

ECDC CORPORATE

Single Programming Document

2018-2020



Following its Thirty-eighth meeting on 21-22 November 2017, the Management Board approved the ECDC Single Programming Document 2018-2020.

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

Recent examples, such as the re-emergence of Ebola in Africa, the Zika virus or plague in Madagascar show that despite increased scientific knowledge, predicting and preventing pandemics remains a challenge, as pathogens continue to mutate, adapt and spread in a context of increased globalisation of goods and persons. As a result, in the coming years, communicable diseases will remain high on the European health agenda, as they continue to constitute a source of concern for the health of European citizens, and are among the priorities of the EU Health Commissioner and Member States.

The 'Single Programming Document' for 2018 includes two parts: the first one presents our strategic objectives and priorities for the next three years while the second one provides more detail on the specific objectives and expected outputs for 2018. The three years' overview (2018-2020) coincides with the final implementation of ECDC Strategic Multiannual programme (SMAP 2014-2020). It is important to make sure the two are aligned and in November 2016, the Management Board was presented a mid-term review of the SMAP implementation. The review showed that ECDC is generally on track in the implementation of its seven years' strategy. The overview of the next three years as presented in the SPD 2018 is therefore taking into account what still needs to be implemented as part of the SMAP.

ECDC will continue to support Member States and the European Commission in preventing and fighting the spread of communicable diseases in Europe, in particular by monitoring known, new threats and threats of unknown origin, on the bases of its Founding Regulation and Decision 1082/EC/2013 on cross border health threats. Over the next three years, the Centre will continue to produce evidence-based, scientifically sound and independent assessments, guidance and advice, within the scope of its mission with focussing on making them more useful for decision makers.

ECDC will in particular:

- Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission
- Support efficient decision-making by enabling the sharing of evidence and expertise
- Strengthen public health infrastructure and processes
- Strengthen public health workforce capacity and capability
- Timely detect serious cross border health threats
- Coordinate and support the rapid assessment of risks and the identification of options for response
- Support national and international field response

Moreover, in 2018 antimicrobial resistance, emerging and vector-diseases and vaccine preventable diseases will receive even stronger emphasis with additional dedicated resources.

ECDC will continue to optimise its use of resources and processes.

In this context, the Single Programming Document constitutes an essential element to guide ECDC work and resource allocation during the year. Following the common template used by all EU agencies, its presentation and structure has been further improved to ensure better clarity for ECDC stakeholders and make its monitoring even more efficient during 2018.

Andrea Ammon, MD PhD

Director

List of acronyms

<i>ABAC</i>	<i>Accrual-Based Accounting, the EC integrated budgetary and accounting system</i>
<i>AMR</i>	<i>Antimicrobial resistance</i>
<i>ARHAI</i>	<i>Antimicrobial resistance and healthcare-associated infections</i>
<i>CAF</i>	<i>Common Assessment Framework</i>
<i>CCB</i>	<i>Coordinating Competent Body</i>
<i>CDC</i>	<i>Centers for Disease Control and Prevention, USA</i>
<i>CDTR</i>	<i>Communicable disease threats report</i>
<i>CPCG</i>	<i>Committee on procurement, contracts and grants</i>
<i>CRM</i>	<i>Customer Relationship Management</i>
<i>Decision 1082/2013/EU</i>	<i>Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health</i>
<i>DPO</i>	<i>Data protection officer</i>
<i>EAAD</i>	<i>European Antibiotic Awareness Day</i>
<i>EARs-Net</i>	<i>European Antimicrobial Resistance Surveillance System network</i>
<i>EEA/EFTA</i>	<i>European Economic Area/European Free Trade Association</i>
<i>ELITE</i>	<i>European Listeria Typing Exercise</i>
<i>EFSA</i>	<i>European Food Safety Authority</i>
<i>EMA</i>	<i>European Medicines Agency</i>
<i>ENP</i>	<i>European Neighbourhood Policy</i>
<i>ENPI</i>	<i>European Neighbourhood and Partnerships Instrument (or ENI – European Neighbourhood Instrument)</i>
<i>EOC</i>	<i>Emergency Operations Centre</i>
<i>EPIET</i>	<i>European Programme for Intervention Epidemiology Training</i>
<i>EPIS</i>	<i>Epidemic Intelligence Information System</i>
<i>EpiNorth</i>	<i>Co-operation Project for Communicable Disease Control in Northern Europe</i>
<i>EQA</i>	<i>External quality assessment</i>
<i>ERLI-Net</i>	<i>European Reference Laboratory Network for Human Influenza</i>
<i>ESAC-Net</i>	<i>European Surveillance of Antimicrobial Consumption network</i>
<i>ESCAIDE</i>	<i>European Scientific Conference on Applied Infectious Disease Epidemiology</i>
<i>EU</i>	<i>European Union</i>
<i>EUCAST</i>	<i>European Committee on Antimicrobial Susceptibility Testing</i>
<i>EULabCap</i>	<i>EU laboratory and capacity monitoring</i>
<i>EUPHEM</i>	<i>European Programme for Public Health Microbiology Training</i>
<i>EuroCJD</i>	<i>European and allied countries collaborative study group of Creutzfeldt-Jakob disease</i>
<i>EuSCAPE</i>	<i>European survey on carbapenemase-producing Enterobacteriaceae</i>
<i>EVAP</i>	<i>WHO European Vaccine Action Plan 2015–2020</i>
<i>EVD</i>	<i>Emerging and vector-borne diseases</i>
<i>EWRS</i>	<i>Early Warning and Response System</i>
<i>FWD</i>	<i>Food- and waterborne diseases and zoonoses</i>
<i>HAI</i>	<i>Healthcare Associated Infections</i>
<i>HAI-Net</i>	<i>Healthcare Associated Infections surveillance network</i>
<i>HIV</i>	<i>Human immunodeficiency virus</i>
<i>HSN</i>	<i>HIV, sexually transmitted infections and viral hepatitis</i>
<i>ICT</i>	<i>Information and Communication Technology</i>
<i>IRV</i>	<i>Influenza and other respiratory viruses</i>

<i>MediPIET</i>	<i>Mediterranean Programme for Intervention Epidemiology Training</i>
<i>MERS-CoV</i>	<i>Middle East respiratory syndrome coronavirus</i>
<i>MMR</i>	<i>Measles, mumps and rubella</i>
<i>MRSA</i>	<i>Meticillin-resistant Staphylococcus aureus</i>
<i>NFP</i>	<i>National Focal Point</i>
<i>NMFPS</i>	<i>National Microbiology Focal Points</i>
<i>OCP</i>	<i>Operational Contacts Points</i>
<i>OCS</i>	<i>Office of the Chief Scientist</i>
<i>PHC</i>	<i>Public Health Capacity and Communication unit</i>
<i>RMC</i>	<i>Resource Management and Coordination unit</i>
<i>RRA</i>	<i>Rapid Risk Assessments</i>
<i>SAS</i>	<i>Scientific Assessment Section</i>
<i>SLA</i>	<i>Service level agreement</i>
<i>SMAP</i>	<i>Strategic multiannual work programme</i>
<i>SMT</i>	<i>Senior management team</i>
<i>SRM</i>	<i>Stakeholder Relationship Management</i>
<i>SRS</i>	<i>Surveillance and Response Support unit</i>
<i>STEC</i>	<i>Shiga toxin-producing Escherichia coli</i>
<i>STI</i>	<i>Sexually transmitted infections</i>
<i>TB</i>	<i>Tuberculosis</i>
<i>TESSy</i>	<i>The European Surveillance System</i>
<i>VBORNET</i>	<i>European Network for Arthropod Vector Surveillance for Human Public Health.</i>
<i>VectorNet</i>	<i>European Network for Arthropod Vector Surveillance for Human Public Health and Animal Health</i>
<i>VENICE</i>	<i>Vaccine European New Integrated Collaboration Effort</i>
<i>VPD</i>	<i>Vaccine-preventable diseases</i>
<i>VTEC</i>	<i>Verotoxin-producing Escherichia coli</i>
<i>WHO</i>	<i>World Health Organization</i>
<i>WHO/EURO</i>	<i>World Health Organization, Regional Office for Europe</i>

List of ECDC IT systems

System / application	Description
Early Warning and Response System (EWRS)	Supports critical communication of information and threat alerts between the European Commission, Member States, other EU Agencies and WHO.
Epidemic Intelligence Information 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.

System / application	Description
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. The current Portal is being replaced by a new version, supported on a modern content management system, expected to be launched in 2017.
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. The Atlas has been evolving, especially by adding the number of diseases covered.
Eurosurveillance	The publication platform launched in September 2017, supports publishing and workflows of <i>Eurosurveillance</i> , a European journal on communicable diseases with a worldwide readership and ranking among the top-ten international scientific journals in its field.
ECDC Extranets	Support collaboration of public health networks, working groups and institutional bodies (MB AF and CCBs). Currently ECDC manages >20 extranets. In 2016, a major migration to the platform took place, making new functionalities available and bringing improvements to the user interface.
eLearning/LMS	Launched in 2016, allows ECDC to make use of blended and pure e-learning capacities in support of its public health training activities.
Customer Relationship Management (CRM) system	A primary ECDC business system of contacts, relationships (internal and external) and interactions with ECDC stakeholders. It provides a global view of information of all stakeholders and the nature of their relationships with ECDC, and supports the official nomination process. The system is designed to facilitate and improve cooperation between ECDC and the Member States, including other stakeholders.
Intranet	Tool for internal communication and support of internal processes.
Document Management System (DMS)	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.

System / application	Description
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.

Mission Statement

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.

Key tasks of the ECDC include:

1. Operating dedicated surveillance networks;
2. Providing scientific opinions and promoting and initiating studies;
3. Operating the Early Warning and Response System;
4. Providing scientific and technical assistance and training;
5. Identifying emerging health threats;
6. Collecting and analysing data;
7. Communicating on its activities to key audiences.

ECDC operates according to its core values: service orientation, quality based and one ECDC.

ECDC Vision

ECDC is a strong and trusted partner enabling and supporting the Member States and the European Commission in protecting everyone in the EU equitably from communicable diseases.

Strategic work areas

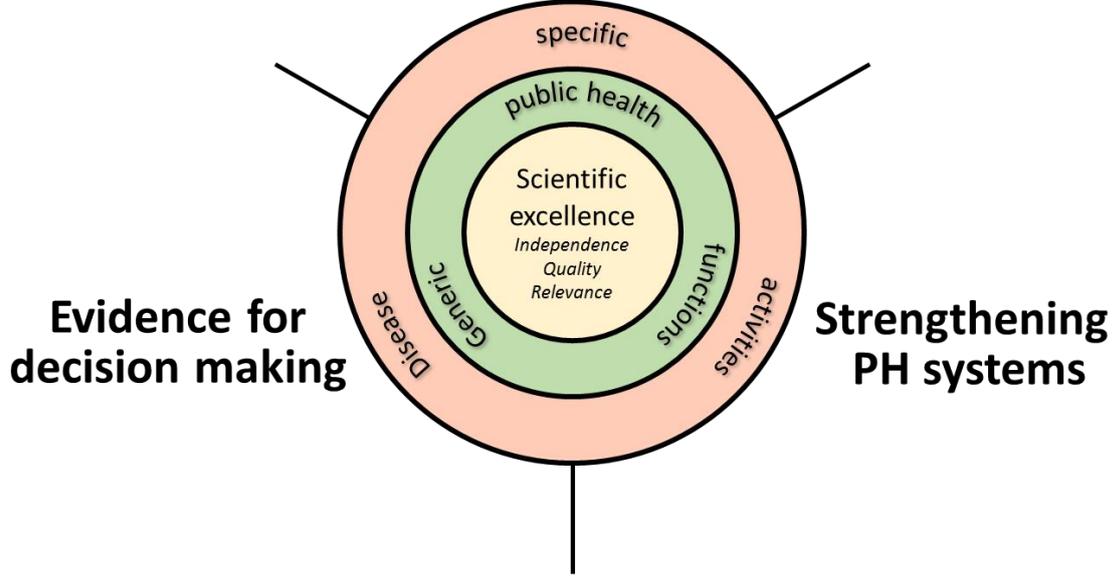
1. **Providing evidence for effective and efficient decision making:** We are supporting efficient public health decision-making by providing timely, accurate and relevant information.
2. **Strengthening public health systems:** We are strengthening European capacities and capabilities to effectively prevent and control of communicable diseases.
3. **Supporting response to threats:** We are supporting effective health threats detection, assessment and control.

How we work

- Our work is founded on scientific excellence: independence, quality and relevance.
- We deliver through disease specific activities, and through generic public health functions.
- We carry out our work in partnership with our stakeholders.
- Our work is supported by efficient administrative and IT tools and services.
- The way we work is inspired by our core values.

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.

Supporting response to threats



I. General Context

Recent examples show that despite our increased scientific knowledge, there is no absolute certainty that mankind can predict pandemics and perhaps ultimately prevent them. Horizon scanning is slower than the speed of hidden mutations and adaptations of pathogens. Although the threats might not disappear and poverty problems are never really solved, our preparedness can increase and our response might improve and counteract massive damage.

The global dimensions of communicable diseases put pressure on all EU countries to first of all have their own defence systems and public health infrastructure in place and second to cooperate at a wider scale. While the drivers and determinants remain the same, more limited resources require prioritisation and better efficiency ("do as much with less") both at national and EU level.

- ECDC will therefore focus on a limited number of strategic objectives as set out below.
 - Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission
 - Support efficient decision-making by enabling the sharing of evidence and expertise
 - Strengthen public health infrastructure and processes
 - Strengthen public health workforce capacity and capability
 - Timely detect serious cross border health threats
 - Coordinate and support the rapid assessment of risks and the identification of options for response
- Support national and international field response

In this way ECDC aims to reduce the burden of communicable diseases and help realise the political goals set out by the European Commission and Member States.

Political context.

As part of the uncertainties for the next three years, one is linked to the BREXIT and its impact on the Centre, in terms of budget, but also staff and procurement and contracts. The impact will depend of the on-going negotiations between the European Commission and the United Kingdom. ECDC is closely following the development of the negotiations and in link with the European Commission, will reassess and adapt its work programme for the future years when more information is available.

Politics are a strong driver for investments in public health. The European Commission has set more ambitious goals to improve health, including infectious diseases, and the legislation on cross border threats to health opens new possibilities for cooperation and coordination, and above all to reach better generic preparedness, leading to more inter-sectorial coordination and business continuity and capacity planning. These efforts are complemented and, where requested, coordinated by ECDC's technical support. In line with increased preparedness the increase in vaccination coverage is an essential element in the European Commission's political priorities as one of the strongest protection measures. Even where these are not available, joint efforts are needed to tackle in particular HIV/AIDS, Tuberculosis and Hepatitis.

Antimicrobial resistance poses increasing threats to our healthcare achievements and has gained wider recognition by the adoption of a Global Action Plan on AMR (WHO). In addition, on 29 June 2017, the European Commission adopted a European One Health Action Plan against AMR, to which ECDC will contribute within its mandate. ECDC will continue and intensify the wider cooperation and support with a wide variety of stakeholders. Nothing less than a coordinated approach will work towards heightened awareness and behavioural change. It will involve the further alignment with

EFSA, EMA and other stakeholders in a One Health perspective. The potential of increased synergy in the collaboration with other EU agencies will be further explored. Political developments in particular the massive stream of migrants and refugees have magnified the need of an integrated EU approach to vulnerable groups, which includes specific provisions regarding communicable diseases and vaccination coverage topics.

Member States in the EU still differ significantly in economic power, wealth and healthcare systems which affect the socio-economic status, an important health determinant. Against this background capacity assessments of the Member States and understanding their needs is vital, and will be done in a way to better target the support for Member States. At the political level commitment has to be found to find resources, at the technical level it will lead to greater benefits of the Member States of ECDC efforts. One such area is the potential of new technologies where a growing inequity might lead to a long and winding road to implement more powerful tools in reducing the burden of infectious diseases.

Other major determinants.

People's behaviour remains a challenge in the fight against communicable diseases. From unsafe sex through vaccination hesitancy to improper use of antibiotics, the human factor is a major drive for better or worse. The same applies to the behaviour of professionals in healthcare; significant improvements in hygiene control do not come by themselves.

Our planet changes more rapidly than before and mobility, including migration, induces a bigger need for global awareness and exchange of data and open sources for information. Ecological and climate changes lead to introduction of new vectors for diseases. There is a need for improved monitoring and modelling of different scenarios to harness preparedness.

The potential to be better prepared for existing and future threats is increasing, following the recent experience and lessons learnt from the Ebola epidemics in West Africa. The toolbox for preparedness will increase in power, not the least by Information and Communication Technology (ICT) data management. Technology continues to open new windows of opportunity to faster detect and communicate risks and enable policy makers to implement risk management actions. ECDC will have to assess the opportunities and challenges these new technologies present for the work at EU and MS level and the potential impact on public health.

ECDC's human resources will decrease in the coming years with the reduction of 20 full time equivalents being reached in 2018. The only way to meet this challenge is to streamline our procedures within the requirements of the existing regulations and increase smooth and easy mechanisms for cooperation. Investing in electronic workflows in a structured way and empowering staff will result in higher efficiency so that ECDC can continue to deliver the benefits of collection of data at the EU level that influence decision making and will continue to cooperate with stakeholders to align new initiatives and existing improvements to get the best value at the lowest costs.

ECDC will seek synergies and consider collaboration, subject to available resources, with ongoing research projects funded through the Horizon 2020 mechanism, also within the Innovative Medicines Initiative (IMI) 2, and of any other relevant research or capacity-building projects within the scope of Centre's mandate.

II. Multi-annual programming 2018-2020

II.1. Multi-annual objectives

Providing evidence for effective and efficient decision-making

- **Strategic objective 1:** Provide scientific opinions and authoritative information that enables effective decision-making by Member States and the European Commission.²
- **Strategic objective 2:** Support efficient decision-making by enabling the sharing of evidence and expertise.³

ECDC will continue to produce evidence-based, scientifically sound and independent assessments, guidance and advice. A stronger focus will be laid on the usability of ECDC outputs for decision makers and presenting the science to facilitate politicians at various levels to strengthen public health, increase health security and tackle inequalities.

Strengthening public health systems

- **Strategic objective 3:** Strengthen public health infrastructure and processes.⁴
- **Strategic objective 4:** Strengthen public health workforce capacity and capability.⁵

ECDC will better tailor capacity building and other support activities to the needs of the countries. To meet the challenges, ECDC will even more invest in strategic partnerships and ensure the collaboration with all actors in the field; the coordination of activities will result in synergies.

Supporting the response to threats

- **Strategic objective 5:** Timely detect serious cross border health threats⁶.
- **Strategic objective 6:** Coordinate and support the rapid assessment of risks and the identification of options for response.
- **Strategic objective 7:** Support national and international field response.

ECDC will continue providing epidemic intelligence on serious cross border threats to the EU populations and produce timely rapid risk assessments including options for response. Upon request, ECDC will continue providing technical support to affected countries, in the EU and beyond when relevant.

Strategic objective 8 (cross-cutting)

To further improve efficiency and further clarify responsibilities in close cooperation with relevant stakeholders, whilst retaining control over quality and service delivery. This approach must keep a focus on the way that information is managed. It will also create opportunities for both scientific and non-

² This includes: generic and disease-specific epidemiological and microbiological guidance, systematic reviews and expert opinions on the control and prevention of infectious diseases; surveillance reports; health communication materials and advice; gap analyses to inform the setting of research priorities; methodological guidance and toolkits.

³ This includes: the publication of Eurosurveillance; the organisation of ESCAIDE; convening expert and advisory meetings (e.g. Disease and Public Health Network meetings, ECDC Advisory Forum meetings); supporting communities of practice.

⁴ This includes: preparedness guidance and toolkits, needs assessments, generic and disease-specific country peer review visits, simulation exercises, laboratory support and support to implementation of Decision 1082/2013/EU and IHR. It also includes the cooperation and coordination with WHO, other agencies and institutions in third countries as well as the cooperation with enlargement and neighbourhood countries.

⁵ This includes: the ECDC Fellowship Programme (EPIET/EUPHEM), the ECDC Continuous Professional Development Programme (CPDP), the ECDC Virtual Academy (EVA), *ad hoc* training requested by the MS, twinning, expert exchange and collaboration with other training partners across Europe. All these training activities seek to develop workforce competences, necessary to strengthening capacities and capabilities of public health systems.

⁶ This includes: all epidemic intelligence activities, EPIS, molecular cluster detection, EWRS operation,

scientific staff to develop and utilise their skills in the most effective ways.

Strategic objective 9 (cross cutting)

Prepare for the future external challenges, through assessment and analysis of the potential impact and benefits brought by technological and scientific advances⁷ and their implementation in the field of communicable disease prevention and control.

Multiannual Indicators

Nb.	Multiannual Objective	Indicator	Target 2020	Verification
1	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Proportion of on-going and completed ECDC scientific outputs, available on the ECDC website	At least 90% of the ECDC scientific outputs planned	Annual plan of scientific outputs
2	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Use of the surveillance Atlas by external users Use of surveillance reports	+10% per year [to be added]	Web statistics Downloads of surveillance reports and number of citations of annual epidemiological report and enhanced surveillance reports
3	Support efficient decision-making by enabling the sharing of evidence and expertise	Impact factor of Eurosurveillance	>3	Journal Citation Reports, Thomson Reuters, SCImago
4	Strengthen public health infrastructure and processes	Proportion of MS finding EULabCap country reports useful for their lab infrastructures and processes improvement	70 % response of MS; satisfaction >70% of respondents	Report from annual survey on Competent Bodies' feedback on usefulness of EULabCap report
5	Strengthen public health workforce capacity and capability	Proportion of target population of professionals (NFPs and OCPs) trained on cross-border threats prevention and control	30% of target population trained	Target based on the ongoing training needs assessment conducted with MS, CRM

⁷ such as Whole Genome Sequencing, e-health, metagenomics, big data, IT technologies for citizen-based surveillance of communicable diseases and use of social media (crowdsourcing) for epidemic intelligence, apps, e-learning, genetic engineering for the development of new vaccines, climate change.

6	Timely detect serious cross border health threats	Number of connections on CDTR	At least +10% per year	ECDC website statistics
7	Coordinate and support the rapid assessment of risks and the identification of options for response	Average number of downloads per RRA	At least +10% per year	ECDC website statistics
8	Support national and international field response	Proportion of field response requests positively replied by ECDC	100% of requests positively replied	SRS Unit statistics
9	Further improve efficiency and further clarify responsibilities in close cooperation with relevant stakeholders, whilst retaining control over quality and service delivery.	"Proportion of activities implementation of the Annual Work programme Timeliness of digitalised key processes Percentage of budget committed (C1) and percentage of payments executed (C1) in the same year as the commitment	">85% 80% processes on time 100% committed; 80% paid minimum	Management Information System As per list of key processes (covers processes for which digitalisation has been completed) Monthly monitoring report

II.2. Strategic areas of operation

II.2.1 Surveillance and epidemic intelligence

Surveillance

By the end of 2020 the following objectives will be achieved:

1. *The ECDC surveillance platforms support the timely detection of threats and the steering of EU/EEA and Member State prevention and control programmes. [Strategic Objective 5]*

Reliable and user-friendly tools for surveillance data collection together with simplification and semi-automation of surveillance processes have reduced the burden for the Member States. The ECDC surveillance tools are interoperable, allowing for timelier data exchange, analysis and assessment of threats. Enhanced surveillance outputs through the disease atlas, business intelligence platform, threat-monitoring dashboards integrating indicator and event-based data as well as determinants (e.g. international travel data), and advanced analytical approaches (e.g. modelling) are making surveillance data more useful for decision makers.

2. *All EU/EEA indicator-based surveillance systems have been evaluated. As a result, objectives for surveillance are updated and the set of data to be provided by Member States reviewed to optimise surveillance operations and decrease the burden on Member States. [Strategic Objective 2]*

EU/EEA surveillance system weaknesses have been identified and corrected (or targeted for correction) to ensure that each system meets its objectives in the most efficient way, generating the information required by the European Commission and the Member States for effective public health prioritisation and action. The surveillance data collected are driven by the set of outputs required by ECDC stakeholders, which reduces the overall reporting burden of Member States. Based on the evaluations, ECDC and the Member States have agreed on minimum surveillance standards and their monitoring indicators for the surveillance systems evaluated from 2017 to 2019.

3. *The inclusion of molecular typing into surveillance has been consolidated for the diseases prioritised at European level [Strategic Objective 2]*

The surveillance systems for which molecular typing information has been incorporated run smoothly and meet their objectives. Typing and sequencing data for additional diseases have been included as per roadmap. All these systems are evaluated for their performance and impact regularly against agreed indicators.

4. *ECDC and the Member States have developed and piloted a list of defined surveillance indicators for steering disease programmes and detecting changes requiring possible intervention. [Strategic Objective 2]*

Indicator-based surveillance addresses two main complementary objectives: providing indicators to allow steering disease-specific prevention and control programmes and indicators for the detection of outbreaks or other changes in epidemiological patterns requiring a public health response. Indicators for steering prevention and control programmes are defined by a target value, those for detecting changes in epidemiological patterns by a threshold value and both types of indicators additionally by a quality index (e.g. completeness). This is an approach aiming at detecting changes timely and driving (disease) programmes based on enriched surveillance data with meaningful targets and thresholds. After a pilot in 2019, roll-out should start in 2020.

5. *ECDC has explored more frequent reporting of indicators for epidemic-prone diseases. [Strategic Objective 2]*

The classical paradigm in EU/EEA surveillance is the submission of case-based data by the Member States and the subsequent data control, data cleaning, validation and storage of “ready-to-use” approved data. For influenza, during the transmission season, Member States are sending weekly pre-compiled indicators allowing the timely production of the weekly influenza bulletin. ECDC plans to complement its case-based approach to data collection by allowing more frequent reporting of indicators for epidemic-prone diseases for which timeliness would add value. Special attention will be given to ensure that the reporting of compiled indicators does not impair the quality and comparability of the data.

ECDC aims to have piloted this approach for three diseases or conditions identified during the evaluation of surveillance systems by the end of 2020.

Epidemic intelligence

By the end of 2020 the following objectives will be achieved:

1. *By 2020 the EPIS platforms are interoperable with each other and the EWRS, providing an integrated set of platforms supporting the MS and the European Commission in the full implementation of the Decision 1082/2013/EU, in the field of threat detection and assessment. [Strategic Objective 5]*

With the implementation of Decision 1082/2013/EU, the chain of communication and responsibilities has extended to the health security committee (HSC). As a consequence, the supporting tools for threat detection and assessment need to be adjusted to ensure appropriate escalation of events at each levels, from technical issues up to the political and decision making level. The ongoing Surveillance System Reengineering Project will include the update of the EPIS platforms and will consider among other topics, the development of platforms for disease programs that are currently not benefiting from this tool.

As the operator of the EPIS and EWRS platform, ECDC will steer the adjustment process with Member States and the European Commission. This process will be shared and discussed with the HSC.

2. *Threat detection as per event surveillance have been continually improved. [Strategic Objective 5]*

The daily screening of different information sources is permanently performed and updated in ECDC. The improvement of the platforms and tools used by the Epidemic Intelligence team will continue and from 2018, additional attention will be given to the social media as a source for signals. The surveillance system reengineering (SSR) will allow the integration of the surveillance and epidemic intelligence tools (i.e. the WHO Epidemic Intelligence Open Source platform, TTT, EPIS, EWRS and TESSy) enhancing the detection and validation of signals.

The aggregators routinely used in epidemic intelligence will be further evaluated and modified to enhance the quality and significance of the signal detection. Mobile applications developed in ECDC will improve the availability and dissemination of outputs.

II.2.2 Scientific Advice and Microbiology

Scientific Advice

Excellence in scientific advice is a pre-requisite for producing clear and useful products that are relevant for decision makers. We aim to give the best independent advice to public health professionals and policy makers and ensure high standards and a recognised quality.

By the end of 2020 the following objectives will be achieved:

1. *ECDC has further consolidated its position as a primary source of transparent, high-quality and useful scientific advice on infectious diseases. [Strategic Objective 1]*

ECDC will continue its work to increase scientific excellence, transparency and evidence-based nature of the processes and procedures for the development of scientific advice. Out of the three defined types of scientific advice outputs which ECDC produces, systematic reviews and guidance are based on a stronger evidence base, which comes from a systematic search for and synthesis of evidence; ECDC will endeavour to develop more systematic reviews and guidance in the future. The third output type, the expert opinions, is a valuable product especially under the pressure of time, when ECDC has to provide scientific advice at a short notice. A factor which greatly impacts scientific excellence and transparency is prioritisation of scientific advice work. ECDC will adjust the use of its tools to support such prioritisation and increase its transparency, to ensure more focus of the Centre's work in

addressing issues which are most important for the Member States. ECDC will also continue to make efforts to increase the usefulness of its scientific advice through the inclusion of analyses and evidence to support decisions and actions taken by policy makers, public health professionals, and other stakeholders.

2. *ECDC's responsiveness to scientific advice requests assumes a broader scope and more targeted experts. [Strategic Objective 2]*

Responsiveness to stakeholders regarding scientific issues should not only be timely, but it should include better framing of the issues at stake and earlier stakeholder consultation of draft scientific advice documents. ECDC will further optimise its database of experts to have easy access to the best available expertise and to react better to changing needs and priorities of the stakeholders in the coming years. Having access to excellent external and internal expertise is of crucial importance, and ECDC will continue to invest in this e.g. by further strengthening collaboration, applying a thorough selection of contractors and contributors to scientific work, and capacity building in quantitative and qualitative epidemiological, statistical and evidence-based public health methods. ECDC will also strengthen its capacity, through links with expert networks and through workforce development, in mathematical and health economic modelling as well as other areas, such as the scientific study of environmental and behavioural determinants of infectious disease, considered relevant to further improve the quality and relevance of the Centre's scientific advice.

Microbiology

The contents of this chapter are depending on further development by the European Commission, in collaboration with the ECDC and WHO of the options regarding the future EU laboratory strategy. This approach would bring further clarity to the tasks of ECDC and to inform the subsequent development

of agreed objectives on laboratory issues (as suggested by ECDC External Evaluation).

By the end of 2020 the following objectives will be achieved:

1. *ECDC has assessed and reported on the capacity level of the EU public health microbiology system for EU-wide surveillance of communicable diseases and epidemic preparedness using indicators jointly developed with the Member States and has reviewed the validity and usefulness of the information so provided with the Member States and the European Commission. [Strategic Objective 3]*

By 2020, the EU laboratory and capacity monitoring (EULabCap) system has assessed the critical laboratory capacities and capabilities in the Member States and at the EU level on several occasions. This capacity should be in line with existing EU guidance and regulation. The trend in capacities, first evaluated in 2017, will show to which extent the EU has achieved 'sufficient' levels of laboratory services for the public health surveillance, threat detection, risk assessment, outbreak response and support. In 2017, ECDC has jointly reviewed with the Member States and the European Commission the validity and usefulness of the information provided through EULabCap as an evidence base to inform policy development and country support actions; in the remaining period up to 2020 the next capacity level of surveillance and epidemic preparedness could be achieved, assuming that sufficient support and resources are made available to take the necessary actions, including collaborations between Member States.

2. *Well administered and effective External Quality Assessments (EQA) schemes complement the efforts performed by Member States, WHO and the European Commission and are accompanied by technical guidance and expert training. [Strategic Objective 3]*

External quality assessments have their roots in the disease networks that were integrated into ECDC. The coordination of EQA schemes by ECDC is much valued and opens opportunities for improvement and mutual exchange. ECDC's EQA's focus on strengthening public health surveillance and threat detection testing. In 2020 they are run by Disease Programmes as fully complementary efforts to other activities in this field driven by the Member States, WHO and the European Commission respectively. The EQA schemes get a new dimension in view of the developing techniques in molecular typing, most notably the whole genome sequencing (WGS). This brings challenges and opportunities, which are in part met by ECDC through the ECDC fellowship programme and technical guidance, including the EULabServe directory of specialist services, expert training, twinning and exchange programmes within Disease Networks that facilitate the adoption of new techniques for public health surveillance and control.

3. *The regularly updated strategic roadmap for integration of molecular and genomic typing data into surveillance has guided the collaborative efforts with the Member States to optimise the efficiency of EU-wide surveillance of high priority diseases and antimicrobial resistance issues. [Strategic Objective 2]*

Rapid developments in the innovative possibilities for molecular typing affect the original roadmap formulated earlier. Whole Genome Sequencing (WGS) changes the landscape for molecular typing and offers significant potential gains in cost-efficiency as a transforming, multi-purpose technology for pathogen identification and characterisation. Therefore, ECDC has established the Molecular Typing for Surveillance Taskforce to provide advice that will help the Centre deliver a WGS strategy for public health applications in 2019, as well as prioritise and update proposals for genomic typing use for

surveillance. The technological advances also deepen the risk of inequities between the Member States and pose new questions on where to best use the available resources. Molecular typing is useful for outbreak alert and investigations, however, other public health opportunities also contribute to inform prevention policies and thereby reduce the burden of communicable diseases. These opportunities include the use of WGS for monitoring dissemination of antimicrobial resistance (AMR) and vaccine effectiveness. In the coming years up to 2020 ECDC will continue to develop the roadmap and collaborate with Member States to ensure the most important, EU wide value within the available resources.

4. *The further integration of EU clinical laboratories, public health and veterinary laboratories has resulted in a joint, integrated One Health report for human and zoonotic pathogens. [Strategic Objective 3]*

Over the recent years the joint reporting with EFSA on zoonotic diseases and antimicrobial resistance has made major progress under the Food- and Waterborne Diseases and Zoonoses programme, but ECDC expects that the cooperation will improve through further harmonisation of surveillance methodology from the human and veterinary sector to strengthen integration of data. This will lead to more compatible and powerful information, and open new perspectives for decision makers. Using harmonised methodologies and inter-operative databases for typing strains and characterising antimicrobial resistance will truly contribute to a 'One health' approach based on consistent information for risk assessment.

II.2.3 Training and Capacity building

Training

By the end of 2020 the following objectives will be achieved:

1. *The Continuous Professional Development Programme (CPDP) is fully operational providing training for Member State professionals engaged in communicable disease control with cross-border relevance. [Strategic Objective 4]*

There is a clear need to focus on continuous professional development of mid-career and senior professionals in public health working across borders with communicable disease control. The National Focal Points in the coordinating competent bodies (CCBs) will prioritise and help shape the contents. The CPDP is expected to update the knowledge on available guidelines, methods, tools and practices related to the ECDC mandate, and how to enhance the links between science-policy-practice. Cascading training and skills development within the Member States will be encouraged. E-learning will offer easier access and a greater outreach. The training offerings of the CPDP will rely on an in-kind contribution of Member State experts for teaching and facilitation. An annual country-driven training catalogue will be available. Participation in courses and senior exchange visits will be based on individual training plans supporting institutional public health capacity. An estimated number of 100 participants in face to face short training courses, 200 participants in online courses, and up to 50 participants in exchange visits is expected.

