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COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL

The European Centre for Disease Prevention and Control activities on Communicable diseases: the positive outcomes since the Centre's establishment and the planned activities and resource needs

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INTRODUCTION

The European Centre for Disease Prevention and Control (ECDC) is a European Union (EU) agency tasked with monitoring, assessing and communicating threats to human health from communicable diseases. The Centre is based in Stockholm and became operational in May 2005.

While public health remains primarily a Member State competence in the EU, ECDC supports the work of Europe's national disease control agencies. The Centre gathers epidemic intelligence from across the world and supports an EU wide rapid alert system on infectious disease outbreaks. It produces EU-level statistics and analysis on all the major infectious diseases. When the alert system identifies an outbreak of EU level significance, or when a worrying trend is identified in the statistics, ECDC rapidly produces an assessment of the level of threat posed to public health in Europe. Where there are issues requiring EU-level scientific advice ECDC pools knowledge and expertise from across Europe to produce this. At a Member State request, ECDC would dispatch experts to the field in support of national authorities dealing with an outbreak. In all its activities ECDC works closely with the European Commission, Member States and other partners such as the World Health Organization (WHO) to prevent and control diseases, and to communicate its findings to the European public health community and the wider European public.

Results from an independent evaluation of ECDC's activities show that its core stakeholders - the Commission and Member States – value the services the Centre provides and regard it as making a significant contribution to the fight against infectious diseases.

Nonetheless, the Centre is still in an early stage of its development. The core services it provides are useful, but do not meet all the needs and expectations of its stakeholders. For example, additional extensive work is needed to improve the quality and comparability of EU-wide disease surveillance data. ECDC's work on building up the public health capacity of Member States requires consolidation and development, and the expert support it can offer individual national authorities is currently rather limited. Moreover much remains to be done on building up the knowledge base on effective prevention measures against infectious diseases.

In 2007, ECDC's Management Board, which includes representatives from all Member States, the European Commission and the European Parliament, adopted a Strategic Multi-annual Programme for the Centre up until 2013[1], articulating what the expected achievements by 2013, and the resources needed. Though the level of investment asked for in this

[1] http://ecdc.europa.eu/en/About_us/Key_documents/Documents/ECDC_MAS_.pdf

programme is significant, it needs to be put into the context of both the economic and human impact of infectious diseases

Effective EU-level cooperation can help improve disease prevention and control efforts across Europe, build preparedness against major epidemics and ensure more routine outbreaks are rapidly contained. Strengthening the EU level capacity in this area is therefore a wise investment.

1. AIM OF THE PRESENT COMMUNICATION

This communication, together with the attached financial statement, aims to provide an overview of what ECDC has done in the first three years of its existence and its plans for future development. In doing this, the communication will focus in particular, on:

- The priorities identified in ECDC's Strategic Multi-annual Programme for 2007 – 2013 in order for the Centre to fulfil its mandate of strengthening Europe's defences against infectious diseases
- The financial perspectives 2007-2013
- Elements of the outcome of the external evaluation of the Centre
- The European added value of the Centre in its first years of existence

2. CURRENT MANDATE

According to Regulation EC 851/2004 founding the ECDC, "The Centre's mission should be to identify, assess, and communicate regarding current and emerging threats to human health from communicable diseases. In the case of outbreaks of illness of unknown origin which may spread within or to the Community, the Centre should be empowered to act on its own initiative until the source of the outbreak is known and then in cooperation with the competent bodies at national and Community level as relevant".

3. THE MAIN ACHIEVEMENTS (2005-2007)

Overview

In the areas of disease surveillance and the rapid alerts, it is important to acknowledge that ECDC built on systems that were in place prior to its creation. The first networks for gathering Europe-wide data on infectious diseases (on HIV/AIDS and tuberculosis) were created more than a decade before ECDC became operational. By 2005, when ECDC started work, there were a total of 17 Dedicated Surveillance Networks (DSNs) gathering data on different diseases or disease groups. Each had its own structures, reporting systems and databases. One of the key challenges for ECDC in its start up phase has been to move towards a more integrated system of gathering EU-level data on infectious diseases. ECDC has gradually been taking over the activities of these networks and creating a "one stop shop" for EU-level data.

