



ECDC Annual Work Programme 2008

Document MB11/5 Approved by the ECDC Management Board at its 11th meeting in Stockholm, 13-14 December 2007, including suggestions made at that meeting

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Executive summary

ECDC's Annual Work Programme for 2008 is the first that has been made on the basis of the ECDC *Strategic Multiannual Programme 2007-2013*, and it therefore follows the structure and strategic orientation of that document. Thus each of the seven Targets of *SMP 2007-2013*, and their underlying strategies are covered in the *AWP 2008*. Strategic areas where no action is foreseen in 2008 are not included in the text.

Detailed internal ECDC work plans exist which contain also the details of the activities to be carried out, but based on the MB discussion last year and also during previous consultations it was agreed that the document to be presented to the MB will include the expected key results and the products to be delivered next year without going down to the activity level.

Budget figures are provided to the Board partly in the document on the budget 2008 and partly in the present work plan. In the present document the budget of Title 3 in Annex III is broken down to the main areas of work for information and orientation of the MB. As the Director has the authority according to the Financial Regulation to shift 10% of the appropriation during the year, the MB is asked to approve the work plan only and not the allocation of the budget to the areas of work, in order to keep this flexibility for the budget shifts to ensure a maximum budget execution during the year. The MB will be informed of all such shifts that the Director makes within her authority; shifts beyond this level will be submitted to the MB for its approval in any case.

ECDC started operations in May 2005 and has since then gone through a hectic start-up phase building its organisation and infrastructure, developing its operational principles, tools and procedures, hiring a core staff of experts and creating a solid programme framework in surveillance, scientific advice, emergency preparedness and response and training. The operations in all these areas have already been started in the last two years.

The start-up phase is now over, and 2008 represents the start of a new phase:

Content will now be the focus, rather than on infrastructure, tools and procedures as they are in most cases in place. The two entry points into ECDC's work will be maintained: in the public health functions, further developments and consolidation are foreseen; and the disease-specific issues will become a higher priority. Within the disease-specific work there will be strong emphasis on a "science watch" function; the development of inspirational programme guidelines that are evidence-based and explore models of good practice; and an enhanced scientific and public communication of state-of-the-art knowledge.

- The *European added value* will be a strong guiding principle behind priority decisions, as will be Value for money considerations.
- *Partnerships* with EU institutions, the World Health Organization and others, as well as networking with key institutions and organisations, will be very actively pursued for synergy and added efficiency.
- *Cooperation* with EU MS will continue, stressing quality, networking, synergy and integrated action above quantity in order to avoid overburdening individual MS. The use of the new *Competent Bodies* in various areas will help the bilateral links as well as the European networking, and give access to the best expertise in individual MS, facilitating the exchange of models of good practice. During 2008 one of the key priorities will be to build up the collaboration with the formally designated competent bodies in the MS and to get it right to ensure effective and efficient networking in Europe for further synergy.

- An additional important consideration is not to put undue burden on MS during the year and therefore missions and meetings will be planned with this in mind. On the other hand the need for synergy and to avoid duplication in the work makes it necessary to coordinate closely with the Competent Bodies in the MS. For this purpose modern communication technology will also be used wherever possible.

These principles have underpinned the development of the Work Programme 2008.

The major outcomes planned within each of them for the next year are as follows. Reflecting the fact that the overriding priority will still be the consolidation of the public health functions among the three Groups, with the disease-specific work quickly building up, Targets 2-6 are presented first.

Public health functions

Strengthening surveillance

Long-term *European surveillance strategy* adopted; *disease-specific surveillance* adjusted to the results of evaluations of DSNs¹; *all MS contributing* to “core surveillance”; regular *data analyses and dissemination of results* (weekly bulletin, annual epidemiological report and website); improved institutional *partnerships*.

Strengthening scientific support

ESCAIDE 2008 Conference; five *Scientific Consultation Groups* on CD prevention methods, knowledge and research to fill knowledge gaps; methodology for *Burden of Disease* study developed; *migration/climate change/socioeconomic impact and CD reports*; *ECDC Laboratory Cooperation Strategy* operational; first version of the *Knowledge Management System* operational.

Enhancing emergency preparedness and response

Early Warning/ New Risk assessment tool (EPIS) and *Risk management tool* operated by ECDC for the Commission (EWRS); communication tools with MS and EC; plan re ECDC epidemic intelligence for *travel-related health threats*; MS, EC and others *access to EPIS & Threat Tracking Tool* for CD threats in EU; daily, weekly, annual *Bulletins on emerging threats*.

Investigation and response to threats: improved *coordination procedures/resources* (including laboratories) for investigation/ response to emerging threats; rapid deployment of *Outbreak Assistance Teams* if need be; ECDC role related to *intentional release of biological agents* clarified; new ECDC *Emergency Operation Centre (EOC)* operational and interactive with European network of similar operation centres in MS.

Preparedness: preparedness status of all MS re *pandemic influenza* ascertained and consistently monitored; EU MS agreed guidance for *large mass gathering events* emergency preparedness; ECDC support to MS regarding *IHR* implementation based on agreement.

Strengthening capacity through training

Needs assessment of MS re training in *Applied Epidemiology* completed; *EPIET* programme integrated in ECDC and new EPIET strategy adopted by ECDC MB; enlarged

¹ Dedicated Surveillance Networks.

partnership with European training programmes; *short training modules* re MS' capacity needs in applied epidemiology; reference *training manual on applied epidemiology*; AMR *training curriculum*; *internet portal* for MS re training materials and resources.

Communicating information on CD prevention and control

A new *Technical communication infrastructure* providing access to all ECDC scientific & technical outputs to health professionals, the general public & external partners; *target group-specific communication approach* and dissemination in ECDC scientific/technical information (e.g. in *Eurosurveillance*); ECDC growing role as *competence/ resource centre* in risk/health communication and provider of such support to MS; major 2008 communication events re launch of the *TB Action Plan*, of ECDC's *Annual Epidemiological report*, *European Antibiotic Awareness Day*.

Disease-specific work

Influenza

A *Seasonal Influenza Portfolio* to Council (December 2008); improved *surveillance strategies* for seasonal and pandemic influenza; a *research plan* for influenza transmission and control; a *burden of disease and foresight* approach to influenza; revised *pandemic preparedness indicators*

Tuberculosis

Following the new *TB Action Plan* a joint WHO EURO/ECDC surveillance for TB is in place; new *Network of TB reference laboratories*; technical report on TB Action Plan; guidance documents on *migrants*.

HIV/AIDS, STI, Hepatitis B&C

Improved *surveillance methods* re HIV/AIDS, *chlamydia*, *STI*, *hepatitis B & C*, relevant behaviours; reports on *HIV/AIDS epidemiology* and on *HIV in migrants*; guidance on *chlamydia control*; assessment of *HIV testing policies*, practices and outcomes in EU countries; evaluation of *partner referral for STI and HIV*; *review and assessment of HIV prevention and control programmes* to identify and share best practices; informative *website* on HIV, STI and viral hepatitis.

Food- and water-borne infections

Improved *surveillance methodology* (including laboratory data and factors affecting incidence data comparability) for priority FWDs, and contribution to EU prioritisation for surveillance; guidance re food- and water-borne outbreaks, *norovirus*, prevention of *CJD*; risk assessment of emergence of *hepatitis E*; *Listeria* review; *burden of disease* as regards FWD; serology validation study on true incidence of *campylobacteriosis* and *salmonellosis*; animal sentinels as early warning for water-borne outbreaks; improved international coordination in FWD outbreaks.

Other diseases of environmental and zoonotic origin

ECDC's role regarding *Travel medicine* clarified; analysis of priorities regarding surveillance and action of *vector-borne diseases*; participation in selected networks and projects & defining ECDC role re *intentional release agents*; full support to outbreak assistance teams regarding *re-emerging diseases*, including identifying diagnostic

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laboratory capacity in Europe; ensure *Legionnaires' disease* surveillance; *epidemiological updates & fact sheets* on EZO in Europe.