2. *The ECDC fellowship programme (EPIET/EUPHEM) is the main training effort targeting junior and mid-career professionals, with special focus on countries that have previously benefited less from the programme. [Strategic Objective 4]*

The EPIET and EUPHEM pathways have been harmonised under the ECDC fellowship programme, responding to EU and Member State's needs, with options for differentiation based on the background

of the trainees and the discipline specific competency profile. An external evaluation of the programme is planned for 2018 as a basis for discussions on further improvement of curriculum, format and processes, with considerations to reducing the administrative burden on Member States and responding better to their needs. Multidisciplinary investigations will be encouraged, including partnerships with other agencies (i.e. EFSA and its fellowship programme for food risks assessors). Countries with no experience hosting a fellow will receive special attention.

3. *The ECDC Virtual Academy is fully operational making distant learning courses freely available for all public health staff in the EU and offering a blended learning approach to all ECDC coordinated training efforts for the primary target group as defined in the strategy. [Strategic Objective 4]*

ECDC's approach to capacity building and training will grow towards offering both standalone and blended learning (mixed face-to-face and e-learning) opportunities for the primary target groups of the ECDC Public Health Training strategy, i.e. the national experts with formal roles in the ECDC Coordinating Competent Bodies network (national focal points, operational contact points, national coordinators, and their alternates). E-learning can increase capacity for training outside the primary target audience and presents new opportunities for more personally targeted training goals.

ECDC will give access to the Member States to the e-learning platforms for optional translation of courses and materials, facilitating internal cascading in the countries. The platforms are ECDC's contribution, the Member States take a shared responsibility for the modules and the adapted contents. We expect that national institutes of public health will benefit most, among them those involved in the CPDP. Key to the operational success of the distance learning and blended learning approach of ECDC will be the development of a network of online expert moderators and course managers.

4. *Cascading⁸, led by National Focal Points for Training, will be facilitated, through the creation of a network of trained professionals, the provision of didactic tools and training materials. [Strategic Objective 4]*

By the end of 2020, ECDC will have provided guidance on didactics, training tools and materials through the training under the CPDP and the ECDC Fellowship Programme, and cascading will be encouraged. ECDC will facilitate the creation of a 'faculty of online moderators and facilitators', primarily drawn from the group of participants to the training programmes and, in particular, the supervisors of the Fellowship Programme.

5. *All offers for training will be based on needs assessments, conducted through annual consultations and regular surveys at EU level, and development of tools for countries to administer them nationally and sub-nationally. [Strategic Objective 4]*

The assessment of country capacity, training resources and training needs form a comprehensive approach to any capacity building strategy. Annual consultations with the National Focal Points (NFPs) for Training will continue to be organised for aligning training strategy at EU and national level, and identify training needs. Surveys on capacity, training resources and training needs will be periodically organised, addressing the Coordinating Competent Body networks, and complemented by gap analysis and needs expressed under the new country support mechanism. Because of the diversity of public health systems and the multiple disciplines involved in the workforce, methodology and assessment tools will be developed and updated in alignment with other international partners (i.e. WHO) for their administration at national and sub-national level. Career paths and training strategies will be considered when adapting and improving the methodology and tools.

⁸ Cascading: Transferring acquired knowledge and skills to others.

Coordinated country support

By the end of 2020 the following objective will be achieved:

1. *Capacity support to Member States has become an integrated, coordinated and sustainable ECDC effort based on expressed needs and available resources. [Strategic Objective 3]*

The second external evaluation made an explicit appeal to ECDC to 'get closer to the countries'. A better understanding of the variety of health systems and a systematic assessment of country needs would allow a more strategic investment of ECDC resources. Similarly, European Commissioner Andriukaitis launched an initiative to compile country health profiles with the aim to highlight where improvements are needed, to point to all tools available and to trigger improvements.

Based on the new country support strategy from 2016, a Stakeholder Relationship Management (SRM) system (an extension of CRM) will be developed as the primary business system supporting ECDC's cooperation with stakeholders, by managing the contacts, relationships, responsibilities, and interactions involved in collaborating with experts, networks, organisations and countries, in which the countries express their support needs. These needs shall be evaluated and when prioritised, they will form the basis for formal support agreements between ECDC and a country or a group of countries. This approach will gradually be implemented following a pilot phase in 2017. By 2020, this will have resulted in a close, coordinated approach of ECDC to respond to country needs, and the Centre's support to the Commission's "State of Health in the EU" initiative. The senior expert exchange visits currently in place may be complemented with technical support in the format of potential voluntary exchanges of ECDC staff with Member States and Commission services within the framework of the country support initiative.

International relations

In accordance with the priority setting identified in the ECDC International Relations Policy 2014-2020, the key strategic objectives of ECDC's international relations activities in the next years are formulated below.

By the end of 2020 the following objectives will be achieved:

1. *The capacities of all EU enlargement countries for the prevention and control of communicable diseases and their progress in terms of implementation of EU acquis have been assessed including the initiation of technical collaboration action plans with ECDC. [Strategic Objective 3]*

To reach the objective ECDC will continue to conduct at least one technical country assessment each year based on the request from the European Commission. At the same time ECDC will continue supporting the countries in developing action plans based on the assessment recommendations and follow the progress made in their implementation. With changing EU acquis as well as global external assessment initiatives, the assessment tools will need continuous alignment.

Towards the end of 2018, EU enlargement countries will be technically able to report surveillance data on mutually agreed diseases to TESSy. At the same time, ECDC will monitor progress of countries' capacity to provide their data in line with ECDC standards and requirements. If the outcome is positive the number of diseases could be extended. The same applies to the participation in thematic EPIS platforms: should there be a mutual added value of participation in EPIS platforms for food and water-borne diseases (FWD) and travel-associated legionella diseases, EU enlargement countries will be full members of all existing thematic EPIS platforms by 2020.

Upon request from EU enlargement countries, the nominated senior experts participate in ECDC National Focal Point forums for Microbiology, Preparedness and Response, and Threat Detection (epidemic intelligence) as observers. A survey on the added value of ECDC technical cooperation with these countries revealed that having an observer role in ECDC networks of NFPs is very important for progress at national level and has a potential to make a positive impact on countries' EU pre-accession preparations. Thus, ECDC will further support EU enlargement countries' efforts to be active members of ECDC focal points fora.

- 2. ECDC has established contacts for cooperation as well as a set of well-established and sustainable procedures in place with the European Neighbourhood Policy (ENP) partner countries. All activities fall within the wider framework of existing agreements between the EU and these countries and will support approximation of EU standards within ECDC remit, and ensure efficient and timely technical cooperation between the EU and ENP experts. [Strategic Objective 4]*

It should be noted that should there be no external EU funding for ECDC the following activities cannot be carried out.

ECDC's cooperation with the ENP partner countries aims at supporting the overall policy objective of the European Neighbourhood Policy, namely to bring these countries closer to EU standards through strengthening their capacities and approximation of practises and legislation.

Based on the learnings of the implementation of the ENP grant 2014-2016 and pending the availability of EU external funding, ECDC will continue the collaboration with ENP partner countries. Step-by-step, ENP partner countries will be integrated in the work of ECDC, through participation in regular ECDC network meetings, scientific conferences (e.g. ESCAIDE), training events, and progressive integration of ENP experts to selected thematic EPIS platforms. All these activities will be evaluated and if the outcome is positive extended further.

ECDC will continue supporting the European Commission in the implementation of the new Association Agreements (AA) between the EU and three Eastern Partnership countries (i.e. Georgia, Moldova and Ukraine). Based on the assessments of communicable disease prevention and control systems in these countries, using the same methodology as in the EU enlargement countries, ECDC will support the country in developing an action plan, and will support the European Commission in monitoring its implementation, in the frame of the Association Agreement.

In 2018, ECDC will remain a close partner of MediPIET network in the current role of scientific leadership of the training programme. Should a mechanism for long-term and sustainable funding and programme governance be established, ECDC could continue assuming this advisory role and even additional tasks in 2019-2020, if a mandate is received by EC.

- 3. ECDC is a close partner of the major centres for disease prevention and control across the globe, a trusted provider of data and scientific evidence, with the capacity to mobilise EU expertise in order to provide technical support and assistance (e.g. for outbreak investigations). [All Strategic Objectives]*

In order to achieve this objective and with a view to support the continuous improvement of threat detection through cooperation with other centres for disease prevention and control, ECDC will continue the implementation of monitoring and evaluation framework for the existing bilateral agreements

between ECDC and main global CDCs. ECDC will also systematically harmonise the implementation of these agreements, including regular follow up/coordination meetings.

II.2.4. Preparedness and Response

Preparedness

By the end of 2020 the following objectives will be achieved:

1. *Technical support provided to Member States and European Commission to strengthen public health emergency preparedness in line with the Decision 1082/2013/EU and International Health regulation (IHR) on cross border threats to health. [Strategic Objective 6]*

ECDC will continue to make tools and guidance available to help raise the level of generic health emergency preparedness by Member States. The emphasis will be on strengthening strategic partnerships and technical support, including regional (multi country) and country specific on-site support. Activities include simulation exercises (incl. capacity building for health emergency planning and response system organisation), strengthening the evidence base for emergency risk ranking, emergency incident review, and discussions of good evaluation practices.

2. *Support exchange of knowledge and practice among relevant professionals and organisations in EU and regional level to further strengthen capacities and outbreak management. [Strategic Objective 2]*

Through organisation of National Focal Points (NFPs) meetings, expert workshops on thematic issues, cross-border and cross-sectorial simulation exercises, and the promotion of operational studies in public health emergency preparedness, ECDC will have created a strong functional network of country preparedness and response experts, able to identify and address critical aspects of public health system vulnerabilities, and to engage in effective technical cooperation between countries and agencies. Activities include collection and dissemination of best practice, exchange of experience, and peer consultations.

3. *ECDC has strengthened communication capacity as part of preparedness in EU Member States by sharing of knowledge, data and analysis and has technically supported the risk and crisis communication capacities of Member States as part of the generic preparedness plans under Decision 1082/2013/EU. [Strategic Objective 2]*

In line with ECDC strategy on country support, ECDC will engage with EU Member States to identify and respond to their diverse needs with a view to strengthening their risk and crisis communication capacity, in the context of national preparedness planning. ECDC will continue to support the Member States by providing training in the broad area of risk and crisis communication, as well as facilitate networking and sharing of knowledge and information on best practice amongst the National Focal Points (NFPs) for Communication within the overall ECDC Coordinating Competent Bodies (CCBs) structure.

In a broad sense ECDC communication activities support Decision 1082/2013 in two distinct ways: supporting countries with the provision of risk assessments and supporting countries to develop the appropriate risk communication preparedness and capacities.

ECDC risk assessments play a critical role in the risk/crisis communication process, in particular by providing independent and European wide evidence to support appropriate management responses. ECDC will play a key role to support the co-ordination of communication messages process, as laid

down in Decision 1082/2013/EU, by ensuring that the Health Security Committee has rapid and objective information, upon which to take appropriate decisions.

Risk and crisis communication preparedness and capacity building are also fundamental building blocks to successfully managing any outbreak. ECDC will continually work with the countries to identify needs, either based on communication materials and tools or training, which will allow them to deal with health related risk and/or crisis communications. Member States require different support to Decision 1082/2013/EU and thus communication will work hand in glove with ECDC training and preparedness teams to deliver the appropriate support.

Response

By the end of 2020 the following objectives will be achieved:

1. *The production of rapid risk assessments (RRA) for emerging threats is strengthened by allowing Member States national focal points to contribute to their production and review on a dedicated platform. [Strategic Objective 6]*

The rapid risk assessments for emerging threats to the EU is an output valued by Member States for its timeliness and scientific soundness. It allows Member States to rapidly access the latest information on emerging threats and to get options for their prevention and control, based on the most updated available evidence. The process for their production will be further enhanced by allowing Member States to directly access RRA in progress and provide contribution. The risk assessments cover, when relevant, the risks related to substances of human origin.

2. *The response support function of ECDC has been strengthened on the basis of lessons learnt during the Ebola outbreak, in the EU/EEA countries, as well as beyond the EU. [Strategic Objective 6]*

The experience around Ebola have shown the added value of ECDC in the mobilisation of public health response teams in and beyond the EU/EEA. ECDC will strengthen its preparedness to address requests for technical support so as to be ready to react swiftly and appropriately. To this end, procedures and tools will be developed in liaison with Member States and the European Commission services to guarantee that ECDC can act as the established source of technical support, including the identification of experts able to contribute and mechanisms to take care of logistics, communications, coordination between Member States and field tools for rapid deployment.

3. *The ECDC Emergency Operation Centre will be further strengthened to support ECDC in its coordination role for risk assessment during public health emergencies. [Strategic Objective 5]*

The ECDC emergency operation Centre has been instrumental in allowing ECDC to support Member States in their response to the Ebola epidemic. The dispatching of around one hundred experts in the field, coming from Member States and from ECDC has highlighted the need for strengthening the communication function as well as the provision of remote support to the teams. These functions will be strengthened in liaison with the European Commission and the Member States.

II.2.5 Communication

By the end of 2020 the following objectives will be achieved:

1. *ECDC has efficiently reached out with its scientific and technical outputs that are timely, easily*

available, impactful, reusable and adjusted to the needs of ECDC's target audiences, ensuring that ECDC's products gain more value for decision makers. [Strategic Objective 2]

The web portal is at the core of ECDC communication activities. In its next version, it will be more focussed on the needs of the users ('user-centric') and adaptable to technological developments and trends. It will be easily searchable and will fully support audio-visual content, from maps, infographics and data visualisations to contemporary video and audio formats. ECDC will move to generating more web-based content that is appropriate for, and easily used by, the media. Media outreach and social media outreach will be integrated. ECDC has produced a significant volume of available scientific and technical content useful for experts around Europe, and improving the awareness and availability of this content will be a critical task.

The recommendation to make ECDC's products of more direct value to decision makers affects all levels of our organisation, and communication has a particular role in delivering reusable and impactful outputs to policy makers as well as other target audiences. An existing example is the co-creation of material for the European Antibiotic Awareness Day, where ECDC provides materials for adaptation or reuse, while some countries prefer to participate with their own materials. For other levels of communication ECDC aims to have developed new formats which will be suited best for its mix of target audiences, without compromising on the scientific quality or national responsibilities. An example of this is the series of policy briefings, a new type of output piloted in 2016 that will be continued and developed further. Development of new outputs and evolution of existing ones will be a gradual process for which feedback is vital and will result in new formats and products over time up to 2020.

2. The reputation of ECDC is consolidated as an independent, transparent agency that produces and disseminates high quality scientific content [Strategic Objective 1]

In order to consolidate the reputation ECDC already enjoys as a Centre producing high quality scientific content, we will work to increase the visibility of ECDC's scientific content in the public health world. This will include all valuable content produced by ECDC experts, irrespective if published in an ECDC report, in a scientific journal or in conference proceedings.

ECDC will continue its strong corporate branding as "One ECDC" that will help to convey its corporate identity, and will apply it consistently in all its communications, with a limited set of associated sub-brands, for example, its annual scientific conference on Applied Infectious Disease Epidemiology ESCAIDE, its editorially independent scientific journal *Eurosurveillance*.

ECDC Director and Chief Scientist, supported by Heads of Disease Programmes and other senior experts, will continue to play an important role in reinforcing ECDC messages and public image.

ECDC will define clear rules of engaging in joint and supportive activities with stakeholders and partners in ways that respect its independence and strengthen its scientific reputation.

II.2.6 Disease Programmes

By the end of 2020 the following objectives will be achieved:

1. Consolidation of the disease networks (concerns all Disease Programmes). [All strategic Objectives]

The present external Disease Networks have originally started prior to ECDC as surveillance networks, often including a more or less strong laboratory component, depending on the nature of the disease. As progress in infectious disease control depends on effective prevention and control programmes based on sound surveillance data, a need emerged to provide a scientific and technical support to the European Commission and the EU Member States to inform the design and effective running of such

programmes. On the one hand the economic crisis is forcing Member States to downsize their investment in disease prevention, but on the other hand there is a clear need to expand Networks' functions beyond surveillance. Even if not all Member States can contribute to such expansion, ECDC will aim to create working groups or task forces within the Networks to discuss best practices and share successful initiatives in the area of "prevention and control" already applied in some Member States. This development will be outlined in the new version of the ECDC strategic paper on disease networks to enhance the consistency between the networks, make their goals clearer and focus on the cost-efficiency of their work. The paper has been brought for consultation to the ECDC National Coordinators of Competent Bodies and implementation of their suggestions will be coordinated by the Disease Programme Section of ECDC. In addition, a systematic evaluation of the Disease Programme, following a common protocol was started in 2017 and will be continued in 2018 with evaluation of two Disease Programmes. The result of these evaluations will also contribute to consolidate the work of the Disease Programmes.

2. *Support provided to the European Commission and Member States to better prevent and control antimicrobial resistance (AMR) and healthcare-associated infections (HAIs) (concerns ARHAI programme) [Strategic Objective 2]*

The results of the ECDC point prevalence surveys of HAIs, including AMR, and antimicrobial use will be available, through the Coordinating Competent Bodies, for European acute care hospitals and in European long-term care facilities. In addition, the methodology for calculating the burden of AMR for HAIs and for other communicable diseases will have been completed. This will allow ECDC to produce a comprehensive report on the burden of AMR for the EU/EEA that will cover HAIs. It will also allow ECDC to produce revised estimates of the burden of HAIs based on the latest data from Member States. Data on structure and process indicators for infections prevention and control and antimicrobial stewardship will be available for European acute care hospitals, as part of the ECDC point prevalence survey. This combined with the introduction of an operational unique identifier for hospitals in the three ARHAI networks EARS-Net, ESAC-Net and HAI-Net, should allow for a first integrated analysis of these networks and allow hospitals in EU/EEA Member States to make better use of surveillance data, in particular to identify structures and processes that could be improved to better prevent and control HAIs and AMR.

ECDC will have made contributions to the implementation of various Commission activities, to the implementation of WHO activities under the Global Action Plan on AMR, and to bilateral and international collaborations such as the Transatlantic Task Force on Antimicrobial Resistance (TATFAR), the Global Health Security Agenda (GHSA) and the Northern Dimension Partnership on Public Health and Social Well-being (NDPHS), thus contributing to the success of these initiatives.

Finally, in accordance with the ECDC molecular surveillance roadmap, molecular typing data should be integrated as part of surveillance data for at least carbapenemase-producing *Enterobacteriaceae* (CPE). The choice of CPE is guided by the fact these multidrug-resistant bacteria are increasingly spreading in Europe and the combination of epidemiological and molecular typing data as part of surveillance should provide integrated information on, e.g., common pathways for their spread and suggest targeted actions for their prevention and control in Europe.

3. *Support provided to the European Commission and Member States to improve vaccination coverage and address vaccination hesitancy (concerns VPD, IRV, HSH programmes). [Strategic Objective 2]*

A horizontal theme across a number of disease programmes is vaccination hesitancy and insufficient vaccination coverage. It primarily involves Vaccine Preventable Disease Programme (VPD), but also the Influenza and other Respiratory Viruses Programme (IRV) and, to some extent, other programmes (like

the Programme on HIV, Sexually Transmitted Infections and viral Hepatitis - HSH e.g. as it also impacts hepatitis B vaccination). Vaccine hesitancy is defined as "a behaviour, influenced by a number of factors including issues of confidence (level of trust in vaccine or provider), complacency (no perceived need for a vaccine, no recognition of the value of the vaccine), and convenience (access). Vaccination is an important area of policy attention of the European Commission where ECDC has been providing and is ready to provide technical support as needed. ECDC will not only continue to produce the scientific data and communication tools to address vaccination scepticism, but also contribute to strengthening vaccination coverage monitoring.

4. *Support provided to the European Commission and Member States to strengthen immunisation programs in EU (concerns VPD, IRV programmes). [Strategic Objective 2]*

ECDC will continue to strengthen vaccination impact monitoring in the EU/EEA and will continue building and piloting alternative systems for surveillance of certain diseases, with special focus on sentinel surveillance structures. Examples include sentinel surveillance of invasive pneumococcal disease, pertussis and influenza to measure vaccination impact (except for influenza) and effectiveness. Such sentinel approaches will be piloted in other areas.

ECDC will further develop and establish systems for Member States and the EU/EEA as a whole to collect and assess evidence basis for policy-making. This will include developing platforms for exchange of evidence-basis for policy making. For example, the VPD programme (excluding influenza) will be working with Member States, the European Commission and WHO Europe, to establish a platform for jointly coordinating the performance of literature reviews aimed to inform national vaccination programme guidelines and policies. Such activities will be developed in close alignment with the future vaccination policy of the Commission and in line with the WHO European Vaccine Action Plan (EVAP) 2015-2020. In addition, an important area of work will be on life-course vaccination, where ECDC will aim to develop scientific evidence (e.g. on the burden of VPDs (excluding influenza) in adult age groups, new vaccines licensed for adults and the elderly, new vaccination strategies) and facilitate country exchange in order to support Member States considering the development and implementation of immunisation programmes across different age groups.

Furthermore, mathematical modelling studies may be used in the coming years to estimate the impact of decreasing vaccination coverage in the EU.

5. *Establish synergies in the development and implementation of policies and programmes for the prevention and control of HIV (including STIs), TB and viral hepatitis (concerns HSH and TB programme). [Strategic Objective 2]*

ECDC will continue to support the European Commission and Member States in the implementation and monitoring of policies and programmes to prevent and control tuberculosis, HIV, hepatitis and sexually transmitted infections, and will aim to strengthen the synergies between such programmes.

In particular, ECDC will provide technical and scientific support to the Member States to implement, and where appropriate integrate, policies, and will support the European Commission in relevant monitoring and coordination activities. The overlap in vulnerable populations and in approaches to prevention and control that target these populations will need coordination across the ECDC Disease Programmes (HSH and TB). In addition, a number of global initiatives (e.g. WHO Global Health Strategies on HIV, STI and hepatitis, UNAIDS Global Strategy on HIV/AIDS, etc.) and regional action plans (WHO European Regional Action Plans on HIV, STIs and hepatitis) will all create a new burden on the Member States to reporting progress in achieving the objectives and will benefit from ECDC support to mitigate this additional workload.

6. *Strengthened surveillance of influenza, and reviewing pandemic preparedness in EU Member States (concerns IRV programme) [Strategic Objective 2]*

The evaluations of the response to the 2009 pandemic highlighted the need to develop severity assessment mechanisms for pandemic and seasonal influenza. WHO is piloting a mechanism for having a global and regional capacity for such assessments. Strengthening surveillance of severe disease and influenza-related mortality are the most robust ways of doing this. Scoping the target group and needs of an EPIS (Epidemic Intelligence Information System) for respiratory viruses with possible inclusion of clinical networks is a way of strengthening early detection of emerging respiratory outbreaks.

ECDC and WHO Regional Office for Europe have jointly with EU Member States assessed the lessons learned following the influenza pandemic in regional workshops in 2010. Since 2010, about a third of the EU Member States have updated their pandemic preparedness plans based on the lessons learned. With the adoption of the Decision 1082/2013/EU and the first experiences of the generic preparedness assessments, work to integrate the pandemic preparedness planning into the generic preparedness planning should be undertaken and EU Member States pandemic preparedness plans shared and reviewed.

7. *Developed further the relationships with relevant national, EU-level and international stakeholders for enhanced surveillance and response to multi-country clusters and outbreaks of food- and waterborne diseases and enhanced preparedness for emerging and vector-borne diseases (concerns FWD and EVD programmes). [Strategic Objective 2]*

The joint ECDC-EFSA molecular typing database has been established and will inevitably lead to increased detection of mixed multi-country microbiological clusters and outbreaks. This demands well-functioning collaboration across sectors to improve epidemiological investigations at national and EU-level, leading to timely implementation of targeted prevention and control measures. The standard operating procedures for multi-country and EU-level response to food- and waterborne clusters and outbreaks will be consolidated. For Legionnaires' disease, the surveillance of travel-associated cases is broadened to additional non-EU countries with high tourist traffic from Europe.

The next generation sequencing technology is developing fast and is likely to be established in increasing number of countries by 2020. Based on the evaluation of molecular typing-based surveillance in 2015, whole genome sequencing for listeriosis will be piloted so that by 2020, the EU-surveillance should be able to fully utilize the molecular characterization of *Listeria monocytogenes* with whole genome sequencing and the capability would be available in at least 15 Member States for public health purposes, assuming that this technology has become cost efficient and showed the added public health value in the EU/EEA.

The monitoring of antimicrobial resistance in human *Salmonella* and *Campylobacter* isolates has been revised in 2013-2015. The quantitative isolate-based reporting was introduced and the use of EUCAST methods will be promoted. By 2020, we expect to have 20 Member States with the capacity and capability to report isolate-based quantitative resistance data to TESSy. This will improve the comparability of antimicrobial resistance data across public health and food safety/veterinary sector resulting in better quality of joint EFSA-ECDC European Summary reports on antimicrobial resistance in zoonotic and indicator bacteria from humans, animals, and food.

The current trend for variant Creutzfeldt-Jakob disease (vCJD) indicates that this form of CJD is decreasing. In the light of this, and taking into account the continuing occurrence of sporadic cases of CJD and the incubation period for vCJD, ECDC will review and revise, as appropriate, its surveillance strategy for these diseases.

For emerging and vector borne diseases, activities should lead to strengthen surveillance reporting with updates of relevant case definitions or implementation of different approaches for Lyme borreliosis surveillance, and preparedness to face unexpected infectious threats. They will include strengthening laboratory capacity in the EU for early detection of emerging pathogens, multi-disciplinary collaborations between agencies and different networks to better understand and assess the risks linked to emerging and vector-borne diseases in the region beyond the EU. Beside human/animal and environmental surveillance implementation, activities will focus on validation of assessment tools with integrated analysis and geospatial infectious disease modelling for risk mapping, risk forecasting and orientation on control options.

ECDC will also support for the Commission's priority to build up country-specific and cross-country knowledge which can inform policies at national and European level by providing surveillance data, data analysis including trends, and scientific advice on specific communicable disease indicators per request from the Commission as part of developing country profiles or contributing to the "Health at a Glance" reports.

II.2.7 Management

General Management

By 2020, an organisation-wide Management and Enterprise Architecture framework will be implemented.

In order to have a continuum and a greater coherence between ECDC's vision, strategy and day-to-day activities, it is necessary to adopt a strategic, integrated and structured approach for the whole organisation. The ultimate goal of this approach is the alignment of the ECDC strategy with operational excellence, align organisational behaviour to the strategy, increase the effective and efficient use of resources in the Centre and by that continuously improving ECDC's efficiency and performance. Key elements of this framework include the organisation's vision, the governance and monitoring models, the policies, planning and execution processes including skills, roles and responsibilities, information management and how IT as an enabler supports the organisation. With this coherent set of principles, methods and models, synergies within the organisation can be developed and economies of scale can be implemented.

Collaborations

1. *By 2020, ECDC has strengthened its capacity and role as the EU technical reference point on issues related to communicable diseases for international and multinational organisations as well as public health players involved in public and global health. [Strategic Objective 1]*

ECDC will continue during the years to come to coordinate its international activities with the European Commission (e.g. DG SANTE, DG ECHO, DG NEAR and DG RTD) as well as other services e.g. EEAS, Executive Agency. Based on its technical mandate as well as the lessons learned from the ECDC support to Ebola response in West Africa ECDC will strengthen the support EU response in humanitarian crises through existing European Commission structures, including EU European Medical Corps.

As regards ECDC work with the WHO European Regional Office (WHO Euro), the coordination of technical work will continue with regular technical coordination meetings. The ECDC Management Board will be informed about the joint work plans and they may be published on both websites. In the coming years the collaboration will be intensified in two areas, namely preparedness/IHR core capacities and work with the EU enlargement countries. In both of these areas, strengthened collaboration will benefit the countries concerned.

2. *By 2020, ECDC will have intensified its collaboration with other EU agencies and bodies [Cross cutting strategic Objective 8]*

The existing collaboration agreements with EMA, EFSA, and EMCDDA will be built upon and strengthened. A more strategic liaison will be done by annual meetings at Director's level and further areas for increased synergies will be explored.

Furthermore, ECDC will investigate the potential of intensifying the collaboration with those agencies where so far contacts were limited to a few special occasions (e.g. EEA, FRONTEX, FRA).

As an Agency funded from the EU budget, ECDC is subject to scrutiny by the European Parliament in the context of the EU budgetary process. It is explicitly foreseen in the Centre's Founding Regulation (Article 7) that the Parliament can request scientific opinions from ECDC, and there is an institutional expectation that ECDC's Director will appear before Parliamentary committees when this is requested.

Since becoming operational in 2005, ECDC has established a positive and sustained working relationship with the European Parliament committee responsible for public health (ENVI) and has an important annual dialogue with Parliament's Budgetary Control Committee. Maintaining and further developing contacts with the European Parliament will continue to be a priority for ECDC.

Independence Policy

By 2020 established electronic support tools and ongoing training ECDC have assured a solid implementation of the regularly updated Independence Policy. [Strategic Objective 1]

The Independence Policy, which was put in place in 2013 has been revised in 2016. The revision addressed a number of issues that needed clarification in order to allow a decentralised implementation of the policy over the different units and activities of ECDC. One system of electronic submission of declarations of interest will be key to reducing the amount of errors made, facilitate the publication of the submitted Declarations of Independence and enable faster and more rigorous checks for conflicts of interests as well as checks for veracity. Experience from other agencies shows that an Independence Policy needs constant adjustment and refinement, which is foreseen in the flexibility of the electronic submission system and the establishment of repeated training of those applying the policy in practise.

Resource Management

By the end of 2020 the following objectives will be achieved:

1. *ECDC position will be maintained in the upper quartile of the benchmark for EU Agencies; [Cross cutting strategic Objective 8]*

ECDC will continue to maintain the high level of confidence and reliability of its accounts and of the underlying transactions. It will also strengthen its contribution to external networks of agencies and collaborate with EU institutions in order to exchange on best practices. This includes cooperation at EU level in the areas of procurement, legal, finance and accounting, human resources, performance and quality management and knowledge sharing.

2. All areas of resource management will be efficient and cost-conscious; [Cross cutting strategic Objective 8]

ECDC will continue to apply to a more robust work planning exercise with the support of the activity based management approach. This will provide support to the implementation of the ECDC single programming document and the efficient and effective use of both human and financial resources. It means built in quality controls, better preparation, stricter priority and benefit realisation setting, monitoring and management during both the planning and execution phases as well as seamless and well-known processes across the Centre. Realistic estimates of the capacity to execute and deliver complex projects are needed to ensure that the initial investments allow ECDC to fulfil its mandate.

3. ECDC's premises will be fully operational and optimally support ECDC's mission; [Cross cutting strategic Objective 8]

ECDC new premises objective will be to make the Centre as efficient and effective as it can possibly be. It means essentially using modern operational excellence approaches and user-friendly IT solutions. All areas of resource management will be scrutinised for potential simplification, efficiency gains and added value to EU priorities. It will shape the way the Centre plans and works on a day to day basis; for example, moving towards e-administration and full electronic document and records management will help automate administrative tasks, improve our internal routines and clarify areas of responsibilities for all actors; it will certainly impact our culture and increase ECDC contribution in terms of corporate and social responsibility.

[Indicator to be added]

3. Staff skills and competences development will be continuously aligned with ECDC strategic priorities; [Cross cutting strategic Objective 8]

There will be a continuous attention on ECDC needs to develop relevant competences. The Centre will therefore further strengthen its ability to adapt to evolving EU challenges and priorities. This will allow the Centre to better support and complement the European Commission and the Member States. Resources are used on the most relevant activities to add more value to ECDC. Ultimately ECDC will make the most effective use of and share its specific knowledge, staff skills and have its resources assigned on the most value added activities, while remaining an attractive place to work.

Information and Communication Technologies (ICT)

The main goal of Information and Communication Technologies, mainly represented by the ICT-Unit, is to enable the Centre in its mission. The Unit delivers studies and tools, develops core business

applications and maintains highly available infrastructures for the benefit of ECDC's stakeholders and end users. The Unit advises and supports the Centre on ICT best practices, methodologies and governance in order to deliver effective and sound managed services and products. It ensures ICT business continuity, disaster recovery and support to users of systems and services according to needs, and also provides specific services in times of public health event.

1. *ICT will contribute to the implementation of an upgradable and sustainable architecture framework. [Cross cutting strategic Objective 8]*

ICT contributes to the collaboration in the Centre on enterprise architecture topics, concerted with business and information enterprise architects, and subject to SMT strategic decision. The objective is that the architecture framework selected and developed in the Centre aligns to EU policies and standards in the field of Public Health Informatics on the scope of communicable diseases, ensuring that systems are built meeting functional suitability, interoperability, scalability, maintainability, portability, data collection, query and sharing requirements, at the best cost.

2. *ECDC ICT will implement continuous improvement culture [Cross cutting strategic Objective 8]*

After having started to introduce a new ICT general governance in 2013, Process maturity and Continuous Quality Improvement in 2013-2014, and Enterprise Architecture in 2015, evaluations and audits from different sources asked for improvements that need to be implemented in a continuous mode, with the primary goal of meeting ECDC's expectations. Objective is the yearly performance of Continuous Improvement plans.

3. *Technology Watch [Cross cutting strategic Objective]*

In an environment moving increasingly fast and broad on ICT trends and new opportunities, the necessary technology watch function is defined, organised and implemented in the Centre, in support to ECDC's core functions.

3. Human and financial resource- outlook 2018 – 2020

3.1. Overview of the past and current situation

Staff population overview 2016

See in Annex III - table 1

Expenditure for N-1

See Annex II: Table 1: Expenditure (page iii)

3.2. Resource programming 2018-2020

3.2.1. Financial resources

Justification

- **Revenue:** detailed data provided in Table 2 in Annex II

- Expenditure: (detailed data provided in Table 1 in Annex II)

Title 1:

The budget 2018 is forecasted to accommodate the salaries and salary related costs of the implemented establishment plan and the Centre's contract staff. As per the required reduction of posts in the establishment plan, the Centre will implement its final reduction of posts which are one AD and one AST (see 3.2.2.E below). Along with the increase of the Swedish exchange rate in 2016 and subsequently a likely decrease in the weighting factor for Sweden in 2017, the budget for salary related expenditure has been estimated along this anticipation also in 2018. The impact on the budget line for the weighting remains an unknown and unpredictable macro-economic part of the ECDC's budget planning and its execution. This is due to the fact that the correction coefficient applied to the salaries in Sweden, is driven, to a large extent, by the fluctuations of the Swedish krona.

Title 2:

The budget of Title II stays at an increased level compared to the 2016 budget, due to the fact that ECDC will move to new premises in early 2018.

The increase concerns the following three chapters in 2018, with below justifications:

Chapter 22 Movable property and associated costs:

The amount foreseen is 550,100 € due to the need to purchase additional furniture.

Chapter 23 Current administrative expenditure:

The amount foreseen for this chapter is 780,000 €, of which 350,000 € for the removal to the new premises.

