



ECDC Annual Work Programme 2011

At its Twentieth meeting in November 2010, the Management Board approved the ECDC Annual Work Programme 2011 (document MB20/8 Rev.1)

Summary:

The foundation for ECDC's work

As stated in Article 14.5(d) of ECDC's Founding Regulation, [The Management Board shall:] "adopt, before 31 January each year, the Centre's programme of work for the coming year."

The ECDC Annual Work Programme 2011 is based on ECDC's *Strategic Multi-annual Programme (SMP) 2007-2013*. The activities to be developed in 2011 are therefore clearly and individually linked to the long-term strategies of ECDC.

Main priorities of the 2011 Work Programme

According to the ECDC Strategic Multi-annual Programme, for the period 2010-2013, ECDC should consolidate its Public Health Functions (surveillance, scientific advice, preparedness and response, health communication) while at the same time reinforce and give more visibility to the Disease Specific work. The adoption of long-term strategies for the Disease Specific Programmes by the Management Board in November 2009 was part of this process.

Partnerships (including External Relations and Country Relations) are at the core of ECDC missions. ECDC will work on further improving its cooperation with the EU institutions, Member States, other public health partners and external partners, through the streamlining of its cooperation principles, structures and practices. Service contracting with coordinating Competent Bodies will be initiated in targeted countries.

ECDC will also focus its efforts on cross-cutting issues such as social determinants of communicable diseases, microbiology capacity in Europe, impact assessment of the H1N1 influenza, and its internal organisational management.

For the first year, the Centre's budget is reaching a plateau (with even a small decrease of 2%), to reach 56.7 M €, while the total number of 350 staffs

	<p>should remain unchanged.</p> <p>The implementation of the 2011 Work Programme is conditional upon the approval of the corresponding budget by the relevant authorities.</p> <p>The <i>Executive Summary</i> of the document encapsulates the most important outputs of the 2011 Work Programme.</p> <p>Consultation on the 2011 Work Programme</p> <p>As described in the Introduction chapter, in June 2010, the Management Board reviewed ECDC's 2011 priorities; these priorities were further submitted to a written consultation of the Management Board during the summer. Comments from the Management Board have been fully taken into account. A discussion on the Work Programme also took place at the Advisory Forum on 29-30 September 2010. In order to ensure full synergy, the document also takes into account comments received from the European Commission in August 2010.</p>
Action:	<p>The Management Board is requested to approve the ECDC Annual Work Programme 2011. This document, once adopted, will guide the Centre's activities for 2011. Its implementation will be regularly monitored and reported to the Management Board, in particular, in the Annual Report of the Director.</p>
Background:	<p>Regulation (EC) N° 851/2004 of the European Parliament and of the Council of 21 April 2004</p> <p>Article 14.5(d) – [The Management Board shall:] “adopt, before 31 January each year, the Centre's programme of work for the coming year.”</p>

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Executive Summary

As in the previous years, ECDC work for 2011 is planned on a yearly basis in an Annual Work Programme with a medium term “rolling time horizon”, which is based on the Strategic Multi-annual Programme (2007-2013). In this way ECDC’s day-to-day work is linked to its longer-term goals and official mandate.

This document is based on the priority list for scientific advice prepared by ECDC in January/February with input from Competent Bodies for scientific advice, the Advisory Forum (AF) and ECDC Units and Disease Specific Programmes, and scored by the Member States. A list of “ECDC 2010 Work Programme priorities” was also discussed by the Management Board in June 2010 and a written consultation of the Management Board took place during summer. Comments received from the Management Board, the European Commission and the Advisory Forum (meeting on 29-30th September) have fully been taken in consideration.

Main priorities of the 2011 Work Programme

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

Building Partnerships will remain a high priority in order to further improve ECDC’s overall cooperation with the EU institutions, Member States, other public health partners and external partners. The clarification of the role of the Competent Bodies and contact points, as well as a the development of service contracting with coordinating Competent Bodies in targeted countries will aim to ensure full synergy in the work.

For the first time, the **Centre’s budget will reach a plateau in 2011**, with a slight decrease (-2% overall, and -8% for operational expenses) **to reach 56.7 M€** (of which 21.8 M for operational expenses), while the **total number of 350 staff should remain unchanged**.

During the written consultation, the **Management Board highlighted the need for ECDC to focus on several issues**, in particular: link its activities with the resources, address unforeseen events, address inequalities and social determinants of communicable diseases as well as geographic diversity, put more emphasis on microbiology, further develop training activities, strengthen the collaboration with the EU and Global partners such as WHO, and improve links with the Member States.

Comments from the Management Board have been largely taken into account in the Work Programme 2011. For the first time, costs are attached to all activities. In addition to the traditional approach by Unit and Disease specific programmes, the present Work Programme also emphasises cross-cutting issues, with a focus on the following areas:

- health and social determinants
- lessons learnt from the H1N1 influenza
- climate change
- strengthening the microbiology laboratory capacity in Europe

- improvement of the organisational internal management
- clarification and strengthening of the partnerships with Member States and external partners
- training activities

The 2011 Work Programme implementation is conditional upon the approval of the corresponding budget by the relevant authorities.

Priorities for the Disease Specific Programmes in 2011

- **Antimicrobial resistance and healthcare associated infections:** ECDC will further strengthen surveillance networks in the field of antimicrobial resistance, including the integration of the ESAC network (antimicrobial consumption surveillance). ECDC will support Member States by specific visits, the coordination of the network of national AMR focal points, and the organisation of the 4th Annual European Antibiotic Awareness Day. ECDC will provide guidance on AMR prevention and control, and develop an epidemic intelligence information system for AMR and HAI events. For healthcare associated infections (HAI), ECDC will coordinate a EU-wide prevalence survey, and support the strengthening of surveillance activities and capacities, including training. ECDC will provide systematic reviews and guidance on HAI prevention and control, as a support to the Council Recommendation, and support the Commission to evaluate implementation of the recommendation.
- **Emerging and Vector-borne diseases:** The main priority for 2011 will be to further develop network activities. Results of the study on tick-borne diseases will be analysed, in order to identify gaps and find the best way to harmonise reporting in Europe. Furthermore ECDC will continue to produce ad hoc assessments, support outbreak responses, and communicate key scientific developments. Generic tools will be developed to strengthen preparedness and response actions.
- **Food and Waterborne diseases:** ECDC will continue its surveillance activities for priority diseases with a focus on reinforcing quality assurance, method harmonisation and training. Surveillance of the variant Creutzfeldt Jacob will be transferred to TESSy. Molecular surveillance will be further developed for foodborne outbreaks. Regular surveillance reports, including the contribution to the human part of the Zoonoses report of EFSA, will be prepared. The urgent enquiry network will be further developed and collaboration with the relevant partners strengthened for outbreaks / investigations. ECDC will produce guidance on norovirus in community settings and on the prevention of the Creutzfeldt Jacob disease in health care settings.
- **Influenza:** The work will focus both on seasonal and pandemic influenza. ECDC will particularly draw the lessons learnt from the pandemic by focusing on the improved early assessment / impact of new flu strains, develop improved tools for risk management of vaccination programmes, focus on risk communication tools for influenza, and organise an influenza awareness day. In addition, sustained monitoring for vaccination policies, practices, coverage and effectiveness will be developed with EMA.
- **Tuberculosis:** The follow up of the “Framework action plan for TB control in the EU” will be the basis of the work on tuberculosis. A structured monitoring report will be developed, and published in 2012. Guidance and scientific advice will be produced with new tools on introduction of new diagnostics and new drugs. TB surveillance will be continued and further strengthened and support to countries expanded. External Quality Assurance for Laboratory will be extended to second line testing.

- **Legionellosis:** Surveillance of Legionnaires' disease started at ECDC in April 2010 when the European network was transferred to ECDC, now renamed to ELDSNet (European Legionnaires' Disease Surveillance Network). A daily surveillance of travel associated cases is carried out. The main objective for 2011 is to continue this surveillance with a high quality in TESSy and the monitoring of cluster in EPIS (ECDC's epidemic intelligence information system). Furthermore external quality assurances schemes will be carried out, as well as the hands-on training on laboratory methods, the support in outbreak situations, the quarterly science watch bulletin and an update of laboratory protocols.
- **Sexually Transmitted infections including HIV/AIDS and blood-borne viruses:** Surveillance will be continued on HIV/AIDS and STI, and a new network will be established on hepatitis B and C surveillance. The European Gonococcal Antimicrobial surveillance programme will be continued. Behavioural surveillance and guidance on key prevention strategies will be continued with a target on main risk groups and vulnerable populations. Studies will be conducted on recently acquired infections in men who have sex with men. ECDC will also support Member States in reviewing and monitoring their prevention programmes and surveillance systems, as well as monitoring the implementation of the new EU action plan for HIV/AIDS. ECDC will also develop activities to improve the control of Chlamydia in Europe, and develop new tools to support Member States in the prevention and control of HIV, and hepatitis B and C.
- **Vaccine Preventable diseases:** Surveillance activities will be continued. ECDC will further support the Member States, as well as ensure the coordination of the VENICE (dissemination of best practices for vaccination), and VAESCO (vaccine safety monitoring) projects. Surveillance activities will focus on invasive bacterial diseases, diphtheria, *S. pneumoniae*, and the transition of the network for vaccine preventable infectious diseases to ECDC. The Epidemic Intelligence System will integrate a VPD module. A European Invasive pneumococcal surveillance network will be set up.

Priorities of the Public Health Functions in 2011

- **Surveillance activities:** Now that the European communicable diseases surveillance system (TESSy) has been established as a solid platform for a wide variety of diseases datasets, much of the development work focuses on consolidating the data warehouse and improve the ease of the use of data by experts. The remaining Dedicated Surveillance Networks will be transferred to ECDC. Improvement of the data collection process will be a priority, as well as the further development of molecular subtyping reporting. Data will be reported in the Annual Epidemiological Report and diseases specific reports. The quality assurance of surveillance data will be reinforced with improved quality checks, continuous controls and mapping of assurance systems in Member States in order to improve the comparability of data and limit under ascertainment and reporting.
- **Scientific Advice:** ECDC will organise the annual ESCAIDE conference, continue working on the research gap in the field of communicable diseases and continue working on strengthening mathematical modelling capacity in all Member States. Some specific projects will be further developed, including on Environment and epidemiology in Europe (E3), on the Burden of Communicable diseases in Europe, and on social determinants of communicable diseases. ECDC will continue to deliver scientific advice and risk assessment on request. A grading system for evidence will also be further developed to improve scientific advice delivery, with the help of new tools. ECDC will finalize and use the ECDC Candidate Expert Database in 2011. Further guidance will be provided on microbiology and biosafety issues through the national microbiology focal points meetings. ECDC will start a series of country visits to help countries to assess their capacities to meet the international health regulation obligation in the area of microbiology.
- **Detection, assessment, investigation and response to emerging threats:** In 2011, ECDC will continue the collaboration with Member States to ensure a prompt dissemination of epidemic intelligence. Access to ECDC epidemic intelligence tools will be provided to all MS. Generic

preparedness will remain a priority, focusing in particular on feasibility of sharing through a virtual stockpile of products in short supply needed in outbreak situations (antitoxin, immunoglobulin...).