In the area of rapid alerts, ECDC has, since 2007, been hosting the EU's Early Warning and Response System on Health Threats (EWRS) on behalf of the European Commission. This secure system allows Member State health authorities to exchange alerts on disease outbreaks that have the potential to spread across borders. While it had been in existence for several years prior, ECDC adds its capacity to analyse epidemic intelligence - information gathered from the media and other non-official sources from across the world – as well as capacity to rapidly analyse threats when they are identified.

ECDC's capability to produce risk assessments and scientific advice to inform EU level decision making is a new development in Europe's health security. In 2003, when SARS became an issue of concern globally and to all EU countries, there was no mechanism in place to produce a common assessment of the risk posed to Europe or to advise on the level of response needed. Countries took differing views on issues such as whether people entering the EU from affected countries should be screened for SARS, and whether EU citizens should be advised against travelling to the Far East. The relevance of reaching a common EU view on such measures is this: given the open borders between EU countries, screening of people entering the EU can only be effective if it is done by all Member States.

As well as having capacity and systems in place to respond to emergencies, ECDC works with the Commission and Member States to strengthen the EU's preparedness against epidemics and to strengthen its overall prevention and control systems against the key infectious diseases that threaten people's health. These elements of building preparedness and strengthening the public health knowledge base are new activities at EU level. And though training of public health experts was funded under the EU Public Health Programme prior to the creation of ECDC, this capacity building function has been very significantly expanded by ECDC.

The Centre has a remit to identify important gaps in evidence-based public health knowledge, and identification of such gaps is a regular part of the scientific advice and scientific opinions produced by ECDC. To address these needs for public health oriented research the Centre works closely with DG SANCO (and its health programme) and DG RTD (mainly its framework programme).

The coordination with DG SANCO includes formal meetings of ECDC and SANCO C3 for sharing work programmes with a monitoring through bi-monthly video conferences. The coordination with DG RTD is ensured through participation of the Director of ECDC as member of the DG RTD Advisory Board (notably to have needs for public health oriented research identified by the ECDC experts taken into account in the calls for proposals launched by DG RTD). In addition frequent contacts occur between Commission and ECDC staff around a number of initiatives, and where research needs are discussed, two recent examples being a meeting on the need for new diagnostic tools for tuberculosis and another a meeting on the need for research on influenza transmission.

Through these formal and informal mechanisms ECDC aims at creating synergies and avoiding overlaps with other Community funded programmes in its areas of activity.

Evaluation of the Centre

The External Evaluation of the Centre was commissioned via an open call for tender in May 2007 to assess (a) the possible need to extend the scope of the Centre's mission to other

relevant Community-level activities in the field of public health, particularly to health monitoring, and (b) the timing of further such reviews (article 31 Regulation 851/2004/EC).

The final report[2] was submitted to the Management Board in September 2008. The evaluators concluded that the "ECDC has done well, considering its context, i.e, being operational for only two years". The report concludes that" ***the existence of ECDC is considered justified and that it can start deepening its activities***" and confirms further that the "***Centre made a significant contribution to fighting against communicable diseases, succeeded in establishing itself as an independent centre of scientific excellence, is seen by stakeholders as an added value providing notably very useful information and networking and that it has a clear presence on the international stage"***. The evaluators have also identified a number of issues that need to be addressed, in particular further building on the collaboration on risk communication between the different actors involved as well as clarification of roles and responsibilities of the Commission, ECDC and Member States in risk assessment and risk management .

The external evaluators also recommend ECDC to continue to improve efficiency notably by further developing management information systems, increasing coordination between functional units and horizontal disease specific programmes and better defining working procedures.

Concerning the possible change in mandate of the agency, the external evaluation report concludes that ECDC should focus on the consolidation of current tasks, providing opportunities for the Centre to start new activities within the existing mandate. .

