to develop EU standards for surveillance of selected pathogens.

Epidemic intelligence and response, including EU preparedness

ECDC's partners in the Commission and Member States rely on its epidemic intelligence and response support activities. These are core services that the Centre has been providing since it became operational: many of the activities and outputs planned for 2015 can therefore be seen as continuation of services provided in previous years. Nonetheless, ECDC expects the EU level cooperation against multi-country infectious disease outbreaks to further intensify over the coming years as a result of Decision 1082/2013/EU. ECDC will hence be developing a range of new tools to support more rapid investigation and analysis of multi-country outbreaks. These will include among others: 1) an online outbreak investigation questionnaire tool that can simultaneously create a questionnaire in several languages and enable joint analysis of the results gathered, 2) a tool to enable rapid creation and real time updating of line listings / epidemic curves for multi-country outbreaks and 3) a new GIS tool for the investigation of community Legionnaires' disease outbreaks.

Country Preparedness Support

Article 4 of Decision 1082/2013/EU on serious cross-border health threats establishes an ambitious agenda for cooperation between Member States and the Commission on preparedness. Providing technical support to the Commission and the Health Security Committee to facilitate their progress with this agenda is a top priority for ECDC in 2015 and beyond. Key activities in 2015 will include: developing a framework tool for reporting, assessing and "using" data on preparedness capacity; and developing preparedness for disease control and screening during a sudden influx of irregular migrants.

Scientific Advice

Providing high quality, independent scientific advice is a core activity of ECDC. The subject matter of the risk assessments, guidance and other forms of scientific advice produced in 2015 will depend to a significant degree on the threats that emerge during the year. It will also be driven by priorities identified by the Centre's Advisory Forum and the work of ECDC's Disease Programmes. In 2015 ECDC will continue to refine its IRIS tool for priority setting on scientific advice, and to develop its evidence based approach to public health. This may include the the launch of a tool called PRECEPT to support Member States in developing evidence-based methods that are suited to public health issues. ECDC is a network of networks and depends heavily on its partners and stakeholders. For this reason ECDC will continue holding its annual ESCAIDE conference: this is an opportunity for networking and glueing together the scientific communities at the practical public health level. Due to priority (re)settings and consequent lack of resources, ECDC will stop the activities in the 'foresight function' in 2015. In deviation from the SMAP 2014-2020, resources for the development of the 'Burden of Communicable Disease' project are also reduced and ECDC first awaits the practical application of the existing tool by the Member States.

Public Health Training

ECDC will recruit 16 EU track and 12 Member State track fellows to the EPIET (field epidemiology) and EUPHEM (public health microbiology) programmes. It will develop 4 e-Learning courses and make them available via a Learning Management System. It will finalise and publish EU consensus core competencies for health professionals who work in prevention and control of vaccine preventable

diseases, and start work on core competences for professionals working on food and water-borne diseases. It will continue to offer short courses for mid-career and senior level public health professionals in the EU, and provide scientific leadership to the next phase of the European Commission funded MediPIET programme.

Microbiology

ECDC will continue to consolidate the capacity of the EU public health microbiology system by providing technical support via its Disease Programmes, and when needed directly, to individual Member States. In 2015, the Centre will publish a report on the pilot of a first EU survey of agreed indicators (EULapCap) of essential public health microbiology capacities. This will provide a baseline to monitor the progress in further improving these capacities at Member State and EU levels. ECDC will further develop strategic plans for the gradual integration of selected molecular typing data into EU-wide surveillance and epidemic investigations for priority diseases and transmissible drug resistance threats, after agreement with Member State. ECDC will also further refine its roadmap for integration of molecular typing into EU-wide surveillance in a stepwise manner based on developing disease-specific objectives and outlining appropriate molecular surveillance designs. A new activity in 2015 will be to develop scientific guidance and evaluation of EU added value of whole genome sequencing for pathogens under EU molecular surveillance, in collaboration with international initiatives. Finally, ECDC will provide technical support to the Commission as it examines options for creating a system of EU level reference laboratories in the area of human pathogens.

Health Communication

ECDC will continue to communicate its scientific output to key target audiences (Member States, public health professionals) in a timely, consistent and professional manner. An improved ECDC web-portal (portal 2.0) will be the Centre's main channel of communication along with active use of social media. As and when needed ECDC will provide technical support to the Commission and Member States that will facilitate the coordination of their risk and crisis communication. This includes support in developing evidence based key messages, visual representations of epidemiological information, summarising evidence on effective risk and crisis communication and sharing of best practice. During 2015 ECDC will update the European Antibiotic Awareness Day toolkit and the existing toolkits to support disease prevention and control activities in the Member States on Chikungunya fever, tick-borne diseases and seasonal influenza.

Antimicrobial resistance and healthcare-associated infections – ARHAI

As requested by our partners and stakeholders, ECDC will intensify its efforts on the surveillance, prevention and control of Antimicrobial resistance (AMR) and healthcare-associated infections (HAIs). This intensified effort will focus in particular on: estimates of the burden and costs of HAIs; and supporting monitoring and evaluation system with a set of indicators to assess implementation of national strategies/action plans, and their success in improving prevention and control of HAIs. For the latter, more involvement of medical professionals in the Member States would also be needed. The development of an online repository and toolbox of essential control options and interventions to prevent and control HAIs and AMR will be prioritised: this will improve sharing of available resources, information and best practice across the EU. ECDC will continue to provide support to the Commission on the implementation of its Action Plan on AMR. ECDC's technical support in this area will include: country visits in response to requests from Member States; cooperation with WHO/Europe to implement the regional strategy on AMR; and contribution to the Transatlantic Task Force on AMR (TATFAR). In parallel to this ECDC will compile an inventory of evaluated infection control training courses/programmes in Europe, and organise a technical meeting of Member States' experts on infection control/hospital hygiene. The Centre will support the 8th European Antibiotic Awareness Day (EAAD), on 18 November 2015, including provision of a toolkit addressing self-medication with antibiotics; ECDC will also support the WHO "SAVE LIVES: Clean Your Hands" hand hygiene campaign by publication of ECDC-related outputs on 5 May 2015.

Emerging and vector-borne diseases

In recent years, several vector-borne disease outbreaks have occurred in Europe and an increased establishment and spread of invasive mosquitoes or even ticks in new areas has been observed. It is anticipated that novel and unusual outbreaks of emerging and vector-borne diseases will occur with progressive risk of endemicity in some areas. Furthermore, truly new diseases might appear. Efforts to monitor and control all these, usually uncommon diseases, are hampered by often limited capacity for detection combined with some lack of knowledge or awareness of clinicians. This requires a wider perspective on surveillance than for most other disease groups and improved assessment tools, such as risk mapping. Due to the ongoing epidemic in West Africa, and sporadic imported cases in the EU, Ebola is likely to be a major focus of activity during 2015. Other priorities will include: timely surveillance of West Nile fever and development of an early warning system with integration of animal data based on the One Health approach together with EFSA; work to revise the EU case definition for Hantavirus (as prioritised by Advisory Forum); assessment of pathogen importation risks through global traffic and trade and disease situation monitoring, looking in particular at dengue and chikungunya fever; further work on Lyme borreliosis (as prioritised by Advisory Forum). In contrast to the original SMAP 2014-2020, ECDC will reduce the expansion of the E3 network, but maintain certain functions for E3 geo-mapping.

Food and Water-borne Diseases and Zoonoses

The food- and waterborne diseases and Legionnaires' disease are prone to outbreaks and clustering of cases. This epidemiological characteristic, along with their potentially large economic impact on trade and tourist industry, makes the early detection and investigation of outbreaks particularly important. This requires multidisciplinary collaboration and regular communication between food safety, veterinary, environmental and public health authorities to implement timely control and prevention measures. Therefore ECDC works, amongst others, in close collaboration with EFSA. The linkage of surveillance of human disease with the monitoring of prevalence in food and animals is essential to produce appropriate public health risk assessments. Molecular surveillance offers huge potential benefit in this area, particularly if there is comparability of results across the human, food and animal sectors. Of key importance in 2015 will be finalising molecular surveillance strategies for Food and Water-borne Diseases and for Legionnaires' disease. Other important outputs will include: establishment of a joint molecular typing database with EFSA for the integration of PFGE/MLVA data from food, feed, animals, and environment for *Salmonella*, *Listeria* and VTEC/STEC; Stepwise development of a new, quantitative harmonised surveillance of AMR in human *Salmonella* and *Campylobacter* infections allowing comparable analyses with food and animal AMR data; and publication of the report on the European *Listeria* Typing Exercise (ELiTE). The ELiTE project continues in 2015 and will include a pilot project on integration of whole genome sequencing (WGS). WGS will impact surveillance, work in public health laboratories and response to outbreaks. ECDC will therefore start to explore the potentials for integrating WGS into outbreak investigation of *Listeria*, *Salmonella* and STEC/VTEC.

HIV, sexually transmitted infections and viral Hepatitis

Across all the different diseases in this group ECDC will focus on the collection, analysis and dissemination of the best available strategic information to support action. These efforts make a clear distinction between the needs of Member States in driving higher standards for surveillance and providing opportunities for sharing best practices in prevention and control programmes. Both Member States and the Commission should benefit from high quality scientific advice and guidance in the area of prevention and control. Technical support for the development and delivery of EU action plans is given and will support strong, coherent EU wide actions, whether it is for viral hepatitis, the re-emergence of (some) sexually transmitted diseases, or the threatening development of antimicrobial resistance for others.

Building on our past experience and analysis of continuing threats, ECDC will concentrate its efforts on those activities that have the biggest impact on reducing new HIV, STI and viral hepatitis infections. Extra efforts have been requested by ECDC's partners regarding the Programme's work on vulnerable populations and migrant health and resources have been made available to accommodate this. In 2015 ECDC will introduce the systematic collection of data on the HIV genotypes (HIV molecular surveillance) in the EU to form an early warning system for developing resistance to HAART and to improve the epidemiological understanding of the trends of HIV genotypes.

Influenza and other Respiratory viruses - IRV

Seasonal influenza continues to be the communicable disease with one of the highest morbidity and mortality impacts on the EU population. In addition, zoonotic influenza and other emerging respiratory viruses continue to threaten public health in unsuspected and unexpected ways: recent examples of this include the H7N9 influenza outbreaks in China and the Middle East Respiratory Syndrome - coronavirus (MERS CoV) threats from the Arabic peninsula. Given the nature of the diseases, international collaboration is vital, in particular with WHO-Europe, WHO-HQ and CDC's. Significant structures are already in place and they allow ECDC to perform its ongoing epidemiology, laboratory and molecular surveillance, and publish the influenza surveillance bulletin. ECDC has the experience and capacity to upscale for monitoring emerging viruses and produces timely assessments and options for risk management. Major outputs planned for 2015 include: expanded sero-epidemiological approaches (protocols and studies) via the CONSISE network meetings; publication of the first routine mortality estimates for influenza; linkage between the influenza surveillance sequence data in GISAID and TESSy; support to Commission on monitoring implementation of Council Recommendation by yearly monitoring of seasonal influenza vaccination; and technical support to Member States on collection of vaccine coverage data and development of vaccine policies. The Programme will also support strengthening of the structure and organisation of EU-level vaccine impact monitoring, mainly by participating in the Innovative Medicines Initiative (IMI) project "ADVANCE" in close cooperation with the ECDC's Vaccine Preventable Disease programme.

Vaccine preventable Diseases - VPD

The implementation of effective vaccination programmes in EU Member States have led to impressive strengthening and improvements in public health. To continue this trend and to safeguard public health in the EU it is essential that these efforts are maintained. Challenges still remain in assuring optimal prevention and control of VPDs: existing threats continue while new threats and risks are seen to emerge. For example, the EU continues to see clusters and outbreaks of measles, mumps mumps as sizeable populations (clustered or scattered) in some Member States are not vaccinated against these diseases. At the same time, the re-introduction of an eliminated disease like polio in Europe is of more than theoretical importance as exemplified by the recent outbreak in Syria. For these reason the Programme will continue to focus on: strengthening EU-wide VPD surveillance and infrastructure for monitoring the impact of vaccination programmes; and providing support to Member States on evaluation, development and implementation of vaccination strategies and response to outbreaks of VPDs; this includes in particular support to national to monitor trends in vaccine acceptance and building public trust in vaccination programmes. Major outputs in 2015 will include: continued work on implementing a sentinel surveillance systems for pertussis as well as for invasive pneumococcal disease; development of methodologies and guidance for strengthening of immunisation systems in the EU/EEA Member States under the umbrella of the VENICE project; provision of communication toolkits for healthcare workers supporting measles and rubella (and other VPD) vaccination activities with a special focus on reaching vaccination-hesitant groups; guidance on meningococcal B vaccination, pertussis vaccination (AF priority), hepatitis A vaccination and poliomyelitis prevention and control. The Programme will also continue its contribution to the Innovative Medicines Initiative (IMI) project "ADVANCE" in cooperation with ECDC's Influenza and other Respiratory viruses Programme.

Tuberculosis - TB

The EU Member States, EEA countries and the candidate, potential candidate countries and the European Neighbourhood Policy countries have different tuberculosis (TB) epidemiological profiles: i.e. medium and high burden of (drug-resistant) TB; and low burden which permits to embark on the elimination of TB. Thus different approaches should be followed. In low burden settings, people at risk for TB are often found in vulnerable populations which may be difficult to reach. Also, TB in migrants contributes to the epidemiology. In medium and high burden countries, TB is more often found in the general population. Diagnosing and treating patients is the main public health strategy. This requires sufficient human and financial resources and innovative strategies that allow for early case finding and optimal treatment. Major outputs planned for 2015 include: interim results for the report on the assessment of latent TB control as programmatic intervention; publication of an evidence review for guidance on interventions for TB prevention and control in hard to reach and vulnerable populations; publication of a guidance document on introduction of new TB drugs;

enhancing TB molecular surveillance in the EU/EEA leading to increased coverage and timeliness; and continued support to high priority countries with implementation of country strategies.

Eurosurveillance

Eurosurveillance will continue to provide an attractive outlet for peer-reviewed publications on the epidemiology, surveillance, prevention and control of communicable diseases with focus on Europe. It will also carry on supporting timely public health action by facilitating rapid communication about outbreaks or events related to communicable diseases. In 2015 efforts will be made to increase the presence of the journal in social media.

Ensuring independence

It is important that ECDC's products and communications are scientifically correct and impartial. As ECDC relies on many internal and external experts who together shape the scientific position of ECDC it is necessary to have an Independence Policy in place that effectively and proportionally ensures transparency and dealing with potential and existing conflicts of interest. In 2015 ECDC's independence policy will be revised, guided by the latest developments, in particular the positions taken by DG HR, the European Data Protection Supervisor, and the Common Approach for EU Agencies. The revised policy will make a clear distinction between ECDC staff and external experts. Relevant staff will then submit Declarations of Interest within 2 months of the revised policy being adopted.

General Management

The general management of the organisation requires cohesion of the work described in all chapters. The main activities focus on cross-organisational issues like quality, project management and the implementation of the Strategic Multi-annual Programme 2014-2020 (SMAP). A major focus in this area in 2015 will be implementation of the recommendations resulting from the second external evaluation of ECDC. Another continuing priority arising from SMAP is the reduction of the burden ECDC places on its Competent Bodies. Finally, leadership and change management in relation to reduction of staff numbers and (re-)allocation of resources will remain a priority.

Collaboration and cooperation within the EU family and with Member States

By its history and Founding Regulation one of ECDC's main characteristics is its operation as a network organisation, the hub of an EU "network of networks". Most of the disease prevention and control resources ECDC draws on – including all of the public health laboratories and many of the disease-specific experts – are in the Member States national public health institutes and associated academic environments. Linking with experts and resources in the Member States is therefore a vital core task of ECDC. The Centre's key partners in doing this are the Competent Bodies. ECDC also nurtures the relationship with our host country Sweden. ECDC other set of key partnerships are within the EU family of institutions and organisations. ECDC collaborates closely with these partners, and in particular the Commission, to ensure its actions are coherent with the EU's policy objectives. Key priorities in 2015 include: continuing to support the Commission and the Health Security Committee in implementing Decision 1082/2013/EU on serious cross-border health threats; stepwise improvement of the Customer Relation Management system (CRM) and fostering systematic feedback on priorities and collaboration from the Competent Bodies; hosting a visit to ECDC by a delegation from the European Parliament's ENVI Committee; and holding joint events with our host country Sweden.

International relations

Threats from infectious diseases do not stop at the border of the EU. Emerging pathogens and epidemics originating on other continents can also threaten public health in Europe. ECDC's therefore needs to maintain lines of communication with key technical counterparts around the world. First and foremost among these is the World Health Organization, and in particular it's Regional Office for Europe. ECDC will continue to support the Commission in the implementation of the its 'Roadmap for

Collaboration on Health Security' with WHO. The Centre will also continue to support the gradual alignment of the Pre-Accession countries aligning with the EU aquis in the area of disease prevention and control. This will be done, in particular by use of funds from the EU's Instrument for Pre-Accession Assistance to support participation of experts from these countries in ECDC technical meetings, and by training actions to build capacity. Actions in 2015 relating to the European Neighbourhood Policy countries will include putting sustainable mechanisms in place for ECDC outbreak assistance in ENP countries; and support for participation of ENP partners in ECDC Disease Networks. Finally there will be a meeting with the Centre's contact points in the US CDC with the objective of revitalising ECDC's Memoranda of Understanding with CDC.

Resource Management and Organisational Development

The resources available for disease prevention and control in the EU, including the operational budget of the Centre, are under pressure. The budget restrictions demand for increasing cost-efficiency without compromising the quality of the work. These quality demands includes ensuring good practises on reliability, accuracy and transparency. In 2015 therefore the legal, administrative and operational processes supporting our core activities should further gain in efficiency. They should help reduce the workload related to the good administration of the Centre as staff reductions are implemented.

Most of ECDC's activities in the area of Resources Management and Coordination's activities do not change from year to year. A common theme each year is cost-conscious, efficient operations in all areas of RMC. Nonetheless, it is important to note that significant organisational development relating to how these activities are carried out occurred in 2014, and further organisational development is planned for 2015. The key areas where this has happened are: procurement, finance, and missions and meetings. Another area of focus is implementation of paperless working as far as possible.

ECDC's objectives in this area for 2015 are: 1. Being in the upper quartile of the benchmark for EU agencies (depending on developments in the Heads of Agencies developments in performance management); 2. Administrative processes are transparent, known throughout the Centre and running in a synchronised way efficiently supporting ECDC key operational processes; 3. Clear descriptions of roles facilitate synergy and avoid duplication of work; 4. All selected process have been reviewed; 5. The Centre's organisational matrix structure is reviewed and consolidated by screening the relevance and appropriateness of processes and organisational forms followed by improvement proposals when required.

Information and Communication Technologies

Information and Communication Technologies (ICT) is mission critical for ECDC. In pursuing its strategy, the Centre allocates ICT resources with two key objectives in mind: 1. Enabling ECDC's mission, by efficiently and effectively supporting the Centre's ICT needs for internal, Commission and Members States users; and 2. Enabling ECDC to continue to improve its ICT quality and cost efficiency. Major outputs and milestones that ECDC plans to achieve in 2015 in the area of ICT will include: defining and agreeing a long-term ICT platforms and technology strategies; implementation of continuous improvement bodies for ICT; alignment of ECDC's ICT architecture with The Open Group Architecture Framework (TOGAF) standards, or equivalent, and public-health-related applicable policies; implementation of an ICT technology watch function; and application of the Capability Maturity Model Integration (CMMI) principles at ECDC in order to achieve the standard CMMI level 2 (and be in preparation to achieve CMMI level 3).