- **Training activities:** ECDC will continue to implement its training strategy based on needs assessments for capacity building defined together with Member States and revised annually. The new EPIET approach involving fellows from the national institute of MS will be implemented in 2011, with the inclusion of 10 additional fellows selected and paid by MS. The web-based interactive field epidemiology training manual will be further developed.
- **Health Communication:** ECDC will in 2011 further improve work to disseminate its scientific outputs. ECDC web portal and extranet services will play a central role and be further improved. ECDC will develop additional audiovisual offerings. The system for information sharing and coordination of risk messages with the network of the HSC communicators will be strengthened. The communication efforts will focus to provide health professionals and policy makers with needed information. More emphasis will be put on supporting Member States activities. Some communication activities aimed at the Roma and hard to reach populations will be developed.
- **Country Relations and Coordination:** will focus on tailor-made approaches to Member States in 2010. The objective is to ensure more effective coordination of services provided by ECDC towards the Member States. In order to achieve this, a service contracting with coordinating Competent Bodies in targeted countries will be developed.
- **Leadership:** ECDC will continue to ensure high quality support to the Management Board and the Advisory Forum. ECDC will enhance all aspects of its management. Quality management will be developed, an activity-based budget will be established, and the ECDC Management Information system for planning, monitoring and reporting will be further enhanced. Indicators and reporting services will be further improved.
- **Administration:** The Administration services will continue to enhance the level and quality of support they provide to the operational units and the Director's office, in the field of finances, human resources, missions and meetings, legal advice, procurement, logistics and ICT support.

Introduction

Structure of the 2011 Annual Work Programme

According to ECDC's Founding Regulation¹, "*The Management Board shall adopt, before 31 January each year, the Centre's programme of work for the coming year. It shall also adopt a revisable multi-annual programme.*" Furthermore, "*Each year the director shall submit to the Management Board for approval [...] draft work programmes*"²

The Strategic Multi-annual Programme 2007-2013 (SMP) adopted by the Management Board in June 2007, outlines clear expectations for ECDC's achievements by 2013. ECDC work is planned on a yearly basis in an Annual Work Programme with a medium term "rolling time horizon", which is based on the structure and content of the SMP. In this way ECDC's day-to-day work is constantly linked to its longer-term goals and official mandate.

Therefore, the Annual Work Programme for 2011 has been developed, based on the Strategic Multi-annual Programme (seven Targets gathered into three Groups: Group I: Disease-specific issues (Target 1), Group II: Public Health functions (Targets 2-6) and Group III: Partnerships³ (Target 7)).

Major priorities in 2011

As for 2010, and based on the Strategic Multi-annual Programme 2007 – 2013, ECDC will further consolidate its "Public Health Functions" now fully in place and in routine operation (surveillance, scientific advice, preparedness and response, training, health communication).

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

In addition to the continuation of its activities, and based on the comments received from Management Board members following a written consultation during summer, ECDC will particularly focus its efforts in 2011 on a number of cross-cutting issues:

Health and social determinants:

ECDC will spend **627 k€ in 2011** in total on this area. Activities on health and social determinants are spread over different Units, but the objective is to get an overview on health and social determinants activities across the agency (including activities on the burden of communicable diseases, which will be reinforced).

- Some new specific projects have been added in 2011:
- Workshops on hard to reach population / Roma population (*under Health communication p. 37*)
- Scientific analysis on impact of education systems, urbanisation, and unemployment on communicable diseases (*under Scientific excellence and information p. 31*)

¹ Article 14(5)(d)

² Article 16(3)(b)

³ *Cooperation with EU structures, Member States, Inter Governmental Organisations and Non-governmental Organisations.*

Lessons learnt from the H1N1 influenza:

ECDC will spend **375 k€ in 2011**. The objective is mainly to draw the lessons from the H1N1 through:

- Improved early assessment of new flu strains / impact (*under Influenza, p.19*)
- Improved tools for risk management of vaccination programmes (*under Influenza, p.18*)
- Risk communication for influenza (*under Influenza, p.19*)
- European influenza immunisation day (*under Influenza, p. 19*)

Climate change:

ECDC will spend more than **450 k€ in 2011** on climate change activities. This includes:

- The further development of the climate change project (*under Scientific excellence & information, p. 31*)
- The European Environment and Epidemiology (E3) network, linking environmental and epidemiologic data (*under Scientific excellence and information, p. 31*)
- Guidelines for the monitoring of invasive mosquitoes (*under Emerging and vector borne diseases, p. 15*)

Microbiology laboratory capacity in Europe:

ECDC will spend **3.78 M€ in 2011** on microbiology activities, carried out in different units. The objective is to have an overview and follow up on microbiology activities across the agency.

In addition, ECDC will specifically put some focus on:

- The development of molecular surveillance (*under Communicable disease surveillance p.32, Food and waterborne diseases p.18, Sexually transmitted infections, including HIV/AIDS and Blood-borne p.26, Antimicrobial resistance and healthcare associated-infections, p.15, Scientific excellence and information p. 31*)
- An assessment of the laboratory capacities in the Member States (*under Scientific excellence and information, p. 31*)

Training activities:

In 2011, ECDC will spend **3.4 M€ on training activities**. This includes:

- The continuation of the EPIET programme at the same level (*under Training for the prevention and of communicable diseases, p35*)
- An increase, of the EUPHEM programme on microbiology (*idem*)
- Specific training modules (*idem*)
- A new member States track in the EPIET programme, involving 10 additional fellows selected and paid by member States, but attending training modules with the support of ECDC (*idem*)

Organisational internal management:

ECDC will spend **375 k€ in 2011**. The objective is to strengthen internal management activities towards improved efficiency in ECDC daily work.

The objectives for 2011 are in particular:

- The starting of the development of a Quality Management System (*under Leadership, p.44*)
- The establishment of an Activity Based Budget (to be fully in place in 2012) (*idem*)
- The development of internal evaluation of ECDC activities (*idem*)
- The further improvement of indicators and reporting services to provide more qualitative information for internal management and stakeholders (*idem*)
- The further strengthening of the internal project office (*idem*)

Partnerships with the Member States, the EU institutions, neighboring countries and the World Health Organisation remain at the core of ECDC missions, and will be further strengthened through streamlining of cooperation principles, structures and practices.

In 2011 ECDC want to improve the links with Member States in particular by:

- Implementing the new approach for efficient customer relationships with Member States via Competent Bodies (*under Partnerships, p.41*)
- Service contracting with coordinating Competent Bodies in targeted countries (*idem*)
- Further improving our Customer Relationship Management system, which stores all ECDC stakeholders contacts (*idem*)

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

Resources

Since the early establishment of the Centre, and specifically in the context of the financial perspectives 2007-2013, it was envisaged to gradually build up the capacities of ECDC and to reach full maturity by the year 2010. Therefore for the first time in 2011, the centre's budget is reaching a plateau, with a slight decrease (- 2% overall, and - 8% for operational activities). The **Centre's budget reaches 56.7 M€** in 2011 (21.8 M€ for operations), while staff remains the same as last year: **300 staff members** (temporary agents and contract agents) and about 50 other persons (seconded national experts, interim, consultants).

Table I: *Budget by Title*

Budget by Title	K €	% of Total
Title 1 – Staff	28.987	51,2
Title 2 – Administrative expenses (infrastructure)	5.831	10,3
Title 3 – Operating expenditure	21,838	38,5
TOTAL	56,656	100

Process of elaboration and consultation with the major stakeholders

The planning process started in January/February with the establishment of an **initial priority list for scientific advice** prepared by ECDC Scientific Advice Unit, based on input from Competent Bodies for scientific advice, the Advisory Forum (AF) and ECDC Units and Disease Specific Programmes. This list received scoring from the Member States, and was reviewed and agreed by the Advisory Forum in May 2010.

At its 19th session in June 2010, the Management Board reviewed the “**ECDC 2011 Work Programme priorities**”⁴. The document was the basis of a written consultation from the Director to the Management

⁴ Document MB 19-11 - *ECDC 2011 Work Programme Priorities*

Board members, asking which activities should ECDC remove, add or further prioritise from its Work Programme for 2011. Comments were received from 6 countries plus the Commission, and have been fully taken into consideration in the internal discussions. During summer an updated version was sent to the Advisory Forum for comments. The Work Programme for 2011 was discussed at the Advisory Forum on 29-30th September 2010.

During summer, all ECDC Units and Disease Specific Programmes prepared the **detail planning of their activities for 2011**, which includes a precise allocation of resources for each activity.

At the end of September, ECDC organised a **Peer Review process** of its planned activities for 2011 (one Unit's reviewed and commented another Unit's Work Programme) in order to provide feedback and information, ensure better consistency and improved collaboration, as well as prevent overlap between activities.

The **list of activities and budget allocation** was then reviewed and approved by the Senior Management Team. For the first time, this detailed **budget allocation is fully reflected in the document submitted to the Management Board**. In October, the activities were entered in the Management Information System (MIS), which centralises all planning information, and allows their precise monitoring and reporting. (See also Annex 3)

Structure of the document

The document includes for the first time a **detailed costing at the level of each activity**. This will be used as a starting point for budget monitoring as part of the development of an Activity based budget, which will include as a start for 2011 only Title 3 (operations) and will be extended in the future also to Titles 1 (staff) and 2 (infrastructures). This document includes (unless specified) only costs for Title 3 (so for example costs related to missions, which are under Title 1 are not included).

Each activity also includes **additional information**: is it a new activity (N), is it an activity recurring each year (R), is the activity a continuation of last year (C), and does this activity involves the participation of Member States (MS).

In addition, and following a request from the Management Board, the document provides **for each new activity** in the Work Programme 2011, **the justification and European added value** for ECDC to get involved.

The Management Board requested ECDC to have some capacities to address **unforeseen events**. Budgetary rules do not allow to have unallocated funds that might not be used at the end of the year. Therefore, as a tentative exercise, activities have been classified in **two levels of crisis capacity** (A and B). Activities under capacity level B are those that ECDC would first identify in case of a crisis to de-prioritise in order to get additional resources to address unforeseen events. However reallocation of resources needs a case by case approach, depending of the nature and importance of the event, stage of implementation of the activities and staffs involved. Therefore the levels proposed cannot lead to automatic reallocation, but rather be a tool to help indicate quickly a list of activities which could possibly be postponed, based on an ad hoc assessment of the situation. This tool is a first attempt, far from being perfect and that will need further improvements. Indication of the "Capacity level" is given for each activity in the Work Programme.

List of abbreviations used in the document:

(N) new activity

(R) activity recurring each year

(C) activity a continuation of last year,

(MS) activity involves the participation of Member States

(Cap. Level A) activity that ECDC would keep in case of a crisis

(Cap. Level B) activity that ECDC would first identify in case of a crisis to de-prioritise in order to get additional resources to address unforeseen events

Target 1: Disease-specific work

Strategic Multi-annual Programme 2007-2013 objective:

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

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

Grouping of disease-specific work

To deal with a large range of communicable diseases, ECDC chose to aggregate them into 6 disease groups and conditions based mostly on determinants, since this usually provides a pointer to similar categories of intervention:

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

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

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

As the generic strategies were considered too broad and not addressing specificities of the various groups of diseases, which must respond to very diverse challenges, a document “Strategies for Disease Specific Programmes 2010-2013” was adopted by the Management Board in November 2009 to complete the Multi-annual Programme on specific diseases work. This document presented tailored strategies for each of the Disease Programmes. Both the Multi-annual Programme and the “Strategies for Disease Specific Programmes 2010-2013” documents have been used as a basis in the preparation of the Work Programme for 2011.