Vaccine-preventable diseases

The *European Vaccination Expert Committee* will be set up and functioning, discussing all issues related to childhood immunisation schedules; significant progress will be made towards the *Measles* and *Rubella* immunisation, including surveillance and outbreak monitoring systems; EU-wide surveillance of *Invasive Bacterial Diseases*.

Antimicrobial resistance/Healthcare-associated Infections (AMR/HCAI)

HCAI Advisory Group established; guidelines re *Antimicrobial susceptibility testing*, prevention/control of *C. difficile*; benchmarking data on over-the-counter use of antibiotics; report on successes in *controlling MRSA*; first *European Antibiotic Awareness Day*; improved AMR/HCAI ECDC website section.

Building partnerships

Country relations and coordination

Effective internal coordination within ECDC towards the countries; tested *Country Agreements* between ECDC and individual MS; *databases* on country inventory/CD country profiles, on ECDC country agreements and operational activities, on institutions/contacts; pilot-tested *methodology for assessment of a country's CD organisation and policy (upon request and invitation)*; strengthened *Epinorth* network; markedly improved coordination of ECDC's *country missions/visits*.

External relations and partnerships

Well coordinated overall ECDC *collaboration with the Commission, EP and Council*; effective *information flow* between those EU structures and ECDC on all policy and programme issues of mutual interest; effective information exchange and cooperation with *WHO* (HQ and the Regional Office for Europe in particular), other relevant *IGOs*, major *CDCs*, *NGOs* and *Foundations*; ECDC External Relations *Database* (major programme activities, partner organisations, institutes and resource persons).

Governance, strategic management and administration

Governance

High quality support to the *MB* and the *AF* through timely preparations for, and efficient conduct of meetings; updated list of established communication channels with, and effective use of *Competent Bodies* in the MS; effective support to the External Evaluator and the MB regarding the *External Evaluation of ECDC*.

Strategic management

Monitoring SMP 2007-2013 indicators as well as the implementation of ECDC's Work Programme during the year; effective internal peer review and evaluation system developed; *SMP 2007-2013 published/on website* (original and public version); ECDC's 2009 AWP ready for MB in November; improved ECDC *Programme Management System with all the tools and guidelines* and a corresponding user-friendly computer-based information system;

Internal audit

Risk based Annual Work Programme implemented; Annual Internal Audit Report findings and recommendations effectively followed up managerially; successful cooperation with the Audit Committee, MB and other audit institutions.

Administration

The Administrative services – *human resource, financial services, IT services, premises*, etc - will be further developed to meet the increase in staff and technical activities.

Conclusion

The 2008 Work Programme is the first fully based on the new SMP 2007-2013 and starts an important new phase of ECDC's development where annual work programmes (and their medium-term components) are logically and transparently planned, monitored and evaluated according to the centre's long-term strategy. This development will be directly supportive of the proposed new EU strategy "*Together for Health: A Strategic Approach for the EU 2008-2013*".

Introduction

Structure of the 2008 annual work programme

On June 14 2007 ECDC reached a very important milestone in its development when the Management Board (MB) approved ECDC's Strategic Multiannual Programme (SMP) for 2007 – 2013. Thereby the MB fulfilled ECDC's Founding Regulation 851/2004, Article 14.5 (d), which requires it to “adopt a revisable multiannual programme”.

The SMP 2007-2013, its Targets and their Strategies outline clear expectations for ECDC's achievements by the year 2013. Furthermore, the SMP 2007-2013 states that ECDC's Annual Work Programmes (AWP) and their medium-term components will be explicitly linked to the SMP and thus to the Founding Regulation. *In this way ECDC's day-to-day work will be directly and transparently linked to its longer-term goals and its official mandate.*

The 2008 AWP will be the “capping stone” that makes this new, comprehensive ECDC programme framework complete. To fulfil this requirement its structure differs from that used for 2006 and 2007. While those AWP's reflected ECDC's internal organisational units, the 2008 AWP follows the structure of SMP 2007-2013.

Consultation with the major stakeholders

At its 10th session in June 2007, the Management Board reviewed document MB10/9 “ECDC 2008 Work Programme priorities”. The MB underlined that Strategies, the multiannual programme and the budget are all interlinked and the 2008 AWP should reflect this; the European added value should also be clear.

The MB advised that a working group of members from the MB and AF should further look at the details. That group met on 21 September and gave a number of detailed comments, indicating that the 2008 work plans should show a *direct link to the budget allocated for each priority.*

On 24 September ECDC and SANCO C met and a joint review of main programme areas was undertaken, resulting in agreements on issues of mutual interest and support.

The 12th Advisory Forum meeting on 14 November reviewed document AF12/5 ECDC 2008 Annual Programme of Work. No firm recommendations were made regarding the general structure of, or priorities in, the document, but a number of detailed comments were made.

As agreed with the Chair of the MB, ECDC also sent the AF12/5 document to the MB members for their comments and three members responded.

Major priorities in 2008

SMP 2007-2013 divides its seven Targets into three Groups: *Group I: Disease-specific issues* (Target 1), *Group II: Public Health functions* (Targets 2-6)² and *Group III: Partnerships*³ (Target 7).

Since its creation in May 2005 ECDC has given highest priority to the development of the *Public Health Functions*, and in 2008 ECDC will continue to further develop and consolidate these.

² Surveillance, Scientific Advice, Preparedness and Response, Training, Communication.

³ Cooperation with EU structures, Member States, IGOs and NGOs.

However, from 2008 higher priority will be given to *disease-specific* areas of work than was done in 2007 and to the cooperation with the Competent Bodies in the Member States. For all the disease-specific work particular attention has been given to a *science watch function*, with more emphasis on the *evidence base* and *good models of practice* for intervention methods, and to improved communication with the scientific community, the media and the general public.

In more general terms the *European added value* has been in the forefront of priority discussions and decisions as outlined in the Executive Summary.

Target 2: Communicable disease surveillance

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

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

Disease-specific surveillance adjusted to the results of evaluations of DSNs.

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

To have made significant progress in improving the quality and comparability of the surveillance data and reports.

Expected results in 2008

To have a long-term European surveillance strategy adopted and a road map for implementation (Regulation (EC) No 851/2004 Arts 2(a), (d), 3, 5, 11).

To have disease-specific strategies and objectives 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).

The *European added value* of a coordinated approach to surveillance on the European level will include the standardisation of reporting and the centralisation of databases, so MS will have to report only to one place and with a standardisation of outputs as far as possible. Thus it will tackle disease surveillance in a synergistic way and avoid duplication of work. This will form the basis of working towards improving the comparability of data between countries and should help to provide better quality public health evidence but at the same time it also promotes outbreak detection at the European level. This approach emphasises supporting the MS to help strengthen their national surveillance systems and should help promote certain diseases to be included in both the surveillance and the research agenda according to European priorities.

Products related to Strategy 2.1: To establish EU wide reporting standards and an integrated data collection network for surveillance including all MS and covering all communicable diseases with the detail necessary according to their priority

- Implementation of the long-term European surveillance strategy.
- Disease-specific strategies and objectives for future surveillance taking the results of evaluations and assessments of networks into account.
- Further development of TESSy incorporating more enhanced surveillance and integrating DSN databases.
- Promotion of the new case definitions.
- Priority list of diseases for surveillance.
- Development of disease-specific surveillance re agreed objectives and priorities.

- Cooperation with external partners further developed.

Products related to Strategy 2.2: To analyse trends of public health importance for EU and its MS regarding communicable diseases in order to provide a rationale for public health action on the EU level and in MS

- Regular analysis of data, including improving the quality of the data.

Products related to Strategy 2.3: To ensure that the reports on trends of public health importance for EU and the MS regarding CDs are produced and disseminated to reach all stakeholders in an appropriate manner to ensure that appropriate public health action is taken

- Periodic information dissemination on disease surveillance fully operational

Products related to Strategy 2.4: To maintain a system for quality assurance of the surveillance data that will also enable progress towards improving comparability of data between all MS

- Supporting the development of the capacity within the MS surveillance systems.
- Improve the data comparability between MS.

