



**EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL**

<b>Document:</b> Programme of work for 2005-2006	
<b>Date:</b> 04 February 2005	<b>Reference:</b> MB2/ 9
<b>To:</b> Members of the Board	<b>From:</b> Commission
<b>Action:</b> For information	
<b>Summary:</b> <p>The work programme is structured according to the tasks listed in the founding regulation. As 2005 is not a full operational year for the Centre and the start up of the Centre stretches into 2006, a combined work programme for 2005 and 2006 will give a more precise picture of actions.</p> <p>The draft was elaborated by the Working Party nominated in the first Board meeting on 28 September. The draft work programme was submitted to the Management Board at its meeting 13-14 December 2004 in line with Article 14.5(d) of the founding regulation. The meeting broadly supported the draft.</p> <p>The Management Board agreed on 14 December that the work programme will be finalised, most notably by the comments and inputs from the Director nominee. This amended programme was, according to the mandate given on 14 December, adopted by the Working Party in written procedure by 31 January 2005.</p>	

# EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

## PROGRAMME OF WORK FOR 2005-2006

1	Foreword by the Chair of the Management Board.....	3
2	Message from the Director.....	4
3	Mission statement.....	6
4	Operations .....	7
4.1	Networking, surveillance and data collection on communicable diseases.....	7
4.1.1	Networking and surveillance.....	8
4.1.2	Collection, analysis and dissemination of data .....	9
4.2	Preparedness, response and emerging health threats .....	10
4.2.1	Early warning and response system .....	10
4.2.2	Identification of emerging health threats .....	12
4.3	Scientific opinions and studies .....	13
4.4	Technical assistance and training .....	14
4.5	Communications on the activities of the Centre .....	15
5	Horizontal functions .....	16
5.1	Overall management .....	16
5.2	Human resources .....	17
5.3	Information technology, infrastructure and facilities .....	18
5.4	Finance .....	19
	Annex I - Budget summary .....	20
	Annex IIa – Number of persons working in the Centre at the year end.....	21
	Annex IIb – Establishment plan for the staff of the Centre .....	22
	Annex III - Members of the Management Board .....	23

## **1 Foreword by the Chair of the Management Board**

As from 20 May 2005, the new European Centre for Disease Prevention and Control will begin its operation in Stockholm.

The initial focus of the Centre will be on communicable diseases and outbreaks of illness of unknown origin. The Centre will start with the epidemiological surveillance component of the Community network and will gradually take over the activities of existing surveillance networks. The Centre will build its activities on what already has been achieved by the Commission and the Member States.

The founding Regulation states that the Centre shall ensure the integrated operation of dedicated surveillance networks. These networks should therefore be interconnected in such a way that their activities will - where relevant and necessary - continue, under the co-ordination of the Centre. The gradual integration of epidemiological surveillance will have to lead to a harmonised surveillance methodology, including better comparability and compatibility of the surveillance data collected. This will be one of the prime objectives and challenges for the Centre during 2005 and 2006.

The Centre should achieve tangible results by improving the coverage and effectiveness of surveillance networks, thus setting the basis for becoming a key player in the field of human health protection at European and international levels.

Especially considering the limited size of the Centre in the first years of its existence, the Centre should make optimal use of all relevant external expertise available in the field of communicable diseases. Close collaboration with relevant institutions in that field is necessary, so that the Centre does not duplicate what already exists within Europe.

There is a clear need to foster active and operational collaboration with relevant international organisations, in particular the World Health Organisation, as well as with third countries. Close cooperation is also essential with other EU agencies, such as the European Food Safety Authority, the European Medicines Agency and the European Environment Agency.

Another prime objective for the Centre is to participate and assist in the operational aspects of the Early Warning and Response component of the Community network. In 2006, the Centre should become the focal point for all relevant information on communicable diseases across Europe.

Furthermore, the Centre will have to provide data and advice to the Member States, the Commission and the public and build its reputation as a sound and reliable source of scientific information in the field of communicable diseases. It also has to focus its attention to training activities relating to the abovementioned priority areas of action.

It is of utmost importance that clear and achievable targets will be set for the Centre for 2005 and 2006. There should be no doubt what can be expected from the Centre considering the period of only seven months of its operation in 2005 and the limited staff it will have in that year as well as in 2006.