Prioritisation among the disease-specific groups

All Disease programmes develop activities in the field of epidemiologic data surveillance, development of scientific advice and update on recent scientific findings, risk assessments and guidelines that would have a European added value, follow up and coordination with the relevant European and international initiatives, as well as support to Member States (e.g network coordination, capacity building). The horizontal programmes have also a ‘*Science Watch*’ function, in which they monitor upcoming issues in

their areas (emerging pathologies, new technologies and prevention methods, or issues that might raise public interest). Prioritisation in the work of the Disease Specific Programmes fully takes into account the priorities that the European Commission plans to emphasise in its own Work programme in 2011 and upcoming initiatives.

Antimicrobial resistance and healthcare-associated infections

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

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

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

Expected results in 2011

In 2011, ECDC's work on antimicrobial resistance (AMR) will focus on strengthening AMR surveillance (EARS-Net) and contributing to strengthening activities on the standardisation of antimicrobial susceptibility testing (EUCAST network). One main activity in 2011 will be the integration of antimicrobial consumption surveillance (ESAC network).

ECDC will also contribute to coordination of Member States' activities in the field of AMR through the network of National AMR Focal Points, by performing country missions and coordinating the 4th Annual European Antibiotic Awareness Day.

ECDC will provide guidance on AMR prevention and control, in particular on the spread of multidrug-resistant bacteria and will contribute to the inter-agency work on AMR, in particular on AMR in food and food-producing animals. ECDC will also develop an Epidemic Intelligence Information System (EPIS) for rare AMR & HAI events.

For healthcare-associated infections (HAI), ECDC's work in 2011 will focus on strengthening existing HAI surveillance activities and capacities, including coordination of a European point prevalence survey on HAI and antimicrobial use. ECDC will contribute to training on surveillance, prevention and control of AMR and HAI, in particular by providing courses on point prevalence surveys.

Finally, ECDC will focus on providing systematic reviews and evidence-based guidance on HAI prevention and control, as a support to *Council Recommendation on patient safety, including the prevention and control of healthcare associated infections (2009/C 151/01)*. It will also support the Commission in its evaluation of the implementation of this Recommendation.

Justification of new activities for 2011

Epidemic Intelligence Information System (EPIS) for AMR and HAI: Infections due to bacteria that are almost totally resistant to available antibiotics are emerging in the EU and elsewhere, and are spreading across borders. The European Antimicrobial Resistance Surveillance Network (EARS-Net, formerly EARSS) only collects data yearly and focuses on bacteria from invasive infections, which only captures a few of these cases. As a consequence, information about the emergence and spread of new resistant bacteria responsible for HAI is only available when it is published by academic researchers or national competent bodies as exemplified by the recent report of the spread of New Delhi metallo-beta-lactamase (NDM-1)-producing bacteria. This highlights the need for a real-time, web-based communication platform for rapid exchange of information on AMR and HAI events among competent bodies and experts. A specific module of EPIS will be developed for this purpose.

List of activities in 2011 -

**Antimicrobial resistance and
Healthcare-associated infections**

Budget allocated: 2,388,500 €

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

- European Antimicrobial Resistance (AMR) Surveillance Network (EARS-Net) [C; R; MS - Cap. Level A]	141,000
- European Committee on Antimicrobial Susceptibility Testing (EUCAST) [C; MS - Cap. Level A]	145,000
- European Surveillance of Antimicrobial Consumption (ESAC): network transition and coordination of activities [C; MS - Cap. Level A]	140,000
- Healthcare-Associated Infections (HAI) Surveillance Network (HAI-Net), including surveillance of surgical site infections, infections acquired in intensive care units and point prevalence surveys on HAI and antimicrobial use in European acute care hospitals [C; R; MS - Cap. Level A: 85,800; Cap. Level B: 150,000]	232,000
- Joint ARHAI surveillance activities: Joint annual meeting of EARS-Net and HAI-Net [R; MS - Cap. Level A]	146,000
- Surveillance of HAI and antimicrobial use in long-term care facilities [C; MS - Cap. Level A]	175,500
- Surveillance of <i>Clostridium difficile</i> infections: support for capacity building [C; MS - Cap. Level B]	160,000
- Epidemic Intelligence Information System (EPIS) for AMR and HAI [NA; MS - Cap. Level A]	0
- Development of molecular surveillance	100,000

Strategy 3. To improve the range of the evidence base for methods and technologies for communicable disease prevention and control

- Guidance on prevention and control of AMR and HAI prevention and control, including systematic reviews and evidence based guidance, as a support to and including evaluation of the implementation of <i>Council Recommendation on patient safety, including the prevention and control of healthcare associated infections (2009/C 151/01)</i> [C -Cap. Level A: 276,500; Cap. Level B: 30,000]	304,000
- Risk assessments on AMR and HAI, including on the spread of multidrug-resistant bacteria [C], and contribution to the inter-agency work on AMR [C - Cap. Level A]	0
- MRSA typing study [N - Cap. Level B]	175,000 ⁵

Strategy 4. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

- Coordination and country support on AMR and HAI prevention and control, including country visits to discuss AMR and HAI issues [C; R; MS - Cap. Level A: 142,500; Cap. Level B: 30,000]	150,000
- 4th Annual European Antibiotic Awareness Day [R; MS - Cap. Level A]	295,000
- Training on surveillance, prevention and control of AMR and HAI, including courses on point prevalence surveys on HAI and antimicrobial use [C; MS], a short course on prevention and control of multidrug-resistant micro-organisms and antimicrobial stewardship [C; MS], and support to national basic training programmes on the prevention and control of HAI [C; MS - Cap. Level A: 160,000; Cap. Level B: 65,000]	225,000

⁵ For this activity, the funds will be duly appropriated in the Budget 2011; however, no legal and therefore no budgetary commitment will be made until further notice from the Management Board on activities related to the Substances of Human Origin (SoHO).

Emerging and vector borne diseases

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

In the field of Emerging and Vector borne Disease (EVD), ECDC is working towards developing a wide range of timely and topical assessments of the risks that vector-borne diseases and emerging zoonotic diseases pose to EU citizens. Only some of these diseases are covered by EU legislation. However the range of communicable diseases had been extended to those which may lead to potential emergencies of international concern according to Annex 2 of the International Health Regulations.

ECDC will contribute to the strengthening of EU-wide preparedness and response by providing Member States with access to expertise, the latest scientific knowledge, and a wide range of tools to support decision-making. A coordinated multi-disciplinary approach is required for covering emerging and vector-borne diseases. It involves environmental, entomological, behavioural studies and links between veterinarians, physicians, and a wide range of laboratory expertise and academic research. The objective is to get a better understanding of the mechanisms leading to an emergence of resurgence, and to bring appropriate measures for prevention and control. Therefore networking activities need to be strengthened.

Expected results in 2011

In 2011, ECDC will further play a central role in establishing and maintaining specific European networks of expertise: laboratory network for outbreak assistance and support, clinical experts in tropical and travel medicine, and entomologists and public health experts providing information on arthropod borne surveillance for human public health:

- The laboratory network for outbreak assistance and support (including agents of biosafety level 4) will focus its expertise on capacity building and external quality assurance issues.
- The network of medical entomologists and public health professionals in the EU will develop generic tools to support Member States in strengthening preparedness and response actions, which may be applicable to other diseases with similar vectors/hosts (West Nile decision tool, guidelines for invasive mosquito monitoring...).

Additionally ECDC will enhance collaboration in an integrated manner with European Research projects working on specific diseases and with other European agencies (e.g. European Food Safety Authority, European Environmental Agency). Collaboration should be also strengthened with international organisations (e.g. WHO, OIE, FAO) or Non Governmental Organisations.

A focus on tick borne diseases has been a priority since 2010 with tenders on Lyme borreliosis, tick-borne encephalitis, rickettsiosis and Q fever (for epidemiology, surveillance, notification process). The results of these studies will be analysed in order to identify the gaps and the best ways to harmonise reporting in the EU. In addition, the data collected will be used to assess the burden of these diseases.

Justification of new activities for 2011

Guidelines for implementing the monitoring of invasive mosquitoes: Invasive mosquito species such as *Aedes albopictus*, *Aedes aegypti* and *Aedes japonicus*, are regularly reported in Europe due to increasing intensity of global travel. The presence of these mosquito species enhances the risk of transmission of Chikungunya and Dengue in Europe as shown by recent notification of these diseases in Europe. An important aspect of preparedness is the monitoring of the introduction, establishment and spread of these invasive mosquito species in different countries of EU. Guidelines for implementing the monitoring of invasive mosquitoes can be used by member states to set-up monitoring and will provide the basis for standardisation. This will improve the follow-up of the invasive mosquito species in Europe.

List of activities in 2011 -

Emerging and Vector-borne diseases

Budget allocated: 846 442 €

Strategy 1. To improve the range of the evidence base for methods and technologies for communicable disease prevention and control

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| - VBORNET (European Network for Arthropod Vector Surveillance for Human Public Health) – [C; R; MS; - Cap. Level A] | 390,000 |
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Strategy 2. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

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|--|--------|
| - Workshop: follow-up of the results of the two tenders on Lyme borreliosis, tick-borne encephalitis, rickettsiosis and Q fever (epidemiology, surveillance, notification) – [C; Cap. Level A] | 30,000 |
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Strategy 3. To produce guidelines, risk assessments and scientific answers, and work with Member States to implement evidence-based prevention and intervention

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| - Guidelines for implementing the monitoring of invasive mosquitoes – [N; Cap. Level B] | 70,000 |
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Strategy 4. To develop a mechanism for the support and coordination of the investigation and response to health threats in Europe, through the provision of guidance to the Member States, the establishment of a mechanism for the mobilisation of laboratories and the deployment of outbreak assistance teams

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|--|---------|
| - European network for viral imported diseases - Collaborative laboratories for outbreak response [C; R; - Cap. Level A] | 336,442 |
| - Workshop: follow-up of the 2010 West Nile decision tool kit development - [C; Cap. Level A] | 20,000 |

Food- and Waterborne Diseases and Zoonoses (FWD)

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

The objectives of ECDC in the field of Food and Waterborne diseases (FWD) are:

- To improve the enhanced surveillance by strengthening laboratory capacity including through training, by improving the quality of the data, by providing a centralised platform for management and analysis of molecular typing data for rapid outbreak/cluster detection and assessment of strains, by providing information on true burden of selected food and waterborne diseases, and providing surveillance reports;
- To foster the rapid detection and investigation of multinational clusters/outbreaks (EPIS platform);
- To promote and facilitate multidisciplinary collaboration between public health experts, veterinarians and food safety experts and authorities;
- To provide useful information and guidance for professionals and experts, policy makers and general public.