Target 3: Scientific excellence and information

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

The medium-term aim is to achieve a position where it can actively set an agenda to:

- improve public health practice;
- determine the relevant scientific and public health questions;
- determine what are the urgent issues for the EU and its MS;
- provide the basis for preventive actions.

Public health research catalyst: Working closely with DG Research and other funding bodies, SAU will continue to influence priority settings to respond to important public health issues, and strive to get in earlier in their planning process. The Unit will actively disseminate new scientific knowledge and provide researchers with information about on-going projects, funding possibilities, etc. SAU will finalise the mapping of institutions where outstanding public health science is performed, and make this available to MS. The ESCAIDE will be repeated annually.

Promote, initiate and coordinate scientific studies: Two major projects in this area are the projects on infectious disease in migrants, and on climate change and infectious diseases. Both cut across most of the disease-specific activities at the ECDC. The third big project is the one on the present and projected future burden of infectious disease in the EU. All three projects address urgent issues and their results will provide a basis for preventive action in the MS.

Produce guidelines, risk assessments, scientific advice: The objective is to set up Scientific Consultation Groups in a number of areas. Working with these groups, the Unit will produce guidelines and advice to improve public health practice in MS, to improve expertise and capacity in MS essential to good public health practice, to provide a basis for effective methods to prevent infectious diseases, and to explicitly identify gaps in knowledge and encourage data collection and research to fill these gaps. The work described in the previous two paragraphs will naturally feed into this process.

Prime source of scientific advice on communicable diseases: A structure will be built up that organises the knowledge produced in the ECDC, plus relevant external sources, in an easily retrievable format. A “Science Watch” function will be set up, to provide experts in the EU with updates of research of public health relevance.

Microbiological laboratory support: The strategy for ECDC cooperation with laboratories will be implemented to serve the ECDC needs and its remit to improve public health laboratory practice. Through agreements – with National Reference Laboratories and with academic institutions – ECDC will have a system that works as well as (or better than) having its own laboratory in house. Core requirements for public health microbiology will be established, and a process well under way to assist in capacity strengthening.

Expected results in 2008

- Continued and fruitful close cooperation with DG Research.
- ESCAIDE 2008 organised and completed.
- Five Scientific Consultation Groups set up.
- First reports on migration, climate change and infection published, and method for study on present and future burden of disease developed.
- Internal process for scientific advice and risk assessments finalised.

- The first version of the Knowledge Management system operative.
- The strategy for ECDC cooperation with laboratories operational.

Products related to Strategy 3.1: To function as a public health research catalyst

- Second ESCAIDE conference held.
- Five Scientific Consultation Groups will have been set up to assist ECDC in providing scientific advice for effective methods to prevent infectious diseases.

Products related to Strategy 3.2: To promote, initiate and coordinate research for evidence-based public health and to identify future threats

- Situation analysis and guidance on migration and infectious diseases.
- Situation analysis and guidance on adaptive strategies to address climate-related impact on diseases of food, water, vector and environmental origin.
- Methodology development and launching of ‘Measurement and forecasting of the burden of infectious diseases and impact of intervention in the EU’.
- Capacity building for developing modelling tools for public health decisions.

Products related to Strategy 3.3: Produce guidelines, risk assessments and scientific advice

- Internal procedures for opinions, risk assessments, guidelines, etc. (in cooperation with other Agencies and Commission).
- Answers to scientific questions, risk assessments and guidelines.
- Assessment of ECDC impact on public health practice in MS started.

Products related to Strategy 3.4: Be a major source of scientific advice on communicable diseases

- First version of the Knowledge Management system operative.
- Scientific library operative.

Products related to Strategy 3.5: To promote and support the strengthening of microbiology for CD prevention, control, and scientific studies in the EU region

- Establish and coordinate ECDC collaborations with microbiology laboratories.
- Assist Commission in its development of a plan for laboratory cooperation.
- Group to address dual use problems in biotechnology established.
- Capacity-building for microbiology laboratories.
- Work closely with the National Microbiology Focal Points.

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

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

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

Tools for information and communication, will lead to *smooth and timely communication between scientific advisors and decision makers*. An updated Early Warning and Response System (EWRS) will secure a *solid EU platform for risk management of health threats*. Guidance for EU MS for the revised IHR will lead to *agreed procedures for coordination of epidemic assessment in the EU*.

Intentional release of biological agents will be integrated into ECDC work, thus providing *Defined criteria for epidemiological assessment of intentional incidents*.

A partner laboratories network (as part of ECDC's overall laboratory collaboration) for threats of unknown origin will ensure a *much improved diagnostic capacity for confirmation of a wide variety of threats*. Improved procedures will make possible an efficient and rapid response to outbreaks in the field.

The ECDC EOC will coordinate risk assessment in the EU – supported by enhanced IT/videoconferencing facilities – speeding up crisis assessments of a threat.

Over the period, the focus of activities will gradually shift from building the capacity at ECDC to support the strengthening of capacities in the MS.

All of the above will mean a clear *European added value* in creating a robust system and specialised resources for rapid detection, analysis and reaction to emerging health threats, ensuring a wide geographical coverage and being able to quickly mobilise resources from throughout the region that will use the same methods and know intimately the procedures required. ECDC will not only enhance the overall preparedness of the region, but it will also reduce the workload of MS through provision of the above information. The *European added value* of preparedness activities will be to ensure the optimal compatibility and interoperability of those of the EU Member States.

Expected results in 2008

Early warning

New *Risk assessment (EPIS) and Risk management (EWRS)* ECDC communication tools with MS and EC will be functional and operational from the ECDC premises. A plan for ECDC epidemic intelligence for *travel-related health threats* will be developed. MS, EC and others will have obtained *access to EPIS and the Threat Tracking Tool* for CD threats in EU. Daily, weekly and annual *Bulletins on emerging threats* will have been produced.

Investigation and response to threats

Improved *coordination procedures/resources (including laboratories)* for investigation/response to emerging threats will be operational. Rapid deployment of *Outbreak*

Assistance Teams will be ensured when needed, all supported by agreed TORs and SOPs.

ECDC's role related to *intentional release of biological agents* will have been clarified, in support of assessment of deliberate/accidental release incidents.

The ECDC *Emergency Operation Centre (EOC)* will be further developed in its capacity and its standard operating procedures will be technically robust to cope with routine and crisis-related activities. EOC will take part in planned simulation exercises and adjust its procedures accordingly. It will serve as the backbone for routine threat detection and monitoring as well as coordination of risk assessment.

EOC will be linked to relevant existing alert mechanisms in the EU, ready to play a key role in a European network of similar institutions. Having identified the needs of all EU MS to effectively interact with ECDC, EOC will be ready to operate in a European network of national Operations Centres, and able to provide logistic and scientific support to OATs for their deployment and backup.

Preparedness

ECDC has completed assessment of national preparedness for pandemic influenza in 2007, and developed a follow-up strategy to maintain an optimal level of preparedness across the EU; the preparedness status of MS will subsequently be consistently monitored. Guidance for enhancing preparedness for large mass gatherings, will result in ECDC and MS agreeing on the same principles to cope with risk of outbreaks during major gatherings.

ECDC will support a smooth implementation of the revised International Health Regulations across the EU, by assisting interested MS in improving their monitoring of the IHR implementation.

Products related to Strategy 4.1: To develop an efficient integrated early warning system about emerging threats in Europe

- Threat tracking tool and Threat monitoring bulletins (daily, weekly, annually).
- Plan for travel medicine epidemic intelligence.
- Annual meeting with Competent Bodies.

Products related to Strategy 4.2: To develop mechanism for support/coordination of investigation/ response to health threats

- Laboratory network for response.
- Response guidelines, studies, outbreak assistance teams, simulation exercise.
- Procedures for collaboration on vector surveillance activities in Europe.
- Annual meeting with Competent Body.
- Support to MS for establishment of communication with ECDC-EOC.
- EOC information systems integrated in ECDC; linked to all EU alert systems.

Products related to Strategy 4.3: To strengthen the MS and EU preparedness to CD threats, pandemic preparedness

- IHR smoothly implemented in the EU by MS.
- Meeting with Competent Body.
- Integration of deliberate release strategy components into ECDC into PRU.

