Final version adopted by the Management Board

ECDC
Programme of Work for 2007

Foreword by the Chair of the Management Board

In May 2007, the European Centre for Disease Prevention and Control (ECDC) will celebrate its second anniversary of operation as a decentralised agency of the European Union, devoted to the prevention and control of communicable diseases. Although still being in the start-up phase the achievements during the first 1½ to 2 years have been remarkable, and the Centre has managed to cover all activities set up in the first, very ambitious, programme of work for 2005-2006, while at the same time proving its usefulness when working with the European Commission and the Member States against the threat of avian and pandemic influenza.

A very good example of this usefulness was the rapid response to reports of four deaths in Israeli men with underlying cardiac conditions, coinciding in time with immunization against seasonal influenza. In a risk assessment issued within a few days after the last of these deaths, ECDC could authoritatively conclude that no link could be established between the deaths and the prior vaccination. The European immunization campaigns could therefore proceed uninterrupted and unquestioned – saving numerous lives.

The present programme of work, the second in order, is even more ambitious than the first one, bringing ECDC from its initial start-up phase to become a more mature organisation with established activities in all areas of responsibility. The challenges in 2007 will be great and putting formidable demands on the Director and her staff. This year, the scientific activities of ECDC will need to be expanded to cover all diseases under its remits, the decentralised European surveillance networks will need to be integrated in the Centre, the preparedness and response systems will need to be refined and further developed, the training of the next generation of European public health officers will need to be expanded, and the scientific content will need to be efficiently communicated. All this work will be done in a coordinated way in close collaboration with the Member States, so that it serves the countries and brings an added value.

To accomplish this, the internal organisation needs to be robust with an effective management system, all procedures in place and with an ability to absorb and integrate the many new staff members from all across Europe that will be recruited in the coming year.

It is indeed an exiting year that lies ahead, and I wish the Director and her staff all the success in the important work.

Marc Sprenger
Chair of the Management Board

Foreword by the Director

ECDC became operational on the 20 May 2005. The rest of 2005 and 2006 marked the start-up phase of the Centre, rapidly putting in place the basic infrastructure to set the foundation for the technical and scientific work. These have been a hectic 18 months balancing competing priorities as the expectations were enormous. The first annual reports of the Director on the activities in 2005 and 2006 clearly demonstrate the work accomplished during a short time to meet the challenges ahead and respond to those high expectations.

The level of ambition for 2007 is even higher. As the start-up phase comes to an end, the stakeholders expect ECDC to deliver technical and scientific work in every aspect of the programme of work. This is reflected in the document and therefore the emphasis is placed on the content of the technical and scientific work with clear deliverables. It is ambitious! We are aware of this, but the ECDC management team and staff have signed up for it. We want the ECDC to be a success, and are all committed to the goals set out in the programme of work.

I would like to extend our thanks to the Advisory Forum for its continuous support and advice in setting out the programme of work; and to the ECDC Management Board – our Governing Body – for its strategic discussions and decisions.

Thanks to the Commission for such good collaboration, ensuring synergy in the work. Thanks also to the European Parliament for its interest and support.

As Director of the ECDC, I am fully committed to this exciting work; to making ECDC a success. With our excellent management team and the fully committed staff I have no doubt that this will be the case.

Zsuzsanna Jakab

Director

Introduction

1. Structure of programme of work

The 2007 programme of work, as attached, reflect the current matrix structure of the Centre with both functional Units and 7 disease-specific projects, covering the diseases set out in Decision 2119/98. At the end of each Unit's 2007 work plan are listed all the relevant elements from the disease-specific projects that relate to the functions of that particular unit.

Separate work plans for each of the 7 projects have also been prepared. In this way the disease-specific activities are integrated into the Unit work plans, but at the same time separate plans provide a comprehensive overview of the content and thrust of each of the projects.

In order to clearly demonstrate how ECDC intends to discharge its mandate and functions during 2007, all products in the Unit work plans have been explicitly linked to the various Articles of Founding Regulation 851/2004. Projected outcomes for the medium-term (2-3 years) have also been included.

2. Activity-based framework

The 2007 programme of work follows an activity-based format, in accordance with the Commission's policy guidance and advice. Already in 1999, in its communication of 16 November (SEC 1885/3), the Commission noted: "*Activity-based budgeting aims at providing a common conceptual framework for planning, budgeting and management that will allow for a more coherent and integrated formulation of these processes. Therefore, defining objectives, setting priorities, allocating resources, planning work as well as monitoring and reporting, are processes that develop within one framework where the Activity is the common denominator.*"

Furthermore, under Chapter 7: "Principles of sound financial management" of ECDC's Financial Regulations adopted by the 2nd Management Board in December 2004, Article 25.3 states: "*Specific, measurable, achievable, relevant and timed objectives shall be set for all sectors of activity covered by the budget. Achievement of those objectives shall be monitored by performance indicators for each activity..*"

The activity-based programme of work for 2007 as attached, although ambitious, is considered entirely realistic and doable by ECDC management in its present form.

3. Strategic thrust

The ECDC's planning products and processes will henceforth consist of two closely integrated processes and documents: (1) a 7-year strategic framework; and (2) annual work plans (with a medium-term perspective). During the autumn of 2006 ECDC started the development of the first (2007–2013) strategic framework, and this work will be finalised in June 2007. The annual work plans for 2008 (with a medium-term perspective until 2010), to be developed later in 2007, will be fully consistent with both the content and format of the strategic framework.

4. Resource context

The programme of work lists all products and deliverables planned by the Units and disease-specific Projects for 2007. Detailed budget projections of the financial resources required to deliver each product have been calculated and reconciled with the official ECDC budget for 2007. Several iterations have been necessary in this regard, in order to trim down initial expectations of Units and Projects, and in order to defer some planning elements which were considered too ambitious for 2007 to 2008, and some even to 2009.

In the attached document, budget projections have been given for each sub-section of the Unit work plans, in accordance with the provisions for Title 3 in the official ECDC budget for 2007, as presented to the Management Board. It is believed that this level of aggregation will give the Board a transparent overview of the Centre's programme of work for 2007, and that it will allow for the Board to decide at a strategic level and thus to discharge its functions as set out in Article 14.5 (d) of the Founding Regulation.

The overall budget provision for ECDC for operational activities in 2007 (excluding staff costs) amounts to € 13 159 000, which is 49% of the total budget for the Centre. This is fully in line with the requirements and guidance received from the Budgetary Authority.

5. Some definitions

Assessment tool: a form prepared for country visits by ECDC to serve as a basis for discussion on MS actions in a specific field. Best current examples are the assessment tools used for the influenza preparedness and the AMR visits, but the ECDC intends to make similar tools for other diseases (e.g. HIV and tuberculosis)

Collaborating institutions: Institutions with which we draw up contracts.

Competent bodies: As defined in the Regulation 851/204.

Guideline: Evidence-based advice to MS on specific issues, for MS to implement or use as a basis for national guidelines, if they wish. These are always discussed in the Advisory Forum, both before work on a specific guideline starts, and for endorsement when the guideline is ready.

Partners: WHO, IGOs, NGOs, CDCs networks, societies, etc.

Stakeholders: The Member States (countries) and the EU institutions.

Work plan: Parts of the programme of work by unit

Programme of work: This document.

6. Abbreviations

ADNS	Animal Disease Notification System
AEFI	Adverse Events Following Immunization
AF	Advisory Forum
AMR	Antimicrobial resistance
AVR	Anti Viral Resistance
BBV	Blood Borne Viruses
CD	Communicable Diseases
CDC	(US) Center for Disease Control (and Prevention)
CDTR	Communicable Disease Threat Report
CfT	Call for Tender
DG RELEX	Directorate General for External Relations
DG SANCO	Directorate General of Health and Consumer Protection
DG SANCO	Directorate General of Health and Consumer Protection
DSN	Dedicated Surveillance Network
EARSS	European Antimicrobial Resistance Surveillance System
ECDC	European Centre for Disease Prevention and Control
ECO	External Communications Function
EEA	European Environmental Agency
EFSA	European Food Safety Authority
EISS	European Influenza Surveillance Scheme
EMC	ECDC Microbiology Committee
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EOC	Emergency Operation Centre
EP/ENVI	Committee for Environment, Public Health and Food Safety of the European Parliament
EPIET	European Programme for Intervention Epidemiology Training
EpiNorth	A co-operation project for communicable disease control in Northern Europe
ESSTI	European Surveillance of Sexually Transmitted Infections
EWRS	Early Warning and Response System
EXC	Executive Management Committee
FP	EU Framework Programmes for Research
HAACP	Hazard Analysis and Critical Control Points
HCAI	Health Care Associated Infections
HIV	Human immunodeficiency virus
HPV	Human Papilloma Virus
HQ	Head Quarters
HSC	Health Security Committee
IC	Infection Control
IGO	Intergovernmental Organisation
IHR	International Health Regulations
IPSE	Improving Patient Safety in Europe
IRIDE	Inventory of Resources for Infectious Diseases in Europe
IT	Information Technology
JRC	Joint Research Centre
KNCV	Royal Netherlands Chemical Society
MB	Management Board
MDR-TB	Multi-Drug Resistant Tuberculosis
MedISys	Medical Intelligence System
MIC	Monitoring and Information Centre for Civil Protection coordination
MIS	Management Information System
MoPHE	Map of Public Health Expertise
MoU	Memorandum of Understanding
MS	Member State

NGO	Non-Governmental Organisation
OAT	Outbreak Assistance Team
PASR	Preparatory Action on 'Enhancement of the European industrial potential in the field of Security Research 2004-2006
PH	Public Health
PPP	Public Private Partnership
PRU	Preparedness and Response Unit
QA	Quality Assurance
RAS-Bichat	Rapid Alert System for Biological and Chemical Agent Attacks
RASFF	Rapid Alert System for Food and Feeds
SAP	A financial and administrative computer system
SAU	Scientific Advice Unit
SEC	Selection and Evaluation Committee
SHIPSAN	Ship Sanitation Programme
SI2	A financial computer system
SOP	Standard Operating Procedure
SPVI	Scientific Panel on Vaccines and Immunization
STI	Sexually Transmitted Infections
TB	Tuberculosis
ToR	Terms of Reference
TTT	Threat Tracking Tool
TUM	Technical Update Meeting
VPD	Vaccine-Preventable Diseases
WG	Working Group
WHO	World Health Organization
WHO AFRO	WHO European Regional Office for Africa
WHO EMRO	WHO European Regional Office for the Eastern Mediterranean
WHO EURO	WHO European Regional Office for Europe
WP	Work Plan
XDR-TB	Extensively Drug Resistant Tuberculosis

Executive Summary

1. Key priorities for 2007

Strategic management and governance

In the rapid growth phase foreseen in 2007 it will be important to have sufficient internal leadership and management of ECDC in place through regular interaction between EXC and staff, with clear policies, procedures and processes in place. The work to revise the ECDC management system will continue in 2007, interlinking related programme and finance components and having all operational procedures in place. The daily management with different internal fora will consistently focus on the outcomes of all the above programme and management development issues. The Governance programme will further develop in 2007 to ensure high quality support to the MB and the Advisory Forum (AF) through efficient preparation for, and conduct of meetings and otherwise to maintain good communication with the Member States. A key challenge in 2007 is the external evaluation of the Centre, and the Governance function will provide the MB with all necessary support to have an efficient evaluation.

External relations and country cooperation

By nurturing good relations with the European Union institutions and agencies, but also with WHO and other international organizations having a mandate in the field of public health, ECDC will be better able to do a good job within its own mandate without duplication of effort and fully respecting the leading role of the Commission. As ECDC will move forward in its technical work in 2007, it will become even more important to work closely with WHO on all technical areas where the respective mandates are overlapping. In the area of country cooperation, a more detailed strategy for country work will be based on the initial country cooperation visits having started in 2006. The work will be based on country visits and areas identified for collaboration in the country inventory project that will be finalised in 2007. The active ECDC country work will be confined to the 27 EU countries and the 3 EEA/EFTA countries (Norway, Iceland and Liechtenstein), but with a gradual build-up of links at the level of information exchange with countries and regions outside the EU where the health security of the EU citizens so require.

External communications

In 2007, the focus of the external communications programme will be on website development (interim website, multilingual content and developing a new portal), and to ensure that the transfer of Eurosurveillance into ECDC will be smooth and without any interruptions. As the communications needs will increase parallel to increasing technical and scientific activities and outputs from the units and projects, emphasis will be put on providing high quality internal publication and communication services. The increasing activities in the technical and scientific field will also put a higher demand on a proactive press and media service. To better interact with scientists around Europe, ECDC will be present with a stand, information material and access to experts in the major European scientific conferences.

Evidence based public health

The production of guidelines, risk assessments and scientific answers will continue in 2007 to meet all the needs of the stakeholders. A major challenge will be the identification and assessment of existing capacity in the EU within institutes, laboratories, research centres, learned societies, and to initiate a formalised collaboration between ECDC and a number of such bodies. Public health research needs in the EU, will mainly be identified from the work within the horizontal projects but also from partners and stakeholders, and ECDC will work with funding bodies to secure funding for such research. Another line of work will be the development of an assessment methodology for prevention/interventions at EU level, to coordinate an assessment of prevention at the EU level and of financial commitment to public health functions in order to

promote public health in MS. ECDC will work directly with the Member States in assessing obstacles for implementation of preventions and/or interventions.

Surveillance

In 2007, ECDC will finalise its overall future European surveillance strategy. Based on this, disease-specific strategies for future surveillance will be in place that takes the results of evaluations and assessments of networks into account. All countries will contribute to the core surveillance, and basic analysis and regular output of the data (weekly bulletin, annual epidemiological report and website) will be in place. The partnerships with institutions acting in the field of data collection will be further developed.