Expected results in 2011

In the field of **enhanced surveillance**, ECDC will organise the annual meeting of the FWD network focusing on campylobacteriosis, yersiniosis, and shigellosis. Minimum specific requirements for reference laboratories working with these three pathogens will be prepared. An expert group to support laboratory capacity development for selected diseases will be established. The implementation of molecular surveillance for *Salmonella*, VTEC/STEC, and *Listeria* will be continued. The sero-epidemiological tool to assess the true incidence of *Salmonella* and *Campylobacter* infections will be finalised and multinational population-based studies in the EU will be initiated. The surveillance of the variant Creutzfeldt Jacob Disease (vCJD) will be transferred to ECDC. An expert centre to support Member States on CJD diagnostics will be outsourced. Several surveillance reports will be produced, including the EFSA-ECDC Community Summary Report 2010 on Zoonoses, and the ECDC FWD surveillance report (2010) for six priority diseases. On-line quarterly overviews of TESSy data for salmonellosis and VTEC infection will be produced.

For **foodborne outbreak detection and investigation**, the urgent inquiry network within the EPIS platform will be further developed it will encompass outbreaks caused by hepatitis A and norovirus. Collaboration with relevant partners, especially in the field of veterinary public health will be further strengthened. A FWD outbreak response toolkit will be produced.

Multidisciplinary collaboration will be further developed with veterinarians, and EFSA. A molecular joint typing study for *Listeria* strains will be planned with EFSA and the Commission in connection to the EFSA *Listeria* food survey. The FWD network and EFSA Task Force on Zoonoses data collection will meet as part of the annual FWD meeting.

In the area of **scientific guidance and advice**, guidance on prevention and control of norovirus outbreaks in closed community settings will be produced (continuation from the previous year), and a communication toolkit for selected FWD will be produced.

Justification of the new activities for 2011

Establishment of molecular surveillance for selected FWD: Reported salmonellosis, listeriosis and VTEC infection cases account 14,5% of all reported communicable diseases. A multidisciplinary research network, Med-Vet-Net (funded by the EU), established and standardised a molecular typing platform and common reference and surveillance database for PFGE (pulsed-field gel electrophoresis) patterns. This molecular surveillance network of public health / food laboratories was linked to the

international PulseNet network, allowing global detection and investigation of foodborne outbreaks. Its funding stopped in 2006. Due to increasing intensity of global food market, animal trade, and travelling, it is essential to re-establish the molecular surveillance network using Med-Vet-Net as a starting point and, ensuring the integration of public health, food, animal and feed into a common system. The first step is to establish the molecular surveillance network for public health laboratories as a part of TESSy. Its scope will be gradually broadened to all other diseases where the molecular surveillance is needed in a centralised typing system at the EU level.

List of activities in 2011 -

Food- and Waterborne Diseases and Zoonoses

Budget allocated: 912,666 €

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

- Management and coordination of the FWD network including 4 th annual meeting of the FWD network and the FWD coordination group [C; R; MS - Cap. Level B]	98,000
- Establishment of a pathogen specific working group for one of the priority pathogens (e.g. for Campylobacter), preparing the minimum disease specific requirements for reference level laboratories of six priority diseases (Salmonella, Campylobacter, VTEC, Listeria, Yersinia, Shigella) [C; MS - Cap. Level B]	4,000
- Transfer of surveillance of vCJD into TESSy, including transfer of historical data. Outsourcing expert centre for CJD to support diagnostic in the MSs and to assess the links between other animal and human TSEs [C; R; MS - Cap. Level A]	83,266
- Seroepidemiology project – initiation of a multinational serological study to assess the true incidence of salmonellosis and campylobacteriosis infections in human populations [C; MS - Cap. Level A]	270,000
- Establishment of molecular surveillance for FWD and TB by starting with a preparation of a common platform and system (compatible with TESSy) to handle molecular typing data of Salmonella, VTEC, Listeria and TB strains [N; R; MS - Cap. Level A]	290,000
- Consultation meeting with the molecular typing networks' coordinators to support the preparation of a centralised molecular surveillance system [N; MS - Cap. Level B]	30,000
- Reports (AMR report, zoonoses report) and coordination	2,400

Strategy 2. To improve the scientific understanding of communicable disease determinants

- Preparations to perform a Listeria typing study for human and [food] Listeria strains as have been and will be collected from the MSs in 2010 (human strains) and 2011 (food strains). This activity will be planned together with EFSA, the Commission and the EU-RL for Listeria to allow the coordination with the EFSA Listeria food survey [C; MS - Cap. Level A]	60,000
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Strategy 3. To improve the range of the evidence base for methods and technologies for communicable disease prevention and control

- Guidance on prevention and control of norovirus infections in community settings [C; MS - Cap. Level B]	30,000
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Strategy 4. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

- Preparation of a toolbox for response to FWD outbreaks; expert review of the toolbox [C; MS - Cap. Level A]	15,000
- Health communication toolkit [C; MS - Cap. Level A]	30,000

Influenza and other acute viral respiratory infections

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

Seasonal and pandemic influenza are serious recurring threats to human health in Europe. Since a Council Recommendation on seasonal influenza vaccination (December 2009), all the EU/EEA Member States are committed to improve and increase the use of seasonal influenza vaccines. Similarly through a Council Conclusion / Recommendation to be adopted in 2010 there is a commitment to learn from the experience of the 2009 pandemic and further strengthen pandemic preparedness in the EU. It is ECDC's task to provide support, training and scientific guidance to help the EU and its Member States achieve these goals.

In the next two to three years ECDC will contribute to **Reducing the burden of seasonal influenza in Europe** through supporting and promoting implementation of the 2009 Recommendation on influenza vaccination. It will work with the Commission and the European Medicines Agency to develop training and establish: sustainable monitoring guidance on risk groups, vaccination effectiveness and coverage and investigation of putative adverse effects of vaccination (for seasonal influenza and pandemic vaccine). For **Improving European pandemic preparedness and response** ECDC will work with the Commission and WHO to assist Member States in improving their pandemic planning by agreeing new indicators, further develop an approach to early investigation and assessment of severity and impact. Risk communication over influenza and vaccination will be especially strengthened focusing particularly on communication with professionals.

Expected results in 2011

On **seasonal influenza** following the Council Recommendation, ECDC will attempt to develop and agree with the Commission and European Medicine Agency a financial mechanism for sustaining monitoring including of vaccination policies, practices & coverage, vaccine effectiveness and scientific investigation of putative adverse effects of vaccination. Publication of the Weekly Influenza Surveillance Overview will continue. ECDC will publish in-season estimates of effectiveness for the new vaccines against the 'new' seasonal influenza in season 2010-2011. A Monitoring and Support Framework will be developed and implemented with the Commission and Member States. In addition ECDC will publish evidence-based advice on risk groups for seasonal influenza vaccination in Europe and estimates of national coverage and policies for seasonal and pandemic influenza vaccination in 2009. In terms of communication, ECDC will refresh the previous ECDC seasonal influenza toolkit with more emphasis on risk communication. Organisation of an annual *European Influenza Immunisation Day* will be discussed with national and EU stakeholders. An annual training workshop for those delivering influenza immunisation programmes will be organised.

For the **Pandemic Preparedness and Response**, Working with member States and WHO, ECDC will strengthen the ability to conduct early assessment of pandemic influenza – further developing EU preparations for Studies and Surveillance in a Pandemic including seroepidemiology and severity. With Member States and WHO, ECDC will revise the EU Indicators and Acid Tests for pandemic preparedness. Work will be conducted to better understand how to communicate risk in a pandemic and to prepare for improved working with those who deliver vaccination for both seasonal and pandemic influenza. Links will be strengthened with ECDC's partners in other countries outside the EU to share thinking and experiences.

Justification of the new activities for 2011:

ECDC will particularly draw the lessons learnt from the pandemic by focusing on the improved early assessment / impact of new flu strains, developing improved tools for risk management of vaccination programmes, focusing on risk communication tools for influenza, and organising an influenza awareness day.

Agreeing and establishing long term support for influenza vaccination work in Europe: There is a consensus that the work on vaccine risk groups, policies and coverage, effectiveness and investigation of putative adverse effects needs to be undertaken in Europe on an ongoing basis by specialist independent expert groups. At present when an urgent need arises, having the expertise, ECDC is asked to both undertake and fund the work.

European Influenza Immunisation Day: ECDC is required to provide support to the Health Council's Recommendation on Seasonal Influenza Immunisation. Currently there is no cross-European work supporting influenza immunisation that is not commercially funded. ECDC will convene a notable event at the European Parliament while at the same time exploring the desirability of having such a formal day with national and other stakeholders.

Risk Communication: One of the most difficult areas during the 2009 Pandemic was how to communicate risk effectively. In support of the Health Council Recommendation ECDC will undertake work on how to improve risk communication with the public and under professionals especially concerning vaccination.

Early Assessment of Pandemics and Improving Preparedness: Early assessment of pandemics, including their severity, is essential. Issues remain unresolved concerning both technical and political issues (sharing of analysis) terms. An EU approach is essential as any country could be affected early but all would need to learn from their experience.

List of activities in 2011 -

Influenza

Budget allocated: 1,056,300 €

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

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| - Routine Influenza Surveillance - primary care and virological surveillance [R; MS] | 188,000 |
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Strategy 2. To improve the scientific understanding of communicable disease determinants

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|---|--------|
| - Scientifically determining risk groups for influenza immunisation [C; MS] | 60,000 |
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Strategy 3. To improve the range of the evidence base for methods and technologies for communicable disease prevention and control

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|--|---------|
| - Establishing agreed and sustainable arrangements for ECDC working on vaccines [NA; MS] | - |
| - Understanding and improving risk communication including refreshing the toolkit on how to communicate with public and health care workers to improve vaccination coverage [NA; MS] | 100,000 |
| - Monitoring influenza vaccine effectiveness [C; MS] | 422,850 |
| - Further developing methods for early assessment of pandemic influenza and other emerging communicable disease threats and strengthening pandemic preparedness [NA;MS] | 165,450 |

Strategy 4. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

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|--|---------------------|
| - Further develop and conduct training for those delivering immunisation programmes [C; MS] | 40,000 |
| - Developing a monitoring & support framework for seasonal influenza immunisation [NA,MS] | 30,000 |
| - Developing the annual ECDC Influenza Spotlight and exploring the case for an annual European Influenza Immunisation Day [NA, MS] | 68,729 ⁶ |
| - Influenza Liaison work | - |

⁶ For this activity, the funds will be duly appropriated in the Budget 2011; however, no legal and therefore no budgetary commitment will be made for the amount of 18,729 EUR until further notice from the Management Board on activities related to the Substances of Human Origin (SoHO).

Tuberculosis

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

Considering the current epidemiological and control set-up for tuberculosis (TB) in the EU and Europe at large the overall specific aim for ECDC TB Programme is to become by 2013 a centre of scientific excellence to guide strategically and technically progress towards elimination of tuberculosis from the EU Member States.

Under the platform of the 'Framework Action Plan for TB Control in the EU' the project will aim at coordinating progress towards TB elimination in the EU by developing an implementation and follow-up framework for the plan in collaboration and as requested by the European Commission. The implementation plan will aim at further accelerating and catalysing EU wide activities towards control and elimination. ECDC strategic technical activities will support the implementation plan particularly aiming at the following mid-term outcomes:

- Strengthened and enhanced EU-wide surveillance system,
- Guidance on TB control among vulnerable populations,
- Networking of laboratory capacity at EU level,
- Guidance on introduction of new tools for TB control,
- Strengthened partnership with Commission, WHO-EURO and partners in the field.