Introduction

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

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

The ECDC mission and mandate

The Centre's mission is laid down in Article 3 of the Founding Regulation,¹ which states that *'the mission of the Centre shall be to identify, assess and communicate current and emerging threats to human health from communicable diseases. In the case of other outbreaks of illness of unknown origin, which may spread within or to the Community, the Centre shall act on its own initiative until the source of the outbreak is known. In the case of an outbreak which clearly is not caused by a communicable disease, the Centre shall act only in cooperation with the competent authority, upon request from that authority.'*

The Centre's mandate can be derived from Article 168 of the Treaty on the Functioning of the European Union (EU), with an overarching principle of ensuring a high level of human health protection in the definition and implementation of all Union policies and activities. ECDC's role is to provide necessary scientific support for EU actions defined in Article 168.1: *Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. Such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education, and monitoring, early warning of and combating serious cross-border threats to health.*

Key tasks

Key tasks of the ECDC include:

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

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

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

Structure of the 2015 Annual Work Programme

According to ECDC's Founding Regulation², "*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*".³

The Strategic Multi-annual Programme 2014-2020 (SMAP) outlines clear expectations for ECDC's achievements by 2020. ECDC's work is planned on a yearly basis in an Annual Work Programme with a medium term "rolling time horizon", based on the SMAP. The SMAP provides input for the preparation of the annual work programmes, to ensure alignment with ECDC longer-term goals and mandate. The Annual Work Programme 2015 follows the structure of the SMAP. In 2015, ECDC will further reinforce its "Collaboration and cooperation with EU institutions, Member States and international partners" (Strategy 8), consolidate its "Core and support functions" (Strategy 9), strengthen the role and outputs of the seven "Disease Programmes" (Strategy 10), ensure that "Leadership" (Strategy 11), "Administration" and "ICT" support efficiently the core operations of the Centre. In 2015, ECDC will also address the results of the biennial self-assessment of its activities (conducted through the Common Assessment Framework – CAF). Pending the final results of the external evaluation and the recommendations from the Management Board, the present Work Programme might be adapted if needed during 2015.

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

A set of indicators has been developed for the SMAP; these indicators have been streamlined with the annual Work Programme (common set of indicators). This is necessary as from 2017, following the new EU Financial Framework Regulation⁴, both multi-annual and annual work programmes should be integrated in a *single programming document*, revisable yearly. Targets for the indicators have been adapted to the expectations for 2015. The indicators will continue to be reported annually to the Management Board, as part of the annual report, with a long term perspective, showing how the SMAP is implemented along the next seven years. Indicators include targets and way of measuring. For the first time in 2015, an annual stakeholder survey will provide feedback to ECDC on the level of satisfaction of its stakeholders (in particular, the Member States, Commission and Parliament), to feed some of the indicators. ECDC will use the set of indicators to regularly review its results, the effectiveness and efficiency of its operations, and make necessary adjustments to improve its performance. The indicators will in particular feed the existing quality management system and the Centre's internal evaluation process (launched as a pilot in 2015) to contribute to the internal evaluation of ECDC's activities and outputs, and to the improvement and reengineering of the Centre's internal work processes. The results also contribute to the discussions of the Quality Management Steering Committee and the Senior Management Team in order to improve the efficacy of the Centre. When presented annually to the Management Board, an action plan will be attached to address and improve areas where performance is not considered satisfactory.

In addition, from 2017 onwards, as part of the annual review of the SMAP in the new single programming document, adaptations to the indicators will be performed if necessary, while keeping overall a sufficient level of stability, to ensure comparability of the measurements over the 7-year period.

Resources

In 2015, the Centre's proposed budget is almost the same as for 2014 at 58.4 M € (+0.2%), while the total number of staff will decrease from 294 to 290. The decrease of staff is due to the requested post reduction of 10% of the Establishment Plan (i.e. Temporary Agent posts) until 2018 (5 % for the overall reduction of staffing levels and an additional 5 % for the redeployment pool of agencies). The reduction on the original number of 200 Temporary agent posts started in 2013 and will result in an establishment plan of 180 Temporary Agent posts in 2018. ECDC's Work Programme includes the full Activity Based Budget, providing the real planned cost of the activities of the Centre (see Annex 2).

² Article 14(5)(d)

³ Article 16(3)(b)

⁴ Regulation (EU, EURATOM) No 966/2012 Of the European Parliament and of the Council of 25 October 2012 on the financial rules applicable to the general budget of the Union.

Table I: Budget by Title

REVENUE	2015	change 2014/2015
TOTAL (EU contribution)	56.766 M€	0.1%
EFTA contribution	1.622 M€	-5.7%
Total Budget	58.388 M€	0.2%

EXPENDITURE	2015	change 2014/2015
Title I - Staff	32.657 M€	+3.7%
Title II - Infrastructure	7.244 M€	+2.6%
Title III - Operations	18.487 M€	-6.25%
Total Budget	58.388 M€	0.2%

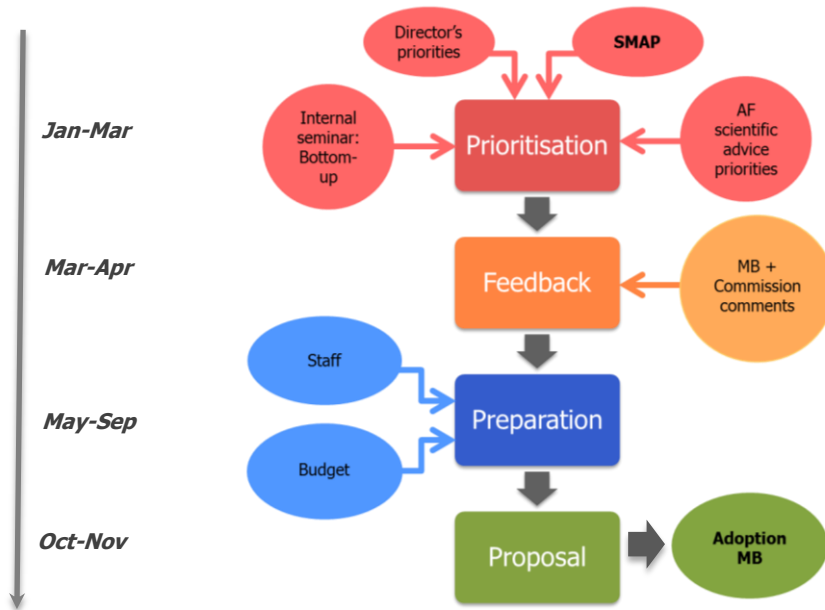
The detailed presentation of the budget by activities (Annex 2) has been simplified to provide an easier overview. ECDC grouped its activities by functions ('functional groups') on which resources (budget and staff) is spent. This makes easier the quick overview of ECDC resource allocation and allows stable comparisons over time, as comparison of individual actions is not always possible due to their changing nature.

Process of elaboration and consultation with the major stakeholders

The present document takes as its point of departure the current activities of ECDC. A discussion on the scientific priorities for the Work Programme 2015 also took place during the 37th Advisory Forum meeting on 26-27 February 2014. In March 2014, a preliminary document, ECDC 2015 Work Programme Priorities, as the result of an internal process of consultation with the ECDC Units and Disease Programmes, was presented and discussed at the 30th meeting of the Management Board on 27-28 March 2014. It has been reviewed and revised by the Senior Management Team to reflect the overall strategic priorities of the Centre for 2015. Management Board members were invited to comment on the document. Comments have been integrated in the final document. All comments are now registered and made available for all MB members in the repository of comments that includes feedback from ECDC.

The detailed 2015 Work Programme was prepared as from April 2014 and further developed during summer, both in terms of budget allocation for operations and of staff allocation, in order to ensure the best allocation of resources to activities.

Process of preparation and adoption of the Work Programme 2015



1. Surveillance

Context

Surveillance is one of the basic tools for preventing and controlling infectious diseases. Good quality, consistent and comparable surveillance data enable public health professionals to monitor the spread of these diseases and assess the effectiveness of interventions to prevent them. Supporting EU-level surveillance is one of the core tasks given to ECDC in its Founding Regulation, and this is reiterated in Decision 1082/2013/EU on serious cross-border health threats.

ECDC's overarching priorities in relation to surveillance under its SMAP 2014-2020 are to add more value to the data it gathers by making them available in new, user-friendly formats; to decrease administrative burdens on data providers in the Member States; and to take advantage of the possibilities opened by emerging technologies: in particular, molecular surveillance. In 2015, ECDC is progressing new initiatives in all these areas while continuing to collect and analyse data on all the diseases and public health issues under EU-level surveillance. Event-based and indicator-based surveillance data will be collected in a more systematic and complementary way. This will bring surveillance and epidemic intelligence and response closer together. There will also be work to provide technical input to possible future updating or revisions of EU case definitions by the European Commission, and to develop EU standards for surveillance of selected pathogens.

Medium-term Objectives

The key objectives of ECDC's surveillance activities in 2015 and next years are:

- Expand ECDC Surveillance Atlas of Infectious Diseases, so that partners and stakeholders can access value-added EU-level information on influenza / respiratory diseases, HIV/AIDS, Hepatitis B, Hepatitis C, sexually transmitted infections, food and water borne diseases, emerging and vector borne diseases and vaccine preventable diseases.
- Support the Commission in the revision and updating of EU case definitions through the implementing acts under decision 1082/2013/EU.
- Provide technical support to Member States that wish to establish machine-to-machine automated transfer of surveillance data to ECDC .
- In accordance with the ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness (AF32/NMFP10), explore the added value of extending the scope of EU level molecular surveillance to cover drug-resistant HIV, invasive meningococcal disease (IMD), Legionnaires' disease, a range of multi-drug resistant pathogens and influenza (depending on outcome of upcoming discussions).
- Provide Member States and the Commission with advanced analysis of the quality of the submitted surveillance data.

Key Outputs 2015 in relation to SMAP deliverables

The activities planned for 2015 address the deliverables in the area of surveillance⁵ defined in ECDC's SMAP 2014-2020 as follows:

1. Be providing better service to Member States, i.e. easier uploads, improved data access, better linkage between notified cases and laboratory data (when information is available) and more friendly output consultation.
 - Further improvement to TESSy to make uploading and extracting data easier
 - Provision of tools for geographical representation of data and advanced analysis of surveillance data by Member States.
2. Have reduced the burden on Member States by facilitating automated machine-to-machine transfer of surveillance data to TESSy for Member States wishing to do so, and resources permitting.

⁵ Chapter 9.1 of SMAP 2014-2020 at pages 18 – 20

- During 2015 ECDC will consult Member States about opportunities and constraints, and define the specifications and requirements for automated machine-to-machine transfer of surveillance data to TESSy. For Member States where this is not feasible ECDC will provide technical advice to reduce the data reporting burden. This work will include development of a standard protocol for use in helping Member States to assess opportunity and technical needs.
3. Have developed and implemented an agreed set of routinely generated indicators for data quality and comparability, and timeliness.
- Surveillance Atlas of Infectious Diseases will include data quality indicators for each disease data-set included. Information on data quality will be displayed prominently along with incidence/trend data etc.
4. Have reviewed the list of health conditions to be reported routinely through indicator-based (TESSy) or event-based (EPIS/EWRS) integrated surveillance systems, as well as the reporting processes (data to be collected, frequency, etc.) on the basis of standards for surveillance developed in close cooperation with the Member States.
- ECDC will provide technical support to the Commission in reviewing and updating the EU-level case definitions.
 - ECDC will develop surveillance standards for Legionnaires' disease and priority pathogens in the following disease groups: emerging and vector-borne diseases (EVD) and healthcare associated infections.
5. Have enabled more user-friendly access to surveillance outputs, providing enhanced insight through the use of advanced statistics, spatial analysis, dynamic mapping and intelligent data mining.
- Expand ECDC Surveillance Atlas of Infectious Diseases, so that partners and stakeholders can access value-added EU-level information on influenza / respiratory diseases, HIV/AIDS, Hepatitis B, Hepatitis C, sexually transmitted infections, food and water borne diseases, emerging and vector borne diseases and vaccine preventable diseases.
 - Explore the usefulness of Business Intelligence tools for addressing requirements for surveillance data by different stakeholders.
 - Provide services to Member States in the following areas: advanced bio statistical and spatio-temporal (GIS) analyses, including generation of automatic alerts from surveillance data.
6. Have cautiously expanded surveillance to include molecular and other laboratory-based components, where relevant, taking into account available resources, through a continuous dialogue with Member States and reasoned decision-making.
- During 2015, ECDC will develop molecular surveillance strategies for HIV, invasive meningococcal disease (IMD), Legionnaires' disease, a range of multi-drug resistant pathogens and influenza (depending on outcome of upcoming discussions on EU added value). This will lay the foundation for the development of molecular surveillance for these pathogens in 2016.
7. ECDC has started an action plan based on the commissioned external audit of: a) the TESSy platform, its architecture and functionality to guide future system upgrades; and b) the wider set-up carrying out and public health usefulness of EU surveillance.
- Results from this audit are expected in autumn 2014. Implementation of recommendations agreed as a result of the audit start in 2015 in close coordination with SANCO.

Resources

Total FTEs for this area of activity: 24.50 FTEs

Total operational budget title 3: 0.795 million Euros

Nb.	Objective	Indicator	Target 2015	Verification
3	Support to the Commission and the Member States in the implementation of the epidemiological surveillance of communicable diseases and special health issues according to Article 6.5 of Decision 1082/2013/EU	Proportion of diseases and special health issues for which surveillance standards have been developed and agreed with the National Surveillance partners	Diseases and special health issues under surveillance reviewed according to the SMAP; standards developed for 6 diseases in 2015	Steps to verify 100% achievement are: - Yearly list of diseases for which the standards have been agreed - Yearly report from TESSy on the number of diseases following these standards
3	High level of user friendliness and quality of uploading surveillance data.	Level of positive feedback from the Member States using machine to machine to upload TESSy data	-100 % response to all requests -80% users satisfied	Measure to be integrated into the annual stakeholder survey
5	Interactive outputs available for all diseases under surveillance	Proportion of diseases under surveillance for which online interactive outputs are available	All diseases under EU indicator-based surveillance except for those under ARHAI	Outputs used measured by web statistics As measured in annual stakeholder survey
6	Substantially increased power of surveillance by implementing molecular characterisation for selected diseases	-Proportion of evaluated business cases for selected pathogens. -Proportion of pathogens with molecular surveillance modules in TESSy	n/a in 2015 n/a in 2015	Results of the pilot phase are verified by the Advisory Forum opinion Note: the decision process might lead to a review of targets in 2017

2. Epidemic intelligence and response, including EU preparedness

Context

Monitoring and assessing threats to public health in Europe from infectious diseases are core tasks for ECDC, as is providing technical support to the EU-level response to such threats. The Commission and Member States have come to rely on the Centre's rapid risk assessments and technical support when faced with serious multi-country infectious disease threats. This has been seen during numerous outbreaks in recent years, most recently with the Middle East Respiratory Syndrome Coronavirus (MERS CoV) in 2012-2014, the outbreaks of human cases of avian influenza A (H7N9) in China in 2013 and the large outbreak of *Ebola* virus disease in West Africa in 2014.

Decision 1082/2013/EU on serious cross border health threats is strengthening and intensifying coordination between the Commission and Member States on preparedness and response against health threats. ECDC will operate the Emergency Operations Centre (EOC) and host the extended EU Early Warning and Response System on Public Health Threats (EWRS). Other ECDC's expert resources will also facilitate the EU level response to serious cross border threats to health. ECDC will maintain and invest in the EOC infrastructure. Moreover, ECDC will continue to improve its processes in this area in light of lessons learning during both exercises and real life Public Health Emergencies.

ECDC's partners in the Commission and Member States rely on its epidemic intelligence and response support activities. These are core services that the Centre has been providing since it became operational: many of the activities and outputs planned for 2015 can therefore be seen as continuation of services provided in previous years. Nonetheless, ECDC expects the EU level cooperation against multi-country infectious disease outbreaks to further intensify over the coming years as a result of Decision 1082/2013/EU. ECDC will hence be developing a range of new tools to support more rapid investigation and analysis of multi-country outbreaks. These will include among others: 1) an online outbreak investigation questionnaire tool that can simultaneously create a questionnaire in several languages and enable joint analysis of the results gathered, 2) a tool to enable rapid creation and real time updating of line listings / epidemic curves for multi-country outbreaks and 3) a new GIS tool for the investigation of community Legionnaires' disease outbreaks.

Medium-term Objectives 2015-2017

The key objectives of ECDC's epidemic intelligence and response activities in 2015 and next years are:

1. Timely and effective monitoring of potential threats from infectious diseases.
2. Align the rapid and effective support to the Commission and Member States in addressing infectious disease threats of EU level significance with the implementation of Decision 1082/2013/EC.
3. Produce new/updated response tools to support and facilitate work of Member States and the Commission.
4. Further improve the support ECDC provides to the Commission and Member States by a strong and reliable infrastructure and by continually improving processes.

Key Outputs 2015

The activities planned for 2015 address the deliverables for 2020 in the area of epidemic intelligence and response⁶ defined in ECDC's SMAP 2014-2020 as follows:

1. ECDC has become the main source of information on global communicable disease threats for public health and healthcare professionals in the EU;

⁶ See Chapter 9.2 and part of 9.3 of SMAP 2014-2020 at pages 21 – 24

- Development of information leaflets on diseases that could be provided by ECDC to a Member States for use when a group of citizens (e.g. passengers on an aircraft) have been exposed to an infected person. Priority topics to be discussed with AF.
 - Development of a tool to rank bacterial infections in relation to the risk of transmission via substances of human origin, in order to prioritise the development of risk assessment.
 - Study to assess the prevalence of HBV, HCV and HIV among blood donors in the EU.
 - ECDC will host an Epidemic Intelligence and Public Health Emergencies Workshop involving international partners.
2. Is providing evidence-based rapid assessments of emerging threats leading to rapid, appropriate and coordinated measures across the EU;
- ECDC will continue to publish and distribute weekly threats reports, epidemiological updates on key outbreaks, rapid risk assessments and technical guidance.
 - If requested ECDC will provide advice on options for mitigating risks.
 - When needed ECDC provides technical support in areas such as laboratory testing capacity for new / emerging pathogens.
3. Is providing support to Member States through outbreak response teams;
- If an outbreak of EU-level significance takes place, ECDC will free resources upon request to provide support to the affected Member State(s).
4. ECDC has made available to Member States epidemic intelligence and rapid assessment methodologies, toolkits for investigating and responding to emerging threats as well as lessons learned during investigation of emerging threats and response support to Member States.
- Integration of a Geographic Information System (GIS) tool showing the location of cooling towers across the EU into the EPIS platform for Legionnaires Disease. The location of cases can be compared with the location of cooling towers, which will facilitate investigation of outbreaks. Most Member States currently do not have such a tool.
 - Development of a tool for contact tracing of potentially exposed persons in different setting: aircraft, ships, meetings etc.
 - Development of a line listing tool for outbreaks into which Member States can directly input information on new cases, in respect of the legislation on data protection.
 - Development of an on-line questionnaire tool. The tool will gather a pool of questions that are pre-translated into several EU-languages allowing for simultaneous creation of questionnaire in several languages.
 - Revised and updated the toolbox on investigation and control of Legionnaires Disease outbreaks.
 - Crisis simulation exercise to test ECDC's public health emergency plan will be open for the European Commission and Member States that wish to participate.

Resources

Total FTEs for this area of activity: 11.68 FTEs

Total operational budget title 3: 0.367 million Euros

Nb.	Objective	Indicator	Target 2015	Verification
7	Provision of relevant, timely and quality rapid risk assessment to support the risk management carried out by the Member States and the Commission	<p>- Number of timely rapid risk assessments</p> <p>- Proportion of rapid risk assessment assessed positively by Member States through the annual stakeholder survey</p>	<p>- 80% of rapid risk assessments produced within 48 hours of initial decision</p> <p>- 100% within 10 working days</p> <p>- 80 % yearly satisfaction of respondents</p>	<p>Timeliness: RRA statistics</p> <p>Quality: annual stakeholder survey</p>

3. Country Preparedness Support

Context

Article 4 of Decision 1082/2013/EU on serious cross-border health threats establishes an ambitious agenda for this cooperation between Member States and the Commission. Providing technical support to that agenda is one of ECDC's top priorities for 2015 and beyond.

Preparedness planning is essential if the EU and its Member States are to respond effectively to major epidemics, and other serious cross-border health threats. Public health professionals in Europe know this from experience, which is why all Member States have for many years undertaken preparedness planning. What is new is that the Commission and Member States, via the Health Security Committee, have committed to work together to further improve their preparedness – and to ensure that preparedness plans in Europe are interoperable between countries and between sectors.

Medium-term Objectives

The key objectives of ECDC's Country Preparedness Support activities in 2015 and next years are to:

1. Strengthen preparedness in countries and facilitate its alignment with Decision 1082/2013/EU by developing a sound evidence base on effective generic preparedness, and priorities advised by the HSC and its dedicated subgroups.
2. Develop pilot tools to support the evaluation of plans, including their interoperability and key infectious disease threats.
3. Support exchange of knowledge and capacity building among relevant professionals and organisations to further improve effectiveness of plans.