Early warning and response

At the end of 2007, communication tools with the Member States regarding risk assessment and risk management (EWRS) will be functional and operated from ECDC premises. In addition, ECDC will expand its sources for epidemic intelligence to ensure a better coverage of health threat information and share it more widely with Member States' health authorities, the Commission and other European partner stakeholders, as well as the public through ECDC website. In the response area, ECDC will consolidate procedures for coordination of investigation and response to emerging threats, including the capacity to mobilize a network of laboratories, and discuss with stakeholders its role in the risk assessment of health threats related to intentional release of biological agents. The new Emergency Operation Centre (EOC) will be fully operational, with procedures for effective communications with the Member States and EU institutions and bodies. These procedures will be tested in a simulation exercise and procedures adjusted accordingly. When threats have been identified ECDC will provide logistic and scientific support to outbreak teams for their deployment in the field.

Preparedness and training

By the end of 2007, ECDC will have completed the round of country visits for strengthening preparedness for pandemic influenza and implemented a follow-up strategy to maintain an optimal level of preparedness across the European Union. ECDC will also have developed guidance for enhancing preparedness for large mass gathering events and natural disaster situations and developed a strategy for ensuring a smooth implementation of the revised International Health Regulations across the European Union. In the training field, a priority will be to complete the smooth integration of the EPIET programme within ECDC, conduct a set of short training modules addressing Member State needs for strengthening capacity in applied epidemiology and develop an Internet portal providing Member States with access to relevant training materials and resources.

Disease specific activities

The ECDC disease specific activities will be carried out within seven disease-specific projects covering all diseases of EU importance. The activities within the projects will draw on the specific competencies of the technical units and be geared at those disease specific issues where ECDC could provide an added European value. Within the field of influenza, the activities will gradually be shifted from avian and pandemic influenza to seasonal influenza, while most other activities will gradually develop to cover all important issues, as identified through discussions with the Member States. Joint activities with the European Commission include work on influenza vaccination, childhood vaccination schedules and the role of the new HPV vaccines.

Administrative services

The Administrative Services will foster the consolidation of the Human Resource, the Finance and the Missions & Meetings groups and ensure that core and sensitive functions are covered by ECDC staff, that the capacities are scaled up to follow the growth of the organisation and that new activities are

implemented along the plan as described below. In the ICT and logistics areas, the activities in 2007 will specifically foster the development of platforms that can assure a high level of self-reliance and autonomy for the Centre and will set the basis for a robust application environment to assure business continuity at all times.

2. Principles for technical and scientific work

All technical and scientific work of ECDC will be based on the best available evidence and practices. A major step in this direction is the first baseline epidemiological report to be finalised in 2007. Through this work, the Centre could identify areas where enough scientific knowledge is available to guide the future work, but also identify areas where the evidence base is still mainly lacking, and ECDC could coordinate a future work to fill these gaps. All activities should also provide a European added value that goes beyond what is presently being achieved in the Member States, and ECDC should never duplicate activities that are already carried out by others. Through the Advisory Forum and other contacts with the Member States, ECDC will seek guidance on how to best reach the goals of an improved public health in Europe, and how to best coordinate all its activities in order to economize with the human resources of its own and of the Member States'.

3. Flexibility to meet unforeseen events

As clearly evidenced by the avian influenza outbreaks in early 2006, and also earlier by the SARS crisis in 2003, communicable disease threats may arise in the course of a year for which prior planning and resource allocation have been impossible.

For an agency like ECDC it is therefore of the utmost importance that some flexibility is retained in both programmes of work and budgets which will enable a quick re-prioritization in case of outbreaks and other emerging needs.

As from 2007, a 'contingency fund' will therefore be established within the budget in order to enhance ECDC's ability to respond rapidly to new or unforeseen developments. This will be done by freezing 1% of the budget for unforeseen events (e.g. public health crisis, and keep it under the Director's responsibility as a reserve. Later on in the year this money can be released if not having been used.

4. Approval by the Management Board

ECDC's programme of work for 2007 is submitted to the Management Board for its approval in accordance with the Founding Regulation, Article 14.5 (d).

Unit Work Plan 2007: Director's Cabinet

Strategic focus (7 year horizon)

To ensure ECDC's position and reputation as a major player in the European and the global arena in communicable disease prevention and control, and as an unquestioned authority and reference centre for all Member States in the European Union.

Governance programme

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

The medium-term projections for the Governance programme are to have all components for the necessary governance in place and functioning effectively. This time period represents the final part of the build-up phase of ECDC according to its present mandate, and therefore a particular priority for the Management Board (MB) will be to look at the future mission and scope of ECDC, evaluating ECDC's performance (2007–2008) and assessing the possible need to extend the scope of the Centre´s mission to other relevant Community-level activities in the field of public health.

Expected results in 2007

The Governance programme will further develop in 2007 to ensure high quality support to the MB and the Advisory Forum (AF) through efficient preparation for, and conduct of meetings and otherwise to maintain good communication with the Member States. As it is the MB that compiles the list of competent bodies in the Member States, the Governance function will need to work closely with Country Cooperation function to have the address lists updated and communication lines established. The follow up of decisions and requests from MB and AF will be further improved. A key challenge in 2007 is the external evaluation of the Centre, and the Governance function will provide the MB with all necessary support to have an efficient evaluation.

Added value

The added value would be a more effective use of the time of the members of the Management Board and the Advisory Forum.

Title 3 Budget Provision: 0

Key products	Activities	Time frame	Indicators
Quality support to ECDC Governance through efficient preparation for, and conduct of meetings; good communication with the MB, the AF and Member States	Organise 4 meetings of the AF and 3 meetings of the MB	Q 1–4	• All documents to MB and AF sent within statutory deadlines • MB and AF appreciation of document quality • Number of regular updates to MB and AF between
	Prepare in good time working documents and minutes with improvements in content and editing (ECO support)	Q 1–4	
	Follow-up effectively the decisions and other requests of ECDC Governance	Q 1–4	

Key products	Activities	Time frame	Indicators
Regulation (EC) No 851/2004 Arts 13, 18	Regularly update the MB and AF on ECDC major events and activities, including newsletter to MB	Q 1–4	meetings • Logistics in place before meetings • Information on competent bodies available and accurate for all countries
	Put in place a MB/AF extranet and maintain and update the information on it	Q 3–4	
	Review rules of procedure and internal processes through MB working group	Q 1–4	
	Coordinate the update of information on competent bodies in the country address database when it is available and running	Q 1–4	
External evaluation according to Regulation (EC) No 851/2004 *Regulation (EC) No 851/2004 Art 31*	Provide support to the exercise and facilitate communication between all parties	Q 2–4	• Evaluation progresses in 2007 according to pre-determined plan
	Provide MB with draft planning framework and terms of reference	Q 2–4	
	Launch recruitment of external evaluators as agreed with the MB	Q 2–4	
Key products 2008			
External evaluation finished			
Key products 2009			
Implementation of necessary changes resulting from evaluation			

Strategic Management programme

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

ECDC will for the medium-term continue to be in a quite rapid expansion phase, both with regard to its internal programme and staff, as well as to the number of its external partnerships. At the same time, ECDC must be transparent and able to respond to its Governing Body and other EU structures – including internal and external audit – regarding the cohesion and direction of its programme, as well as its financial operations at all levels. To meet this increasing complexity, ECDC will during the medium-term period give priority to the following aspects:

- As from 2008, ECDC's annual programmes of work (with their medium-term perspectives) will take their points of departure directly from the above-mentioned strategic framework. The implications are that the workplans for 2008 and subsequent years will be organized according to a limited number of key strategic areas, rather than organisational units.
- Strengthening further its management system (ie planning, implementation, monitoring and evaluation) will ensure that programme and finance elements will adhere even more strongly to the 'planning by objective' principle. In that way the entire program of ECDC will be clearly and directly linked, in a hierarchical structure, from ECDC's mission statement down to the individual operational activities and their resource use. In line with the expanding programme, levels of authority and responsibility at different levels of the hierarchy will, when necessary, be adjusted in

order to increase efficiency in operations and staff motivation. A particular emphasis will be given to the further strengthening of the monitoring and evaluation components of the management system, emphasizing efficiency of delivery and programme outcomes, and comprise systematic monitoring of programme delivery at operational and office-wide levels of management. Identification of evaluation indicators and use of evaluation processes that include feed-back loops and promote self-learning for individuals and management groups will permeate the system.

- The development of a new computerised management information system (MIS), serving all users and major uses, will have very high priority during the period under review.
- Enhancing the management skills of staff will be another element of improving ECDC's overall management. Therefore, ECDC will periodically review – and if needed modify – the current processes used by its management groups and supervisors in order to ensure that they work well, in a transparent and efficient way.
- In order to enhance the management performance of staff, a needs analysis will be undertaken to lay the foundation for subsequent development of a staff management training program. However, in order to accelerate the implementation of the improved management system, some training for that will already start in 2007 for all staff. The daily management – supervisor discussions with staff, general staff meetings, Executive Management Committee (EXC), unit meetings, etc – will consistently focus on the outcomes of all the above programme and management development issues.

Expected results in 2007

ECDC's overall management structure will, in 2007 as in 2006, be based on the Cabinet and four units: Scientific Advice, Surveillance and Communication, Preparedness and Response, and Administrative Services, with the Executive Management Committee (EXC) as an important discussion forum advising the Director on all important issues. In the rapid growth phase foreseen in 2007 it will be important to have sufficient internal leadership and management of ECDC in place through regular interaction between EXC and staff, with clear policies, procedures and processes in place.

In 2006 the MB decided that ECDC's planning products and processes henceforth will consist of two closely integrated processes and documents: (1) a 7-year strategic framework; and (2) annual programmes of work (with a medium-term perspective). During the autumn of 2006 ECDC started the development of the first (2007–2013) strategic framework, and this work will be finalised in June 2007. The annual programme of work for 2008 (with a medium-term perspective until 2010), to be developed later in 2007, will be fully consistent with both the content and format of the strategic framework.

As from 2007, a 'contingency fund' will be established within the budget in order to enhance ECDC's ability to respond rapidly to new or unforeseen developments. This will be done by freezing 1% of the budget for unforeseen events (e.g. public health crisis, and keep it under the Director's responsibility as a reserve. Later on in the year this money can be released if not having been used.

During 2006 ECDC started to revise its management system and this will continue in 2007. During that year, the current approach to interlinking related programme and finance components will be further streamlined, as will operational procedures (possibly including revised levels of authority and responsibility for different categories of staff). In view of the increasing importance of ECDC's disease-specific projects, their needs will be given particular attention in the management system development. A high priority will be given to start developing ECDC's MIS by introducing the SAP software, serving as a daily tool for ECDC's management at institutional, unit and programme levels, with the necessary training of staff initiated.

The daily management – supervisor discussions with staff, general staff meetings, EXC, unit meetings, etc – will consistently focus on the outcomes of all the above programme and management development issues: a new forum for EXC and programme staff members will reflect the growing importance of disease-specific issues; retreats will be used both for brainstorming/skills training and team building; new tools to facilitate administrative routines (eg tracking system for correspondence, etc) will be developed.

Added value:

The added value would be a better ability for the Management Board to see how its own policy decisions are translated into coherent projects and deliverables, which in turn can be monitored and evaluated against by pre-determined indicators

Title 3 Budget Provision: 0

Key products	Activities	Time frame	Indicators
Strategic framework 2007–2013	Analyse material and draft MB document	Q 1–2	• MB reaction to final proposal • 'Goodness of fit' in subsequent formulation of 2008 annual programme of work
	Consult AF and possibly key partners	Q 1–2	
	Submit to MB	Q 2	
2008 WP in accordance with key strategic areas of work	Analyse material and draft internal plan	Q 3–4	• Degree of consistency with strategic framework intentions • AF and MB reaction to proposal
	Draft MB document, consulting with AF & partners	Q 3–4	
	Submit to MB	Q 3–4	
Upgraded management system and improved management performance	Review all steps, tools and processes used in the 2006 and 2007 planning exercises; identify the 'lessons learned' (including staff authority/delegation); design & write-up the complete management system.	Q 1	• EXC assessment of the 'goodness of fit' of management system for daily management and for major planning/ evaluation exercises • Results of survey of EXC and staff satisfaction end of 2007 • Number of meetings in the respective fora • All procedures in place • Feedback from staff development cycles point to enhanced knowledge and commitment of staff to ECDC's work
	Develop a study on ECDC's management performance & subsequent staff training needs	Q 1–2	
	Organise short workshops for all staff on the new management system	Q 3	
	Have all internal fora in place: (1) weekly EXC meetings; (2) unit meetings following EXC every week; (3) monthly general staff meetings; (4) monthly meeting between EXC and experts; (5) retreats.	Q 1–4	
	Put all important internal policies, procedures, processes in place	Q 1–4	
	Ensure that all staff development cycles are in place	Q 1–4	
New management information System (MIS) based on SAP	Customise monthly expenditure reporting based on Workplan format – initially on SI2, later on SAP	Q 1–2	• EXC assessment of the MIS 'goodness of fit' for daily management and for major planning/ evaluation exercises • Results of monitoring exercise of ECDC's overall programme delivery in 2007
	Develop modules to monitor programme implementation by Unit heads	Q 1–2	
	Ensure user-friendliness of system and full compliance with Internal Control Standards	Q 1–2	

Key products	Activities	Time frame	Indicators
Secretarial support for the ECDC Director and core Cabinet	Provide all necessary secretarial support (including registration/follow-up of correspondence, preparing missions and meetings) for the effective management of the Centre	Q 1–4	• Cabinet satisfaction • All correspondence handled within set deadlines • Tracking system for incoming and outgoing correspondence in place
	Ensure that functions in the Secretariat of the Director are clear and further streamline where necessary	Q 1–4	
	Divide functions handled in the Director's secretariat and in the technical units (ensure regular collaboration)	Q 1–4	
Key products 2008			
Link 2008 workplans to ECDC's strategic areas of work rather than to organizational units			
New management training program			
Assessment of implication for strategic planning from MB's external evaluation report			
Evaluation report on 2006 experience with management system			
Key products 2009			
Plan for updating strategic framework, management system, WP			

External Relations and Country Cooperation programme

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

Through active work with the stakeholders (countries, EU institutions) and key partners (e.g. WHO, NGOs, etc.), ECDC will have all strategic partnerships in place and efficiently functioning, and have established and developed an active country cooperation and support function with agreements with all Member States.