Target 5: Training for the prevention and control of CDs

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 MS, based on a set of defined core competencies. Based on an inventory of existing resources across the EU, ECDC will have developed the partnership and funding mechanisms to ensure a comprehensive approach to strengthening EU capacity to detect and respond to communicable disease threats. The outcomes over the mid-term period should cover:

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

Since the establishment of ECDC, the focus has been primarily on addressing the global needs for the European community. Over the medium-term period, the focus will be gradually shifted towards addressing the needs for EU MS.

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

Expected results in 2008

A needs assessment of MS re training in *Applied Epidemiology* will be completed, the *EPIET* programme will be integrated into ECDC, and the new EPIET strategy will have been adopted by ECDC's MB. There will be an enlarged *partnership* with European training programmes; *short training modules* re MS' capacity needs in applied epidemiology; a reference *training manual on applied epidemiology and an AMR training curriculum*. ECDC will provide an *internet portal* for MS re training materials and resources.

Products related to Strategy 5.1: To develop EU capacity on prevention and control of CDs through training

- Needs assessment for training in applied epidemiology in EU MS.
- EPIET programme fully integrated in ECDC core activities.
- Revised training strategy for ECDC.
- Short courses on communicable disease investigation and response.

Products related to Strategy 5.3: To create a training centre function within ECDC

- Curriculum for a course on control of multidrug-resistant micro-organisms.
- Curriculum for a one-week course on influenza issues.
- Contribution to C3/JLS training on forensic epidemiology.
- Curriculum on threat assessment.

Target 6: Health communication

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

Scientific communication: Cornerstone will be an integrated web portal/information system (internet, extranet for our partners and intranet), with comprehensive disease information and interface to the various ECDC databases, and a repository of scientific publications. The development of this system will finish in early 2009, but the portal will be continuously expanded and further developed. Work will continue to establish *Eurosurveillance* as the main European journal in its area, supported by a new website and graphical profile in early 2008.

Public communication and media: A proactive media service is of strategic importance, and additional audiovisual offerings will make ECDC messages more attractive and easily available. Direct information to the public will mainly be through the ECDC multilingual website available in all official EU languages. Products aimed at the public could include fact sheets, travel advice, and answers to Frequently Asked Questions. 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. A basis for this work will be networks of communicators in the Competent Bodies (including press officers, web editors and health communicators).

Support to MS: More resources will gradually be available for building expertise and a knowledge/resource centre on broader health communications issues that could support MS activities. Such support will focus on coordination of major multinational events, providing communication toolkits, giving advice and surveying knowledge, attitudes and behaviours in support of national/EU-wide campaigns and prevention programmes.

Expected results in 2008

The main focus in 2008 will be the implementation of a technical communication infrastructure, providing a gateway to all ECDC scientific and technical outputs to health professionals and a wider public (internet), to external partners (extranet) and ECDC staff (intranet). A targeted group-specific communication approach will be present in all ECDC scientific activities, and efforts will be made to improve the dissemination of scientific/technical information. *Eurosurveillance* will become of increasing importance in this regard. A competence and resource centre in risk/health communication will start to form and ECDC will play a growing role in providing support to MS. The key communication events in 2008 will be the launch of the TB Action Plan (March), the launch of ECDC's Annual Epidemiological Report (May/June) and EU Antibiotic Awareness Day (November).

Strategy 6.1: Communication to professional audiences

- Updated interim website with integrated information from the present DSN websites.
- Good progress in the implementation of the new ECDC web portal.
- Fully integrated communication strand in all ECDC scientific/technical work.
- *Eurosurveillance* “enhanced” with a new layout, website and elevated scientific profile.

- Progress in the establishment of an intranet, providing easy access to ECDC knowledge base and making other necessary resources easily available to ECDC staff members.

Strategy 6.2: Communication to the media and to the European public

- Highly professional service to the media and coherence in risk communication with other key public health actors in Europe.
- Improved infrastructure for informing on ECDC activities.
- Key information to the public available electronically and printed in all official languages.

Strategy 6.3: To support the MS health communication capacities

- Embryo of a broad competence centre in health communication established within ECDC.

Target 1: Disease-specific work

Grouping of disease-specific work

There are very many communicable diseases and conditions which fall within ECDC's mandate. Clearly, it is not practical for ECDC, given its resources, to develop a detailed plan for each of these. In view of the relative importance to the EU and its MS, ECDC has chosen to operate with *seven disease-specific groups of work for 2008*⁴ (Annex I).

Priority setting among the disease-specific groups

As regards the priority setting among the groups, the *Influenza* work of ECDC has been pioneering. This has provided MS and the EU with much practical guidance the previous two and a half years; its expansion will therefore level off somewhat in 2008.

The 2007 ECDC Epidemiological Report showed that *AMR/HCAI* is a growing problem, as are the rising rates of *HIV* and the continued threat from *Tuberculosis*; these areas of work will therefore get higher priority in 2008. More attention will also be given to work dealing with the effect of *Climate change* and *Migration*.

Priority elements for all disease-specific work in 2008

While each disease group will have its specific characteristics and thus also development priorities, ECDC will in 2008 try to foster a concerted development of certain key functions across them:

- A '*Science Watch*' function, monitoring upcoming issues in its area - emerging threats and other disease trends, new technologies or new prevention methods, etc.
- *Production of scientific advice, risk assessments, guidelines and topics for research*. These aim at serving MS with practical tools for their national work and identifying weaknesses in scientific knowledge and tools – subjects for concerted research.
- An "*update*" meeting. Bringing together key experts around a current topic to, for example, analyse the present state of the art, interesting developments of importance in MS.
- A *web update function*, periodically updated on important scientific findings, emerging threats, EU developments, international initiatives (WHO, CDCs, etc.).

⁴ The number and types of these may vary in future years as ECDC and the disease spectrum develop.

Influenza

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

The work will support MS, the EC and other EU bodies in their efforts to decrease the morbidity, mortality and economic burden due to seasonal influenza, notably by increasing immunisation. It will continue supporting preparations for pandemic influenza with a particular focus on reducing the inequality in preparedness by targeting specific MS and issues where significant gaps remain. A robust scientific base for influenza control in Europe will be promoted, informing/influencing the European influenza research agenda towards public health needs.

Expected results in 2008

Seasonal Influenza Portfolio supporting the Commission Paper to Council in December 2008. Detailed surveillance strategies and objectives for seasonal and pandemic influenza. A research plan for investigating and better understanding influenza transmission and control. A burden of disease and foresight approach to influenza prevention and control, and a revised set of pandemic preparedness indicators agreed with the EU Health Security Committee.

Products related to Strategy 1.1 re health, economic and social impact

- Develop and promote burden of disease and foresight approach to influenza prevention and control including assessment of potential health gain from improved interventions (notably immunisations).
- Further integration of routine surveillance of influenza disease in EU (EISS), including via implementation of EISS transition plan.
- Strengthened seasonal surveillance: mapping project.

Products related to Strategy 1.3 re evidence base for methods and technologies for CD prevention and control

- A routine system for estimating coverage and effectiveness of seasonal influenza vaccination.
- Published recommendations for EU public health research agenda, including specific research to understand mechanisms of influenza transmission and mitigation strategies.

Products related to Strategy 1.4 re programmes for prevention and control at EU level and in Member States

- Work programme on pandemic influenza including public health intervention 'menu', surveillance in a pandemic, including the use of 'Now Casting' and short-term forecasting approaches, the development of modelling tools to be used in a pandemic, and Support to three *Candidate Countries* in Pandemic Preparedness.
- Evidence-based ECDC position paper and guidance on antivirals.
- Guide to evaluation of seasonal influenza intervention programmes in MS.
- Seasonal influenza evidence-based guide to risk groups and their vaccination value.
- Establishing of Consultation Group and stakeholder meetings, notably C3, WHO.
- Evaluation of influenza communication toolkit project.