Key Outputs 2015

The activities planned for 2015 address deliverables three of the deliverables for 2020 in the area of preparedness⁷ defined in ECDC's SMAP 2014-2020. These are:

1. Within its mandate, ECDC has provided guidance and tools to facilitate the development and self-assessment of preparedness plans and preparedness in the Member States;
 - Development of a framework tool for reporting, assessing and "using" data on "core capacities"
 - Development of a tool for ranking infectious disease risks
 - Literature review on the concept of cross-border interoperability in public health emergency preparedness and response planning
 - Preparation of guidance on screening and prevention of communicable disease, and health system preparedness strengthening, in relation to newly arrived migrants, in collaboration with the EU Health Security Committee (HSC).
2. Within its mandate ECDC has provided updated communication platforms and support to networks of public health and other relevant professionals in order to support the collaboration on matters related to public health emergency preparedness between Member States and other stakeholders;
 - Supporting the network of National Focal Points on preparedness
 - Supporting online exchange of best practice and information on preparedness activities
3. Within its mandate ECDC has, on request and within available resources, provided specific support to countries.
 - Through existing ECDC framework contracts the Centre will provide support to the Commission and Member States on capacity building for preparedness to public health emergencies, literature reviews and case studies. All activities will have a focus on emerging threats (i.e.

⁷ See Chapter 9.3 of SMAP 2014-2020 at page 23-24

Ebola, Polio, respiratory viruses) undertaken in consultation with the Commission and/or Member States.

Resources

Total FTEs for this area of activity: 6.44 FTEs

Total operational budget title 3: 0.528 million Euros

Nb.	Objective	Indicator	Target 2015	Verification
8	Support to the Commission and the Member States in the implementation of the preparedness Article 4 of Decision 1082/2013/EU as endorsed by the Health Security Committee, in particular in improving the interoperability and consistency of national preparedness planning, intersectoral coordination and business continuity planning.	<ul style="list-style-type: none"> - Proportion of planned ECDC activities (guidelines, seminars, workshops, exercises) undertake to reach the objective -Proportion of ECDC products endorsed by the Health Security Committee 	<p>90% by 2020</p> <p>50% by 2020</p>	<p>ECDC assessment reports of preparedness at national level for communicable diseases upon request of the HSC</p> <p>-Verified by HSC meeting minutes</p>

4. Scientific Advice

Context

ECDC's output of scientific advice is highly valued by most of our stakeholders. It provides a European dimension and saves resources by performing systematic reviews and applying an evidence-based approach in one place instead of in 28. Work at ECDC has also concentrated on developing evidence-based methods that are suited to public health issues (PRECEPT). Having a common evidence base and an EU-level analysis of the technical issues in relation to a public health problem can facilitate cooperation between Member States and the EU in addressing common problems. Using evidence-based methods not only improves the value of scientific advice, but also addresses the increased scrutiny towards such output from the public and stakeholders.

It belongs to ECDC's nature of a network organisation to have one central, special focus conference on communicable diseases. The ESCAIDE conference forms such an opportunity for networking and gluing together the scientific communities at the practical public health level.

There is also a need for harmonised procedures in the production of scientific advice between ECDC and other EU Agencies. This work has recently started, and aims to save resources by sharing ideas and methods for processes such as: selection of experts, use of expert databases and transparency, evidence-based methods, shared terminology, etc.

It is also important to work closely with the Member States around scientific advice to ensure ECDC advice and research is adding value and to reduce duplication. Here, the Advisory Forum plays an important role in all aspects.

During public health emergencies the scientific advice naturally focuses on rapid collection of evidence to support outbreak/response actions.

Due to priority (re)settings and consequent lack of resources, ECDC will stop the activities in the 'foresight function'. In 2015, in deviation from the SMAP 2014-2020, resources for the development of the 'Burden of Communicable Disease' project are also reduced and ECDC first awaits the practical application of the existing tool by the Member States. Depending on the final decisions on resources, the PRECEPT tool will be launched for use by Member States.

Medium-term Objectives

The key objectives of ECDC's scientific advice activities in 2015 and next years are:

1. Supporting the Chief Scientist and the Advisory Forum in identifying priority issues on which the Centre should produce scientific advice.
2. Ensuring that the process and tools used in the production of the Centre's scientific advice are consistent and in line with best practice on production of evidence based public health guidance.
3. Supporting and coordinating the 2015 edition of the European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE)

Key Outputs 2015

The activities planned for 2015 form an integral part of the deliverables in the area of scientific advice⁸ as defined in ECDC's SMAP 2014-2020. These outputs are:

1. Continued to deliver targeted, high quality scientific advice that impacts policy decisions by:
 - Further improvement and wider application of the Scientific Advice Repository and Management System (SARMS) to manage scientific advice requests directed to ECDC and the Expert Database to facilitate the identification of external experts by Member States.
 - Improved the priority setting tool (IRIS) tool to support the prioritisation of scientific advice and work planning at ECDC and made it accessible for external expert communities;

⁸ See Chapter 9.4 of SMAP 2014-2020 at pages 25 – 26

- Apply public consultation and enhance scientific advice transparency, i.e. open the platform to a wider user group in ECDC.
2. Aligned with SMAP deliverable 9.4.2 on becoming a trusted source of scientific advice:
 - Following up on the traineeship project "*Pathways of transmission*", to design a comprehensive project on "Building a knowledge base on infectious disease transmission"
 3. Achieved a harmonised, integrated, transparent process of scientific advice that is a significant contribution to the EU's communicable disease control, in collaboration with the Member States, the other EU Agencies, and other stakeholders.
 - Organisation and maintenance of the EU-ANSA network of "Chief Scientists" of EU Agencies; ECDC's particular output is a paper on handling uncertainties.
 - Organisation of the ESCAIDE Scientific Conference;
 - ECDC Research strategy and coordination, starting with mapping of research activities in the EU regarding communicable diseases (domains, potential needs and resources involved).
 4. Offered training to Member States and stakeholders in new methods for evidence-based public health.
 - Developed methods and tools to facilitate the use of evidence-based principles in daily work;
 - Deploy the PRECEPT⁹ tool to our stakeholders, depending upon resources.

Resources

Total FTEs for this area of activity: 11.84 FTE

Total operational budget title 3: 0.794 million Euros

Nb.	Objective	Indicator	Target 2015	Verification
9	High level of support of the Commission and Member States by producing quality scientific publications in the area of the priorities and mandate of the Centre	Quality of ECDC scientific publications in peer-reviewed journals remains high i.e.: - Average journal Impact Factor - Average number of citations of each article	IF > 3.8 > 10	Quality and citations base on the following databases: Scopus, PubMed and Embase
10	High level of timely and adequate response to requests for scientific opinions by providing authoritative and reliable evidence-based scientific opinions and guidance to Member States, Commission and Parliament	- Proportion of prioritised scientific topics executed. - Proportion of requested items for scientific advice (ad hoc and planned) timely delivered - Use of evidence-based opinions and guidance produced by ECDC	80 % of prioritised actions integrated in annual work programme 80 % >70% of opinions and guidance	- Comparison between IRIS (tool for scoring scientific priorities by the Advisory Forum) and the approved Work Programme - Source SARMS (internal database on external scientific advice requests) - Annual stakeholder survey

⁹ Project on a Framework for Rating Evidence in Public Health (PRECEPT)

5. Public Health Training

Context

The defence against communicable diseases in the EU depends on a continuously available competent workforce at all levels. This is recognised in Article 9 (6) of ECDC's Founding Regulation, which mandates the Centre to support and coordinate training programmes. It is reiterated in article 4 of the Decision 1082/2013/EU, where training and capacity development is identified as a key element of EU and Member State level preparedness against serious-cross border health threats.

The added value of supporting and coordinating training at EU level is that:

- It is often more cost effective to develop and run highly specialised training on a multi-country basis
- Undertaking training together helps professionals from different Member States understand each others' public health systems. This facilitates cross-border cooperation and inter-operability.
- EU level training activities help foster consensus on the core competences needed to prevent and control infectious diseases, and how those competences are defined. This facilitates cross-border cooperation and inter-operability.

Medium-term Objectives

The key objectives of ECDC's Public Health Training activities in 2015 and next years are:

1. Organise the flagship EU fellowship programmes: the European Programme for Intervention Epidemiology Training (EPIET) , the European Programme for Public Health Microbiology Training (EUPHEM) and the EPIET Associated Programmes
2. Strengthen a specific segment of national public health capacity by providing training for senior and mid-career professionals.
3. Providing scientific leadership and support for the next phase of the Mediterranean Programme for Intervention Epidemiology Training (MediPIET)
4. Increase the outreach of ECDC's training capacity by starting e-Learning courses via its Learning Management System (LMS)
5. To support networking and exchange of knowledge among relevant professionals and organisations

Key Outputs 2015

The activities planned for 2015 address the following deliverables for 2020 in the area of public health training¹⁰ defined in ECDC's SMAP 2014-2020. These are:

1. A sustainable level of EPIET and EUPHEM fellows has been established, and any further expansion of the fellowship programme is seen through an increased number of national EPIET Associated Programmes;
 - Recruiting the 2015 cohorts of fellows for EPIET and EUPHEM:
 - EU track: 12 EPIET, 4 EUPHEM
 - Member State track: 12 EPIET / EUPHEM fellows
 - Continuing to provide salaries and training support to the 2013 and 2014 cohorts of EPIET and EUPHEM fellows and their coordinators. The total number of fellows in these two cohorts are:
 - EU track: 24 EPIET, 8 EUPHEM
 - Member State track: xx EPIET, XX EUPHEM
 - More than 200 supervisors in 50 training sites across the EU
 - Provision of support, expertise and training to EPIET Associated Programmes

¹⁰ See Chapter 9.5 of SMAP 2014-2020 at pages 26 – 28

2. With sufficient Commission funding, MediPIET has been firmly established. While the responsibility has been fully handed over to the participating countries, the network retains its strong links to the ECDC-led training networks in the EU;

- Provision of scientific leadership and support to MediPIET. ECDC chairs the MediPIET Scientific Advisory Board and provides leadership on key technical aspects of the Programme.

3. The ECDC virtual training centre makes available online training resources, including e-learning and tools for knowledge transfer, allowing the countries to cascade training to regional and local levels;

- Develop 4 e-Learning courses and makes them available via a Learning Management System.
- ECDC gathers feedback from partners, most notably the NFPs for training, with a view to further improving its e-Learning offer in 2016
- An e-learning tool is developed to raise awareness about the proper use of personal protective equipment in the context of Ebola and other emerging infectious diseases, complementary to the skills-based training (before field assignments).

4. Further core competencies have been defined and are guiding the curricula of ECDC training initiatives;

- Finalise and publish EU consensus core competencies for public health professionals who work in prevention and control of vaccine preventable diseases
- Start work on Tuberculosis for public health professionals

5. ECDC has delivered short training modules and 'sharing good practice' workshops targeting national experts at midcareer and senior level in ECDC networks, with focus on the EU and international dimensions of disease prevention and control, to increase interoperability for preparedness and response, in the context of the Decision 1082/2013.

- Key output will be the ECDC summer school 2015. This is aimed at senior level experts, most notably coordinators of EPIET / EUPHEM training sites, and also mid-career experts. There will be 30 places available to professionals from Member States and 15 places for professionals from MediPIET countries.
- 2 senior professionals participate in exchange programmes
- 1 short course held at ECDC for senior / midcareer professionals

Resources

Total FTEs for this area of activity: 12.91 FTEs

Total operational budget title 3: 4.000 Million Euros

Nb.	Objective	Indicator	Target 2015	Verification
11	With special emphasis on the core capacities referred to in Article 4 of Decision 1082/2013/EU, a strengthened workforce in the Member States through adequate and relevant training. The Section is revising the KPI in line with the recommendations of the Internal Audit Service (IAS), and will apply them to WP 2015 and future work plans.	Reaction: Participant satisfaction with ECDC training activities. Learning: Achievement of agreed learning objectives in relation to core capacities in ECDC fellowship programmes (EPIET/EUPHEM). Behaviour: Number of scientific articles of public health relevance by EPIET/EUPHEM fellowship during and 2 years after graduation	> 80 % satisfaction > on average 80 % achievement by all fellows > 50% increase compared to the 2-year period before entering the programme	Course evaluations. Incremental progress reports (IPR), Competencies Development Monitoring Tool (CDMT), mid-term and final reviews with fellows and supervisors. Bibliometrics (PubMed, Scopus)

6. Microbiology

Context

In keeping with the EU Health Strategy, every Member State should have access to routine and emergency diagnostic and reference laboratory services to detect, identify, characterise and subtype human pathogens of public health significance. This is dependent on maintaining the laboratory capability at clinical, national and supranational reference levels.

In a fast-moving field, rapid microbial and drug resistance screening tools are now reaching the point-of-care diagnostic market. Whole genome analysis is transforming microbiological diagnostic and typing approaches and uncovering novel markers of virulence and drug resistance of public health relevance. Yet, there is a largely unmet need to critically assess their accuracy and public health usefulness. In addition, national reference laboratories need access to training and external quality assurance schemes for novel microbiological technologies to ensure comparability of surveillance data.

The first strategic objective of ECDC microbiology programme is to consolidate the capacity of the EU public health microbiology system. Microbiology coordination will support the disease programmes by facilitating the sharing of best practice across disease networks. ECDC will support Member State access to improved technologies by organising technical guidance, training workshops, external quality assessment schemes as well as task sharing for specialised testing within European networks of laboratories.

The second goal is to implement a system for monitoring key capabilities and essential components of microbiology services for surveillance and disease prevention and control across the EU/EEA to remedy any vulnerability at Member State or EU levels.

The third goal is to further refine the ECDC roadmap for integration of molecular typing into EU-wide surveillance in a stepwise manner based on developing disease-specific objectives, critically reviewing the EU added value and outlining appropriate molecular surveillance study designs.

A new activity in 2015 will be the scientific guidance and evaluation of EU added value of whole genome sequencing for pathogens under EU molecular surveillance in collaboration with EFSA, the new H2020 project on the rapid genomic-based identification of pathogens and related international initiatives.

Decision 1082/2013/EU gives the European Commission and Member States a new, more robust legal basis for cooperation against infectious diseases and other serious cross-border health threats. The Commission is examining options for creating a system of EU level reference laboratories in the area of human pathogens. ECDC will provide technical support to the Commission as it takes forward this initiative.

Medium-term Objectives

The key objectives of ECDC's microbiology activities in 2015 and next years are to:

1. Support and monitor the further strengthening and coordination of essential microbiology capabilities in Member States for surveillance, prevention and control of infectious diseases and antimicrobial resistance.
2. Extend the integration of molecular typing to the EU level surveillance of additional pathogens, while consolidating the EU molecular surveillance modules successfully piloted before.
3. Provide technical support to the Commission in its initiative to establish EU reference laboratory services for human pathogens

Key Outputs 2015¹¹

The activities planned for 2015 address the following deliverables for 2020 in the area of microbiology¹² defined in ECDC's SMAP 2014-2020. These are:

1. Consolidation of the capacity of the EU public health microbiology system for EU-wide surveillance of communicable diseases and epidemic preparedness will result in a more efficient use of existing microbiology capacities. Specific 2015 outputs:

- The Microbiology Activities Report analysing and summarising the ECDC managed projects that cover a range of laboratory testing aspects for over 30 diseases.
- Improved EU laboratory capacity by providing external quality assurance (EQA) services for the networks of laboratories working on: AMR in *E.coli*, *Klebsiella*, *P.aeruginosa*, enterococci, *S.aureus*, *N.gonorrhoeae*, Salmonella and Campylobacter; Legionella; Listeriosis; VTEC; Influenza; TB, including MDR-TB, invasive bacterial diseases and pertussis.
- Provide support to pilot studies and microbiology guidance on EU added value of whole genome sequencing for molecular surveillance, in particular for Listeria, *M.tuberculosis*, *N.gonorrhoeae* and *N.meningitidis* and guidance on emerging microbiology issues.
- Provide diagnostic guidance and, if needed test kits or reagent standards, in case of a public health emergency to support microbiologists in affected Member States

2. Development and implementation of a system that assists Member States in monitoring critical microbiology laboratory capabilities for EU-wide surveillance of communicable diseases and epidemic preparedness:

- Report on the pilot of a first EU survey of agreed indicators (*EULapCap*) that will provide a baseline to monitor the progress of essential public health microbiology capabilities at Member State and EU levels.
- Identify critical gaps and vulnerability in preparedness capacities in the EU.

3. Further develop strategic plans for the gradual integration of selected molecular typing data into EU-wide surveillance and epidemic investigations for priority diseases and transmissible drug resistance threats after agreement with Member States; specific outputs for 2015 are:

- EU-level molecular surveillance strategies for Legionella and HIV.
- Guidance for integration of whole genome sequencing based molecular typing in EU surveillance, for Listeria, Salmonella, VTEC, and MDR-TB.

4. Further integration of EU clinical laboratories and other public health laboratories in the surveillance and alert systems for human and zoonotic pathogens.

- ECDC will provide technical support to the Commission in its initiative to assess the need for EU reference laboratory services for human pathogens.
- Provide expertise to the 'One-health approach' for FWD and EVD regarding laboratory-based surveillance of zoonotic pathogens in collaboration with EFSA.

¹¹ The Microbiology Section mainly coordinates activities which are usually managed within the Disease Programmes and Operational Sections. For the sake of coherence the outputs below are summarised without references to individual actors.

¹² See Chapter 9.6 of SMAP 2014-2020 at pages 28 – 30

Resources¹³

Total FTEs for this area of activity: 5.45 FTEs

Total operational budget title 3: 0.140 million Euros

Nb.	Objective	Indicator	Target 2015	Verification
12	Implementation of the ECDC microbiology strategy to ensure sufficient microbiology capacity within the EU, to detect and manage infectious threats.	Proportion of Member States having microbiological core capabilities and capacity, as defined by the ECDC Microbiology Strategy	<ul style="list-style-type: none"> - Launch of annual monitoring of three components i.e. primary diagnostics; national microbiology reference laboratory services and laboratory-based surveillance and epidemic response support. EU Laboratory Capabilities monitoring tool finalised and first round of data collection and analysis started to assess EU dashboard of capabilities in 2013. - Assess the agreed laboratory EQA performance levels as required for reliable EU surveillance of communicable disease and antimicrobial resistance. - Molecular surveillance strategy defined for 6 pathogens and implemented for 4 pathogens 	<p>Verification by technical audits of Member States and other components.</p> <p>[NB. The midterm evaluation may result in the formulation of specific targets and options for action.]</p>

¹³ Resources only given for the Microbiology Section; resources in other sections are not included but are a substantial part in DP's and SRS.

7. Health communication

Context

ECDC's partners, and the wider public health community, expect the Centre to communicate its scientific output in a timely manner. The obligation to communicate results and, at minimum, make them available via the Centre's website is set out in Article 12 of ECDC's Founding Regulation. But the importance of health communication goes beyond this. The EU and its Member States have come to regard coordination of risk and crisis communication, based on robust and independent evaluation of public health risks, as a vital area of cooperation when responding to serious cross-border health threats. Being able to rapidly agree a set of coherent, technically sound core messages about a threat can be a huge support to response efforts. Providing technical support to the Commission and Member States in this area will therefore be a top priority for ECDC in 2015.

ECDC's technical support on risk and crisis communication will feed into the framework for cooperation between the Commission and Member States laid down in Decision 1082/2013/EU.¹⁴ To enable these functions high end editorial services support the ECDC multilingual staff and contractors in the products for external communication.

Medium-term Objectives

The key objectives of ECDC's health communication activities in 2015 and next years are:

1. Communicate ECDC's scientific output to the Centre's target audiences¹⁵ in a timely, consistent and professional manner - including via social media
2. Implement a new and improved web-portal for ECDC (portal 2.0)
3. Provide technical support to the Commission and Member States that will facilitate the coordination of their risk and crisis communication in coordination with the HSC and its dedicated subgroups.

Key Outputs 2015

The activities planned for 2015 address the following deliverables for 2020 in the area of health communication¹⁶ defined in ECDC's SMAP 2014-2020. These are:

1. ECDC has through its efficient external communications increased its reputation as the main reference point for European-level technical and scientific data and advice in the areas of its mandate;
 - ECDC publications, articles published by ECDC experts in peer reviewed journals, press releases, events, website content, Tweets etc. communicating ECDC's scientific outputs
 - Web 2.0 web portal with making ECDC data and analysis available to users in an even more interactive way
2. ECDC is a trusted and valued partner with Member States and the Commission, in relation to risk and outbreak/crisis communication support and co-ordination;
 - ECDC provides technical support to the Commission in its coordinating role and the Member States in their risk communication role. This includes support in developing evidence based key messages, visual representations of epidemiological information, summarising evidence on effective risk and crisis communication and sharing of best practice.
4. ECDC has further strengthened its current position as the main European hub for scientific advice and guidance on behaviour and risk communication related to communicable diseases in order to support Member States in their communication activities.