Expected results in 2007

The primary focus of the external relations function is aimed at the European Union institutions and agencies, but also includes partnerships and collaboration with WHO and other international organizations having a mandate in the field of public health. By nurturing good relations with the Parliament, the Council, the Commission and agencies with bordering mandates, ECDC will be better able to do a good job within

its own mandate without duplication of effort and fully respecting the leading role of the Commission. As ECDC will move forward in its technical work in 2007, it will become even more important to work closely with WHO on all technical areas where the respective mandates are overlapping.

In the area of country cooperation, a more detailed strategy for country work will be based on the initial country cooperation visits having started in 2006. The work will be based on country visits and areas identified for collaboration in the country inventory project that will be finalised in 2007.

Added value

The added value would be a more useful ECDC, when it meets the expectations of the stakeholders without duplicating any work.

Title 3 Budget Provision:

Budget item 3009: € 400 000

Key products	Activities	Time frame	Indicators
Further consolidated external partnerships established in 2005–2006 *Regulation (EC) No 851/2004 Arts 2(a), 3, 9, 11*	Ensure a close collaboration with the Commission at all levels (strategic and operational), attend all important meetings, and follow all policy and strategy issues	Q 1–4	• External partners increasingly seeking collaboration with ECDC • ECDC activities perceived as useful and relevant • Number of MoU with stakeholders and partners.
	Work closely with the EP/ENVI, attend meetings when invited, and keep them informed on all major developments at ECDC via a newsletter	Q 1–4	
	Develop a close link with the Brussels-based network of health attachés, maintain regular contact with Council Secretariat, and attend Council meetings when invited	Q 1–4	
	Develop MoU for closer collaboration with EU Agencies which have a similar mandate to ECDC	Q 1–4	
	Deepen collaboration with WHO EURO in every aspect of the work and systematically review and share work on all functions	Q 1–4	
	Strengthen collaboration with WHO HQ with all Assistant Director Generals in our area and establish contacts with EMRO, AFRO	Q 1–4	
	Build up all necessary contacts with IGOs, NGOs, CDCs, in the field of public health	Q 1–4	
Active country cooperation and support function *Regulation (EC) No 851/2004 Arts 3, 9, 11*	Finalise the inventory of Member States' infrastructure and expertise (best practices and gaps included), and develop a country database to host the data (updatable from the MS)	Q 1–4	• Satisfactory completion of country inventory (including database) • Number of countries visited • Number of collaborating institutions • Number of country
	Identify priorities and needs for country cooperation and develop models for effective country cooperation (ministries, institutions, laboratories, networks)	Q 1–4	

Key products	Activities	Time frame	Indicators
	Fund the EpiNorth network 1 year by analogy and to explore options for a sustainable future	Q 1–4	agreements in place
	Together with Governance keep an active and updated country address list	Q 1–4	
	Further develop systems with collaborating institutions that can do work for ECDC	Q 1–4	
Key products 2008 and 2009			
Further developed external relations and country support functions through active networking			
Country support where needed and agreed			

External Communications programme

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

Through effective communication of ECDC's technical and scientific products and by marketing ECDC in all key fora, ECDC shall have gained the reputation as being the leading expert institution in Europe for communicable diseases surveillance, prevention and control, efficiently serving its stakeholders and the European public.

Scientific and technical communication: Cornerstone in the technical and scientific communication will be an integrated web portal/information system, with comprehensive disease information and interface to the various ECDC databases (surveillance databases, threat tracking tool, country inventory database, EWRS, etc), including an extranet with privileged areas for ECDC partners. Another important part of the portal is the repository of scientific reports, guidelines and other publications from the units and the disease-specific projects. The development of this system will take 1–2 years, starting in 2007. Gradually, the aim is to establish *Eurosurveillance* as the main European journal in its area. That work will start already in 2007, with its integration into the Centre.

Information to the public: The mass media will usually be the most cost-efficient way to reach out with public health information. A proactive media service is therefore of strategic importance to ECDC. Direct information to the public will mainly be through the ECDC website, where those parts targeting the public, will be translated into all official EU languages.

Ensuring coherence in risk communication: ECDC will continue to strengthen its systems for information sharing and coordination of messages with communicators in the Member States, the Commission and other key partners (eg WHO, other EU Agencies and Institutions). The creation of an ECDC-funded network to support these activities, and enhance exchange of best practice will be explored.

Expected results in 2007

The external communications function (ECO) was established in the 4th quarter of 2006. In 2007, ECDC will shift its focus from establishing a new organisation to producing science in all areas, eg through 7 disease-specific projects covering all notifiable diseases under Decision No 2119/98/EC. In order to meet these challenges, ECO will need to be fully established and consolidated. By the end of 2007, ECO will be fully functional, with staff in all areas of work and routines for interaction with units and projects in place. In 2007, the focus of the External Communications programme will be on website development (interim website and new portal), and to ensure that the transfer of *Eurosurveillance* into ECDC will be smooth and without any interruptions.

As the communications needs will increase parallel to increasing technical and scientific activities and outputs from the units and projects, emphasis will be put on providing high quality internal publication and communication services, including editing of texts and taking care of the document-to-print process. Increasing activities in the technical and scientific field will also put a higher demand on a proactive press and media service.

A new information service will meet the demands of providing service to study groups and other visitors to the Centre. A short film describing the different aspects of the diverse ECDC activities will be produced, as well as professional PowerPoint presentations on the same topic. To better interact with scientists around Europe, ECDC will be present with a stand, information material and access to experts in the major European scientific conferences.

Added value

The added value would be a more efficient distribution of ECDC knowledge and scientific advances to those institutions/organisations that need it for their work with EU public health and to the general public.

Title 3 Budget Provision:

Budget item 3004: € 990 000

Budget item 3007: € 325 000

Budget item 3008: € 80 000

Key products	Activities	Time frame	Indicators
<u>Website development</u>: Comprehensive and fully updated, multilingual interim website, and good progress on developing a new ECDC web portal/ integrated information system *Regulation (EC) No 851/2004 Art 12*	Maintain and timely updating of the existing interim ECDC website	Q 1–4	• No outdated information on website • Progress in web portal development • Number of visitors on English and multilingual websites • Unit/project satisfaction in service to post items
	Produce a 'light version' multilingual interim website with a 'corporate level' and key public health messages	Q 1–2	
	Evaluate the interim website (content, structure & traffic)	Q 2–3	
	Launch internal project for new web portal/ information system	Q 1–4	
	Provide a dedicated website (extranet) for MB and AF members, including discussion forum	Q 3–4	

Key products	Activities	Time frame	Indicators
<u>Internal support</u>: High quality communication services (editing, layout, printing) to the Cabinet, Units and Projects *Regulation (EC) No 851/2004 Art 12*	Write the Director's Annual Report	Q 4	• Number of reports and other publications processed • Number of multilingual publications • Number of minutes taken • Unit/project satisfaction in service • Influenza concepts/templates used in MS
	Implement the ECDC language policy in all external communications, and put appropriate translation services and procedures in place	Q 1–4	
	Establish effective publishing and quality assurance processes, integrating paper and electronic publishing	Q 1–2	
	Provide high quality editing services and other communications support functions to Cabinet, Units and Projects (including AF and MB minutes)	Q 1–4	
	Preparation of design concepts/templates with flu information to be adapted/translated by MS (scientific input from SAU for content). (also in the Influenza Project WP)	Q 1–4	
***<u>Eurosurveillance</u>*: *Eurosurveillance* fully functional within ECDC** *Regulation (EC) No 851/2004 Art 12*	Establish a functional editorial organization and train the staff (study visits, internal training)	Q 1	• Number of published articles (with and without ECDC authorship) • Number of peer reviewers • Number of readers • Number of website hits • Reader satisfaction
	Produce *Eurosurveillance* from ECDC without interruption	Q 1	
	Brand and market *Eurosurveillance* to increase readership and impact	Q 1–3	
	Perform a reader survey	Q 4	
<u>Press, media and information services</u>: Proactive press & media service and information infrastructure for responding to general queries, providing visitor services and being present in major meetings *Regulation (EC) No 851/2004 Art 12*	Maintain and develop press office function within ECDC, organize media events and provide professional and efficient service to the media	Q 1–4	• Number of media items on ECDC • Extent of positive feedback on ECDC as an authoritative source • Number of press briefings/ conferences • Number of answered queries • Number of study visits to ECDC • Number of conferences where ECDC's presence is requested.
	Promote coherence in risk communication	Q 1–4	
	Monitor and report on media coverage of ECDC	Q 1–4	
	Produce and distribute ECDC corporate newsletter	Q 1–4	
	Respond to all general public queries on a systematic basis (scientific questions processed by SAU)	Q 1–4	
	Provide information service to ECDC visitors and be present at major European scientific conferences and meetings	Q 1–4	
	Further brand and promote ECDC (general ECDC PowerPoint presentations, 10 minute corporate film, updated presentation materials, brand materials)	Q 1–4	

Key products	Activities	Time frame	Indicators
Key products 2008			
New ECDC web-portal, fully integrating the various ECDC databases			
Network of MS health communicators			
Key products 2009			
ECDC established as the main European source of information on CD prevention and control			
***Eurosurveillance* established as leading European journal in its field**			

Disease specific project: Influenza

Title 3 Budget Provision:
Budget item 3004: € 50 000

Key products	Activities	Time frame	Indicators
Materials (such as design concepts for posters, leaflets, etc) based on the key AI messages suitable for use and adaptation by MS	Preparation of design concepts/templates with general information (with main emphasis on seasonal flu) that can be adapted/translated by MS. Scientific input from SAU for content	Q 1–4	• Production of materials • Templates available on website for download
Guidance document on risk messages relating to seasonal influenza.	Prepare document with key public health messages	Q 3–-4	• Extensive document ready for internal use • Public document available on website.

Disease specific project: Vaccine preventable diseases

Collaboration with WHO to the European Immunization Week	Participate in preparatory meetings Advocacy actions with the MS	Q 1–4	• EIW Meetings attended • MS participating to EIW

Unit Work Plan 2007: Scientific Advice unit

Strategic Focus (7 year horizon)

Through the elaboration of sound public health evidence, the scientific advice unit will aim at:

- being the prime focal point for the Commission, European Parliament, Member States and public for scientific knowledge concerning infectious disease control;
- advancing evidence-based public health science for the control of communicable diseases;
- establishing ECDC's reputation for scientific excellence among all partners in international health.

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

- Continued production of guidelines, risk assessments and scientific answers.
- Work in place with Member States to implement evidence-based prevention and intervention.
- An established structure for internal and external scientific services.
- An established structure to assess, promote and initiate research for evidence-based public health.

Added value:

The main European added value of these activities will be to provide a 'one-stop-shop' for knowledge on communicable disease epidemiology and control, to provide opinions and guidelines for the Union and its Member States, and to identify and share scientific-based best practice among all Member States.

An established structure to assess, promote and initiate research for evidence-based public health

Expected results in 2007

- Identification and assessment of existing capacity in the EU within institutes, laboratories, research centres, learned societies, etc, and:
    - production of an inventory of such expertise,
    - formalised collaboration between ECDC and a number of such bodies.
- Identification of public health research needs in the EU, mainly from the work within the horizontal projects but also from partners and stakeholders.
- Work carried out with funding bodies to secure funding for such research.
- Promotion and performance of research on public health issues not directly connected to any disease-specific project.

Added value:

The added value for this strategy is to clarify what activities should be carried out by ECDC itself, through collaboration with DG Research and DG Sanco . The added value would be to identify research areas of common EU public health interest and knowledge gaps, and to support the Union in gearing its research priorities towards those needs.