Expected results in 2011

The overall strategy of the TB Programme for 2011 will be in line with the key principles of the TB action Plan: to ensure prompt and quality TB care for all, strengthen health systems, develop and assess of new tools, build partnerships and international collaboration and in line with the 8 areas of actions described in the Plan.

The expected results will focus on key areas:

- The development of ***new tools***: guidance and scientific advice on new diagnostics (line probe assays and rapid testing) and upcoming new drugs (mainly new 3rd generation Fluoroquinolones)
- The follow-up to the Action Plan with the identification of key indicators and areas of responsibilities (launched in 2010). In 2011 the TB DSP will focus on the development of a structured ***monitoring*** report to be published in 2012.
- The further strengthening of key functions of ***TB surveillance*** and ***laboratory*** coordination. In particular External Quality Assurance for Laboratory will be extended to second line drug testing.
- The expansion of support to countries through an increase number of ***country visits*** as well as technical support upon requests of the Member States. Scientific work will also continue in the field of social determinants.

Justification of the new activities for 2011

Tuberculosis technical support to countries: new tasks/sub-activity on finalisation of guidance on management of contacts to M/XDR-YTB cases including evaluation of prophylactic approaches will be added. This scientific advice and guidance development has been rated as a high level priority during advisory forum consultation.

Support to the "Action Plan to Fight Tuberculosis in the EU" and the "Follow-up to the Framework Action Plan to Fight TB in the EU": new tasks/sub-activities on further development of guidance/scientific advice on introduction of new tools (retooling) will be added. The advent and introduction of new diagnostic technologies and the possibility of introducing new drug regimen in the coming biennium requires a consolidated approach to evidence assessment towards effective

introduction of these new tools. The successful development of guidance on IGRA in 2010 will be used as a model.

List of activities in 2011 -

Tuberculosis

Budget allocated: 704,000 €

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

- Optimise and strengthen surveillance, monitoring and data analysis in time and geography [R; MS - Cap. Level A]	160,000
- Scientific support and piloting of social determinant intervention in TB control	45,000
- Evaluation the epidemiological characteristics and the spread of TB in Europe [R; MS - Cap. Level A]	74,000

Strategy 4. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

- Coordination of European Reference Laboratory Network for Tuberculosis (ERLN-TB) [C; MS - Cap. Level A]	230,000
- Tuberculosis technical support to countries [C; NA; MS - Cap. Level A]	90,000
- Support to the "Action Plan to Fight Tuberculosis in the EU" and the "Follow-up to the Framework Action Plan to Fight TB in the EU" [C; NA; MS - Cap. Level A]	105,000
- Collaboration and coordination jointly between ECDC, the Commission, individual countries, WHO and other stakeholders [C - Cap. Level B]	-

Strategy 3.1. To function as a catalyst and forum for improving public health science, matching needs to available capacity and funding in the communicable disease field

- Liaison with partners and scientific initiatives [C - Cap. Level B]	-
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Legionellosis

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

- Legionnaires' disease surveillance and cluster response monitoring well established and successful in protecting travellers in Europe
- National laboratory-based surveillance more standardised and strengthened
- External quality assurance schemes has several distributions per year
- Annual training course well established and popular.
- Toolbox for outbreak investigations developed and in use.

Expected results in 2011

ELDSNet (European Legionnaires' Disease Surveillance Network) is coordinated by ECDC since 1 April 2010. The daily surveillance focus on travel-associated cases and clusters of Legionnaires' disease makes particular sense, as many clusters consist of single cases from different countries and would have never been detected without any European surveillance scheme. EPIS will be operational and the response to clusters handled in the system.

National reference laboratory capacity survey will be reported to ECDC by contracted laboratory. Laboratory external quality assurance schemes will continue, with four distributions regarding urinary antigen testing, and one distribution each for detection of Legionella in water, PCR testing and molecular typing. Three 5-days courses will be held by laboratory contractor on laboratory methods.

The first training course on surveillance and outbreak prevention/control will be held. Development of technical support tools for outbreak investigation will be finalised.

List of activities in 2011 -

Legionellosis

Budget allocated: 316,444 €

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

- Coordination of ELDSNet, daily surveillance of travel-associated cases of Legionnaires' disease through TESSy and annual data for all cases of Legionnaires' disease collected and reported [C; R; MS - Cap. Level A]	75,000
- Enhanced travel-associated cluster investigations and support of community outbreaks investigations [C; R; MS] - Cap. Level A]	37,190

Strategy 2. To improve the scientific understanding of communicable disease determinants

- National reference laboratory capacity surveyed and reported back to ECDC by contracted laboratory [C; MS - Cap. Level B]	25,327
Development finalised of technical support tools for outbreak investigation [C - Cap. Level B]	-

Strategy 3. To improve the range of the evidence base for methods and technologies for communicable disease prevention and control

- Laboratory external quality assurance schemes continues [R; C; MS - Cap. Level B]	51,510
- Cluster response monitoring through EPIS operational [C; MS - Cap. Level A]	
- Laboratory contractor staff [C; R; MS - Cap. Level A]	121,670

Strategy 4. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

- First training course on surveillance and outbreak prevention/control held [C; R; MS - Cap. Level B]	-
- A quarterly science watch bulletin, ad hoc advice and reports produced by laboratory contractor [C; R; MS - Cap. Level B]	5,747

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

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

In the EU, several populations are severely affected by HIV, sexually transmitted infections (STI) and hepatitis B and C. Political commitments have been made to combat HIV/AIDS in the EU and neighbouring countries. More than 25000 new HIV diagnoses are reported in the EU each year and still a substantial proportion of infections remains undiagnosed. The Programme will contribute to improving the understanding of the epidemiology of HIV/AIDS, STI and hepatitis to better target key prevention and intervention strategies and to contribute to the development of a robust scientific base. Key public health messages and information in the field of HIV/AIDS, STI and hepatitis B and C need to be disseminated.

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

Expected results in 2011

In 2011, ECDC’s work on HIV, STI and hepatitis B and C will focus on the coordination of enhanced surveillance of HIV/AIDS and STI. In addition, enhanced surveillance for hepatitis B and C will be implemented by establishing a network for hepatitis B and C. The European Gonococcal Antimicrobial surveillance programme (Euro-GASP) will be continued in 2011 to monitor the emerging resistance in gonorrhoea across EU including molecular typing of gonococcal strains. The work on behavioural surveillance and guidance on key prevention strategies will be continued, with a target on main risk groups and vulnerable populations (men who have sex with men, young people, migrants, injecting drug users and others) in the different strategies. Furthermore, ECDC will continue a pilot study on recently acquired HIV infections in men who have sex with men using a new methodological framework.

ECDC also will support the Member States and the European Commission in the monitoring of the new EU Action Plan on HIV/AIDS. ECDC will produce user-friendly models for national HIV estimates in EU Member States in collaboration with UNAIDS. ECDC will review the evidence for Chlamydia screening and update the information on national strategies for Chlamydia control in Europe, discuss prevalence data and support Member States with STI laboratory diagnostics. ECDC will review and assess different public health measures amongst which the assessment of different screening strategies for HIV and Hepatitis B and C.

Justification for new activities for 2011

Chlamydia control in Europe: Chlamydia is the most frequently reported STI in Europe and ECDC intends to improve the control of Chlamydia in a tiered approach by following up the guidance (issued in 2009) and to monitor national control strategies. Several components will be included: reviewing the natural history of Chlamydia and link to the outcome of disease; review the available prevalence data to better understand the surveillance results; to review with MS the current status of national Chlamydia control programmes (2012).

Prevention and control strategies HIV, hepatitis B and C: ECDC has started a series of systematic assessments of the evidence base of public health measures for HIV and Hepatitis prevention and control, e.g. screening strategies for HIV and Hepatitis B and C. The effectiveness of different approaches to case finding and screening will be reviewed, evaluated and examined for cost

effectiveness in a pilot project. The aim is to develop tools that can support MS in national assessments of best strategies tailored to country specific situations. This activity has been prioritised due to requests made by the Advisory Forum.

List of activities in 2011 -

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

Budget allocated: 947,000 €

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

- Monitoring & Evaluation of EU and country responses to HIV/AIDS, including EU action plan, regionalisation and harmonisation indicators and development of Dublin/UNGASS guidance [C; MS - Cap. Level A]	140,000
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Strategy 2. To improve the scientific understanding of communicable disease determinants

- STI and HIV prevention in men who have sex with men [C; MS - Cap. Level B]	-
- Chlamydia prevention and control in Europe [N; MS - Cap. Level A]	75,000
- HIV ARV monitoring, feasibility and EU added value [C - Cap. Level B]	-

Strategy 3. To improve the range of the evidence base for methods and technologies for communicable disease prevention and control

- Novel Approaches to testing for STIs, HIV and Hepatitis B and C in the EU [C, MS - Cap. Level A]	27,000
- Prevention and Guidance, including HIV and hepatitis B/C prevention & control strategies, IDU guidance, HIV modelling, screening, cost-effectiveness, feasibility study, public health relevance [C; N; MS - Cap. Level A 70000; Cap. Level B 100000]	170,000

Strategy 4. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

- Coordinating surveillance of HIV/AIDS, including a pilot study on HIV incidence [C; R; MS - Cap. Level A]	125,000
- Coordinate surveillance of STI, including EPIS-STI, Euro-GASP, STI lab training and survey, [C; R; MS - Cap. Level A]	165,000
- Enhanced surveillance of hepatitis B / C, including network meeting [C; R; MS - Cap. Level A]	50,000
- Joint annual meeting of STI and HIV surveillance networks [C; R; MS - Cap. Level B]	90,000
- Support to implement behavioural surveillance related to HIV and STI [C; MS] - Cap. Level A]	85,000
- Implementation of technical framework for prevalence studies [C; MS - Cap. Level B]	20,000

Vaccine Preventable Diseases

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

In the field of vaccine preventable disease (VPD), ECDC will keep on improving current immunisation programmes, supporting the decision making process, and supporting targeted elimination plans. The ECDC European Vaccination Consultation Group (EVAG) will continue to support the VPD programme by providing advice on priority activities to be taken. ECDC will support Member States in setting up systems for monitoring quality and outcomes of vaccination programmes, with a particular focus on vaccine coverage assessment and vaccine registries. ECDC will keep on working towards establishing a standardised system for vaccine safety monitoring and adverse events management in the EU, including the use of data linkage between large databases. By the end of 2011, surveillance of vaccine preventable diseases, previously conducted through dedicated networks will be definitely embedded into the ECDC surveillance activities. In the meanwhile, many activities aiming at covering those vaccine preventable diseases not yet under surveillance will be initiated. Finally, ECDC will work with WHO EURO and the European Commission in supporting Member States to eradicate measles and rubella in the European region and to keep the region polio-free.

Expected results in 2011

The strategic focus of ECDC in the field of Vaccine Preventable Disease (VPD) is to support the Member States in maintaining and improving the effectiveness and quality of VPD surveillance, prevention and control in Europe, in collaboration with relevant EU and international partners.

ECDC will ensure coordination of the VENICE II (collection and dissemination of knowledge and best practices relating to vaccination) and VAESCO II (network of professionals to optimise vaccine safety monitoring in Europe) projects. Within those projects activities focused on vaccination coverage and vaccination safety assessment will be carried out.