¹⁴ See in particular recital 22, Article 11 and Article 17 of Decision 1082/2013/EU

¹⁵ SMAP 2014-2020 defines the target audiences for ECDC's external communication as: health professionals, policy makers, the media, and health communicators. ECDC is generally not communicating directly with the general public.

¹⁶ See Chapter 9.7 of SMAP 2014-2020 at pages 30-33

- ECDC will update the European Antibiotic Awareness Day toolkit and the existing toolkits to support disease prevention and control activities in the Member States on Chikungunya fever, tick-borne diseases and seasonal influenza.

Resources

Total FTEs for this area of activity: 16.11 FTEs¹⁷

Total operational budget title 3: 0.340 million Euros

Nb.	Objective	Indicator	Target 2015	Verification
13	Publication of topical online information within ECDC's remit through the web portal and social media channels	Usage of the ECDC web portal and social media channels	+10% web visitors and social media followers - Certification by an external party (HON)	Web and social metrics used for verification Measure on quality will be in the annual stakeholder survey. Health on the Net (HON) http://www.hon.ch for reference
14	Support to Member States and Commission in regard to public health campaigns and provide training and tools for risk communication.	Activities and actions delivered according to approved planning	100% delivery within agreed timelines	Records on file of activities and actions
15	Provision of scientific input to crisis communication in case of Communicable diseases events/emergencies coordinated by the Health Security Committee in liaison with the Commission according to articles 11 and 17 of Decision 1082/2013/EU	Proportion of lines to take (LTTs), press material shared	100% input to all critical events	Quality and timeliness verified by feedback from Commission on HSC actions and decisions

¹⁷ (Broken down to 6,6 Editorial services, 4,6 Webportal and social media, and Press, media and information 4,9 FTE)

8. Antimicrobial resistance and healthcare-associated infections - ARHAI

Context

The issues of antimicrobial resistance (AMR) and healthcare-associated infections (HAIs) are getting higher on the EU agenda, as the various threats keep increasing. Prudent use of antimicrobials, infection prevention and control, and the need for new antibiotics will continue to be the focus of European initiatives. Especially, the alarming trends of increasing resistance to last-line antimicrobial agents in Gram-negative bacteria will require close surveillance and concerted efforts at international level.

Despite recent efforts and successes at Member State level, at EU level and globally, there is still, in many Member States, poor awareness among the general public and healthcare professionals about the need for prudent use of antibiotics and for infection prevention and control measures. More examples of best practice and success stories in preventing and controlling AMR and HAI are rarely shared between Member States.

Since 2014, our stakeholders have asked for intensified efforts on the surveillance, prevention and control of AMR and HAIs, in particular on estimates of the burden and costs of HAIs, and a monitoring and evaluation system with a set of indicators to assess implementation of national strategies/action plans and their success in improving prevention and control of HAIs. For the latter, more involvement of medical professionals in the Member States would also be needed. The development of an online repository and toolbox of essential control options and interventions to prevent and control HAIs and AMR was also prioritised to improve sharing of available resources, information and best practice at EU level. This necessitated an increase in the number of staff working in the ARHAI disease programme by 3 FTEs, making it possible to add and prioritise several new activities, compared to the original SMAP 2014-2020.

Medium-term objectives

The key objectives of the ARHAI disease programme in 2015 and following years are:

1. Improve the participation of Member States in surveillance of HAIs, including data on structure and process indicators for prevention and control of HAIs and on mortality;
2. Develop a methodology to regularly produce better estimates of the burden and cost of HAIs and AMR in the EU and its Member States;
3. Increase the use of good practices for the surveillance, prevention and control of AMR and HAIs in the EU;
4. Raise awareness about prudent use of antibiotics through the contribution to the European Antibiotic Awareness Day (EAAD).

Key outputs 2015

The activities planned for 2015 address the following deliverables for 2020 in the area of ARHAI¹⁸ as defined in ECDC's SMAP 2014-2020. Within the multi-annual deliverables, the following specific outputs are planned which complete the ongoing activities to maintain the ARHAI disease programme:

1. To act as a hub of harmonised and efficient European surveillance systems and to be a reference centre that Member States, EEA and neighbouring countries consult for surveillance data with the following specific outputs:
 - Improved country participation in surveillance of surgical site infections (HAI-Net SSI, the next report on surveillance of surgical site infections in Europe will be published in 2016, as mentioned in the ECDC Strategic Multi-Annual Programme 2014-2020) and HAI in intensive care units (HAI-Net ICU);
 - Revised estimates of the burden and cost of HAIs in the EU
 - Initiation of the third point prevalence survey in long-term care facilities;
 - Preparation of Surveillance Atlas of Infectious Diseases (incl. country sheets): AMR, antimicrobial consumption, HAIs, structure and process indicators on prevention and control of HAIs;
 - EARS-Net 2014 report on surveillance of AMR;
 - ESAC-Net 2013-2014 report on surveillance of antimicrobial consumption;
 - Initiation of pilot reporting of antimicrobial consumption in hospitals as part of ESAC-Net;
 - An EPIS platform for AMR and HAI;
 - In accordance with the ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness (AF32/NMFP10), development of a strategy for pilot molecular surveillance of carbapenem-resistant Gram-negative bacteria and of methicillin-resistant *Staphylococcus aureus* (MRSA);
 - Implementation of a new framework contract to support to the standardisation of antimicrobial susceptibility testing methods in Europe;
 - External quality assessment exercise on performance and compliance with EUCAST standards of the laboratories participating in the EARS-Net;
 - Training workshop on point prevalence survey of HAI and antimicrobial use in acute care hospitals, with focus on validation;
2. To act as a reference centre that Member States, EEA and neighbouring countries consult for scientific advice to prevent and control AMR and HAI, with the following specific outputs:
 - Repository (online directory) of existing guidance and other documents on AMR and HAI prevention and control produced by Member States, professional organisations, partners as well as Commission-funded projects;
 - Guidance document on indicators for the organisation of hospital antimicrobial stewardship programmes;
 - Guidance document on options to control transmission of multidrug-resistant *Enterobacteriaceae* when patients are transferred to healthcare settings;
 - Initiation of the evaluation of existing HAI prevention and control guidelines to develop the toolbox of essential control options and interventions to prevent and control HAIs;
3. To act as key contributor to the European 'One Health' approach to AMR prevention and control by providing technical support to increase synergies between the human and veterinary sectors (see 10.3: Food- and Waterborne Diseases).

¹⁸ See Chapter 10.1 of SMAP 2014-2020 at pages 34-36

4. To act as a key partner in international cooperation initiatives to prevent and control AMR and HAI, with the following specific outputs are:
 - Support to the Commission on the implementation of its Action Plan on AMR, including evaluation;
 - Country visits in response to requests from Member States;
 - Cooperation with WHO/Europe to implement the regional strategy on AMR;
 - Contribution to the Transatlantic Task Force on AMR (TATFAR);
5. To be a leading institution in the EU to support Member States in the promotion of prevention and control measures, with the following specific outputs:
 - 8th European Antibiotic Awareness Day (EAAD), 18 November 2015, including a toolkit addressing self-medication with antibiotics;
 - Contribution to a global Day to raise awareness about prudent use of antibiotics, in collaboration with WHO;
 - Support to the WHO "SAVE LIVES: Clean Your Hands" hand hygiene campaign by publication of ECDC-related outputs on 5 May 2015;
 - Inventory of evaluated infection control training courses/programmes in Europe, and meeting of Member States' experts on infection control/hospital hygiene.

Resources

Total FTEs for this area of activity: 13.11 FTEs

Total operational budget title 3: 1.366 million Euros

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

9. Emerging and vector borne diseases

Context

Emerging and vector-borne diseases pose a special challenge to ECDC and national public health authorities due to the biological complexity of the transmission pattern and the epidemiological potential. In recent years, several vector-borne disease outbreaks have occurred in Europe and an increased establishment and spread of invasive mosquitoes or even ticks in new areas has been observed. It is anticipated that novel and unusual outbreaks of emerging and vector-borne diseases will occur with progressive risk of endemicity in some areas.

Most vector-borne diseases have their own complex epidemiological features, like seasonality and periods of pathogen persistence in reservoirs or vectors without occurrence of human disease. They can quickly (re-)emerge or be (re-)introduced under the right conditions. ECDC's day-to-day contribution is to share real-time mapping of cases during transmission seasons for the whole of Europe, giving national health authorities (e.g. blood transfusion authorities) timely information for decision making.

Furthermore, truly new diseases might appear. Efforts to monitor and control these usually uncommon diseases are hampered by often limited capacity for detection combined with some lack of knowledge or awareness of clinicians.

In general, to understand and assess the risks linked to the different emerging and vector-borne disease situations in Member States, four types of data are needed: 1) disease data; 2) pathogen presence (in human or reservoir hosts) and 3) the occurrence of vectors and 4) suitable environmental conditions. This requires a wider perspective on the surveillance of EVD than usual. Moreover, improved assessment tools are needed such as risk mapping, risk forecasting and orientation on control strategies.

In contrast to the original SMAP 2014-2020, ECDC will reduce the expansion of the E3 network, but maintain certain functions for E3 geo-mapping. ECDC will intensify the work on Lyme borreliosis and West Nile based on feedback from the Advisory Forum.

Medium-term Objectives

The key objectives of ECDC's emerging and vector borne disease programme activities in 2015 and next years are:

1. Surveillance: To strengthen and standardise reporting of vector-borne and emerging diseases with e.g. the updated case definitions for chikungunya, and dengue, with the progressive integration of disease data on animals (e.g. for WN), vector distribution and GIS (re)processing.
2. Scientific advice: To integrate multidisciplinary knowledge based on studies of environmental/climatic (e.g. for West Nile fever) and social determinants.
3. External stakeholder interactions: To strengthen ECDC EVD disease network for interactions with MSs and extend expertise through closer contact and shared activities with international stakeholders particularly EFSA and WHO.

Key Outputs 2015

The activities planned for 2015 address the following deliverables for 2020 in the area of emerging and vector borne diseases¹⁹ defined in ECDC's SMAP 2014-2020. These are:

1. Aligned with SMAP deliverable 10.2.1 to provide relevant and timely surveillance information on vectors, reservoirs, animal and human disease with the following specific outputs for 2015:
 - In depth analysis of TESSy data and dissemination of specific reports/publications on tick borne encephalitis, chikungunya, and dengue.
 - Timely surveillance of West Nile fever and development of an early warning system with integration of animal data based on the One Health approach together with EFSA²⁰.

¹⁹ See Chapter 10.2 of SMAP 2014-2020 at pages 36-37

- Prepare the revision of the case definition for Hantavirus as prioritised by the Advisory Forum.
 - Laboratory capacity building for early detection and response to outbreaks according to on-going viral threats through an outsourced network and in coordination with the Microbiology Coordination Section .
 - Perform risk analyses of emergence of vector-borne diseases (West Nile fever, tick-borne diseases) and updated vector distribution maps (mosquitoes, ticks and sand-flies).
 - Progressive strengthening of harmonised surveillance of mosquito vectors in advocating the use of ECDC guidelines for the surveillance of invasive and native mosquitoes, in collaboration with WHO; and ad hoc entomological support (with EFSA via an outsourced network).
2. Aligned with SMAP deliverable 10.2.2 to produce scenarios for Member States based on risk maps and models, and provide guidance:
- Integration of developed assessment tools and risk mapping/ forecasting/ models (specific focus on mosquito-borne and tick-borne diseases), aiming for effective EVD surveillance and MS awareness.
 - Assessment of pathogen importation through global traffic and trade and disease situation monitoring (dengue, chikungunya, zika etc.).
 - Development of guidelines on Lyme borreliosis (follow-up of previous work on epidemiology and diagnosis of Lyme disease in EU; piloting approaches on surveillance to assess trends and burden of disease, and development of communication strategies).
 - Technical advice for supporting preparedness and training programmes at ECDC regarding viral haemorrhagic fevers.

Resources

Total FTEs for this area of activity: 7.08 FTE

Total operational budget title 3 0.653 million Euros

Nb.	Objective	Indicator	Target 2015	Verification
16	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Number and type of tools, products and activities aimed at realising the SMAP deliverables.	90%	Measured and verified by Management Information System
17		Satisfaction by the member states on the value of the Disease Programmes	>80% satisfaction by two-third of the respondents	As measured by the annual stakeholder survey
18		Added value of the disease programmes is periodically evaluated	Each programme is evaluated every 5 years and a follow-up plan is made and executed.	

²⁰ European Food Safety Authority (EFSA)

10. Food- and Waterborne Diseases and Zoonoses

Context

The food- and waterborne diseases and Legionnaires' disease are prone to outbreaks and clustering of cases due to contaminated food, water, environment, or infected animals and humans. This epidemiological characteristic, along with their potentially large economic impact on trade and tourist industry, makes the early detection and investigation of outbreaks particularly important. This requires multidisciplinary collaboration and regular communication between food safety, veterinary, environmental and public health authorities to implement timely control and prevention measures. Therefore ECDC works, amongst others, in close collaboration with EFSA. In addition to investing in detection and investigation of outbreaks, a robust enhanced long-term surveillance, integrating laboratory, clinical and epidemiological data, is essential to monitor trends and (re)-emerging clones, assess the public health impact of prevention and control measures in the food and environmental sector, and to identify disease-specific epidemiological characteristics in the EU-wide human population. The linkage of surveillance of human disease with the monitoring of prevalence in food and animals is essential to produce appropriate public health risk assessments, both on an ad hoc basis and for a longer-term perspective.

Not mentioned earlier for FWD is the pilot project on integration of whole genome sequencing (WGS) to the ELiTE project. WGS will impact surveillance, the work in public health microbiology laboratories and response to outbreaks. ECDC will start to explore the potentials for integrating this technique to the outbreak investigation of *Listeria*, *Salmonella* and STEC/VTEC.

Medium-term Objectives

The key objectives of ECDC's Food- and Waterborne diseases and Zoonoses activities in 2015 and next years are:

1. Strengthen detection and investigation of multi-country outbreaks by linkage of human surveillance with that of food and animals, in particular through regular analyses in the new common joint molecular typing database with EFSA.
2. Promote the implementation of renewed, quantitative surveillance of antimicrobial resistance in human *Salmonella* and *Campylobacter* infections and subsequently enhance analyses of collected data from humans, food, and animals for the European Union Summary Reports on AMR.
3. Enhance the control of Legionnaires' disease outbreaks at EU/EEA level by promoting early detection, facilitating investigation and/or coordinating of cross-border clusters/outbreaks.
4. Strengthen public health microbiology competence for FWD and Legionnaires' diseases, in particular by offering learning opportunities through twinning.

Key Outputs 2015

The activities planned for 2015 address the following deliverables for 2020 in the area of Food- and Waterborne Diseases and Zoonoses²¹ defined in ECDC's SMAP 2014-2020. Within the multi-annual deliverables, the following specific outputs are planned which supersede the ongoing activities to maintain the Disease Programme:

1. Aligned with SMAP deliverable 10.3.1 to facilitate collaboration at all levels between the public health and veterinary sectors as well as between epidemiologists and microbiologists:
 - Organisation of multi-sectorial meetings to promote collaboration at all levels between the public health, food safety and veterinary sectors:
 - 1) one post multi-country FWD outbreak briefing.
 - 2) ELiTE project meetings.
 - 3) Workshop on human and animal TSEs²².

²¹ See Chapter 10.3 of SMAP 2014-2020 at pages 37-38

²² Transmissible Spongiform Encephalopathy (TSE)

2. Aligned with SMAP deliverable 10.3.3 to produce and publish scientific overviews and systematic outbreak investigation reports:
 - The annual, epidemiological report on Legionnaires' disease.
 - A joint EFSA-ECDC report on Zoonoses.
 - A joint EFSA-ECDC report on AMR.
 - Contribution to Annual Epidemiological Report and Surveillance Atlas of Infectious Diseases.
 - Finalisation of guidance²³ on hepatitis A (HAV) prevention and control based on the findings of a systematic review of HAV endemicity profile in the EU/EEA in consultation with the HSC.
3. Aligned with SMAP deliverable 10.3.4 of development of a protocol for multi-country outbreak investigations and 10.1.3 as a key contributor to the European "One Health" approach to AMR prevention and control by providing technical support to increase synergies between the human and veterinary sectors:
 - Developed SOP's for cross-sectorial collaboration in early detection, investigation, and/or coordination of cross-border foodborne outbreaks.
 - Stepwise development of a new, quantitative harmonised surveillance of AMR in human *Salmonella* and *Campylobacter* infections allowing comparable analyses with food and animal AMR data.
4. Aligned with SMAP deliverable 10.3.5 of development of routine surveillance based on up-to-date real time molecular typing information from laboratories:
 - Report on the European Listeria Typing Exercise (ELiTE).
 - Continue ELiTE-project with an extension for 2015-16 and broaden the scope of methods to cover whole genome sequencing, ensuring comparison between human and food sector.
 - Finalise the FWD molecular surveillance strategy and its integration in outbreak investigation and control.
 - Finalise the establishment of the joint molecular typing database with EFSA for the integration of PFGE/MLVA data from food, feed, animals, and environment for Salmonella, Listeria and VTEC/STEC.
 - Finalising the molecular surveillance strategy for Legionnaires' disease.

Resources

Total FTEs for this area of activity: 10.16 FTEs

Total operational budget title 3 0.822 million Euros

Nb.	Objective	Indicator	Target 2015	Verification
16	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Number and type of tools, products and activities aimed at realising the SMAP deliverables.	90%	Measured and verified by Management Information System
17		Satisfaction by the member states on the value of the Disease Programmes	>80% satisfaction by two-third of the respondents	As measured by the annual stakeholder survey
18		Added value of the disease programmes is periodically evaluated	Each programme is evaluated every 5 years and a follow-up plan is made and executed.	

²³ Guidance: a document based upon a systematic review of scientific evidence and on a scientific experts panel appraising the evidence and providing a list of options with regards to the potential benefits, costs and harms of measures, areas and level of uncertainty and recommendations for future research.

11. HIV, sexually transmitted infections and viral Hepatitis

Context

The context for the different diseases in this programme differs significantly, but several threads connect them as well. The obvious links to sexual behaviour and some similarities in the determinants of transmission of infection are clear, but even stronger is that these diseases have characteristics of silent epidemics, with all the inherent problems for prevention and control. Therefore dedicated programmes for each of these diseases need specific evidence and data, which are hard to obtain and even harder to validate. However, the EU policy makers must know what is happening and we need to know what works to stop and/or reduce the harm most effectively. Because of their specific nature these dedicated programmes are often less embedded in the routine public health structures and often need significant advocacy in view of conflicting interests, political visibility and financial sustainability. Many Member States suffer from the fragmentation of the prevention and care services for HIV, STIs and viral hepatitis and this does not help in ensuring effective prevention and control.

A common factor in the work plan of HSH for the different diseases is the focus on the collection, analysis and dissemination of the best available strategic information to support action. These efforts make a clear distinction between the needs of Member States in driving higher standards for surveillance and providing opportunities for sharing best practices in prevention and control programmes. Both Member States and the EU Commission should benefit from high quality scientific advice and guidance in the area of prevention and control. Technical support for the development of EU action plans is given and will support strong, coherent EU wide actions, whether it is for viral hepatitis, and the re-emergence of (some) sexually transmitted diseases or the threatening development of antimicrobial resistance for others.

Building on our past experience and the persistent threats, continued focus will be on those activities that have the biggest impact on reducing *new* HIV, STI and hepatitis infections. Extra efforts have been requested for working on vulnerable populations and migrant health and therefore 1 additional FTE has been granted to the programme and no budget cuts have been applied for the operational expenses, including the expansion of molecular surveillance activities.

Medium-term Objectives

The key objectives of ECDC's activities in STI's, HIV/AIDS and blood borne viruses in 2015 and next years are:

1. Develop the online availability of surveillance data and reports, including dashboards, in order to improve the timeliness and usefulness of the surveillance data.
2. Provide evidence-based advice and guidance²⁴ for the prevention and control of HIV, STIs and hepatitis B and C.
3. Elaborate monitoring, in particular the combined HIV/AIDS response and the response plan for controlling MDR gonorrhoea.
4. Strengthen the coordination of links with key stakeholders and their networks to counteract fragmentation, in particular in prevention communication activities.