Title 3 Budget Provisions:

Budget item 3002: € 460 000

Budget item 3008: € 160 000

Key products	Activities	Time frame	Indicators
1 Develop the function as a 'market place' for public health research			
Map of Public Health Expertise (MoPHE) in Europe *Regulation (EC) No 851/2004 Art 11(1)*	Building upon the country specific 'IRIDE' database in-house to develop and maintain a listing of public health and laboratory expertise in Europe relevant to ECDC's mandate and mission	Q 3–4	• Initial mapping methodology accepted
	Using the MoPHE, identify and maintain a list of sources of expert external advice for ECDC	Q 4	• Pilots undertaken for one country / one topic
Map of microbiological expertise in the EU *Regulation (EC) No 851/2004 Art 5(3)*	Survey national reference lab structures and mechanisms of selection in MS (eg visit appropriate bodies of MS, questionnaires, interviews, participation in national meetings for reference labs)	Q 1–4	• Interim report of national reference lab structures
	'Tour' labs and networks with specific expertise and techniques in particular micro-organisms	Q 1–4	• Addition of identified expertise to directory
	Liaise with WHO EURO/HQ and EC agencies to gain information about collaborating laboratory networks and any database information regarding lab capacities	Q 1–4	• Regular update meetings
	Develop ToR and Establish ECDC Microbiology Committee (EMC)	Q 4	• Microbiology committee established
	Strategy plan for development and implementation of platform and services to support the long-term plan for laboratory and surveillance networks	Q 1–4	• Strategy paper developed
Established firm cooperation between ECDC and Laboratory Network Partners *Regulation (EC) No 851/2004 Art 5(3)*	Develop and refine paper on structure of a 'European Surveillance, Response, and Advice Laboratory Network'	Q 3	• Paper accepted by AF and MB
	Develop strategy paper and ToRs for Laboratory Network Partnerships	Q 1	• Paper accepted by AF
	~~Selection (by process to be decided) of a finite~~	Q 2	• Partners

Key products	Activities	Time frame	Indicators
	number of Laboratory Network Partners		selected
	Establishing contracts (an additional € 700 K deferred to 2008)	Q 3–4	• Contracts awarded
	Interim evaluations and work planning	Q 4	•
Cooperation with learned societies to establish close links and collaboration *Regulation (EC) No 851/2004 Art 6(3)*	Organize meeting	Q 1	• Cooperation with relevant learned societies established
	Write ToR for further cooperation	Q 2	
Mapping research and liaison with EU bodies *Regulation (EC) No 851/2004 Art 9(2)*	Participate in scientific advisory boards of projects as requested	Q 1–4	• Map of ongoing EU-funded research and of funding opportunities in place
	Develop inventory and links to European-wide funded projects (FP6/FP7/PASR/PPPs and DG SANCO Programme projects)	Q 1–4	
	Follow progress of FP7 and SANCO 2007-2013 Public Health Programme	Q 1–4	
	Establish regular meetings/teleconferences with DG Research and SANCO	Q 1–4	
	Establish links to other funding bodies and agencies	Q 1–4	
	Meeting joint with EEA and JRC on environment and infection	Q 1	• Meeting report
Listing of specific PH research priority projects *Regulation (EC) No 851/2004 Art 5(4)*	For each horizontal project to identify at least one essential research project	Q 4	• Mechanism established, at least 1 project funded
	Promote these projects to DG Research and other funders , by using the MoPHE, identifying capacity	Q 4	
2 Promote and carry out research on major over-arching areas of public health			
Study on social determinants of infection: • **concept paper on significance of inequalities for health in the context of CD in Europe** • **technical report on the outcome of the high risk groups identification exercise** *Regulation (EC) No 851/2004 Art 6(3)*	Identification of experts and workshops discussion on social determinant of health (with respect to CD) in EU	Q 1–2	• Technical report produced
	Identification of high risk populations by disease groups in Europe	Q 3	

Report on Situation Analysis of Migration and Health *Regulation (EC) No 851/2004 Art 6(3)*	Hire staff member to undertake development of the workplan, closely link with the Commission activities and deliver the project	Q 1	• Interim report published and plan for further work developed
	Assemble a panel of interested specialists from the Member States	Q 2	
	Undertake a review of the literature on the health aspects of migration in Europe with special attention to infections	Q 2	
	Plan a sub-project on the public health value of screening immigrants for infectious diseases (HIV and tuberculosis)	Q 2	
	Continue the literature review and plan the interim report	Q 3	
	Hold expert seminars on screening of immigrants for tuberculosis and HIV	Q 3	
	Present the interim report to the panel of interested specialists	Q 4	
	Develop a plan of activities for 2008	Q 4	

Work in place with Member States to implement evidence-based prevention and intervention

Expected results in 2007

- Development of an assessment tool for prevention/interventions at EU level.
- Coordination of an assessment of prevention at the EU level.
- Assessment of MS financial commitment to public health functions in order to promote public health in MS.
- Direct work with MS in assessing obstacles for implementation of preventions and/or interventions.

Added value:

The added value of this strategy is to facilitate the sharing of evidence-based best practice among Member States.

Title 3 Budget Provisions:

Budget item 3008: € 5 000

Key products	Activities	Time frame	Indicators
Assessment tool for prevention in MS for key priority	Produce an assessment tool forcountry visits	Q 2	• Tool

diseases/public health interventions *Regulation (EC) No 851/2004 Art 9(1)*	Pilot the assessment tool in two countries (one MS + one new MS) for priority diseases/public health interventions	Q 3–4	produced • Country report produced
Standardised set of prevention indicators for priority diseases *Regulation (EC) No 851/2004 Art 9(1)*	Produce a minimum set of indicators for priority diseases	Q 3–4	• Set of indicators produced
Assessment visits to selected MS (as part of activities within the disease-specific projects) *Regulation (EC) No 851/2004 Art 9(1)*	Visits	Q 2–4	• Pilot visits to MS (mostly as part of other planned visits)

Continued production of guidelines, risk assessments and scientific answers

Added value:

The added value of this strategy is to provide all EU bodies and Member States with a repository for scientific knowledge, and to collate and present such knowledge when required.

Title 3 Budget provisions:

Budget item 3002: € 170 000

Budget item 3008: € 40 000

Key products	Activities	Time frame	Indicators
	1 Guidelines		
ECDC-wide guideline templates *Regulation (EC) No 851/2004 Art 9(2)*	The Unit provides the templates for ECDC guideline production, even if performed within other units or within projects	Q 1& 4 (review)	• Template produced
AF guidelines: production of the guidelines suggested by the Advisory Forum *Regulation (EC) No 851/2004 Art 9(2)*	Communicable Diseases in Schools & Day Care	Q 2–4	• Guideline published
	HIV and TB Screening – see above		• Interim report published
	Contract Tracing for tuberculosis	Q 1–3	• Interim report published
	Be prepared to produce other guidelines (needs based)		

2 Risk assessments			
ECDC-wide risk assessment templates *Regulation (EC) No 851/2004 Art 10(1)*	Provide a template for ECDC risk assessments, even if performed within other units or within projects, also making use of the work done in other EU agencies and Sanco.	Q 1& 4 (review)	• Template produced
Needs-based RA *Regulation (EC) No 851/2004 Art 10(1)*	Undertake prioritized risk assessments (needs-based)		
3 Answering scientific questions			
Procedure for answering questions from EU institutions and MS (and arising internally) *Regulation (EC) No 851/2004 Art 6(1)*	Answer 'proper' scientific questions coming from the outside by the panel procedure	Q 1–4	
	Write SOP for the 'lighter' process: collect all questions; distribute on units or horizontal projects; follow up and populate website	Q 1–4	• SOP produced
	Continue adding to the rostrum of available experts	Q 1–4	

4 An established structure for internal and external scientific services

Added value:

This strategy aims mainly at building up an internal structure at ECDC, in order to be able to fulfil the three strategies described above.

Title 3 Budget Provisions:

Budget item 3002: € 200 000

Budget item 3008: € 576 000

Budget item 3010: € 280 000

Key products	Activities	Time frame	Indicators
1 Develop and update an EU public health knowledge base			
Scientific Library and other Knowledge services for ECDC-wide and unit-specific goals	Recruit librarian and knowledge services staff: system administrator for terminology services and for a document management system	Q2 Q4	• Staff recruited

Key products	Activities	Time frame	Indicators
Regulation (EC) No 851/2004 Art 3(2)(e)	Plan and set-up (traditional) library	Q4	• Library open
	Create a repository / library (electronic and traditional) of published scientific work and reports for public health knowledge, which will be used for tasks of increasing complexity	Q 2 Q 4	• eRepository available on internal net and on the web
	Populate and extend core ECDC terminology	Q 4	• ECDC terminology covers all 47 diseases and conditions
	Develop and implement terminology services, specify, procure and implement needed bespoke software	Q 4	• Basic terminology services operational
	Specify, procure, and implement knowledge managing supporting collaborative work tools (groupware) to assist the work of internal and external ECDC scientific bodies	Q 4	• Groupware implemented, two KM WG meetings organized
Collection, analysis and dissemination of new findings in public health *Regulation (EC) No 851/2004 Art 3(2)(e)*	Planning and implementing the below listed activities:		
	• regular scientific reviews of key topics and developments for *Eurosurveillamce*	Q 1–4	
	• populating the infections topics of the Website	Q 1–4	
	• annual ECDC Scientific Conference	Q 4	• Conference held
	• scanning for significant scientific and PH developments by and for the horizontal projects	Q 1–4	
	• linking to leading PH institutes across Europe to gather intelligence on scientific and PH development	Q 1–4	
	• participation in major scientific conferences	Q 1–4	
2 Continue to provide specialist scientific services			
In-house methods/technical competency as a core function for all Units in the following: • **microbiology and laboratory science** • **statistics** • **program monitoring & evaluation** • **modelling** • **health economics** • **social and behavioral sciences** *Regulation (EC) No 851/2004 Art 6(3)*	Staff recruitments	Q 1–4	• Staff recruited
	Work planning	Q 3–4	• Plan for 2008 outlined

Key products	Activities	Time frame	Indicators
Scientific oversight for horizontal work and in ECDC overall	Produce a publication policy and procedure for scientific publications	Q 1	• Policy negotiated and written
	Scientific editing and clearance mechanism	Q 1	• Mechanisms in place
Contribution to other Units and ECDC-wide activities	Participating in task forces etc	Q 1–4	
	Participating in TTT work	Q 1–4	
	Participation in on-call-duty-system	Q 1–4	
	Input to Annual Report	Q 1–4	
Internal structure and capacity built up to secure scientific excellence	External Scientific meetings – participation, networking, gathering and disseminating information from key scientific meetings/symposia/workshops/training courses in area of microbiology and infectious disease	Q 1–4	• Participation in meetings
	Internal Scientific Meetings – co-organize internal ECDC expert Technical Update Meetings (TUMs)	Q 1–4	• 2 TUMs held per month
	Determining in-house subject specialists (and deputies)	Q 2	• List produced and available to on-call staff
Coordination of four horizontal projects: • **influenza** • **HIV/STI/BBV** • **AMR/HCAI** • **VPD** *Regulation (EC) No 851/2004 Art 6(1)*	Providing the scientific base for all the Centre's work except where this is based in other Units	Q 1–4	
	Overlook scientific standard of working processes, output, etc	Q 1–4	
	Connect to knowledge base structure of the Unit	Q 1–4	
	Develop procedures for horizontal work in ECDC – make planning of it iterative with that of units	Q 1–4	
(Other) horizontal projects *Regulation (EC) No 851/2004 Art 6(1)*	Participation, see horizontal project work plans	Q 1–4	

Disease specific project: Influenza

Title 3 Budget Provision:
Budget item 3002: € 60 000
Budget item 3008: € 36 000

Key products	Activities	Time frame	Indicators
Collection of recommended important scientific articles with comments	Weekly submission to the website	Q 1–4	• At least one article with commentary per week • At least 6 articles in *Eurosurveillance* or other peer review journals
A routine system for monitoring prevention (immunization) in the EU **Contribute to decision-making process in the EU regarding seasonal influenza**	Acceptance of protocol by MS	Q 1	• Acceptance through AF • Survey run and production of technical report • Scientific statement and press release • Commitment of MS to improvement – Resolution through EPSCO supported by ECDC documentation
	Running survey and discussing results with MS and Commission	Q 2	
	Publishing results	Q 3	
	Support the Commission in achieving political commitment to accept WHO targets and to improve in MS	Q 2	
Scientific opinion on childhood immunization by ECDC's Vaccine Panel	Promulgation of scientific opinion on childhood immunization by ECDC's Vaccine Panel	Q 1	• Opinion published
Estimate of the effectiveness of seasonal influenza immunization in the EU	Development of methodology Issuing of call for tender	Q 1 Q 2	• Methodology agreed internally in ECDC • Call for tender issued for someone to enact by start of 2007 to enact 2007–8 season
	Placing Tender	Q 2	• Agreed procedures for annual output for Europe (2008)
	Data gathering by contractor	Q 3–4	• Data gathering underway
Published 'Menu' of Community-wide public health interventions against pandemic influenza	Agreeing on the content of menu Writing the article	Q 1 Q 2	• Holding meeting with the Commission (HSC) • Placing Menu on website

Key products	Activities	Time frame	Indicators
Published ECDC position paper and guidance – Antivirals	Agreeing on content and publication on website Further work on antivirals	Q 1 Q 2	• Web publication • Specialist workshop
Guidance to develop ECDC work on vaccines (influenza)	Attendance at Commission meeting of specialists for mapping	Q 1 Q 3	• Meeting held by Commission • Plan developed by Commission
Reports on the public health role of human H5N1 vaccines	Meeting and web-cast Report 1 Preparation Report 2 Preparation	Q 1 Q 1	• Webcast held • Report 1 issued: immunology • Report 2 issued: public health

Disease specific project: HIV/AIDS, STI, Hepatitis

Title 3 Budget Provisions:
Budget item 3002: € 70 000
Budget item 3008: € 10 000

Key products	Activities	Time frame	Indicators
Guidance for the control of *Chlamydia trachomatis* in Europe	To review of Chlamydia control activities in the MS	Q 1–2	• 1 report • 1 peer-review publication • Guidance/recommendations on Chlamydia control in Europe
	To issue guidance	Q 3	
Minimum set of basic prevention indicators (link to generic issue in unit workplan)	Mapping of existing indicators at national and international level	Q 1	• Survey report
	Expert meeting to develop first draft of indicators including those arising from behavioural surveillance (see below)	Q 2	• Meeting report
	Final document approved and data collected	Q 3–4	• Number of MS responding
Prepare activities to give uidance for	Review of HIV testing policies and practices in the Member States	Q 2	• Report

increasing the uptake of testing in the Member States	Seminar on HIV testing	Q 3	• Seminar report
			•
Report on HIV-STI prevention among gay men in Europe	To produce a report on the international dimension of gay identity, to identify promising prevention projects (eg using Internet technology) and to assess effectiveness (Need to be developed)	Q1-4	• Report
Scientific watch (link to generic issue in unit workplan)	To conduct regular review of contemporary issues on HIV/STI	Q 1–4	• To be ready to answer questions • Important issues on website
Review of HIV for migrants in Europe (link to generic issue in unit workplan)	To identify key players To review national programmes	Q 3–4	• Report