4. THE CHALLENGES (2007-2013)

Fulfilling the mandate through implementation of the Strategic Multi-annual Programme

In accordance with the article 14.5(d) of ECDC's founding regulation, the Centre's management Board has adopted in June 2007 a Strategic Multi-annual Programme 2007-2013 which is the frame for the implementation of its tasks as defined in its mandate. The Annual Work Programmes of the Centre for 2007 and 2008 were designed accordingly. The analysis of the state of communicable diseases in the EU achieved in the context of the first Annual Epidemiological Report enabled the Centre to identify the key challenges Europe faces. The Multi-annual Strategy sought to address these.

Seven operational targets have been identified. Work will be extended to a number of priority actions. The following table summarizes the main axes of the Multi-annual Strategic Programme and their correspondence to the current ECDC operational structure.

Targets of the ECDC SMWP 2007-2013	The ECDC structure (and reference to founding Regulation)
By 2013	

[2] http://ecdc.europa.eu/en/About_us/Key_documents/.....

1. 'ECDC will have made significant contributions to the scientific knowledge base of communicable diseases and their health consequences, their underlying determinants, the methods for their prevention and control, and the design characteristics that enhance effectiveness and efficiency of their prevention and control programmes'.	Disease specific programs: **a.** Respiratory tract infections (influenza and TB); **b.** Sexually transmitted infections including HIV and blood-borne viruses; **c.** Food and water-borne diseases and zoonoses; **d.** Emerging and vector-borne diseases; **e.** Vaccine preventable diseases; **f.** Antimicrobial resistance and health care associated infections; (Article 2, decision 2119/98/EC)
2. 'ECDC will be the focal point for communicable disease surveillance in the European Union and the authoritative point of reference for strengthening surveillance systems in the Member States'.	Surveillance (Article 5, 11)
3.' ECDC's reputation for scientific excellence and leadership will be firmly established among its partners in public health, and ECDC will be a major resource for scientific information and advice on communicable diseases for the Commission, the European Parliament, the Member States and their citizens'.	Scientific advise (Article 6)
4. 'ECDC will be the reference support point in the European Union for the detection, assessment, investigation and coordinated response to emerging threats from communicable diseases, including threats related to intentional release of biological agents, and diseases of unknown origin'.	Preparedness and response (Article 8, 10))
5. 'By 2013, ECDC will be the key reference support centre in the European Union for strengthening and building capacity through training for the prevention and control of communicable diseases and diseases of an unknown origin'.	Training (Article 9)
6. 'By the year 2013, ECDC communication output will be the main European source of authoritative and independent scientific and technical information	Health communication (Articles 11, 12)

in its field and ECDC the reference support point in the European Union for risk communication on communicable diseases'.	
7. 'ECDC will have a structured communicable disease cooperation programme with all of the Member States, the Commission and other relevant European Union agencies, and it will enjoy a close partnership with WHO and other selected partners at regional and global levels'.	Partnerships (Articles 4, 5, 10,12)
8. 'To provide governance, leadership, ensure streamlined management, organization and to foster excellence in providing services and in facilitating the operational activities of the Centre, to ensure that the human and financial resources are properly and efficiently managed and to make the Centre a good working environment'.	Director's Cabinet and Administration

Planned prioritized activities and the subsequent staffing needs

The main development challenge for ECDC is to assure coverage in expertise for all of the 55 disease fields for which ECDC has responsibility and which is currently not yet the case. Therefore, a large part of additional staff resources are foreseen in the disease specific programmes, while also the increase of functional units capacity focuses on expertise in the disease fields.

The expertise required for ECDC tasks is moreover specialized, with a requirement for mainly medical doctors, and hence proposals for appropriate grading[3] and with technical and administrative support so that they can fully focus on their expertise role.

The Workload Indicators

	2007	2008	2009	2010	% variation 2008/2010	Staffing increase 2008/2010
Target 1 (Diseases specific Programmes)						89%(a)
No of EU Disease Specific Plans (in place)	0	1	2	5	400%	
No of initiatives in support of DSP* plans and country strengthening	3	7	14	18	157%	
No Country visits	4	7	10	15	114%	
DSP guidance documents	3	5	9	12	140%	
*Disease Specific Programmes						

[3] The Centre is further committed to duly document and detail the future staffing plans in the context of the Multi-annual Staff Policy Plans and to align them to Commission guidelines