Chapter 25

The amount foreseen for this chapter is 750,000 €, mainly due to the need to perform a new external evaluation of ECDC, to purchase business consulting and the further implement the Lean project.

Title 3:

The amount of Title 3 for 2018 is provided in Annex 2 – table 1 and will remain at the same level as in 2017 at 18 352 000 €. In 2019 and 2020 there will be significant increases in the Title 3 budget of ECDC. The 2019 budget is forecasted to reach 151 000 € and the 2020 is forecasted at 21 337 000 € in Title 3. This increases originate in the heightened EU contribution for ECDC, as determined by the Commission Communication COM(2013)519 on human and financial resources for decentralised agencies 2014-2020.

Title 3 will be used to implement ECDC work programme activities through external procurements, grants and meetings. The detail of the expected outputs is given in part III. of the present document.

Budget Outturn and cancellation of appropriations

Information provided in Table 3 with short descriptive information and justification.

See Annex table 3

3.2.2 Human resources

Overview of the situation over the years 2018-2020

A) New tasks

The Centre has not been entrusted with any new tasks requiring the extension of the agency mandate.

B) Growth of existing tasks

A number of tasks have been added and more are expected to be added within ECDC's current mandate in the implementation of Decision No 1082/2013/EU. Also the recent year's discussions on ECDC's support to unusual outbreaks may lead to an increased work load.

C) Efficiency gains

ECDC continues its efforts towards further efficiency gains. Some examples are the reduced number of staff missions, increased video conferences, process improvement initiatives in procurement and finance areas which has allowed ECDC to use the resources more efficiently and on value added activities. ECDC has also started the implementation of a paperless approach called e-Administration and a common project management methodology which will allow the Centre to further optimize the use of its resources. In 2018 the ECDC moves into new premises which aims to achieve significant efficiency gains by focusing on improving interactions between Units and external stakeholders. Furthermore, ECDC has implemented a global Quality Management approach based on the Common Assessment Framework methodology. Finally, the implementation of Activity Based Budgeting allows the Centre to better measure the achieved savings and benefits.

D) Negative priorities/Decrease of existing tasks

In the Centre's Strategic Multi-Annual Plan 2014-2020 it is stated that following the foreseen post cuts, the portfolio of activities needs to be reduced. Some posts for communication activities have been cut and the related activities have been refocused. Other functions are considered to be core to ECDC including the Disease Programmes, ECDC thus applies a proportional reduction to these activities as well as in the administrative area.

E) Redeployment of resources in view of budgetary constraints

While the Centre acknowledges the request by the European Commission and the budgetary authorities of 5% staff cuts (on head counts) over 5 years and the additional request for 5% staff reduction for the agency re-deployment pool, the work load of the Centre has actually increased (not the least in view of Decision 1082/2013/EU) and the Centre's staff surveys show that staff feel overwhelmed by their work load. The Centre started the implementation of the post reduction by cutting two posts in the establishment plan of 2013 (1 AD, 1 AST), four posts in the establishment table of 2014 (2 AD and 2 AST), four posts in the establishment table of 2015 (2 AD and 2 AST), four posts in the establishment plan 2016 (2 AD and 2 AST) and four posts in the establishment plan 2017 (2 AD and 2 AST) With another two posts reduction by in the establishment plan 2018 (1 AD and 1 AST) the Centre has complied with the required staff reduction as requested by the European Commission in its Communication 2014-2020.

Since the Centre has a relatively young work force, it is difficult to plan for reduction considering retirement.

The Centre has been considering two methods for reducing posts in the establishment. The first method is to review all upcoming vacancies and refrain from filling some of them. The Centre has a

turnover of approximately 6-8% per year and certain vacancies arising from this might be considered possible to cut. Should a cut of 4 posts per year not be achievable using this method, the Centre will, as always, consider if a post is required when the renewal of a contract comes up. Most TA contracts in place as of 31 December 2016 will be up for renewal in the next five years, only 18 temporary agents have indefinite contracts at this moment. Of the contract agents in place, 13 currently have an indefinite contract.

To ensure continuity of business critical activities the Centre decided to cut posts in functions that can be distributed among other staff with the same expertise, also keeping in mind the increase of weekly working hours. Should this not be possible the Centre will set priorities in its work plan and reduce some activities. The Centre will make a decision on cutting activities as and when required. Additional outsourcing may be considered as one possibility (although contradictory to the recommendations of the External Evaluation).

F) Conclusion on evolution of resources compared to the European Commission Communication 2014-2020

The Centre concludes that although there has been a growth in the existing tasks of the Centre, yet the required staff reduction has been achieved. It needs to be reiterated though that this is only possible if the necessary negative priorities are set. Otherwise, there is a risk of increased stress levels among staff

III Work programming 2018 Priorities

1. Executive summary

The work programme 2018 will reflect both ECDC priorities as set in its SMAP 2014-2020, and its strategic work areas (see page 6): providing evidence for decision making, strengthening public health system, and supporting response to threats, as well as its multi-annual objectives (see p.9)

1. Surveillance and epidemic intelligence

In 2018, ECDC will reinforce its technical surveillance platforms and process, particularly by continuing its Surveillance Systems Reengineering programme, implementing a roadmap for the future surveillance processes and information system. ECDC will also support Member States eager to automate the transfer of their surveillance data.

2. Scientific support

ECDC will improve its prioritisation tool and repository for scientific advice. It will further improve the quality of the scientific outputs delivered. The ESCAIDE conference will be organised. ECDC engagement with EU funders and on-going research projects will be further investigated. Training on evidence-based practice and decision making will be organised. On microbiology, ECDC will continue supporting and monitor the coordination of essential microbiology in Member States for surveillance, prevention and control of infectious diseases (EuLabCap project). Pilot studies will be performed as part of the molecular typing strategic roadmap.

3. Preparedness and response

ECDC will continue to support the Commission and the Member States in monitoring the implementation of Decision 1082/2013/EU in the area of preparedness, and support countries preparedness through technical guidance, simulation exercises, tools, and technical support to the Health Security Committee. ECDC Emergency Operation Centre will be further strengthened, the Public Health Event plan updated and mobilisation mechanisms for public health response teams further developed. ECDC will continue to provide rapid risk assessments to the Member States and the Commission and develop new tools for rapid investigation and analysis of multi-country outbreaks.

4. Training and capacity building (incl. international relations)

The EPIET and EUPHEM fellowships are merged into one single programme, and underlying competencies and curricula, meeting new needs, is being discussed and agreed with the Member States. The structure of the Continuous Professional Development Programme (CPDP) is finalised, and additional courses, notably e-learning gradually added. A new mechanism for supporting countries based on expression of needs are being implemented following a pilot phase in 2017. In terms of international relations, ECDC will monitor and deliver regular progress reports on the participation of EU enlargement countries in ECDC activities and their use of ECDC existing ECDC tools (e.g. EPIS platforms) , conduct an assessment of one enlargement country, continue working with neighbourhood countries and further enhance its cooperation with WHO.

5. Communication

ECDC will continue to publish timely scientific and technical content to its target audiences, through the appropriate communication channels. Technical support will be provided to health communication campaigns, such as the European Antibiotic Awareness Day. Transition to a new content management technology is foreseen, significantly improving the searchability and navigation structure of ECDC website.

The journal *Eurosurveillance* will be widely known by public health experts/scientists and policy makers and be recognised as source of high quality, open access relevant information and data for (timely) public health action. The team will use social media and scientific gatherings strategically to support dissemination of content. Capacity building activities in scientific writing and critical appraisal by ECDC will be supported with specific expertise. Journal metrics (a proxy measure of scientific importance/relevance) should continue to be favourable and *Eurosurveillance* continues to rank among the leading journals in its field.

Disease programmes

ARHAI

ECDC will further develop key outputs on antimicrobial resistance and healthcare associated infections. The data from the surveillance networks will be available on the ECDC Surveillance Atlas of Infectious Diseases, and the role of ECDC as a hub of harmonised European surveillance systems for AMR and HAI, including molecular surveillance will be further consolidated. ECDC will support the Commission and Member States with dedicated initiatives to prevent and control AMR and HAI. ECDC will continue contributing in international initiatives. And more synergies will be developed with the veterinary sector, as part of the 'One health' approach.

EVD

ECDC will further strengthen surveillance and standardisation of the reporting of emerging and vector borne diseases, and mapping of vectors. It will further develop decision tools to support Member States efforts for control and strengthen capacity for early detection of emerging threats and risk assessment.

FWD

ECDC will continue to deliver fit for purpose surveillance, the production of reports, the conduct of external quality assessments for laboratory services, and the organisation of network meetings. It will also develop a paper on a future strategy for human TSE surveillance. International and cross-sectorial collaboration will be strengthened under the "One Health" principle.

HSH

ECDC will continue the routine activities related to surveillance and programme monitoring, production of reports and scientific articles, the organisation of network meetings and expert groups to discuss specific issues such as the EU viral hepatitis seroprevalence survey. International collaboration will be strengthened, in particular with WHO, EMCDDA and specific clinical networks and learned societies relevant to these diseases. Member States and the Commission will be provided with scientific evidence for decision making, through guidance and technical reports on HIV, hepatitis B and C, STI and topical issues such as pre-exposure prophylaxis. Member States will be supported through country visits.

IRV

ECDC will continue to provide influenza surveillance outputs and produce weekly surveillance reports during the season, timely rapid risk assessments and scientific advice in the area of respiratory pathogens. Timely vaccine effectiveness estimates will be made available to stakeholders.

TB

ECDC will strengthen TB surveillance at national and EU level to reach adequate coverage and completeness, strengthen TB laboratory services for management of TB, TB prevention and control especially in high burden Member States. ECDC will continue to provide scientific advice on TB prevention and control in the EU and technical support to the Commission for the development of an EU policy document.

VPD

ECDC will develop with its partners and stakeholders and in close alignment with the future vaccination policy of the European Commission and WHO Action Plans, a structure to support Member States in sharing evidence basis for vaccine programmes, continue to assess and provide advice on addressing vaccine hesitancy, as well as a structure to monitor the impact and effectiveness of priority vaccines.

6. Management

General Management

All recommendations of the second external evaluation will be implemented and progress reports will be communicated to the Management Board. Processes will be further simplified, with clear roles and responsibilities; an organisation-wide EA framework will be agreed upon.

Collaboration and cooperation

ECDC will continue to ensure continuous and smooth relationships with the European Commission, the EU Parliament and other EU agencies. Relationships will be further consolidated with the Member States through the Competent Bodies and our host country, Sweden.

Resource management

Resource management at ECDC will ensure effective support of the effortless and straightforward operation of ECDC main missions, the use of all resources of the centre in the most effective and efficient ways, ensure compliance with the EU and the Agency's legal obligations and regulations, consolidate the automation of processes.

ICT

All IT applications and infrastructures will be maintained, hosted and secured. New systems will be developed to support the Work Programme commitments. The continuous improvement plan for 2018 will be implemented. The move to new premises will be done with minimal impact on normal work.

N.B: Key outputs that might be considered for de-prioritisation, in case of an emergency (Public Health Emergency) are marked with a blue asterisk * in the list of activities below.

1. Surveillance and epidemic intelligence

1.1. 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 reiterated in Decision 1082/2013/EU.

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 the administrative burden on data providers in the Member States; and to take advantage of the possibilities offered by molecular technologies, in particular in the field of molecular surveillance. In 2018, 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. The analysis and interpretation of data will be further detailed, when allowed by the quality and exhaustiveness of the data available.

Event-based and indicator-based surveillance data will be collected in a more systematic and complementary way. This will bring surveillance and epidemic intelligence closer together. We will also continue to provide technical input to possible future updates or revisions of EU case definitions by the European Commission, and to develop EU standards for surveillance of selected pathogens.

ECDC strategic objective (p.12)	Strategic objective 1
Objective 2018 - 1	Complete the optimisation of technical surveillance platforms and processes identified as part of the 'Surveillance Systems Reengineering' (SSR) project in 2015 and 2016.
Key outputs 2018	Improved technical surveillance platforms and processes
Expected results	The EU/EEA surveillance platforms and processes will be technically state-of-the-art and efficient.

ECDC strategic objective (p.12)	Strategic objective 1
Objective 2018 - 2	Evaluate EU/EEA-level surveillance systems as per project plan.
Key outputs 2018	Surveillance system evaluation reports as per project plan
Expected results	Surveillance system weaknesses have been corrected.

ECDC strategic objective (p.12)	Strategic objective 1
Objective 2018 - 3	Use the EU/EEA surveillance system evaluations to define EU/EEA and national minimum surveillance standards and their monitoring indicators.
Key outputs 2018	EU/EEA surveillance standards and monitoring indicators for surveillance systems evaluated in 2017/18.
Expected results	Surveillance system improvements over time.

ECDC strategic objective (p.12)	Strategic objective 1
Objective 2018 - 4	Publish in-depth surveillance data analyses in peer-reviewed open access scientific journals.
Key outputs 2018	Peer-reviewed scientific articles analysing surveillance data in depth.

Expected results	Deeper EU/EEA surveillance data analysis and interpretation and wider and more effective dissemination of findings.
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ECDC strategic objective (p.12)	Strategic objective 1
Objective 2018 - 5	Consolidate and further develop molecular surveillance at EU/EEA level as per revised ECDC strategy and roadmap.
Key outputs 2018	Molecular surveillance data analysis integrated in surveillance outputs.
Expected results	Molecular surveillance data enrich traditional surveillance and provide additional information for action.

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
1	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Complete the optimisation of technical surveillance platforms and processes identified as part of the SSR project in 2015 and 2016	Degree of implementation of the SSR roadmap (developed in 2017) for upgrading the surveillance informatics tools	Elements in place: - Data warehouse - Dataset management solution - Business Intelligence tools and R server installed and connected with data warehouse	Monitoring of SSR project milestones.
2	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Evaluate EU/EEA-level surveillance systems as per EPHEBUS project plan and define EU/EEA and national minimum surveillance standards and monitoring indicators	- Number of surveillance systems evaluated (as per milestones' in EPHEBUS project plan) - Surveillance standards and monitoring indicators for each enhanced surveillance system are published on ECDC website within 1 year after sharing the evaluation report with the relevant network.	11 surveillance systems evaluated. Surveillance standards and monitoring indicators published on ECDC website for HIV and AMR	Monitoring of milestones and quality indicators
3	Provide scientific advice and authoritative information that enables effective decision-making by Member States and	Publish in-depth surveillance data analyses in peer-reviewed scientific journals	Manuscripts accepted for publication in peer-reviewed scientific journals with open access	≥ 5 manuscripts with in-depth surveillance data analyses accepted for publication in peer-reviewed scientific journals with open access	Acceptance letters from journals received by first authors

	the European Commission				
4	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Consolidate and further develop molecular surveillance at EU/EEA level	Completion of milestones as per revised molecular surveillance roadmap	≥ 5 manuscripts accepted for publication in peer-reviewed scientific journals	Acceptance letters from journals received by first authors
5	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Consolidate and further develop molecular surveillance at EU/EEA level	Completion of milestones as per revised molecular surveillance roadmap	WGS-based surveillance operational for: - Listeria, - Carbapenemase producing enterobacteriaceae, - Invasive N. meningitidis, - Antibiotic resistant N. gonorrhoeae	Monitoring of milestones against roadmap

1.2 Epidemic intelligence

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 European 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 2012-2015, the outbreaks of human cases of avian influenza A (H7N9) in China since 2013 and the large outbreak of Ebola virus disease in West Africa in 2014-2015.

ECDC's partners in the European 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 2018 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.

The threats of unknown origin will continue to be monitored and assessed whenever they represent a potential public health risk. Considering the diversity and the nature of those threats, they are addressed in cooperation with the EU and the international bodies with different fields and areas of expertise. While the origin of the threat remains unknown, ECDC will properly monitor the event with the available sources of information including social media and when possible apply epidemiological methods to try to clarify its origin and potential public health impact. A suitable all hazards approach will be considered.

ECDC strategic objective (p.12)	Strategic objective 5
Objective 2018 - 1	Ensure timely and effective monitoring of potential threats from infectious diseases
Key outputs 2018	Daily Round Table report and weekly CDTR
Expected results	Any serious cross border health threat to Europe and world-wide is timely detected and communicated to the Commission and Member States to allow for rapid action

ECDC strategic objective (p.12)	Strategic objective 5
Objective 2018 - 2	Ensure the proper coordination with the National Focal Points (NFP) of Member States
Key outputs 2018	Annual meeting of the NFP for threat detection
Expected results	Maintaining the proper communication and exchange with the NFP for threat detection in Member States

ECDC strategic objective (p.12)	Strategic objective 5
Objective 2018 - 3	Implement activities of the ECDC Epidemic Intelligence strategy
Key outputs 2018	<ul style="list-style-type: none"> - Strategy for use of crowd (social media) sources for epidemic intelligence; - Pilot of an external crowdsourcing analysis tool; - Protocol designed and run to evaluate crowd-sourcing tools within the epidemic intelligence field.
Expected results	Improving the epidemic intelligence capacity for threat detection in ECDC

ECDC strategic objective (p.12)	Strategic objective 5
Objective 2018 - 4	Expose the annual activity on event surveillance, throughout the summary of the threats detected during the year
Key outputs 2018	Annual threat report produced in time and following the quality standards of ECDC
Expected results	Keep ECDC Member States, European Commission, and main stakeholders updated on the main threats detected during the previous year

ECDC strategic objective (p.12)	Strategic objective 5
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Objective 2018 - 5	Ensure timely and effective monitoring of health determinants through a determinants platform
Key outputs 2018	Determinants platform established and providing data
Expected results	Health determinants are assessed as potential early warning signals for infectious disease threats and communicated as part of risk assessments to the Commission and Member States to allow for rapid action

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
6	Coordinate and support the rapid assessment of risks and the identification of options for response	Ensure timely and effective monitoring of health determinants* through a determinants platform	Internal and external access to the health determinants platform	+ 10% for both internal and external access	Atlas statistics *Health determinants, as potential early warning signals for infectious disease threats, provide increased evidence for supporting rapid risk assessment on the importation and spread of relevant threats in the EU and communicated as part of risk assessments to the Commission and Member States to allow for rapid action. They are also included in e.g. CDTR, ECDC reports, publications
7	Coordinate and support the rapid assessment of risks and the identification of options for response	Provision of relevant, and timely updates on threats to the Member States and the European Commission	Provision of regular epidemiological updates for threats under mid (1-6 months) and long term monitoring (>6 months)	Update provided for 100% of threats under mid-term (1-6 months) and long term monitoring (>6 months)	CDTR, epidemiological updates available on ECDC website

Total Resources surveillance and epidemic intelligence:

Total Fulltime Equivalents (FTEs) for this activity: **29.1 FTE**
Total operational budget title 3: **1,283,259 EUR**

2. Scientific support

2.1 Scientific Advice

Context

One of ECDC's core functions is the provision of scientific advice that is of high quality and relevance for the EU and Member States, and ECDC remains highly committed to scientific excellence, independence and transparency.

From 2018 onwards, ECDC will further enhance and consolidate measures and processes initiated and introduced over the last years to further support the development of scientifically sound evidence and advice and ultimately increase and maintain the Community's and public trust and confidence in the Centre's scientific integrity and independence.

In 2015, the introduction of the ECDC scientific advice categories 'expert opinion', 'systematic review' and 'ECDC guidance' established a clearer link between output type and underlying methodology. The aim is to increase consistency, transparency and brand recognition, and make it easier for the user to identify ECDC scientific advice and understand the underlying evidence base.

From 2017 onwards, the ECDC Scientific Advice Repository and Management System (SARMS) will be able to incorporate all scientific advice and related work produced by the Centre, and allow proper and complete follow up for management, administrative and auditing purposes. By the end of 2018, SARMS will function as the process management tool for all scientific work and advice produced by ECDC, from the submission of a request to the formal clearance and dissemination, and as a searchable repository accessible to internal and external users.

In order to identify knowledge gaps and areas within the Centre's remit that could benefit from ECDC scientific work and advice, and avoid redundancies and duplication of efforts, ECDC will continue its efforts to establish sustainable and fruitful two-way communication with its established public health and disease networks, as well as EU institutions responsible for risk assessment, policy and research, and EU networks such as EU-ANSA, AIRSAN and EMERGE.

This collaborative and networking approach includes international partners as well as research bodies working in the areas of infectious diseases epidemiology, prevention and control. ECDC will continue to follow research and methodology developments on a global scale to ensure that its work stays relevant and scientifically sound, and explore and develop opportunities for continued mutual learning and capacity building in collaboration with stakeholders.

ECDC strategic objective (p.12)	Strategic objective 1 and 2
Objective 2018 - 1	Deliver consistently high quality scientific work and advice within agreed deadlines, following best scientific practice and evidence-based principles and making best use of scientific information available in the Member States.
Key outputs 2018	<ul style="list-style-type: none"> - At least three high quality ECDC scientific advice outputs published on the Centre's website and as open access publication in peer-reviewed scientific journals (see disease programme specific chapters). - All ECDC scientific advice clearly categorised, by the end of 2018, into expert opinion, systematic review and guidance using a structured format and providing sufficient information on rationale, applied methods, evidence base, analysis, as well as limitations and remaining uncertainties to allow informed decision-making on EU and Member State level.
Expected results	Increased consistency and transparency. Scientific advice produced by ECDC will be easier to identify and use.

ECDC strategic objective (p.12)	Strategic objective 1 and 2
Objective 2018 - 2	Fully implement processes for the handling and management of external and internal requests for scientific advice and

	other scientific outputs, including electronic workflows and tools.
Key outputs 2018	<p>ECDC Scientific Advice Repository and Management System (SARMS) further improved to allow internal and external users access to information on ongoing and finalised requests and related ECDC work, as well as direct submission of formal requests according to Article 7 of the ECDC Founding Regulation.</p> <ul style="list-style-type: none"> - Portal and advanced search functionalities developed. - Full integration of the declarations of interest and other ECDC systems (e.g. expert directory) to further enhance compliance with the Centre's independence policy.
Expected results	<p>Increased consistency and transparency in relation to ongoing and finalised ECDC scientific work and advice, and the related processes. Increased time efficiency. Increased compliance with ECDC policies (e.g. independence policy).</p>

ECDC strategic objective (p.12)	Strategic objective 1, 2, 3
Objective 2018 - 3	Further develop the knowledge and skills needed for evidence-based practice and decision-making in the area of communicable diseases epidemiology, prevention and control.
Key outputs 2018	<ul style="list-style-type: none"> - Two workshops in methods and tools for evidence-based practice and decision-making for ECDC staff and ECDC partners at EU and country level. (<i>*could be deprioritised in case of emergency</i>) - PRECEPT – project on assessing and grading the evidence in communicable diseases – finalised; related products, e.g. handbook and e-learning course, available on the ECDC website and through the ECDC Virtual Academy.
Expected results	<p>Increased knowledge of the principles of evidence-based practice and decision-making within the communicable diseases and public health workforce and increased application of methods and tools for evidence-based practice and decision-making in routine daily work in the area of communicable diseases epidemiology, prevention and control in order to improve advice and guidance.</p>

ECDC strategic objective (p.12)	Strategic objective 1, 2, 3
Objective 2018 - 4	Increase transparency of decision-making and prioritisation processes.
Key outputs 2018	<ul style="list-style-type: none"> - ECDC prioritisation tool, IRIS, further developed and improved. By the end of 2018, IRIS will be available in an easy-to-apply version for use at different levels of decision-making and priority setting at ECDC, and made available to Member States and other stakeholders if requested. (<i>*could be deprioritised in case of emergency</i>)

Expected results	Increased transparency. Decisions and their rationale will be easier to justify, understand and accept.
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ECDC strategic objective (p.12)	Strategic Objectives 2, 4
Objective 2018 - 5	Actively involve Member States and continue the cooperation with European Commission services (including SANTE, CHAFEA) and other EU agencies in the organisation of the annual ESCAIDE conference.
Key outputs 2018	2018 edition of the European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE 2018) to be hosted outside of Stockholm, Sweden.
Expected results	Increased opportunities for knowledge exchange, networking and collaboration and further development of relevant knowledge, skills and competencies needed in the area of communicable diseases epidemiology, prevention and control for experts from countries so far under-represented at ESCAIDE. Increased attendance and active participation of experts from the hosting and neighbouring countries.

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
8	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	<p>Ensure integrity of ECDC's scientific activities in relation to technical and scientific content, methods, and internal policies and processes.</p> <p>Ensure that the Centre's scientific activities are published, disseminated and easily accessible to all.</p>	<p>- Proportion of ECDC scientific outputs processed through SARMS, following the respective workflows and templates</p> <p>- Proportion of on-going and completed ECDC scientific outputs, available on the ECDC website</p> <p>- Proportion of ECDC peer-reviewed articles, published as gold</p>	<p>At least 90%</p> <p>At least 90% of the ECDC scientific outputs planned</p> <p>At least 90%</p> <p>At least 70% of the feedback judged the outputs relevant and useful.</p>	<p>SARMS</p> <p>ECDC web portal. This excludes articles in peer review journals.</p> <p>ECDC Library. Citations base on scientific databases such as Scopus, PubMed and Embase</p> <p>ECDC website statistics and surveys, dedicated meetings (e.g. AF); rating of ECDC publications on the web portal</p>

			<p>standard open access⁹ in scientific journals</p> <p>- Proportion of ECDC scientific opinions and guidance, perceived as relevant and useful by ECDC stakeholders.</p>		
9	<p>Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission</p>	<p>Promote the Centre's scientific work through outreach to the scientific and public health communities.</p>	<p>- 5-year impact factor** of ECDC peer-reviewed publications</p> <p>- Average number of citations per publication***</p>	<p>> 3</p> <p>> 15 in the 5 years following publication</p>	<p>Journal Impact Factor and citations reports, in scientific databases such as Thomson Reuters, SCImago, Scopus, PubMed and Embase, via the ECDC library services</p> <p>** The 5-year impact factor for X is calculated using the formula, where X is year:</p> <p>Impact factor (Y) = Citations in Y to articles published in Y-5 to Y-1 / Articles published in Y-5 to Y-1</p> <p>*** The 5-year average citation per article is calculated based on Y-1 to Y-5, where Y is year</p>

⁹ Gold standard' open access is defined in the 'Internal Policy on open access publication of scientific content, including articles submitted to peer review journals ECDC/IP/105' as a principle all ECDC publications, including articles published in peer review journals, arising from work produced or contracted by the Centre should be published as open access, with no embargo period before access is granted.

			<ul style="list-style-type: none"> - Proportion of abstracts submission and participants from EU/EEA at ESCAIDE - Rating evaluations of ESCAIDE as « excellent » or « good » - Meeting with EU key partners in public health research and risk assessment 	<p>At least 70%</p> <p>At least 75% of the respondents</p> <p>At least one per year</p>	<p>ESCAIDE registrations, abstract database and evaluation and work plan</p> <p>e.g. EU-ANSA, JRC etc.</p>
10	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	High responsiveness to requests by providing authoritative and reliable scientific opinions and evidence-based guidance to Member States, European Commission and Parliament	<p>Proportion of requests answered within agreed deadlines:</p> <ul style="list-style-type: none"> • European Parliament; • European Commission; • Member States; • Others. 	At least 95% of requests answered within agreed deadlines	SARMS

2.2 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 sufficient laboratory capability at clinical, national and supranational reference levels. ECDC will support the capacity of the EU public health microbiology system, as based on gaps identified by EULabCap indicators and EQA results.

Decision 1082/2013/EU gives the European Commission and Member States a robust legal basis for cooperation against infectious diseases and other serious cross-border health threats. The European Commission is examining options for creating a system of EU level reference laboratories in the area of human pathogens. In 2018 ECDC will provide technical support and evidence based analysis of needs from the EULabCap monitoring system to the European Commission as it takes forward this initiative and taking into account reference laboratory activities in place as part of WHO networks and frameworks.

In a fast-moving field, molecular diagnostic tools and whole genome analysis are transforming microbiological diagnostic and typing approaches. Yet, there is a largely unmet need to critically assess their accuracy and public health usefulness. ECDC is developing guidance on these issues together with Member States experts and Disease Networks. In addition, national reference laboratories need external

quality assessment schemes for these new microbiological technologies to ensure comparability of surveillance data. In 2018 the ECDC roadmap for integration of molecular and genomic typing into EU-wide surveillance, will be reviewed and updated. ECDC will offer scientific guidance on the public health added value and solutions to integrate whole genome sequencing for pathogens under EU surveillance and support Member State access to urgent whole genome sequencing in response to cross-border outbreaks. This work will be performed in close collaboration with EFSA and academic leaders through advising DG RTD projects, including the Horizon 2020 COMPARE project on rapid genomic-based identification of pathogens. This work will foster an integrated perspective based on close collaboration of microbiologists with clinicians, epidemiologists, veterinarians, in a One-Health approach.

ECDC Strategic objective (p.12)	Strategic Objective 3
Objective 2018 - 1	Support the further strengthening and coordination of essential microbiology capabilities in Member States for surveillance, prevention and control of infectious diseases and antimicrobial resistance, informed by EULabCap performance indicator monitoring.
Key outputs 2018	<ul style="list-style-type: none"> - Disease specific network laboratory capacity building activities, including EQA schemes; - Country support laboratory capacity building activities; - Evaluation of progress 2013-16 of EU public health microbiology capabilities and capacities including appraisal of impact of EU and country capacity support actions and publication of EULabCap performance report 2016.
Expected results	Improved country and EU level laboratory capacities for surveillance, prevention and control of infectious diseases

ECDC Strategic objective (p.12)	Strategic Objective 1
Objective 2018 - 2	Provide technical support to the European Commission in its initiative to establish an EU reference laboratory framework for human pathogens in support of Decision 1082/2013/EU.
Key outputs 2018	- EU reference laboratory technical specifications and requirements published for selected human pathogens, including cost-effective provision of External Quality Assessment schemes, taking into account reference laboratory activities in place as part of WHO networks and frameworks.
Expected results	<p>Improved EU coordination and efficiency of reference public health laboratory services contributing to laboratory preparedness for cross-border infectious threats</p> <p>Improved country and EU level laboratory capacities for surveillance, prevention and control of infectious diseases</p>

ECDC Strategic objective (p.12)	Strategic Objective 3
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Objective 2018 - 3	Support and pilot test the integration of whole genome sequencing (WGS) technology–based typing into the EU level surveillance of selected priority communicable diseases and antimicrobial resistance.
Key outputs 2018	<ul style="list-style-type: none"> - Evaluation of molecular and genomic-based typing EU surveillance and outbreak investigation operations 2015-17 - Revision of roadmap for integration of molecular and genomic typing into EU-wide surveillance as prioritised with the Members States in consultation with the Molecular Typing for Surveillance Task Force
Expected results	Operational capacity for WGS-based enhanced surveillance at EU level of priority diseases and antimicrobial resistance threats

ECDC Strategic objective (p.12)	Strategic Objective 2
Objective 2018 - 4	Provide technical advice on public health microbiology methods and disseminate information to stakeholders and the public about the Centre’s microbiology support activities.
Key outputs 2018	<ul style="list-style-type: none"> - Scientific Opinion and Technical guidance on use of whole genome sequencing technology for surveillance of communicable disease and antimicrobial resistance (<i>*could be deprioritised in case of emergency</i>) - Online searchable information tool on specialist laboratory testing capacities available for sharing resources between Member States (EULabServe); - Web portal microbiology publications and repository of resources. (<i>*could be deprioritised in case of emergency</i>)
Expected results	ECDC further established as source of information and technical standards for in the area of public health microbiology

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
11	Strengthen public health infrastructure and processes	Implementation of the ECDC microbiology strategy to support the development of sufficient microbiology capacity within the EU, to detect, prevent and manage infectious threats.	Proportion of Member States finding EULabCap country reports useful for their lab infrastructures and processes improvement	At least 70% of Member States reporting practical use of annual EULabCap report	Report from annual survey on Competent Bodies' feedback on usefulness of EULabCap report

Total Resources Scientific Support (including microbiology):

Total FTEs for this activity: **13.2 FTEs**
 Total operational budget title 3: **721,000 EUR**

3. Preparedness and response

3.1 EU and Country Preparedness Support

Context

Article 4 of Decision 1082/2013/EU establishes an ambitious agenda for full implementation by the Member States of the legal provisions, especially in regards to enhanced capacities to prepare for and respond to emerging threats. Providing technical support to that agenda is one of ECDC's top priorities for 2018 and beyond.

Health emergency preparedness planning, including identification of gaps, and building system capacities is critical if the EU and its Member States are to respond effectively to major epidemics, and other serious cross-border health threats. Recent international threats have increased the awareness of public health emergency practitioners of the importance of basing their response on good scientific evidence, effective collaboration with critical sectors, and shared concepts of good practice across countries.

By 2018 we foresee strengthened cooperation between preparedness support and capacity building in support to countries' efforts to improve their readiness to respond public health emergencies. During 2013-2016, ECDC has been strengthening the evidence base, and developing instruments and guidance to support countries in identification of gaps and needs in their emergency response systems (including tools for risk categorization, self-assessment, and case studies). Since 2016 ECDC has been providing direct support in reinforcing capacity in specific areas, such as testing and proofing effectiveness of public health readiness and strengthening core capabilities in critical preparedness areas. This work is continuing in 2017. In order to develop closer links with countries, efforts in 2018 will increasingly focus on sub-regional groups of countries, addressing different needs of countries, and prioritising those with greatest needs. The exact content of the activities will be guided by the ECDC National Focal Points for Preparedness and Response, and priorities set by the Health Security Committee.

ECDC activities to support national health emergency preparedness planning will need to be harmonised with WHO's efforts to support the full implementation of emergency preparedness by countries under the International Health regulations (IHR, 2005). The outcomes of the ongoing WHO discussions on the global monitoring and evaluation scheme for use after 2016 in assessing states' capacities under IHR will further inform ECDC's detailed planning and priority setting.

ECDC Strategic objective (p.12)	Strategic objective 3
Objective 2018 -1	Support the European Commission in monitoring the implementation of Decision 1082/2013/EU (in particular Art. 4 – preparedness) with strengthening of the scientific evidence base, gap analysis of the Public Health emergency preparedness of individual Member States, and identification of areas for enhanced support.
Key outputs 2018	<ul style="list-style-type: none"> - Report on (revised) Art.4 template survey - Based on agreement with WHO, activities aligned for improving the implementation and monitoring of country response capacities under IHR, by supporting national preparedness planning.

Expected results	National preparedness plans reviewed through simulation exercises and/or critical incident reviews in at least six countries, identified through needs assessments and analysis of surveys.
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ECDC Strategic objective (p.12)	Strategic objective 3
Objective 2018 - 2	Strengthen preparedness in countries by providing methodological advice on effective health emergency preparedness planning, evaluation of response plans and their interoperability, while supporting the Health Security Committee and its working groups, as well as WHO IHR technical consultations.
Key outputs 2018	<ul style="list-style-type: none"> - Technical guidance and tools in support of national health emergency preparedness planning; - Technical support to the Preparedness Working Group under the Health Security Committee and IHR; - Direct support for countries' preparedness planning based on needs assessments in a country specific and regional (multi-country) approach; - Two regional (multi-country) training workshops conducted on a set of proofing tools (simulation exercise planning, critical incident review, and assessment protocols) - Set of standardised competencies on public health emergency preparedness adopted by National Focal Points and agreement reached on a pilot monitoring framework for their integration in national plans of at least four member states.
Expected results	Countries better equipped to implement national public health emergency preparedness planning.