This work programme will be an important guide for the actions of those who will work for, and with the new Centre in the protection of human health across Europe. I therefore wish all of those the very best in the implementation of that programme.

Marc Sprenger  
Chair of the Management Board

## **2 Message from the Director**

The establishment of the European Centre for Disease Prevention and Control is an exciting new development in Europe which will further increase public health capacity to prevent and control diseases. Public health is a strategic issue as European citizens want to live a healthy life free from diseases and disability. Therefore public health – in the centre of all EU policies – will further connect the European institutions with its citizens.

Diseases – both communicable and non-communicable – still at the beginning of the 21st century pose a major problem to and burden on the societies. In addition, communicable diseases can spread within hours in our globalised, interconnected world, with free movement in our borderless Europe. These are 21st century challenges that need adequate, effective and systematic responses that can only be provided by a 21st century institution. The European Centre for Diseases Prevention and Control is being set up to play this role.

The ECDC will be an institution based on the European model: it will be a strong and influential institution that connects – as a hub – with existing infrastructure, networks and expertise in Europe which will build on what already exists in the European countries. A close and effective collaboration with European Union Member States, public health institutions, competent authorities, surveillance and early warning and response networks, laboratories, and hundreds and thousands of excellent scientists and researchers will create partnerships with the Centre. No less important will be the collaboration with the EU institutions, other EU agencies, partners like WHO (both globally and regionally in Europe), and the neighbouring countries to the EU.

The founding Regulation clearly spells out the mission, functions and activities of the Centre. To achieve the expected results, the effective implementation of the work plan will be crucial in 2005-2006.

It is a real managerial challenge to set up the Centre and make it operational within the timelines envisaged, and at the same time to start implementing its work plan.

I am deeply committed to both of these tasks and I am deeply honoured to be the founding director of this Centre. I will do my utmost to meet all the expectations and to establish an independent agency with an independent technical and scientific voice but with strong partnerships with all relevant partners. I will make sure that the ECDC is accountable to the Management Board for all the expected results as outlined in the programme of work and that it is managed on the basis of sound managerial and administrative practices. I will also ensure that the Centre becomes an institution open and transparent to all the stakeholders, including the general public, and a motivating, inspiring and empowering place where both staff and visitors feel well.

This assignment will be the most beautiful and exciting challenge in my professional carrier and I hope to further contribute through the European Centre for Disease Prevention and Control to the improvement of health of the European citizens.

Zsuzsanna Jakab  
Director of the Centre

Milestones for the European Centre for Disease Prevention and Control		
2003	July	Commission's proposal to establish the European Centre for Disease Prevention and Control
	December	European Council decides that Sweden will host the Centre
2004	April	The Regulation 851/2004 establishing the Centre is adopted by the Council and Parliament
	September	The first meeting of the Management Board and an international launch event
	December	Second meeting of the Management Board that nominates the Director and endorses the work programme 2005-2006
2005	1 March	Director Zsuzsanna Jakab takes office
	April	First meeting of the Advisory Forum
	20 May	The Centre becomes operational
2006-2007		Building up the Centre in terms of staff, networking and operations.
2007-2008		Evaluation of the possible need to extend the scope of the Centre's mission.

### 3 Mission statement

According to Article 3 of the founding Regulation\*

- In order to enhance the capacity of the Community and the Member States to protect human health through the prevention and control of human disease, the Centre shall identify, assess and communicate current and emerging threats to human health from communicable diseases.
- In the case of other outbreaks of illness of unknown origin, which may spread within or to the Community, the Centre shall act on its own initiative until the source of the outbreak is known. In the case of an outbreak, which clearly is not caused by a communicable disease, the Centre shall act only in cooperation with the competent authority upon request from that authority.
- In pursuing its mission the Centre shall take full account of the responsibilities of the Member States, the Commission and other Community agencies, and of the responsibilities of international organisations active within the field of public health, in order to ensure comprehensiveness, coherence and complementarity of action.

\* Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 establishing a European Centre for disease prevention and control. OJ L 142, p. 1, 30.4.2004.