(a) 16 additional staff to reach 34, including mainly senior experts in AMR, legionella surveillance, food and waterborne diseases, influenza- fields identified as priorities where capacities need to be built or strengthened.						
Target 2 (Surveillance)	**2007**	**2008**	**2009**	**2010**		45%(b)
TESSy* support / Member State training	0	215	150	150	-30%**	
Enhanced information on Diseases reported under TESSy (47 diseases)	8	12	18	27	125%	
No of reports	2	4	8	11	175%	
No of expert meetings	14	17	28	28	65%	
(coordination groups, surveillance working groups)						
**TESSy: The European Surveillance System*						
***The basis year 2008 is the year of introduction of TESSy, therefore there were more training session*						
(b) 10 additional staff to reach 32, needed to up-scale the coordination capacity and expertise in order to ensure transfer of all the networks to ECDC, mostly posts of experts in data management and general surveillance						
Target 3 (Scientific Advise)	**2007**	**2008**	**2009**	**2010**		59%(c)
No Scientific opinions and Guidance to Member States	10	12	14	20	67%	
No Rapid advice on Commission/EP request	8	20	30	30	50%	
No News/Updates with critical scientific findings	50	75	120	150	100%	
No Expert meetings	7	10	25	35	250%	
No weekly hours for scientific support	100	150	180	200	33%	
(c) *10 additional staff to reach 27 , needed to produce scientific advice, expand the work on environmental determinants of infectious diseases (climate change) and economic capacity to cover burden of diseases, all key areas of the work programme*						
Target 4 (Preparedness and response)	**2007**	**2008**	**2009**	**2010**		57% (d)
Threats monitored	168	300	350	400	33%	
News items update recorded	1,360	2,400	2,800	3,200	33%	
Threats assessed	142	250	300	330	32%	

Threats requiring specific response	66	110	130	150	36%	
Threat assessment circulated to EWRS/web site	9	16	18	20	25%	
(d) *8 additional staff to reach 22, notably to complete the preparedness and response capacity; develop expertise in bioterrorism, expand the threat detection capacity and ensure comprehensive coverage in all MS*						
Target 5 (Training)	**2007**	**2008**	**2009**	**2010**		33% (e)
No of EPIET **(**European Programme for Intervention Epidemiology Training) fellows trained	18	19	22	27	42%	
Participants from Member States	185	280	320	400	43%	
No of training weeks	15	20	23	26	30%	
(e) *2 additional staff to reach 8-for further development of training capacity*						
Target 6 (Health Communication)	**2007**	**2008**	**2009**	**2010**		67% (f)
No of international meetings		4	6	7	75%	
No of Eurosurveillance subscribers	10,256	14,300	16,000	17,500	22%	
No of articles published in Eurosurveillance	254	310	335	360	16%	
No of web items	2,484	3,500	10,000	15,000	329%	
No of multilingual web items	0	400	2.000	3.000	650%	
No of public health campain toolkits	1	2	3	3	50%	
No of info stants is scientific meetings	9	18	25	30	67%	
No of press releases/statements	40	45	50	60	33%	
No of multimedia news/ webcasts	7	5	8	12	140%	
(f) *10 additional staff to reach 25, to reinforce health communication, also identified by external evaluators, in order to ensure efficient communication, increased uptake in the MS, information to media and the general public; experts in scientific communication, web services, editors*						
Target 7 (Partnerships)	**2007**	**2008**	**2009**	**2010**		50% (g)
No. of relations with competent bodies	75	85	90	95	12%	
Meetings/videoconferences with Commission/EP/ EU bodies	52	65	77	82	26%	
Meetings/videoconferences with WHO	18	24	30	30	25%	