Key Outputs 2015

The activities planned for 2015 address the following HIV, Sexually Transmitted Infections and viral Hepatitis areas and are in conformity with achieving the objectives of ECDC SMAP 2014-2020²⁵. These are:

²⁴ Guidance: a document based upon a systematic review of scientific evidence and on a scientific experts panel appraising the evidence and providing a list of options with regards to the potential benefits, costs and harms of measures, areas and level of uncertainty and recommendations for future research.

²⁵ See Chapter 10.4 of SMAP 2014-2020 at pages 38-40

1. Aligned with SMAP deliverable 10.4.2 to continue to work closely with, guide and inspire national programmes through ECDC's evidence-based reports and guidance and the other outputs from the disease network collaboration and data collection. Specifically the HSH programme will:

- Improve the quality and utility of surveillance outputs, online accessibility of data and better integration of epidemiological and response data, starting with the STI data and then proceeding with the HIV/AIDS data.
- In accordance with the ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness (AF32/NMFP10), introduce the systematic collection of data on the HIV genotypes (HIV molecular surveillance) in EU to form an early warning system for developing resistance to HAART and to improve the epidemiological understanding of the trends of HIV genotypes in EU and how they are being affected with long term HAART.
- Develop evidence-based guidance to support MS in their efforts to prevent and control of HIV/STI/Hepatitis among sex-workers and youth (in consultation with the HSC depending on content of the final document).
- Plan guidance on a comprehensive approach to the prevention, early detection and management of HIV, and control of STI and hepatitis among migrants to the EU.
- Deliver improved estimates of country- and EU-level at-risk population size and incidence estimates using modelling for HIV, hepatitis B and C and chlamydia.
- Initiate a review on alternative surveillance methods of hepatitis B/C and chlamydia.
- Implement combined HIV and AIDS surveillance and provide technical support to countries to help with the new data submission in the revised combined HIV/AIDS record-type and for statistical support to analyse changes in historical trends resulting from this major revision.
- Ensure that DP activities are well co-ordinated from a communication perspective and delivering clear and understandable communications to MS contact points, policy makers, EU professionals and citizens.
- Provide technical support and to review aspects of national programmes during country missions when requested to do so.

Produce evidenced based guidance on antenatal screening for hepatitis B and C virus and syphilis (in consultation with the HSC depending on content of the final document).

2. Aligned with SMAP deliverable 10.4.4, in order for the European Commission (but also other key stakeholders) to receive adequate and timely scientific advice to guide them in their decision-making on strategies related to HIV, STI and hepatitis B and C prevention and control the following additional technical activities will be carried out:

- Support the EU Commission in monitoring the MS response to HIV in Europe (Dublin Declaration and HIV Action Plan);
- Implement the European Gonococcal Antimicrobial Surveillance Program (Euro-GASP) to provide an overview of the trends with this pathogen, including supporting MS in their AMR testing and implementing the response plan for multi-drug resistant (MDR) gonorrhoea;
- Deliver improved estimates of country- and EU-level HIV, chlamydia and hepatitis B/C prevalence.
- Support the European Commission to develop the Framework for hepatitis B and C prevention and control in the EU.

3. Aligned with SMAP deliverable 10.4.3 to ensure that the 'EU-plus' countries are informed about relevant developments for HIV, STI and hepatitis B/C control by participation in the European disease networks ECDC's output for 2015 including:

- Exposing their disease experts to the discussion on priorities and evidence based decision making;
- Provide direct technical support to high priority and high burden countries;

4. To achieve the greatest impact in this delicate area of work, the ECDC cannot work in isolation. It is vital that HSH continues to ensure a solid level of international collaboration with key partners working in the same field, such as WHO, CDC, and many others, to strive for complementarity rather than overlap or competition.
- Continue to reach out and foster international collaboration with the identified key stakeholders in this field.
 - To regularly consult with stakeholders, in particular MS nominated contact points and DG-SANCO on ECDC's work on HIV, STI and viral hepatitis.
 - Consolidate communication activities with key stakeholders and explore how to better integrate social media in general awareness raising and communication related to HIV, STI and viral hepatitis prevention and control.

Resources

Total FTEs for this area of activity: 9.76 FTEs

Total operational budget title 3: 1.053 million Euros

Nb.	Objective	Indicator	Target 2015	Verification
16	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Number and type of tools, products and activities aimed at realising the SMAP deliverables.	90%	Measured and verified by Management Information System
17		Satisfaction by the member states on the value of the Disease Programmes	>80% satisfaction by two-third of the respondents	As measured by the annual stakeholder survey
18		Added value of the disease programmes is periodically evaluated	Each programme is evaluated every 5 years and a follow-up plan is made and executed.	

12. Influenza and other Respiratory viruses

Context

Seasonal influenza continues to be the communicable disease with one of the highest morbidity and mortality impacts on the EU population. In addition, zoonotic influenza and other emerging respiratory viruses (IRV) continue to threaten public health in unsuspected and unexpected ways. Strong (pandemic) preparedness at the level of surveillance, laboratory activities and comprehensive actions in line with the serious cross border threats to health (Decision 1082/2013/EU) is needed.

Recent examples of the H7N9 influenza outbreak in China and the Middle East Respiratory Syndrome - coronavirus (MERS CoV) threats from the Arabic peninsula show the importance of the following, recurring topics:

- The need for strong surveillance systems for seasonal influenza and (re-)emerging respiratory viruses, including estimates of disease severity, serological profiles, molecular strains and resistance to anti-viral drugs.
- Monitoring the overall impact of seasonal, zoonotic and pandemic influenza.
- The need for a strong national reference laboratory network in the EU.
- Scientific guidance for various topics.
- Sustainable structures to promote vaccination by targeted communication efforts, and to assess vaccine effectiveness and safety by means of agreed protocols and multi-country studies.
- Active participation in global surveillance, laboratory, vaccine and research networks.

Given the nature of the diseases, international collaboration is vital, in particular with WHO-Europe, WHO-HQ and CDC's. Significant structures are already in place and they allow ECDC to perform its ongoing epidemiology, laboratory and molecular surveillance, and publish the influenza surveillance bulletin. ECDC has the experience and capacity to upscale for monitoring emerging viruses and produces timely assessments and options for risk management.

The Disease Programme also aims to improve the structure and organisation of EU-level vaccine impact monitoring, mainly by participating in the Innovative Medicines Initiative (IMI) project "ADVANCE" in close cooperation with the ECDC Vaccine Preventable Disease programme.

Medium-term Objectives

The key objectives of ECDC's disease programme Influenza and other Respiratory Viruses in 2015 and next years are:

1. Improve the surveillance for severe respiratory diseases, for serological typing and molecular strain typing.
2. Strengthen laboratory capacity through external quality assessments, training and coordination of early virus detection the EU.
3. Promotion of vaccine coverage, including health communication and monitoring as integral parts of prevention strategies.
4. To improve the pandemic preparedness in the EU by supporting the implementation of Decision 1082/2013/EU on serious cross border threats to health.

Key Outputs 2015

The activities planned for 2015 address the following deliverables for 2020 in the area of IRV²⁶ as defined in ECDC's SMAP 2014-2020.

The majority of our resources go to conduct epidemiology, laboratory and molecular surveillance²⁷ for seasonal influenza; this is done in close cooperation with WHO-Europe and will lead to the publication

²⁶ See Chapter 10.5 of SMAP 2014-2020 at pages 40-41

of joint influenza bulletins in 2015, a significant output. Similarly the monitoring of new viruses, guidance on scientific issues and the production of relevant, timely assessments belongs to these core daily tasks.

On top of this and in line with the multi-annual deliverables, the following specific outputs are planned which complete the ongoing activities in the IRV disease programme:

- Aligned with SMAP deliverable 10.5.1 to establish standardised agreed protocols and serological approaches for determining susceptibility, investigation of outbreaks of acute respiratory infections:
 - Expand sero-epidemiological approaches (protocols and studies) via the CONSISE and other network meetings.
 - Progressive increase in quality and capacity by training and coordination of EU reference laboratory networks.
1. Aligned with SMAP deliverable 10.5.2 to add to existing surveillance (through primary care and virologists) routine sentinel systems for detecting risk factors for severe influenza disease and deaths the specific output for 2015 will be:
 - The first routine mortality estimates for influenza will become available.
 - Established a linkage between sequence data in GISAID and TESSy influenza surveillance information.
 2. Aligned with SMAP deliverable 10.5.3 to contribute to an increase of vaccination coverage and a reduction of the annual burden of influenza:
 - Supported work on the Council conclusions and recommendation by yearly monitoring seasonal influenza vaccination.
 - Support Member States in collection of vaccine coverage data, development of vaccine policies and regularly publish the results.
 - Health communication: promote increased vaccine coverage and communication activities targeting health care workers, policy makers, media, and health communicators; in particular an e-learning tool for healthcare workers and a revision of the communication toolkit are specific outputs.
 3. Aligned with SMAP deliverable 10.5.4 on routinely estimate vaccine effectiveness and highlight and investigate plausible safety signals:
 - Conduct vaccine impact studies including effectiveness and (if needed) safety; in particular improve the methodology and standard protocols and expanding the number of participants.
 - Continue efforts on the IMI ADVANCE project to create a sustainable framework of vaccine impact monitoring in the EU:
 - assess the ability to implement the deliverables in the Advance project.
 - continue technical discussions with SANCO, EMA and Vaccines Europe (industry body for manufacturers).

²⁷ In accordance with the ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness (AF32/NMFP10)

Resources

Total FTEs for this area of activity: 8.56 FTE

Total operational budget title 3: 0.662 million Euros

Nb.	Objective	Indicator	Target 2015	Verification
16	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Number and type of tools, products and activities aimed at realising the SMAP deliverables.	90%	Measured and verified by Management Information System
17		Satisfaction by the member states on the value of the Disease Programmes	>80% satisfaction by two-third of the respondents	As measured by the annual stakeholder survey
18		Added value of the disease programmes is periodically evaluated	Each programme is evaluated every 5 years and a follow-up plan is made and executed.	

13. Vaccine preventable Diseases

Context

The implementation of effective vaccination programmes have led to impressive strengthening and improvements in public health. To continue this trend and to safeguard the health of EU/EEA and global citizens, it is essential that these efforts are maintained. Challenges still remain in assuring optimal prevention and control of VPDs, and existing threats continue to lure and new threats and risks are seen to emerge:

- The re-introduction of an eliminated disease like polio in Europe is of more than theoretical importance as exemplified by the recent outbreak in Syria.
- The sizeable populations in the EU (clustered or scattered) that are not vaccinated pose a public health risk, as has been seen in the recent events with measles and rubella in EU/EEA Member States.
- Knowledge about vaccine effectiveness and vaccine safety are crucial to maintain trust and allow interventions if needed. Waning immunity may for instance affect the effectiveness of existing vaccination programmes. It is thus vital to establish an evidence based priority setting and subsequent decisions by policy makers.
- The availability of new vaccines for different age-groups opens vistas for life-long vaccination schedules at the EU level, but it requires new assessments on cost-effectiveness and priority setting at national levels.
- New approaches in communication regarding vaccination are urgently needed at various levels, including the medical profession, in order to meet vaccine scepticism and ensure informed vaccination decision.

A pillar of a robust vaccination programme is ensuring optimal monitoring of all aspects of the programme; including vaccine effectiveness, vaccine safety and vaccine coverage. However, maintaining sustainable monitoring activities is not self-evident.

The VPD programme will continue updating scientific advice and supplying training to complement the programmatic efforts.

In 2015 one extra FTE will be added in response to new threats such as poliomyelitis and to give technical support to potential new Council Conclusions on the establishment life-long vaccination programmes. Another new development will be the implementation of meningococcal molecular surveillance based on Advisory Forum advice.

Medium-term Objectives

The key objectives of ECDC's vaccine preventable disease programme activities in 2015 and the coming years are:

1. To further strengthen EU-wide VPD surveillance and infrastructure for monitoring the impact of vaccination programmes, by developing methodologies for monitoring age specific vaccination uptake and immunity, and facilitating the implementation of national vaccination registries.
2. To support Member States with the evaluation, development and implementation of vaccination strategies, and with the response to outbreaks of VPDs.
3. To support Member States in their efforts to monitor trends in vaccine acceptance and building public trust in vaccination programmes by providing tools and scientific advice.
4. In accordance with the ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness (AF32/NMFP10), to better integrate molecular typing and disease surveillance for priority vaccine preventable diseases.

Key Outputs 2015

The activities and expected outputs in the 2015 work plan relate to the following deliverables in the area of Vaccine Preventable Diseases²⁸ as defined in ECDC's SMAP 2014-2020.

1. Aligned with the SMAP deliverable 10.6.1: Monitored vaccination programmes, with reference to vaccine coverage, effectiveness and impact at the EU level:
 - Further establish and implement sentinel surveillance systems for pertussis as well as for invasive pneumococcal disease.
 - Further establish and strengthen the strategy for sustainable surveillance of Invasive Pneumococcal Diseases (IPD), while maximising the output of the current network.
 - Further develop methodologies and guidance for strengthening of immunisation systems in the EU/EEA Member States under the umbrella of the VENICE project.
 - Continue providing technical support to Member States and the European Commission for the implementation of the 2011 Council Conclusions on Childhood Immunisation.
2. Aligned with the SMAP deliverable 10.6.2: Contributed to the 2015 measles and rubella elimination targets providing technical support to increase vaccine coverage, to identify underserved groups, also using new technologies for monitoring vaccine coverage and outbreaks. :
 - Provide communication toolkits for healthcare workers supporting measles and rubella (and other VPD) vaccination activities with a special focus on reaching vaccination-hesitant groups.
 - Monthly data reports and quarterly analytical reports on the latest measles and rubella surveillance data, performed jointly with WHO Euro.
3. Aligned with the SMAP deliverable 10.6.3: Provided scientific advice regarding new vaccines and developed generic models to estimate health economic consequences, in order to overcome inequality issues
 - Developed guidance on meningococcal B vaccination and pertussis vaccination (AF priority)
 - Develop guidance on hepatitis A vaccination in collaboration with the FWD programme
 - Continue efforts of the IMI ADVANCE project; in particular a draft on guidance of best practices, an analysis of key issues and gaps in the perception and knowledge of benefits and risks of vaccines and Preparatory documents for 2016 consultation processes.
4. Aligned with the SMAP deliverable 10.6.4: Helped Member States to increase vaccination coverage up to recommended levels by providing technical support.
 - Maintain high quality epidemiological, laboratory and molecular surveillance for VPDs to allow informed decisions on priority-setting, provision of scientific and communication guidance and support to evidence-based policy-making.
 - Maintain and strengthen the Invasive Bacterial Diseases (IBD) and pertussis laboratory networks by strengthening the quality of reported surveillance data, lead in ensuring quality-assured diagnostic methods and integrate these better with disease surveillance data.
 - Provide timely annual epidemiology report and dedicated surveillance reports for measles and rubella, mumps and pertussis.
 - Further optimise the provision of VPD surveillance data using dashboards (H. influenzae, N. meningitis, pertussis, IPD) and improved surveillance standards for VPDs.
 - Start the implementation of meningococcal molecular surveillance
 - Organise and further develop the EuroVaccine conference. EuroVaccine is delivered in webinar format, and is an independent scientific conference (the theme will be decided end of 2014).
 - Provided guidance in the area of poliomyelitis prevention and control in response to the recent resurgence of polio.

²⁸ See Chapter 10.6 of SMAP 2014-2020 at pages 42-43

- Continue to provide technical support to Member States and the European Commission in implementing the Council Conclusions on childhood immunisation established in 2011.
5. Aligned with the SMAP deliverable 10.6.5: Facilitated the proposal of a life-long vaccination calendar agreed at EU level by providing evidence for comparative cost-effectiveness and elements for national decision making
- Provided technical support to Member States and the European Commission to potential new Council Conclusions on the establishment life-long vaccination programmes.

Note: The detailed work plan for the programme might be adapted at a later stage to accommodate the foreseen increased request linked to the upcoming new developments in the area of immunisation and potential new Council Conclusions.

Resources

Total FTEs for this area of activity: 10.43 FTE

Total operational budget title 3: 1.271 million Euros

Nb.	Objective	Indicator	Target 2015	Verification
16	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Number and type of tools, products and activities aimed at realising the SMAP deliverables.	90%	Measured and verified by Management Information System
17		Satisfaction by the member states on the value of the Disease Programmes	>80% satisfaction by two-third of the respondents	As measured by the annual stakeholder survey
18		Added value of the disease programmes is periodically evaluated	Each programme is evaluated every 5 years and a follow-up plan is made and executed.	

14. Tuberculosis

Context

The EU Member States, EEA countries and the candidate, potential candidate countries and the European Neighbourhood Policy countries have different tuberculosis (TB) epidemiological profiles: i.e. medium and high burden of (drug-resistant) TB; and low burden which permits to embark on the elimination of TB. Thus different approaches should be followed. In low burden settings, people at risk for TB are often found in vulnerable populations which may be difficult to reach. Also, TB in migrants contributes to the epidemiology. In medium and high burden countries, TB is more often found in the general population. Diagnosing and treating patients is the main public health strategy. This requires sufficient human and financial resources and innovative strategies that allow for early case finding and optimal treatment.

The World Health Organisation has defined its post-2015 targets and developed a new global strategy, and the EU is assessing whether there are gaps in the Framework Action plan. Meanwhile, ECDC contributes to:

- The joint surveillance with WHO Euro and improvement and standardisation of data collection of all diagnosed TB patients with specific focus on treatment outcome results, molecular typing and HIV co-infection.
- Adequate laboratory services which take into account the different country profiles and resources. New diagnostic tests, including molecular typing are needed as well as support for national reference laboratories to ensure quality and timely diagnosis for all. This requires assessments, training, and guidance and scientific advice for strategic introduction into the sub-network.
- Optimal TB prevention and control with a focus on vulnerable groups. This asks for prompt identification, diagnosis and treatment of all individuals affected. In low-burden countries this may imply efforts to maintain the necessary knowledge and infrastructure.
- Keeping MDR TB as a priority and continue to collaborate with WHO in implementing the action plan to prevent and combat M/XDR TB.
- Scientific advice and guidance²⁹ that supports Member States in prevention and control of TB.

The Advisory Forum has prioritised scientific advice on the control of latent TB, on interventions for TB prevention and control in hard to reach and vulnerable populations, and on improving treatment outcomes for TB. Moreover, ECDC may give technical support for the development of an EU TB Action Plan or strategy document.

Medium-term Objectives

The key objectives of ECDC's TB activities in 2015 and next years are:

1. Strengthening TB (molecular) surveillance at national and EU level to reach an adequate coverage and completeness; the targets are specified in the monitoring and evaluation framework³⁰.
2. Strengthening TB laboratory services for management of TB so that all TB suspects are tested with tests that allow for adequate and rapid diagnosis, and all TB cases are tested for drug resistance.
3. Supporting TB prevention and care efforts especially in high burden Member States.
4. Providing relevant scientific advice on TB prevention and control.
5. Providing technical support to the Commission for the development of strategy document(s), e.g. an EU TB Action Plan.

²⁹ Guidance: a document based upon a systematic review of scientific evidence and on a scientific experts panel appraising the evidence and providing a list of options with regards to the potential benefits, costs and harms of measures, areas and level of uncertainty and recommendations for future research.

³⁰ European Centre for Disease Prevention and Control. Progressing towards TB elimination. Stockholm ECDC; 2010. Available from http://ecdc.europa.eu/en/publications/publications/101111_spr_progressing_towards_tb_elimination.pdf

Key Outputs 2015

The activities planned for 2015 address the following deliverables for 2020 in the area of TB³¹ as defined in ECDC's SMAP 2014-2020. Within the multi-annual deliverables, the following specific outputs are planned which include ongoing activities of the TB disease programme:

1. Aligned with the SMAP deliverable 10.7.1 to provide guidance documents and support to manage TB according to the latest available evidence the specific outputs in 2015 are:
 - Interim results for the report on the assessment of latent TB control as programmatic intervention;
 - The evidence base for guidance on interventions for TB prevention and control in hard to reach and vulnerable populations;
 - Data collection for guidance document on improvement of treatment outcomes for TB (incl. multi-drug resistant - MDR TB);
 - Finalise the 2014 activity: Guidance document on introduction of new drugs;
2. Aligned with the SMAP deliverable 10.7.2 to continue to facilitate an integrated strong pro-active tuberculosis network; the outputs for 2015 are:
 - Coordination of Surveillance and Monitoring of TB in Europe, with an annual network meeting (themes to be determined in collaboration with WHO Euro);
 - In accordance with the ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness (AF32/NMFP10), enhancing TB molecular surveillance in the EU/EEA: Improve present 20% coverage and timeliness;
 - Coordination of laboratory network, (EU Reference Lab Network - TB ERLTB-net), with an annual network meeting (topics to be defined by network and ECDC);
 - Coordination of prevention and care network, with an annual network meeting (themes to be defined with partners);
 - Support to high priority countries with implementation of country strategies.
3. Aligned with the SMAP deliverable 10.7.3 to support the Commission with development of strategy documents:
 - Technical support to the Commission with the development of an EU TB Action Plan or strategy document.