## 4 Operations

According to paragraph 2 of Article 3, the Centre shall within the field of its mission:

- (a) Search for, collect, collate, evaluate and disseminate relevant scientific and technical data;
  - (b) Provide scientific opinions and scientific and technical assistance including training;
  - (c) Provide timely information to the Commission, the Member States, Community agencies and international organisations active within the field of public health;
  - (d) coordinate the European networking of bodies operating in the fields within the Centres mission, including networks arising from public health activities supported by the Commission and operating the dedicated surveillance networks;
- and
- (e) Exchange information, expertise and best practices, and facilitate the development and implementation of joint actions.

### **4.1 NETWORKING, SURVEILLANCE AND DATA COLLECTION ON COMMUNICABLE DISEASES**

#### **Situation analysis**

Surveillance of communicable diseases means to know as precisely as possible how many persons are infected with a certain pathogen in the areas covered. As communicable diseases respect no borders, it is necessary to achieve uniform surveillance of important communicable disease in the EU. This idea led to voluntary collaborative surveillance projects at EU level and to the establishment, on a proposal of the Commission, of a Community Network for the epidemiological surveillance and control of communicable diseases (Decision 2119/98/EC of the European Parliament and of the Council). The Community Network is made up of two components. ESCON (Epidemiological Surveillance Component of the Network) is linking the authorities or structures in the Member States responsible for the collection of epidemiological surveillance information. The Early Warning and Response System (EWRS) connects the authorities of Member States responsible for taking measures for the control of communicable diseases. Implementation of the Community Network Decision as regards epidemiological surveillance is facilitated through the setting-up and operation of dedicated surveillance networks (DNS's) for the most important diseases and surveillance topics (Commission Decision 200/98/EC). Surveillance schemes on certain diseases and topics related to the establishment of DNS's for are co-funded from the Public health Programme. Decision 2119/98/EC obliges the Member States to transmit surveillance data to other Member States and the Commission, so that the responsible national authorities have the full picture of the EU situation. It also obliges Member States to notify, via the EWRS, communicable disease outbreaks of importance to the Community and to consult and coordinate measures for the control of such outbreaks.

## **4.1.1 Networking and surveillance**

### **Objective**

“The Centre, through the operation of the dedicated surveillance networks and the provision of technical and scientific expertise, shall support the networking activities of the competent authorities recognised by the Member States.” (Article 5(1)). A gradual process is envisaged for taking over these responsibilities. For each disease, the Centre will either receive and analyse the surveillance data directly forwarded to it by national contact points, or it will conclude a contract with a third party, which carries out this task on its behalf.

### **Tasks in 2005**

- Start the preparations to take over responsibility for surveillance activities at EU level and consult the Advisory Forum to this end.
- Evaluate existing surveillance networks, leading to a strategy on gradually taking over the coordination of surveillance activities or the continuation and/or integration of networks for diseases for which funding is currently provided and will be provided (during 2005) under the public health programme.
- Put special focus on the participation of the new Member States in all relevant surveillance activities.
- Produce a planning document spelling out the future strategy to evaluate and consolidate the existing surveillance networks as the steering of surveillance activities is taken over by the Centre.

### **Indicators for 2005**

- Planning document on future surveillance strategy to be submitted to the Management Board by October

### **Tasks in 2006**

- Prioritisation according to the planning document and an assessment of the diseases covered
- Develop databases for storing and retrieving information in particular via web based solutions from existing and future surveillance projects, in order to prepare for the Centre’s role as central focal point for all surveillance data.
- Update the existing inventory on Member States assets and expertise.

### **Indicators for 2006**

- New Member States are integrated into existing surveillance structures
- Updated Inventory on Member States Assets and expertise published.



## **4.1.2 Collection, analysis and dissemination of data**

“The Centre shall coordinate data collection, validation, analysis and dissemination of data at Community level, including on vaccination strategies.” (Article 11(1)). This task is directly linked to networking and surveillance as it underpins technically surveillance activities by providing tools for the handling and analysis of surveillance data on communicable diseases and diseases of unknown origin at Community level.

### **Tasks in 2005**

- Acquiring and installing necessary systems for data collection and analysis.
- Develop standard operating procedures (‘SOPs’) with Member States for data exchange according to Decision 2119/98/EC and other relevant Commission decisions and discuss them with the Advisory Forum.
- Produce and disseminate a weekly epidemiological report using appropriate verification procedures.