Surveillance activities will mainly focus on a) ongoing epidemiological and laboratory surveillance of invasive bacterial disease (IBI) and diphtheria (DIPNET) in ECDC; and b) transition of the Surveillance Community Network for Vaccine Preventable Infectious Diseases (EUVAC.NET) to ECDC.

A new module of EPIS (Epidemic Intelligence Information System) will be dedicated to VPD and new communication support will be offered to Member States.

In addition, new activities will start, among which the enhanced surveillance of *S. pneumoniae* and provision of further scientific advice, according to the prioritisation exercise carried out in 2010.

Justification of the new activities for 2011

Setting-up and coordination of the European Invasive Pneumococcal Surveillance (IPD) network: New pneumococcal conjugate vaccines have been marketed in the EU, covering different panels of *S. pneumoniae* strains. A better knowledge of the epidemiology of *S. pneumoniae* at EU level is required in order to assess the impact of the pneumococcal vaccination and to better provide scientific advice for decision making. A new study will start with the aim of collecting data on currently circulating strains in EU through a sentinel hospital based system.

List of activities in 2011 -

Vaccine preventable diseases

Budget allocated: 1,560,000 €

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

- Setting-up and coordination of the European Invasive Pneumococcal Surveillance (IPD) network [NA; R; MS - Cap. Level A]	350,000
- Coordination of the European Diphtheria Surveillance network, including coordination of outsourced laboratory activities [C; R; MS Cap. Level B]	120,000
- Coordination of Invasive Bacterial Surveillance Network, including coordination of outsourced laboratory activities [C; R; MS] - Cap. Level A]	210,000

Strategy 2. To improve the scientific understanding of communicable disease determinants

- Planning and coordinating activities under the VENICE II framework contract, aimed at improving vaccination coverage assessment in the EU [C; MS - Cap. Level A]	170,000
- Rotavirus vaccination impact study, to assess the impact in 2011 season [C; R – Cap. Level A]	100,000

Strategy 3. To improve the range of the evidence base for methods and technologies for communicable disease prevention and control

- Management, coordination and use of different evidence sources in the field of vaccine-preventable diseases, for providing scientific advice [R - Cap. Level B]	30,000
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Strategy 4. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States

- Conduct training activities on epidemiological aspects of vaccination [C; R; MS – Cap. Level A]	50,000
- Preparation and execution of the 3rd ECDC - Eurovaccine Conference [C; R - Cap. Level A]	100,000
- Running a specific study under the VAESCO framework in order to assess the feasibility of the European Vaccine Safety Datalinkage [C; MS - Cap. Level A]	100,000
- Coordination of activities and monitoring transition plan for EUVAC.NET [C; R; MS - Cap. Level A]	300,000
- Liaison activities with relevant partners in the field of vaccine preventable diseases [C; MS - Cap. Level B]	-
- Develop a structured set of tools to support the member states in the process of developing health communication activities within national public health programs. [C; R; MS - Cap. Level B]	30,000

Target 2: Communicable disease surveillance

Strategic Multi-annual Programme 2007-2013 objective:

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

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

ECDC main objectives for surveillance are:

- To have an EU-wide integrated framework for surveillance that encompasses all priority diseases and incorporates the recommendations of the evaluations of the 17 networks existing prior to the establishment of ECDC;
- To have incorporated all the main epidemiological activities of the former Dedicated Surveillance Networks and wherever possible improve on them and finalise contractual arrangements for the work that cannot be transferred to the ECDC;
- To have in place accepted procedures and systems for standardised data exchange and information flow within the EU, with a regular Member States data upload, validation, analysis and output of the data for all stakeholders;
- To have made significant progress in improving the quality and comparability of the surveillance data and reports.

Expected results in 2011

Now that the communicable diseases surveillance system (TESSy) has been established as a solid platform for a wide variety of disease datasets that serve all the Member States and the EU region as a whole, much of the development work planned for 2011 focuses on consolidating the data warehouse and improving the ease of use and quality of the outputs for the expert user. ECDC will also work on the remaining few Dedicated Surveillance Networks (DSNs) whose transfer to ECDC and integration into TESSy will be finalised during 2011.

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

The reporting of the data will continue to be improved through enhancing the Annual Epidemiological Report and the disease-specific surveillance reports, with more regular and in-depth analysis of the data. Particular emphasis will be given to timely publication of the results in the format of hard copy reports, but also on the ECDC web-portal.

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

List of activities in 2011 -

Communicable Diseases Surveillance

Budget allocated: 1,621,100 €

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

- Provide training on prioritised new datasets: EUVACNET, ESAC, HAI-PPS, HAI-LT, On-line Hep B+C training [C; MS - Cap. Level A]	265,000
- Annual meeting National Surveillance Contact Points to take decisions on the strategy of surveillance for the following year, and for implementing long term surveillance strategy [R; MS - Cap. Level B]	60,000
- Collection of agreed common dataset for all diseases and enhanced dataset for specific diseases [C; MS - Cap. Level A]	123,500
- Further development of TESSy functionality	389,620
- Continue to provide support (helpdesk, help pages, etc.) to TESSy users in Member States [C; R; MS - Cap. Level A]	245,000

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

- Continue to develop more detailed analysis for the Annual Epidemiological Report (AER), for the zoonoses report, and for the disease-specific reports (see under Target 1) [C; R; MS - Cap. Level B]	100,000
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Strategy 3. To ensure that the reports on trends of public health importance for EU and the MS regarding Communicable Diseases are produced and disseminated to reach all stakeholders in an appropriate manner to ensure that appropriate public health action is taken

- Further improvement of the on-line TESSy reports, and strengthen the TESSy data warehouse [C; MS - Cap. Level A]	287,980
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Strategy 4. To maintain a system for quality assurance of the surveillance data that will also enable progress towards improving comparability of data between all Member States

- Project for improving the comparability and quality of data in MS [C; MS - Cap. Level A]	150,000
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Target 3: Scientific excellence and information

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

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

Expected results in 2011

1. Public health research catalyst

ECDC will organise the 2011 ESCAIDE (European Scientific Conference on Applied Infectious Disease Epidemiology) conference in Stockholm. It will also assist DG Research and European Agency for Health and Consumers (EAHC) in identifying specific research gaps in the area of communicable diseases. Work will continue to strengthen methodological support and building capacity in all Member States in areas such as mathematical modeling, planning, monitoring and evaluation of public health programs, and health economics. ECDC terminology services will be available on the web portal to support consistency of language and terms in ECDC outputs.

2. Promote, initiate and coordinate research

Infectious disease indicators of climate change will have been developed, for salmonella, cryptosporidium, and Lyme disease. Results can be used to develop risk maps and short-term predictions of disease incidence, which is one of the features of the European Environment and Epidemiology (E3) Network. Dengue risk maps will be developed describing the current and potential range of dengue transmission, taking into account trends in environmental change and climate change as well as trade, travel and demographic trends. The "Present and Future Burden of Communicable Disease in Europe" project will finish field-testing of the methodology and start preparations for EU-wide implementation. Comprehensive estimates of disease burden from the project will assist ECDC and Member States in evidence-based health policy development including planning of allocation of resources. ECDC is working on issues related to the impact of economic crisis on infectious diseases. Extensive work is planned on analysis of health determinants related to infectious diseases (education, urbanisation, etc.), as well as on the links between infections and chronic conditions.

3. Produce guidelines, risk assessments and scientific advice

ECDC will continue to provide high quality risk assessments and guidance on request from the Member States, European Parliament and the Commission. ECDC will apply the methods of evidence-based medicine specific for public health field in communicable diseases. The ECDC library will play a key role in providing the knowledge base to support risk assessments and guidance development.

4. Prime source of scientific advice

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

5. Microbiological laboratory support

ECDC will strengthen collaboration and liaison with key stakeholders in the area of public health microbiology at the European Commission, Member States, WHO, and microbiology learned societies to map and coordinate work in the area of microbiology reference laboratories and the CBRN action plan,

and further support the scientific coordination of the European Public Health microbiology training programme (EUPHEM).

Justification of the new projects for 2011

Strengthening Member State capacity to meet International Health Regulation obligations in the area of microbiology: Countries signing up to the International Health Regulations will have to be fully operational in their readiness to meet the obligations of surveillance and response of health threats of international concern by 2012. ECDC would provide specific scientific advice and support to agree with the Member States on the sufficient requirements for public health microbiology laboratories to meet these obligations. ECDC will develop a plan for conducting a series of country collaborations/visits performed jointly by ECDC experts, with assistance of National Microbiology Focal Points from volunteering countries, and in close collaboration with WHO / IHR Focal Points. Self-assessment will be performed based on pre-defined checklist of standards.

List of activities in 2011 -

Scientific Advice

Budget allocated: 1,991,500 €

Strategy 1. To function as a public health research catalyst

- Scientific Liaison including ESCAIDE [NA; R; MS - Cap. Level A]	400,000
- Mathematical modelling of communicable diseases [C; R; MS - Cap. Level B]	75,000

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

- Climate change project [NA; R; MS - Cap. Level A]	225,000
- European Environment and Epidemiology (E3) Network: link environmental to epidemiologic data [C; R; MS - Cap. Level B]	155,000
- "Burden of Communicable Disease in Europe" (BCoDE) project [C; R; MS - Cap. Level A]	267,500
- Health determinants [C - Cap. Level B]	190,000

Strategy 3. Produce guidelines, risk assessments and scientific advice

- Answer to scientific questions, risks assessments and guidelines [R - Cap. Level A]	-
- Evidence based methods – capacity building and training - [C, MS - Cap. Level B]	20,000

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

- ECDC library [R - Cap. Level A]	140,000
- Knowledge management [R] - Cap. Level B]	164,000

Strategy 5. To promote and support the strengthening of microbiology for CD prevention, control, and scientific studies in the EU region

- Microbiology cooperation – liaison MS-EC-WHO, capacity building microbiology reference laboratories, knowledge base development, support to scientific coordination of public health microbiology training (EUPHEM) [R, MS - Cap. Level A]	135,000
- Microbiology support – agree with MS the sufficient requirements for public health microbiology (reference) laboratories and preparedness capacity assessment [N, MS - Cap. Level B]	220,000

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

Strategic Multi-annual Programme 2007-2013 objective:

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

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

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

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

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

A partner laboratories network for threats of unknown origin will ensure a much improved diagnostic capacity for confirmation of a wide variety of threats.

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

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

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

Expected results in 2011:

Epidemic intelligence is now well established in ECDC. Priorities for 2011 will consist of strengthening the collaboration with Member States in these activities, to ensure a prompt dissemination of information best meeting the expectations of the Member States. Epidemic intelligence tools will be better integrated (EWRS and EPIS), and additional EPIS platforms for risk assessment will be developed (antimicrobial resistance, vaccine preventable diseases).

Support to preparedness and response in 2011 will remain a high priority for the ECDC including contribution to the revision of the EU pandemic preparedness plan, and for mosquito borne diseases. Generic preparedness will remain a priority, focusing in particular on feasibility of sharing through a virtual stockpile of products in short supply needed in outbreak situations (antitoxin, immunoglobulin...).