Meetings/videoconferences with Candidate Countries	0	10	18	24	140%	
(g) 2 additional staff to reach 6, needed to meet increased workload resulting from the establishment of Competent bodies and necessity to reinforce relations with EU institutions including in the field of neighboring policy						
Target 8 (Internal) The indicators in target 8 are rather quantitative than qualitative and have to do with adequate (in terms of time and quality) level of response to the operational requirements. However some indicators that can be used and are depended on budget and staffing increases are below:	**2007**	**2008**	**2009**	**2010**		35% (h)
No of commitments	359	450	500	550	22%	
No of payments	3,885	5,000	6,500	7,000	40%	
No of Missions booked	660	810	950	1.050	30%	
Daily No of ICT helpdesk requests	15	35	50	55	57%	
No of participants in meetings/seminars etc	1,571	1,704	1,800	1,950	14%	
No of interviews for recruitments	470	390	390	290	-26%*	
*less recruitments when staff in place, however shift foreseen towards increased learning and development needs (h) *12 additional posts including expert in strategic management, chief scientist, building manager, ICT-, security-business continuity specialists- necessary to meet the requirements brought by the growth in the organization and its specific field of activity*						

Resource development

Target	Organization	TA* staff – establishment table 2007 - approved	TA* staff – establishment table 2008 - approved	Proposed TA* staff additional By 2010	Total TA* staff envisaged 2010
N° 1	Disease programmes	12	18	16	34
N° 2	Surveillance	13	22	10	32
N° 3	Scientific advise	12	17	10	27
N° 4	Preparedness and response	11	14	8	22
N° 5	Training	5	6	2	8
N° 6	Health communication	7	15	10	25
N° 7	Partnerships	2	4	2	6
N°8 *(internal)*	Governance, management, Administrative services	8 20	8 26	2 10	10 36
Total		***90***	***130***	***70***	***200***

* Temporary agents

The financial impact of staff increase is already incorporated in the budgetary projections of the Centre. The level of the subsidy expected to be received by the Community budget is fully consistent with the existing financial programming of the Commission, along the lines of the Multi-annual Financial Framework 2007-2013".

Amounts in millions of euros

2007	2008	2009	2010	2011	2012	2013
26.5	**39.1**	**49.7**	**56.4**	**57.5**	**58.7**	**59.8**

ECDC core budget (current prices) under the financial framework 2007-2013

The table below shows the evolution of budget allocation over the period 2007-2013.

Amounts in thousands of euros

Budget Line Position	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Total Title 1 Staff	9,528	16,737	22,750	27,530	28,615	29,440	30,190
Total Title 2 Administration	5,915	6,060	6,700	7,235	6,700	6,800	6,900
% total budget	55%	57%	58%	60%	60%	60%	60%

Total Title 3 Operations	12,866	17,438	21,250	23,135	23,685	23,760	24.260
% total budget	45%	43%	42%	40%	40%	40%	40%
Total Budget	28,309	40,234	50,700	57,900	59,000	60,000	61.350
Total %	100%	100%	100%	100%	100%	100%	100%
Required Community Contribution	27,704	39,100	48,100	56,450	57,500	58,700	59.800
EEA/EFTA Contributions	604	935	1.000	1.450	1.500	1.530	1.550
Assigned Revenues	0	200	1,600.000	not known	not known	not known	not known

5. CONCLUSION

The present communication aims at updating the initial statement adopted in 2003 taking into account the achievements of the Centre over its first three years of operation and the results of the external evaluation.

In line with the Centre's mandate, the basic organizational structures and capacities are currently in place in defined functional areas; with an epidemiological surveillance system that is established, with capacities set up for preparedness and response, with the ability to respond to requests for scientific advise and risk assessments, with the capacity to provide epidemiological training and to conduct proper health communication.

Nevertheless, ECDC is still building up capacity in the different fields of its mission which implies having the necessary resources to do so. Further investment is needed if ECDC is to fully discharge its current mandate of strengthening Europe's defences against infectious diseases.

The Centre needs to complete its technical knowledge base with disease specific expertise in fields identified as priorities (such as antimicrobial resistance, food and waterborne, influenza…), experts in data management and surveillance (to integrate the coordination of the remaining networks), in quality assurance and testing (to improve quality and comparability of data). It needs staff to provide the full services needed by its stakeholders (including producing scientific advice and supporting reinforcement of capacities in MS). It needs staff to strengthen its health communication to the different audiences (health policy makers, media, general public, etc…). And it needs staff to strengthen its management and administrative support structure (management information system, building/premises management, security and business continuity).

