

ECDC Annual Work Programme 2009

At the Fourteenth meeting of the Management Board in November 2008, it was agreed that approval of the ECDC Annual Work Programme 2009 would be on condition that all necessary amendments as requested thereto would be made to document MB14/5. Document MB14/5 Rev.1 was subsequently amended and officially endorsed by the Management Board as of 16 January 2009.

Summary:

The foundation for ECDC's work

As stated in Article 14-5(d) of ECDC's Founding Regulation, [The Management Board shall:] "adopt, before 31 January each year, the Centre's programme of work for the coming year." The Annual Work Programme 2009 is firmly based on ECDC's *Strategic Multi-annual Programme (SMP) 2007- 2013*. The short (annual), medium (2-3 years) and long-term (until 2013) programmes are clearly presented and linked in order to form an integrated, cohesive whole.

Main priorities of the 2009 Work Programme

Having now laid a solid foundation for ECDC in terms of organisation, staff and work, ECDC's main priorities for 2009 are focused on:

- *Consolidation of the Public Health Functions* (surveillance, scientific advice, preparedness and response, health communication), in order to have them fully established at the end of the year, as indicated in the SMP 2007-2013.
- *Further development of the Disease-specific work*, with the production of technical guidance that MS and the EC can use in order to improve their communicable diseases prevention and control programmes. In early 2009, the strategic role and objectives of each Disease Specific Programme will be further specified in order to guide more clearly their activities for the following years.
- *Building Partnerships*. This will remain a high priority in order to further improve ECDC's overall cooperation with the EU institutions, MS, other public health partners and external partners. The further building up of sustainable links and collaboration with the Competent Bodies will aim to ensure full synergy in the work.

The *Executive Summary* of the document encapsulates the most important outputs of the 2009 Work Programme.

At its meeting on 13-14 November 2008, the Board indicated that

	<p>the 2009 Work Programme was conditional upon the approval of the corresponding budget by the relevant authorities.</p> <p>Consultation on the 2009 Work Programme</p> <p>As described in the Introduction chapter, MB13 in June reviewed a document on 2009 priorities; this document has also been circulated and commented on by the Competent Bodies during summer 2008 and at the Advisory Forum meeting of 9-10 October 2008. In order to ensure full synergy, the document has been widely discussed with the European Commission in September and October. It also takes into account the current joint programme of activities between ECDC and WHO.</p>
<p>Action:</p>	<p>The Management Board is requested to approve the ECDC Annual Work Programme 2009. This Work Programme, once adopted, will guide the Centre’s activities for 2009. Its implementation will be regularly monitored and reported to the Management Board at the end of the year in the Annual Report of the Director.</p>
<p>Background:</p>	<p>Regulation (EC) N° 851/2004 of the European Parliament and of the Council of 21 April 2004.</p> <p>Article 14.5(d) – [The Management Board shall:] “adopt, before 31 January each year, the Centre’s programme of work for the coming year.”</p>

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Executive summary

In 2008, ECDC had its first external evaluation. The conclusions of the evaluation report and the Board's comments have been positive on the work accomplished to date, seeing ECDC as an independent centre of scientific excellence that already made a significant contribution in the fight against communicable diseases in Europe. It also stated that ECDC should focus on the consolidation of its current tasks in the coming years and deepen its activities.

In accordance with ECDC's Founding Regulation, ECDC's work shall be guided by an annual programme of work based on a revisable multi-annual programme. The present document presents ECDC's work programme for 2009 that aims mainly to consolidate ECDC's Public health functions and further develop the activities related to Disease specific programmes. This is fully in line with the ECDC Strategic Multi-annual Programme and the conclusions of the external evaluation.

Structure of the document

As requested by the Management Board, ECDC's Annual Work Programme for 2009 has been made on the basis of the ECDC *Strategic Multi-annual Programme (SMP) 2007-2013*, and it therefore follows the structure and strategic orientation of that document. Thus each of the seven Targets of the *SMP 2007-2013*, and their underlying strategies, are covered in the Annual Work Programme for 2009. Strategic areas where no action is foreseen in 2009 are not included in the text.

A detailed internal ECDC work plan has been prepared which contains all the details of the activities to be carried out in order to facilitate their monitoring, but based on the Management Board's recommendations, this document presented to the Management Board only summarises the expected key results and the products to be delivered next year without going down to the activity level.

Process and consultation with stakeholders

In June 2008, a first document "*ECDC 2009 Work Programme Priorities*" highlighting the main priorities of ECDC work for next year has been presented for consultation and discussed by the Management Board. In summer an updated version of that document has been circulated to the Competent Bodies for comments. 13 of them have made comments that have been addressed accordingly. On 9-10 October, the document has also been widely discussed by the Advisory Forum whose concerns have been incorporated.