Disease specific project: Vaccine preventable diseases

Title 3 Budget Provisions:
Budget item 3002: € 100 000
Budget item 3008: € 130 000

Key products	Activities	Time frame	Indicators
Coordination of external expert groups about the introduction of new vaccines and polio-free status maintenance	Rotavirus vaccination scientific guidance delivery	Q 1	• Guidance document delivered
	Human papilloma virus (HPV) vaccination scientific guidance delivery	Q 1–2	• Guidance document delivered
AEFI monitoring and assessment	Outsourcing the production of the technical document on unexpected AEFI assessment, especially in relation to new marketed vaccines	Q 1	• Technical document produced
	Follow up the endorsement and implementation of the document on unexpected AEFI assessment in a number of MS	Q 2–3	• Technical document endorsed and implemented in a number of MS
	Follow up the endorsement and implementation of AEFI case definitions delivered by the end of 2006 by the Brighton Collaboration	Q 1–4	• Number of case definitions endorsed and implemented

Vaccination schedules in EU: Provision of best scientific evidence and technical guidance to MS in order to start a convergance process about the childhood vaccination schedules	Coordinating a working group on tetanus and diphtheria vaccination	Q 1–2	• Scientific guidance developed
	Coordinating a working group on pertussis vaccination	Q 2–3	• Scientific guidance developed
Scientific Panel on Vaccines and Immunization: Coordination of the work of SPVI to answer to specific scientific questions	Collect, screen and assess all incoming questions and facilitate the SPVI work	Q 1–4	• SPVI technical documents delivered

Disease specific project: Tuberculosis

Title 3 Budget provisions:
Budget item 3002: € 120 000
Budget item 3008: € 30 000

Key products	Activities	Time frame	Indicators
Guidance on TB screening in migrants in the EU	Undertake literature review and situation analysis of TB in immigrants (as part of comprehensive SAU Migrant Health project)	Q 2	• Situation analysis on TB in migrants available
	Hold expert seminars on screening of immigrants for tuberculosis	Q 3–4	• Consensus report/guidance available
Guidance on TB contact tracing and prophylaxis in the EU	Launching of call for tender for 'consensus and evidence based' development of contact tracing and prophylaxis guidelines for the EU	Q 1	• Call for Tender developed and launched
	Supervise and direct guidelines development to be conducted under CfT	Q 1–4	• Interim report on guidelines development available for discussion
Firm cooperation established between ECDC and Laboratory Network Partner for TB	Develop ToR for Laboratory Network Partnerships	Q 1	• ToR accepted by AF and MBQ1
	Selection (by process and selection and evaluation committee (SEC) to be decided) of Laboratory Network Partners for TB	Q 2	• Partner selected
	Establishing contracts	Q 3–4	• Contracts completed
	Interim evaluations and work planning	Q 4	• Interim situation report completed

Situation analysis of management and control of MDR-TB/XDR-TB in the EU (including surveillance on MDR laboratory capacity , treatment protocols, availability of second line drugs)	Launching of call for tender for situation analysis of management and control of MDR-TB/XDR-TB in the EU	Q 2	• Interim report on guidelines development available for discussion
	Supervise and direct guidelines development to be conducted under Call for Tender	Q 2–4	• Action plan available

Disease specific project: Antimicrobial resistance (AMR) and infection control (IC)

Title 3 Budget Provisions:

Budget item 3002: € 170 000

Budget item 3008: € 50 000

Key products	Activities	Time frame	Indicators
Pathogen specific activities			
The epidemiology of *Clostridium Difficile* 027 and its spread in Europe	Survey in MS	Q 4	• Report and publication
Guidelines			
Initiate work on European guidelines for infection control in general	Working group	Q 4	• Guidelines
Studies, reports and miscellaneous			
Country specific publications on ECDC website *(feasibility of concept to be explored in 2007)*	Contract out in accordance with Financial Rules persons in MS that have the responsibility of providing information on publications like presentations, posters and national journals on issues related to AMR and IC, and to make a short review in English	Q 4	• Information on ECDC website
System to follow complications of diseases that are treatable with antibiotics	Call for tender	Q 2	• Report

Key products	Activities	Time frame	Indicators
Reports on country achievements on AMR using guidelines already issued by Commission and Council	Country visits: 5	Q 4	• Reports
Coordination of MS activities	1 meeting with National Focal Points	Q 4	• Report

Disease specific project: Other diseases of environmental and zoonotic origin

Key products	Activities	Time frame	Indicators
Identification of the European laboratories capable to provide rapid diagnosis of (re-) emerging diseases (link to generic issue in unit workplan)	Organization of a workshop with key stakeholders and networks to assess the feasibility of developing a lab capacity database	Q 3	• Workshop completed • Basis for the development of lab capacity database
	Lab strategy concept ('Laboratory Network Partners') on dangerous pathogens further developed	Q 4	• Strategy paper accepted by the AF and approval of the plan by the MB
Information to the public on 'other' diseases assembled and provided	Review of the literature and of the Member State data for the concerned diseases carried out	Q 1–4	• Fact sheets for each of the concerned diseases produced, providing disease description and epidemiology in Europe
Impact of environmental change on communicable diseases assessed (link to generic issue in unit workplan)	Meeting joint with EEA and JRC on environment and infection Policy recommendations based on the working group results developed	Q 1 Q 3–4	• Produce a technical meeting report • Scientific publication
Latest scientific updates carried out	Latest scientific progress screened and reviewed	Q 1–4	• Communication and feedback to daily roundtable meetings

Disease specific project: Food- and water-borne infections

Key products	Activities	Time frame	Indicators
Strategy to integrate existing laboratory surveillance networks for food- and water-borne pathogens to the routine surveillance of ECDC	Ensure that the specifications in calls for tender for surveillance network parts that should be outsourced (after evaluation and assessment) are included in the overall strategy for Laboratory Network Partners if outsourcing includes laboratory components	Q 1–4	• Planning of overall strategy for Laboratory Network Partners covers specifications for outsourced laboratory components for surveillance

Unit Workplan 2007: Surveillance and Communication Unit

Strategic focus (7 year horizon)

To have established ECDC as the central focal point in Europe for disease surveillance and as a reference point for the strengthening and upgrading of national surveillance systems among EU Member States.

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

To have an EU-wide framework for surveillance agreed that encompasses all diseases with set priorities including the recommendations of the evaluation of the 17 existing networks.

To have in place procedures and systems for standardized data exchange and information flow within the EU, with a regular analysis and output of the data to all stakeholders.

Expected results in 2007

To have an overall future European surveillance strategy developed (Regulation (EC) No 851/2004 Arts 2(a), (d), 3, 5, 11).

To have disease-specific strategies for future surveillance in place that take the results of evaluations and assessments of networks into account (Regulation (EC) No 851/2004 Arts 2(a), (d), 3, 5, 11).

To have all countries contributing to the core surveillance, have basic analysis and regular output of the data (weekly bulletin, annual epidemiological report and website) in place (Regulation (EC) No 851/2004 Arts 2(a), (d), 3, 4, 5, 11).

To have partnerships further developed with institutions acting in the field of data collection (Regulation (EC) No 851/2004 Art 11).

Added value

The added value of a coordinated approach to surveillance on the European level will include the standardization of reporting and the centralization of databases, so Member States will have to report only to one place and with a standardization of outputs to the extent possible. Thus it will tackle disease surveillance in a synergistic way and avoid duplication of work. This will be the basis to work towards the comparability of data between countries. Last but not least, diseases could be included both in the surveillance and the research agenda according to European priorities.

Title 3 Budget Provisions:

Budget item 3000: € 3 460 000

Budget item 3008: € 80 000

Key products 2007	Activities	Time frame	Indicators
A developed overall future European surveillance strategy *Regulation (EC) No 851/2004 Arts 2(a), (b), 3, 5*	Further development of strategy • Components: – The future surveillance objectives (finalisations) – The organisational structure to meet the objectives (including business model) – Prioritisation of diseases for surveillance – Support for MS to meet the demands (needs assessment, strengthen national systems) – Quality management and assurance process (including an annual review of the objectives and priorities) – External evaluation of ECDC surveillance – Roadmap for implementation of the long-term strategy	Q1–3	• Strategy for future surveillance in Europe finalized and adopted • Overall strategy document presented to and endorsed by AF and MB • Strategy published on ECDC's web site and disseminated to Member States
Disease specific strategies for future surveillance taking the results of evaluations and assessments of networks into account *Regulation (EC) No 851/2004 Arts 2(a), (d), 3, 5*	• Organise the evaluation and assessments for 14 networks • Brief the teams • Develop tenders for parts that should be outsourced • Organise annual meetings for up to 2 networks • Organise 2 meetings for network coordinators	Q 1–4	• Evaluation of 14 networks completed, at least 3 months before expiry, based on standard protocol • At least 3 briefings for the teams • Put in place maximum 13 tenders • Annual meetings for maximum 2 networks
Database development *Regulation (EC) No 851/2004 Arts 2(a), (d), 3, 5(b)*	• Meet and visit networks • Regular meetings of database WG (epi/IT) • Procurement of hardware/software required to host databases of these networks • Visit countries to support compatibility of national systems with future EU system	Q 1–4	• Integration of at least 11 network databases • Procedure in place for parallel handling of data for transition • Develop database for outbreak monitoring • Concept of integrating molecular typing data (eg Pulse-Net, Bionumerics)

Key products 2007	Activities	Time frame	Indicators
Case definitions *Regulation (EC) No 851/2004 Arts 2(d), 5*	• Develop concept for evaluation of implementation of case definitions • Develop case definitions for AMR and nosocomial infections	Q 2–3	• Evaluation concept • Case definitions for AMR and nosocomial infections adopted
Priority list of diseases for surveillance *Regulation (EC) No 851/2004 Arts 2(a), 3*	• Develop criteria • Carry out prioritisation • Review disease list (use 'other' diseases from description of national surveillance systems)	Q 1–4	• Criteria for prioritisation • Priority list • Disease list up-to-date
MS support *Regulation (EC) No 851/2004 Art 5*	• In-depth analysis of description of surveillance systems	Q 1–4	• Proposal for priority areas/countries of action
Regular analysis of data, including algorithms for outbreak detection *Regulation (EC) No 851/2004 Arts 2(a), (d), 3, 5, 11*	• Develop and implement quality management and assurance protocol • Develop and implement analysis plan for database • Develop standard analytic strategy • Identify needs for, and develop, new analytic approaches • Start outbreak detection algorithms	Q 2–4	• Standard operating procedure for data validation in place • Proposal for support to MS for data validation • Standard analytic strategy agreed upon • Proposal for new analytic approaches • First outbreak detection algorithms in place
Periodic information dissemination on disease surveillance fully in place and operational *Regulation (EC) No 851/2004 Arts 2(a), (d), 3, 5, 11*	Prepare standard outputs: • Standard format of tables, graphs, charts, maps for each of the continuous/standard publications • Achieve agreement with MS on these standard outputs as well as authorisation procedure Rapid information exchange: • Information exchange platform (contribution to PRU project) • E-alert Zoonoses report: • Improve content (in collaboration with EFSA) • Review and preparation of draft in consultation with Member States • EFSA Task Force meetings. Annual epidemiological report: • Improve content according to roadmap	Q 1–4	• Standard outputs available • Published on ECDC website and in hard copy • Regular data publication in *Eurosurveillance* throughout the year as soon as data are available • Annual epidemiological report • Human data for European Zoonoses report • Online and user-specific access to relevant data available • Public access to surveillance data: agreement which data

Key products 2007	Activities	Time frame	Indicators
	Eurosurveillance Weekly: • Gradually add information from surveillance data/networks Website: • Develop structure and content for surveillance according to ECDC wide template		achieved • Protected access: agreement on who gets access • Articles published in peer-reviewed journals • Surveillance data and information available on ECDC webpage
Cooperation with external partners further developed *Regulation (EC) No 851/2004 Arts 2, 11*	WHO EURO: • Further develop alignment of reporting EFSA: • Work on further development of zoonoses report • Explore other areas for cooperation EMCDDA: • Develop surveillance for hepatitis B, C Epi-North, Epi-South: • Develop areas for cooperation	Q 1–4	• Cooperations in place
Key objectives 2008			
• All diseases covered by surveillance • Implementation of long-term strategy • All networks evaluated • Start implementation of concept for strengthening national systems			

Disease specific project: Influenza

Title 3 Budget Provisions: 0

Key products	Activities	Time frame	Indicators
Regular outputs on seasonal influenza	Routine influenza surveillance	Q 1–4	• Weekly electronic bulletin in the flu season (EISS) • Annual report
Recommendation on the feasibility of year-round surveillance	Feasibility study on inter-seasonal surveillance	Q 1	• Inter-seasonal bulletin • Delivery of a report

Key products	Activities	Time frame	Indicators
Harmonisation of routine surveillance of influenza disease in EU	Describe status of implementation of new case definitions Define new baseline levels of influenza activity for all countries Extend influenza mapping project	Q 2–3	• MS Survey and report • Delivery of a report on baseline levels • Weekly maps for 9 countries in weekly bulletin
Estimate of whether antivirals are likely to work against seasonal and pandemic influenza (AVR Monitoring)	Develop antiviral resistance database link, if possible, to data about phenotypic and genetic characteristics of virus	Q 2–3	• Production of a model output on ARM
A model plan for surveillance in a pandemic	Production of a practical detailed plan	Q 3	• Schematic Plan submitted to a reference group • Reference group meeting to discuss schematic plan and determine priorities
	Re-activating the reference group	Q 2	
Three detailed modules	Production of modules with the reference group (one per quarter – one in PRU plan)	Q 1–4	• Four modules produced by end of Q4
Improved EU influenza lab capacity	Distribution of standardised reagents for antigenic characterization Quality control study on molecular detection methods Improve reporting and characterization of influenza virus 3 site visits to laboratories Maintenance of 'who's who' database and resources	Q 1–4 Q 1	• Reagents distributed • Report on QCA study • Timely analysis of molecular sequencing on the website • 3 reports on laboratory site visits • Resources and diagnostic methods inventory
Define future Influenza surveillance after end of EISS grant agreement (taking into account results of the evaluation)	Working group to define future influenza surveillance for EU • Define objectives for future influenza enhanced surveillance • Agree on data collection • Identify variables for enhanced surveillance • Develop influenza surveillance part on ECDC web site • Identify activities to be outsourced after end of EISS grant agreement (laboratory network)	Q 1–4	• Defined objectives for influenza surveillance • Defined variables for ECDC surveillance database • Influenza surveillance part of ECDC website in development • Report on influenza surveillance strategy