Tuberculosis

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

Better harmonised TB surveillance (especially re population groups/geographical areas at high risk, and multi-drug resistance). Network of laboratories will harmonise TB diagnostic methods and integrate more with surveillance and outbreak response. Assistance to countries in TB surveillance, guidance on TB control and outbreak investigation and response established. Also guidance on new diagnostic tools, vaccines, treatments and interventions on specific risks developed. Routine monitoring of key scientific developments and publication of opinions through the Centre's two core platforms: the website and *Eurosurveillance*. EU communication and advocacy programme in place. Better partnerships with the Commission, WHO EURO, other partners and other ECDC projects (MDR, HIV/AIDS).

Expected results in 2008

The products planned for 2008 are mostly linked to the strategic developments in the EU TB Action Plan requested by the Commission. Joint WHO EURO/ECDC surveillance for TB will be in place. A *Network of TB reference laboratories* will be established. Technical report on TB Action Plan will be available, and guidance on migrants will be issued.

The *European added value* of a joint WHO EURO/ECDC TB surveillance will remove the need for countries reporting to both organisations and standardise systems and methods to improve the comparability of data between countries. The laboratory network will contribute to the standardisation of methods and the integration of lab and epidemiological data at EU level. The guidance will help MS to better control and eliminate TB at the country level, especially the smaller or less well-resourced MS. ECDC will associate, when it is possible, countries from where the majority of TB migrants originates, in order to help them improve their fight against TB.

Products related to Strategy 1.1 re health, economic and social impact

- Integration of TB surveillance in the European region, jointly with WHO EURO.
- Laboratory network.
- Liaison and scientific activities in support of TB research and retooling.

Products related to Strategy 1.3 re evidence base for methods and technologies for CD prevention and control

- Framework guidance on TB control in migrants.
- MDR and XDR-TB analysis of the management of clinical cases of TB.
- Develop collaborative activities TB/HIV.

Products related to Strategy 1.4 re programmes for prevention and control at EU level and in Member States

- Technical development of Action Plan to fight TB in the EU
- Country visits.
- Coordination of contact tracing of infectious TB cases travelling internationally.
- Health communication with regards to TB.

HIV/AIDS, STI, Hepatitis B&C

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

Based on review/evaluation of HIV/STI surveillance and prevention programmes, development of a fully integrated surveillance system (with regular reports) for HIV/AIDS jointly with WHO EURO. To establish new surveillance systems for three bacterial STIs and viral Hepatitis. Provide scientific guidance documents on key prevention strategies including Chlamydia control, HIV testing, screening of migrants, partner notification. A standardised behavioural surveillance to promote “second generation” surveillance across Europe. To have better country estimates of the true burden of HIV disease, including the economic and social impact. To have a HIV Monitoring and Evaluation programme to review national HIV prevention and control programmes in Member States, including the follow up of the HIV EU action plan. To have reviewed and evaluated HIV/STI surveillance and prevention programmes through country visits. An informative/ updated website for the general public, professionals and epidemiologists established.

Expected results in 2008

Coordinate surveillance for HIV/AIDS in European region jointly with WHO EURO. To have a proposal for *surveillance methods for Chlamydia and Hepatitis B & C*, and sexual behaviour related to HIV and STI. To have a transition plan for STI surveillance. Reports on (1) *HIV/AIDS epidemiology*, (2) *Guidance on Chlamydia control in Europe* (3) *HIV in migrants*. Assessment of *HIV testing policies*, practices and outcomes in EU countries will be carried out and finalised in 2009. On-going evaluation of *partner notification for bacterial STI and HIV* and development of new models re HIV estimates. Proposal for an HIV prevention *Monitoring and Evaluation programme*. Informative *website* on HIV, STI and viral hepatitis.

Products related to Strategy 1.1 re health, economic and social impact

- Annual report on HIV/AIDS epidemiology.
- Transition of surveillance for STI in Europe.
- Proposal for enhanced surveillance for Chlamydia in Europe.
- Proposal for surveillance for hepatitis B and hepatitis C in Europe.
- Website on key developments regarding HIV, STI and viral hepatitis.

Products related to Strategy 1.2 re CD determinants

- Identify research priorities in relation to HIV and STI.
- HIV and migrants in EU: epidemiology best prevention practices.
- Proposal for standardised EU behavioural surveillance related to STI and HIV in Europe.

Products related to Strategy 1.3 re evidence base for methods and technologies for CD prevention and control

- Guidance on Chlamydia control in EU countries.
- Development of an HIV prevention monitoring and evaluation programme.

Products related to Strategy 1.4 re programmes for prevention and control at EU level and in Member States

- HIV consultation group.
- Country visits for HIV and STI.
- EU collaboration.
- EU level activities.

Food- and water-borne infections

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

Enhanced surveillance in place for food- and water-borne pathogens. Outbreak reporting system implemented and support needs in MS level identified. Comparability of incidence data assessed for 4–6 pathogens. Geographical data linked to TESSy and available for analyses. Cooperation within the field of food- and water-borne diseases developed. Studies on the evaluation of new molecular typing methods for surveillance performed. Risk assessment of hepatitis E undertaken. Burden of priority diseases assessed. Multinational epidemiological studies on risk factors for FWD prepared. Regular and up-to-date health communication in the field of FWD targeted at professionals and general public is established.

Expected results in 2008

Future surveillance for priority FWD developed, major factors affecting comparability of FWD incidence data defined. Participation in activities on burden of disease. A study on incidence of campylobacteriosis and salmonellosis using serology organised. After review of scientific developments on emergence of norovirus strains EU-wide guidelines on prevention and control of norovirus outbreaks in community settings produced. Guidelines on prevention of CJD will be produced. International response to FWD outbreaks will be enhanced. A listeria review will be performed. Joint country visit with EFSA will be organised. Collaboration with external partners will be enhanced. Efficient dissemination of ECDC scientific FWD outputs as high priority.

Products related to Strategy 1.1 re health, economic and social impact

- Future surveillance for priority FWD has been developed.
- Integration of laboratory and epidemiological surveillance for priority FWD.
- Participation in activities on burden of disease as regards FWD.
- Incidence study of campylobacteriosis and salmonellosis using serology.
- Major factors affecting comparability of FWD incidence data studied.
- Scientific developments on emergence of norovirus strains.

Products related to Strategy 1.2 re CD determinants

- FWD contribution to prioritising diseases for surveillance at the EU.

Products related to Strategy 1.3 re evidence base for methods and technologies for CD prevention and control

- Review and production of EU-wide guidelines on CJD and norovirus.
- Improve coordinated international response to FWD outbreaks.

Products related to Strategy 1.4 re programmes for prevention and control at EU level and in Member States

- Joint country visit with EFSA.
- Listeria review.
- Establish regular health communication as regards FWD.

Other diseases of environmental and zoonotic origin

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

The creation of a core of expertise within ECDC, related to the main groups of diseases, will be used to develop and coordinate a well-connected European network of experts. High priority will be given to the identification of those diseases that are the most important for Europe in terms of prevention and control, and on that basis identify the main gaps for a rational European EZO prevention and control strategy.

Expected results in 2008

Recommendation for ECDC's role in travel medicine. Risk assessment for vector-borne diseases and needs assessment for vector surveillance. Participate in selected networks concerning intentional release agents with key stakeholders. Full support to outbreak assistance teams for (re-)emerging diseases and identify diagnostic laboratory capacity in Europe. Ensuring transition of the Legionnaires' disease surveillance.

Products related to Strategy 1.1 re health, economic and social impact

- Dissemination of ECDC scientific outputs and public health developments.
- Communication material on Chikungunya for the general public and professionals.
- Threat report for AF.

Products related to Strategy 1.2 re CD determinants

- Procedures for collaboration on vector monitoring activities in Europe.
- Identification of priority areas of work related to vector-borne diseases in Europe.

Products related to Strategy 1.3 re evidence base for methods and technologies for CD prevention and control

- Production of guidelines and risk assessment on priority issues in the EU.
- Identification of experts/organisation in the EZO areas and diagnostic capacity.
- Map of EU research activity and participation in setting of PH research priorities.