ECDC Strategic objective (p.12)	Strategic objective 3
Objective 2018 - 3	Support exchange of knowledge and good practice among relevant professionals and organisations at EU and regional (multi-country) level, to further strengthen country response system capacities and capabilities, and promote applied research for effectiveness of public health emergency preparedness in EU.
Key outputs 2018	<ul style="list-style-type: none"> - Annual NFP meeting focused on application of methodologies in different contexts and outcome of applied research projects. - Links established with European research groups on public health preparedness.
Expected results	Exchange of knowledge and best practice on key preparedness elements through the network of national focal points, academia and

	non-governmental organisations supporting health emergency system research on topics identified through expert meetings.
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Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
12	Strengthen public health infrastructure and processes	Support the European Commission in monitoring the implementation of Decision 1082/2013/EU (in particular Art. 4 – preparedness) with scientific evidence base, gap analysis on PH preparedness of individual MS and identification of areas for enhanced support.	Annual monitoring report on analysis of Member States progress plans, as mentioned in article 4 of decision 1082, submitted to the European Commission	Monitoring report on Art. 4 accepted by European Commission and submitted to HSC	Agenda of HSC
13	Strengthen preparedness in countries by gaps in preparedness plans and providing action plan.	Strengthen preparedness in countries by gaps in preparedness plans and providing action plan.	Number of review of Member States preparedness plans	5 EU/enlargement countries preparedness plans reviewed by ECDC	Technical reports published on ECDC website

3.2. Response

Context

Decision 1082/2013/EU is strengthening and intensifying coordination between the European 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. Since 2006, ECDC maintains and invests in the EOC infrastructure. Moreover, ECDC continuously improves its processes in this area in light of lessons learning during both exercises and real life Public Health Emergencies.

Public Health Event (PHE) plans in ECDC will be updated in 2017. European Public Health Teams will be implemented to better contribute to international response missions.

Specific improvements in the current EWRS tool to integrate new functionalities will be agreed with DG SANTE. The collaboration with MS in the area of threat detection, is being improved through the annual meeting with the NFP for threat detection EWRS and IHR. Ad hoc meetings organized periodically also contribute to maintain the coordination between ECDC and MS.

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Strategic objective 6
Objective 2018 - 1	Ensure timely and quality delivering of RRA requested by the commission and Member States or internally agreed during the daily ECDC round table
Key outputs 2018	Timely Rapid Risk Assessments for specific threats, according to the criteria defined in the decision 1082/2013/EU, and requests from the Round Table, the European Commission and the Member States.
Expected results	Any serious cross border health threat in Europe is timely detected and communicated to the Commission and Member States to allow for rapid action

ECDC Strategic objective (p.12)	Strategic objective 6
Objective 2018 - 2	Ensure the capacity and the involvement of Member States in the production of RRA.
Key outputs 2018	Mechanisms and procedures established to ensure the proper participation of Member States in the production of RRA
Expected results	RRA produced with the participation and the involvement of Member States

ECDC Strategic objective (p.12)	Strategic objective 6 and 7
Objective 2018 - 3	Reinforce the participation of ECDC expert teams in the response support activities for Member States and EU neighbouring countries facing outbreaks and crisis in the area of infectious diseases
Key outputs 2018	ECDC missions to support Member States and neighbouring countries during outbreaks of infectious diseases and epidemics
Expected results	Improve the response capacity of Member States to address outbreaks and crises.

ECDC Strategic objective (p.12)	Strategic objective 6 and 7
Objective 2018 - 4	Ensure the participation of ECDC experts in international response missions in cooperation DG ECHO and WHO
Key outputs 2018	Validate the mechanism from which ECDC and Member States public health experts, actively participate in international missions together with ECHO and civil protection officials, in coordination with WHO

Expected results	Joint international missions co-organized with ECHO and the civil protection mechanism and with the participation of experts from Member States and participation in missions under GOARN or joint missions with WHO
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ECDC strategic objective (p.12)	Strategic objective 6
Objective 2018 - 5	Develop a new version of the EWRS
Key outputs 2018	Improve the functionalities and operational of the EWRS with a new version of this system
Expected results	The EWRS being improved according to the needs of the Commission and Member States

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
14	Coordinate and support the rapid assessment of risks and the identification of options for response	Provision of relevant, timely and quality rapid risk assessment to support the risk management carried out by the Member States and the European Commission	<p>- Average number of downloads per RRA</p> <p>- Level of satisfaction of the RRA by ECDC stakeholders</p>	<p>+ 10% increase</p> <p>>75% satisfaction on usefulness and impact</p>	<p>Timeliness: RRA statistics. Source SARMS (internal database on external scientific advice requests)</p> <p>ECDC stakeholder survey, external evaluation, dedicated evaluations</p>
15	Coordinate and support the rapid assessment of risks and the identification of options for response	Mobilisation mechanisms for public health response teams developed	Provision of support teams upon request from Member States	100% requests for response support from Member States honoured	List of requests from Member States Repository of support teams to be set up (DMS)

Total Resources Preparedness and Response:

Total FTEs for this activity: **4.4 FTEs**
Total operational budget title 3: **130,741 EUR**

4 Training and capacity building

4.1 Training

Context

In 2015, the ECDC Management Board approved a new public health training strategy. The strategy outlines the specific role of ECDC in the European training landscape, being complementary to and supportive of the training activities of other national actors, including institutes of public health, universities and schools of public health and adding European values to national efforts. The strategy further defines the primary target audience to be experts at the Member States and the Community levels, who are designated to contribute to dealing with cross border health threats due to communicable diseases. Effectively, this target audience will be approximated by the sum of all professionals who are formal members of ECDC related networks. However, through supporting cascading of training within the countries and by making e-learning accessible to all professionals working on disease prevention and control, the ECDC aims to support training programs and assist member states to train also other professionals at local, sub national and national levels that contribute to communicable disease preparedness, prevention, detection, assessment and control. The strategy also emphasis competency based training in a needs-based approach. A comprehensive training needs assessment was carried out in 2015 and planned to be periodically updated in coordination with the NFP-Training.

The key objectives of ECDC's Public Health Training activities as defined in the new training strategy are:

1. To strengthen and maintain the workforce in the Member States and at the Community level through relevant training of key national experts, in order to ensure adequate performance of functions for communicable disease preparedness, prevention, detection, assessment and control nationally and cross-border.
2. To strengthen and maintain a network of European and global training partners, supporting capacities to provide training to the workforce in the EU at local, subnational, national and Community levels.
3. To support the cascading of training within the Member States by providing a common virtual training infrastructure with access to training material, e-learning and platforms for communities of practice.

To meet these strategic objectives, ECDC has initiated a new Continuous Professional Development Programme (CPDP) supporting professional development of seniors in the ECDC networks within the Coordinating Competent Bodies through continuous education (life-long-learning) in a blended format. These seniors are expected to support cascading of training within their countries and to assist these efforts ECDC will provide common virtual training infrastructure will that allow partners' access to training material, e-learning courses and provide platforms for communities of practice.

Following guidance from the Management Board and the 2015 Joint Strategy meeting, ECDC has put the former separate EPIET and EUPHEM programmes as paths into one single programmatic framework. This approach will allow for further additions of professional paths through the programme, e.g. hospital hygiene. An external evaluation of the programme planned for 2018, will guide discussions on the further integration of the EPIET and EUPHEM paths.

ECDC will continue to work closely with its partners. Within Europe we are mainly working with the Association of Schools of Public Health in the European Region (ASPHER) looking for synergies and sharing of experiences and virtual resources.

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Strategic objective 4
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Objective 2018 - 1	Consolidate integration of EPIET and EUPHEM as discipline paths of the new 'ECDC Fellowship Programme'.
Key outputs 2018	<ul style="list-style-type: none"> - More efficient and fully integrated administrative routines; - Better use of professional human resources; - Enhanced cross-discipline collaboration.
Expected results	<p>Both training cohorts working under the umbrella of the "one fellowship programme".</p> <p>The programme externally evaluated as a basis for further discussions on its architecture and curriculum.</p>

ECDC Strategic objective (p.12)	Strategic objective 4
Objective 2018 - 2	Consolidate the new Continuous Professional Development Programme.
Key outputs 2018	<ul style="list-style-type: none"> - ECDC summer school, - Core course and specific courses as defined by the CCB networks; - Senior exchange programme; - E-learning courses continuously added.
Expected results	The programme, established with routines for admitting participants and processes for defining individual training needs, is supporting the institutional needs of the Member States.

ECDC Strategic objective (p.12)	Strategic objective 4
Objective 2018 - 3	Implement the 2016 collaboration agreement with ASPHER.
Key outputs 2018	<ul style="list-style-type: none"> - Network of ASPHER schools of public health with a profile of communicable diseases control established and working closely with ECDC; - Core competencies defined and curricula developed by joint ECDC/CCB/ASPHER working groups.
Expected results	Exchange of experience as training providers, with public health schools; possible development of partnerships for exchange of methodologies, training materials and trainers, and organisation of joint training activities, including online courses.

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
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16	Strengthen public health workforce capacity and capability	Strengthen and maintain the workforce in the Member States and at the Community level through relevant training of key national experts, in order to ensure adequate performance of functions for communicable disease preparedness, prevention, detection, assessment and control nationally and cross-border.	<p>a. Number of people trained, per Member State, per ECDC Public Health core function</p> <p>b. Participant satisfaction with ECDC training activities.</p> <p>c. Number of scientific articles of public health relevance by ECDC fellowship programme (EPIET/EUPHEM) during and 2 years after graduation.</p> <p>d. Number of Fellowship graduates working in Public Health per Member State, per discipline (absolute and proportional)</p>	<p>a. >40 fellows in 2 cohorts included in ECDC fellowship, >300 participants to CPDP training activities (short courses, e-learning and senior exchange)</p> <p>b. >75% satisfaction</p> <p>c. > 50% increase compared to the 2-year period before entering the programme.</p> <p>d. Reduction of the gaps identified by the Training Needs Assessment</p>	<p>a. From ECDC training database (CRM): number of trained people</p> <p>b. Course evaluation</p> <p>c. Database + ECDC Virtual Academy (EVA) platform, Bibliometrics (PubMed, Scopus)</p> <p>d. ECDC Virtual Academy (EVA) : follow up of graduates (profile updates), LinkedIn, Pubmed, CCB</p>
17	Strengthen public health workforce capacity and capability	Strengthen and maintain a network of European and global training partners, supporting capacities to provide training to the workforce in the EU at local, subnational, national and Community	Perceived added value of ECDC Public Health Training activities by training stakeholders.	> 75%	Annual consultation with NFP for Training

4.2 Coordinated country support

ECDC has provided capacity support to the Member States since its establishment through various means, such as training, assessments/peer reviews, facilitation of sharing of experiences and good practices, development of toolkits and guidance, laboratory support, etc. While there is a system in place for prioritising scientific advice topics to be included in ECDC work plans (IRIS), a similar system has previously not existed for prioritisation of other capacity building activities supporting the Member States. These activities have also not always been implemented in a coordinated and structured way, and have too often been based on an ECDC perspective rather than on broad country perspectives.

In June 2016, the ECDC Management Board approved a new country support strategy with three objectives: 1) To define, together with the Member States, robust methodologies to assess capacity, training and other support needs and opportunities in countries, regions and across the EU; 2) To agree with the Coordinating Competent Bodies and the Advisory Forum on country-driven transparent methods for priority setting of ECDC country support activities, and 3) To plan and implement together with Coordinating Competent Bodies a structured and cost-efficient country support aimed at all or groups of countries, meeting identified needs and finding synergies between actions.

A plan to implement the strategy through structured expression of needs, a transparent evaluation mechanism and a process leading up to collaboration agreements between ECDC and a country/group of countries outlining the commitments of both sides has had its first discussion in the annual meeting

of the national coordinators of the coordinating competent bodies in September 2016. The system piloted in 2017 is fully rolled out in 2018 after necessary adaptations. The country support mechanism will be supported by a Stakeholder Relationship Management (SRM) system that will keep track of all interactions between ECDC and any of the MS.

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Strategic objective 3
Objective 2018 - 1	New mechanism implemented for targeted country support based on expressed needs and a transparent prioritisation process.
Key outputs 2018	Country support agreements based on the new mechanism.
Expected results	Mechanism implemented after a pilot in 2017. Work initiated on a Stakeholder Relationship Management (SRM) system supporting the work with the countries.

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
18	Further improve efficiency and further clarify responsibilities in close cooperation with relevant stakeholders, whilst retaining control over quality and service delivery.	Provide coordinated support to the Member States, through the Coordinated Country Support (CCS) mechanism	Level of satisfaction of the countries requesting support to ECDC through the Coordinated country support mechanism	>75% of the countries satisfied	Survey with recipients of the support mechanism

4.3 International relations

Context

In accordance with the priority setting identified in the ECDC International Relations Policy 2014-2020 and the objectives and priorities of the EU external policy, a key focus of ECDC's international relations activities in 2018 will be the development of technical cooperation activities, exchange of information, and capacity strengthening initiatives with EU enlargement and European Neighbourhood Policy (ENP) partner countries.

Working in coordination with the European Commission and the health authorities in EU enlargement and ENP partner countries, ECDC aims to progressively integrate country experts into its activities, systems, and networks, thereby assisting them in aligning with the relevant EU acquis, and exchange information and best practices on communicate diseases threats of common interest (e.g. AMR) as appropriate.

One of the strategic objectives set by the ECDC International Relations Policy 2014 – 2020 is that by the end of 2020 EU Enlargement countries participate in specific disease networks, report to TESSy on selected communicable diseases, and participate to agreed EPIS platforms. ECDC will continue, upon the request of the European Commission and with the financial assistance from TAIEX, to assess EU enlargement countries' capacities to prevent and control communicable diseases.

Co-responsibility will be the guiding principle in advancing ECDC support to EU accession process with EU enlargement countries. Building on the results achieved under the ECDC-IPA4 grant (external EU funding under the Instrument for Pre-Accession Assistance II), ECDC will continue to support countries integration into ECDC structures and activities as agreed under ECDC-IPA5 grant (subject to the award decision by the European Commission). This will be a complementary and coordinated ECDC action (with multiple partners and donors) to support countries in their national efforts to implement post-assessment action plans and improve their national communicable disease surveillance and control systems.

ECDC will continue its technical cooperation with the ENP partner countries in accordance with the ECDC International Relations Policy and the revised SMAP 2014 – 2020, however the level of activities in 2018 and beyond will be fully dependent on the availability and sustainability of the external EU financial assistance. ECDC will maintain its support to the overall EU policy objective of bringing ENP partners closer to EU standards and enhancing health security by strengthening the capacities of ENP partner countries to respond effectively to health threats related to communicable diseases. Particular attention will be given to further support East ENP partner countries which have signed new Association Agreements with the EU (i.e. Ukraine, Moldova, and Georgia). Under the provision of a new grant from the European Neighbourhood Instrument or financial assistance from TAIEX, this objective will be achieved through capacity strengthening, approximation of practices and legislation, and participation of ENP experts in ECDC activities.

Providing the extension of the initiative to 2018, ECDC will remain a close partner of MediPIET network and would undertake scientific advisory role of the training programme. In addition, ECDC will contribute in the discussions with all concerned partners regarding the identification of mechanisms ensuring the sustainability and long-term continuation of this training network.

Building upon existing bilateral collaboration agreements with other centres for disease prevention and control (CDCs) or similar organisations in non-EU countries and with a view to support the continuous improvement of threat detection through cooperation with other partners, ECDC will continue its efforts to become a close technical partner of the major CDCs.

Finally, ECDC will provide technical support to the Commission for its regional initiatives (e.g. EU Settlement Support for Cyprus) and dialogues with international partners and third countries. This is undertaken within the framework of relevant EU external policies and coordinated at operational level via the Directorate General (DG) Health and Food Safety with other DGs of the Commission and the European External Action Service.

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Strategic objective 3
Objective 2018 - 1	Complete, upon request from the European Commission, one technical assessment of an EU enlargement country and implement ECDC technical cooperation activities with EU enlargement countries (ECDC-IPA5 project, subject to award decision by the European Commission)

Key outputs 2018	<ul style="list-style-type: none"> - Technical Assessment Report with post-assessment recommendations - ECDC advice to countries already assessed in developing post-assessment action plans and its contribution to the implementation of planned actions. of countries already assessed - Regional meeting on communicable diseases for National ECDC Correspondents and other key stakeholders in EU enlargement countries - Improved reporting on selected and mutually agreed EU notifiable communicable diseases to ECDC surveillance and epidemic intelligence systems (TESSy, EPIS) as per EU acquis at the level of minimum ECDC requirements for data/information submission
Expected results	<p>Post-assessment phase up and running, effective assistance in strengthening countries capacities in surveillance, detection and reporting on communicable diseases through the implementation of the post-assessment action plans</p> <p>Enhanced communicable disease surveillance and control capacities, improved preparedness capabilities</p>

ECDC Strategic objective (p.12)	Strategic objective 3
Objective 2018 - 2	<p>Provided funding availability:</p> <p>Support, upon request from the European Commission, the strengthening of communicable disease surveillance and control systems in Ukraine, Moldova, and Georgia and implement ECDC technical cooperation activities with these countries</p>
Key outputs 2018	<ul style="list-style-type: none"> - Follow-up of projects under European Neighbourhood Instrument (ENI) or other financial instruments initiated and implementation started, if granted by the European Commission. - Monitoring of post-assessment action plans of the assessed countries
Expected results	<p>Sustainable capacity building initiative implemented in ENP partner countries and continuation of technical cooperation with ENP partners under ENI or other financial instruments, if granted by the European Commission</p> <p>Post-assessment phase up and running, effective assistance in strengthening countries capacities in surveillance, detection and reporting on communicable diseases through the implementation of the post-assessment action plans</p>

ECDC Strategic objective (p.12)	Strategic objective 3 and 7
Objective 2018 - 3	<p>Enhance the collaboration with the WHO European Regional Office to further implement the bilateral administrative</p>

	agreement and revitalise the existing Memoranda of Understanding with the CDC's in non-EU countries
Key outputs 2018	<ul style="list-style-type: none"> - Reviewed set of processes for joint activities (e.g. joint reports, coordinated surveillance) under collaboration framework with WHO Europe - Annual coordination meeting(s) with CDC in non-EU countries having a Memorandum of Understanding with ECDC
Expected results	<p>Decreased burden for the Member States regarding reporting (double reporting).</p> <p>Enhanced information flows and joint actions through aligned implementation of bilateral agreements with non-EU countries.</p>

ECDC Strategic objective (p.12)	Strategic objective 7
Objective 2018 - 4	Coordinate with the European Commission and related services ECDC-facilitated deployments for outbreak response support in non-EU countries, including through liaison on deployments of European Public Health Teams under the European Medical Corps mechanism
Key outputs 2018	<i>To be decided based on the decision how to act upon the Ebola deployment evaluation recommendations.</i>
Expected results	ECDC internal capacities to mobilise experts strengthened.

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
19	Strengthen public health infrastructure and processes	Assess the capacities of EU pre-accession countries in the area of prevention and control of communicable diseases, and their progress in the implementation of the EU acquis	Proportion of pre-accession countries for which progress is monitored annually	Annual update sent to the Commission for 100% of countries assessed	Survey with recipients of the support mechanism
20	Strengthen public health infrastructure and processes	Support the progressive integration of EU pre-accession and European Neighbourhood Policy partner countries into ECDC activities,	<ul style="list-style-type: none"> - Average annual attendance rate to ECDC events by EU pre-accession and ENP partner countries - Level of satisfaction from EU pre-accession and ENP partner 	<p>75%</p> <p>75% of respondents satisfied</p>	<p>Meeting attendance lists = total number of national experts attending ECDC meetings/total invited</p> <p>Bi-annual survey with all experts of pre-</p>

		funded through external EU financial assistance	countries on ECDC support for their progressive integration into ECDC		accession and ENP partners countries
21	Strengthen public health infrastructure and processes	Strengthen the cooperation and partnership with the major CDC-s across the globe through formal bilateral agreements with ECDC	- Proportion of partner CDCs for which Focal Points have been designated - Proportion of partnership agreements for which evaluations are conducted	100% 75% of MoUs/partnerships evaluated	CRM, International Relations Section statistics
22	Strengthen public health infrastructure and processes	Enhance the collaboration with the WHO European Regional Office and revitalise the existing Memoranda of Understanding with the CDC's in non-EU countries	Level of satisfaction from EU/EEA Member States on ECDC collaboration with WHO/Europe	75% of EU/EEA countries satisfied	ECDC Stakeholder satisfaction survey includes the question to measure satisfaction of countries on ECDC/WHO collaboration and joint outputs

Total Resources Training and capacity building:

Total FTEs for this activity: **28.2 FTEs**
Total operational budget title 3: **4,488,000 EUR**

5 Communication

5.1 Health Communication

Context

ECDC, as the main European agency for risk assessment in the area of communicable diseases affecting humans, has an important role in ensuring that health professionals and policymakers across Europe act on the basis of the best available information and evidence. This information may be generated by ECDC and its networks as well as by partners in the countries including academia.

ECDC-generated content is disseminated through an array of communication channels, including social media, and in close partnership with communication experts across Europe. Content from other parties may be disseminated through communities of practice supported by ECDC.

The new ECDC Communication Strategy stipulates that the four main target groups that ECDC serves are health professionals, policy-makers, the media, and health communicators. ECDC will support national authorities and other stakeholders in efforts to reach their citizens, but does not address the general public as a direct audience.

Risk communication is considered an essential part of risk management, and is thus the prime responsibility of the Member States and the Commission. To support this, the role of ECDC is to facilitate identification of shared priorities, provide data and analysis, and share best practice with risk communicators in the countries, for example, by supporting the European Antibiotic Awareness Day, uptake of vaccination or addressing vaccine hesitancy.

ECDC works closely with its counterparts in the Commission to ensure consistency, synergy and alignment with the Commission's activities and priorities in the health area (currently, crisis preparedness and antimicrobial resistance), and supports the Commission in its coordinating role in the context of serious cross-border health threats.

ECDC also has an important role in supporting Member States to build and reinforce their risk communication capacities as part of their generic national preparedness planning. In all relevant communication activities the Centre works closely with WHO.

Objectives, key outputs, and expected results

ECDC Strategic objective (p.12)	Strategic objective 1
Objective 2018 - 1	Ensure that ECDC scientific and technical outputs are timely, easily available, impactful, reusable and adjusted to the needs of our target audiences
Key outputs 2018	Timely communications of ECDC scientific and technical content adapted to its main target audiences through an array of appropriate communication channels, fully utilising the new website.
Expected results	ECDC scientific and technical content available to those who needs it, when they need it and in an appropriate format. Policy decisions on communicable disease prevention and control, informed by ECDC science and guidance when appropriate.

ECDC Strategic objective (p.12)	Strategic objective 2
Objective 2018 - 2	Consolidate the reputation of ECDC as an independent, transparent agency that produces high quality scientific content.
Key outputs 2018	<ul style="list-style-type: none"> - Media coverage of ECDC in European media specialising in public health; - Communication support to output from ECDC experts in scientific journals; - Communication support to ESCAIDE.
Expected results	Increased awareness, use of and references to ECDC's brand, key experts and outputs among its target audiences.

ECDC Strategic objective (p.12)	Strategic objective 3
Objective 2018 - 3	Support sharing of knowledge, information and analysis among stakeholders, with a focus on strengthening communication capacity and preparedness in EU Member States.

Key outputs 2018	<ul style="list-style-type: none"> - Capacity building activities (e.g. ECDC materials, workshops) in the area of risk and crisis communication; - Technical support to and joint activities with the communication working group under the Health Security Committee; - Support to national health communication campaign activities, notably the European Antibiotic Awareness Day.
Expected results	<p>Active collaboration and sharing of information across communities of risk and crisis communicators in Europe.</p> <p>Risk and crisis communication better integrated in national preparedness planning.</p> <p>Increased public awareness of risks linked to AMR.</p>

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
23	Support efficient decision-making by enabling the sharing of evidence and expertise	Ensure that ECDC scientific and technical outputs are timely, easily available, impactful, reusable and adjusted to the needs of our target audiences	<p>Usage of the ECDC web portal and social media channels</p> <p>Perception of timeliness, usability and usefulness of ECDC output</p>	<p>+5% page views on web portal; +10% followers on Twitter</p> <p>Favourable perception of at least 75% respondents</p>	<p>Web and social metrics used for verification</p> <p>Perception study, stakeholder survey and feedback collected through annual NFP meeting for communication</p> <p><i>(Indicators are aligned with Communication Strategy)</i></p>
24	Support efficient decision-making by enabling the sharing of evidence and expertise	Consolidate the reputation of ECDC as an independent, transparent agency that produces and disseminates high quality scientific content	Increase of media articles in Europe referencing ECDC and its experts	+5% compared to previous year	<p>Media monitoring</p> <p><i>(Indicators are aligned with Communication Strategy)</i></p>
25	Support efficient decision-making by enabling the sharing of evidence and expertise	Support sharing of knowledge, data and analysis among stakeholders with a focus on strengthening communication capacity and preparedness in EU Member States	Favourable perception of ECDC communication capacity support activities by NFPs (materials, workshops, meetings, country visits, training activities) in the area of risk and crisis communication.	Favourable perception of at least 75% respondents	<ul style="list-style-type: none"> - Perception study, stakeholder survey and feedback collected through annual NFP meeting for communication - Indicators are aligned with Communication Strategy

5.2 Eurosurveillance

Context

ECDC became publisher of *Eurosurveillance* in 2007. Since then, the journal has gained reputation as credible source of scientific and public-health-relevant information for the prevention and control of communicable diseases in Europe (and beyond). The second ECDC external evaluation confirmed that public health experts and policy makers in the EU deem the journal highly valuable and useful for their work. The journal metrics (a proxy measure of scientific importance/relevance) have been favourable; *Eurosurveillance* has ranked among the leading journals in its field for over five years and is known world-wide.

For the years 2018 to 2020, *Eurosurveillance* will continue to facilitate sharing of open-access, timely, regular information and data for public health action. The new publication platform launched in 2017 will support transparent workflows that ease the publication and retrieval of the scientific articles. Where appropriate and possible, supplementary materials will be made available also.

Contribution to broadening the scientific evidence-base of epidemiology, surveillance, prevention and control of infectious diseases will be achieved through publication of methodological and conceptual articles and articles presenting results generated through evidence-based methods. Principles of publication ethics and research integrity will be applied and promoted among colleagues, contributors and the journal's audience.

A number of initiatives will support the wide and proactive dissemination of the journal's content such as presence and presentations at scientific meetings, a scientific seminar on the margins of an international conference (preferably ESCAIDE), and strategic use of social media using opportunities offered by the new publication platform.

In 2018, *Eurosurveillance* editors will continue to engage in trainings around the generation of scientific publications/articles and supporting development of critical appraisal skills. Scholarly scientific and methodology articles will complement respective ECDC activities.

In its activities, the editorial team will use its well established networks among experts in Europe and beyond. 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.

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Strategic objective 1 and 4
Objective 2018 - 1	Continue production of <i>Eurosurveillance</i> as an attractive and informative journal, with good visibility and reputation that supports ECDC capacity building activities and contributes to closing the gap in the available evidence-base in international scientific databases, with respect to the prevention and control of communicable disease in Europe.
Key outputs 2018	<ul style="list-style-type: none">- 50 issues published (weekly on Thursdays).- One scientific seminar on the margins of an international conference (preferably ESCAIDE).- Regular provision of information through twitter, Wikipedia, and another social media platform, to be determined.

	<ul style="list-style-type: none"> - Presentations during ECDC meetings and at training activities and in national PH institutes. (<i>*could be deprioritised in case of emergency</i>) - Moderation of ECDC scientific (abstract) writing courses. - Educational article series in <i>Eurosurveillance</i>.
Expected results	<p>Timely provision of Public Health relevant rapid communications and provision of articles with data/evidence from minimum 15 different European countries supports PH action and facilitates scientific debate.</p> <p>Journal remains attractive for authors through ranking in the first quartile of journals in its field in relevant metrics (JCR, SCImago and Google scholar) and an IF above 3.</p> <p>Enhanced reputation as authoritative and credible source of information in our field.</p> <p>Journal serves as educational source for Public Health experts in EU countries.</p>

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
26	Support efficient decision-making by enabling the sharing of evidence and expertise	Consolidate the high level profile and attractiveness of Eurosurveillance	<ul style="list-style-type: none"> - Impact factor for Eurosurveillance and journal rank positioning in first quartile - Articles accepted for publication from countries represented on the Eurosurveillance board 	<p>IF >3</p> <p>Articles received from authors of at least 15 countries</p>	<p>Journal Citation Reports, Thomson Reuters, SCImago</p> <p>EU/EEA and candidate countries</p>

Total Ressources Communication and *Eurosurveillance*:

Total FTEs for this activity: **18.7 FTEs**
Total operational budget title 3: **411,500 EUR**

6. Disease programmes

6.1 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 and global agenda, as the various AMR 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 such as carbapenems and polymyxins in Gram-negative bacteria, as reported by EARS-Net and the EuSCAPE project in 2013-2015, require close surveillance and concerted efforts in the EU and at international level, and this will continue in 2018.

Despite recent efforts and successes at Member State level, at EU level and globally, there is still, in many Member States, poor awareness among healthcare professionals and among the general public about the need for prudent use of antibiotics and for infection prevention and control measures. Moreover, guidance documents, 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. The high priority of AMR and HAIs on the European and global agenda is likely to continue in 2018 and the following years. On 22-23 October 2015, the Transatlantic Task Force on AMR (TATFAR) discussed a new set of actions, including ten actions to which ECDC will need to contribute during for the period 2016-2020.

On 29 June 2017, the European Commission adopted a European One Health Action Plan against AMR, which contains concrete actions with EU-added value with the objectives of making the EU a best practice region, boosting research, development and innovation, and shaping the global agenda on AMR.

In addition, G7 and G20 countries recently committed themselves to work on combatting AMR and by 2018, (a) WHO will have completed implementation of the first two years of its Global Action Plan on AMR and is likely to implement follow-up actions, (b) the Global Health Security Agenda (GHSA) will continue the implementation of its AMR Action Package, and (c) the Northern Dimension Partnership on Public Health and Social Well-being (NDPHS) will continue the implementation of its action plan, including on AMR.

Objectives, key outputs 2018, and expected results

The objectives of the ARHAI disease programme on **AMR** are:

ECDC Strategic objective (p.12)	Strategic objective 1 and 2
Objective 2018 – 1	Improve the quality and sustainability of surveillance systems on AMR and antimicrobial consumption at EU level, as well as comparability of data
Key outputs 2018	<ul style="list-style-type: none">- EARS-Net: Updated public database and online summary report on surveillance of AMR (2017 data);- EARS-Net: External quality assessment of the performance of laboratories that report to EARS-Net;- ESAC-Net: Updated public database and online summary report on surveillance of antimicrobial consumption (2017 data);

	<ul style="list-style-type: none"> - ESAC-Net: Report on antimicrobial consumption in acute care hospitals in EU/EEA Member States; - EARS-Net and ESAC-Net (together with HAI-Net): Improvement of the quality and availability of surveillance data for AMR and antimicrobial consumption to enable meaningful comparisons between countries and across networks with better use and integrated analysis of existing data; - Start work on the 3rd Joint Interagency Antimicrobial Consumption and Resistance Analysis Report (JIACRA) with antimicrobial consumption and AMR data analysed in a One Health perspective; - Start work on ECDC comprehensive report on AMR (to be published in 2019); - In accordance with the ECDC roadmap for integration of genomic/molecular typing surveillance, continued molecular typing surveillance of carbapenemase-producing <i>Enterobacteriaceae</i> (CPE) as part of the 2nd European Survey of Carbapenemase-Producing Bacteria (<i>pending revision of the ECDC roadmap for integration of genomic/molecular typing surveillance and SMT decision about resources for its implementation</i>); <i>(*could be deprioritised in case of emergency)</i> - 4th Joint meeting of the ARHAI Networks: EARS-Net and ESAC-Net (together with HAI-Net). <i>(*could be deprioritised in case of emergency)</i>
Expected results	<p>Better understanding of AMR due to the higher accessibility and quality of ECDC consolidated surveillance data;</p> <p>Increased potential for Member States to inform their policies based on improved EU-wide data;</p> <p>Better understanding/alignment and interoperability of areas such as AMR and antimicrobial consumption, molecular typing surveillance as well as HAIs.</p>

ECDC Strategic objective (p.12)	Strategic objective 1 and 3
Objective 2018 – 2	Support activities on AMR, through the provision of advice, guidance and training, as well as country support, in cooperation with the European Commission and Member States.
Key outputs 2018	<ul style="list-style-type: none"> - Guidance for screening for multidrug-resistant (MDR) bacteria in healthcare settings started, including a priority list, according to defined criteria, of MDR bacteria for which patients should be screened; - Expert contribution to the EMA/Antimicrobial Advice Ad Hoc Expert Group (AMEG): new mandate to update the advice on the impact on public health and animal health of the use of antibiotics in animals (categorisation of antimicrobials and early hazard characterisation) (One Health); - Country visits to discuss AMR issues jointly with DG SANTE/F and upon invitation from Member States (up to 6 country visits in a

	<p>One Health perspective); (<i>*could be deprioritised in case of emergency</i>)</p> <ul style="list-style-type: none"> - Support to the European Commission on the implementation of its 2nd Action Plan on AMR; - Close collaboration with Member States on their Joint Action on AMR (and HAIs).
Expected results	Increased capacity and capability of Member States to prevent and control AMR.

ECDC Strategic objective (p.12)	Strategic objective 3
Objective 2018 – 3	Strengthen international collaborative activities on AMR including through collaboration with WHO, the TATFAR, the GHSA, the NDPHS and other non EU partners
Key outputs 2018	<ul style="list-style-type: none"> - Support WHO on the implementation of the Global Action Plan on AMR; - Contribution the Transatlantic Task Force on AMR (TATFAR), in particular start work on TATFAR Action 2.2 on a common system for sharing and analysing bacterial resistance patterns for pathogens identified as urgent and serious threats and on TATFAR Action 2.5 on guidance for detection of outbreaks or concerning resistance trends and appropriate response; (<i>*could be deprioritised in case of emergency</i>) - Close collaboration with OECD, in particular on its estimates of the economic burden of AMR; - Participation in the expert group of the Northern Dimension Partnership on Public Health and Social Well-being (NDPHS).
Expected results	<p>Better alignment of activities and increased exchange of information as well as collaboration between ECDC and its international counterparts;</p> <p>ECDC further established as a key partner in international cooperation initiatives to prevent and control AMR and HAI.</p>

ECDC Strategic objective (p.12)	Strategic objective 1 and 3
Objective 2018 – 4	Raise awareness about prudent use of antibiotics through the European Antibiotic Awareness Day (EAAD), in partnership with the WHO World Antibiotic Awareness Week
Key outputs 2018	<ul style="list-style-type: none"> - 11th European Antibiotic Awareness Day (EAAD), 18 November 2018, in partnership with the 4th WHO World Antibiotic Awareness Week.