### **Indicators for 2005**

- Access to expertise to provide guidance on statistical data requirements is available.
- Standard operating procedures (SOP) for data exchanges with Member States
- Weekly epidemiological reports are disseminated.

### **Tasks in 2006**

- Continue the issuance and dissemination of the weekly epidemiological report.
- Produce an annual epidemiological report that summarises the trends in communicable diseases and the outcome of investigations for outbreaks of EU concern
- Establish the technical means to make relevant collected information available in an objective, reliable and easily accessible way to relevant stakeholders.
- Establish an informal rapid information exchange mechanism for epidemiological information not warranting formal notifications via the Early Warning and Response System in close collaboration with the Commission, Member States and the Advisory Forum.

### **Indicators in 2006**

- Annual epidemiological report
- Procedures adopted for informal rapid information exchanges.
- Online and user specific access to relevant data through a website

## **4.2 PREPAREDNESS, RESPONSE AND EMERGING HEALTH THREATS**

### **Situation analysis**

The Community Network on the surveillance and control of communicable diseases has, as stated above the Early Warning and Response System (EWRS) as its second pillar. The purpose of the EWRS is the rapid exchange of information, consultation and coordination on outbreaks of communicable diseases, which could have consequences for other Member States. The emergence of SARS demonstrated that it is necessary to take precautions even for new, unknown diseases, which could pose a very serious threat to public health at any time. As regards bioterrorism, the Centre will contribute to the activities of the Community related to risk assessment that are undertaken in the context of the programme on health security and funded in pursuance of the relevant objectives of the public health programme. This will particularly concern the list of priority bioagents and their surveillance, laboratory diagnostics, clinical guidelines, training, modelling, the directory of experts and assistance with expertise to requesting Member States. The Centre will assist the Commission in implementing the relevant actions and would gradually assume responsibility for them, whereas the Commission will continue with the risk management actions, including the operation of the rapid alert system for deliberate releases of biological, chemical and radio-nuclear agents (RAS-BICHAT) which links the members of the Health Security Committee, and the coordination of preparedness and response plans for health emergencies involving such agents on which the Commission services are advised by and work together with the HSC.

### **4.2.1 Early warning and response system**

#### **Objective**

“The Centre shall support and assist the Commission by operating the early warning and response system and by ensuring with the Member States the capacity to respond in a coordinated manner.” (Article 8(1)). “The Centre shall analyse the content of messages received by it via the early warning and response system. The Centre shall provide information, expertise, advice and risk assessment. The Centre shall also ensure that the EWRS is efficiently linked with other Community alert systems (e.g. animal health, food and feed and civil protection).” (Article 8(2)).

With these tasks, it supports the Commission and the Member States in their responsibility of managing notifiable events that requires taking measures to protect public health. In the case of an unknown new disease like SARS, for example, the Centre will therefore rapidly assess all available scientific information, and make recommendations as to which options for measures exist. In the case of already known diseases like norovirus infections, the Centre will ensure that the latest scientific results can be taken into account during the management of outbreaks, and assist in taking evidence based decisions. The Commission will remain responsible for the supervision and for the adoption of technical and procedural requirements under Decision 2119/98/EC, and thus for its risk management tasks. The Centre will assist the Commission in that task especially by providing a rapid risk assessment. The Commission will involve the Centre in an appropriate way in the activities of the Rapid Alert System on Biological Chemical Agents Task Force (RAS-BICHAT).

**Tasks in 2005**

- Link up to the EWRS system.
- Set up a 24h/7day permanent on-duty system.
- Agree with the Commission on a standard operating procedure (SOP) for the handling of incoming messages.

**Indicators for 2005**

- Centre is fully operational as a EWRS contact point.
- The SOP agreed with Commission

**Tasks in 2006**

- Assume the full support role by the end of this year in gathering and analysing data and information on outbreaks notified or communicated and on public health emergencies and assist the Commission in drawing up the reports on the operation of the EWRS,
- Assist the Member States in developing and maintaining the capacity to react timely, e.g. the capacity to set up and deploy investigation teams on short notice.
- Assist the Commission in the review and improvement of SOPs of the EWRS.