Indeed the main asset of the ECDC is the technical expertise of its staff, who are medical doctors, scientists and experts in communicable diseases. ECDC finds itself in a competitive market at a European and global level to attract and retain highly qualified, and highly mobile, staff.

The report of the external evaluation confirms that ECDC succeeded in establishing itself as a centre of scientific excellence and that it brings added value in the prevention and control of communicable diseases. It recommends a consolidation and deepening of activities on communicable diseases.The staff and financial resources as foreseen in the framework 2007-2013 are a sufficient but necessary basis for ECDC to implements it current mandate.

Taking into account these considerations, the approach set out in the present communication will help protect the health of the citizens of Europe and will ensure coherency between resources and the expectations under the Centre's current mandate as set out in Multi-annual Work Programme 2007-2013.

LEGISLATIVE FINANCIAL STATEMENT

1. NAME OF THE PROPOSAL:

The ECDC activities on communicable diseases: the positive outcomes since the Centre's establishment, and the planned activities and resource needs.

2. ABM / ABB FRAMEWORK

Policy areas concerned:

Health & Consumer Protection – Title 17

Associated activity:

Public Health – Chapter 17.03

3. BUDGET LINES

3.1. Budget lines (operational lines and related technical and administrative assistance lines (ex- B.A lines)) including headings:

Existing operational Budget Lines dedicated to cover both administrative and operational expenditure of the ECDC as follows:

17 03 03 01 (ECDC – Subsidy for Administrative Expenditure – Titles I & II)

17 03 03 02 (ECDC – Subsidy for Operational Expenditure – Title III)

3.2. Duration of the action and of the financial impact:

The duration of the Action is indefinite.

The present financial statement provides detailed information for the period 2007 – 2013. The year 2007 is mentioned for comparison matters only.

3.3. Budgetary characteristics

Budget line	Type of expenditure		New	EFTA contribution	Contributions from applicant countries	Heading in financial perspective
17 03 03 01	Non-comp	Differentiated	NO	YES	NO	**No** 3b
17 03 03 02	Non-comp	Differentiated	NO	YES	NO	**No** 3b

4. SUMMARY OF RESOURCES

4.1. Financial Resources

4.1.1. Summary of commitment appropriations (CA) and payment appropriations (PA)

EUR million (to 3 decimal places)

Expenditure type	Section no.		2007	2008	2009	2010	2011	2012	2013	Total
			Execu-tion	Bud-get	8,2 M in reserve	Estimations as at financial perspectives 2007-2013				
Operational expenditure[4]										
Commitment Appropriations (CA)	8.1.	a	27,705	39,300	49,700	56,400	57,500	58,700	59,800	347,150
Payment Appropriations (PA)		b	27,705	39,300	52,300	56,400	57,500	58,700	59,800	347,150
Technical & administrative assistance (NDA)										
TOTAL REFERENCE AMOUNT										
Commitment Appropriations		a + c	27,705	39,300	49,700	56,400	57,500	58,700	59,800	347,150
Payment Appropriations		b + c	27,705	39,300	52,300	56,400	57,500	58,700	59,800	347,150
Human resources and associated expenditure (NDA)										
Administrative costs, other than human resources and associated costs, not included in reference amount (NDA)										
Total indicative financial cost of intervention										
TOTAL CA including cost of Human Resources		a + c + d + e	27,705	39,300	49,700	56,400	57,500	58,700	59,800	347,150

[4] Expenditure that does not fall under Chapter xx 01 of the Title xx concerned.

TOTAL PA including cost of Human Resources		b + c + d + e	27,705	39,300	52,300	56,400	57,500	58,700	59,800	347,150

Co-financing details

If the proposal involves co-financing by Member States, or other bodies (please specify which), an estimate of the level of this co-financing should be indicated in the table below (additional lines may be added if different bodies are foreseen for the provision of the co-financing):

EUR million (to 3 decimal places)

Co-financing body		2007	2008	2009	2010	2011	2012	2013	Total
EEA/EFTA Member States	f	0,604	0,935	1,000	1,450	1,500	1,530	1,550	8,569
TOTAL CA including co-financing	a+c+ d+e+ f	28,309	40,235	50,700	57,850	59,000	60,230	61,350	355,719

4.1.2. Compatibility with Financial Programming

☑ Proposal is compatible with existing financial programming.