Expected results	<p>Increased awareness about prudent antibiotic use, by the general public, health professionals and stakeholders in Member States and overall in the EU/EEA;</p> <p>Increased number of activities, including campaigns to promote the prudent use of antibiotics, at national, regional and local level in Member States.</p>
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The objectives of the ARHAI disease programme on **HAI**s are:

ECDC Strategic objective (p.12)	Strategic objective 1
Objective 2018 – 5	Improve the knowledge and understanding of the prevalence of HAIs and antimicrobial use, as well as on indicators of infection prevention and control and of antimicrobial stewardship, in acute care hospitals and long-term care facilities in Member States and overall in the EU/EEA
Key outputs 2018	<ul style="list-style-type: none"> - HAI-Net: Report on the 2nd Point prevalence survey of HAI and antimicrobial use in European acute care hospitals 2016-2017; - HAI-Net: Report on the 3rd Point prevalence survey in European long-term care facilities 2016-2017.
Expected results	Updated, robust data on the prevalence of HAIs and antimicrobial use and of their determinants (infection prevention and control and antimicrobial stewardship) in acute care hospitals and long-term care facilities in Member States and overall in the EU/EEA

ECDC Strategic objective (p.12)	Strategic objective 1 and 2
Objective 2018 – 6	Improve the quality and sustainability of surveillance systems on HAIs at EU level, as well as comparability of data
Key outputs 2018	<ul style="list-style-type: none"> - HAI-Net: Updated public databases and online summary reports on surveillance of: <ul style="list-style-type: none"> - surgical site infections (HAI-Net SSI), - infections acquired in intensive care units (HAI-Net ICU) - Clostridium difficile infections (HAI-Net CDI); - HAI-Net (together with EARS-Net and ESAC-Net): Improvement of the quality and availability of surveillance data for HAIs to enable meaningful comparisons between countries and across networks with better use and integrated analysis of existing data; - 4th Joint meeting of the ARHAI Networks: HAI-Net (together with EARS-Net and ESAC-Net). (<i>*could be deprioritised in case of emergency</i>)

Expected results	Better exchange of surveillance data and better interoperability across the areas covered by the Disease programme (AMR, antimicrobial use and HAIs)
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ECDC Strategic objective (p.12)	Strategic objective 1 and 4
Objective 2018 – 7	Support activities on HAIs through the provision of advice, guidance and training, as well as informing about good practices, in cooperation with the European Commission and Member States,
Key outputs 2018	<ul style="list-style-type: none"> - Support to training of healthcare workers for the prevention and control of HAIs, and control of multidrug-resistant micro-organisms in health care settings (one short course); (<i>*could be deprioritised in case of emergency</i>) - Further implementation of the ECDC directory of online resources for the prevention and control of HAIs and AMR.
Expected results	Increased workforce competence, and capacity and capability of Member States to prevent and control HAIs and AMR in healthcare settings.

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
26	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Satisfaction by the Member States regarding the work of the Disease Programmes	>75% satisfaction by two-third of the respondents	As measured by the ARHAI networks annual survey
27	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Strengthen Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Added value of the disease programmes (as per periodical evaluation)	>75% satisfaction for the generic index, for each Disease Programme	Generic index based on the evaluation of the programme performed every 5 years (ongoing 2018-2020)

Total Resources ARHAI:

Total FTEs for this activity: **13.1 FTEs**
 Total operational budget title 3: **1,565,000 EUR**

6.2 Emerging and vector borne diseases - EVD

Context

Emerging and vector-borne diseases pose a special challenge to ECDC and national public health authorities due to the biological complexity of their transmission pattern and their epidemiological potential. In recent years, several vector-borne disease outbreaks have occurred in Europe and an increased establishment and spread of invasive mosquitoes or spread of native ticks in new areas has been observed. New pathogens have been identified and emerged in new areas facilitating the risk of spread. It is anticipated that novel and unusual outbreaks of emerging and vector-borne diseases will occur with progressive risk towards 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 suitable environmental 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 timely information for decision making. Furthermore, truly new or rare diseases might appear or re-appear. Efforts to monitor and control these uncommon diseases are hampered by often limited capacity for detection combined with some lack of knowledge or awareness of clinicians.

It is important to stress that Member States are facing different threats with regards to these diseases. In general though, four types of data are needed to understand and assess the risks linked to the different emerging and vector-borne disease situations in Member States: 1) disease data; 2) pathogen presence (in human, reservoir hosts or vectors); 3) the occurrence of vectors and 4) data on suitable environmental conditions and social/behavioural changes. 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.

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Strategic objectives 1, 2, 3, and 6
Objective 2018 - 1	Provide scientific advice, risks analysis and assessment tools to support country preparedness and decision-making process for emerging and vector-borne diseases.
Key outputs 2018	<ul style="list-style-type: none"> - Scientific advice for ad-hoc risk assessments in the EU/EEA; - Modelling tool developed to support the decision making process for surveillance and vector control of dengue, chikungunya and Zika virus infection in Europe: field validation of the tool in the field with a pilot study; - Modelling tool developed to appraise and compare vector control strategies against West Nile fever in Europe: revision of the model after the pilot study and development of a web-based application; - Scientific advice and guidance on tick-borne diseases - Assessment of the effects of social and environmental changes, such as vector distribution and the current dynamics of global air-traffic patterns; <i>(*could be deprioritised in case of emergency)</i> - Scientific advice on vector control strategies for EVDs;

	<ul style="list-style-type: none"> - Risk assessment for tick-borne encephalitis transmission through substance of human origins (SoHO) in the EU and development of a preparedness plan for the authorities responsible for SoHO if needed - Support to Member States in identifying specific competences needed for EVDs (training); - Participation to ad-hoc country visits to assess preparedness and response plans for EVDs.
Expected results	<p>Contribute to strengthen countries' general preparedness and response for emerging and vector-borne diseases in the EU;</p> <p>Contribute to support decision making process related to surveillance and control strategies.</p>

ECDC Strategic objective (p.12)	Strategic objective 1 and 5
Objective 2018 - 2	Strengthen and standardise reporting of emerging and vector-borne diseases, support Member States and the European Commission with update of case definitions and implementation of new notifiable EVDs.
Key outputs 2018	<ul style="list-style-type: none"> - In-depth analysis of TESSy data and dissemination of publications with integration of animal and/or vector data based on the One Health approach where appropriate; - Support to Member States with the implementations of options for Lyme neuroborreliosis in the EU; - Cross-sectional survey for Lyme borreliosis to better assess the importance of the different target conditions; - Timely surveillance of mosquito-borne diseases; - Data collection on disease vectors and their related pathogens for updated vector distribution maps (mosquitoes, ticks and sand-flies) and ad-hoc support in entomological expertise (in collaboration with EFSA via an outsourced network, VectorNet).
Expected results	<p>Provide analysis and overview of EVDs' trends and vector distribution in the EU/EEA</p> <p>Provide timely surveillance data for diseases transmitted by mosquitoes to support national health authorities to implement intervention measures in a timely manner</p> <p>Support Member States with the implementation of options for the surveillance of Lyme</p>

ECDC Strategic objective (p.12)	Strategic objective 1, 3, 4 and 5
Objective 2018 - 3	Increase laboratory capacity building for early detection and surveillance of EVDs through an outsourced laboratory network in coordination with the Microbiology section and other European Commission's related initiatives

Key outputs 2018	<ul style="list-style-type: none"> - Assess current and emerging threats to human health from communicable diseases, in particular (re-emerging) vector-borne and other viral infectious diseases. - Conduct External Quality Assessment (EQA) on viral pathogens covered by the programme - Provide short training courses to improve the diagnostic capability of EU expert laboratories
Expected results	Strengthen laboratory capacity building for early detection and surveillance of EVDs.

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
26	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Satisfaction by the Member States regarding the work of the Disease Programmes	>75% satisfaction by two-third of the respondents	As measured by the EVD networks annual survey
27	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Strengthen Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Added value of the disease programmes (as per periodical evaluation)	>75% satisfaction for the generic index, for each Disease Programme	Generic index based on the evaluation of the programme performed every 5 years (ongoing 2018-2020)

Total Resources EVD:

Total FTEs for this activity: **6.70 FTEs**
Total operational budget title 3: **647,000 EUR**

6.3 Food- and Waterborne Diseases and Zoonoses - FWD

Context

The food- and waterborne diseases and Legionnaires' disease epitomise the concept of serious cross-border threats to health, in that they are prone to outbreaks and clustering of cases that can cross national and international borders, due to trade of contaminated food, water, and/or infected animals as well as due to international travel of humans. This epidemiological characteristic, along with their potentially large economic impact on trade and tourist industry, makes the early detection and effective investigation of outbreaks particularly important. This requires multidisciplinary collaboration and regular communication between food-safety, veterinary, environmental and public health authorities to implement control and prevention measures in a timely manner. Therefore ECDC works, along the "One Health" principle, in close collaboration with EFSA and the European Union Reference Laboratories (veterinary reference laboratories), and promotes the development of good collaboration across sectors at the national level. The joint EFSA-ECDC molecular typing database was piloted in 2015-2016, and is expected to be operational with gradual increase in participating countries from food and public health sector in 2018. Simultaneously, the options for upgrading the joint database with WGS will be produced together with EFSA by April 2019 and the WGS-enhanced listeriosis surveillance is expected to be operational in 2018, according to the roadmap. The EPIS-FWD was upgraded in 2016 by providing access to the nominated food- and veterinary authorities. In 2018, we foresee an increased need for response to continuous and intermittent common source multi-country foodborne outbreaks, caused by persistent sources in the food chain.

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 strains, assess the public health impact of prevention and control measures implemented in the food and environmental sector, and to identify disease-specific epidemiological characteristics in the EU-wide human population. Focus will be shifted towards analysis of ECDC and EFSA data in "thematic reports", allowing a more in depth analysis of epidemiological features of selected pathogens.

An evaluation of the DP is expected to take place in the first half a year in 2018.

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Strategic objective 1 and 2
Objective 2018 - 1	Strengthen surveillance and according to the "One Health" principle foster joint analyses of collected data, including AMR, with data from food and veterinary sector so that effective short-, medium, and long-term preventive and control measures can be implemented.
Key outputs 2018	<ul style="list-style-type: none"> - European Union Summary Report on trends and sources of zoonoses, zoonotic agents and foodborne outbreaks 2017, EFSA-ECDC joint report; - European Union Summary Report on antimicrobial resistance in zoonotic and indicator bacteria from humans, animals and food 2017, EFSA-ECDC joint report; - Contribution to Annual Epidemiological Report FWD chapters; <i>(*could be deprioritised in case of emergency)</i> - Scientific advice on <i>Listeria</i> risk in institutional settings, in close collaboration with EFSA and Member States;

	<ul style="list-style-type: none"> - Integration of questionnaire tool for FWD surveillance in close collaboration with MSs; (<i>*could be deprioritised in case of emergency</i>) - Scientific support for the development of Surveillance Atlas for AMR in <i>Salmonella</i> and <i>Campylobacter</i>; (<i>*could be deprioritised in case of emergency</i>) - Review of the needs to revise CJD surveillance as agreed with Member States; (<i>*could be deprioritised in case of emergency</i>) - Work initiated on <i>Campylobacter</i> infections and water/climate-related transmission. (<i>*could be deprioritised in case of emergency</i>)
Expected results	<p>Contribution to the reduction of incidence/notification rate in EU trends of FWD, particularly listeriosis, salmonellosis and VTEC infections;</p> <p>Further improvement of the quality of surveillance at the national and EU level.</p>

ECDC Strategic objective (p.12)	Strategic objective 5
Objective 2018 - 2	Strengthen detection and investigation of multi-country food/waterborne and travel-associated Legionnaires' disease (TALD) outbreaks, as well as response to emerging FWD by strengthening multi-disciplinary and cross-sectorial collaboration.
Key outputs 2018	<ul style="list-style-type: none"> - Scientific communications; peer-reviewed publications, outbreak reports; (<i>*could be deprioritised in case of emergency</i>) - Monthly report on TALD cases; - Regular cluster reports of listeriosis, salmonellosis and VTEC infection; - Monthly serotype signal reports; - Joint investigation on epidemiology of persistent <i>Salmonella</i> MLVA types, multidisciplinary team with EFSA and MSs; - ELITE 3 (global analysis)/ Joint investigation on epidemiology of persistent genotypes of <i>Listeria monocytogenes</i> strains, multidisciplinary team with EFSA and Member States; - EFSA-ECDC joint crisis preparedness workshop.
Expected results	<p>Contribution to better compliance with the legal EU requirements on investigation of foodborne outbreaks (Directive 2003/99/EC, Chapter IV, Article 8); more outbreaks detected and investigated;</p> <p>Scientific evidence transferred to policy making in the field of public health risks related to FWD.</p>

ECDC Strategic objective (p.12)	Strategic objective 3 and 4
Objective 2018 - 3	Promote the development of high quality analytical and technical capacity and capability in national public health reference laboratories to detect, investigate and respond to emerging FWD and Legionnaires' disease (LD), and outbreaks with a possibility to link molecular typing data nationally and globally with human, food, feed, animal, and environmental (water) data.
Key outputs 2018	<ul style="list-style-type: none"> - External quality assessments services for typing of <i>Listeria monocytogenes</i> (pending on budget availability), <i>Salmonella</i> (pending on budget availability), verocytotoxin-producing <i>E. coli</i>, for antimicrobial resistance of <i>Salmonella</i> and <i>Campylobacter</i>, and for Legionnaires' disease (procurement process started in 2017); - Capacity building opportunities through the FWD Expert Exchange Programme (FWDEEP). (<i>*could be deprioritised in case of emergency</i>)
Expected results	<p>Improved quality of surveillance data that leads to more reliable scientific outputs</p> <p>Increasing number of countries with WGS capacity and better response to serious cross-border public health threats related to FWD.</p>

ECDC Strategic objective (p.12)	Strategic objective 3
Objective 2018 - 4	Promote multidisciplinary networking and partnerships with international stake holders
Key outputs 2018	<ul style="list-style-type: none"> - FWD network meeting, if possible back-to-back with European Union Reference Laboratory for <i>Salmonella</i>; (<i>*could be deprioritised in case of emergency</i>) - ELDSNet (European Legionnaires' Disease Surveillance Network) meeting; - Collaborative activities with WHO Regional Office for Europe; (<i>*could be deprioritised in case of emergency</i>) - Collaboration with PulseNet International, US CDC. (<i>*could be deprioritised in case of emergency</i>)
Expected results	<p>Good preparedness to respond to EU-wide and global foodborne events;</p> <p>Good preparedness to respond to EU-wide and global TALD clusters;</p> <p>Improved multidisciplinary and cross-sectoral collaboration at national, EU and global level.</p>

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
26	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Satisfaction by the Member States regarding the work of the Disease Programmes	>75% satisfaction by two-third of the respondents	As measured by the FWD networks annual survey
27	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Strengthen Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Added value of the disease programmes (as per periodical evaluation)	>75% satisfaction for the generic index, for each Disease Programme	Generic index based on the evaluation of the programme performed every 5 years (ongoing 2018-2020)

Total Resources FWD:

Total FTEs for this activity: **9.3 FTE**
 Total operational budget title 3: **754,000 EUR**

6.4 HIV, Sexually Transmitted Infections and viral Hepatitis - HSH

Context

This group of heterogeneous diseases have similar basic determinants such as links to sexual behaviour, affecting marginalised or poor sub-populations (such as injecting drug users or migrants) and communities and complicated by heavy stigma and in some cases discrimination against the community affected most by infection. However, an even stronger common characteristic is that these diseases have a tendency to persist as asymptomatic chronic infections, with resulting challenges for disease detection, burden estimates, prevention and control. Dedicated programmes for each of these diseases need specific evidence and good data, which are often difficult to obtain and validate, particularly from hard-to-reach populations. Many Member States suffer from the fragmentation of prevention and care services for HIV, STIs and viral hepatitis and this poses a challenge to ensuring effective prevention and control. To overcome these challenges, evidence-based information on effective measures to prevent and/or reduce the harm from these infections is crucial.

A common factor in the 2018 work plan for the individual diseases under HSH is the focus on the collection, analysis and dissemination of the best available strategic information to support action. These efforts have to balance the added burden on the scarce resources in Member States with the need for higher standards and better quality surveillance outputs. The surveillance work is

supplemented by high quality, evidence-based scientific advice in the form of technical reports and guidance in those selected areas of prevention and control that are useful for both Member States and the European Commission. The expected impact of this work is better scientific evidence for MS policy advisors and public health disease experts to enable them to improve their national STI/HIV/Hep prevention and control programmes. It is also expected that reporting on the data on monitoring of the response should enable both the European Commission and MS to better identify gaps and needs requiring further efforts.

In 2018 we aim to continue consulting closely with our MS colleagues and other key stakeholders to best understand their needs while evaluating the impact of past technical reports and guidance that may require to be updated. We also foresee a need for better integration of epidemiological and response monitoring data especially in the light of monitoring the various EU Action Plans and political initiatives such as the Dublin Declaration, SDGs, WHO Regional Action Plans, etc. Due to the redeployment of staff resources there will be less activities related to STIs and no STI network meeting in 2018.

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Strategic objective 1, 2 and 4
Objective 2018 - 1	Improve the epidemiological data on HIV (including HIV drug resistance), Hepatitis B and C, STIs (including antimicrobial resistant gonorrhoea) at EU and national levels, and increase the quality, interpretation and availability of the reports and outputs to better optimise their usefulness for key stakeholders.
Key outputs 2018	<ul style="list-style-type: none"> - Country missions in support of specific requests by MS to help improve the national surveillance systems; <i>(*could be deprioritised in case of emergency)</i> - Reports with clear EU-wide priorities agreed during the HIV; - Reports and possible scientific manuscripts on the estimated incidence and prevalence of HIV and hepatitis C in the EU based on new modelling methods and prevalence databases; - Reports and possible scientific manuscripts based on data from the new EU-wide sentinel systems to monitor STI, HCV and HBV-related morbidity and mortality in the EU/EEA; - Coordination of the surveillance networks, with annual coordination committee meetings, and production of the joint HIV surveillance report with WHO; <i>(*could be deprioritised in case of emergency)</i> - HIV, hepatitis, STIs and gonorrhoeal antimicrobial resistance final surveillance data analysis posted on the atlas, published in annual surveillance reports, prepared as outputs for World AIDS Day and World Hepatitis Day and several scientific manuscripts, presentations or abstracts for conferences; <i>(*could be deprioritised in case of emergency)</i> - External quality assessments and training performed to improve the national diagnostic capacity on gonorrhoeal antimicrobial resistance;

	<ul style="list-style-type: none"> - Final hepatitis sero-prevalence survey protocol and pilot report; - Reports and possible scientific manuscripts on HIV Drug Resistance trends in the EU/EEA.
Expected results	<p>More detailed and informative analysis of the surveillance based on better quality epidemiological data, with broader dissemination of this analysis to better help experts in the MS working with these diseases.</p> <p>Reduced surveillance reporting burden on MS and avoidance of duplication of reporting with WHO and UNAIDS</p> <p>Contribute to scientific excellence within ECDC and enhance the expertise of ECDC experts and associated networks</p> <p>Improved epidemiological picture of the true burden of disease of HIV, hepatitis and STIs in the EU</p> <p>Further consolidation of ECDC's role as a hub of harmonised European surveillance systems for HIV, Hepatitis and STIs.</p> <p>By providing better epidemiological data, contribute to improving the national response and thereby reducing the incidence of HIV (including HIV drug resistance), Hepatitis B and C, STIs (including anti-microbial resistant gonorrhoea) at EU and national levels</p>

ECDC Strategic objective (p.12)	Strategic objective 2 and 7
Objective 2018 - 2	Strengthen international collaborative activities on HIV, Hepatitis B and C and STIs with key stakeholders ¹⁰
Key outputs 2018	<ul style="list-style-type: none"> - Report on the impact evaluation and update of the guidance on prevention of BBVs among PWID jointly with EMCDDA including a decision on what needs to be updated; - Technical report following the expert meeting on prevention and control of BBV in prison settings jointly with EMCDDA; - Updated online European HIV/STI/HEP Test Finder jointly with AIDS Action Europe; - Participation in and presentation of various papers at the main meetings or conferences organised by the key partners identified in this objective and various invitations to them to participate in the relevant ECDC meetings.
Expected results	Enhance collaboration with clinical networks, learned societies and other key stakeholders to gain their perspective and valuable input in our work and elicit broader support for ECDC activities from the opinion leaders, influential organisations and leading societies working on these diseases.

¹⁰ WHO, EMCDDA, UNAIDS, Civil Society Forum, US CDC, International AIDS Society, International Society for Sexually Transmitted Diseases Research, European Association For The Study Of The Liver, International Union against Sexually Transmitted Infections, International Association of Physicians in AIDS Care, AIDS Action Europe, European AIDS Treatment Group, amongst others.

	Strengthened collaboration on the joint surveillance activities with WHO, UNAIDS and EMCDDA and support WHO in their monitoring of the various HIV, Hepatitis and STI Action Plans.
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ECDC Strategic objective (p.12)	Strategic objective 1, 2, 3 and 4
Objective 2018 - 3	In cooperation with the European Commission and Member States, support the planning and response of national HIV, Hepatitis B and C and STIs prevention and control programmes through the provision of technical advice, monitoring and evaluation, provision of evidence based technical reports and guidance and training.
Key outputs 2018	<ul style="list-style-type: none"> - Country missions, wherever appropriate including experts from WHO or EMCDDA, to provide technical support to MS in dealing with specific problems or threats depending on the specific requests of the MS and the resources available; <i>(*could be deprioritised in case of emergency)</i> - Several reports on monitoring the response to HIV in Europe in collaboration with WHO and UNAIDS; <i>(*could be deprioritised in case of emergency)</i> - Technical report with a scientific analysis of the problems posed by chemsex and possible options for mitigating these; - Scientific Guidance on HIV Testing (updated)¹¹; - Provide technical support backed by scientific evidence to assist MS in implementing PrEP (pre-exposure prophylaxis); - Technical report with a scientific analysis of the latest developments in STI testing, including point of care tests; - Scientific Guidance on hepatitis B and C testing, in collaboration with key stakeholders such as WHO and EMCDDA; - Technical report on measuring the impact of national STI and hepatitis prevention and control strategies most likely jointly with WHO; - A framework and a standardized methodology for the monitoring of the HIV and Hepatitis continuum of care metrics. <i>(*could be deprioritised in case of emergency)</i>
Expected results	<p>Reduced reporting burden on MS for monitoring indicators and avoidance of duplication of reporting with WHO and UNAIDS;</p> <p>Contribute to scientific excellence within ECDC and enhance the expertise of ECDC experts and associated networks;</p> <p>European Commission and MS provided with clear evidence-based scientific advice and guidance on a variety of important topics used to improve the HIV, Hepatitis B and C and STIs prevention and control programmes.</p>

¹¹ Harmonised with WHO HTS guidance

ECDC Strategic objective (p.12)	Strategic objective 2
Objective 2018	Advocate and raise awareness, in particular on HIV and hepatitis
Key outputs 2018 - 4	<ul style="list-style-type: none"> - World AIDS Day (1/12/18) event with a variety of external communication activities and outputs adapted according to a separate annual plan based on the most important issues of the time; - World Hepatitis Day (28/07/18) event with a variety of external communication activities and outputs adapted according to a separate annual plan based on the most important issues of the time; - A high profile event/session at the International AIDS Conference in Amsterdam; - Participation in and presentation of various papers at various other meetings or conferences organised by influential key partners. <i>(*could be deprioritised in case of emergency)</i>
Expected results	<p>Better awareness by policy advisors, media and the general population of the importance of continuing to invest in tackling HIV/STIs and Hepatitis in the EU;</p> <p>More effective national 'World Day' campaigns supported by evidence and other materials provided by ECDC;</p> <p>Stronger support for ECDC activities from key stakeholders and influential opinion leaders in these diseases;</p> <p>ECDC further established as a key partner in international cooperation initiatives to prevent and control AMR.</p>

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
26	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Satisfaction by the Member States regarding the work of the Disease Programmes	>75% satisfaction by two-third of the respondents	As measured by the HSH networks annual survey
27	Provide scientific advice and authoritative information that enables effective decision-making by Member States and	Strengthen Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for	Added value of the disease programmes (as per periodical evaluation)	>75% satisfaction for the generic index, for each Disease Programme	Generic index based on the evaluation of the programme performed every 5 years (ongoing 2018-2020)

	the European Commission	prevention and control.			
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Total Resources HSH:

Total FTEs for this activity: **9.5 FTEs**
Total operational budget title 3: **906,000 EUR**

6.5 Influenza and other Respiratory Viruses - IRV

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 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. Globally, the countries participating in the World Health Assembly have agreed to a Pandemic Influenza Preparedness Framework (WHA64.5), which obliges countries to share viruses with pandemic potential and is important for ECDC work to support pandemic preparedness.

EU Member States have agreed to have strong influenza immunisation programmes for the elderly and risk groups - Council recommendation of 22 December 2009 on seasonal influenza vaccination (2009/1019/EU) and have agreed on the importance of strong immunisation programmes in general - the Council conclusions on vaccinations as an effective tool in public health of 1 December 2014.

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 need for strong surveillance systems and scientific advice capacity for seasonal influenza and (re-)emerging respiratory viruses, monitoring the overall impact of seasonal, zoonotic and pandemic influenza and the need for a strong national reference laboratory network in the EU.

Given the nature of the diseases, international collaboration is vital, in particular with WHO Regional Office for Europe, WHO-HQ and national CDCs. ECDC has the experience and capacity to upscale for monitoring emerging viruses and produces timely assessments and options for risk management. Close collaboration with the EMERGE Joint Action is envisaged when it comes to emerging respiratory virus outbreaks, Horizon 2020 PREPARE on facilitating clinical research during pandemics, and with the Horizon 2020 I-MOVE+ project aimed at measuring the effectiveness and impact of influenza (and pneumococcal vaccines).

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Strategic objective 1 and 3
Objective 2018 - 1	Maintain and improve the weekly seasonal surveillance of influenza, in collaboration with the WHO Regional Office for Europe
Key outputs 2018	- Weekly high-quality (with established standards and definitions, including mortality monitoring) and high-impact surveillance reports on FluNewsEurope.org during the season.

	- Strengthened routine surveillance mechanism for monitoring of genetic and antigenic viral characteristics, severe respiratory disease, risk factors and influenza mortality. (<i>*could be deprioritised in case of emergency</i>)
Expected results	Members States provided with high-impact and valuable influenza surveillance outputs, based on European Region influenza surveillance and mortality data. The IRV Programme will continue to work in close collaboration with the WHO Regional Office for Europe and WHO Headquarters, particularly in the area of influenza surveillance, in order to add value for the Member States by continuing to develop a coherent system of European-wide surveillance of influenza.

ECDC Strategic objective (p.12)	Strategic objective 5 and 6
Objective 2018 - 2	Enable early detection, monitoring, and scientific advice for zoonotic and other emerging respiratory viruses (including MERS-CoV and avian influenza viruses).
Key outputs 2018	<ul style="list-style-type: none"> - Timely and high-quality risk assessment and scientific advice on emerging respiratory pathogens. - Relevant support to international outbreak assessment missions. - Quarterly joint reports under EFSA mandate (Mandate M-2017-0062, Ares (2017) 982773-23/02/2017) on avian influenza viruses.
Expected results	European Commission and Member States provided with timely and valuable risk assessments and scientific advice in regards to emerging respiratory pathogens and outbreaks.

ECDC Strategic objective (p.12)	Strategic objective 3 and 4
Objective 2018 - 3	Strengthen laboratory capacity through training and coordination of early virus detection in the EU
Key outputs 2018	Online training and wet lab courses organised and offered to Member State network members. (<i>*could be deprioritised in case of emergency</i>)
Expected results	Strengthened laboratory and network capacity through training activities.

ECDC Strategic objective (p.12)	Strategic objective 1
Objective 2018 - 4	Support monitoring of influenza vaccine effectiveness in support of implementation of the Council recommendation of 22 December 2009 on seasonal influenza vaccination (2009/1019/EU)
Key outputs 2018	- Timely vaccine effectiveness estimates available to stakeholders.

Expected results	Supporting national vaccination programmes/strategies with evidence-based scientific advice and EU-level monitoring of influenza vaccine effectiveness.
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ECDC Strategic objective (p.12)	Strategic objective 3
Objective 2018 - 5	Monitor and advance pandemic preparedness in the EU by supporting the European Commission, Health Security Committee, EU Member States, and the Global Health Security Initiative Pandemic Influenza Working Group
Key outputs 2018	<ul style="list-style-type: none"> - Preparedness case studies or country visits done; - Regional pandemic preparedness workshop/exercise completed; - Expert meeting held to review the evidence on effectiveness of non-pharmaceutical countermeasures against seasonal and pandemic influenza transmission.
Expected results	Enhancing pandemic preparedness in light of Decision 1082/2013/EU by promoting and enhancing tools and assessments for decision making.

ECDC Strategic objective (p.12)	Strategic objective 2
Objective 2018 - 6	Contribute to scientific excellence within ECDC and enhance the expertise of ECDC experts and associated networks. Enhance collaboration with clinical networks and learned societies.
- Key outputs 2018	<ul style="list-style-type: none"> • Production at least one peer review publication on the analysis and interpretation of data submitted to ECDC in open access scientific journals. <i>(*could be deprioritised in case of emergency)</i> • Presentations at least one international conference by each IRV expert. <i>(*could be deprioritised in case of emergency)</i>
Expected results	Contributing to the scientific understanding of IRV-related diseases by producing publications based on EU data reported to ECDC.

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
26	Provide scientific advice and authoritative information that enables effective decision-making by Member States and	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for	Satisfaction by the Member States regarding the work of the Disease Programmes	>75% satisfaction by two-third of the respondents	As measured by the IRV networks annual survey

	the European Commission	prevention and control.			
27	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Strengthen Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Added value of the disease programmes (as per periodical evaluation)	>75% satisfaction for the generic index, for each Disease Programme	Generic index based on the evaluation of the programme performed every 5 years (ongoing 2018-2020)

Total Resources IRV:

Total FTEs for this activity: **6.6 FTEs**
Total operational budget title 3: **690,000 EUR**

6.6 Tuberculosis - TB

Context

The EU Member States, EEA countries, 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 with the standard models of care. Also, TB in migrants/refugees contributes to the epidemiology. In medium and high burden setting, 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 started to implement the global End TB Strategy, and in the European Commission there are ongoing discussions of a new joint HIV, TB and hepatitis policy document. Meanwhile, ECDC contributes to:

- The joint surveillance with WHO Regional Office for Europe 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 groups¹². This asks for prompt identification, diagnosis and treatment of all individuals affected, including individuals with drug resistant TB. In low-burden countries this may imply efforts to maintain the necessary knowledge and infrastructure.

¹² Homeless people, people with drug or alcohol addiction, prisoners or people with a history of imprisonment, some vulnerable migrant/refugee populations, and Roma populations.

- Scientific advice and guidance¹³ that supports Member States in prevention and control of TB.

To assist Member States with implementing the WHO End TB Strategy, and the TB Action Plan for the WHO European Region 2016-2020, scientific advice on making TB prevention and control patient centred in the EU/EEA is needed. ECDC will provide technical support, especially to high burden Member States, and develop relevant scientific advice on TB prevention and care. ECDC will also collaborate with the TB Health Programme actions, in particular on TB standards of care, and on the development of country strategies, and monitoring, as well as support the policy work of the European Commission with timely and quality input. For 2018 we foresee to finalise the scientific advice activities that were started in earlier years and we plan to start with the collection of the evidence for new scientific advice documents.

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p12)	Strategic objective 1, 2 and 3
Objective 2018 - 1	Strengthen TB (molecular typing for) surveillance at national and EU level to reach an adequate coverage and completeness; the targets are specified in the monitoring and evaluation framework
Key outputs 2018	<ul style="list-style-type: none"> - Coordination of the surveillance sub-network - TB monitoring and surveillance in Europe report 2018, jointly produced by ECDC and the WHO Regional Office for Europe - Report on assessment of TB underreporting through inventory studies - Report on MDR TB molecular typing for surveillance (<i>*could be deprioritised in case of emergency</i>)
Expected results	<p>Further harmonized and improved quality of TB surveillance at national and European level</p> <p>Improved TB prevention and control due to actions guided by the TB monitoring and surveillance in Europe report 2018</p>

ECDC Strategic objective (p12)	Strategic objective 2, 3 and 4
Objective 2018 - 2	Strengthen 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 laboratory confirmed TB cases are tested for drug resistance
Key outputs 2018	<ul style="list-style-type: none"> - Coordination of the laboratory sub-network (European Reference Laboratory for Tuberculosis Network); - Annual meeting of the European Reference Laboratory Network; - Training of laboratory experts;

¹³ 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.

	<ul style="list-style-type: none"> - Updated 'Handbook on TB laboratory diagnostic methods for the European Union'; - External Quality Assessment report; - Information on Whole Genome Sequencing of multidrug-resistant TB cases.
Expected results	Improved laboratory services for the management of TB

ECDC Strategic objective (p12)	Strategic objective 2, 3 and 4
Objective 2018 - 3	Support TB prevention and control efforts especially in high burden Member States
Key outputs 2018	<ul style="list-style-type: none"> - Coordination of the TB Prevention and Control sub-network; <i>(*could be deprioritised in case of emergency)</i> - First meeting of the Prevention and Control sub-network; <i>(*could be deprioritised in case of emergency)</i> - Training and/or exchange visits for persons involved in TB prevention and control in the high priority countries; - Country visit(s) and/or consultancies at the request of the Member State. <i>(*could be deprioritised in case of emergency)</i>
Expected results	Strengthened national TB control efforts, especially in high-burden countries

ECDC Strategic objective (p12)	Strategic objective 1
Objective 2018 - 4	Provide relevant scientific advice on TB prevention and control in support of the European Commission and the EU Member States
Key outputs 2018	<ul style="list-style-type: none"> - Update of the European Union Standards for Tuberculosis (ESTC) - Support to the European Commission and the EU Member States
Expected results	<p>Facilitated evidence based decision-making by Member States on issues related to TB prevention and control</p> <p>Supported the work of the European Commission with timely and quality input</p>

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
26	Provide scientific advice and authoritative	Strengthened Europe's defences against infectious	Satisfaction by the Member States regarding the work of	>75% satisfaction by two-third of the respondents	As measured by the TB networks annual survey

	information that enables effective decision-making by Member States and the European Commission	diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	the Disease Programmes		
27	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Strengthen Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Added value of the disease programmes (as per periodical evaluation)	>75% satisfaction for the generic index, for each Disease Programme	Generic index based on the evaluation of the programme performed every 5 years (ongoing 2018-2020)

Total Resources TB:

Total FTEs for this activity: **5.5 FTE**
Total operational budget title 3: **599,000 EUR**

6.7 Vaccine Preventable Diseases - VPD

It is evident that although effective vaccination programmes continue to deliver fundamental public health successes, a number of challenges still remain to ensure an optimal prevention and control of vaccine-preventable diseases in the EU Member States. Such challenges are complex and multi-faceted in nature, ranging from episodes of disease outbreaks against which effective, safe, and accessible vaccines exist, to budgetary pressures. There is furthermore a need for effective prioritisation in the decision-making process, related to the introduction and implementation of new vaccines on the one hand, and on informing vaccination strategies on the other. Changes to the demographic structure of the EU's population as a consequence of ageing, migration flows, and the shift in the burden of VPDs from childhood to later years of life call for the need to consider the feasibility and cost-effectiveness of a life-course approach to vaccination. Vaccine shortages, and also growing hesitant sentiment towards the value of vaccines on the part of both general public and healthcare professionals risk to undermine the impact of immunisation programs.