**Indicators for 2006**

- Report on the number of outbreaks analysed
- Number of advices issued over the period

## **4.2.2 Identification of emerging health threats**

### **Objective**

“The Centre shall in the fields within its mission establish, in cooperation with the Member States, procedures for systematically searching for, collecting, collating and analysing information and data with a view to the identification of emerging health threats which may have mental as well as physical health consequences and which could affect the Community.” (Article 10).

The Centre will develop a system, in collaboration with the Commission and the Member States and taking into account work already carried out by the Commission, to ensure that outbreaks likely to be of concern to the Community will be detected in good time and will provide prompt warnings to the Commission and the Member States.

### **Tasks in 2005**

- Agreements for co-operation with the Commission, Member States and international partners (WHO) that provides for the continuous search and exchange for relevant information and best practice around the world from available sources.

### **Indicators for 2005**

- Agreements for co-operation concluded by end of the year

### **Tasks in 2006**

- Establish a link with the Commission-operated advance warning system and with similar national and international systems and complete verification procedures.
- Create capacity to deal with surveillance activities for emerging diseases (e.g. of the SARS kind) including for investigation assistance and infection control expertise

### **Indicators for 2006**

- Advance warning and verification procedures established, tested and operational.
- Number of pieces of advice and warnings issued over the period.
- Number of assessments made over the period.

### **4.3 SCIENTIFIC OPINIONS AND STUDIES**

#### **Objective**

“The Centre shall provide independent scientific opinions, expert advice, data and information.” (Article 6(1), also 7).

Public health decisions have to be based on independent scientific evidence. The Centre will therefore support the Commission and Member States and other Community agencies by providing this. It will contribute to public health policies by providing scientific assessments, based on scientific excellence and independence, maintained through its own expertise and the one existing in the Member States. The Director may, in consultation with the Advisory Forum, set up independent scientific panels for this purpose drawn from recognised scientific authorities and academia.

The Centre needs to initiate and manage the selection procedures for sources of scientific opinions in the networks and for members of the ad-hoc Scientific Committees based on an updated directory of experts set up by the Commission. In addition, the Centre could seek to develop a system to locate expertise at Member State and international level.

In parallel, the Centre needs to establish a framework for delivering scientific opinions on questions from the Commission, EU Parliament and Member States. It needs to develop operational links and information exchange with the EU structures including expertise bodies on animal health, plant, food, civil protection and radiological issues; Scientific Committees in the fields of consumer safety, public health and the environment; non-food Scientific Committees within the Commission such as the Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR).

#### **Tasks in 2005**

- Adopt procedures and terms of reference on how to introduce scientific questions to the Centre, handling of the questions within the Centre, timelines for replies, and ways to communicate and publish the results.
- Adopt procedure and terms of reference on how to constitute and operate ad hoc scientific panels.

#### **Indicators for 2005**

- Terms of reference on scientific panels proposed to the Management Board.
- Terms of reference on scientific questions proposed to the Management Board.

#### **Tasks in 2006**

- Identification of available scientific experts, including the signing of declarations of conflict of interests.
- Start processing the scientific questions.

#### **Indicators 2006**

- List of experts published, building on the Commissions work.
- Report on the handling of scientific questions.

#### **4.4 TECHNICAL ASSISTANCE AND TRAINING**

##### **Objective**

“The Centre shall, as appropriate, support and coordinate training programmes in order to assist Member States and the Commission to have sufficient numbers of trained specialists, in particular in epidemiological surveillance and field investigations, and to have a capability to define health measures to control diseases outbreaks.” (Article 9(6). It shall “provide scientific and technical expertise to the Member States, the Commission and other Community agencies in the development, regular review and updating of preparedness plans, and also in the development of intervention strategies in the fields within its mission.” (Article 9(1)).

The Centre will support and coordinate training programmes (like the EPIET programme) to assure that Member States and the Commission have recourse to sufficient numbers of trained specialists, in particular in epidemiological surveillance and field investigations. In addition, the Centre will provide technical assistance to Member States during outbreaks. It will increasingly be able to provide technical assistance to missions requested by the World Health Organisation or in the context of the Global Outbreak Alert and Response Network (GOARN) operations. This assistance includes identifying, mobilising and coordinating investigation teams.