Justification of the new projects for 2011

Three new EPIS platforms: developed in 2011, for antimicrobial resistance, vaccine preventable diseases and substances of human origin. These new developments are building on the positive feedback received following the development of the EPIS platform for food and water borne diseases rapid inquiries, as well as for sexually transmitted infections. The added value is to structure the interaction of EU, Member States and ECDC on detection of health threat and their risk assessment.

The feasibility study for a virtual stockpile of immunoglobulin or antitoxin: which may be required during outbreaks correspond to a recommendation of our Advisory Forum. The added value is to develop mechanism for affected Member States to access rapidly to products in urgent need that may be available in other Member States.

List of activities in 2011 -

Detection, assessment, investigation and response to emerging

threats from Communicable Diseases

Budget allocated: 1,285,129 €

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

- Maintenance of the EWRS communication platform [C; R; MS - Cap. Level A]	65,550
- Review of the EPIS platform for urgent inquiries for food and water borne diseases [C; MS - Cap. Level A]	65,550
- Development of EPIS platform for anti microbial resistance and vaccine preventable diseases [N; MS - Cap. Level B]	343,200
- Development of Episouth EPIS platform	90,000
- Deployment of the new release of the threat tracking tool [C - Cap. Level B]	131,100
- Epidemic intelligence activities [R - Cap. Level A]	10,000

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

- Support to network of outbreak response laboratories [C; R - Cap. Level A]	60,000
- Review of the West Nile risk assessment tool [C- Cap. Level B]	15,000

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

- Feasibility study for a virtual stockpile of immunoglobulin or antitoxin which may be required during outbreaks [N; MS - Cap. Level B]	30,000
- Support to network of travel medicine clinics [C; R - Cap. Level A]	31,000
- Update of the guidelines on management of diseases related to bioterrorism [N - Cap. Level B]	30,000

Strategy 4. Strengthening the Emergency operation centre

- Conduct an internal simulation exercise to test business continuity [C; R - Cap. Level A]	30,000
- Maintenance of the emergency operation centre [C; R - Cap. Level A]	40,000
- Conduct 4 additional visits to MS emergency operation centres in 2011 (mission budget in title 1) [C; R; MS] - Cap. Level B]	-

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

Strategic Multi-annual Programme 2007-2013 objective:

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

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

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

- The global need for training at European level, currently addressed through the coordination of the European Programme for Field Epidemiology Training (EPIET) and the organisation of short-term training modules bringing together experts from the various Member States;
- The support required by Member States to strengthen their own capacity through the development of field epidemiology Member States programmes and the organisation of short courses.

Since the establishment of ECDC, the focus has been primarily on addressing the global needs for the European community. In 2011, the focus will be shifted towards addressing the needs for EU Member States through the new Member State track of the EPIET and EUPHEM programmes.

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

Expected results in 2011:

ECDC will continue in 2011 to implement its training strategy based on needs assessments for capacity building defined together with Member States and revised annually. Following the external evaluation of the EPIET programme in 2010, the work programme for 2011 includes the continuation of EPIET at the same level for fellows paid through ECDC grants, the increase from 2 to 4 fellows enrolled in EUPHEM (public health microbiology) and the enrolment in EPIET training activities of 10 new fellows selected and paid by Member States.

The development of curricula and training materials for organising training on different public health topics and a web-based and interactive field epidemiology training manual are projects that will be continued in 2011. Training modules will be organised on vaccine preventable diseases, influenza, and hospital acquired infections.

Justification of the new projects for 2011

Development of a new Member State track in the EPIET programme: involving the integration of 10 additional fellows in EPIET cohort, selected and paid by Member States, but undergoing supervision and attending training modules with support of ECDC This new approach, developed following the external

evaluation of the EPIET programme in 2010, respond to the recommendation of giving more ownership to Member States for the programme and minimising the brain drain which occurs among the fellows under the ECDC EPIET track.

List of activities in 2011 -

Training for the prevention and control of Communicable Diseases

Budget allocated: 3,423,919 €

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

- Continue EPIET cohort of 18 fellows [C; R; MS - Cap. Level A]	2,970,930
- Continue EUPHEM cohort of 2 fellows, and expand it to 4 fellows in 2011 [C; R; MS - Cap. Level A]	261,600
- Enrol 10 new MS fellows in training activities [N; MS - Cap. Level B]	88,889
- Conduct a threat assessment module for MS experts [C; R; MS - Cap. Level B]	30,000

Strategy 2. To develop network of training programmes

- Workshop for training of trainers [C; R; MS - Cap. Level B]	22,500
- Continue liaising with international stakeholders: WHO, TEPHINET (network of field epidemiology training programmes), ASPHER (association of schools of public Health in Europe) [C; R - Cap. Level A]	-

Strategy 3. To create a training centre function within ECDC

- Continuation of the development of the training manual (WIKI) [C; R - Cap. Level B]	30,000
- Briefing sessions in ECDC for MS experts [C; R; MS - Cap. Level A]	20,000

Target 6: Health communication

Strategic Multi-annual Programme 2007-2013 objective:

“By the year 2013, ECDC communication output is the main European source of authoritative and independent scientific and technical information in its field, and ECDC is the reference support point in the EU for risk communication in the area of Communicable Diseases”.

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

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

Expected results in 2011

- **Scientific communication:** The work to ensure a wide dissemination of ECDC scientific outputs to the public health experts in the Member States will continue. The technical basis is the web portal/information system increasingly using the extranets that have been set up in 2010. Specific topics will be highlighted on the web portal as “spotlights” with key messages and easily digestible relevant public health information. Work will continue to strengthen Eurosurveillance as the main European journal in its area.
- **Public communication and media:** A proactive media service is of strategic importance, and additional audiovisual offerings will make ECDC messages more attractive and easily available. The dependence on external contractors for media monitoring will be phased out as new technologies developed by the Commission will be increasingly used for the purpose. ECDC will continue to strengthen its systems for information-sharing and coordination of risk messages within the framework of the HSC⁷ Communicators’ Network. The funding for multilingual offerings to the public on the ECDC web portal has been reduced due to budgetary constraints.
- **Support to Member States:** More emphasis will be put on supporting MS activities. Practical evidence-based guidance for health communication activities will be developed and themed surveys undertaken to put together health communication evidence from research and effective practice. Furthermore, information will be provided on risks associated with communicable diseases in Europe in light of its determinants such as changing populations, social conditions, lifestyle, health literacy, physical environment, technology and trade. A structured set of communication tools will be developed that could be used within national public health programs.

Justification of the new activities for 2011

Search engine optimisation: Needed to improve the visibility of the ECDC web portal and thus facilitate dissemination of ECDC scientific outputs.

Communication activities aimed at Roma and other hard-to-reach populations: These populations have increasingly been identified as vulnerable for many communicable diseases and with low vaccine coverage they also remain a risk group for national and international outbreaks of vaccine-preventable diseases such as measles and polio. We aim to add value by compiling evidence and good practices on how to target these populations with communication activities.

⁷ Health Security Committee of the EU

List of activities in 2010 -

Health Communication

Budget allocated: 2,015,000 €

Strategy 1. Communication to professional audiences

- High quality print, editing, layout services [C; MS - Cap. Level A]	200,000
- Production and further development of Eurosurveillance [C; MS - Cap. Level A]	125,000
- Targeted marketing and dissemination of ECDC scientific outputs [C; MS - Cap. Level A]	40,000
- Technical development: portal, extranet, intranet, DMS, Eurosurveillance, other hosted websites [C; MS - Cap. Level A]	600,000
- Search Engine Optimisation [NA - Cap. Level A]	80,000
- Executive summaries for key publications provided in all 23 EU languages (plus Icelandic and Norwegian) [C; MS - Cap. Level B]	120,000

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

- Delivery of a professional press and media office [C; MS - Cap. Level A]	150,000
- Public and corporate communication [C - Cap. Level A]	80,000
- Further development of the ECDC audiovisual offerings [C; MS - Cap. Level B]	160,000
- Crisis communication - support to HSC Communicators Network (HSCCN) and MS [C; MS - Cap. Level A]	70,000
- Translations of public information [C; MS - Cap. Level B]	100,000

Strategy 3. To support the MS health communication capacities

- Roma population: Social determinants/hard to reach population [NA; MS - Cap. Level A]	100,000
- Hard-to-reach population: expert consultation and workshop together with ASPHER, IUHPE Europe Regional Committee and EuroHealthNet [NA; MS - Cap. Level B]	40,000
- Providing knowledge-base in health communication [C; MS - Cap. Level A]	150,000

Target 7: Partnerships

Strategic Multi-annual Programme 2007-2013 objective:

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

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

Through coordinated work with the Member States and EEA/EFTA countries, ECDC will have established and developed efficient cooperation programmes, based on needs of the countries. ECDC has a clear mandate to act beyond EU borders to protect EU citizens in situations where communicable disease outbreaks may threaten health of EU populations. Through agreements (Letters of Intent or Memoranda of Understanding) and Actions Plans, ECDC works with the EU Candidate and Potential Candidate countries (Enlargement countries) and selected countries under the European Neighbourhood Policy (ENP). ECDC will have an operational database of country contacts, resources and capacities. ECDC will pursue its efficient collaboration with additional external partners, based on their potential global impact on public health as well as EU political priorities, and on a wide range of issues based on ECDC's strategy on stakeholder management.

Expected results in 2011:

Effective internal coordination of ECDC assistance towards the countries will be the focus of ECDC in 2011, based on more efficient and simplified approach, discussed with and approved by the Management Board. By the end of 2011, ECDC will work in a more efficient with all Member States and EEA/EFTA countries through their Coordinated Competent Bodies and National Coordinators. Small service contracts will be assigned to half of the Coordinating Competent Bodies to support their relations with ECDC (pilot project). This innovative approach will also help to improve the country information profiles as well as the ECDC Contacts Management Database CRM.

ECDC policy on work with 'third' countries will be used as a framework for ECDC everyday's work. This document will be supported by SOPs ensuring coherent approach within the Centre. EU Candidate and Potential Candidate countries have been further integrated into the ECDC activities, and ECDC will, following the support of the Commission on their request on assessing the progress made by Candidate and Potential Candidate countries. ECDC has initiated the collaboration with selected countries under the European Neighbourhood Policy. ECDC will further improve the collaboration with relevant Commission services, including those at the country level, as appropriate.

ECDC will have its strategy on stakeholder management in place to facilitate the collaboration with public health partners. ECDC will continue working with the WHO, and in particular with its Regional Office for Europe to enhance the joint surveillance of communicable diseases (e.g. HIV, TB, and influenza) and support relevant public health activities. ECDC has established good collaboration with the new European Parliament, and its relevant Committees.

Justification of the new activities for 2011

Service contracts with competent bodies: This project is needed to support the work of the ECDC Coordinating Competent Bodies in Member States, with a focus on coordinated efficient relations and information exchange between ECDC and Member States.

Technical development of ECDC Contacts Management Database/CRM: This project is needed to further develop the ECDC Contacts Management Database/CRM as a corporate tool and to increase the efficiency of ECDC communication with Member States.