In the face of such challenges, the ECDC VPD Programme will continue to develop and implement strategic activities of EU-added value meant to support the implementation of the 2014 EPSCO Council Conclusions on Vaccination as an Effective Tool in Public Health. Such activities will also serve to support the objectives set out in the EPSCO Council Conclusions on Childhood Immunisation.

The challenges identified also call for strengthened synergies and cross-fertilisation with WHO EURO. In particular, in support of the WHO EVAP¹⁴ and the WHO Global measles and rubella strategic plan, the VPD Programme will continue to help Member States in enhancing measles and rubella surveillance as well as in improving the quality and reliability of vaccine coverage data to drive progress towards elimination targets and goals. The ECDC VPD Programme will also continue to sustain activities towards the Polio eradication and endgame strategic plan in close collaboration with WHO EURO and WHO HQ,

¹⁴ European Vaccine Action Plan 2015–2020

and will support Member States in strengthening their preparedness plans, the AFP and environmental surveillance systems, as well as develop a poliovirus containment plan according to WHO GAPIII plan. These activities will continue until 2020. Such preparedness activities will be implemented with a view to strengthening the implementation of EU Decision 1082/2013/EU.

Last but not least, the ECDC will continue, together with the Member States, in setting up sensitive surveillance systems to effectively monitor the impact of vaccination, vaccine effectiveness and serotype replacement for priority diseases such as Invasive Pneumococcal Disease (IPD) and pertussis.

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Strategic Objective 1, 2, and 6
Objective 2018 - 1	Provide the European Commission and Member States with scientific evidence and policy options to inform decision-makers and strengthen national immunisation programmes (NIPs)
Key outputs 2018	<ul style="list-style-type: none"> - Develop scientific advice and guidance on new vaccines and vaccination strategies (e.g. pneumococcal vaccines for adults, herpes zoster, meningococcal B vaccine); - Conduct epidemiological studies on the burden of VPDs across different age groups and looking at the life-course; - Develop scientific evidence and policy options, as well facilitate country exchange, in the area of life-course vaccination, with a view to support countries considering the development and implementation of immunisation programmes across different age groups - Pilot and implement platform for scientific products sharing in support of NITAGs (National Immunization Technical Advisory Groups) in the Member States; - Provide country-specific support to improve capability to implement electronic immunisation information systems; - Implement actions concerning database updates, vaccine scheduler updates and changes in NIPs; - Continue monitoring action on VPDs in migrant populations in Member States and develop scientific advice as needs arise; - Continue collaboration with other key EU bodies, particularly the European Medicines Agency (EMA).
Expected results	<p>Expanded provision of evidence and technical tools to better inform national decision-making on new vaccines and vaccination strategies;</p> <p>Better availability of EU-wide evidence to facilitate a life-long approach to vaccination;</p> <p>Improved cross-sharing of country expertise and knowledge to increase opportunities to work in synergy.</p>

ECDC Strategic objective (p.12)	Strategic Objective 1, 2, and 3
Objective 2018 - 2	Strengthen EU-wide VPD surveillance and infrastructures for monitoring the impact and effectiveness of vaccination programmes
Key outputs 2018	<ul style="list-style-type: none"> - Coordinate the VPD Disease Network and interaction with key external partners, particularly WHO Regional Office for Europe; - Continue to provide data from active hospital-based sentinel surveillance systems for pertussis as well as for invasive pneumococcal disease continued in order to assess the impact and effectiveness of vaccines for both diseases, and serotype replacement for pneumococci; - Update the interactive ECDC Surveillance Atlas of Infectious Diseases as a surveillance tool with data and analyses on all VPD incidence and rates in Member States; - Develop data and analyses for measles and rubella (targeted for global elimination) on a monthly basis, as well as in-depth analysis reports twice during the year; - Develop and publish Annual Epidemiological Report/VPD Section; - Develop peer review publications based on outcomes and findings from analysis and interpretation of surveillance data. <i>(*could be deprioritised in case of emergency)</i>
Expected results	<p>Generated up-to-date information for action on VPDs trends in Europe and on the performance and effectiveness of vaccination programmes</p> <p>Monitored progress towards measles and rubella elimination in Member States</p>

ECDC Strategic objective (p.12)	Strategic Objective 3, 5, and 6
Objective 2018 - 3	Support EU Member States in the fight against diseases with elimination and eradication targets, namely measles, rubella, and poliomyelitis in line with Decision 1082/2013/EU
Key outputs 2018	<ul style="list-style-type: none"> - Provide support to Member States in updating their polio preparedness plans in the eradication phase upon request; <i>(*could be deprioritised in case of emergency)</i> - Provide technical support to strengthen planning and control measures for such diseases measles, rubella, and poliomyelitis, and capacity for outbreak investigation and response based on country needs and upon request. - Finalise good practice guide on outbreak investigation and surveillance system strengthening, particularly, inter alia, in view of improving capacity to achieve WHO elimination goals for measles and rubella <i>(*could be deprioritised in case of emergency)</i>

Expected results	Contributed to the implementation of Decision 1082/2013/EU; Contributed to the implementation of the global measles and rubella strategic plan 2012-2020 for elimination and the WHO Polio Eradication and Endgame Strategic Plan 2013–2018
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ECDC Strategic objective (p.12)	Strategic Objective 1, 2, 3, and 4
Objective 2018 - 4	Integrate molecular typing and epidemiological surveillance, and strengthen laboratory performance for priority VPDs
Key outputs 2018	<ul style="list-style-type: none"> - Pilot project on meningococcal clusters identification in the EU through real-time reporting of isolates in EMERT; (<i>*could be deprioritised in case of emergency</i>) - IBD, Diphtheria and Pertussis laboratory accreditation process maintained through EQAs; - Twinning exchanges and training workshops in order to maintain and build capacity for lab and molecular surveillance.
Expected results	<p>Strengthened sensitivity of surveillance systems</p> <p>Reduced under-ascertainment of cases</p> <p>Better integration at national level between epidemiological and laboratory surveillance</p>

ECDC Strategic objective (p.12)	Strategic Objective 1, and 2
Objective 2018 - 5	Continue to monitor and generate the necessary evidence on behavioural determinants of vaccine hesitancy and drivers of vaccination, as well as further expand the provision of technical tools to inform the development of effective communications strategies at national level
Key outputs 2018	<ul style="list-style-type: none"> - Evidence and knowledge generated to support Member State capacity to monitor trends in vaccine acceptance and build public trust in vaccination programmes; - Communication toolkits for healthcare workers and immunisation programme managers supporting vaccination activities focussed on reaching vaccine-hesitant groups; - Technical support to national health communication campaigns activities, notably by fostering the establishment of a European Vaccine Awareness Day, and by continuing to support the WHO Regional Office for Europe in the European Immunisation Week through ECDC outputs.
Expected results	<p>Improved knowledge and awareness of ECDC toolkits and options for piloting at national level</p> <p>Increased rate of implementation of culturally adapted interventions leveraging ECDC toolkits and outputs</p>

	Stronger evidence on outcomes of evaluation studies to inform the development of future ECDC scientific outputs
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ECDC Strategic objective (p.12)	Strategic Objective 1
Objective 2018 - 6	Provide scientific and technical advice and input to support programmes and activities in the area of vaccination implemented by DG SANTE/CHAFAEA/DG RESEARCH/EMA
Key outputs 2018	<ul style="list-style-type: none"> - Monitor and evaluate key projects led by external key institutional stakeholders in areas falling under the objectives of the DP as to secure alignment, cross-fertilisation, and identify opportunities to build efficiencies; <i>(*could be deprioritised in case of emergency)</i> - Provide scientific and technical input required from the DP on actions being implemented as part of the 2014 EPSCO Council Conclusions on Vaccination as an Effective Tool in Public Health and beyond (e.g. EU-funded projects, Joint Actions, EMA Vaccine Working Party activities, etc.) upon request.
Expected results	<p>Ensured integration of public health aspects in activities on vaccination led by other key EU stakeholders</p> <p>Improved synergy and coordination of activities on vaccination across EU bodies</p>

ECDC Strategic objective (p.12)	Strategic Objective 4
Objective 2018 - 7	Build capacity in EU Member States through the implementation of training activities in the area of VPDs and Immunisation
Key outputs 2018	Develop VPD Core Competences training programme based on key skill gaps identified by target group based on Member State needs <i>(*could be deprioritised in case of emergency)</i>
Expected results	Available training plan for core competences needed in the area of VPDs ready for piloting and implementation at EU and at national levels based on needs

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
26	Provide scientific advice and authoritative information that enables effective decision-making by	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible	Satisfaction by the Member States regarding the work of the Disease Programmes	>75% satisfaction by two-third of the respondents	As measured by the VPD networks annual survey

	Member States and the European Commission	knowledge and implementation for prevention and control.			
27	Provide scientific advice and authoritative information that enables effective decision-making by Member States and the European Commission	Strengthen Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Added value of the disease programmes (as per periodical evaluation)	>75% satisfaction for the generic index, for each Disease Programme	Generic index based on the evaluation of the programme performed every 5 years (ongoing 2018-2020)

Total Resources VPD:

Total FTEs for this activity: **15.2 FTEs**
Total operational budget title 3: **1,300,000 EUR**

7. Management

7.1 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, particularly through the governing bodies (MB and AF) and the National Coordinators of the Coordinating Competent Bodies (CCB). Effective and smooth collaboration with the above-noted stakeholders will be facilitated by the CRM system which is evolving beyond contacts management towards supporting stakeholder collaboration in a system that can capture, track and manage interactions, activities and communications with the Member States and their institutions. Based on CRM, the Stakeholder Relationship Management (SRM) system will be developed as the primary business system supporting ECDC's cooperation with stakeholders by providing a comprehensive view of stakeholders and nature of relationships, streamlining the meetings management process, and tracking and monitoring key stakeholder's activities and communications.

Although these activities shape the direction for the coming years, specific responsiveness is required and guided from the Director's Office. In particular, the reduction of the burden for the Member States will continue to be a main target. Furthermore, ensuring the optimal allocation of resources is a priority.

The implementation of the Enterprise Architecture (EA) Framework will contribute to a better internal cohesion and synergy by aligning the different processes and planning cycles in the Centre, and by streamlining decisions regarding e.g. technologies used for IT applications.

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 2018 the emphasis will be

on timely and correct application of the policy. The review of the annual declarations of interest will be guided by the latest, more explicit risk analysis for ECDC. This risk analysis also serves to start collecting information on the proportionality of the resources involved.

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Support to strategic objectives 1 to 7
Objective 2018 - 1	Ensure the seamless management and coordination of ECDC, its efficacy and efficiency in implement the centre's missions, programme of activities, and internal processes in the most efficient way and foster its performance.
Key outputs 2018	<ul style="list-style-type: none"> - Preparation of a new long-term strategy for ECDC - Implement the organisation-wide Enterprise Architecture framework - Monitor the implementation of the SPD 2018 - All processes are simplified to efficiently support ECDC missions
Expected results	The organisation and smooth general management of the Centre supports ECDC in implementing its missions, strategy and best adapt to its current and future challenges.

ECDC Strategic objective (p.12)	Support to strategic objectives 1 to 7
Objective 2018 - 2	Apply the independence policy in a proportional manner to all meetings organised by ECDC
Key outputs 2018	All Declarations of Interest timely checked, using an electronic submission and storage system
Expected results	An efficient process is in place to detect and address conflicts of interests

ECDC Strategic objective (p.12)	Support to strategic objectives 1 to 7
Objective 2018 - 3	Ensure seamless communication with the Member States and coordinate the smooth implementation of Governance meetings
Key outputs 2018	<ul style="list-style-type: none"> - Further improve collaboration and cooperation between ECDC and the Member States, including all stakeholders, by facilitating focused strategic partnerships to forge complementary synergies - AF, CCB and MB meetings smoothly implemented
Expected results	AF and MB meetings and decisions are smoothly implemented to ensure a strong decision making in the Centre

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
28	Further improve efficiency and further clarify responsibilities in close cooperation with relevant stakeholders, whilst retaining control over quality and service delivery.	Implement 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, including Rapid Risk Assessments.	100%	Report from the compliance officer

Total Resources Management:

Total FTEs for this activity: **11.5 FTEs**
Total operational budget title 3: **0 EUR**

7.2 Collaboration and Cooperation

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. 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. ECDC also nurtures the relationship with its host country Sweden and with key stakeholders at the EU-level, such as collaboration with the European Health Forum Gastein, EHFG.

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 Food Safety. The Centre also has contacts with other European Commission DGs, among which DG Research and innovation and Neighbourhood and Enlargement Negotiations (NEAR), as well as other EU agencies, most notably the European Food Safety Authority (EFSA) and the European Medicines Agency (EMA). These collaborations will be enhanced and the potential synergies with further agencies will be explored. ECDC is active in the Heads of Agencies network and the assigned sub-networks 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 the Parliament's Committee for the Environment, Public Health and Food Safety (ENVI) and submits annual written reports to its Committee for Budgetary Control (CONT). The Director also maintains regular contacts with the designated contact Member of European Parliament for ECDC in the Committee for the Environment, Public Health and Food Safety (ENVI).

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Strategic objective 2
Objective 2018 - 1	Invest in maintaining appropriate relationships with the European Parliament, in particular with the Committee for the Environment, Public Health and Food Safety (ENVI).
Key outputs 2018	<ul style="list-style-type: none"> - ECDC Director's annual exchange of views with the ENVI Committee of the European Parliament and, upon request, appearance before Parliamentary Committees; - Bi-annual visit to ECDC of an ENVI Committee delegation; - Provision of scientific opinions as requested by EP; - Information of ECDC activities and of the Centre's disease specific areas in a format useful for making decisions.
Expected results	Ensure continuous and smooth relationships with the European Parliament

ECDC Strategic objective (p.12)	Strategic objective 2
Objective 2018 - 2	Invest in maintaining and further enhancing the cooperation with our host country, Sweden, in particular through the designated contact person at the Swedish Ministry for Health and the ECDC Liaison.
Key outputs 2018	<ul style="list-style-type: none"> - Actions as per the agreement regarding strategic co-operation between ECDC and the Swedish Government, represented by the Ministry of Health and Social Affairs - Liaison on a regular basis with key persons at the Ministry of Health and Social Affairs (contact person, State Secretary, Minister); - Sharing of experiences, evidence and expertise with the Swedish authorities
Expected results	To inform about ECDC's mandate and activities and ensure continuous and smooth relationships with our host country Sweden.

ECDC Strategic objective (p.12)	Strategic objective 2
Objective 2019 - 3	Invest in maintaining and further enhancing the cooperation with key stakeholders at the EU-level
Key outputs 2019	<ul style="list-style-type: none"> - ECDC participation and interaction in the European Health Forum Gastein
Expected results	Provide policy-makers, public health professionals and NGOs with the scientific evidence for decision making within the area of communicable diseases through organised events

ECDC Strategic objective (p.12)	Strategic objective 2
Objective 2018 - 4	Further develop seamless, timely and efficient procedures for cooperation with the European Commission, in particular with a view to the practical consequences of Decision 1082/2013/EU.
Key outputs 2018	<ul style="list-style-type: none"> - Activities of ECDC support and complement the work of DG SANTE and CHAFAEA. - Strategic planning meeting with DG SANTE to align the work.
Expected results	Ensure continuous strategic relationships with the European Commission.

ECDC Strategic objective (p.12)	Strategic objective 2
Objective 2018 - 5	Strengthen the existing collaboration with EU agencies through aligned planning, reporting, and monitoring of joint activities.
Key outputs 2018	Processes in place to ensure alignment of planning, reporting, and monitoring of joint work.
Expected results	ECDC's collaboration with other EU agencies adds to synergy visible in joint reports, assessments and projects.

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
29	Further improve efficiency and further clarify responsibilities in close cooperation with relevant stakeholders, whilst retaining control over quality and service delivery.	Achieve 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	75 % satisfied with communication and coordination	Measure with stakeholder survey
30	Further improve efficiency and further clarify responsibilities in close cooperation	Achieve successful meetings through the provision of enhanced and more cost effective	Level of satisfaction of representatives of Member States.	75 % of questionnaires completed provided ratings for the organisation of	Measure to be integrated into the questionnaire

	with relevant stakeholders, whilst retaining control over quality and service delivery.	organisational and substantive support.		the meetings of very good to excellent.	
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Total Resources Cooperation and collaboration:

Total FTEs for this activity: **4.3 FTEs**
Total operational budget title 3: **139,000 EUR**

7.3 Resource management

Context

Over the years, ECDC has been able to successfully improve its efficiency and effectiveness. In the meantime, the implementation of successive layers of regulatory framework has resulted in an overall increase of the workload. Considering that the resources are limited, the Centre has adopted a structured approach with regards to performance optimisation and continuous improvement. The introduction of Lean methodologies and jointly with the European Commission, the automation of a set of administration functions, have helped the Centre to sustain significant efficiency gains, promote a paperless environment and reinforce compliance. This has put ECDC in a better position to further address the EU health priorities. The Resource Management and Coordination (RMC) unit plays an essential role in making this happen which goes beyond ensuring the reliability of the accounts and the legality and regularity of the underlying administrative transactions.

In the area of Resource Management, one of the main objectives for 2018 is the move to the new premises. It will be the opportunity to further improve efficiency and compliance in almost all areas of resource management including ensuring ECDC business continuity management plans. The aim is to consider ECDC processes, from an end-to-end perspective including the value ECDC adds to its partners and stakeholders. It ranges from meeting and business travel organisation, to procurement of goods and services, grant administration, finance and accounting. The objective is to save resources' valuable time, clarify roles and responsibilities, to be able to concentrate our efforts on more value added activities, without compromising on quality of our work. This also includes securing a healthy workplace and providing personal development opportunities to our staff based on fairness and gender equity principles. In the area of Resource Coordination, the objective will remain to ensure that ECDC resources contribute fully to EU public health in the most effective way. Cooperation and collaboration via the EU Agencies networks will remain a strong focus. The Centre will continue to develop its performance indicators as part of its project methodology, management and operating model and internal control activities. These indicators, based on ECDC strategic objectives, key outputs and expected results, will provide metrics to monitor, evaluate and document the benefits ECDC delivers to its partners and stakeholders.

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Strategic objectives 1 to 7
Objective 2018 - 1	Ensure that the financial resources of the Centre are managed efficiently.
Key outputs 2018	<ul style="list-style-type: none"> - Provide the annual accounts of the Centre; - Ensure the preparation of draft, approved and amending budgets; - Perform financial initiation and ex-ante verification and Provide financial advice and support to all Units of the Centre.
Expected results	Improved efficiency and effectiveness of ECDC budget performance according to the European Commission indicators.

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Support to strategic objectives 1 to 7
Objective 2018 - 2	Ensure that ECDC has an efficient management and operating model, project and delivery management framework.
Key outputs 2018	<ul style="list-style-type: none"> - Management and operating model that ensure that ECDC's day to day activities are aligned with ECDC's strategic priorities; - Improved reports on ECDC's annual work programme performance towards its expected results, to allow better support to successful activities and propose redirection of ineffective budget allocations; - System of cascading performance indicators starting with KPIs in the Single Programming Document, complemented by more operational indicators at the level of each area of work.
Expected results	<p>ECDC strategic objectives implemented in a coherent and efficient way. Focused on timely and measurable outputs, products & services, through efficient processes, strong quality and project management culture, regular feedback through internal and external evaluations, and state of the art business intelligence capabilities;</p> <p>Improved planning, monitoring and reporting of ECDC's annual work programme performance.</p>

ECDC Strategic objective (p.12)	Support to strategic objectives 1 to 7
Objective 2018 - 3	Ensure that ECDC has efficient and effective internal processes and a strong culture of quality management that ensure an efficient and seamless implementation of its operations.
Key outputs 2018	<ul style="list-style-type: none"> - Continuous improvement culture based on Lean, quality and project management methodologies in order to increase efficiency, free up staff time and improve decision making; - eAdministration programme as a unique continuous improvement frame for all administrative process automation related initiatives in close collaboration with the European Commission; - Finalisation of ECDC new premises fitting-out, removal, business continuity management plans and restoration of old premises to the original conditions.
Expected results	<p>Essential services and processes consolidated and further optimised (e.g. excellence in the operations of Finance, Procurement, Missions and Meetings, Business Continuity);</p> <p>Business travel and meetings organisation workflows fully integrated to the Centre's e-Administration framework programme, including travellers' bookings and submissions;</p> <p>Secured healthy workplace, that foster staff wellbeing and consolidates ECDC foundations for a more efficient, effective and compliant environment.</p>

ECDC Strategic objective (p.12)	Support to strategic objectives 1 to 7
Objective 2018 - 4	Ensure that ECDC has adequate and effective staffing in order to enable ECDC to fulfil its strategic objectives.
Key outputs 2018	<ul style="list-style-type: none"> - Increased opportunities for scientific and non-scientific staff to develop and utilise their skills in the most effective ways and increase self-awareness of their roles and responsibilities; (<i>*could be deprioritised in case of emergency</i>) - 'Field Deployment Support Programme' – supported by external expertise in preparing ECDC staff for field missions and upon return from the deployment; - Health and wellbeing support to staff in PHE operations and field deployments in cooperation with the medical and counselling service providers.
Expected results	<p>Further acquisition and development of skills supporting the improvement of internal efficiency and boosting performance capabilities for both scientific and non-scientific staff;</p> <p>Relevant framework established to support ECDC staff in Public Health Events (PHE) operations and in potential field deployments.</p>

ECDC Strategic objective (p.12)	Support to strategic objectives 1 to 7
Objective 2018 - 5	Ensure that procurements and grants are handled efficiently, so that ECDC obtains the best possible expertise to assist it in its scientific outputs, and that grants are implemented effectively to benefit the workforce and capacity in Member States.
Key outputs 2018	<ul style="list-style-type: none"> - Early assessment of the procurement needs, at planning stage of the Single Programming Document; - Reviewed internal guidance materials to choose and handle procurement and grant procedures most efficiently including procurement, grant, contract and agreement management training workshops and information sessions for ECDC partners; - Grant Verification Plan 2017 for EPIET/EUPHEM activities and individual audit reports.
Expected results	<p>An optimal choice of procurement procedure will ensure that ECDC is supported by the best possible external expertise and can actively contribute to capacity and capability building in Member States;</p> <p>Optimal choice of procurement procedures, reduced time to contract signature, increased procurement knowledge and strengthened compliance across ECDC;</p> <p>Assurance on EPIET/EUPHEM grants and simplification of the grant administrative procedure.</p>

ECDC Strategic objective (p.12)	Support to strategic objectives 1 to 6
Objective 2018 - 6	Strengthen the accessibility of the information generated or held by ECDC across its various activities in an even more secured way
Key outputs 2018	<ul style="list-style-type: none"> - Enhanced knowledge sharing with decision makers and the general public, compliant with the legal frameworks and rights of third parties (data protection and Regulation 1049/2001); - Development of "policy lines" for access to information handled by ECDC to support the independence of ECDC's scientific outputs. Effective support to the creation, distribution, retention and final disposition of information across the Centre, in accordance with legislations, regulations and leading business practices; - Support information sharing throughout the organisation including partners and stakeholders to reinforce ECDC's corporate culture and ECDC staff's knowledge of EU institutions.
Expected results	A harmonized approach across the Centre to ensure transparency, collaboration and availability of information at all stages of its lifecycle, compliant with the legal frameworks and relevant policies, supporting ECDC activities and ensuring the independence of its scientific outputs.

Indicators¹⁵

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
31	Further improve efficiency and further clarify responsibilities in close cooperation with relevant stakeholders, whilst retaining control over quality and service delivery.	Ensure 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>Rate of cancellation of payment appropriations*</p> <p>Rate of outturn*</p>	<p>100% committed minimum 80% paid minimum</p> <p>95%</p> <p>2%</p> <p>5%</p>	<p>Annual accounts</p> <p>Total payments in year N and carry-forwards to Year N+1, as a % of the total EU funding and fee income, where</p>

¹⁵ New indicators have been added to comply with the new recommendations from the European Commission for all EU decentralised agencies: [Guidelines on key performance indicators \(KPI\) for Directors of EU decentralised agencies, Brussels, 13 March 2015, SWD \(2015\) 62 Final](#)

					applicable, received in Year N
32	Further improve efficiency and further clarify responsibilities in close cooperation with relevant stakeholders, whilst retaining control over quality and service delivery.	Implement the annual work programme	Proportion of activities implementation of the Annual Work programme*	85%	Verified via MIS
33	Further improve efficiency and further clarify responsibilities in close cooperation with relevant stakeholders, whilst retaining control over quality and service delivery.	Ensure swift and timely fulfilment of the Agency's establishment plan correlated to the implementation of activities of the work programme	- Average vacancy rate - Percentage of staff satisfaction/ engagement+ - Average recruitment time	8% 75% 12 weeks as from the vacancy notice deadline	% of authorised posts of the annual establishment plan which are vacant at the end of the year, including job offers sent before 31st December ECDC biannual staff survey
34	Further improve efficiency and further clarify responsibilities in close cooperation with relevant stakeholders, whilst retaining control over quality and service delivery.	Timely improve the adequacy and effectiveness of internal control systems	Rate (%) of external and accepted internal audit recommendations implemented within agreed deadlines (excluding 'desirable')*	90%	Internal control reporting to SMT

Total Resources Management:

Total FTEs for this activity: **69.1 FTEs¹⁶**
Total operational budget title 3: **351,500 EUR**

¹⁶ Part of these FTEs are in fact directly supporting operational activities and are accounted according to the common benchmarking methodology for all EU agencies considered as operational or neutral. (in fact ECDC administrative and support staff is 16.9% of all staff).

7.4 Information and Communication technology

Context

Information and Communication Technologies (ICT) is a critical service for ECDC with two key objectives:

- Enable ECDC's mission, by efficiently and effectively supporting the Centre's ICT needs for internal, European Commission and Members States users.
- Enable ECDC to continue improving the suitability, sustainability and best value for money of products and services.

ECDC's ICT team deliver a number of services that cover business support, software development, hardware and infrastructure management. 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 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. Regular maintenance and further evolution of these systems are vital investments for enabling ECDC core missions.

The end users of the ICT products and services are both internal (ECDC end users) and external (Member States' contact points, Laboratories, European Commission, general public) which require ECDC to provide assistance and technical support.

To maintain the high reliability of the systems, ECDC ensures that the necessary quality infrastructures are in place, including a reliable data centre, data communications, overall security, business continuity capabilities, as well as a disaster recovery site (under agreement with EASA).

In connection with the second key objective, the ICT Unit is continuously improving the effectiveness and efficiency of resources allocation and usage, notably by means of governance, process efficiency, enterprise architecture and long term strategy.

The efforts to implement the IT enterprise architectural practice started in 2014. Significant progress was reached in 2016. It was complemented by a technology long term strategy initiative. The two quality initiatives are indispensable for enlightened IT design and investment decisions be made for fit for purpose, interoperable, scalable and maintainable systems, at the most effective cost.

In 2018, ICT will continue with strengthening the IT enterprise architecture area.

Already starting in 2017, the preparation and removal from the current premises to a new building planned to take place in the spring of 2018, will constitute a critical activity for ICT.

Objectives, key outputs 2018, and expected results

ECDC Strategic objective (p.12)	Strategic objective 1 to 7
Objective 2018 - 1	Enable ECDC operations by maintaining high availability of IT services (dedicated applications, databases, web portal) in regards to enterprise infrastructure services.
Key outputs 2018	Maintained and secure infrastructures and applications, hosted as per SLA requirements; Minimal disruption of ICT services during migration to the new ECDC building.
Expected results	ECDC operations maintained according to the needs;

	Smooth migration of ICT products and services in the new ECDC building
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ECDC Strategic objective (p.12)	Strategic objective 1
Objective 2018 - 2	Maintain the existing systems for ensuring their reliability, their need to meet evolving business needs and the need to be kept interoperable with other systems overtime.
Key outputs 2018	Existing systems maintained as per ICT work plan commitments.
Expected results	Reliable systems with business needs met.

ECDC Strategic objective (p.12)	Strategic objective 1
Objective 2018 - 3	Develop new applications according to the annual work programme, and deliver urgent developments in support to Serious Health Border Health Threat and PHE.
Key outputs 2018	New systems developed as per ICT work plan commitments. <i>(*could be deprioritised in case of emergency)</i>
Expected results	Developed new core-business and administrative applications.

ECDC Strategic objective (p.12)	Strategic objective 1
Objective 2018 - 4	Ensure that IT processes are in place on main areas of work clearly indicating roles and responsibilities of all involved actors.
Key outputs 2018	Main processes defined clearly indicating roles and responsibilities. <i>(*could be deprioritised in case of emergency)</i>
Expected results	Defined and updated IT processes, established roles and responsibilities of the actors.

ECDC Strategic objective (p.12)	Strategic objective 1
Objective 2018 - 5	Develop a continuous improvement plan for IT according to ECDC expected benefits, capacity and annual work plan.
Key outputs 2018	IT continuous improvement plan defined for 2018 and actions implemented. <i>(*could be deprioritised in case of emergency)</i>
Expected results	Continuous quality improvement maintained.

ECDC Strategic objective (p.12)	Strategic objective 1
Objective 2018 - 6	Implement the IT Target Operating Model – phase 2018.
Key outputs 2018	Procurement framework for new sourcing model.
Expected results	Enabling of migration to external service providers.

Indicators

Nb.	Multi-annual strategic Objective	Objective	Indicator	Target 2018	Verification
35	Further improve efficiency and further clarify responsibilities in close cooperation with relevant stakeholders, whilst retaining control over quality and service delivery.	Ensure 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).	<p>Performance of ICT services:</p> <ul style="list-style-type: none"> - availability of hosted applications under service level agreement (SLA), - proportion of ICT Front-Office requests and incidents resolved as per SLA. <p>Compliance with predefined Product Acceptance criteria</p>	<p>99% each</p> <p>90% of requests and 95% of incidents</p> <p>> 80 % of all products are compliant</p>	<p>ICT statistics: verified by regular monitoring reports</p> <p>ICT statistics: number of critical / high severity defects found in Production. Criteria defined in the "IT product quality acceptance criteria (SMT 194/7)</p>

Total Resources ICT:

Total FTEs for this activity: **33.60**
Total operational budget title 3: **4,306,000 EUR**

ANNEXES

Please note that all the annexes have been added in the document

Annex I: Resource allocation per Activity N+1 – N+3

Annex II: Human and Financial Resources (Tables) N+1 – N+3

Table 1 – Expenditure

Table 2 – Revenue

Table 3 – Budget outturn and cancellation of appropriations

Annex III:

Table 1 – Staff population and its evolution; Overview of all categories of staff

Table 2 – Multi -annual staff policy plan year N+1 – N+3

Annex IV:

A. Recruitment policy

B. Appraisal of performance and reclassification/promotions

Table 1 - Reclassification of temporary staff/promotion of officials

Table 2 - Reclassification of contract staff

C. Mobility policy

D. Gender and geographical balance

E. Schooling

Annex V: Buildings (table)

Annex VI: Privileges and immunities (table)

Annex VII: Evaluations (no template)

Annex VIII: Risks Year N+1 (no template)

Annex IX: Procurement plan Year N+1 (no template)

Annex X: Organisation chart year N+1 (no template)

Annex I: Resource allocation per Activity N+1 – N+3

The resource allocation split by activities of the Centre is a provisional estimation based on figures from 2016.

Activities	2018		2019		2020	
	FTE	Total Budget	FTE	Total Budget	FTE	Total Budget
1. Surveillance and epidemic intelligence	28.3	5,396,130	28.3	5,589,943	28.3	5,787,610
2. Scientific support (including microbiology)	18.0	3,434,709	18.0	3,628,522	18.0	3,826,189
3. Preparedness and response	4.6	757,466	4.6	951,279	4.6	1,148,946
4. Training and capacity building	27.9	8,324,464	27.9	8,518,277	27.9	8,715,944
5. Communication	20.6	3,079,074	20.6	3,272,277	20.6	3,470,554
6. Disease programmes	62.6	15,672,906	62.6	15,866,719	62.6	16,064,386
7. Management and support*	118.0	21,203,371	118.0	21,203,371	118.0	21,503,371
Grand Total	280	58,168,120	280	59,331,000	280	60 517 000

* Part of these FTEs are in fact directly supporting operational activities and are accounted according to the common benchmarking methodology for all EU agencies considered as operational or neutral. The table below provides more details in terms of how the staff is split into operational and administrative staff, in accordance with the common methodology for all EU agencies' job screening. Please note that the figures per activity might differ from the first table as the perspective is slightly different (Disease Programmes integrated under the different activities).