Products related to Strategy 1.4 re programmes for prevention and control at EU level and in Member States

- Transition plan of Legionnaires' disease surveillance activities.
- Listing of surveillance objectives for every EZO disease.
- Laboratory network for response.
- Revised guidelines for Legionnaire's disease prevention and control.
- Plan for the implementation of epidemic intelligence activities related to travel medicine.
- Integration of deliberate release strategy components into PRU core functions.

Vaccine-preventable diseases

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

ECDC' VPD work – assisted by the establishment of the *European Vaccination Consultation Group* – will support MS with providing scientific advice on vaccines and vaccine preventable diseases. It will support MS in setting up systems for reporting trends and complications, as well as for monitoring the impact of vaccination programmes (special focus on invasive bacterial diseases), ECDC will work with WHO EURO and the EC in supporting MS to eradicate measles and rubella by the end of 2010 in the European region. Additionally, ECDC will work towards establishing a standardised system for AEFI monitoring and management in the EU. It will also work towards the establishment of an evidence-based flexible childhood immunisation schedule for children having to adapt from one national schedule to another.

Expected results in 2008

The EVEC will be set up and functioning. All issues related to childhood immunisation schedules will be discussed. Significant progress will be made towards the measles and rubella immunisation goal. Invasive bacterial diseases will be monitored by EU-wide surveillance which is to be established.

Products related to Strategy 1.1 re health, economic and social impact

- Surveillance of 'new' vaccine-preventable diseases (HPV, rotavirus).
- Annual Report on Threats – VPD and efficient dissemination of ECDC scientific disease outputs and associated media activities.

Products related to Strategy 1.2 re CD determinants

- Childhood immunisation schedule guidance.
- Measles surveillance in EU.

Products related to Strategy 1.3 re evidence base for methods and technologies for CD prevention and control

- Continue providing scientific advice and guidance on specific vaccination issues, including guidance on the impact of HPV vaccination programmes.
- AEFI management in EU.
- VENICE transition plan, integration of EUVACNET monitoring system for measles outbreak, and early detection and response to VPD outbreaks.

Products related to Strategy 1.4 re programmes for prevention and control at EU level and in Member States

- Develop a tool/guidance document to provide MS with specific indicators to self-assess and improve the MMR vaccination programme.
- Scientific Consultation Group (European Vaccination Consultation Group).
- Surveillance of invasive bacterial diseases in EU, including laboratory capacities support; close collaboration with EUVACNET and DIPNET.
- Report on VPD public health developments; other scientific VPD outputs dissemination and media events (including European Immunization Week)

Antimicrobial resistance and healthcare-associated infections

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

Antimicrobial resistance (AMR) and healthcare-associated infections (HCAI) are among the most serious public health problems, globally and in Europe. It is estimated that approximately three million patients will acquire a HCAI each year in the EU and that these infections result in approximately 50 000 deaths. At least, one fourth to one half of these deaths is due to the most common multi-drug resistant bacteria.

Increased awareness among the European public and physicians about AMR and the rational use of antimicrobials. Improved coordination of activities in this area, and effective exchange of experiences among MS. Guidelines for the prevention and control of MRSA in hospitals and in the community (systematic reviews). Transition and integration of the AMR & HCAI dedicated surveillance networks. Analysis of the gap between increasing multi-drug resistance in the EU (horizon scanning) and the lack of novel antibacterial drugs.

Expected results in 2008

Establishment of a *HCAI Advisory Group*. First European Antibiotic Awareness Day to raise awareness about AMR and the rational use of antimicrobials. Benchmarking data on the extent of OTC use of antibiotics, i.e. without prescription, in the EU. Guideline for *C. difficile* control (systematic review). Advocacy paper on successes in controlling MRSA. European antimicrobial susceptibility testing guidelines.

Products related to Strategy 1.1 re health, economic and social impact

- Development and implementation of basic and enhanced surveillance for HCAI.
- European antimicrobial susceptibility testing guidelines.
- Survey on the epidemiology of *Clostridium difficile* 027 and its spread in Europe.

Products related to Strategy 1.2 re CD determinants

- Report about antibiotics obtained over-the-counter without a prescription in the EU.

Products related to Strategy 1.3 re evidence base for methods and technologies for CD prevention and control

- Guideline on control measures to limit the spread of *Clostridium difficile*.
- Advocacy and guidance on various strategies for MRSA control.
- Analysis of the gap between increasing multi-drug resistance in the EU and the lack of novel antibacterial drug in the pipeline.

Products related to Strategy 1.4 re programmes for prevention and control at EU level and in Member States

- Reports on country achievements on AMR using guidelines already issued by Commission and Council and coordination of MS activities.
- Provision of expert advice on prevention and control of HCAI.
- AMR/HCAI section of ECDC website, including “Science Watch” on AMR/HCAI.
- First European Antibiotic Awareness Day to increase awareness of European citizens about AMR and antibiotics.

Target 7: Partnerships

Country relations and coordination

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

Through active work with the countries, ECDC will have established and developed cooperation programmes with some countries and tested them, and have an operational database of country contacts, resources and capacities.

Expected results in 2008

Tested and then expanded *Country Agreements* between ECDC and individual MS. *Databases* on country inventory/CD country profiles, ECDC country agreements and operational activities, cooperating institutions/contacts established. A *methodology for assessment of a country's CD organisation and policy* pilot tested. A strengthened *Epinorth* network. Markedly improved coordination of ECDC's *country missions/visits*.

Products related to Strategy 7.1: To develop programmes of ECDC cooperation and support on CD with each MS

- Country cooperation frameworks and agreements with some interested MS.
- Databases on country resources, capacities, programmes and gaps/needs.
- ECDC level coordinated country missions/visits.

External relations and partnerships programme

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

Through active work with all the stakeholders, ECDC will have established and developed cooperation programmes with all partners, and have an operational database of partner contacts, resources and capacities.

Expected results in 2008

There will be a well coordinated overall ECDC *collaboration with the Commission, EP and Council*, including an effective *information flow* between those EU structures and ECDC on all policy and programme issues of mutual interest. Likewise, there will be effective information exchange and cooperation with *WHO* (HQ and the Regional Office for Europe in particular), other relevant selected *IGOs*, major *CDCs*, *NGOs* and *Foundations*. An ECDC External Relations *Database* (major programme activities, partner organisations, institutes and resource persons) will have been developed.

Products related to Strategy 7.2: To ensure a close and productive cooperation with all EU structures whose activities can contribute to CD prevention and control

- Dialogue/briefings EC, EP, EU Health Presidencies, other EU institutions.
- ECDC External Relation Strategy finalised.
- Secured seed funding/cooperation for three “Candidate countries”; contacts established with “neighbouring countries”.

Products related to Strategy 7.3: To maintain effective working relationships with WHO and other IGOs, NGOs, scientific institutions and Foundations of key importance to ECDC’s work

- External relations database established.
- MoUs⁵ with selected CDCs, NGOs; Networking WHO, IGOs, NGOs, Foundations

⁵ Memos of Understanding between ECDC and another institution or organisation.

Target 8: Leadership⁶

Governance

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

The medium-term projections for the Governance programme are to strengthen all its components to ensure they function effectively and respond to the needs. A particular priority for the Management Board (MB) during the period under review will be to assess the outcomes (expected at the end of 2008) of the external evaluation started in 2007. Based on its assessment of the results of that evaluation, the MB will advise on the possible need for extending the scope of the Centre's mission to other relevant Community-level activities in the field of public health. If so, the MB will also have to update ECDC's Strategic Multiannual Programme 2007-2013.

In 2007, the designation of the Competent Bodies was put in place, and this will improve the possibilities for the coordination of work.

The *European added value* of the programme is to ensure that ECDC's work has a Europe-wide view and operates within EU rules and regulations.

Expected results in 2008

The Governance programme will further develop in 2008 to ensure high quality support to the MB and the AF through timely preparations for, and efficient conduct of meetings and otherwise to maintain good communication with the MS. As it is the MB that compiles the list of Competent Bodies in the MS, the Governance function will need to work closely with the Country Relations and Cooperation function to have the address lists updated and communication lines established.

A key challenge in 2008 is the external evaluation of the Centre, and the Governance function will provide the MB with all necessary support to ensure efficient communication and coordination of work between the contractor and the MB.