Disease specific project: HIV/AIDS, STI, Hepatitis

Title 3 Budget Provisions:
Budget item 3000: € 60 000
Budget item 3008: € 100 000

Key products	Activities	Time frame	Indicators
STI surveillance in Europe	To have an enhanced surveillance of STI jointly with ESSTI To design a protocol for European reporting of STI To integrate reporting of STI	Q 1–3	• Protocol for reporting STI • Database • IT and methodology exchanges • Meeting with ESSTI team
	To have a surveillance tool for unexpected STI- and HIV-related events, jointly with ESSTI and EuroHIV Develop guidelines for active reporting of unexpected events in collaboration with ESSTI	Q 1–4	• Written guidelines • Report (# reported alerts) • 1 Peer-review publication • Seminar in STI conference • Meeting with ESSTI team
Scientific seminar at the ISSTDR 2007	Sharing information on STI in collaboration with ESSTI and CDC	Q 3	• Scientific symposium
Prepare a set of behavioural indicators	Inventory of key players and review of past and current activities	Q 1–2	• Report (review) • Harmonisation of indicators and key questions •
	Two small workshops with key players	Q 2& Q 4	
Surveillance of hepatitis C and B in Europe	Inventory of key players Review of past and current activities Review of existing data and available systems Identify needs and gaps in current European context	Q 1–2 Q 3–4	• Report (review) • First draft proposal • Meeting report • Document on Protocol for surveillance of hepatitis B and C
	Expert meeting on hepatitis: workshops	Q 4	
Readiness for taking over the responsibility of HIV/AIDS surveillance at ECDC	Preparation of the specific-disease part of the evaluation Visit to the hub	Q 1	• Evaluation protocol
	Evaluation of the network	Q 2–3	• Evaluation report
	Integration of the database IT and methodology exchange EuroHIV hub visit to ECDC 2007 EuroHIV meeting in Stockholm	Q 3–4	• HIV surveillance integrated at the ECDC in 2008

Key products	Activities	Time frame	Indicators
Major European initiative for promoting the use of serological essays to detect recent HIV infection	To develop a call of tender, building on the results of EuroHIV work on this topic. *(Lauching of tender on comparising of serological essays deferred to 2008)*	Q 3-4	• Call for tender developed
Facilitated surveillance of antiretroviral drug resistance in Europe	Mapping of current activities Identify gaps and needs in current European context Meeting with the networks involved (EuropeHIVresitance and Cascade)	Q 1–4	• Proposal for future surveillance

Disease specific project: Vaccine preventable diseases

Title 3 Budget Provisions:

Budget item 3000: € 155 000
Budget item 3008: € 45 000

Key products	Activities	Time frame	Indicators
Measles risk assessment in the EU	Working group of experts	First draft Q 1 Other steps Q 3	• Technical report: Recommendation to ECDC and MS
Measles outbreak monitoring	Working group of experts and implementation	Q 1 Q 4	• Technical report: • Implementation
	Implementation of the measles outbreak monitoring system	Q 4	• System functional
	Implementation of platform of information exchange, in collaboration with PRU project	Q 4	• Platform available for partners
Review of HPV surveillance in Europe	HPV surveillance: • Inventory of existing or planned programmes • Working group of experts: definition of best practices	First draft Q2 Final report Q 4	• 2 technical reports

Continuity of surveillance activities after the evaluation of the network, including pneumococcus surveillance	Initiate and strengthen routine collaboration with EU-IBIS	Q 1–4	• Regular progress reports • Technical report: best practices for PNC surveillance
Surveillance of 'New' vaccine preventable diseases: identification of needs in surveillance for: varicella, zoster,	Situation analysis: working group of experts	First draft Q2 Final report Q 4	Technical report
Activities related to polio surveillance: good sensitivity of polio surveillance in Europe	Polio surveillance, in close collaboration with WHO: working group of experts	Q 4	Technical report
Description of the risk of pertussis transmission	Pertussis risk assessment in EU	Q 2	Technical report

Disease specific project: Tuberculosis

Title 3 Budget Provisions:

Budget item 3000: € 30 000
Budget item 3008: € 102 000

Key products	Activities	Time frame	Indicators
Support the Commission for the development of an action plan on TB control for 2008	Discussions with the Commission to define areas for action and control measures Together with the Commission prepare document	Q 2-3	• Paper on actions
Definition of future strategy for TB prevention and control in collaboration with MS and stakeholders	Internal discussions to define strategy (on research, surveillance, prevention, control, role of partners, etc)	Q 1–4	• Meeting with stakeholders • Paper on TB strategy
	Prepare strategic document	Q 1–4	
	Meeting with main partners (WHO EURO, HQ, EuroTB, KNCV, MS, etc) for endorsement of ECDC cooperation strategy within TB control in Europe	Q 1–4	

Definition of future TB surveillance after end of EuroTB grant agreement (taking into account results of the evaulation and with special attention to risk groups, drug resistance and laboratory data improvement)	Application of new EU case definitions Modification of EuroTB surveillance database	Ongoing	• Cases categorized: possible, probable and confirmed
	Working group to define future surveillance for EU and European Region • Define objectives for future TB surveillance (enhanced surveillance) • Agree with WHO on data collection for non-EU countries • Define variables for enhanced surveillance • Develop TB part on ECDC website Contribute to EuroTB annual meeting (80 persons)	Q 1–4	• Defined objectives for TB surveillance • Defined TB variables for ECDC surveillance database • TB par on ECDC website developed • Report on TB surveillance strategy • EuroTB annual meeting
ECDC input prepared for World TB day (24 March)	Document on ECDC cooperation strategy within TB control in Europe developed in collaboration with partners (WHO EURO, HQ, EuroTB, KNCV, MS, etc)	Q 1	• Document on cooperation strategy
Contribution to strengthen TB control in MS	Develop indicators for assessment of TB control	Q 3	• Assessment tool for TB • 5 Country visit reports
	Develop protocol for country visits	Q 3	
	5 Country visits (priority countries Latvia, Lithuania, Estonia, Romania, Bulgaria)	Q 3–4	
Explore collaborative activities TB/HIV	Working group with HIV/AIDS horizontal project	Q 1–4	• TB/HIV defined collaborative activities

Disease specific project: Antimicrobial resistance (AMR) and infection control (IC)

Title 3 Budget Provisions:

Budget item 3000: € 60 000
Budget item 3008: € 30 000

Key products	Activities	Time frame	Indicators
Surveillance			
Future surveillance of antimicrobial resistance and HCAI taking into account the recommendations of the	Prepare evaluation and assessment of • EARSS • IPSE	Q 1–3	• Team briefings held • Evaluation reports received

Key products	Activities	Time frame	Indicators
evaluation and assessment of the networks	Working group with DSN project leaders, experts from MS • Depending on decision, prepare and launch tender • Integration of databases into ECDC	Q 1–4	• Integrated concept of future surveillance on antimicrobial resistance, consumption and HCAI • Tender prepared and launched
	Case definitions for AMR	Q1–4	• Case definitions for AMR adopted
	Case definition for HCAI	Q1–4	• Case definitions for HCAI adopted
Standardized methodology for sensitivity testing	Guidance for laboratories in member states	On-going	• Compliance in member states by QA
Surveillance data on Health Care Associated Infections (HCAI)	Establishing a working group to see what is possible to accomplish – 4 meetings 2007 8-10 persons	Q 4	• Report from working group

Disease specific project: Other diseases of environmental and zoonotic origin

Title 3 Budget Provisions: 0

Key products	Activities	Time frame	Indicators
Surveillance systems of all diseases included in the HP and covered under Decision No 2119/98/EC further developed	• Strategy for future surveillance developed • Surveillance database developed • Priority listing of diseases for surveillance completed • Information on disease surveillance completed and disseminated	Q 1–4	• Cf. SCU work plan

Disease specific project: Food- and water-borne infections

Title 3 Budget Provisions:
Budget item 3000: € 250 000
Budget item 3008: € 10 000

Key products	Activities	Time frame	Indicators
Strategy to integrate existing laboratory surveillance networks for food- and water-borne pathogens to the routine surveillance of ECDC *Regulation (EC) No 851/2004 Arts 3, 5*	Develop specifications for laboratory networks for surveillance taking into account existing DSNs and relevant research networks	Q 4	• Specifications for laboratory networks for surveillance drafted for prioritized diseases, and integrated as part of the overall strategy for Laboratory Network Partners
	Develop specifications for laboratory networks for surveillance for those pathogens that are not currently covered by any network, including priority list for implementation		
	Discussions with laboratory experts on activities to be specified for surveillance purposes, starting with the diseases that are currently covered by the DSNs		
	Workshop with QA experts (5) in clinical microbiology (EQA and internal QA) to draft specifications for laboratory networks for surveillance		
Enhanced surveillance is defined for food- and water-borne diseases *Regulation (EC) No 851/2004 Arts 3, 5*	Review and assessment of existing network activities for advanced laboratory methods in the DSNs (eg Enter-net) and in the research networks (eg EVENT, PulseNet)	Q 1	• Future surveillance objectives including variables are defined and integrated as part of the sstrategy for future surveillance in Europe • Bionumerics software installed at ECDC and training received • Concept of integrating molecular typing database for surveillance of food- and water-borne pathogens (eg PulseNet)
	Discussions with laboratory experts, ensuring integration with related activities in other work plans and avoidance of duplication	Q 1	
	Develop a draft for the general and disease-specific future surveillance objectives, including variables for enhanced surveillance of food- and water-borne infections, starting with the diseases that are covered by the DSNs that will undergo an evaluation and assessment in 2007	Q 1	
	Integrate existing molecular databases to ECDC surveillance databases	Q 1–4	
	Develop data-reporting interface	Q 1–4	
	Installation and training for use of Bionumerics	Q 1–4	

Reporting system for food- and water-borne outbreaks has been developed in close collaboration with EFSA *Regulation (EC) No 851/2004 Arts 3, 5*	Review of outbreak reporting systems developed by EFSA and WHO, assessment of IHR, analysis of the national outbreak reporting systems based on the survey done by BfR	Q 1	• Agreement between ECDC, EFSA and WHO EURO developed • Agreement for discussion in the AF • Strategy for future surveillance of food- and drinking-water borne outbreaks developed for discussion in the AF and implemented by the end of the year
	Agreement with EFSA and WHO EURO regarding the development of surveillance for outbreak reporting	Q 2	
	Define the objectives of the outbreak surveillance in close collaboration with EFSA and align with WHO	Q 3	
	Define the variables to be collected	Q 3	
	Plan a strategy to implement outbreak surveillance	Q 3	
	Develop database for outbreak monitoring	Q 4	
A general tool to assess the comparability of data *Regulation (EC) No 851/2004 Art 5*	Review existing activities (MS, Med-Vet-Net)	Q 3	• Review report • A general tool for assessment of data comparability
	Develop a general tool to assess the comparability of data	Q 4	
Support to the development of zoonoses reporting *Regulation (EC) No 851/2004 Arts 3, 5, 11*	Review and preparation of draft zoonoses report in consultation with MS	Q 2	• Zoonoses report • Joint meeting with EFSA and the Commission organized
	Participate in EFSA Task Force meetings	Q 1–4	
	Improve the content of the zoonoses report: Meeting in January 2007 with EFSA and their collaboration partner in DK	Q 1	
	Joint meeting with EFSA Task Force & the Commission	Q 2	
Develop outbreak and response mechanisms: strategy to prevent and control outbreaks on cruise ships with special reference to norovirus *Regulation (EC) No 851/2004 Arts 3, 5, 8*	Explorative meeting with medical staff from cruise ship companies to identify relevant key stakeholders and potentials to develop surveillance for outbreaks	Q 1	• Meeting reports
	Further meetings and discussions according to the needs	Q 2–4	
Criteria for prioritization process *Regulation (EC) No 851/2004 Arts 2(a), 3*	Suggest general criteria to assess the importance of food- and water-borne disease in the prioritization process of diseases for surveillance	Q 2	• General criteria for importance assessment suggested and integrated as part of strategy for future surveillance in Europe

Risk assessment of emergence of diseases *Regulation (EC) No 851/2004 Arts 3, 8*	Risk assessment of norovirus	Q 1	• Report of norovirus for discussion in the AF • Report of hepatitis E for discussion in the AF
	Risk assessment of hepatitis E infections	Q 1	

Unit Work Plan 2007: Preparedness and Response unit

Strategic focus (7 year horizon)

To establish ECDC as the reference support point in the European Union by the year 2013 for (A) the detection of public health threats related to communicable disease or of unknown origin, their assessment, investigation and control; (B) the coordination of risk assessment activities in relation with public health threats through the ECDC Emergency Operation Centre (EOC); (C) strengthening preparedness of EU Member States for the prevention, surveillance and control of communicable diseases; (D) strengthening and building the capacity of the EU Member States for these threats through training; and (E) the provision of technical advice and support on (A), (C) and (D) to third countries (including acceding, candidate and non-EU) upon request.