Annex II: Human and Financial Resources (Tables) N+1 – N+3

Annex II: Table 1: Expenditure

Expenditure	N (2017)		N+1 (2018)	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
Title 1	30 115 000	30 115 000	31 471 000	31 471 000
Title 2	8 941 653	8 941 653	8 207 000	8 207 000
Title 3	18 986 000	18 986 000	18 352 000	18 352 000
Total expenditure	58 042 653	58 042 653	58 030 000	58 030 000

EXPENDITURE	Commitment and payment appropriations						
	Executed Budget N-1 (2016)	Budget N (2017)	Draft Budget N+1 (2018)		VAR N+1 (2018) / N (2017)	Envisaged in N+2 (2019)	Envisaged N+3 (2020)
			Agency request	Budget Forecast			
Title 1							
Staff Expenditure	30 759 550	30 115 000	31 471 000		+4.5%	31 500 000	31 500 000
11 Salaries & allowances	26 670 002	26 795 000	27 916 000		+4.2%	27 955 000	27 955 000
<i>- of which establishment plan posts</i>	20 235 500	20 735 000	21 490 000			21 522 326	21 522 326
<i>- of which external personnel</i>	6 434 502	6 060 000	6 426 000			6 432 674	6 432 674
12 Expenditure relating to Staff recruitment	296 885	370 000	380 000			460 000	460 000
13 Mission expenses	667 597	650 000	700 000		+7.6%	700 000	700 000
14 Socio-medical infrastructure	157 976	100 000	170 000		+70%	170 000	170 000
15 Training	399 228	400 000	400 000			400 000	400 000

16 External Services	2 523 385	1 765 000	1 860 000		+5.4%	1 775 000	1 775 000
17 Receptions and events	44 477	35 000	45 000		+28.6%	40 000	40 000
Title 2 Infrastructure and operating expenditure	6 951 976	8 941 653	8 207 000		-8.2%	7 680 000	7 680 000
20 Rental of buildings and associated costs¹⁷	3 250 543	3 127 653	3 281 100		+4.9%	3 700 000	3 700 000
21 Information and communication technology	2 928 992	3 851 000	2 557 800		-33.6%	2 800 000	2 800 000
22 Movable property and associated costs	162 802	1 013 000	593 100		-41.5%	130 000	130 000
23 Current administrative expenditure	196 489	330 000	780 000		+136.4%	300 000	300 000
24 Postage / Telecommunications	175 343	261 000	245 000		-6.1%	250 000	250 000
25 Meeting expenses	237 807	359 000	750 000		+108.9%	500 000	500 000
26 Running costs in connection with operational activities							
27 Information and publishing							
28 Studies							
Title 3 Operational expenditure	19 383 198	18 986 000	18 352 000			20 151 000	21 337 000
to be specified by chapter		18 986 000	18 352 000			20 151 000	21 337 000
TOTAL EXPENDITURE	57 094 724	58 042 653	58 030 000			59 331 000	60 517 000

¹⁷ Including possible repayment of interest; detailed information as regards building policy provided in Table in Annex III

Detail for Title 3:

Sum of Budget Title 3 (2018)															
Budget Line	Unit_DP	*ARHAI	*EVD	*FWD	*HASH	*RTI/FLU	*RTI/TB	*VPD	DIR	ICT	OCS	PHC	RMC	SRS	Grand Total
3000 - Surveillance					596,000			290,000						1,126,741	2,012,741
3001 - Epidemic intelligence and response														212,000	212,000
3002 - Scientific advice (including microbiology support)		1,535,000	647,000	719,000	310,000	655,000	599,000	965,000			676,000		351,500	120,259	6,577,759
3003 - Public Health Training												3,957,000			3,957,000
3004 - Health Communication												385,000			385,000
3005 - Public Health Informatics		30,000								4,306,000					4,336,000
3006 - Preparedness								45,000			-	416,000			461,000
3007 - Eurosurveillance													86,500		86,500
3009 - Consultation and (country) cooperation									254,000		-				254,000
Grand Total		1,565,000	647,000	719,000	906,000	655,000	599,000	1,300,000	254,000	4,306,000	676,000	4,758,000	438,000	1,459,000	18,282,000

Activity Based Budget 2018:

Strategies and groups	FTEs	€ Budget Title1	Budget Title2	Budget Title 3	Total Budget
1. Surveillance and epidemic intelligence	39.3	4,624,932	838,448	1,283,259	6,746,639
Surveillance	28.6	3,431,961	610,534	1,122,000	5,164,496
1. Public health surveillance	6.9	781,617	146,444	651,000	1,579,062
2. Molecular surveillance	2.8	295,147	60,685	196,000	551,832
3. Methods to support disease prevention and control	3.8	481,945	80,691	275,000	837,636
4. Programme Management and Implementation	15.1	1,873,252	322,714	-	2,195,966
Epidemic intelligence	10.7	1,192,970	227,914	161,259	1,582,143
1. Epidemic intelligence	7.8	872,880	165,917	99,259	1,138,056
2. Rapid assessment of public health events	0.1	14,962	2,667	62,000	79,630
3. Programme Management and Implementation	2.8	305,129	59,329	-	364,458
2. Scientific support	18.2	2,271,258	389,292	721,000	3,381,551
Scientific advice	12.6	1,509,547	268,484	635,000	2,413,031
1. Scientific advice coordination	3.0	345,175	64,686	113,000	522,861
2. Research coordination and studies	0.4	65,589	8,403	45,000	118,991
3. Scientific liaison activities	1.4	128,870	29,742	445,000	603,612
4. Programme Management and Implementation	7.8	969,913	165,653	32,000	1,167,566
Microbiology support	5.7	761,711	120,809	86,000	968,520
1. Microbiology support	4.2	599,974	89,360	86,000	775,334
2. Programme Management and Implementation	1.5	161,737	31,448	-	193,186
3. Preparedness and response	5.9	623,317	126,939	130,741	880,997
Preparedness	0.5	60,360	10,999	28,000	99,359
1. EU preparedness	0.1	8,229	1,467	28,000	37,696
2. Programme Management and Implementation	0.4	52,130	9,532	-	61,662
Response	5.4	562,957	115,940	102,741	781,638
1. Support to EU outbreaks	1.8	180,850	39,078	102,741	322,669
2. Emergency operations	0.3	34,456	6,669	-	41,124
3. Programme Management and Implementation	3.3	347,652	70,193	-	417,845
4. Training and capacity building	38.0	4,323,215	810,860	4,488,000	9,622,075
Training	23.6	2,493,236	502,708	3,957,000	6,952,944
1. Fellowships EUPHEM -EPIET	8.7	866,400	184,722	3,542,000	4,593,122
2. Training networks	1.5	202,188	32,677	255,000	489,865
3. e-learning	1.9	224,983	40,546	100,000	365,529
4. Programme Management and Implementation	11.5	1,199,665	244,763	60,000	1,504,429
Coordinated Country Support	8.4	1,206,557	180,131	416,000	1,802,688
1. Coordinated Country Support	4.0	545,644	84,426	413,000	1,043,069
2. Programme Management and Implementation	4.5	660,913	95,706	3,000	759,618
International relations	6.0	623,422	128,021	115,000	866,443
1. Cooperation with the World Health Organisation (WHO)	0.3	26,378	5,602	-	31,980
2. Working with non-EU Countries	4.2	425,651	89,094	115,000	629,744
3. Programme Management and Implementation	1.6	171,393	33,326	-	204,719
5. Communication	25.4	2,506,869	541,475	411,500	3,459,844
Public Health Communication	16.5	1,640,502	352,689	325,000	2,318,191
1. Press, media and information services	4.0	391,099	84,426	245,000	720,524
2. Editorial services	2.7	243,025	57,884	-	300,910
3. Web portal and extranets	3.6	303,635	75,890	-	379,525
4. Translations	0.3	29,924	5,335	80,000	115,259
5. Country support on risk communication	0.5	59,848	10,670	-	70,518
6. Programme Management and Implementation	5.6	612,970	118,485	-	731,455
Eurosurveillance	8.8	866,368	188,786	86,500	1,141,654
1. Eurosurveillance	6.3	558,988	133,507	86,500	778,995
2. Programme Management and Implementation	2.6	307,380	55,279	-	362,659

Strategies and groups	FTEs	€ Budget Title1	Budget Title2	Budget Title 3	Total Budget
6. Disease programmes	89.2	10,384,045	1,932,645	6,461,000	18,777,691
+ 1. Antimicrobial resistance and healthcare-associated infections - ARHA	13.1	1,678,567	278,618	1,565,000	3,522,184
+ 2. Emerging and vector borne diseases - EVD	6.7	798,495	143,243	647,000	1,588,739
+ 3. Food- and Waterborne Diseases and Zoonoses - FWD	9.3	1,097,664	199,127	754,000	2,050,790
+ 4. HIV, Sexually Transmitted Infections and viral Hepatitis - HSH	9.5	1,061,109	202,061	906,000	2,169,170
+ 5. Influenza and other Respiratory Viruses - IRV	6.2	784,106	162,974	690,000	1,637,079
+ 6. Tuberculosis - TB	5.5	637,446	117,902	599,000	1,354,348
+ 7. Vaccine Preventable Diseases - VPD	14.8	1,698,875	315,295	1,300,000	3,314,170
+ Generic Disease Programmes Expenses	24.1	2,627,783	513,426	-	3,141,209
7. General Management	38.6	3,894,302	2,532,310	4,856,500	11,283,112
+ General Management	0.9	79,114	190,006	-	269,120
+ 1. ECDC in the 'family' of European Institutions and Bodies	0.0	-	0	2,000	2,000
+ 2. Working with the European Union Member States	0.0	0	0	137,000	137,000
+ 3. Stakeholders and networking	0.0	-	-	60,000	60,000
+ 4. Programme Management and Implementation	0.0	-	-	-	-
+ Independence Policy	0.4	47,878	8,536	-	56,414
+ 1. Ensuring independence	0.4	47,878	8,536	-	56,414
+ Resources Management	30.6	3,044,512	1,912,606	351,500	5,308,618
+ 1. Human Resources	12.4	1,227,185	264,613	-	1,491,798
+ 2. Legal and procurement	1.2	110600.9466	124,754	-	235,355
+ 3. Planning and monitoring	1.0	88128.39103	72,007	-	160,135
+ 4. Internal Control	1.0	190033.5683	286,340	-	476,373
+ 5. Internal Communication and Knowledge Services	6.9	602268.4326	505,652	351,500	1,459,421
+ 6. Corporate Services	5.3	445370.4345	567,354	-	1,012,724
+ 7. Management and administrative support	2.9	380925.2249	91,885	-	472,811
+ Information and Communication Technologies (ICT)	6.6	722,797	421,163	4,306,000	5,449,960
+ 1. Software services	0.0	0	280,320	2,172,180	2,452,500
+ 2. Hosting, operating, maintenance, administration and security of ap	6.4	694,107	136,041	2,133,820	2,963,969
+ 3. Management and Administrative support	0.2	28,690	4,801	-	33,492
8. Neutral category as per Benchmarking Methodology	25.4	2,543,062	1,035,030	-	3,578,092
+ 1. Human Resources (financial operations/payroll)	0.7	64,910	14,938	-	79,848
+ 2. Finance and Accounting	14.9	1,504,259	445,963	-	1,950,221
+ 3. Procurement	2.6	207,524	55,483	-	263,008
+ 4. Quality management and project management	2.2	291,467	411,948	-	703,414
+ 5. Missions and meetings	2.5	228,624	53,349	-	281,973
+ 6. Administrative support	2.5	246,278	53,349	-	299,627
Total	280.0	31,171,000	8,207,000	18,352,000	57,730,000
SNEs		300,000			300,000
GRAND TOTAL	280	31,471,000	8,207,000	18,352,000	58,030,000

Annex II: Table 2 - Revenue

Revenues	N (2017)	N+1 (2018)
	Revenues estimated by the agency	Budget Forecast
EU contribution	56 766 000	56 766 000
Other revenue	1 276 653	1 264 000
Total revenues	58 042 653	58 030 000

REVENUES	N-1 (2016)	N (2017)	N+1 (2018)		VAR N+2 (2019) /N+1 (2018)	Envisaged N+2 (2019)	Envisaged N+3 (2020)
	Executed Budget	Revenues estimated by the agency	As requested by the agency	Budget Forecast			
1 REVENUE FROM FEES AND CHARGES							
2. EU CONTRIBUTION	55 644 518	56 766 000	56 766 000			57 901 000	59 059 000
of which Administrative (Title 1 and Title 2)	37 131 587	38 231 800	38 924 446			39 123 706	39 906 166
of which Operational (Title 3)	18.512.931	18 534 200	17 841 554			18 777 294	19 152 834
of which assigned revenues deriving from previous years' surpluses	0	5 079 000	2 638 000			0	
3 THIRD COUNTRIES CONTRIBUTION (incl. EFTA and candidate countries)	1 450 206	1 276 653	1 264 000			1 430 000	1 458 000
of which EFTA		1 276 653	1 264 000			1 430 000	1 458 000
of which Candidate Countries							
4 OTHER CONTRIBUTIONS							
of which delegation agreement, ad hoc grants							
5 ADMINISTRATIVE OPERATIONS							

6 REVENUES FROM SERVICES RENDERED AGAINST PAYMENT							
7 CORRECTION OF BUDGETARY IMBALANCES							
TOTAL REVENUES	57 094 724	58 042 653	58 030 000			59 331 000	60 517 000

Annex II: Table 3 Budget outturn and cancellation of appropriations

Calculation budget outturn

*N – the year covered by the programming document drafted in N-1

Budget outturn	N-4* (2014)	N-3* (2015)	N-2* (2016)
Revenue actually received (+)	58 707 000	59 182 000	58 439 000
Payments made (-)	49 083 000	45 002 000	46 591 000
Carry-over of appropriations (-)	11 634 000	11 116 000	11 328 000
Cancellation of appropriations carried over (+)	1 069 000	1 254 000	1 231 000
Adjustment for carry over of assigned revenue appropriations from previous year (+)	775 000	495 000	721 000
Exchange rate differences (+/-)	+3 250.000	+266 000	+166 000
Adjustment for negative balance from previous year (-)	0	0	
Total	3 084 000	5 079 000	2 638 000

Descriptive information and justification on:

- Budget outturn,

First estimate of the 2016 surplus that should be reimbursed to the EU budget (as assigned revenue): EUR 2.638.822,59.

The Centre cashed its budget of EUR 58.247.650 in 2016.

The expenditures of 2016, including the carry-forward to 2017, equals to EUR 57.920.128,14.

The amount of cancelled unused payment appropriations carried forward from previous year of EUR 1.231.031,11, the adjustment for carry-over from the previous year of appropriations available at 31.12 arising from assigned revenue of EUR 721.888,37 and the exchange rate gains for the year 2016 of EUR 166.879,65 have resulted in a positive budget outturn 2016.

In 2016, ECDC reimbursed the budgetary positive balance from 2015 of EUR 5.079.603,75.

As a result of the above, EUR 2.638.822,59 has to be reimbursed in 2017 to the EU budget (as assigned revenue) related to the Centre's 2016 budget.

- Cancellation of commitment appropriations,

The total implementation of commitment appropriations for ECDC in 2016 reached 98.02%, with a total of EUR 1.152.925,78 cancelled for all three Titles. As a result, the reductions of the EU contribution of 2% for the implementation of commitment appropriations and 2% for the cancellation of payment appropriations are not applicable for ECDC in 2016. The commitment of appropriations for the operational expenditure on Title 3 reached 97.94% in 2016.

- Cancellation of payment appropriations for the year

See cancellation of commitment appropriations

- Cancellation of payment appropriations payment appropriations carried over,

The Centre has carried forward EUR 10.394.870,75 from 2015 to 2016, of which EUR 9.163.839 was paid (fund source C8). This corresponds to 88.16% of the amount carried forward.

Annex III. Table 1 – Staff population and its evolution; Overview of all categories of staff

Staff population		Actually filled as of 31.12.2015 ²⁰	Authorised under EU budget 2016	Actually filled as of 31.12.2016 ^{18 19}	Authorised under EU budget for year 2017	n draft budget for year 2018	Envisaged in 2019	Envisaged in 2020
Officials	AD							
	AST							
	AST/SC							
TA	AD	112	129	111	127	126	126	126
	AST	59	57	54	55	54	54	54
	AST/SC							
Total		171	186	165	182	180	180	180
CA GF IV		49	49	49	50	50	50	50
CA GF III		38	37	37	38	38	38	38
CA GF II		10	12	9	10	10	10	10
CA GF I		2	2	2	2	2	2	2
Total CA		99	100	97	100	100	100	100
SNE		2	5	3	5	5	5	5
<i>Structural service providers</i>		12		15				
TOTAL		284		280				
<i>External staff for occasional replacement</i>		33		34				

¹⁸ Posts filled at 31.12.2016 include 5 offers made and accepted (3 AD, 1 CA IV, 1 CA III)

¹⁹ Please note that, following the General court judgment from 24 September 2015 (Cases T-124/13 Italy vs Commission and T-191/13 Spain vs Commission) ECDC had not been able to publish posts on EPSO until the issue of translating vacancy notices into all EU languages was clarified. This issue severely affected ECDC's ability to fill posts in the latter part of 2015 and in the first quarter of 2016 causing a delay in recruitments. In addition, 24 % of vacant posts were filled by internal candidates successful in open competitions, creating in turn other vacancies.

²⁰ Posts filled at 31.12.2015 include 12 offers made and accepted (3 AD, 5 CA IV, 2 CA III and 2 SNE).

Annex III: Table 2 – Multi-annual staff policy plan Year N+1-Year N+3

Category and grade	Establishment plan in EU Budget 2016		Filled as of 31/12/2016 ²¹		Modifications in year N-1 in application of flexibility rule		Establishment plan in voted EU Budget 2017		Modifications in year N in application of flexibility rule		Establishment plan in Draft EU Budget 2018		Establishment plan 2019		Establishment plan 2020	
	officials	TA	officials	TA	officials	TA	officials	TA	officials	TA	officials	TA	officials	TA	officials	TA
AD 16																
AD 15		1						1				1		1		1
AD 14		7						5				4		4		4
AD 13		6		1				10				5		5		5
AD 12		10		4				12				10		10		10
AD 11		16		4				18				10		10		10
AD 10		23		7				24				25		25		25
AD 9		25		13				25				25		25		25
AD 8		19		28				18				20		20		20
AD 7		16		1				13				26		26		26
AD 6		6		23				1								
AD 5				30												

²¹ Posts filled at 31.12.2016 include 3 offers made and accepted (2 AD 5, 1 AD 8)

Total AD		129		111				127				126		126		126
AST 11		2						2								
AST 10		3						4				2		2		2
AST 9		3						4				2		2		2
AST 8		7		1				8				3		3		3
AST 7		11		3				12				10		10		10
AST 6		16		4				16				10		10		10
AST 5		14		16				9				15		15		15
AST 4		1		19								5		5		5
AST 3												5		5		5
AST 2				5												
AST 1				6												
Total AST		57		54				55				52		52		52
AST/SC1																
AST/SC2																
AST/SC3												2		2		2
AST/SC4																
AST/SC5																
AST/SC6																
Total AST/SC												2		2		2
TOTAL		186		165				182				180		180		180

Annex IV:

A. Recruitment policy:

Temporary agents

Type of key functions

The establishment table focuses on the core functions of the Centre: the temporary agents. Temporary agents are foreseen to form the core capacity, that is, operating the Centre; and in addition, contract agents are recruited with a primary focus on support functions and junior experts.

Of key importance is the recruitment of highly qualified professionals in operational as well as in administrative and management functions. This is especially important, since ECDC is to be a Centre of excellence in a 'knowledge sector'. Moreover, the Centre needs to cover a broad range of specialist areas (including specialists in 55 diseases and conditions, and broad public health functions such as emerging infection, health determinants, burden of disease, training, response capacity, preparedness planning and disease surveillance and monitoring) which makes it essential to have access to a solid and broad basis of the best professionals. Many positions are expert posts, specialised in specific fields of public health such as epidemiology. The epidemiological resources in Europe, at senior level, are limited and therefore it is important to offer appropriate incentives and attractive conditions.

The establishment table reflects the emphasis on building up internal expert capacity and attracting the best experts in the fields of competence of the Centre. Hence, broadly, two thirds of the temporary agent posts are identified at administrator (AD) level, the majority of the posts intended for technical experts in areas such as public health and epidemiology. The large number of AD staff is seen as possible since a support capacity is built up around temporary agents on assistant (AST) level for the core support functions. Another important part of the Centre's administrative support capacity relies on contract agents.

Selection procedure

The selection procedure for temporary agents follows the Centre's implementing rules on temporary agents which is the model implementing rules for all agencies. In this implementing rule it's a provision for internal selection which the Centre uses. The Centre's aims at carrying out recruitment processes in an objective, transparent and highly efficient manner, respecting the candidate confidentiality as well as recruitment ethics. The focus is on recruiting and selecting the best candidates with a high level of professional competency and motivation. Selection committees consist of at least three members including a representative of the staff committee and take into account gender and geographical balance as well as unit belonging.

Entry grades

Temporary agents are recruited at the levels of AST 1 to AST 4 for the assistant (AST) category and at the levels of AD 5 to AD 8 for the administrator (AD) category.

Temporary agents at the level of Head of Unit are mainly recruited at the AD 11 grade. Deputy Heads of Unit are recruited mainly at grade AD 10. Recruitment of temporary agents at grades AD 9, AD 10 and AD 11, or on an exceptional basis, AD 12, remains within the 20% limit of the total of AD posts recruited annually over a five-year period.

The balance between expert and senior expert staff (AD 5 and AD 8) is in line with the objective to attract experienced senior experts while at the same time aiming at recruiting experts who can grow professionally along with the Centre. This will enable the Centre to have a well-balanced staffing as to assure that activities are carried out with the view of providing the best expertise as well as to secure business continuity.

When recruiting staff, the Centre may consider when possible to use the full range of grades as provided for in the statutory provisions.

Taking into consideration that the Centre focuses on recruiting many contract staff in supportive functions, it is the aim of having experienced senior administrative support staff (AST 4 and above) to coordinate the contract staff.

Contract duration

The contract duration for temporary agents is initially five years with a possibility of renewal of an additional five years and a possible second renewal resulting in a contract of indefinite duration. Temporary agent posts are normally identified as posts of possible long-term employment.

At its expiry each contract is considered, on a case-by-case basis, for possible renewal taking into account in particular the identified requirements from the work programme.

Job profiles

The Centre's temporary agents are mainly recruited for:

- operational posts (technical experts in the operational units);
- management posts;
- sensitive posts in administration, e.g. human resources, legal, finance, ICT.

The Centre's temporary agents are mainly employed for following posts and corresponding entry grades:

AD 5 - 7	Experts operational units etc;
AD 8	Senior Experts in operational units, Heads of Section, etc;
AD 10	Deputy Heads of Unit, Senior Experts in specific areas (External relations etc);
AD 11- 12	Heads of Unit;
AST/SC 1	Secretaries;
AST 4	Procurement Officers, Human Resources Officers, Information Officers, etc.

Contract agents

The Centre's contract agents are mainly in the administrative unit, in projects and programmes. The ones in supportive functions are important in order for the organisation to focus on the core tasks. The ones in operational functions are crucial for the development of short term operational projects as well as ensuring junior technical support in the long term operational disease programmes.

The basic rules for contract agents are formulated in the Centre's contract agent policy as well as the implementing rules on engagement and use of contract staff based on the model decision.

Selection procedure

The selection procedure for contract agents follows the Centre's implementing rules which is the model decision for agencies. The Centre's aims at carrying out recruitment processes in an objective, transparent and highly efficient manner, respecting the candidate confidentiality as well as recruitment ethics. The focus is on recruiting and selecting the best candidates with a high level of professional competency and motivation. Selection committees consist of at least three members including a representative of the staff committee and take into account gender and geographical balance as well as unit belonging.

Functions and Contract duration

Contract agent functions are defined according to two main categories: long term functions and short term function as follows:

- Long term functions are assistant/officer posts in administrative support functions (financial assistants, assistants in mission & meetings, human resources assistants, assistant secretaries, legal officers, web editors, editors etc) and junior experts in operational programmes of long term nature;
- Short term functions could be posts for projects.

The contract duration is set as follows:

- long term contracts have an initial duration of five years, with a possibility for a renewal of additional five years. A possible second renewal leads to an indefinite contract.
- short term contracts have a duration dependent on the nature of the function, and can be either two years with a possibility for a renewal of up to two additional years, or three years with a possibility for a renewal of up to three additional years. The maximum duration of the contract is four or six years accordingly.

At its expiry each contract is considered, on a case-by-case basis, for possible renewal taking into account in particular the identified requirements from the work programme.

Job profiles

The Centre's contract agents are mainly recruited for:

- administrative support functions;
- junior experts in operational programmes;
- projects;

Contract agents are recruited within Function Group I – IV, precise grading being determined by the experience of the appointed candidate, in accordance with Staff Regulations and the applicable implementing rules.

The Centre's contract agents are mainly employed in following posts and corresponding grades:

- FG I Logistics assistants, etc;
- FG II Assistant Secretaries, etc;
- FG III Financial Assistants, Human Resources Assistants, Travel/mission Assistants Information Assistants, etc.;
- FG IV Junior Experts in operational programmes/projects, Junior ICT developers, Editors, Legal Officers etc.

Seconded national experts

Article 29 (3) of the Centre's founding regulation provides for the following: 'Secondment to the Centre of public health experts, including epidemiologists, for a defined period of time, for the achievement of certain specified tasks of the Centre will be encouraged within the framework of existing regulations.' On this basis, the Centre has adopted a decision laying down the rules concerning seconded national experts at ECDC which was revised in 2009 to take into account the changes adopted by the European Commission and deemed relevant for the Centre.

SNEs are considered an important resource bringing expertise in specific areas within the Centre's mandate and facilitating the development of links with Member States. Seconded National Experts coming to the Centre are mainly at Senior Expert level working on operational activities.

Structural service providers

Structural service providers (consultants) are brought in to carry out and strengthen ICT projects and tasks supporting the functioning of the agency. This includes functions such as ICT infrastructure (ICT front office and back office), data management as well as projects for software development and implementation of IT systems.

Through open calls for tender, the Centre has entered into 12 framework contracts covering ICT services/consultancy and data management.

Interims are used to temporarily cover replacements due to maternity, parental and sick leave, vacancies and in exceptional circumstances for support functions in peak periods. Through an open call for tender, the Centre has entered framework contracts with interim agencies (two lots with two agencies per lot, until 2017).

B. Appraisal of performance and reclassification/promotions

Table 1 - Reclassification of temporary staff/promotion of officials (2015 exercise)

Category and grade	Staff in activity at 1.01.Year N-2 (2014)		How many staff members were promoted / reclassified in Year N-1 (2015)		Average number of years in grade of reclassified/promoted staff members
	officials	TA	officials	TA	
AD 16					
AD 15					
AD 14		2			
AD 13		1			
AD 12		3			
AD 11		4			
AD 10		9			
AD 9		11		1	4.6
AD 8		39		3	4.0
AD 7		1			
AD 6		14			
AD 5		45		4	3.4
Total AD		129		8	
AST 11					
AST 10					
AST 9					
AST 8					
AST 7		2			
AST 6		4			
AST 5		11		2	4.2
AST 4		30		2	3.8
AST 3					
AST 2		4			
AST 1		10		1	3.5
Total AST		61		5	
AST/SC1					
AST/SC2					

AST/SC3					
AST/SC4					
AST/SC5					
AST/SC6					
Total AST/SC					
Total		190		13	

Table 2 - Reclassification of temporary staff/promotion of officials (2016 exercise)

Category and grade	Staff in activity at 1.01.Year N-2 (2015)		How many staff members were promoted / reclassified in Year N-1 (2016)		Average number of years in grade of reclassified/promoted staff members
	officials	TA	officials	TA	
AD 16					
AD 15					
AD 14					
AD 13		1			
AD 12		4			
AD 11		4			
AD 10		8			
AD 9		12			
AD 8		34	2		4.9
AD 7		1	1		2.8
AD 6		21	1		3.4
AD 5		34	5		3.8
Total AD		119	9		
AST 11					
AST 10					
AST 9					
AST 8					
AST 7		4	1		6.8
AST 6		4			
AST 5		12	1		4.4
AST 4		28	5		4.0
AST 3					
AST 2		6			
AST 1		7			
Total AST		61	7		
AST/SC1					
AST/SC2					

AST/SC3					
AST/SC4					
AST/SC5					
AST/SC6					
Total AST/SC					
Total		180		16	

Table 3 -Reclassification of contract staff (2015 exercise)

Function Group	Grade	Staff in activity at 1.01.Year N-2 (2014)	How many staff members were reclassified in Year N-1 (2015)	Average number of years in grade of reclassified staff members
CA IV	18			
	17	1		
	16	2		
	15	2		
	14	32	5	4.3
	13	9	4	4.5
CA III	12	1		
	11			
	10	11		
	9	17	2	4.0
	8	7	3	3.1
CA II	7			
	6	1		
	5	9	1	4.3
	4	1		
CA I	3			
	2			
	1	3		
Total		96	15	

Table 4 -Reclassification of contract staff (2016 exercise)

Function Group	Grade	Staff in activity at 1.01.Year N-2 (2015)	How many staff members were reclassified in Year N-1 (2016)	Average number of years in grade of reclassified staff members
CA IV	18			
	17	1		
	16	2	1	6.0
	15	8		
	14	29	7	4.4
	13	5	2	4.6
CA III	12	1		

	11	2		
	10	12		
	9	17	1	5.0
	8	3		
CA II	7			
	6	3		
	5	6		
	4	1		
CA I	3			
	2	1		
	1	1		
Total		92	10	

In 2016, the agency has adopted the model implementing rules on Reclassification developed by the European Commission in collaboration with the agencies; one implement rule for Temporary Agents and one for Contract Staff. The agency expected these rules to be ready already in 2015 and accordingly waited to carry out the reclassification. Therefore, two reclassification exercises were carried out in 2016 (one for the year 2015 and one for the year 2016).

C. Mobility policy

a) internal mobility along with quantitative evolution;

In 2016, 24 % of vacancies (6 out of a total of 25) were filled by internal staff. Two of these vacancies were filled by internal staff in accordance with Article 4 of the Implementing Rules on the procedure governing the engagement and use of temporary staff under Article 2(f) CEOS.

b) mobility between agencies

In 2016, four staff members left ECDC to be employed by another agency. Three new staff members coming from another agency joined ECDC. In total, the Centre now has 28 staff members who previously worked for an EU agency (27 who directly joined ECDC from another agency and 1 who previously worked in another agency, but did not join ECDC directly after employment with that agency).

c) mobility between agency and Institutions.

In 2016, one staff member left ECDC to be employed by an institution (European Commission including its missions, representations and executive agencies). In total, ECDC now has 18 staff members who previously worked for an EU institution (14 who directly joined ECDC from an institution and 4 who previously worked in an institution, but did not join ECDC directly after employment with that institution).

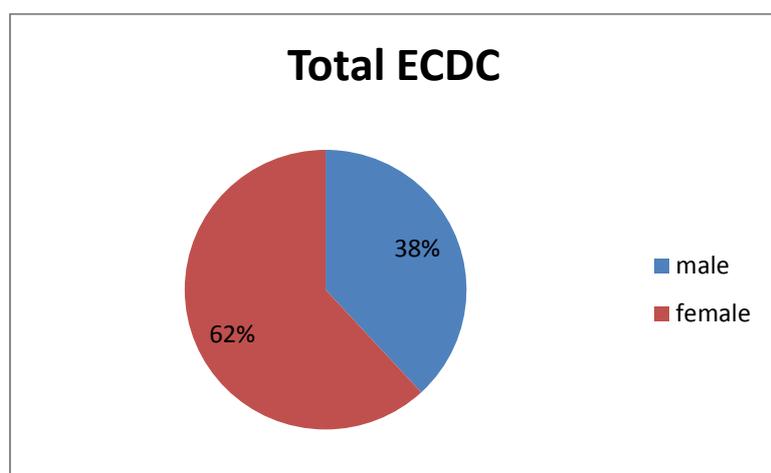
D. Gender and geographical balance

Gender balance

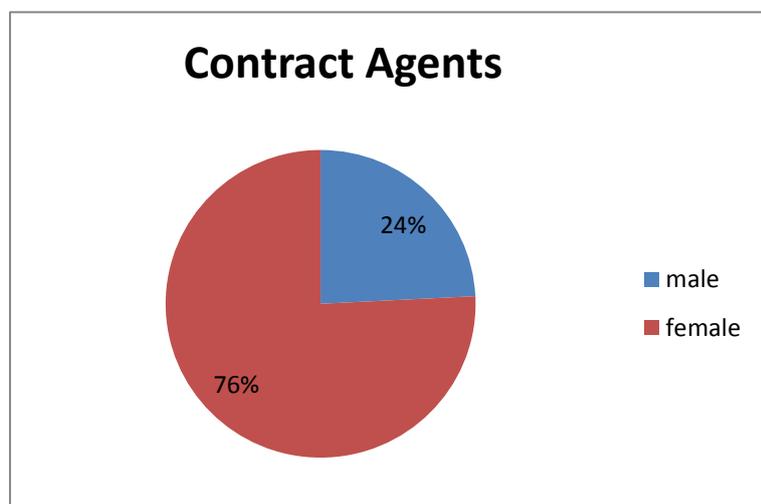
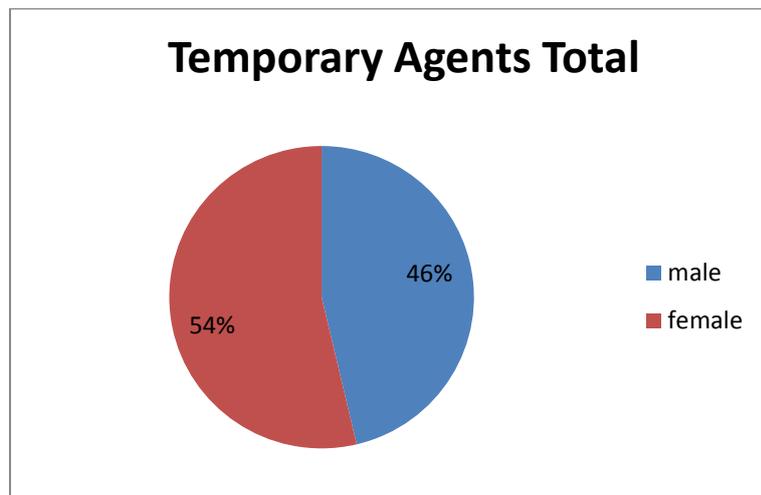
The gender balance in the Centre as of 31 December 2016 is as follows (offers not included):

	CA	AST	AD	Total TA	Total ECDC
male	23	18	57	75	98
female	72	36	51	87	159
Total	95	54	108	162	257

In total, the Centre employs 62% women and 38% men (TAs and CAs).



The gender balance within the different contract types is for temporary agents 54% women and 46% men.



The gender balance is considered as important, and is taken into account by the appointing authority in recruitments. One of the organisational HR objectives is to further strengthening the gender balance in management positions (Proportion of women in the new appointments to Management posts (Director/Heads of Units) is aimed to be 50 %). The current gender balance in this category is 33% women and 67% men.