Resources

Total FTEs for this area of activity: 6.08 FTE

Total operational budget title 3: 0.633 million Euros

Nb.	Objective	Indicator	Target 2015	Verification
16	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Number and type of tools, products and activities aimed at realising the SMAP deliverables.	90%	Measured and verified by Management Information System
17		Satisfaction by the member states on the value of the Disease Programmes	>80% satisfaction by two-third of the respondents	As measured by the annual stakeholder survey
18		Added value of the disease programmes is periodically evaluated	Each programme is evaluated every 5 years and a follow-up plan is made and executed.	

³¹ See Chapter 10.7 of SMAP 2014-2020 at pages 43-45

15. Eurosurveillance

Eurosurveillance will continue to provide an attractive outlet for peer-reviewed publications on the epidemiology, surveillance, prevention and control of communicable diseases with focus on Europe. It will also carry on supporting timely public health action by facilitating rapid communication about outbreaks or events related to communicable diseases. The good impact factors of the journal after 2012, have led to a considerable increase in the number of submissions, and to an increasing workload over time. A major challenge will therefore be to maintain quality and speed of published articles. At the same time the visibility of the journal and the presentation of the journal via its website ask for revision of the current status.

The annual board meeting will give important strategic input for the journal policy and reinforce ties with experts in the national institutes in the Member States.

Medium term Objectives

1. Consolidate the high level profile of the journal, while maintaining the balance between articles presenting high-level science and those presenting good quality public health-relevant findings.
2. Increase the presence of the journal in social media

Key outputs 2015

1. The website will be optimised for the benefit of readers and authors alike to offer modern functionalities commonly provided by other scientific journals.
2. The visibility of the journal will be further enhanced by a scientifically attractive seminar embedded in a large conference and presence of staff at scientific conferences.
3. Various actions will be tested to increase the presence of the journal in social media.
4. Follow up actions of the editorial board meeting end 2014 will be implemented.

Resources

Total FTEs for this area of activity:	5.58 FTE
Total operational budget title 3:	0.082 million Euros

16. General Management

Context

The general management of the organisation requires cohesion of the work described in all chapters. The main activities focus on cross-organisational issues like quality, project management and the implementation of the strategic multi-annual programme 2014-2020.

Dedicated efforts are the organisation of seamless communication with the Member States, the European Commission, notably through the governing bodies MB and AF and the National Coordinators of the coordinating Competent Bodies.

Although these activities shape the direction for the coming years, specific responsiveness is required and guided from the Director's Office. In particular the implementation of the recommendations of the second external evaluation and the reduction of the burden for the Member States will be targets. Furthermore leading the reduction of staff and (re-)allocation of resources is a priority.

It is important that ECDC's products and communications are scientifically correct and impartial. As ECDC relies on many internal and external experts who together shape the scientific position of ECDC it is necessary to have an Independence Policy in place that effectively and proportionally ensures transparency and dealing with potential and existing conflicts of interest. The existing policy will be revised, guided by the latest developments, in particular the positions taken by DG HR, the Data Protection Services, the Common Approach and a more explicit risk analysis for ECDC. This risk analysis should guide the proportionality of the resources involved.

Medium-term Objectives

The key objectives of the Director's Office activities in 2015 and next years are:

1. Coherent implementation of the recommendations of the second external evaluation.
2. Continue to re-engineer processes to improve ECDC's efficacy and efficiency.
3. Monitor the implementation of the SMAP 2014-2020.
4. To apply the independence policy in a proportional manner to the ECDC staff.
5. To harmonise the submission of Declarations of Interests between different target groups and reduce the rate of errors.
6. Increase the timeliness of submission of Declarations of Interest.

Key Outputs 2015

1. Approved project plan to implement the MB recommendations emanating from the second external evaluation (this will include actions to be started/finalised in 2015).
2. To be determined, regarding a Joint strategic Meeting / 10 years anniversary (ongoing).
3. A revised Independence Policy is implemented with a clear distinction between ECDC staff and external experts.
4. Update the revolving door policy (entry and exit) and ensure implementation.
5. Relevant ECDC staff has submitted the Declarations of interest within 2 months after the new rules became effective.
6. The Expert Database is made suitable for a broader submission of declarations of interest.

Resources

Total FTEs for this area of activity:	12.62 FTEs ³²
Total operational budget title 3:	0.0 million Euros
Total FTEs for independence policy:	1.16 FTE

³² (broken down to Governance 3,7 and Management, Policy experts and administrative support 8,9 FTE)

Total operational budget title 3 (independence policy): 0 million Euros

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

17. Collaboration and cooperation within the EU family and with Member States

Context

By its history and Founding Regulation one of ECDC's main characteristics is its operation as a network organisation, the hub of an EU "network of networks". Most of the disease prevention and control resources ECDC draws on – including all of the public health laboratories and many of the disease-specific experts – are in the Member States national public health institutes and associated academic environments. Linking with experts and resources in the Member States is therefore a vital core task of ECDC. In this respect the director's country visits aim to better understand the public health and policies and thus facilitate cooperation. ECDC also nurtures the relationship with our host country Sweden. The Centre's key partners in doing this are the Competent Bodies – ECDC's official national counterpart organisations, each of which has been formally nominated by its Member State. Reduced resources lead to a postponement in the original planning for the developing CRM driven workflows in cooperating with Competent Bodies.

ECDC is also part of the EU family of institutions and organisations. The Centre collaborates closely with other members of this family in order to ensure its actions are coherent with the EU's policy objectives and properly coordinated with those of other EU bodies. First and foremost among its partners within the EU family are the European Commission's Directorate-General for Health and Consumers (DG SANCO). The Centre also has contacts with other Commission DGs, among which DG Research and DG Enlargement, as well as other EU agencies, most notably the European Food Safety Authority (EFSA) and the European Medicines Agency (EMA). ECDC is active in the Heads of Agencies network with the aim to increase joint activities, common procedures and possible efficiency gains. The European Parliament is also a partner for ECDC: the Director has an annual exchange of views with Parliament's Committee for the Environment, Public Health and Food Safety (ENVI) and submits annual written reports to its Committee for Budgetary Control (CONT).

Medium-term Objectives

The key objectives of ECDC's collaboration within the EU family and with Member States in 2015 and next years are:

1. Smooth, timely and efficient procedures for cooperation with the Commission, in particular with a view to the practical consequences of Decision 1082/2013/EU.
2. Implementation of ECDC international relations policy 2014-2020, in particular the priorities set by the Commission.
3. Invest in maintaining relationships with the new European Parliament, in particular the ENVI committee.
4. Foster feedback to improve communication and cooperation with the coordinating Competent Bodies.

Key Outputs 2015

1. Aligned with the activities planned for 2015 address deliverables three of the deliverables for 2020 in the area of collaboration and cooperation³³ (strategy 8.1) defined in ECDC's SMAP 2014-2020 the 2015 outputs are:

- Yearly updates of joint projects and reports, periodically presented to ECDC's governing bodies.
- ECDC will invite the EP ENVI Committee to send a delegation to visit the Centre during 2015.

2. The deliverables under strategy 8.2 of SMAP are addressed as follows:

- The Customer Relation Management system (CRM) will be maintained and stepwise improvements will be realised.

³³ See Chapter 8 on collaboration and cooperation of SMAP 2014-2020 at pages 13-17

- Meeting with Directors / National Coordinators of coordinating Competent Bodies to align cooperation priorities and receive systematic feedback on collaboration.
- Regular country visits to Member States
- Co-organising events with our host country Sweden (e.g. 3^d joint ARHAI network meeting)

Resources

Total FTEs for this area of activity:	3.38 FTE
Total operational budget title 3:	0.015 million Euros

18. International relations

Context

Threats from infectious diseases do not stop at the border of the EU. Emerging pathogens and epidemics originating on other continents can also threaten public health in Europe. ECDC's therefore needs to maintain lines of communication with key technical counterparts around the world. First and foremost among these is the World Health Organization, and in particular it's Regional Office for Europe.

Further developing technical cooperation and exchange of information with countries bordering the EU is a key focus of ECDC's international relations. Within this group priority is given to Pre-Accession countries. ECDC is working with the European Commission and the health authorities in these countries to start integrating them into the EU infectious disease surveillance and rapid alert systems, and to assist them in aligning with the *EU aquis* in the area of disease prevention and control.

In addition, ECDC will continue its support to the Mediterranean Programme for Intervention Epidemiology Training (MediPIET) by providing scientific leadership for the implementation of the phase II of the project and ensuring the coordination of related activities with the MediPIET coordinator.

The main part of ECDC activities with EU pre-accession and ENP countries will be carried out with external EU financial assistance, e.g. the Instrument for Pre-Accession Assistance (IPA), TAIEX, and the European Neighbourhood Instrument (ENI).

Medium-term Objectives

The key objectives of ECDC's international relations activities in 2015 and next years are to:

1. Implementation of ECDC international relations policy 2014-2020
2. Support the Commission in the implementation of the 'Roadmap for Collaboration on Health Security' with WHO.
3. Revitalise the existing Memoranda of Understanding with the CDC's.

Key Outputs 2015

1. Aligned with the deliverables for 2020 defined in ECDC's SMAP 2014-2020³⁴ in the area of Cooperation with the World Health Organization (strategy 8.3) key outputs are as follows:
 - Joint annual work plans and follow-ups on their implementation to achieve better synergies, including the use of resources.
 - Continue to clarify roles and responsibilities regarding surveillance of communicable diseases, particularly in EU enlargement countries and start implementation depending on progress.
 - Progress report on joint annual work will be presented to the Management Board regularly
2. Aligned with the activities planned for 2015 address the following deliverables for 2020 defined in ECDC's SMAP 2014-2020 in the area of *Working with non-EU countries* (strategy 8.4):
 - Establishment of a follow up process to the country assessments.
 - Adjusting the assessment tool to take into account the Decision 1082/2013/EU.
 - Coordinated internal inputs to country assessments ensured through the internal 'Working group on the European Union enlargement countries' and general support to SANCO timely provided for sub-committee meetings and progress reporting.
 - ECDC-IPA3 technical assistance project completed and reported to the European Commission; implementation of the next IPA grant (ECDC-IPA4) initiated³⁵.

³⁴ See Chapter 8 on collaboration and cooperation of SMAP 2014-2020 at pages 13-17

³⁵ Subject to award decision by DG Enlargement on ECDC technical application

- Policy and action plan on engaging the EU enlargement countries in the EU surveillance activities developed.
- Participation of EU pre-accession countries and ENP partners in disease networks supported.
- Participation of EU pre-accession countries and ENP partners in EPIS platforms facilitated.
- Procedures in place for staff secondments to/from other CDC's in accordance with the priority setting identified in the International Relations Policy 2014 - 2020.
- A strategy and related sustainable implementation modalities for ECDC response support to international outbreaks and requests for assistance to outbreak in non-EU countries developed.

Resources

Total FTEs for this area of activity: 5.50 FTE³⁶

Total operational budget title 3: 0.136 million Euros

Estimated EU external financial assistance: 0.35 million Euros³⁷

Nb.	Objective	Indicator	Target 2015	Verification
1	Achievement of timely and sustainable support to the Commission and relevant countries in the implementation of EU enlargement and ENP policies. Established and functioning working relations with relevant international partners.	Completion of an agreed list of joint activities established between ECDC and its international partners	- Degree of completion of the Work Programme 2014, in the area of cooperation and collaboration: 80 % activities successfully implemented	Review of the list of activities with enlargement/ENP countries and international partners
2	Achievement of a high level of effective communication and coordination between ECDC and its Competent Bodies	Satisfaction of the Coordinating Competent Bodies on the communication with ECDC	70 % satisfied with communication and coordination	Measure to be integrated into the annual stakeholder survey

³⁶ Including the FTE needed for administration of the EU external grants

³⁷ ENPI 0.25 MEUR and IPA4 0.1MEUR (IPA grant is subject to award decision by the EC)

19. Resource Management and Organisational Development

Context

The resources available for disease prevention and control in the EU including the operational budget of the Centre are under pressure. The budget restrictions demand for increasing cost-efficiency without compromising the quality of the work. It includes good practises on reliability, accuracy and transparency. The legal, administrative and operational processes supporting our core activities should further gain in efficiency. They should help reduce the workload related to the good administration of the Centre as staff reductions are inevitable. This challenge is addressed in a structured way. The reorganisation of procurement, Finance and Mission and Meetings activities have laid the foundation. The reorganisation also recognises that processes rely on people and therefore ECDC puts a specific focus on clarifying roles and responsibilities, on relevant skills and mutual expectations in order to better support the Centre's abilities to deliver sustainable results, and for example at a wider scale by our goal that Resource Management is working paperless as much as possible.

Most of Resources Management and Coordination's activities do not change from year to year and a common theme is cost-conscious, efficient operations in all areas of RMC.

For Human Resources management the main point of attention is to further develop the staff performance process. The services by Human Resources continue to support the staff development, aiming at ensuring operational flexibility and sustainable good performance, as well as creating a healthy work environment. Human Resources support and advice to the organisation is provided at a high professional level always ensuring compliance with the regulatory framework.

For Finance the preparations for the new programming cycle will require specific actions, as well as the further roll-out of ABAC Assets throughout the Centre and the consolidation of the Finance Section following the re-organisation implemented in March 2014. Most activities in Finance are ongoing actions to: 1) Ensure that the financial resources of the Centre are managed efficiently; 2) Provide the annual accounts of the Centre; 3) Ensure the preparation of draft, approved and amending budgets; and 4) Provide financial advice and support to all Units of the Centre.

For Procurement, the focus will be on the consolidation of ECDC procurement, grant and contract management activities with the Procurement section as ECDC central reference entity for compliance. This will include simplification, compliance with the EU financial regulation and the provision of clear operational support and guidance to all units. The objective is to provide pragmatic assistance to all stakeholders. In addition, the aim is also to reduce the workload related to administrative tasks. The section's activities will continue to be articulated around the four phases of procurement introduced in 2014, i.e. Planning and preparation; Tender, evaluation and award; Notification and contract signature; and Contract management.

Legal services will routinely address contract issues aiming for solid agreements, support staff with sound and practical advice, negotiate effectively if needed and trying to effect dispute resolution at an early stage. Legal will provide services and advice regarding the revised Staff regulations and Financial Regulations and its consequences for ECDC policies and internal procedures. Furthermore, there is the need to guarantee the independent position of the Data Protection Officer (DPO), and bring it more in line with best practises according to the EDPS.

Internal control coordination contributes to ensure effective and efficient management of ECDC, and maintaining a good reputation among its stakeholders. Not only need the internal quality systems be of high quality and functioning, assessments, *ex post* controls and compliance reviews have to confirm the targets.

The context for Performance Management is increasingly defined by the established practises across EU agencies and close cooperation within the Agencies network and the Commission ensures coherent planning and performance management. Efficient project management, seamless internal procedures and a solid culture of quality management receive continuous attention. Regular feedback from stakeholders, internal and external evaluations is increasingly fostered.

Most of the tasks of Corporate Services are ongoing and business as usual to ensure a functional, safe and comfortable workplace for all workers and visitors. The preparations for new premises are ongoing aiming for health, safety and security in an environmentally friendly and cost-effective way. ECDC's missions and meetings consolidate the reformed services according to the vision and strategy

developed in 2014 which form an important part to realise the Centre's functions as a network organisation.

Internal Communication and Knowledge Services provides a variety of services that concern the future of sharing, storing and retrieving information relevant for ECDC. New and interactive tools and personalised information will be progressively offered. Library services and standard reusable semantic assets support the scientific processes and maintain unity. Similarly internal communication complements external communication ensuring information sharing throughout the organisation, thus reinforcing the corporate culture.

Medium-term Objectives

The key objectives of RMC's activities in 2015 and next years are:

1. Consolidate and optimise essential services (Finance, Procurement, Mission and Meetings)
2. Finalise procurement for ECDC future premises
3. Implement the recommendations of the EU agencies network

Key Outputs 2015

The activities planned for 2015 address the following deliverables for 2020 in the area of resource management and organisational development³⁸ defined in ECDC's SMAP 2014-2020. These are:

1. Being in the upper quartile of the benchmark for EU agencies [depending on developments in the Heads of Agencies developments in performance management.]
2. Administrative processes are transparent, known throughout the Centre and running in a synchronised way efficiently supporting ECDC key operational processes.
3. Clear descriptions of roles facilitate synergy and avoid duplication of work.
4. All selected processes have been reviewed.
5. The Centre's organisational matrix structure is reviewed and consolidated by screening the relevance and appropriateness of processes and organisational forms followed by improvement proposals when required.

Resources

Total FTEs for this area of activity: 74.49 FTEs

Total operational budget title 3: 0.470 million Euros

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

³⁸ See Chapter 12 of SMAP 2014-2020 at pages 47-51

Human Resources

1. Implementation of ECDC objectives framework in the performance management process.
2. Implementation of an IT system for performance management process.
3. FWC for Counselling Services in place – frame for max. 4 years provided (2015-2019).
4. Accommodation Support Services tender requirements defined including incorporation of 'lessons learnt' after the trial period and the open call for tender launched.

Finances and Accounting

1. Finalise the full implementation of the new Financial Regulation. The first phase of implementation is fully accomplished in 2014 and for 2015 activities will focus on fine-tuning where appropriate.
2. The Centre has migrated to a new European Commission Asset Management System, called ABAC Assets and specific training has taken place in 2014. In 2015 ABAC Assets will be further implemented throughout the Centre and its procedures refined.
3. Draft framework for full electronic workflows based on further exploration internally and with relevant external stakeholders.
4. Continuous improvements regarding the ex-ante verification of transactions will be made following the annual report on performance of the Internal Control Coordinator.

Procurement

1. Enhance monitoring of ECDC procurement plan – improve planning and preparation, day to day management. Additional monitoring and reporting features will be provided to increase visibility on ECDC procurement activities;
2. Strengthen ECDC's contract management activities – finalise the contract management procedure and the implementation of ABAC contract in order to better manage ECDC contracts and reinforce the link with Finance and Accounting;
3. Identify rationalisation opportunities at EU level whenever possible (inter-institutional tenders) in order to reduce the number of procedures; develop eProcurement (ePRIOR) and green procurement at ECDC;
4. Further clarify roles and responsibilities – focus on further reducing the workload and the administrative burden (increased efficiency), offer pragmatic solutions and share procurement best practices across the Centre.

Legal Services

1. Provide regular ethics training for newcomers and others working at the Centre, and prepare for upcoming needs.
2. Legal guidance to staff members that need to engage in agreements and / or activities with ECDC third parties.
3. Provide guidance on state of compliance with Regulation 1049/2001 on public access to documents and develop best practise guidelines.
4. Ad hoc advice regarding legal matters as requested.

Internal Control Coordination

1. Report showing status on the implementation of and compliance with ECDC Internal Control Standards
2. Compliance reports produced in line with Compliance Review Plan
3. Internal Control Part of the Declaration of Assurance performed and included in AAR

4. Ex-post verification reports issued in accordance with annual work plans
5. Follow up reported to AC and in AAR

Performance Management

1. Implementation of the recommendations of the EU agencies network in the area of performance development
2. Planning, monitoring and reporting activities:
 - Production of the Annual report of the director for 2014, showing the level of implementation of the work programme 2014
 - Monitoring of the implementation of the Annual Work Programme for 2015
 - Preparation of the Work Programme 2016
3. Annual report of the results of the SMAP indicators for 2014
4. Launch of the first annual stakeholder survey on selected 2014 activities (provides input for the annual report on the SMAP indicators)
5. First pilot internal evaluation of ECDC activities, following the establishment of a new internal policy on internal evaluations, and agreement on a provisional multi-annual plan of internal evaluations 2016-2018
6. Implementation of the action plan of the second CAF exercise (2014)
7. Project management methodology in routine operation

Corporate Services

1. Scenarios for future premises approved by MB and Budgetary Authority and procurement finalised
2. Mission order workflow system developed
3. Mission and Meeting reform implemented according to the 2014 vision and strategy

Internal Communication and Knowledge Services

1. Possible new distribution channels (social media, new web or mobiles technologies), including external access for Document Management System (DMS), Intranet and KM services will be investigated and implemented based on available financial, technical, human resources and legal conditions.
2. DMS will ensure transparency and collaboration across ECDC by providing easy storage and retrieval of documents, versioning, approval workflows, co-authoring, templates availability, safety, etc.
 - Active documents will be transformed into records based on the defined retention period.
 - DMS will continue the systematic integration with all relevant ECDC applications.
 - Chrono-module of DMS will ensure the registration of incoming and outgoing official correspondence.
3. E-Lara application will ensure easy search and location in the Archives (for the paper files provided by the different Units from 2005 onwards) and the Library collection (for the access to e.g. the books, journals, databases)
4. Continued support to management and staff in providing timely consistent and coherent messages internally, also during public health events. Internal communications activities will be evaluated and action plan be drafted.
5. Through trainings and publications usability of KM services will be broadened and deepened.
6. The library journal collection access will be broadened and work on evidence-based methods supported through trainings and search execution and/or advice of planned systematic reviews.