The renewal of membership of the MB will take place in September 2008, necessitating support and careful attention in order to ensure a smooth continuity of the work of the Board.

Products relative to Strategy 8.1: To provide effective Governance

- Quality support to MB and AF provided.
- Good communication between ECDC and MB/AF.
- Updated list of / established communication channels with the *Competent Bodies*.
- Support the first external evaluation of ECDC.

⁶ Not among the seven official Targets in ECDC SMP 2007-2013, but added for internal purposes, to apply the same management principles to this area of work.

Strategic management

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

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

Progress towards the SMP 2007-2013 and its seven Targets will be routinely monitored and the results used for the MB's (mid-term and 2013) and ECDC's (annual) evaluations.

ECDC's *Annual Work Programmes* (AWP) - with their medium-term perspectives - will take their points of departure directly from the Targets and Strategies of the SMP, providing a longer term, stable programme structure.⁷

ECDC's *Programme Management System* for planning, implementation, monitoring and evaluation will be improved and computerised. It will ensure that all ECDC Work Programmes will be directly linked from the SMP down to operational activities and their resource use. Authority and responsibility at different levels of the hierarchy will be adjusted to increase efficiency in operations and staff motivation. Monitoring and evaluation will be systematic, emphasise programme outcomes and efficiency, include feed-back loops and promote self-learning for individuals and management groups.

Management skills and performance of individual staff and management groups at different levels will be enhanced through clear management processes, training and coaching focusing on programme outcomes and inter-personal management issues.

Expected results in 2008

A dedicated information system for routine collection of the necessary data regarding the SMP 2007-2013 indicators will be developed, pilot tested and in routine operation. The SMP 2007-2013 will have been published, also on ECDC's website. ECDC's Annual Work Programme for 2009 will have been elaborated according to the new SMP framework. An improved version of ECDC's Programme Management System will have been developed and pilot tested. A user-friendly computer system for the new PMS will have been developed and pilot tested. An enhanced Management performance will have been achieved. Improved secretariat support will have been achieved, including improved computerised tools.

The ECDC organigramme clarifies the structure: the Cabinet and five units: Scientific Advice, Surveillance, Preparedness and Response, Health Communication and Administration are the vertical units delivering on the public health functions, whereas the disease-specific programmes cut across horizontally for the most efficient use of staff capacity, thus creating a matrix organisation (Annex II). The Executive Management Committee (EXC) will unite the Director and the five unit chiefs, will advise the Director on all important issues. The forum for EXC and programme staff will reflect the growing importance of disease-specific issues.

Products related to Strategy 8.2: To provide high quality overall management in ECDC's work and use of resources

- Functioning SMP indicator monitoring system.

⁷ Each AWP will outline the organisational structure of ECDC, and internally clear managerial responsibility will be assigned for each programme element.

ECDC Management Board

MB11/5

- *SMP 2007 – 2013* publications and website.
- 2009 ECDC Work Programme.
- Improved Programme Management System, performance, secretariat.

Internal audit

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

Well-functioning internal audit service will be provided. There will be improved risk management, control and governance systems.

Expected results in 2008

A risk-based approach will be implemented. Audit findings and recommendations will receive a proper management response and follow-up. Cooperation with the Audit Committee and the Management Board will be successful. A Management Risk Assessment exercise implemented.

Products related to Strategy 8.3: To provide a high quality internal audit service

- Annual internal audit report.
- Coordination with other audit institutions.
- Liaison with the Audit Committee.
- Contribution to better risk management, control and governance systems.

Administration

As was the case for *Leadership* it has been decided to also make a special Target in the AWP for internal management purposes regarding the administrative area.

Target 9: ECDC's administration will foster excellence in service provision, facilitate the operational activities of the Centre, ensure that the human and financial resources are properly and efficiently managed in a good working environment.

Administrative services

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

To consolidate the established services and to further develop the capacities required to support the Centre as an organisation growing towards 300 staff. The objective in the medium term will focus on further institution building, assuring business continuity while applying best practices in the administrative areas.

The financial resources of the Centre will be properly and well managed, and reported in a clear and comprehensive manner. Meetings and travel requirements will be coordinated and organised in accordance with ECDC rules and regulations in an efficient and cost-effective manner. The premises and logistic services will be developed and managed to enable the operational functioning of the Centre and to make it a good place for staff to work. The intended growth in staff will be planned, and the development of the organisation and its staff will be fostered.

The ICT platforms and services will be operated at a high level of availability and assure integrated business applications. Legal advice and counselling will be provided and the implementation of the internal control standards ensured.

Expected results in 2008

Focus for 2008 in the administrative services is on further consolidating the human resource, the accounting, the finance and the missions and meetings functions. The respective groups have been established in the early phases of the development of the Centre and their service capacities are in place. Most activities in these areas continue as compared to the previous year, with some up-scaling of resources in view of the growth of the Centre. Some specific objectives for 2008 in these areas are: to start an internal traineeship programme, to conclude on the plans to migrate towards a new financial platform, to implement activity-based budgeting, to reinforce the verification function, to move towards a central management of the accounts payable, to broaden the services to support meetings, to initiate the internal promotion exercise.

While in 2007 the main focus in the ICT area has been on building up the technical infrastructure - setting up the network, the back office and the front office capacities - the focus for 2008 will be on application development. Specifically, the aim is to set up an ICT application project office, with a role to coordinate and to streamline the different ICT developments and to assure an integrated and project approach.

Logistics services are planned to be reinforced specifically in view of the need to serve a growing organisation and to develop and support a number of internal processes (e.g. mail registration, archiving, stock management).

Further focus will be specifically on the corporate management system, on establishing the basis for assuring business continuity, on data protection and on quality management.

Products related to Strategy 9.1: To plan, support and implement the intended growth for the staffing of the Centre, ensure an effective human resource administration, and actively foster the development of the organisation and its staff.

- The recruitment plan 2008 implemented according to schedule.
- An internal traineeship programme set up.
- New staff integrated, development path set out for all staff.
- Well-functioning personnel information system.

Products related to Strategy 9.2: To ensure that the financial resources of the Centre are properly and well managed, and reported on in a clear, comprehensive and transparent manner.

- A good, correct budget execution for 2008; accounts and assets well managed.
- 2009 budget proposal properly developed.

Products related to Strategy 9.3: To coordinate meetings and support travel in an efficient and cost-effective manner.

- External meetings supported at high level of quality.
- Travel arrangements well organised.

Products related to Strategy 9.4: To effectively develop, maintain and manage ECDC premises, equipment and logistic services

- ECDC's premises further developed to meet the needs of the growing organisation properly equipped, maintained and security assured.
- Well functioning internal logistics services, including mail registration, delivery system and reproduction facilities.

Products related to Strategy 9.5: To operate the ICT platforms and services at a high level of availability and ensure integrated and functional business applications.

- Consolidated back office, network facilities and front office.
- New project office established to coordinate and support the corporate and operational application developments.

Products related to Strategy 9.6: To provide legal advice and counselling and assure the implementation of the internal control standards.

- Legal advisory services, quality management, organisational development and internal control.
- Business continuity plan developed and initiated.
- ECDC data protection function developed.

Resources⁸

Financial resources

The total budget of ECDC for 2008 is 40 100 K€ and in 2007 it was 27 000 K€. Thus, there is an increase in the budget of 13 100 K€, or 48%. *Table 1* below shows the distribution of the 2008 budget over the three “Titles” of the budget.

Table I: Budget by Title

<i>Budget by Title</i>	<i>K€</i>	<i>% of total</i>
Title 1 - Staff	16,590	41.6%
Title 2 – Administrative Expenses (Infrastructure)	6,060	15.2%
Title 3 – Operating Expenditure	17,250	43.2%
<i>Total</i>	<i>39,900</i>	<i>100.0%</i>
Candidate countries *	200	
<i>Total including earmarked for Candidate Countries</i>	<i>40,100</i>	

* This amount is not in the percentage calculations as it is not in the normal ECDC budget; it is a special allocation from the Commission.

Annex III shows a further breakdown of the budget in order to link the workplan and the budget as requested by the Management Board.