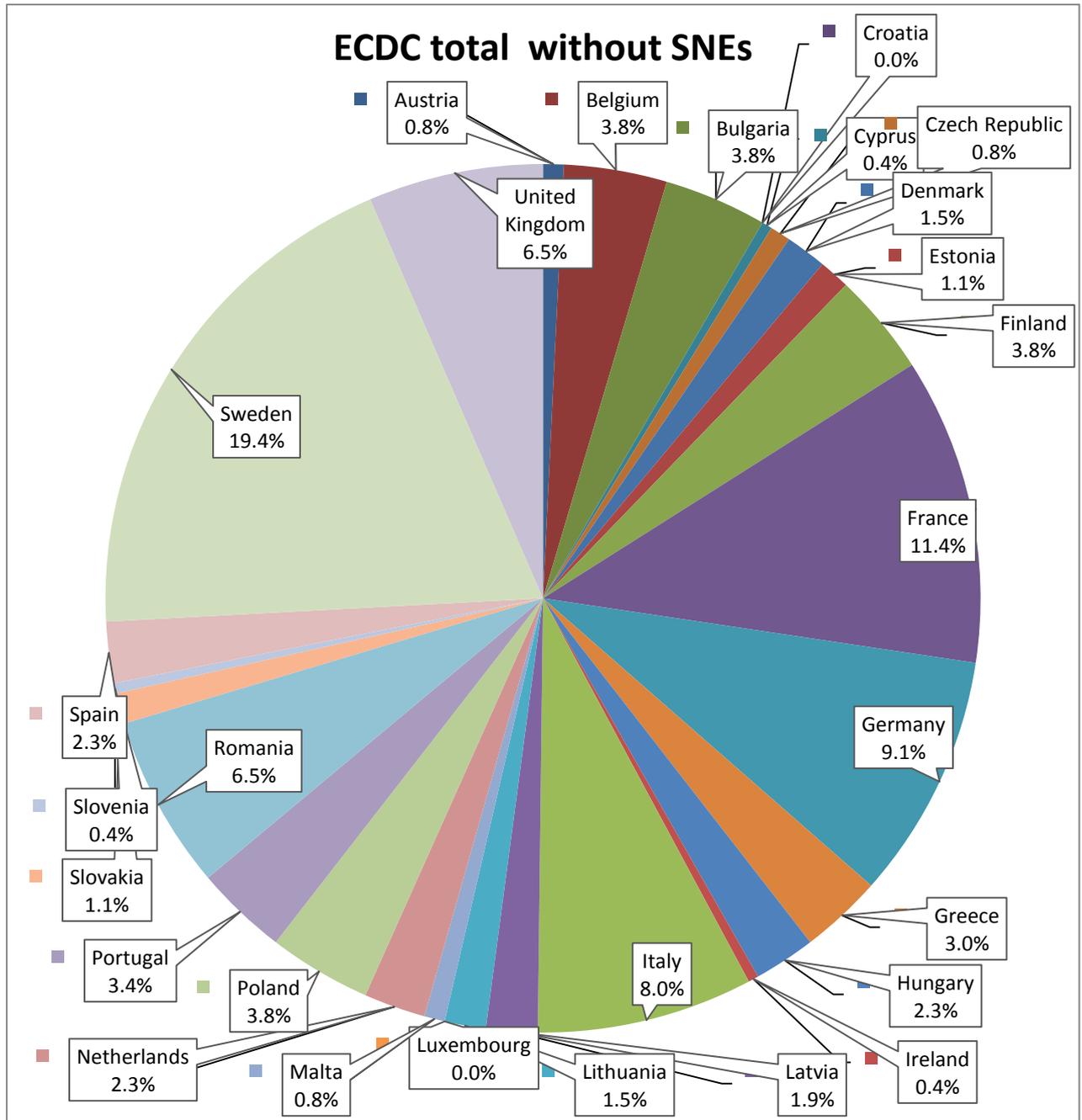
Moreover, the gender balance is taken into account when appointing selection committees in recruitment processes as to further strengthen the view of both genders and encourage a mixed collaboration in the important work of finding the most competent candidates.

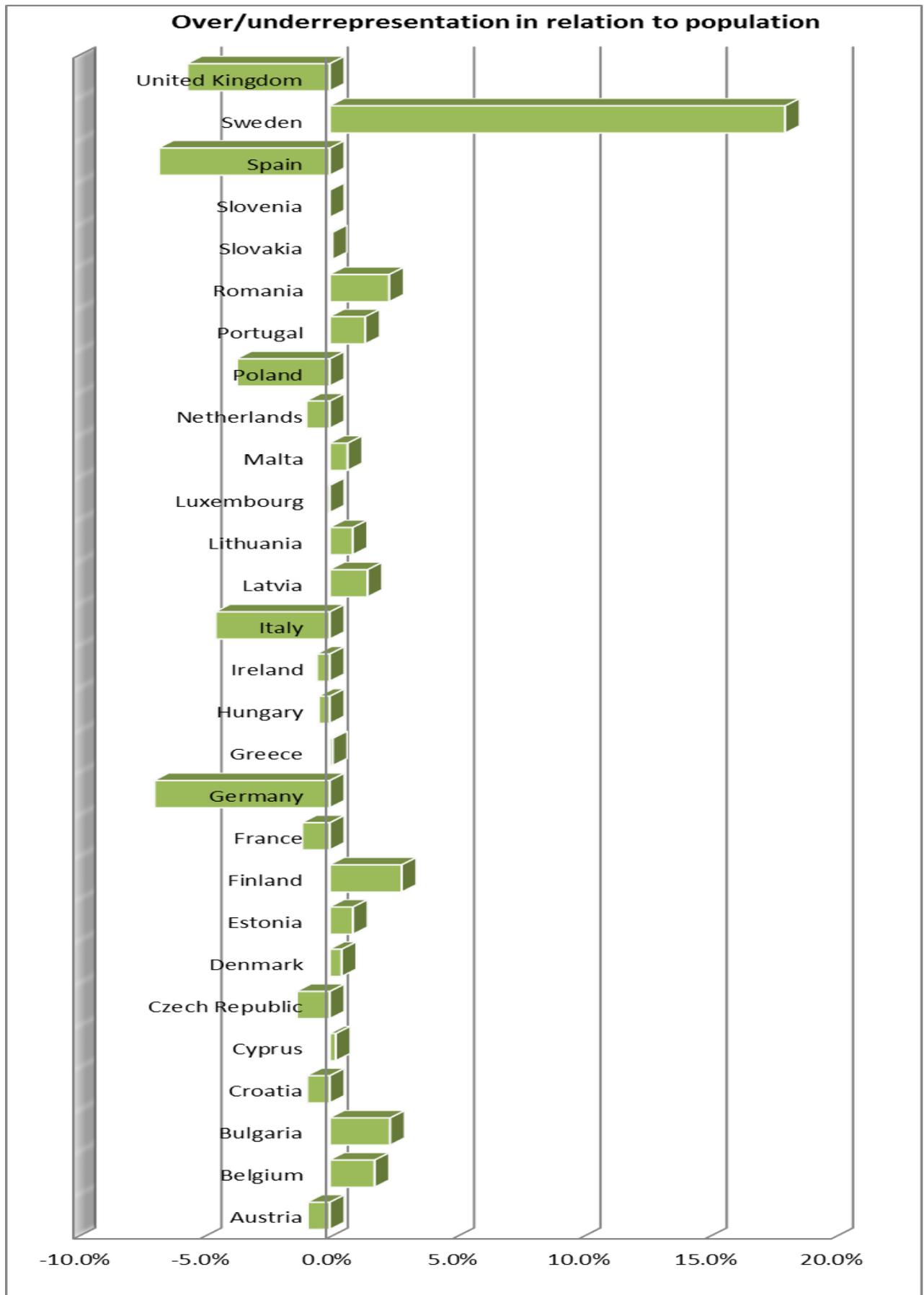
The Centre is fully committed to the provision of equal opportunity for its entire staff through its employment practices. It is aiming at developing an environment taking into account diversity and ensuring that no one is treated inequitably due to gender, marital status, age, nationality, sexual preference or religion. This is done through a series of measures including statements in vacancy notices, as mentioned above in composition of selection committees, conditions of work (e.g. flexitime, teleworking policy, part-time).

Nationality balance

On 31 December 2016, ECDC employs staff from 26 member states (offers not included):

Nationality	AST	AD	TA Total	CA	SNE	ECDC total
Austria	0	1	1	1		2
Belgium	0	7	7	3		10
Bulgaria	2	5	7	3		10
Croatia	0	0	0	0		0
Cyprus	1	0	1	0		1
Czech Republic	0	1	1	1		2
Denmark	2	1	3	1		4
Estonia	0	0	0	3		3
Finland	1	7	8	2		10
France	5	15	20	10		30
Germany	6	14	20	4		24
Greece	0	3	3	3	1	7
Hungary	0	3	3	1	1	5
Ireland	1	0	1	0		1
Italy	4	10	14	5	1	20
Latvia	2	2	4	1		5
Lithuania	1	0	1	3		4
Luxembourg	0	0	0	0		0
Malta	0	2	2	0		2
Netherlands	2	2	4	2		6
Poland	3	1	4	6		10
Portugal	1	4	5	4		9
Romania	7	3	10	7		17
Slovakia	0	1	1	2		3
Slovenia	0	1	1	0		1
Spain	2	2	4	2		6
Sweden	10	15	25	26		51
United Kingdom	4	8	12	5		17
Total	54	108	162	95	3	260





E. Schooling

There are a number of alternatives regarding international schooling within the region where the Centre is situated (international schools, German, British, French, Finnish schools). There is no European school in Stockholm.

Public schools, whether Swedish or international, are free of charge. Private school fees are high; although national grants per student reduce fees. However, the private International School situated in the Stockholm City Centre charges very high fees and the double educational allowance only covers a minimal part of the fees of this school.

There has been no special agreement set with any particular school.

It should be noted that the seat agreement between the Centre and the Swedish government provides for the possibility to consider a European section or school.

Annex V: Buildings

	Name, location and type of building	Other Comment
<i>Information to be provided per building:</i>		
Surface area (in square metres) <ul style="list-style-type: none"> - Of which office space - Of which non-office space 	Main Building 5.974 sqm <ul style="list-style-type: none"> - Office space: 2.607 sqm - Non office space 3.367 sqm New Building: 2.355 sqm <ul style="list-style-type: none"> - Office space: 1.240 sqm - Non office space 1.115 sqm Guest House: 744 sqm <ul style="list-style-type: none"> - Office space: 378 sqm - Non office space 366 sqm Mobile Office: 394 sqm <ul style="list-style-type: none"> - Office space: 250 sqm - Non office space 144 sqm Total surface: 9.467 sqm <ul style="list-style-type: none"> - Office space: 4.475 sqm - Non office space 4.992 sqm Gustav III boulevard 40 Hilton 3 building Total surface: 9.407 sqm <ul style="list-style-type: none"> - Office space: 4.905 sqm - Non office space 4.502 sqm 	Office space includes: offices, meeting rooms, boardroom, auditorium, EOC social areas and reception. Non-office space includes: corridors, stairs, toilettes, storage areas, server rooms, technical rooms, canteen, cafeteria, basement and parking.
Annual rent (in EUR)	Tomtebodavagen 11a 1.760.354,43 € Gustav III boulevard 40 Hilton 3 building 2.400.000,00 €	Actual amount paid in 2016. The contract is signed in local currency (16.486.144,00 SEK in 2016 including indexation) Yearly rent, excluding <ul style="list-style-type: none"> - concession for the first periods - property tax
Type and duration of rental contract	Tomtebodavagen 11a <i>Expiration date 31/5/18</i> Gustav III boulevard 40 Hilton 3 building <i>Expiration date 27/2/33</i>	<i>Termination notice sent by 31/7/16</i> <i>Automatic renewal up to 2 times for 5 years each. Termination notice period 12 months</i>
Host country grant or support	<i>No. Host Country doesn't grant any support.</i>	
Present value of the building	NA	

Current building(s)**Building projects in executing phase**

There is a building project ongoing aiming at moving to the new premises in the spring 2018. The expected future total surface will be 9407 sqm.

A new rent contract has been signed on 27 July 2016 with Klovern for an initial period of 15 years that could be extended up to another 10 years. The forecasted delivery date of the building is 28 February 2018.

Building projects submitted to the European Parliament and the Council

None

Annex VI. Privileges and immunities

Agency privileges	Privileges granted to staff	
	Protocol of privileges and immunities / diplomatic status	Education / day care
The Agency enjoys the privileges stipulated in the Protocol on the Privileges and Immunities of the European Communities (Articles 1 to 4 of the Protocol)	<p>Articles 12 to 16 of the Protocol on the Privileges and Immunities of the European Communities are applicable to the staff of the Centre.</p> <p>This includes:</p> <ol style="list-style-type: none"> 1) Immunity from jurisdiction as regards acts carried out by them in their official capacity. 2) Exemption from regulations restricting immigration and formalities for the registration of foreigners. 3) Right to import household effects from their last country of residence or from the country of which they are nationals <p>The Director of the Centre and the Deputy to the Director together with their families are granted the immunities and privileges accorded to heads of diplomatic missions and members of their families.</p>	Family members of staff have access to day care/education in accordance with Swedish legislation.

Annex VII. Evaluations

External evaluation:

ECDC's Founding Regulation requires the Centre to organise external evaluations every five years to assess how well it is performing its mission. The Second Independent External Evaluations of ECDC, conducted by a consortium led by the Rome-based consultancy Economisti Associati, was concluded during 2014. The period looked at in the evaluation was 2008–2012, therefore progress made in 2013–2014 was not taken into account.

The report was discussed in the Management Board and the Board adopted a set of recommendations for action in response to the evaluation in its meeting in June 2015. Based on the evaluation and the recommendations of the Board, ECDC developed an action plan for the implementation of actions. The action plan was approved by the Management Board in November 2015.

The external evaluation is available on ECDC website:

<http://www.ecdc.europa.eu/en/aboutus/Key%20Documents/ECDC-external-evaluation-2014.pdf>

Internal evaluations:

In addition, ECDC adopted a new procedure for the internal evaluation of its work in 2015. The new process has been piloted in 2015, to assess the governance of IT. The evaluation has been completed and the report was endorsed by the SMT in February 2016. In 2016 a second internal evaluation was done on the deployment of ECDC experts in Africa. In 2017, ECDC started to systematically evaluate its disease programmes, and developed a common protocol for all Disease Programmes evaluations. The first two programmes to be evaluated in 2018 are IRV and FWD. An internal evaluation of ECDC's intranet and the document management system has started. Every year a number of ECDC's projects or products will be assessed.

The scope of the procedure is the implementation of the Internal Control Standard (ICS) 14 "*Evaluation of Activities*", which states: "*Evaluations of expenditure programmes, legislation and other non-spending activities are performed to assess the results, impacts and needs that these activities aim to achieve and satisfy. [...] Requirement: 14a) Evaluations are performed in accordance with the ECDC evaluation standards.*"

All evaluations should be linked to activities in the Single Programming Document. Evaluations will generally be conducted ex-post and should be part of a multi-annual plan approved by the Director.

Evaluations should be carried out for interventions such as: work programme activities, programmes, projects, processes, the work of disease networks and also more generic functions performed by the Centre (e.g. preparedness, epidemic intelligence, procurement).

Are out of the scope of this procedure:

- The five-year external evaluations²²; internal evaluations actually complement the five-year external evaluations by providing additional evaluations of specific products or services;
- Audits;
- Specific internal self-assessments / evaluations performed by individual Units with the purpose to continuously improve their products or services (e.g. peer reviews, evaluations of Unit-specific processes);
- PHE evaluations, CMMI, individual appraisals, as they follow dedicated methodologies.

An annual evaluation plan and indicative multi-annual evaluation programme are approved by the Director, after consultation of the relevant internal stakeholders and strategically aligned with the SMAP.

²² ECDC Founding Regulation, article 14.5.b

In addition, the Financial Regulation (art. 29(5)) requires regular ex-ante, interim or ex-post evaluations for certain interventions²³.

The multi-annual evaluation programme shall be drawn up taking into account the life cycle of the interventions, the operational and strategic needs of the Units, general requirements for evaluation, and any specific requirement for evaluation as set out in the legal base of the intervention.

All interventions addressed to external parties must be periodically evaluated in proportion with the allocated resources and the expected impact.

The timing of evaluations must enable the results to be fed into decisions on the design, renewal, modification or suspension of activities.

The criteria applied to rank and select potential evaluation topics were: criticality of the process/activity, impact on customers, need for improvement, frequency of use and whether the process/activity is cross-organisational.

The new process has been piloted in 2015, to assess the governance of IT. The evaluation has been completed and the report will be endorsed by the SMT in February 2016. Every year a number of ECDC's projects or products will be assessed.

Annual stakeholder surveys:

In 2015, ECDC launched its first annual stakeholder survey targeted to members of the Management Board, Advisory Forum, Competent Bodies, National Focal Points and relevant external stakeholders (EU institutions, relevant EU agencies, international organisations). The survey is analysed and the results presented to the Management Board. Improvements are proposed and implemented as part of an action plan. In 2015 the corrective actions were included in a common action plan with the external evaluation.

Monitoring of ECDC work programme implementation:

The implementation of ECDC work programme is managed through a Management Information System, as well as dedicated dashboards reviewed monthly by the Senior Management Team. Quarterly meetings are organised with all Heads of Units and Disease Programmes to review the level of implementation of the Work Programme. An update is given at each meeting of the Management board.

²³ "Such evaluations shall be applied to all programmes and activities which entail significant spending and evaluation results shall be sent to the Management Board" (Evaluation ([Article 29\(5\) FR](#))).

Annex VIII. Risk Assessment for the Single Programming Document 2018

As part of preparing the Single Programming Document (SPD) 2018, ECDC conducted a risk self-assessment exercise in order to identify all main risks that could impact the implementation of the SPD.

The following main risks were identified:

- Risk of SPD implementation suffering from a PHE event or impacted by other unforeseen additional politically prioritised activities. Although there is preparedness in ECDC for scaling down activities, it would still imply that ECDC would not implement a part of the SPD 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 SPD. Good planning and follow-up of outsourced work (including quality control) should reduce this risk to an acceptable level. However, for the SPD 2018, the dependence on ICT and other consultants have been identified as having a high risk of potential delays in the service delivery, thereby requiring an increased attention from ECDC staff and management.
- Cooperation with the European Neighbourhood Policy partner countries is at risk of being disrupted/stopped in 2018 due to lack of external funding.
- Any budget cuts in the 2018 budget and/or additional cuts of posts in the establishment table 2018, would impact the SPD negatively. Also, any large change in the exchange rate (SEK/EURO) risks impacting the budget implementation and thereby also the execution of the SPD.

The following main actions were also identified:

- Regarding the dependence on ICT and other consultants, it was decided to: review and revise the AWP 2018 when the new IT operating model is ready. To adjust resources and/or scope planned in the AWP 2018, taking into account the necessary changes to the organisation and processes that will likely take place during 2017 and 2018. To prepare a road map for the transition if there will be changes in the operating model in 2018. Deadline: Q3 2017.
- Regarding the cooperation with the ENP partner countries, it was decided to: In coordination with DG SANTE, to hold discussions with DG NEAR regarding the availability of follow-up grants and external funding to support EU agencies cooperation with ENP countries. If necessary finding alternative external funds (e.g. TAIEX), to organise at least one meeting of the network of ECDC correspondents in ENP countries. Deadline: Q4 2017.

Annex IX. Procurement plan Year N+1

1. List of Grants for 2018

1. ERLTB-Net

Subject matter of the Action: ERLTB-Net: 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.

Type of grant: Framework partnership agreement and specific grant agreement

Objective of the grant: To strengthen the TB laboratory services in the EU.

Expected result: Ensure coordination and full establishment of the network and enhance support to master the challenges of TB control and elimination at EU level.

Expected amount 2018: 191,000 EUR

Expected launch: Q2 2016

Maximum rate of co-financing: 90%

Human resources from ECDC (FTEs): 24 days (=0.16 FTEs)

2. Monitoring and evaluation of VENICE.Net

Subject matter of the Action: Monitoring and evaluation: Continuation of VENICE.net activities for VPDs incl. influenza under the existing FWC

Type of grant: Framework partnership agreement and Specific grant agreement

Objective of the grant: To continue the VENICE and VENICE II projects.

Expected result: To collect information on the national vaccination programmes through a network of professionals and ensure its availability to Member States and relevant stakeholders.

Expected amount 2017: 81,000 EUR

Expected launch: Q 2018

Maximum rate of co-financing: 90%

Human resources from ECDC (FTEs): 85 days (= 0.53 FTEs)

3. Scientific coordination of ECDC Fellowship Programme and hosting of fellows

Subject matter of the Action: Scientific Coordination of ECDC Fellowship Programme (Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) paths) and hosting of fellows at Training Sites

Type of grant: Specific grant agreements under existing framework partnership agreements

Objective of the grant: To ensure that EU-track fellows can be employed by their Training Sites with the financial support of ECDC and to ensure the availability of highly qualified scientific coordinators

Expected result: Successful running of the ECDC Fellowship Programme

Expected amount 2017: 2,459,000 EUR

Expected launch: Q4 2017 and Q2 2018

Maximum rate of co-financing: 90%

Human resources from ECDC (FTEs): 100 days (= 0.66 FTEs)

List of specific agreements: 28 specific agreements

2. Financing Decision (procurements) 2018

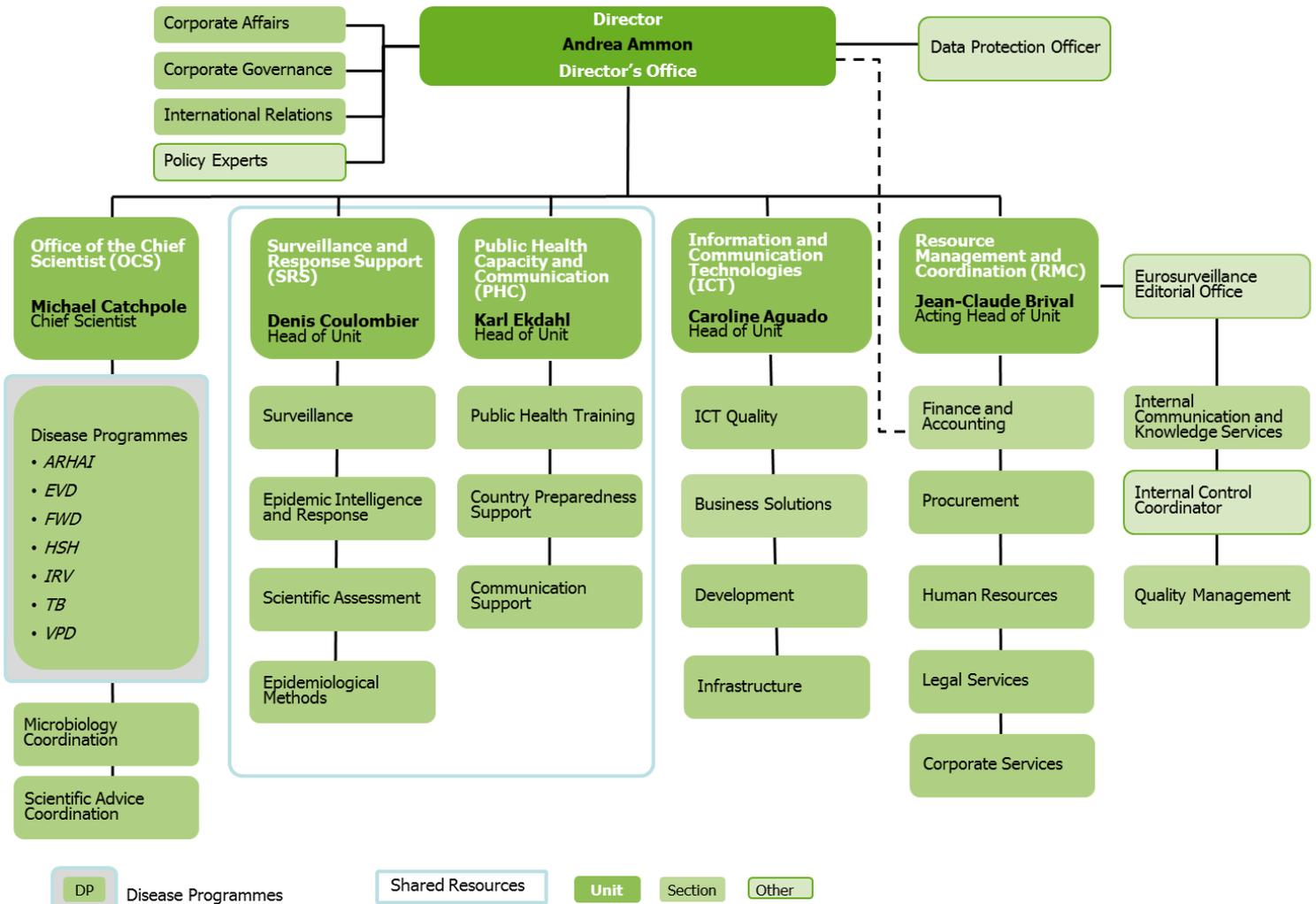
Strategy	Functional group	Generic description of procurements	Financing Decision Amount	Indicative number and type of Procurement	FWC number	Indicative Period
1. Surveillance and epidemic intelligence	1. Public health surveillance	Data management	250,000	2 Specific contracts under Framework Contract		Q1 2018
		Guidance screening on migrants	10,000	Negotiated procedure		Q1 2018
	1. Public health surveillance Total		260,000			
	3. Methods to support disease prevention and control	Evaluation of EU/EEA surveillance systems	276,000	1 Specific contract under Framework Contract		Q4 2017
		Methods to support disease prevention and control (analysis of surveillance data and GIS)	593,000	7 Specific contracts under Framework Contract		Q1 2018
3. Methods to support disease prevention and control Total		869,000				
1. Surveillance and epidemic intelligence Total			1,129,000			
2. Scientific support	1. Scientific advice coordination	Methodology, standards and tools for scientific advice (incl. scientific advice repository, EBPH grading system, needs and use of scientific advice)	130,000	1 Open Call for tender; 3 Specific contracts under Framework contract; 1 Negotiated procedure		Q1 2018
	1. Scientific advice coordination Total		130,000			
	2. Research coordination and studies	Research studies (incl. drivers of infectious diseases, migrant health assessment)	90,000	1 Negotiated procedure; 2 Specific contracts under Framework contract		Q3 2017 - Q1 2018
	2. Research coordination and studies Total		90,000			
	4. Programme Management and Implementation	ESCAIDE scientific conference 2018	400,000	1 Specific contract under Framework Contract		Q1 2018
		Library	250,000	1 Open Call for tender		Q1 2018
		Open access publications	65,400	27 Negotiated procedures	ECDC/2015/023	Q1 2018
4. Programme Management and Implementation Total		715,400				
2. Scientific support Total			935,400			
3. Preparedness and response	1. Support to EU outbreaks	EOC	30,000	2 Specific contracts under Framework Contract; 1 Negotiated procedure		Q1 2018
	1. Support to EU outbreaks Total		30,000			
	2. EU preparedness	Trainings (PHE preparedness, biorisk)	155,000	2 Negotiated procedures		Q1 2018
2. EU preparedness Total		155,000				
3. Preparedness and response Total			185,000			
4. Training and capacity building	1. Fellowships EUPHEM -EPIET	Public health training	67,500	1 Specific contract under Framework Contract	ECDC/2015/018	Q1 2018
	1. Fellowships EUPHEM -EPIET Total		67,500			
	4. e-learning	E-learning	90,000	2 Specific contracts under Framework Contract		Q1 2018
	4. e-learning Total		90,000			
	5. Programme Management and Implementation	Training material	50,000	Negotiated procedure		Q2 2018
5. Programme Management and Implementation Total		50,000				
4. Training and capacity building Total			207,500			

Strategy	Functional group	Generic description of procurements	Financing Decision Amount	Indicative number and type of Procurement	FWC number	Indicative Period
5. Communication	1. Press, media and Information services	Press media and information (incl. audiovisual, infostands, graphic design support, media monitoring)	205,000	1 Open Call for tender; 4 Specific contracts under Framework Contract; 2 Negotiated procedures.	ECDC/2014/035	Q1 2018
	1. Press, media and Information services Total		205,000			
	2. Eurosurveillance	Consultancy, membership, accreditation	36,000	2 Specific contracts under Framework Contract; 2 Negotiated procedures		Q1-Q3 2018
	2. Eurosurveillance Total		36,000			
	Stakeholders and networking	Stakeholders and networking	25,000	Negotiated procedure		Q2 2018
	Stakeholders and networking Total		25,000			
	Translations	Translations	80,000	Other		Q1 2018
Translations Total		80,000				
5. Communication Total			346,000			
6. Management/Administration	COP 2. Working with European Union and member States	European Forum Gastein workshop	20,000	Negotiated procedure		Q1 2018
	COP 2. Working with European Union and member States Total		20,000			
	ICT 4. Programme Management and Implementation Total		-			
	RES 6. Internal Communication and Knowledge Services	Knowledge management services	198,000	2 Specific contracts under Framework Contract	FWC ECDC/2016/015	Q4 2017
	RES 6. Internal Communication and Knowledge Services Total		198,000			
	COP 3. Working with non-EU Countries	Working with non-EU Countries	32,000	1 Call for expression of interest; 1 Specific contract under Framework Contract		Q1 2018
	COP 3. Working with non-EU Countries Total		32,000			
	Evaluations	Evaluation of Disease Programmes	70,000	1 Negotiated procedure 1 Specific contract under Framework Contract		Q4 2017 - Q2 2018
	Evaluations Total		70,000			
	IT solutions	IT solutions	2,638,788	13 Specific contracts under Framework Contract 9 Re-openings of competition 5 Direct contracts 3 Opens Call for tender		Q4 2017 - Q2 2018
IT solutions Total		2,638,788				
IT infrastructure services	IT infrastructure services	1,728,410	6 Specific contracts under Framework Contract 1 Re-opening of competition		Q4 2017 - Q2 2018	
IT infrastructure services Total		1,728,410				
6. Management/Administration Total			4,687,198			

Strategy	Functional group	Generic description of procurements	Financing Decision Amount	Indicative number and type of Procurement	FWC number	Indicative Period	
7. Disease programmes	Antimicrobial resistance and Healthcare-Associated Infections (ARHAI)	AMR & HAI	30,000	2 Specific contracts under Framework Contract		Q4 2017- Q2 2018	
		Antibiotic awareness day	71,000	1 Specific contract under Framework Contract 8 Negotiated procedures		Q2 2018	
		Antimicrobial susceptibility testing	137,500	Specific contract under Framework Contract		Q4 2017	
		Case study for genomic-based surveillance	143,000	Specific contract under Framework Contract		Q4 2017	
		EARS-net	156,000	2 Specific contracts under Framework Contract 1 Open Call for tender 1 Negotiated procedure		Q1 2018- Q2 2018	
		ESAC-Net	90,000	1 Specific contract under Framework Contract 1 Negotiated procedure		Q4 2017- Q2 2018	
		European clostridium difficile	60,000	Specific contract under Framework Contract	ECDC/2016/016	Q1 2018	
		HAI & MDRO	15,000	Negotiated procedure		Q1 2018	
		HAI-net	159,000	3 Specific contracts under Framework Contract		Q1 2018- Q4 2017	
		Info Stand at ECCMID	12,000	Negotiated procedure		Q2 2018	
	Antimicrobial resistance and Healthcare-Associated Infections (ARHAI) Total			873,500			
	Emerging and vector-borne diseases (EVD)	Dengue, chikungunya, Zika	70,000	Specific contract under Framework Contract			
		EVDLabNet	200,000	Specific contract under Framework Contract	ECDC/2016/002		Q1 2018
		Tick-borne diseases surveillance	90,000	1 Open Call for tender 1 Specific contract under Framework Contract	ECDC/2014/003		Q1 2018
		Vector-net	200,000	Open Call for tender			
		West Nile fever	41,000	Specific contract under Framework Contract			Q1 2018
	Emerging and vector-borne diseases (EVD) Total			601,000			
	Sexually transmitted infections, including	Consolidate surveillance (HIV-AMR, Hep B and C)	20,000	1 Negotiated procedure 2 Open Calls for tender			Q2 2018
		Develop scientific guidances (HIV testing, youth interventions for HIV and STI, Hep B and C testing)	307,800	7 Specific contracts under Framework Contract 3 Negotiated procedures 1 Open Call for tender 1 Exceptional Negotiated procedure	ECDC/2016/035 ECDC/2016/027 ECDC/2016/018 ECDC/2016/033		Q4 2017- Q4 2018
		Improve epidemiological assessment (incl. HIV, gonorrhoea, STI, Gonorrhoeal antimicrobial resistance surveillance and molecular typing surveys under the Euro GASP network)	346,800	3 Specific contracts under Framework Contract 3 Negotiated procedures	ECDC/2016/017 ECDC/2016/028		Q4 2017- Q2 2018
		Monitoring of response to HIV (FWC ECDC/2015/013)	76,400	Specific contract under Framework Contract			Q1 2018
		Statistical analyses for the main surveillance data outputs	20,000	Specific contract under Framework Contract			Q4 2017
		Sexually transmitted infections, including HIV, STI and blood-borne viruses (HSH) Total			771,000		
	Tuberculosis (TB)	Assessment of TB under-reporting	66,600	2 Specific contracts under Framework Contract	ECDC/2016/004		
		Support to high priority countries	125,000	2 Specific contracts under Framework Contract	ECDC/2016/012		
		WGS (TB)	100,000	2 Specific contracts under Framework Contract	ECDC/2017/012		
	Tuberculosis (TB) Total			291,600			

Strategy	Functional group	Generic description of procurements	Financing Decision Amount	Indicative number and type of Procurement	FWC number	Indicative Period	
	Vaccine Preventable Diseases (VPD)	Consultancy support HPV, pneumococcal vaccination, life-long vaccination, polio	25,000	Negotiated procedure		Q1 2018	
		Lab coordination activities (pertussis, IBD, diphtheria)	344,000	2 Negotiated procedures 2 Specific contracts under Framework Contract	FWC ECDC/2015/009 FWC ECDC/2016/001	Q1 2018	
		Other (incl. training on polio eradication for MS, preparedness, vaccine acceptance)	60,000	2 Negotiated procedures		Q1 2018	
		Scientific studies (pertussis, SpidNet, pneumococcal vaccination)	705,000	4 Specific contracts under Framework Contract	FWC ECDC/2015/017 FWC ECDC/2015/031	Q4 2017	
	Vaccine Preventable Diseases (VPD) Total			1,134,000			
	Food & waterborne diseases (FWD)	EQA schemes (all schemes, including Legionella)		202,500	5 Specific contracts under Framework Contract 1 Open Call for tender	ECDC/2014/022 ECDC/2016/043 ECDC//2016/044 ECDC/2016/045	Q4 2017- Q3 2018
			Expert Opinion on screening and management of tuberculosis in	50,000	Negotiated procedure		
		Molecular typing (including WGS, curation etc)		105,500	4 Specific contracts under Framework Contract 1 Open Call for tender	ECDC/2016/029 ECDC/2015/022 ECDC/2014/042	Q4 2017- Q2 2018
			VcJD	100,000	Specific contract under Framework Contract	ECDC/2017/011	Q4 2017
	Food & waterborne diseases (FWD) Total			458,000			
	Influenza (IRV)	Influenza pandemic preparedness		15,000	Specific contract under Framework Contract		Q3 2018
			Scientific studies in the field of influenza and other respiratory viruses (including influenza vaccine effectiveness studies)	226,000	3 Specific contracts under Framework Contract	OJ/2017/OCS/9269	Q3 2018
			Support to the influenza network and laboratories (including training, mortality monitoring, EQA, virus characterisation support)	210,000	6 Specific contracts under Framework Contract 1 Open Call for tender	ECDC/2017/002 ECDC/2017/005 ECDC/2017/001	Q4 2017- Q2 2018
	Influenza (IRV) Total			451,000			
	7. Disease programmes Total			4,580,100			
External meetings	Framework contract AMEX for meetings		3,591,000			Q1 2017-Q4 2017	
GRAND TOTAL			15,661,198				

Annex X. Organisation chart year N+1



December 2017