List of activities in 2011 -

Country relations and coordination

Budget allocated: 530,000 €

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

- Annual meeting with competent bodies [R; MS - Cap. Level B]	60,000
- Service contracts with competent bodies [NA; MS - Cap. Level A]	300,000 ⁸
- External experts, members in the ECDC country visits [C; MS - Cap. Level A]	30,000
- Technical development of ECDC Contacts Management Database/CRM [C; MS - Cap. Level A]	200,000
- Visits of high level MS delegations to ECDC [C; MS - Cap. Level A]	40,000
- Coordinating activities of country networks and funding of EpiNorth [C; MS - Cap. Level B]	50,000
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Strategy 2. To ensure a close and productive cooperation with all EU structures whose activities can contribute to Communicable Diseases prevention and control

- ECDC cooperation with EU Candidate and Potential Candidate countries (IPA projects) [C - Cap. Level A]	EC grants
- ECDC cooperation with ENP countries [NA - Cap. Level A]	EC grants

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

- Revision of ECDC external relations strategy	-
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⁸ For this activity, the funds will be duly appropriated in the Budget 2011; however, no legal and therefore no budgetary commitment will be made until further notice from the Management Board on activities related to the Substances of Human Origin (SoHO).

Target 8: Leadership⁹

Corporate Governance

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

The medium-term projections for the Corporate Governance Programme are to strengthen all its components to ensure they function effectively and respond to the needs. The designation of the Competent Bodies will improve the possibilities for the coordination of work.

Expected results in 2011

The Corporate Governance Programme will further develop in 2011 to ensure high quality support to the Management Board (MB), the Advisory Forum (AF) and the Senior Management Team (SMT) through timely preparations for, and efficient conduct of meetings, and otherwise to maintain superior communication with the Member States. As it is the Management Board (MB) that compiles the list of Competent Bodies in the Member States, the Corporate Governance programme will need to work closely with the Country Relations and Cooperation function in order to ensure that contact lists and communication channels are effectuated in real time.

Strategy 1: To provide effective Corporate Governance¹⁰

- Provision of high quality support to the MB, AF and SMT [R, MS - Cap. Level A]	297,500
- Facilitation of smooth communication between the ECDC and the MB/AF [R, MS - Cap. Level A]	-
- Updated list of / established communication channels with the Competent Bodies [C, MS - Cap. Level A]	-

Strategic Management

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

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

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

ECDC Programme Management Information System for planning, monitoring and evaluation will be further improved. It will ensure that all ECDC Work programmes are directly linked from the SMP down

⁹ Not among the seven official Targets in ECDC SMP 2007-2013, but added for internal purposes, to apply the same management principles to this area of work.

¹⁰ The amounts for these activities is are under Title 2

to operational activities. Monitoring and evaluation will be systematic, emphasise programme outcomes and efficiency, include feedback loops and promote self-learning for individuals and management.

Expected results in 2011

The objective for 2011 is to strengthen internal management activities towards improved efficiency in ECDC daily work.

In order to achieve this ECDC will start to develop a Quality Management System. An Activity Based Budget will be developed. It will allow reporting on budget by activities in 2011 for Title 3 (operations), and preparation will be carried out in order to include Title 1 (staff) and 2 (infrastructures) as well in 2012. ECDC will develop a system for the internal evaluation of its activities (peer reviews). Indicators and reporting services will be further improved in order to provide more qualitative information for both internal management and stakeholders. The existing internal project office will be further strengthened to develop project methodologies for non ICT related projects.

Justification of the new activities for 2011

Quality Management System: ECDC want to set up a Quality Management System (QMS), which is necessary to identify organisational gaps and areas for improvement, ensure efficiency of operations, organisational performance on the medium term and organisational excellence on the long term, as well as coherent and consistent business practices in ECDC across units.

Activity Based budget: in 2011, ECDC will launched activity based budget only for title 3. In order to follow up Title 1 in 2012, there will be a need to develop a time management system, to follow up time spent by staff on different activities and better allocate staff when planning.

Strategy 2: To provide high quality overall management in ECDC's work and use of resources¹¹

- Development of a Quality Management System [N, R]	150,000
- Further improvement of indicators and reporting [C, R]	25,000
- Further development of the Management Information System (MIS) [C, R]	50,000
- Development of an internal evaluation policy [N, R]	-
- Establishment of an Activity Based Budget (time management tool for monitoring of Title 1) [N, R]	50,000
- Planning and monitoring activities (WP 2012, Annual report 2010, Monitoring 2011) [R]	-

¹¹ The amounts for these activities is are under Title 2

Target 9: Administration¹²

Strategic Multi-annual Programme 2007-2013 objective

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

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

The objective is to consolidate the established services and to further develop the support to the Centre as an organisation of 350 staff. In the medium-term the focus is on further institution building, assuring business continuity while applying best practices in the administrative areas, and specifically to:

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

Expected results in 2011

The priorities of the Administration Services for 2011 will be to enhance the level and quality of support it provides to the operational units and to the Director’s cabinet. This support includes the areas of:

- Human resources, with the replacements related to staff turnover and in-take of seconded national experts and trainees;
- Finance and accounting;
- Information and Communication Technology;
- Missions, Meetings and building and Logistics, where a main challenge will be to carry on the preparation for the future building / new construction;
- Procurement and legal;
- Internal Control and Quality Management.

Finalising the development of a business continuity plan will also be a major objective in 2011.

¹² Since 2008, as for Leadership, a specific Target has been added in the Annual Work Plan for internal management purposes regarding the administrative area.

List of activities in 2011 -

Administrative services

Budget allocated: 2,400,000€

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

- | | |
|--|---|
| - Finalisation of recruitments to reach full staffing [C,R] | - |
| - Further development of learning and development activities [R] | - |
| - Integration of new staff and support to staff in place [R] | - |
| - Further development and implementation of HR policies and procedures [R] | - |

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

- | | |
|---|---|
| - Ensure a correct budget execution for 2011; accounts and assets well managed and reported in a clear and comprehensive manner [R] | - |
| - Develop 2012 budget proposal [R] | - |

Strategy 3: To operate the ICT platforms and services at a high level of availability and ensure integrated and functional business applications¹³

- | | |
|---|-----------|
| - Consolidate and operate the back office and provide the technical platforms for operational and administrative applications [R] | 1,114,400 |
| - Maintain, operate and administer the ICT network and communication infrastructure for the internal network and the interconnections with external networks – including remote access and wireless communication [R] | - |
| - Operate and administer the front office equipment and user support for internal as well as external users; extend the capacity to 350 desks by the end of the year [R] | 951,720 |
| - Produce reports to management, ICT Budget management, Maintain and develop policies and procedures, Coordinate the networks of internal and external ICT contact points [R] | 193,600 |
| - Supervise the ICT project office to coordinate and support application developments [R] | 140,280 |

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

- | | |
|---|---|
| - Support the Units in the preparation, carrying out and reimbursement of meetings [R] | - |
| - Make travel arrangements for ECDC staff/interviewees and process travel claims [R] | - |
| - Provide the operational units feedback on meetings and missions status including budget execution for planning purposes [R] | - |
| - Further investigate software solutions to automate missions and meetings processes [R] | - |

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

- | | |
|---|---|
| - Extend, manage and maintain the ECDC premises [R] | - |
| - Provide logistics services to staff and maintain physical inventory [R] | - |

Strategy 6: To provide legal advice and counselling

- | | |
|---|---|
| - Advise and counsel on legal, internal control and organisational issues [R] | - |
| - Coordinate procurement and grant activities [R] | - |
| - Further develop and maintain business continuity plan [R] | - |
| - Operate the ECDC data protection function [R] | - |

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

- | | |
|---|---|
| - Support the development and assessment of the Internal Control System, including the Internal Control Standards [R] | - |
| - Ensure liaison with the Internal Audit Service and the ECDC Audit Committee, and ensure a proper follow-up of audit recommendations [R] | - |

¹³ Amount provided is only for Title 3 (operations), - mostly consultant work. The infrastructures costs (e.g. machines, servers) under Title 2 are not included. Detailed ICT costs for Title 1, 2 and 3 will be provided next year when ECDC will have a full activity based budget.

ANNEXES

ANNEX 1: Proposed budget 2011 for operations (Title 3)

Description	Core SUN	Core CCU	Core PRU	Core SAU	EVD	Respiratory Tract Infections			FWD	HASH	ARHAI	VPD	DIR	RMU	TOTAL
						FLU	TB	Legionella							
3000 - Surveillance	783,500	-	-	-	-	49,000	160,000	241,444	643,266	430,000	1,215,500	895,000	-	-	4,417,710
3001- Preparedness and Response	-	-	121,000	-	-	-	-	-	-	-	-	-	-	-	121,000
3002 - Scientific Advice	-	-	-	1,285,000	796,442	602,850	350,000	-	90,000	307,000	319,000	450,000	-	-	4,200,292
3003 - Training	-	-	3,351,419	-	-	10,000	-	-	-	-	160,000	50,000	-	-	3,571,419
3004 - Communication	-	1,010,000	-	-	-	138,729	-	-	30,000	30,000	230,000	30,000	-	-	1,468,729
3005 - ICT	677,600	800,000	614,400	294,000	-	-	-	-	-	-	-	-	-	2,400,000	4,786,000
3006 - EOC	-	-	181,000	-	-	-	-	-	-	-	-	-	-	-	181,000
3007 - Translations	-	220,000	-	-	-	-	-	-	-	-	40,000	-	-	-	260,000
3008 - Meetings	160,000	285,000	97,500	272,500	50,000	274,450	194,000	75,000	149,400	180,000	424,000	135,000	15,000	-	2,311,850
3009 - Country Cooperation	-	380,000	-	-	-	-	-	-	-	-	-	-	-	-	380,000
3010 - Library	-	-	-	140,000	-	-	-	-	-	-	-	-	-	-	140,000
Total	1,621,100	2,695,000	4,365,319	1,991,500	846,442	1,075,029	704,000	316,444	912,666	947,000	2,388,500	1,560,000	15,000	2,400,000	21,838,000

ANNEX 2: Budget 2011 by target and by main areas of work/activities (Title 3)

<i>Title 3 breakdown per Programme and per Target</i>			
<i>Programme</i>	<i>€</i>	<i>Subtotals</i>	<i>%</i>
Influenza	1,056,300		4.8%
Tuberculosis	704,000		3.2%
Legionella	316,444		1.5%
HIV, STI and blood-borne viruses	947,000		4.3%
Food- and water-borne diseases	912,666		4.2%
Emerging and vector-borne diseases	846,442		3.9%
Vaccine preventable diseases and invasive bacterial infections	1,560,000		7.1%
Antimicrobial resistance and healthcare-associated infections	2,213,500		10.1%
Subtotal DISEASES - Target 1		8,556,352	39.2%
Surveillance (core) - Target 2	1,621,100		7.4%
Scientific Advice (core) - Target 3	1,991,500		9.1%
Preparedness & response (core) - Target 4	1,285,129		5.9%
Training (core) - Target 5	3,423,919		15.7%
Health Communication (core) - Target 6	2,015,000		9.2%
Country relation / External Relations (core) - Target 7	530,000		2.4%
Subtotal HEALTH FUNCTIONS		10,866,648	49.8%
Subtotal ICT not assigned to programs		2,400,000	11.0%
TOTAL OPERATIONAL UNITS		21,823,000	100.0%
Governance	-		
Strategic Management	15,000		
Subtotal LEADERSHIP - Target 8 -		15,000	
OVERALL		21,838,000	

ANNEX 3: Process of preparation and adoption of the Work Programme 2011