☐ Proposal will entail reprogramming of the relevant heading in the financial perspective.

☐ Proposal may require application of the provisions of the Inter-institutional Agreement[5] (i.e. flexibility instrument or revision of the financial perspective).

4.1.3. Financial impact on Revenue

☑ Proposal has no financial implications on revenue

☐ Proposal has financial impact – the effect on revenue is as follows:

4.2. Human Resources FTE (including officials, temporary and external staff) – see detail under point 8.2.1.

Not applicable

[5] See points 19 and 24 of the Interinstitutional agreement.

5. CHARACTERISTICS AND OBJECTIVES

5.1. Needs to be met in the short or long term

The EU is exposed to a range of infectious diseases – diseases which will continue to pose a threat to human health in the foreseeable future. Since people, animals and goods can now move almost freely within the Union, the need for a common approach to prevent the spread of diseases is becoming more and more necessary / obvious. Whilst prevention and health care are still very much governed by subsidiarity, there is a clear need for a centre like the ECDC to assist a coordinated approach.

In addition to the suffering inflicted to the populations, infectious diseases exact an important economic toll on national budgets: bacteria resistant to antibiotics cause infections that prolong hospital stays and require special medical procedures; a new pandemic influenza has been estimated to inflict an economic loss on countries corresponding to several percentage units of their GDP; treatment of HIV infection represents a substantial cost in several Member States. Even prevention of infectious diseases carries a price: half a dozen different vaccines are given to almost all children across the Union at a non-negligible cost.

It is a challenge for the ECDC to help develop the best and most cost-effective methods for prevention, and to assist Member States in implementing them. The ultimate goal being the eradication of a disease, which – as was shown by the eradication of smallpox 30 years ago –, would bring major economic gains. Whilst this may not be possible for many diseases, eradication of measles in the EU, for example, is a clearly reachable goal.

5.2. Value-added of Community involvement and coherence of the proposal with other financial instruments and possible synergy

The added value of Community involvement and the need for enhanced cooperation of the Member States were motivated in a 2003 proposal that resulted in the creation of the Agency. Since then the ECDC confirmed those expectations in all the areas covered by its mandate.

The added value of ECDC contribution at EU level consists in providing a consolidated analysis and overview of the evidence supporting prevention and control of communicable diseases. Together with its Competent Bodies, it identifies gaps and helps in defining and strengthening the public health research agenda. Through a coordinated approach to surveillance at the European level, the collection of data can be standardised and the cost-efficiency be improved, providing comparable data to inform policy makers on effective prevention and control measures.

The Centre also provides a platform for interaction between Member States for the exchange of good practice, building on evidence-based interventions. ECDC is developing assessments and guidance centrally for the Union – something especially asked for by small countries or countries with limited capacity in this field.

In its work on preparedness the Centre provides Member States with regular updates on the international epidemiological situation, an activity which may in time replace the need for each country to invest in resource-consuming epidemic intelligence. Through rapid assessments of public health events ECDC can also facilitate a coordinated response to threats affecting several Member States.

Both the surveillance and the response functions benefit from common EU-wide methods taught in the various courses organised by the Centre to Member States governmental experts in the field.

ECDC is supporting the Commission in developing an active network for risk communication, since by having strong communication networks established in "quiet times", the European and national level communications in responses to major health crises in the future can be perceived as timely, reliable, consistent and authoritative.

5.3. Objectives, expected results and related indicators of the proposal in the context of the ABM framework

The Centre contributes to the objectives of the Public Health programme (Chapter 17 03 of the Community Budget)

The short and mid term objectives of the Centre are presented in the context of its Strategic Multi-annual Programme 2007-2013 as highlighted in the Communication

5.4. Method of Implementation (indicative)

☑ ***Centralised Management***

- ☐ directly by the Commission
- ☑ indirectly by delegation to:
  - ☐ executive Agencies
  - ☑ bodies set up by the Communities as referred to in art. 185 of the Financial Regulation
  - ☐ national public-sector bodies/bodies with public-service mission

☐ ***Shared or decentralised management***

- ☐ with Member states
- ☐ with Third countries

☐ ***Joint management with international organisations (please specify)***

6. MONITORING AND EVALUATION

6.1. Monitoring system

The high quality specialised services ECDC is expected to provide (through transparent procedures) require a careful monitoring based on short term outcome indicators.