20. Information and Communication Technologies

Context

Information and Communication Technologies (ICT) is mission critical for ECDC. In pursuing its strategy, the Centre allocates ICT resources with two key objectives in mind:

- Enable ECDC's mission, by efficiently and effectively supporting the Centre's ICT needs for internal, Commission and Members States users.
- Enable ECDC to continue to improve its ICT quality and cost efficiency.

In order to provide and manage ICT services for internal and external end users, ECDC's ICT teams deliver a number of services that cover the following areas:

- Business support services (including advice and studies as well as business analysis, support to IT governance);
- Software services (including software production, project management, urgent software development in public health emergencies);
- Hosting, operating, maintenance and security of applications and infrastructure (including 24/7 monitoring of critical systems, planning and management of hardware and software infrastructure);
- Hardware, software and services for the workstation (including management of voice communications, support to end users, management of infrastructure and equipment).

In fulfilling its core functions of surveillance, epidemic intelligence and response, the Centre acts as hub of a network of EU-wide networks in which intensive daily interaction takes place between ECDC and its partners across the EU, and indeed internationally. These interactions all require the use of ICT: in fact some of ECDC's best known services, such as TESSy, EPIS and the ECDC web portal, are heavily ICT dependent. It is also ECDC's legal duty to operate EU's Early Warning and Response System (EWRS) on public health threats. A non-exhaustive list of ICT products and services enabling the realisation of ECDC's mission is listed below. Maintenance, further evolution and stable platforms are vital investments.

System / application	Description
Early Warning and Response System (EWRS)	Supports critical communication of information and threat alerts between the Commission, Member States, other EU Agencies and WHO.
Epidemic Intelligence System (EPIS)	Supports communication of public health events, threats and collaboration between surveillance networks of several disease programs (e.g. European Legionnaires' Disease Surveillance Network and others)
The European Surveillance System (TESSy)	Supports collection, validation, cleaning, analysis and dissemination of data for public health surveillance, provided by EU member states and other associated countries.
Threat Tracking Tool (TTT)	Supports the collaboration and management of public health threats, including the preparation of regular Communicable Disease Threats Reports and coordination in situations of Public Health Emergency.
Emergency Operations Centre (EOC)	A set of ICT solutions that support an effective access to information and management of situations of Public Health Emergency.
ECDC web Portal	Supports an important part of the external communication, e.g. making available outputs for public health professionals, information for the public.
Surveillance Atlas of Infectious Diseases	Launched in 2014, this tool provides a highly interactive and graphical access to surveillance data. It is accessible via ECDC's web portal.
Eurosurveillance	Supports the edition and publication of Eurosurveillance, a European journal on communicable diseases with more than 11.000 active electronic subscribers.
ECDC Extranets	Support collaboration of public health networks, working groups and institutional bodies (MB and AF). Currently ECDC manages >20 extranets.
eLearning/LMS	Currently under implementation, will allow ECDC to make use of blended and pure e-learning capacities in support of its public health training activities.
Customer Relationship	Supports a centralised management of MS and other external contacts.

System / application	Description
Management (CRM)	
Intranet	Tool for internal communication and support of internal processes.
Document Management System	Supports the management of electronic formats of documents, providing a single point of controlled access to documents in the Centre contributing to dematerialisation of paper based processes.
E-mail system	Supports electronic internal and external communication. It is a crucial component in support of many processes of the Centre and in communication with external entities.
Remote access to ECDC systems	Allows the continuity of work by ECDC staff when away from the Centre's premises, e.g. during missions and on stand-by duty.

The end users of the ICT products and services delivered by ECDC are both internal (ECDC end users) and external (Member States' contact points, European Commission, public). The availability and functionality of these systems depends on technical infrastructures and on services that ensure proper operations and support. ECDC ensures that high quality infrastructures are in place in support of applications, including a data centre, data communications, security equipment, servers, workstations, business continuity capabilities, as well as a disaster recovery site (under agreement with EASA).

In connection with the second key objective, ECDC created a central ICT Unit in 2012 to further improve the effectiveness and efficiency of resources, notably in terms of process efficiency, Enterprise architecture and ICT long term strategy.

The main focus of SMAP 2014-2020 will be to progress the maturity of ICT services, using as reference the CMMI³⁹ model. The ICT Unit is revising its work processes with the goal of being rated at CMMI maturity level 2. In 2015 work will continue, with the goal to be rated at level 3 by 2017. This includes the continuous improvement of service quality and value for money. As part of this a global IT General Governance was adopted, supporting sound managed decision making processes of IT investments across the Centre. In 2014 and 2015 the areas of ICT quality and ICT architecture are focus of improvement initiatives.

With a keen eye on the future, the definition of a sustainable ICT architectural framework started in 2014 and will proceed in 2015. This architectural framework will improve the Centre's capacity to deliver interoperable, scalable and maintainable systems at the most effective cost. In 2015 ECDC will finalise its long term strategy for ICT, which is particularly relevant for guiding the technical platforms that we will use in the future and subsequent investments.

Medium-term Objectives 2015-2017

The key objectives of ECDC's ICT activities in 2015 and next years are:

1. Maintenance and evolutionary development of the existing software applications, notably the EWRS in the light of decision 1082/2013/EU;
2. Continue to further improve the service quality and value for money ECDC achieves in its spending on ICT;
 - a. Finalise ECDC's long term strategy for ICT and start the implementation
 - b. Implement a timely and effective technical watch function
 - c. Further improve the ICT Platform and technology governance as well as the continuous improvement governance.
 - d. Reach CMMI level 2 latest by end 2015 and level 3 by 2017

³⁹ According to the CMMI Institute, Capability Maturity Model Integration (CMMI) is a process improvement approach that provides organisations with the essential elements of effective processes that will improve performance. It is the result of more than 20 years of evolution steered by Carnegie Mellon Software Engineering Institute, with participation of industry and public organisations.

Key Outputs 2015 in relation to SMAP deliverables

The activities planned for 2015 address the deliverables for 2020 in the area of ICT⁴⁰ defined in ECDC's SMAP 2014-2020 as follows:

1. Agency-level ICT general governance implemented.
 - Long-term ICT platforms and technology strategies (i.e. multiple IT systems and applications working together, interoperability of machine to machine surveillance data) have been defined.
 - Implementation of the committee for decisions on ICT enterprise architecture.
 - Implementation of continuous improvement bodies: the Permanent Improvement of ICT – Quality Committee.
2. All new ICT investment is estimated regarding ECDC best value for money.
 - ECDC will continue to analyse the opportunity and value of all significant ICT investments proposed by managers or experts in ECDC. The Centre will only invest in ICT developments that are of high value to ECDC and its partners, and represent good value for money.
3. Architecture board implemented, aligned with The Open Group Architecture Framework (TOGAF) standards, or equivalent, and public-health-related applicable policies; Technology watch function ensured.
 - Implementation of the committee for decisions on ICT enterprise architecture (also included in 1).
 - A timely and efficient technical watch function will be implemented to ensure that ICT investment decisions are well informed: for example, avoid investing in technologies that risk becoming obsolete.
4. Developments aligned with Capability Maturity Model Integration (CMMI) principles.
 - CMMI level 2 will be attained.
 - Preparations for attaining CMMI level 3 will be initiated.
5. ICT infrastructures and applications are hosted securely; ICT business continuity ensured on critical scope.
 - Constant improvement process for hosting services is defined
 - Standards and requirements for business continuity have been defined.

Resources

Total FTEs for this area of activity: 33.00 FTE

Total operational budget title 3: 4.360 million Euros

Objective	Indicator	Target	Verification
Ensured agencies operations by maintaining constant availability of IT services elements to ensure a smooth running of the Centre's activities (dedicated applications, databases, web portal)	Performance of ICT services in regards to: - availability of enterprise infrastructure services and backend systems, - availability of hosted applications under service level agreement (SLA), - proportion of ICT Front-Office incidents resolved as per SLA. [- Efficiency indicator to be defined later based on future exercises]	99% each 100% each 90%	Verified by regular monitoring reports

⁴⁰ See Chapter 13 of SMAP 2014-2020 at page 52

ANNEXES

Overview of Budget for Title 3 (Operations)

OVERVIEW OF BUDGET FOR TITLE 3 (OPERATIONS)

Row Labels	*ARHAI	*EVD	*FWD	*HSH	*IRV	*TUB	*VPD	Core DIR	Core ICT	Core OCS	Core PHC	Core RMC	Core SRS	Grand Total
3000-Surveillance	502,000		405,000	350,000	635,000		202,000						673,000	2,767,000
3001-Epidemic intelligence and response													342,000	342,000
3002-Scientific advice (including microbiology s	481,000	653,000	404,000	703,000	28,000	633,000	989,000			743,000		470,000	230,000	5,334,000
3003-Public Health Training	243,000		13,000								4,000,000			4,256,000
3004-Health Communication	140,000										340,000			480,000
3005-Public Health Informatics									4,360,000				170,000	4,530,000
3006-Preparedness/capacity support							80,000				465,000			545,000
3007-Eurosurveillance												82,000		82,000
3009-Collaboration and (country) cooperation								151,000						151,000
Grand Total	1,366,000	653,000	822,000	1,053,000	663,000	633,000	1,271,000	151,000	4,360,000	743,000	4,805,000	552,000	1,415,000	18,487,000

Activity Based Budget 2015

ACTIVITY BASED BUDGET 2015

MB 13/7	295	32,657,125	7,244,000	18,487,000	58,388,125	100%
Row Labels	Total FTE	Budget Title 1	Budget Title 2	Budget Title 3	Total Budget	Total %
[-] Strategy 8: Collaboration and cooperation	8.9	958,606	203,534	151,000	1,313,141	2.25%
+ 8.1 ECDC in the 'family' of European Institutions and Bodies	0.8	157,768	14,628	-	172,395	0.30%
+ 8.2 Working with the European Union Member States	2.6	271,061	86,969	15,000	373,030	0.64%
+ 8.3 Cooperation with the World Health Organisation (WHO)	0.1	13,269	1,143	-	14,412	0.02%
+ 8.4. Working with non-EU Countries	5.5	516,509	100,795	136,000	753,304	1.29%
[-] Strategy 9: Core and Support Functions	98.8	11,147,495	1,806,419	7,045,000	19,998,914	34.25%
[-] 9.1 Surveillance	18.7	2,138,824	341,468	795,000	3,275,291	5.61%
+ Surveillance: Management and administrative support	6.6	876,517	119,994	-	996,510	1.71%
+ Surveillance: Methods to support disease prevention and co	5.4	588,915	99,195	340,000	1,028,109	1.76%
+ Surveillance: Molecular surveillance	1.1	131,402	20,570	-	151,972	0.26%
+ Surveillance: Public health surveillance	5.6	541,990	101,709	455,000	1,098,699	1.88%
[-] 9.2 Epidemic intelligence and response	14.6	1,713,163	267,643	367,000	2,347,805	4.02%
+ Epidemic intelligence and response: Emergency operations	1.3	152,938	23,999	44,000	220,937	0.38%
+ Epidemic intelligence and response: Epidemic intelligence	6.0	621,841	110,508	248,000	980,349	1.68%
+ Epidemic intelligence and response: Management and admini	4.0	522,995	73,825	-	596,820	1.02%
+ Epidemic intelligence and response: Rapid assessment of pu	3.2	415,389	59,311	75,000	549,700	0.94%
[-] 9.3 Preparedness	8.9	1,187,570	162,849	528,000	1,878,418	3.22%
+ Preparedness: Country preparedness support	4.7	611,093	86,624	465,000	1,162,716	1.99%
+ Preparedness: EU preparedness	1.7	226,583	31,084	63,000	320,667	0.55%
+ Health Communication: Management and administrative sup	2.5	349,894	45,140	-	395,034	0.68%
[-] 9.4 Scientific advice	12.8	1,636,867	233,359	793,000	2,663,226	4.56%
+ Scientific advice: Management and administrative support	5.9	910,940	108,223	38,000	1,057,163	1.81%
+ Scientific advice: Research coordination and studies	4.8	509,602	88,567	410,000	1,008,169	1.73%
+ Scientific advice: Scientific advice coordination	0.8	109,469	14,628	-	124,096	0.21%
+ Scientific advice: Scientific liaison activities	1.2	106,856	21,942	345,000	473,798	0.81%
[-] 9.5 Public Health Training	14.4	1,595,693	263,529	4,000,000	5,859,222	10.03%
+ Public Health Training: E-learning	2.8	298,400	50,397	100,000	448,797	0.77%
+ Public Health Training: EPIET/EUPHEM Fellowships	6.8	720,427	125,136	3,654,000	4,499,563	7.71%
+ Public Health Training: MediPIET	1.1	131,421	19,656	-	151,077	0.26%
+ Public Health Training: Other training activities	2.2	261,500	40,912	246,000	548,412	0.94%
+ Health Communication: Management and administrative sup	1.5	183,946	27,427	-	211,373	0.36%
[-] 9.6 Microbiology support	5.5	578,617	99,652	140,000	818,269	1.40%
+ Microbiology support: Microbiology support	5.5	578,617	99,652	140,000	818,269	1.40%
[-] 9.7 (Health) communication	18.4	1,694,994	335,982	340,000	2,370,976	4.06%
+ Health Communication: Editorial services	6.6	507,333	119,765	144,000	771,098	1.32%
+ Health Communication: Press, media and information servic	4.9	498,876	89,710	160,000	748,585	1.28%
+ Health Communication: Translations	0.1	7,779	1,828	36,000	45,608	0.08%
+ Health Communication: Web portal social media and extrane	4.6	405,275	83,196	-	488,471	0.84%
+ Health Communication: Management and administrative sup	2.3	275,730	41,484	-	317,214	0.54%
[-] 9.8 Eurosurveillance	5.6	601,768	101,937	82,000	785,706	1.35%
+ Eurosurveillance: Eurosurveillance	5.2	519,501	94,852	82,000	696,353	1.19%
+ Eurosurveillance: Management and administrative support	0.4	82,267	7,085	-	89,353	0.15%
[-] Strategy 10: Disease Programmes	65.2	8,018,483	1,192,965	6,461,000	15,672,448	26.84%
+ 10.1 Antibiotic resistance and healthcare-associated infections	13.1	1,665,559	239,644	1,366,000	3,271,203	5.60%
+ 10.2 Emerging and vector borne diseases	7.1	897,634	128,907	653,000	1,679,541	2.88%
+ 10.3 Food and waterborne diseases	10.0	1,259,327	182,276	822,000	2,263,603	3.88%
+ 10.4 STIs, including HIV/AIDS and Blood-borne viruses	9.8	1,229,184	178,505	1,053,000	2,460,688	4.21%
+ 10.5 Influenza and other respiratory viruses	8.9	1,122,006	162,734	663,000	1,947,740	3.34%
+ 10.6 Vaccine-preventable diseases	10.4	1,196,255	189,704	1,271,000	2,656,960	4.55%
+ 10.7 Tuberculosis	6.1	648,519	111,194	633,000	1,392,713	2.39%
[-] Strategy 11: Leadership	11.3	1,180,792	466,389	-	1,647,181	2.82%
+ 11.0 Management and support	5.4	400,686	97,938	-	498,623	0.85%
+ 11.1 Ensuring independence	1.0	136,559	17,828	-	154,387	0.26%
+ 11.2 General management	1.8	334,941	32,227	-	367,168	0.63%
+ 11.3 Corporate Governance	3.2	308,606	318,397	-	627,003	1.07%

[-] Strategy 12: Resource Management and Organisational Developn	74.5	7,499,779	2,441,871	470,000	10,411,650	17.83%
+ 12.0 Management and support	7.5	983,963	137,136	-	1,121,099	1.92%
+ 12.1 General	0.2	39,807	68,428	-	108,235	0.19%
+ 12.10 Internal Communication and Knowledge Services (ICKS)	8.8	827,010	528,334	470,000	1,825,345	3.13%
+ 12.2 Human Resources (HR)	15.0	1,370,604	273,586	-	1,644,189	2.82%
+ 12.3 Finance and Accounting	16.0	1,389,445	304,556	-	1,694,001	2.90%
+ 12.4 Legal Services	3.0	287,394	174,854	-	462,248	0.79%
+ 12.5 Procurement	8.3	851,788	151,992	-	1,003,780	1.72%
+ 12.6 Internal Control Coordination	1.0	212,303	48,285	-	260,588	0.45%
+ 12.7 Performance management	4.5	646,614	242,281	-	888,895	1.52%
+ 12.8 Security and Facility Management	2.3	231,783	366,141	-	597,924	1.02%
+ 12.9 Missions and meetings	8.0	659,068	146,278	-	805,346	1.38%
[-] Strategy 13: Information and Communication Technologies (ICT)	33.6	3,519,090	1,084,367	4,360,000	8,963,458	15.35%
+ 13.0 Management and support	3.8	517,178	249,482	-	766,660	1.31%
[-] zFTEs not allocated	2.7	332,879	48,455	-	381,333	0.65%
[-] FTEs not allocated	2.7	332,879	48,455	-	381,333	0.65%
.Long term sick leave	0.8	159,227	13,714	-	172,941	0.30%
.Additional SNEs	1.9	173,652	34,741	-	208,393	0.36%
Grand Total	295.0	32,657,125	7,244,000	18,487,000	58,388,125	100.00%
		- 0	-	-	- 0	
Externally assigned revenues	FTEs	Budget Title1	Budget Title2	Revenue*	Budget Total	Budget %
3012-Grant: DG Enlargement (ENPI)				242,026		
3011-Grant: DG Devco (MediPIET)				40,000		
3013-Grant: IMI (ADVANCE)						
Total Externally assigned revenues				282,026		
GRAND TOTAL	295**			282,026	282,026	0.48%
* Budget available for 2014 (remaining funds + expected revenue 2014)						

Detailed Disease Programme Budget (Titles 1, 2, 3)

DETAILED DISEASE PROGRAMME BUDGET (Titles 1,2,3)

Sum of Amount requested	*ARHAJ	*EVD	*FWD	*HSH	*IRV	*TUB	*VPD	Core DIR	Core ICT	Core OCS	Core PHC	Core RMC	Core SRS	Grand Total
Row Labels														
3000-Surveillance	502,000		405,000	350,000	635,000		202,000						673,000	2,767,000
3001-Epidemic intelligence and response													342,000	342,000
3002-Scientific advice (including microbiology s	481,000	653,000	404,000	703,000	28,000	633,000	989,000			743,000		470,000	230,000	5,334,000
3003-Public Health Training	243,000		13,000							4,000,000				4,256,000
3004-Health Communication	140,000										340,000			480,000
3005-Public Health Informatics									4,360,000				170,000	4,530,000
3006-Preparedness/capacity support					80,000						465,000			545,000
3007-Eurosurveillance												82,000		82,000
3009-Collaboration and (country) cooperation								151,000						151,000
Grand Total	1,366,000	653,000	822,000	1,053,000	663,000	633,000	1,271,000	151,000	4,360,000	743,000	4,805,000	552,000	1,415,000	18,487,000