It will gradually develop training in areas such as infection control and bioterror agents as well as branching out into other areas deemed to be significant and relevant and support and integrate training with regard to laboratory capacity and capability. It shall also develop and stimulate interaction within other areas of interest, such as law enforcement, through the development of forensic epidemiology (jointly with Europol).

##### **Task and indicator in 2005**

- Create an inventory of prioritised needs.

##### **Tasks in 2006**

- Start to set up and test training tools.
- Take responsibility for the implementation of a follow up to the existing training course under the European Programme for Intervention Epidemiology (EPIET).
- Start supporting and coordinating training courses.

##### **Indicators for 2006**

- Member States participating in these courses.
- Missions carried out with contributions from the Centre in providing technical expertise.

#### **4.5 COMMUNICATIONS ON THE ACTIVITIES OF THE CENTRE**

##### **Objective**

The Centre shall ensure “that the public and any interested parties are rapidly given objective, reliable and easily accessible information with regard to its work. In order to achieve these objectives, the Centre shall make available information for the general public, including through a dedicated website. It shall also publish its opinions produced. The Centre shall act in close collaboration with the Member States and the Commission to promote the necessary coherence in the risk communication process on health threats. The Centre shall cooperate as appropriate with the competent bodies in the Member States and other interested parties with regard to public information campaigns.” (Article 12)

In accordance with the principle of transparency, the Centre will develop an adequate capacity to disseminate information on the results of its works to the other European institutions, the Member States, other interested parties such as the scientific community or NGOs as well as to the general public. Reports, press releases, press conferences, an up-to-date website or periodicals, bulletins or electronic information or the participation in health promotion campaigns could be means to achieve this objective. The Centre shall also publish a yearly report and publish the scientific and technical opinions produced during the year.

Apart from the general information task, regular contacts, exchanges of information with the Member States and stakeholders also contribute to fulfil the information task. A risk communication strategy should be developed for rapid responses on urgent public health issues.

##### **Tasks in 2005**

- Develop a target group- oriented risk communication strategy for outbreaks and emergency situations in close consultations with Member States and the Commission.
- Start up the Centre’s website.

##### **Indicators in 2005**

- Emergency communication strategy presented to the Management Board.
- Website started.

##### **Tasks in 2006**

- Start taking over the responsibility for the regular publication of “Eurosurveillance”.
- Organise feed back meetings with EU institutions and other stakeholders to customise the Communication strategy in the area of communicable disease threats

##### **Indicators for 2006**

- The number of bulletins issued over the period.
- The epidemiological report published.

## **5 Horizontal functions**

### **5.1 OVERALL MANAGEMENT**

The Director and the management of the Centre have to ensure that the Centre is managed in an effective and efficient way. They have to plan, organise and prioritise the work of the Centre according to this work programme and to provide to the bodies of the Centre pertinent and concise information on the progress achieved in order to reach the Centre's objectives (especially Articles 14, 16, 18 and 30).

#### **Tasks in 2005-2006**

- The Director with her staff has to ensure that the bodies of the Centre have adequate technical and logistic support.
- In addition to the provision of planning and direction for the activities of the Centre during the set up phase, the management of the Centre will focus on forming the administrative structures (organigramme, mission of its services, job descriptions, recruitment, systems design, contracting etc) needed to have within short timelines an independent and operational Centre.
- The Centre will liaise with the Commission services in charge of the implementation of Decision 2119/98/EC and grants related to surveillance, training and publication in the area of communicable disease surveillance and control and the grant beneficiaries to ensure continuity and minimise disruption during and following the transfer of responsibilities.
- The Centre will analyse and propose to the Management Board strategies for the cooperation of the Centre with Member States and its international partners.
- Reporting and informing on legal developments and outcomes of discussions and negotiations on legal and procedural issues and ensuring coordination with other relevant bodies, in particular Commission services.

#### **Indicators for 2005-2006**

- Quality and timeliness of the budget and work programme documents.
- Organisational structure and mission of the services.
- Support provided to Management Board and Advisory Forum
- All legal documents needed for the first phase of the Centre are submitted to the Management Board.