Early warning and response to emerging threats (EWR)

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

In the medium-term perspective, ECDC will finalize the development of the infrastructure, procedures and tools required to fulfil its mandate in the detection, assessment, investigation and control of emerging threats. This will result in an effective communication framework in supporting EU Member States' coordinated response to health threats, using a common approach agreed upon by all EU Member States.

Over the period, the focus of activities in this area of work will gradually shift from building the capacity of ECDC onto strengthening the capacities of EU Member States through the development of models of best practice, guidelines and tools.

Expected results in 2007 (early warning)

At the end of 2007, communication tools with the Member States regarding risk assessment and risk management (EWRS) will be functional and operated from ECDC premises. In addition, ECDC will:

- expand its sources for epidemic intelligence to ensure a better coverage of health threat information in EU Member States;
- conduct a feasibility study to explore the implications of expanding the scope of ECDC epidemic intelligence activities focusing on travel-related health threats;
- review the structure and content of information provided on emerging threats and share it more widely with Member States' health authorities, the Commission and other European partners/stakeholders, as well as the public through ECDC website.
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Added Value:

The European added value of these activities is to provide early signals of emerging threats that may not be apparent at Member State levels, but become apparent when pooling observations from all EU MS. In addition, close monitoring of international threats by ECDC contribute to a better assessment of the risk for EU Member States while reducing their workload by providing them with this information.

Title 3 Budget provisions:

Budget item 3001: € 325 000

Budget item 3008: € 60 000

Key products 2007	Activities	Time frame	Indicators
EPIS risk assessment communication tool *Regulation (EC) No 851/2004 Arts 3(1), 10(1)*	User requirement survey	Q 1	• EPIS communication portal operational in ECDC
	Functional specifications completed	Q 1	
	Expert/EWRS/AF meeting to review functional specifications	Q 2	
	Technical specifications completed	Q 3	
	Implementation of EPIS	Q 4	
EWRS fully operated by ECDC *Regulation (EC) No 851/2004 Art 8(1),(2)*	Completion of the implementation of EWRS operations in ECDC, including provision for IHR notification	Q 2	• EWRS fully operational in ECDC
	Simulation exercise to test operationality of EWRS in ECDC and with MS	Q 4	
MedISys operation evaluated and adapted to ECDC EI activities *Regulation (EC) No 851/2004 Arts 3(1), 10(1)*	Study of MedISys sources of Epidemic Intelligence and review of key words used	Q 2	• Revision of MedISys completed
	Revision of MedISys sources and keywords	Q 4	
Threat monitoring bulletins produced daily, weekly and annually *Regulation (EC) No 851/2004 Arts 3(1), 10(2)*	Bulletins' design and structure revised	Q 1	• All bulletins produced on time
	Daily threat monitoring bulletin produced	Q 1–4	
	Weekly threat monitoring bulletins produced on time	Q 1–4	
	Weekly influenza surveillance and risk monitoring reports produced on time	Q 1–4	
	Website for health threats developed	Q 2	
	Annual report prepared	Q 3	
	CDTR reader survey	Q 2	
	CDTR visual identity	Q 3	
Assessment of the need for travel medicine related activities in ECDC *Regulation (EC) No 851/2004 Art 3.1*	Estimate the epidemiological importance of travel-related pathologies	Q 1–2	• Document estimating the impact of travel-related diseases in Europe, strengths and gaps in the EU in this field, and identification of resources needed to fill these gaps
	Identify the different actors involved in travel medicine in Europe (national & international level)	Q 1–2	
	Identify the added value of ECDC in travel medicine	Q 3	
	Identify the resources needed in case ECDC takes up travel medicine	Q 3	

Expected results in 2007 (response)

ECDC will:

- consolidate procedures for coordination of investigation and response to emerging threats, including the capacity to mobilize a network of laboratories;
- discuss with stakeholders its role in the risk assessment of health threats related to intentional release of biological agents;
- provide guidance to Member States for the evaluation of risk related to the transmission of infectious agents on board aircraft;
- coordinate an evaluation of the risk of the emergence of vector-borne diseases in the EU.

Added Value:

The European added value of these key products is to ensure a coordinated approach to assess and respond to outbreaks affecting more than one member State in the EU.

Title 3 Budget Provisions:

Budget Item 3001: € 205 000

Budget item 3008: € 70 000

Key products 2007	Activities	Time frame	Indicators
Standard operating procedures for outbreak investigation and response *Regulation (EC) No 851/2004 Art 9(2)*	Finalized standard operating procedures for food-borne outbreaks	Q 3	• Set of SOPs agreed upon by MS
	Meeting with MS for their approval	Q 4	
Response guidelines for outbreaks in European risk settings for disease transmission *Regulation (EC) No 851/2004 Art 9(2)*	Inventory of diseases posing a risk of transmission in aircrafts and their corresponding existing guidelines	Q 2	• EU guidelines for contact tracing in aircrafts completed
	Draft of guideline presented to HSC working group and AF	Q 3	
	Expert meeting to finalize guidelines	Q 4	
Briefing of outbreak assistance teams *Regulation (EC) No 851/2004 Art 9(2)*	Tool defined and rapidly available	Q 1	• Tools for response in place, maintained and rapidly available • SOPs available
	Maintenance and continuous development mechanisms for the tools in place	Q 2	
	Develop SOPs for OAT mobilization	Q 2	
	Briefing sessions for OAT	Q 1–4	

Key products 2007	Activities	Time frame	Indicators
Description of the magnitude and importance of vector-borne diseases in Europe *Regulation (EC) No 851/2004 Arts 3(1), 10(1)*	To carry out a review of the existing resources and literature related to the relevant vector-borne diseases in Europe	Q 1–2	• Review document completed and action plan for ECDC agreed upon by experts and AF
	To organize a multi-disciplinary expert consultation to identify achievements and gaps in current European context	Q 3–4	
Links with the network of stakeholders related to intentional release agents *Regulation (EC) No 851/2004 Art 9(2)*	To organize a meeting with the different stakeholders (preparedness, laboratory, response) related to intentional release agents	Q 2	• Concept paper completed and presented to AF • Training module developed and conducted
	To develop a strategic paper on the role of ECDC	Q 3	
	To contribute to the organization of the joint EPI/LAB/SECU training	Q 4	
Develop outbreak and response mechanisms: strategy to control and prevent outbreaks in cruise ships **(Note: Reflected also under the Food and Waterborne project)**	Close collaboration and follow up of SHIPSAN project to avoid duplicate activities Exploring the present situation and discuss the legal aspects with the Commission Participate in SHIPSAN meetings Implementation of recommendations from the norovirus expert group meeting in September 2006: • development of practical guidelines to prevent and control norovirus outbreaks in cruise ships • development of agreed approach to deal with the outbreaks in cruise ships with special reference to norovirus Follow up of meeting with Experts, to update the guidelines	Q 1–4	• Practical guidelines to prevent and control norovirus outbreaks in the cruise ships • Recommendation on a coordinated approach to contain multinational norovirus outbreaks in cruise ships

Emergency Operation (EOC)

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

At the end of the medium-term period, ECDC will have established its emergency operation centre (EOC) and ensure optimal communication and coordination mechanism with all EU MS as well as all EU and international stakeholders. The ECDC EOC will be the recognized hub for the coordination of risk assessment activities in the European Union.

Over the period, the Centre will plan an intensified support to Member States to enhance national emergency operations centres, linked to ECDC through computer-to-computer networks and videoconferencing facilities, as well as the development of models of best practice, guidelines and tools.

Expected results in 2007

By the end of 2007, ECDC will:

- complete the implementation of its EOC and develop related standard operating procedures;
- have identified the needs of all EU Member States to effectively interact with the ECDC EOC;
- test the EOC operations through a simulation exercise and adjust procedures accordingly;
- perform routine threat detection and monitoring as well as coordination of risk assessment from the EOC;
- link the ECDC-EOC to all existing alert mechanism in the EU;
- provide logistic and scientific support to OATs for their deployment in the field.

Added value:

The European added value of an ECDC Emergency Operations Centre is to allow for an optimal communication with the EU Member States during public health crises, strengthening their preparedness through simulation exercises and offer mechanisms to provide support to Member States by mobilization of expertise from other EU countries.

Title 3 Budget Provisions:

Budget item 3006: € 500 000

Budget item 3008: € 20 000

Key products 2007	Activities	Time frame	Indicators
Implementation of the ECDC Emergency Operation Centre *Regulation (EC) No 851/2004 Art 9(2)*	Engineering of the EOC facility	Q 1	• EOC fully operational
	Monitoring of the implementation of the equipment of the EOC	Q 2	
	Recruitment of the staff for the EOC	Q 1–2	
	Revision and finalisation of the SOP's for the EOC	Q 2	
Support to EU MS for establishment of communication with ECDC-EOC *Regulation (EC) No 851/2004 Art 10(2)*	Meeting to validate minimum requirements for National surveillance institute for communication with the EOC	Q 2	• Minimum requirement document completed • Minimum requirements implemented in MS
	Standard operating procedures for communication from MS with the EOC	Q 2	
	Implementation of minimum requirements for communication with the EOC in the MS (*initiated in 2007)*	Q 4	
Integration of ECDC information systems in the EOC	Inventory of ECDC information systems in relation with EOC operations	Q 1	• Simulation exercise report completed, and plan for integration developed
	Internal ECDC simulation exercise	Q 2	

Key products 2007	Activities	Time frame	Indicators
Regulation (EC) No 851/2004 Arts 3(1), 10(1)			
Functional link to all EU alert systems *Regulation (EC) No 851/2004 Art 8(2)*	Development of SOPs for communication with EU alert systems: RAS-Bichat, RASFF, MIC, RELEX, ADNS	Q 1	• Memorandum of understanding signed with the relevant Commission DGs
	Development of a memorandum of understanding with EU alert systems	Q 2	

Preparedness (PRP)

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

At the end of the medium-term period, ECDC will have established a strategy, appropriate mechanisms and a set of tools and guidelines to enhance preparedness of all Member States in the EU for the prevention, surveillance and control of communicable diseases. The ECDC will be the recognized centre for strengthening EU preparedness.

While the establishment of all ECDC core functions had initially a clear focus on strengthening the capacity of the European Union as a whole, the preparedness area of work had a Member State focus from the beginning. Since its establishment and given its limited capacities, ECDC focused on preparedness for pandemic influenza. Over the medium-term period the focus will gradually be expanded to other communicable diseases and situations presenting an increased risk for Member States, resulting in a more generic approach to preparedness.

Expected results in 2007

By the end of 2007, ECDC will:

- have completed the round of country visits for strengthening preparedness for pandemic influenza and implemented a follow-up strategy to maintain an optimal level of preparedness across the European Union;
- have expanded the scope of all EU Member States' preparedness by developing guidance for enhancing preparedness for large mass gathering events;
- have a developed strategy for ensuring a smooth implementation of the revised International Health Regulations across the European Union.

Added value:

The European added value of preparedness activities is to ensure an optimal compatibility and interoperability of the EU Member State preparedness activities.

Title 3 Budget Provisions:

Budget item 3001: € 135 000

Budget item 3008: € 75 000

Key products 2007	Activities	Time frame	Indicators
Pandemic preparedness *Regulation (EC) No 851/2004 Art 9(1)* (Note: reflected also under the Influenza Project, but budget allocated only here)	12 MS visited by end 2007, plus Romania & Bulgaria	Q 1–4	• Country visit reports • Regional workshop reports • Preparedness EU workshop report • Strategic document completed • Report on EU state of preparedness for pandemic influenza published
	Regional workshops 2007 with MS	Q 1–4	
	Further develop assessment tool and pandemic preparedness indicators	Q 3	
	Contribute to May 2007 4th preparedness workshop	Q 1	
	Development of a strategy following up on pandemic preparedness	Q 1–4	
	Report on the state of preparedness in the European Union	Q 4	
Preparedness for special mass gathering events *Regulation (EC) No 851/2004 Art 9(1)*	Review impact of mass gatherings on risk for communicable diseases		• Review paper prepared
	Inventory of existing materials on preparedness for mass gatherings		
	Review paper for strengthening preparedness for threats related to communicable diseases during mass gatherings		
Guidelines for epidemic intelligence *Regulation (EC) No 851/2004 Art 9(1)*	Finalise guideline initiated in 2006	Q 2	• Guideline developed • Meeting report
	Meeting to endorse guidelines	Q 3	
IHR smoothly implemented in the EU by MS *Regulation (EC) No 851/2004 Art 9(1)*	Definition of minimum capacities for EU MS	Q 3	• Tools for the implementation of IHR in the EU fully developed • Procedures documented and agreed upon
	Checklist and assessment tool developed	Q 3	
	Guideline developed	Q 4	
	Country assessment visits	Q 1–4	
	Develop procedure for the notification of PHEIC under the revised IHR		

Training

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 European Union, ECDC will have developed the partnership and funding mechanisms to ensure a comprehensive approach to strengthening European Union 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 State programmes and the organization of short courses.

Since the establishment of ECDC, the focus has been primarily addressing the global needs for the European Union. Over the medium-term period, the focus will be gradually shifted towards addressing the needs for European Union Member States.

Expected results in 2007

At the end of 2007, ECDC will have:

- initiated a thorough needs assessment of Member States in training in applied epidemiology;
- completed the smooth integration of the EPIET programme within ECDC;
- a developed set of core competencies agreed upon by EU Member States;
- conducted a set of short training modules addressing Member State needs for strengthening capacity in applied epidemiology;
- developed an Internet portal providing Member States with access to relevant training materials and resources;
- prepared a reference training manual on applied epidemiology;
- developed a training curriculum to address antimicrobial issues.

Added value:

The added value of an European-wide approach to training is to strengthen the network of experts and develop a common culture to detecting and responding to emerging threats.