Human resources

Not counting consultants and other interim staff, the total number of staff at ECDC at the end of 2007 was, according to the Establishment Plan, 138 (54% technical and 46% administrative). The number of staff envisaged by the end of 2008, in different categories, will be 200 (62% will be technical and 38% administrative).

The delivery of the ECDC work programme therefore has two important elements:

- Budget in the operational title (Title 3) to fund the activities.
- Budget in Title 1 that provides for the staffing.

These two budget lines together enable ECDC to deliver on its work programme.

⁸ A more extensive analysis is given in document *MB11/7 Budget and establishment plan 2008 and outlook 2009*.

Conclusion

By January 2008 ECDC has existed for 2.5 years, and it has a solid foundation for its future orientation, major organisational structures and operational principles. With the adoption in June 2007 of the *Strategic Multiannual Programme 2007-2013* ECDC has got a clear, long-term direction for its future programme development.

The major challenge for 2008 is to turn this long-term vision into systematic, practical work programmes clearly linked to the guidance handed down by the Management Board. This must be done in such a way as to respond to the changing disease spectrum, scientific developments, and practical operational opportunities regarding communicable diseases in the EU region.

The aforementioned programme of work outlined in this document has been developed with the above realities in mind. The plans are ambitious – but so they should be; for ECDC to “make a difference” in Europe it must set its standards high and be innovative in its search for solutions to the challenging agenda that its Mandate prescribes.

Annex I: Diseases and conditions covered by ECDC's seven disease-specific groups

Influenza

Influenza

Tuberculosis

Tuberculosis

HIV/Aids, STI, Hepatitis B & C

Chlamydia, gonococcal infections, hepatitis B, hepatitis C, HIV and syphilis.

Food- & water-borne diseases and zoonoses

Campylobacteriosis, cryptosporidiosis, infection with EHEC, norovirus infection, salmonellosis, , Hepatitis A and E, listeriosis, botulism, brucellosis, Creutzfeldt-Jakob disease and other TSE, shigellosis, toxoplasmosis, trichinosis and yersiniosis, anthrax, cholera, tularaemia, echinococcosis, giardiasis, leptospirosis.

Emerging and vector-borne diseases

Malaria, Q-fever, chikungunya, hanta, dengue, yellow fever, West Nile fever, borreliosis, TBE, plague, SARS, smallpox, viral haemorrhagic fevers, emerging/other diseases of unknown cause.

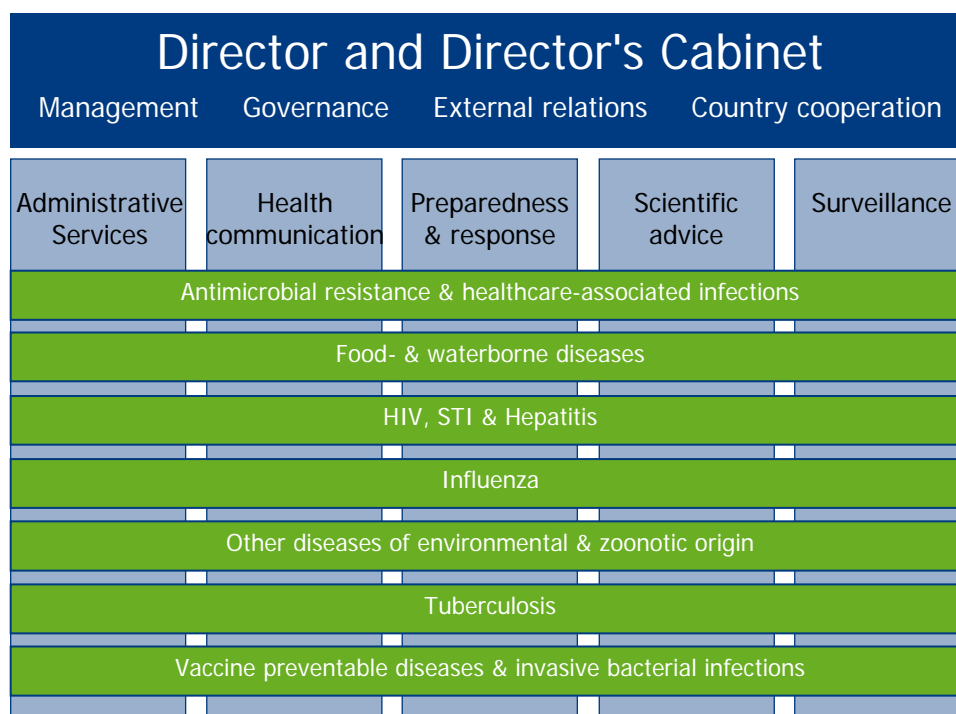
Vaccine-preventable diseases

Haemophilus influenza type B, measles, meningococcal disease, mumps, pertussis, rubella, pneumococcal infections (invasive), diphtheria, tetanus, poliomyelitis, rabies, rotavirus infection, varicella, Human Papilloma Virus.

Antimicrobial resistance and healthcare-associated infections

Nosocomial infections, antimicrobial resistant pathogens.

Annex II: ECDC organisation chart



Annex III: 2008 budget by target and by main areas of work/activities

Table 2: Breakdown of Operational Expenses in Title 3 by Target - main priorities / activities.

<i>Title 3 breakdown per Programme and per Target</i>			
<i>Programme</i>		<i>K€</i>	
<i>Name</i>	<i>K€</i>	<i>Subtotals</i>	<i>%[1]</i>
<i>Influenza</i>	645		3.7%
<i>Tuberculosis</i>	477		2.8%
<i>HIV, STI and blood-borne viruses</i>	897		5.2%
<i>Food- and water-borne diseases</i>	685		4.0%
<i>Diseases of environmental and zoonotic origin</i>	1,167		6.8%
<i>Vaccine preventable diseases and invasive bacterial infections</i>	562		3.3%
<i>Antimicrobial resistance and healthcare-associated infections</i>	1,872		10.9%
<i>Subtotal DISEASES - Target 1</i>		6,305	36.6%
<i>Surveillance (core) - Target 2</i>	1,630		9.4%
<i>Scientific Advice (core) - Target 3</i>	1,567		9.1%
<i>Preparedness & response (core) - Target 4</i>	1,513		8.8%
<i>Training (core) - Target 5</i>	1,840		10.7%
<i>Health Communication (core) - Target 6</i>	2,370		13.7%
<i>Country relation / External Relations (core) - Target 7</i>	975		5.7%
<i>Subtotal PROGRAMS</i>		9,895	57.4%
<i>Subtotal ICT not assigned to programs</i>		1,050	6.1%
<i>TOTAL OPERATIONAL UNITS</i>		17,250	100.0%
<i>Governance</i>	330		
<i>Strategic Management</i>	140		
<i>Internal Audit</i>	10		
<i>Subtotal LEADERSHIP - Target 8 - [2]</i>		480	
<i>OVERALL</i>		17,730	
[1] % of Title 3 budget			

[\[2\] Target Leadership is not part of the SMP 2007-2013 7 Targets; it is for internal purposes.](#)

Table 3: Budget allocation by areas of work

Areas of work	Core	Influenza	Tuberculosis	Food- and water-borne diseases	Diseases of environmental and zoonotic origin	Vaccine preventable diseases and invasive bacterial infections	HIV, STI and blood-borne viruses	Antimicrobial resistance and healthcare-associated infections	TOTAL
		Horizontal Projects							
<i>Surveillance</i>	1,630	250	330	475	619	348	500	1,412	5,564
<i>Scientific Advice</i>	1,567	190	138	210	118	170	397	300	3,090
<i>Preparedness & response</i>	1,513	120	9		365	44	-	-	2,051
<i>Training</i>	1,840	60	-	-	-	-	-	60	1,960
<i>Health Communication</i>	2,370	25	-	-	65	-	-	100	2,560
<i>Country relation/External relations</i>	975	-	-	-	-	-	-	-	975
<i>ICT not allocated to programs</i>	1,050								1,050
TOTAL	10,945	645	477	685	1,167	562	897	1,872	17,250