This system is designed to give prime consideration to the question of whether ECDC's work has achieved the positive changes that its Founding Regulation and the 2007 – 2013 Strategic Multi-annual Programme aimed for. Specific indicators were submitted to the Management Board at the start of the Strategic Multi-annual Programme and approved (in

March 2008). They will be used throughout the period to monitor progress towards the Targets, and they will provide key information for the final evaluation of the degree of Target achievements in 2013. The following principles have been used in developing these indicators:

Each Target has *one set of indicators,* selected in such a way that their information clearly makes it possible to assess whether/to which degree the Target outcome has been achieved.
The phrasing of each criteria had to be *clear*, and as brief as possible
An effort was made to minimise the number of criteria, but at the same to be able to assess the achievements in each area
The criteria are *measurable,* in a realistic way, and with a reasonable work effort

For each indicator an analysis of the proposed data source, its availability and reliability has been undertaken, and a dedicated information system for the systematic collection and analysis of the data has been instituted at ECDC.

At mid-term of the programme period 2007-2013 (i.e. 2010) the Management Board will make an assessment of progress. As regards the final evaluation of the Multi-annual Programme's achievements by the year 2013, this will be so timed that the MB has the results in hand when deciding on the next Strategic Multi-annual Programme, i.e. the one for 2014-2020.

Finally, ECDC staff will at the end of each year systematically evaluate the implementation of that annual work plan, jointly assessing the quality of its products and the efficiency of the implementation process. Highlights of this evaluation will be part of the Director's annual report to the MB.

6.2. Evaluation

6.2.1. Ex-ante evaluation

Not applicable

6.2.2. Measures taken following an intermediate/ex-post evaluation (lessons learned from similar experiences in the past)

The External Evaluation of the Centre was commissioned in 20 May 2007 as foreseen Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004.

'Art 31: By 20 May 2007, the Centre shall commission an independent external evaluation of its achievements on the basis of terms of reference issued by the Management Board in agreement with the Commission. The evaluation shall assess:

(a) the possible need to extend the scope of the Centre's mission to other relevant Community-level activities in the field of public health, in particular to health monitoring;

and

(b) the timing of further such reviews.

The Centre launched an open call for tender. The terms of references were concluded by the working group of the MB with the agreement of the Commission. The contractor conducted more than 80 interviews with key stakeholders in the past months (EU institutions

and agencies, international organizations, EU surveillance networks, national surveillance institutes, national health ministries and ECDC staff).

The conclusions of this first external evaluation are presented at ***http://ecdc.europa.eu/en/About_us/Key_documents/***

6.2.3. Terms and frequency of future evaluation

Independent external evaluations of the Centre will be commissioned every 5 years.

7. ANTI-FRAUD MEASURES

In order to combat fraud, corruption and other unlawful activities, the provisions of Regulation (EC) No 1037/1999 apply without restrictions to this Agency.

The Agency is part to the Inter-institutional Agreement of May 25, 1999 concerning internal investigations by OLAF.

The decisions concerning funding and the implementing agreements and instruments resulting from them explicitly stipulate that the Court of Auditors and OLAF may carry out, if necessary, on-the-spot checks of the recipients of the Agency's funding and the agents responsible for allocating it

8. DETAILS OF RESOURCES

8.1. Objectives of the proposal in terms of their financial cost

See under point 4 of the Communication a table describing the ECDC targets for the period 2007-2013. The overview of the expected outcomes by target is given separately in the Staff Working Paper in which the further development of the Centre for the programmatic period 2009-2013 is presented in detail.

8.2. Administrative Expenditure

The Action does not have an impact on the Administrative Expenditure of the Community budget and no human resources are directly allocated to it by the Commission.

The administrative costs of the agency including staffing costs are funded by the Operational Budget line 17 03 03 01.