Title 3 Budget Provisions:

Budget item 3003: € 1 135 000, as per Table below

In addition, the full costs of the EPIET Programme at € 600 000 will be charged to this budget component in 2007, as a core function of ECDC, in accordance with Article 9(6) of the Founding Regulation. Total provisions for item 3003 will thus be: € 1 735 000

Key products 2007	Activities	Time frame	Indicators
Needs assessment for training in applied epidemiology in EU MS *Regulation (EC) No 851/2004 Arts 3(2), 9(6)*	Define a protocol for needs assessment of MS in training in field epidemiology	Q 1	• Needs assessment report completed
	Develop checklist and assessment tool	Q 1	
	Conduct country training assessment visits	Q 1–4	
	Expert meeting to review findings	Q 4	
	Preparation of a training need report	Q 4	

Key products 2007	Activities	Time frame	Indicators
EPIET programme fully integrated in ECDC core activities *Regulation (EC) No 851/2004 Arts 3(2), 9(6)*	Standard Operating Procedures for the management of the EPIET programme	Q 1	• EPIET programme fully integrated • Cohort 13 recruited and introductory course held
	Recruitment of EPIET programme office staff	Q 2	
	Recruitment of cohort 13	Q 2	
	Introductory course conducted	Q 3	
	Scientific seminar, joint with ECDC conference	Q 3	
Revised training strategy for ECDC *Regulation (EC) No 851/2004 Arts 3(2), 9(6)*	Training expert meeting	Q 1	• Revised training strategy endorsed by Member States
	Revision of the training strategy	Q 2	
	Endorsement by AF and MS	Q 3	
Core competencies for epidemiologists in the EU *Regulation (EC) No 851/2004 Arts 3(2), 9(6)*	Preparation of the draft core competency document based on existing experiences	Q 1	• Core competency document agreed upon
	Expert meeting to review proposed core competencies in EU	Q 3	
	Core competency document endorsed by MS/AF	Q 4	
Short courses on communicable disease investigation and response *Regulation (EC) No 851/2004 Arts 3(2), 9(6)*	Conduct 2 modules on outbreak investigation	Q 1–4	• Courses conducted • Framework developed
	Develop framework contract for modules on laboratory for epidemiologists and vaccinology	Q 1	
	Conduct 1 module on investigation and control of human cases of avian influenza	Q 1–4	
	Conduct 1 course on management skills for outbreak team leaders	Q 1–4	
Training manual on applied epidemiology *Regulation (EC) No 851/2004 Arts 3(2), 9(6)*	Call for tender for the manual	Q 1	• First draft of the field epidemiology manual under initial review
	Preparation of the first draft of the manual	Q 2–4	
Curriculum for training on surveillance & outbreak investigation in hospital settings *Regulation (EC) No 851/2004 Arts 3(2), 9(6)*	Develop the curriculum through a call for tender		• Curriculum developed

Disease specific project: Influenza

Title 3 Budget Provisions:

Budget item 3001: € 30 000
Budget item 3008: € 10 000

Key products	Activities	Time frame	Indicators
Pandemic preparedness **(Note: cross – referenced withCore PRU product)**	12 MS visited by end 2007 plus Romania & Bulgaria	Q 1–4	• Country visits report • Regional workshop reports • Preparedness EU workshop report • Strategic document completed • Report on EU state of preparedness for pandemic influenza published
	Regional workshops 2007 with MS	Q 2–4	
	Further develop assessment tool and pandemic preparedness indicators	Q 3	
	Contribute to May 2007 4th preparedness workshop	Q 1–4	
	Development of a strategy following up on pandemic preparedness	Q 1–4	
	Report on the state of preparedness in the EU	Q 3–4	
Threat-monitoring bulletin produced	Weekly influenza surveillance and risk monitoring report produced to deadlines	Ongoing	• Bulletin produced in time

Disease specific project: Vaccine preventable diseases

Title 3 Budget provision: 0

Inventory needs and conduct training related to VPD	Inventory of needs for VPD training	Q 1–4	• Inventory of training needs completed
	Conduct training module on vaccinology		• Course conducted

Disease specific project: Antimicrobial resistance (AMR) and infection control (IC)

Title 3 Budget provision: 0

Key products	Activities	Time frame	Indicators
Training			
Curriculum for training on analysis of hospital data and surveillance & outbreak investigation in hospital settings	Call for tender	Q 1–4	• Report

Disease specific project: Other diseases of environmental and zoonotic origin

Title 3 Budget provision: 0

Key products	Activities	Time frame	Indicators
Needs assessment for activities related to travel medicine in ECDC completed	Epidemiological importance of travel-related pathologies estimated	Q 1–2	• Document estimating the impact of travel related diseases in Europe, strengths and gaps in the EU in this field, and identification of resources needed to fill these gaps completed
	Different actors involved in travel medicine in Europe (national & international level) identified	Q 1–2	
	Added value of ECDC in travel medicine generally accepted	Q 3	
	Long-term and short-term resources needed in case ECDC takes up travel medicine identified	Q 3	
Action plan prepared on magnitude and importance of vector-borne diseases in Europe	Existing resources and literature related to the relevant vector-borne diseases in Europe mapped out	Q 1–2	• Review document completed and action plan for ECDC agreed upon by experts and AF
	Multi-disciplinary expert consultation to identify achievements and gaps in current European context convened	Q 3–4	
Link with the network of stakeholders related to intentional release agents established	Meeting organized with the different stakeholders (preparedness, laboratory, response) related to intentional release agents	Q 2	• Strategic paper completed and presented to AF • Training module developed and conducted
	Strategic paper on the role of ECDC completed	Q 3	
	Joint EPI/LAB/SECU training programme developed with ECDC support	Q 4	

Disease specific project: Food- and water-borne infections

Title 3 Budget Provision: 0

Key products	Activities	Time frame	Indicators
Develop outbreak and response mechanisms: capacity-building in the MS to respond to food- and water-borne outbreaks **(Training)**	Needs assessment for multidisciplinary training course on food- and water-borne outbreak investigations (especially cooperation with WHO Global Salm-Surv programme)	Q 2	• Assessment of training needs performed (linked to general training needs assessment 2007, not extra budget)
	Lectures given in the Introductory Course EPIET, eg including HACCP concept in training for epidemiologists		
Develop outbreak and response mechanisms: strategy to control and prevent outbreaks in cruise ships **(Response)** **(Note: cross-referenced with core PRU product)**	Close collaboration and follow up of SHIPSAN project to avoid duplicate activities	Q 1–4	• Practical guidelines to prevent and control norovirus outbreaks in the cruise ships • Recommendation on a coordinated approach to contain multinational norovirus outbreaks in cruise ships
	Exploring the present situation and discuss the legal aspects with the Commission	Q 1–4	
	Participate in SHIPSAN meetings	Q 1–4	
	Implementation of recommendations from the norovirus expert group meeting in September 2006: • development of practical guidelines to prevent and control norovirus outbreaks in cruise ships • development of agreed approach to deal with the outbreaks in cruise ships with special reference to norovirus	Q 1–4	
	Follow up of meeting with Experts, to update the guidelines		

Unit Work Plan 2007: Administrative Services

Strategic focus (7 year horizon)

Provide services and facilitate the operational activities in the Centre, ensure that human and financial resources are properly and well managed and make the Centre a good working environment.

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

Develop the capacities required to support the Centre as an organisation of 300 staff and to provide the defined services to the operational units. The objective in the medium-term will focus on developing a resilient organisation that can assure business continuity while applying best practices in the areas of activity of the unit, and specifically to:

- ensure that the financial resources of the Centre are properly and well managed, and reported in a clear and comprehensive manner;
- organize meetings and support the travel requirements of ECDC staff and interviewees in accordance with ECDC rules and regulations on missions and meetings 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 the Centre and to make it a good place for staff to work;
- plan, support and implement the intended growth for the staffing of the Centre and actively foster the development of the organisation and its staff;
- build up and maintain the ICT platforms that will support the development of business applications of the Centre;
- provide legal advice and counselling, and assure the implementation of the internal control standards.

Expected results in 2007

Foster the consolidation of the Human Resource, the Finance and the Missions & Meetings groups and ensure that core and sensitive functions are covered by ECDC staff, that the capacities are scaled up to follow the growth of the organisation and that new activities are implemented along the plan as described below.

To have built up, as core functions of the Centre, the ICT and logistics capacities. The activities in 2007 will specifically foster the development of platforms that can assure a high level of self-reliance and autonomy for the Centre and will set the basis for a robust application environment to assure business continuity at all times.

Title 3 Budget provisions:

Budget item 3005: € 950 000
Budget item 3008: € 150 000

Key products	Activities	Time frame	Indicators
Increased capacity to provide services within the core functions of the Human Resources group; in the fields of recruitment, staff development, newcomers' introduction and staff entitlements	Coordinate and facilitate the recruitment of 80 additional staff members	Q 1–4	• Have recruitment planned and implemented in good time • Regular reporting to management and appointing authority • Increased professionalism of panels
	Facilitate the integration of new staff and consultants/interims in the Centre as well as new staff's installation in Stockholm	Q 1–4	• Satisfaction survey • Welcome package extended • Welcome and check outs documented
	Personnel Administration and staff communication (rights and obligations)	Q 1–4	• CoA and IAS audits revealing correct handling • Staff satisfaction survey
	Support an active development approach for staff	Q 1-4	• 100% follow up with the aim of 100% execution • Line management training taken place • Monthly reporting
	Support the wellbeing and health of staff	Q 1–4	• Absence/sickness statistics
	Manage the HR group, contribute to the development and of implementation of SAP-IT, management reporting, define policies and procedures, manage HR budget	Q 1–4	• management feedback and satisfaction • developed and approved policies
Financial resources of the Centre are properly and well managed, and reported in a clear and comprehensive manner	Prepare, coordinate and report on the Centre's budget; follow up on the interinstitutional Budget Cycle	Q 1–4	• management feedback and satisfaction • monthly reporting on budget execution • meet all regulatory deadlines
	Coordinate procurement and grant activities and ensure that the financial regulation is correctly implemented	Q 1–4	• CoA and IAS assessments • Plan in place and implemented
	Effectively manage accounts payable and receivable, ensure that financial and fixed assets are managed properly and comply with the	Q 2-3	• CoA and IAS assessments • Timely payments, within

Key products	Activities	Time frame	Indicators
	reporting requirements of the FR		30 days • Monthly reconciliations • Adequate cash during the year
	Manage the Finance group: procedures, coordinate Resource Officer network	Q 1–4	• developed and approved policies • statutory reporting done • management assessment
Consolidation of the established capacities in the area of meetings and travel support to ECDC staff and interviewees; full corporate meeting organisation capacity	Organization of meetings: prepare, carry out and follow up of the logistical aspect of meetings of the operational units	Q 1–4	• timely organisation and service • quality of service assessed through management/ staff satisfaction survey
	Support of travel requirements of ECDC staff and interviewees	Q 1–4	• timely issuing of tickets, reimbursement • staff satisfaction survey
	Manage the meeting and travel group: define procedures, coordinate with units, manage the strategic planning and evaluation	Q 1–4	• developed and approved policies • regular reporting to management • management assessment • CoA and IAS assessment
ICT capacities for networking and communication, and for back and front office infrastructure; and hence provision of secured and robust platforms to support operational and corporate applications	Implement, operate and administer the ICT network and communication infrastructure for the internal network and the interconnections with external networks – including remote access and satellite communication	Q 1–4	• Finish phase 1 and prepare for phase 2 • business continuity and security standards reached for phase 1
	Build up and operate the back office and provide the technical platforms for operational and corporate applications	Q 1–4	• have the facilities in place to support the identified and agreed applications developments in the plan 2007
	Operate and administer the front office equipment and user support: extend the capacity to 200 desks by the end of the year	Q 1–4	• helpdesk indicators on service delivery • staff satisfaction survey • have one stop shop help desk in place
	Contribute to projects and foster consistency with Regulation (EC) No 851/2004 in applications	Q 1–4	• support projects as defined in the 2007 IT workplan

Key products	Activities	Time frame	Indicators
	Support the installation of enterprise applications	Q 1-2	• SAP installed in first half 2006 • Management assessment
	Security management, monitoring and administration	Q 1–4	• implement security standards for networks, front desk
	Manage the ICT group; report to management, developing policies and procedures		• developed and approved policies • regular reporting to management • management assessment • CoA and IAS assessment
Premises of the Centre meet the requirements of a growing organisation and logistics services provided for the operational activities	Extend, manage and maintain the ECDC premises: assure that sufficient and adequate office facilities are always available to staff, that the conference and meeting rooms as well as the other common facilities are well equipped and maintained, and that the operational activities of the Centre are supported	Q1	• Have premises plan defined and implemented • Assessment by management • Staff satisfaction survey
	Assure that the Centre's facilities and assets are well preserved and protected and that the physical security of staff and Centre's visitors is guarded	Q 1–4	• Staff satisfaction survey • Assessment CoA and IAS and revealing correct handling of the asset inventory
	Provide logistics services to staff that are required to run the offices effectively	Q 1–4	• Staff satisfaction survey • Good and timely service indicators
	Managent of B-L group: report regularly and develop policies and procedures	Q 1–4	• Developed and approved policies • Regular management reporting • Management assessment
Coordination of the administrative unit, provision of legal advice/counselling and implementation of the internal control standards.	Advise and counsel on legal**,** internal control and organisational issues	Q 1–4	• Management assessment
	Set up a security coordination function: covering also data protection and information security	Q 1–4	• Comply with regulations
	Set up the internal control function to asses the implementation of internal control standards and the legality of operations and provide recommendations to management	Q 1–4	• Setting up of the function • Management assessment • Quality of the reports and recommendation • Assessment by CoA and IAS

	Set up an external control function with specific focus on controlling grant holders	Q 1–4	• Setting up of the function • Assessment by CoA and IAS
	Financial and people management of the unit	Q 1–4	• Assessment by the Director