Provisional Procurement Plan 2015

PROVISIONAL PROCUREMENT PLAN 2015

Budget line	Expense name	Expense Type	Procurement Procedure	Contract type	Total
1801-Social Contact Between Staff	Social interaction between staff	Procurement	Under existing Framework Contract	Specific contract	20,000
2000-RENT & RELATED EXPENDITURE	Rent and Related Expenditure	Procurement	Under existing Framework	Specific contract	2,065,000
2003-Maintenance, cleaning	Maintenance and Cleaning	Procurement	Under existing Framework	Specific contract	198,000
2004-Fitting-out	Fitting-out	Procurement	Under existing Framework	Specific contract	75,000
2006-Canteen	Restauration and Canteen costs	Procurement	Under existing Framework	Specific contract	100,000
2110-Purchases of new hardware for operation the centre	Hardware	Procurement	Under existing Framework	Specific contract	1,015,000
2111-Purchase of new software for the operation at the centre	Software	Procurement	Under existing Framework	Specific contract	807,000
2112-Purchase and Maintenance of printing and reproduction equipment	Printing	Procurement	Under existing Framework	Specific contract	174,000
2114-Developments to support administrative and management applications	Content and document management related tasks and support across ECDC (ICKS FWC, lot 2): content management and functional improvement and integration for document management services; identification and support for workflows implementation.	Procurement	Under existing FWC	Specific contract	200,000
	Development for administrative processes	Procurement	Under existing Framework Contract	Specific contract	63,000
	Development of MIS	Procurement	Under existing Framework	Specific contract	50,000
	High level consultancy	Procurement	Under existing Framework	Specific contract	130,000
	ICT Audits	Procurement	Under existing Framework	Specific contract	50,000
	Maintenance and Development/Customisation	Procurement	Re-opening of competition	Specific contract	108,000
	Project Management and external software production (administrative)	Procurement	Under existing Framework Contract	Specific contract	110,000
	Studies and Analysis (administrative)	Procurement	Under existing Framework	Specific contract	60,000
2200-Technical equipment and AV installations	Audio Visual	Procurement	Under existing Framework	Specific contract	37,000
2201-Furniture	Furniture	Procurement	Negotiated procedure	Direct contract	80,000
2300-Stationery and office supplies	Stationery and office supplies	Procurement	Under existing Framework Contract	Specific contract	130,000
2308-Business Continuity	External consultancy	Procurement	Negotiated procedure	Direct contract	20,000
2309-Other operating expenditure	Other operating expenditure	Procurement	Negotiated procedure	Direct contract	45,000
2400-Postal and delivery charges	Mail Room and Archives general activities	Procurement	Under existing Framework Contract	Specific contract	45,000
2410-Telecommunication and internet charges	Networks and Telecommunication	Procurement	Under existing Framework	Specific contract	200,000
2501-Evaluation and Strategic Management Consulting	Business processes improvement and monitoring	Procurement	Under existing FWC	Specific contract	40,000
	External audits	Procurement	Under existing Framework Contract	Specific contract	30,000
	Further development of the quality management methodology (3i, QMSC, etc)	Procurement	Negotiated procedure	Direct contract	30,000
	Implementation of ECDC the internal evaluation policy	Procurement	Negotiated procedure	Direct contract	40,000
3000-Surveillance	Antimicrobial sensitivity testing EQA for Salmonella and Campylobacter	Procurement	Under existing FWC	Specific contract	45,000
	Data management team - consultants	Procurement	Re-opening of competition	Specific contract	250,000
	Development of data quality indicators and reports	Procurement	Under existing Framework Contract	Direct contract	40,000
	EPIS ELDSNet development GIS tool	Procurement	(blank)	(blank)	10,000
	EQA (stand-alone procurement although linked to the ERLI-Net activities) - as agreed with partners	Procurement	Under existing FWC	Specific contract	81,000
	External Quality Assessment: performance of laboratories participating in EARS-Net	Procurement	Under existing Framework Contract	Specific contract	108,000
	FWD Molecular typing curation procurement	Procurement	Under existing FWC	Specific contract	54,000
	FWD: EQA schemes for Salm, List and VTEC	Procurement	Under existing FWC	Specific contract	83,500
	FWD: Management of expert support	Procurement	Under existing FWC	Specific contract	73,000
	GIS Data Manager	Procurement	Re-opening of competition	Specific contract	120,000
	Implementation of ERLI-Net lab coordination activities	Procurement	Under existing Framework Contract	Specific contract	225,000
	Implementation of lab coordination activities: Invasive Bacterial Disease (IBD) laboratory Network management	Procurement	Open call for tender	Framework contract	121,000
	Implementation of lab coordination activities: Pertussis laboratory network management	Procurement	Under existing Framework Contract	Specific contract	81,000
	Implementing Molecular surveillance of HIV/hepatitis	Procurement	Negotiated procedure	(blank)	40,000
	LEG: External Quality assessment for Legionella	Procurement	Under existing FWC	Specific contract	94,500
	LEG: Lab methods, training and Scientific watch	Procurement	Under existing Framework Contract	Specific contract	36,000
	New activity: recruit one dedicated data manager consultant to work on the workbench for all diseases	Procurement	Re-opening of competition	Specific contract	125,000
	Other: Lab/Hospital software support for AMR surveillance (WHONET) EARS-Net	Procurement	Under existing FWC	Specific contract	30,000
	Other: Preparatory work for PPS 2016-2017: Self-validation of national PPS data (2 countries)	Procurement	Negotiated procedure	(blank)	20,000
	Other: Preparatory work for PPS 2016-2017: Test for external validation of PPS data (4 countries)	Procurement	Negotiated procedure	(blank)	20,000
	Other: Support to EARS-Net data managers meeting : focus on WHONET and on data quality and management (2 trainers)	Procurement	Negotiated procedure	(blank)	12,000
	Other: support to analysis of antimicrobial consumption data and to coordination activities ESAC-Net (Part I)	Procurement	Under existing Framework Contract	Specific contract	40,000
	Other: support to analysis of antimicrobial consumption data and to coordination activities ESAC-Net (Part II)	Procurement	Open call for tender	Framework contract	40,000
	Other: support to analysis of HAI data and to coordination activities HAI-Net	Procurement	Under existing FWC	Specific contract	50,000
	Pilot study on molecular typing of carbapenem-resistant Enterobacteriaceae (CRE) (business case)	Procurement	Open call for tender	Framework contract	27,000
	Senior Biostatistician	Procurement	(blank)	(blank)	20,000

Budget line	Expense name	Expense Type	Procurement Procedure	Contract type	Total
	Support influenza vaccine effectiveness (VE) studies through a call for tender or negotiated procedure and publication of an annual estimate for influenza VE, and a meeting to further develop influenza VE estimation methods	Procurement	Negotiated procedure	Direct contract	152,000
	Support to repeated to point prevalence surveys of HAI and antimicrobial use in long-term care facilities	Procurement	Under existing FWC	Specific contract	120,000
	Support to report production	Procurement	Negotiated procedure	Direct contract	10,000
	Supporting and improving the surveillance statistical analysis in HSH	Procurement	Open call for tender	Framework contract	40,000
	Surveillance protocol: Continuing Euro-GASP (To implement European Gonococcal Antimicrobial Surveillance Program and support MS in AMR testing) activities	Procurement	Under existing Framework Contract	Specific contract	126,000
	Surveillance protocol: Technical support to countries to submit revised combined HIV/AIDS record-type	Procurement	Negotiated procedure	(blank)	25,000
3001-Epidemic intelligence and response	A) EOC and PHE ongoing maintenance and equipment upgrades	Procurement	Negotiated procedure	Direct contract	44,000
	External evaluation	Procurement	Open call for tender	Direct contract	20,000
	SLA with JRC - MEDISYS maintenance, upgrades and customisation	Procurement	Other	(blank)	40,000
	Resupply and equipment upgrade	Procurement	Negotiated procedure	Framework contract	44,000
	Subscription to GIDEON services	Procurement	Negotiated procedure	(blank)	5,000
	Annual GIN membership fee 2015	Procurement	Negotiated procedure	(blank)	3,000
3002-Scientific advice (including microbiology support)	Content and Knowledge management related tasks (ICKS FWC, lot 5): talent mapping, terminolgy services, enterprise search service, peer-reviewed publication listing	Procurement	Under existing FWC	Specific contract	215,000
	Day-to-day network coordination: VectorNet (ECDC/EFSA) - 6 workpackages	Procurement	Under existing FWC	Specific contract	200,000
	Developing guidance document on migrant screening	Procurement	(blank)	(blank)	100,000
	EBPH Grading System framework 2015	Procurement	Under existing FWC	Specific contract	60,000
	ESCAIDE scientific conference 2015	Procurement	Under existing FWC	Framework contract	300,000
	Fees for peer-reviewed publication in open source journals 2015	Procurement	Negotiated procedure	Direct contract	10,000
	FWD: ELITE extension to whole genome sequencing	Procurement	Open call for tender	Framework contract	117,000
	FWD: Open source publication costs	Procurement	Restricted	(blank)	3,000
	Implementation of lab coordination activities: including lab network coordination, EQA, training, strain collection, typing, scientific advice & technical guidance on lab issues as well as methods harmonisation and network meeting.	Procurement	Under existing FWC	Grant agreement	153,000
	IRIS - license renewal 2015	Procurement	Negotiated procedure	(blank)	4,000
	Laboratory support to outbreak preparedness, response & External Quality Assessment & Training: WP1, WP2, WP3, WP4 and WPS: day-to-day coordination	Procurement	Under existing Framework Contract	Specific contract	270,000
	Monitoring and evaluation: Continuation of VENICE.net activities under the existing FWC	Grant	Grant	Grant agreement	165,000
	Monitoring and evaluation: Monitoring national Influenza programmes as part of support to Council Recommendation - under Venice.net FWC	Grant	Under existing FWC	Grant agreement	50,000
	Monitoring and evaluation: Procurement on monitoring the HIV response - REQUESTED BY COM	Procurement	Open call for tender	Framework contract	60,000
	Monitoring and evaluation: Procurement on monitoring the HIV response (Publication of the technical reports M&E) - REQUESTED BY COM	Procurement	Under existing FWC	Specific contract	45,000
	Open source publication costs	Procurement	Negotiated procedure	(blank)	25,000
	Open source publication costs	Procurement	Negotiated procedure	Direct contract	34,000
	Open source publication costs	Procurement	Negotiated procedure	(blank)	1,000
	Other meeting: Eurovaccine - outsourcing of services	Procurement	Negotiated procedure	(blank)	35,000
	Other: Data manager E3/VectorNet	Procurement	Open call for tender	Framework contract	40,000
	Other: Support to high priority countries with development and implementation of country strategies	Procurement	Open call for tender	Framework contract	110,000
	Others: Development of TB-specific core competencies	Procurement	Negotiated procedure	(blank)	5,000
	Procurement	Procurement	Under existing Framework Contract	Specific contract	25,000
	Procurement for journals and databases	Procurement	Open call for tender	Framework contract	215,000
	Rapid review tools 2015	Procurement	Negotiated procedure	Direct contract	30,000
	Risk assessment	Procurement	Negotiated procedure	Direct contract	40,000
	Risk assessment: Procurement for consultant to support HSH in country support/assessment	Procurement	Negotiated procedure	(blank)	20,000
	Scientific advice & technical guidance on lab issues: Gap analysis on securing Diptheria diagnostic capacity in the EU/EEA	Procurement	Negotiated procedure	(blank)	14,000
	Scientific advice on behaviour change and risk communication: Communication toolkit on hesitant groups - Step II in toolkit development	Procurement	Under existing FWC	Specific contract	25,000
	Scientific committee support 2015	Procurement	Open call for tender	Framework contract	70,000
	Scientific guidance: Assessment of latent TB control as a programmatic intervention - part 3	Procurement	Under existing FWC	Specific contract	135,000
	Scientific guidance: Improvement of treatment outcomes for TB (incl. MDR TB)	Procurement	Open call for tender	Framework contract	40,000
	Scientific guidance: Management of TB and MDR TB in the European Union	Procurement	Negotiated procedure	(blank)	15,000
	Scientific Guidance: Procurement for finalising guidance on antenatal screening programmes	Procurement	Open call for tender	Direct contract	40,000
	Scientific guidance: Procurement to produce tool for HIV incidence estimates & to model the HIV epidemic in migrants - REQUESTED BY COM	Procurement	Under existing Framework Contract	Specific contract	80,000

Budget line	Expense name	Expense Type	Procurement Procedure	Contract type	Total
	Scientific guidance: Procurement to strengthen prevention and control of Hepatitis B and C (Hepatitis Framework) - REQUESTED BY COM	Procurement	Negotiated procedure	(blank)	40,000
	Scientific study: Effective pertussis vaccination strategies in EU - Step II	Procurement	Under existing FWC	Specific contract	15,000
	Scientific study: Procurement to improve epidemiological understanding of HIV, Chlamydia and hepatitis B/C through prevalence estimates - REQUESTED BY COM	Procurement	Open call for tender	Framework contract	100,000
	Scientific study: Procurement to support countries in collecting and analysing data appropriate for defining the HIV treatment cascade	Procurement	Negotiated procedure	(blank)	30,000
	Scientific study: Setting up a sentinel system for assessing impact of different immunisation strategies for pertussis	Procurement	Under existing FWC	Specific contract	199,000
	Scientific study: SpIDNet framework implementation for assessing vaccination impact on the epidemiology of the invasive pneumococcal disease in Europe	Procurement	Under existing FWC	Specific contract	450,000
	Standardisation of antimicrobial susceptibility testing methods and clinical breakpoints for resistance surveillance (EUCAST)	Procurement	Open call for tender	Framework contract	135,000
	Summary of evidence: Procurement to support MS in prevention and control of HIV/STI/Hep among sex workers -- REQUESTED BY COM	Procurement	Open call for tender	Framework contract	59,000
	Summary of evidence: Tick-borne disease surveillance and assessment	Procurement	Under existing FWC	Specific contract	65,000
	Systematic review of evidence: To review evidence and update Hep B&C testing guidance - HIGH RANKING IRIS PRIORITY	Procurement	Negotiated procedure	(blank)	59,000
	Systematic review of evidence: To support MS in prevention and control of HIV/STI among youth	Procurement	Open call for tender	Framework contract	60,000
	Systematic review on ID prevention in penal institutions	Procurement	Open call for tender	Direct contract	70,000
	Accreditation EACME	Procurement	Negotiated procedure	Direct contract	10,000
	Cohort 2013 Salaries, Removals and Language	Procurement	Grant	Grant agreement	630,000
	Cohort 2014	Procurement	Grant	Grant agreement	900,000
	Cohort 2015 Salaries, Removals and Language	Procurement	Grant	Grant agreement	430,000
	ECTS exploration	Procurement	Negotiated procedure	Direct contract	1,000
	E-learning courses	Procurement	Open call for tender	Framework contract	80,000
	FPA Scientific Coordination	Procurement	Grant	Grant agreement	597,000
	Organisation and delivery of a course: MDRO course (3 days)	Procurement	Open call for tender	Direct contract	80,000
	Other: Implementation of infection control training section (TRICE-IS: lot 3 and lot 4)	Procurement	Under existing Framework Contract	Specific contract	63,000
	Purchasing authoring tool and others	Procurement	Open call for tender	Framework contract	10,000
	Short Course Programme for experts	Procurement	Under existing Framework Contract	Specific contract	80,000
	Training workshop: Point prevalence survey on HAI and AU, with focus on validation(2 days)	Procurement	Open call for tender	Direct contract	100,000
	Audiovisual Products	Procurement	Under existing Framework Contract	Specific contract	60,000
	Other: European Antibiotic Awareness Day (communication support)	Procurement	Open call for tender	Framework contract	80,000
	Other: European Antibiotic Awareness Day (diffusion rights for TV spots)	Procurement	Open call for tender	Direct contract	20,000
	Press, media and information services	Procurement	Under existing FWC	Specific contract	100,000
	Translation Operational - Scientific	Procurement	Other	(blank)	36,000
	Backoffice consultancy	Procurement	Re-opening of competition	Specific contract	694,000
	Business Intelligence tool to further improve data analysis and data mining	Procurement	Open call for tender	Direct contract	40,000
	Development for operational processes	Procurement	Under existing FWC	(blank)	1,278,356
	Frontoffice consultancy	Procurement	Re-opening of competition	Specific contract	874,000
	GIS Developer	Procurement	Re-opening of competition	Specific contract	130,000
	Maintenance of KM Services: TS, TaMa-EPPM, ES (budget provided by ICT-I)	Procurement	Re-opening of competition (ICT)	Specific contract	
	Project Management and external software production (operational)	Procurement	Open call for tender	(blank)	547,636
	SLA Management	Procurement	Re-opening of competition	Specific contract	176,000
	Studies and Analysis (operational)	Procurement	Under existing Framework Contract	Specific contract	597,008
	Testing consultancy	Procurement	Re-opening of competition	Specific contract	193,000
	Advice and coordination for biopreparedness	Procurement	Under existing FWC	Specific contract	25,000
	Building capacity on Intersectoral cooperation in preparedness	Procurement	Under existing FWC	(blank)	50,000
	Coordination and Partnership	Procurement	Under existing FWC	(blank)	95,000
	Development of tools in support of policy implementation	Procurement	Under existing FWC	(blank)	75,000
	ECDC Guidance: Deployment of Medical Counter-Measures During Emergencies	Procurement	Open call for tender	Framework contract	25,000
	Literature review on preparedness and response planning	Procurement	Under existing FWC	Specific contract	25,000
	Preparedness for disease control for sudden influxes of migrants.	Procurement	Open call for tender	Framework contract	50,000
	Production of case studies	Procurement	Under existing Framework Contract	Framework contract	75,000
	Risk ranking and effectiveness of plans	Procurement	Under existing FWC	Specific contract	40,000
	Scientific study: Follow up to case studies on polio preparedness, including extra case studies	Procurement	Under existing FWC	Specific contract	60,000
	Technical support - Other: Guidance on preparedness of polio; Systematic review	Procurement	Under existing FWC	Specific contract	20,000
	Consultancy	Procurement	Negotiated procedure	Direct contract	4,000
	Consultancy for editing services	Procurement	Negotiated procedure	Framework contract	5,000
	Membership in professional bodies EASE COPE (including fees)	Procurement	Other	(blank)	1,000
	Provision of educational features through CME accreditation or similar	Procurement	Other	(blank)	5,000
	Publication	Procurement	Under existing Framework Contract	Specific contract	10,000
	Medical services	Procurement	Open call for tender	Framework contract	150,000
	Stress prevention programme	Procurement	Negotiated procedure	Framework contract	20,000
	External legal services	Procurement	Negotiated procedure	Framework contract	-
Grand Total					20,972,000

Additional procurement procedures launched in 2015 for implementation / expenditure 2016-2018

Budget line	Expense name	Expense Type	Procurement Procedure	Contract type	Total
Additional procurement procedures launched in 2015 for implementation / expenditure 2016-2018	Furniture (only procurement)	Procurement	Negotiated procedure	Framework contract	55,000
	Insurance (only procurement)	Procurement	Negotiated procedure	Framework contract	59,500
	New building rent (only procurement)				30,000,000
	Office supplies (only procurement)	Procurement	Open call for tender	Framework contract	500,000
	Removal services (only procurement)	Procurement	Negotiated	Direct contract	14,500
	Security services (only procurement)	Procurement	Open call for tender	Framework contract	1,400,000
	Server room maintenance (only procurement)	Procurement	Negotiated	Framework contract	40,000
	Works (only procurement)	Procurement	Open call for tender	Framework contract	500,000
	Cleaning (only procurement BL 2003)	Procurement	Open call for tender	Framework contract	1,210,000

Risk Assessment for Work Programme 2015

Risk Assessment for Work Programme 2015

As part of preparing the Work Programme (WP) 2015, ECDC conducted a risk self-assessment exercise in order to identify all main risks that could impact the implementation of the WP. Also the risks identified by management in risk-self assessment workshops have been considered.

The following main risks were identified:

- Risk of WP implementation suffering from a PHE event. Although there is preparedness in ECDC for down-scaling the activities, it would still imply that a part of the WP would not be implemented as planned.
- Unavailability of data from member states and/or unavailability of member states/stakeholders resources to contribute to and/or participate in ECDC activities. 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. However, for the WP 2015, the area of meetings has been identified as having a high residual risk of insufficient quality in the service delivery, thereby warranting an increased attention from ECDC at all levels.
- Immaturity of IT processes is a risk in the good execution of ECDC work plan, as ECDC is heavily IT dependant for its business operations. Since 2012, some high level risks have been mitigated. In 2015 some risks still need to be addressed in regards to: the necessary elaboration of ICT long term strategy, the quality of IT enterprise architecture, the adoption and implementation of common quality processes notably in IT project management and requirement management area, the availability for key Enterprise architecture skills, the high dependency of IT operations to complex legal and procurement constraints, raising notably when IT budget plans or workplan priorities change.
- Any additional budget cuts in the 2015 budget and/or additional cuts of posts in the establishment table 2015, would impact the WP negatively. Also, any large change in the exchange rate (SEK/EURO) risks impacting the budget implementation and thereby also the execution of the WP.