## **5.2 HUMAN RESOURCES**

### **Objective**

Article 29 provides that the Centre's staff regime is governed by the regulations applicable to officials and other staff of the European Union.

To start its operations, the Centre needs to recruit urgently the necessary staff. Planning the needs in human resources and launching the relevant procedures will be among the first priority tasks of the Centre. The Centre will also explore from the very start the use of detached national experts. Detached national experts remain under contract with their national employers; however they work for a limited period of time on tasks defined by the Centre.

### **Tasks in 2005-2006**

- For the initial 2-3 months until staffs is recruited, set up an initial core team of approximately 10-15 technical, administrative and managerial staff to start operations as of May. All possibilities of secondment from Member States , the Commission, WHO and others should be explored with support from the Commission
- Determine the personnel needs and set the priorities
- Recruit the personnel.
- Organise secondment of experts from Member States.
- Set up human resources tools, such as implementation of rights and obligations and establishing the relevant bodies in accordance with the Staff Regulations.

### **Indicators for 2005-2006**

- Selection and recruitment of personnel
- Number of detached national experts working at the Centre.

### **5.3 INFORMATION TECHNOLOGY, INFRASTRUCTURE AND FACILITIES**

#### **Objective**

Adequate infrastructure and facilities (including IT) must be set up to enable the staff of the Centre to fulfil its tasks properly. This involves as a first step the location and housing of the Centre and then the setting up of the necessary equipment.

#### **Tasks in 2005**

- Establish a strategic plan for housing options for a growing agency.
- Short list possible business hotels or other first phase office facilities.
- Contract a real estate consultancy firm in order to accomplish a technical survey on premises and to develop a detailed technical requirement document for the premises in conjunction with proposal for a solution for a growing agency.
- Take a decision on housing providing 10 fully equipped working stations for the first part of 2005 and increase them up to 35 by the end of 2005.
- Prepare a decision on further premises and sign the contract in order to ensure that the Centre can continue its operations smoothly in 2006.
- Set up the computer and telecommunication facilities.

#### **Indicators in 2005**

- A strategic housing plan adopted by the Management Board
- The housing available throughout 2005
- Computer and telecommunications services available throughout 2005
- Decision on housing for 2006 taken

#### **Tasks in 2006**

- Increase working stations gradually from 35 to 70 by the end of the year
- Move to new premises
- Equip new premises

#### **Indicators for 2006**

- Permanent and independent housing solution found
- Services available on a 24/7 basis
- Core ICT services functioning on a 24/7 basis
- Back up and security policy implemented

## **5.4 FINANCE**

The Centre is mainly financed from the Community budget. Therefore it has to adhere to the high standards of transparency and quality of implementation and control in place. The Founding Regulation specifies the financial provisions in its articles 22, 23, 24 and 25 and refers to article 185 of the Financial Regulation.

The Director shall implement the Centre's budget. The Director is the Authorising officer and in charge of proper internal control standards, setting up, validating and operating the budget system. The management has to ensure effective planning and sound management of budget and accounting in dedicated and separated systems to fulfil the requirements and to comply with the required standards.

### **Tasks in 2005:**

- Set up the financial systems such as an independent accounts system, ancillary tools providing payroll, mission expense and reporting
- Adopt internal rules and guidance on budget execution and procurement.
- Document financial circuits and possible delegations and subdelegations
- Set up an audit function
- On a strategic level the Centre will cost the proposals in the future work programmes and draw up necessary budget estimates.

### **Indicators in 2005**

- Financial systems properly established.
- IT based budget and accounting system available.
- Financial circuits and internal control standards documented and implemented.

### **Tasks in 2006**

- Operate the first full year
- Submit draft budgetary planning for 2007 to Board

### **Indicators in 2006**

- Budget 2006 adopted before 01 January 2006
- Annual account and reports according to legal requirements
- Management information system present
- Draft Budgetary planning for 2007 submitted in time to the Board
- Correct and efficient procurement

## Annex I - Budget summary

Including 100.000 € contribution from EEA EFTA Member States

\* Estimate

<b>Million €(three decimals)</b>	<b>2005</b>	<b>2006 *</b>
Staff	1.200	3.950
Mission / Interpretation	0.216	0.575
<b>Title I</b>	<b>1.416</b>	<b>4.525</b>
Rent	0.300	0.600
ICT and equipment	1.000	1.000
Other Administrative	0.675	1.075
<b>Title II</b>	<b>1.975</b>	<b>2.675</b>
Networking, surveillance and data collection on communicable diseases	0.300	2.500
Preparedness, response and emerging health threats	0.300	2.500
Scientific opinions and studies	0.200	0.600
Technical assistance and training	0.200	1.500
Communications	0.462	1.400
<b>Operating expenditure</b>	<b>Title III</b>	<b>1.462</b>
<b>Total expenditure</b>	<b>4.853</b>	<b>15.700</b>

## Annex IIa – Number of persons working in the Centre at the year end

	<b>2005</b>	<b>2006</b>
Temporary agents, establishment plan	29	50
Contract agents, estimate	6	5
Detached national experts, estimate	PM	PM
External service providers, estimate	PM	PM
Total number	35	70

PM = pour memoire

**Annex IIb – Establishment plan for the staff of the Centre**

<b>Category and grade</b>	<b>Perm.</b>	<b>Temp.</b>
A*15		1
A*14		1
A*13		
A*12		
A*11		2
A*10		2
A*9		
A*8		4
A*7		
A*6		
A*5		6
<b>Total grade A</b>		<b>16</b>
B*10		
B*9		
B*8		
B*7		
B*6		
B*5		
B*4		7
B*3		
<b>Total grade B</b>		<b>7</b>
C*6		
C*5		
C*4		
C*3		
C*2		
C*1		6
<b>Total grade C</b>		<b>6</b>
<b>Total</b>		<b>29</b>

## Annex III - Members of the Management Board

As of 4 February 2005

<b>Title</b>	<b>First name</b>	<b>Last name</b>	<b>Position</b>	<b>Represents</b>
Dr Med	Hubert	Hrabcik	Generaldirektor	Austria
Dr	Daniel	Reynders		Belgique
Dr	Chrystalla	Hadjianastassiou	Chief Medical Officer	Cyprus
Prof Dr	Roman	Prymula	Dean	Czech Republic
Dr	Jens Kristian	Gøtrik	Director General, Chief Medical Officer	Denmark
Dr	Tiiu	Aro	Director General	Estonia
Dr	Tapani	Melkas	Director	Finland
Prof	Gilles	Brucker	Directeur Général	France
Prof Dr	Stefan	Winter	Director General for Health, Chief Medical Officer	Germany
Mr	Sotirios	Karatzas	Director of the office of the Minister of Health and Social Solidarity	Greece
<i>Dr</i>	<i>Zsuzsana</i>	<i>[ Jakab ]</i>	<i>Secretary of State</i>	<i>Hungary</i>
Dr	Eibhlin	Connolly	Deputy Chief Medical Officer	Ireland
Dr	Donato	Greco	Direttore Generale Prevenzione Sanitaria	Italia
Mr	Imants	Rezebergs	Head	Latvia
Dr	Vyatautas	Bakasenas	Director of the State Public Health Service and the Ministry of Health	Lietuva
Dr	Pierrette	Huberty-Krau	Medecin-Inspecteur, chef de division	Luxembourg
Dr	Andrew	Amato Gauci	Direttur	Malta
Dr	Marc	Sprenger	Director-General	Nederland
Dr	Krzysztof	Pajaczek	Director General	Poland
Dr.	Francisco	George	Deputy Director General	Portugal
Prd	Eva	Maderova	Head	Slovakia
Ms	Mojca	Gruntar Činč	MD	Slovenia
Dr.	Carmen	Amela Heras	Jefe de Area de Epidemiologia	Spain

<b>Title</b>	<b>First name</b>	<b>Last name</b>	<b>Position</b>	<b>Represents</b>
Mrs	Irène	Nilsson Carlsson	Director	Sweden
Mr	Gerard	Hetherington	Head of Health Protection	United Kingdom
Dr	Minerva-Melpomeni	Malliori	University Professor	European Parliament
Dr	Jacques	Scheres	Adviser	European Parliament
Mr	Georgios	Gouvras	Head of Unit	European Commission
Mr	Fernand	Sauer	Director	European Commission
Mr	Octavio	Quintana Trias	Director	European Commission