This document also takes into account the priorities of the European Commission in its foreseen initiatives and programme of activities for 2009, in areas relevant for ECDC, in particular, the vaccination policy especially for children, antimicrobial resistance and hospital-acquired infections, health threats. Enlargement and communications are also areas where ECDC and the Commission have to work together. On 24 September and 21 October, ECDC and DG SANCO C3 met. A joint review of the main programme areas and issues for cooperation was undertaken, resulting in adjustments in ECDC's work programme and agreements on issues of common interest and support. An exchange of letters is planned in order to formalise areas of complementarities and cooperation.

This Work Programme also takes into account the outcomes of the meeting held on 27 February 2008 of the Joint Coordination Group ECDC/WHO-EURO. The activities,

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foreseen in the Joint-cooperation plan with WHO, have been included in the present work programme.

2009 Budget

Budget figures are provided to the Board in the document on the budget 2009 and partly in the present work plan. In 2009 the total budget for ECDC will be of 50.7 M€ (an increase of 26%). Of this budget, 21.25 M€ are devoted to ECDC operating activities in 2009 (Title 3), that are presented in detail in this document. For information and orientation of the Management Board, the budget of Title 3 is broken down to the main areas of work in Annex III. As the Director has the authority according to the Financial Regulation to shift 10% of the appropriation during the year, the Management Board 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 Board will be informed of all such shifts that the Director makes within her authority; shifts beyond this level will be submitted to the Board for its approval.

At its meeting on 13-14 November 2008, the Board indicated that the 2009 Work Programme was conditional upon the approval of the corresponding budget by the relevant authorities.

Major priorities in 2009

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 & response and training. The operations in all these areas have already been started in the last two years. Since 2008 ECDC has entered into a new phase where content is now be the focus, rather than on infrastructure, tools and procedures as they are in most cases in place.

As stated in the Strategic Multi-annual Programme 2007-2013, Top priority in the 2007-2009 should be given to *developing the Public Health Functions* (Targets 2–6), as these are the essential preconditions for a more systematic, coordinated and effective fight against communicable diseases throughout the EU. Therefore one of the overriding priorities of the Annual Work programme for 2009 is to *consolidate the Public Health Functions of ECDC*, so that from 2010 their operational principles and methods are fully in place, and routine operations will function smoothly.

In 2009, the *Disease-specific* issues will become a higher priority. The SMP 2007-2013 foresees that from 2010, when public health functions are fully in place, activities should focus on the strengthening the *Disease-Specific Programmes*, through systematic search for evidence-based communicable disease prevention and control methods. As a continuation of 2008 work programme, within the disease-specific work there will be further emphasis on the “science watch” function; the development of 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 Strategic Multi-annual Programme 2007-2013 provides some overall guidance for the work of the Disease Specific Programmes. But in the preparation of ECDC’s increased focus on disease specific activities, an exercise will be conducted at the beginning of 2009

with all Disease Specific Programmes to further clarify and formalise their individual strategies and objectives.

The ECDC matrix organisation (see Annex II) ensures that both work of the *Disease specific Programmes* and the *Public Health Functions* are fully integrated.

From a general point of view, some principles have underpinned the development of all Work Programme activities in 2009:

- 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 Member States will continue, stressing quality, networking, synergy and integrated action above quantity in order to avoid overburdening individual Member States. Use of the *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 Member States, facilitating the exchange of models of good practice. The collaboration with the formally designated competent bodies in the MS initiated in 2008 will be further enhanced in order to ensure effective and efficient networking in Europe for improved synergy.
- An additional important consideration is not to put undue burden on Member States. The need for synergy and to avoid duplication in the work makes it necessary to coordinate closely with the *Competent Bodies* in the Member States. However missions and meetings will be planned with the consideration of the additional burden. The possibility to use modern communication technologies to limit the number of meetings will be explored.
- ECDC will also work on the further formalisation of its *business continuity plan* that would affect all ECDC activities.
- Whenever some *unexpected priorities* would appear during 2009, they would be integrated to the Work Programme accordingly. No specific budget has been planned for unexpected activities, but this would fall into the Director's flexibility to make shifts up to 10% within her authority. In such case, the Board will be informed of such shifts.

More specifically, this Annual Work Programme presents in more details the list of activities for 2009. The major outcomes planned for the next year are as follows.

I. Consolidate the Public health functions

In 2009, the main focus is to consolidate all ECDC Public Health Functions, with the objective to have them fully established at the end of the year.

Strengthening surveillance

By the end of 2009, The European Surveillance System, TESSy, that now serves all the Member States and the EU region, will be established as the central tool for routine data collection, analysis and reporting for most of the diseases. ECDC will further develop and improve its technical components and continue to integrate most of the former Disease Specific Networks' data into TESSy. All Member States will regularly contribute to the

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basic surveillance of all their diseases under surveillance. Disease-specific strategies for future surveillance, regular data analyses and dissemination of results (weekly bulletin, annual epidemiological report and website) will be further developed. Data comparability between the Member States will be improved and MS surveillance systems strengthened. Further institutional partnerships and collaboration will be developed, especially with WHO and other European agencies.

Strengthening scientific support

Strengthening of scientific advice is a key priority for ECDC as in the longer run ECDC's value for the EU and its Member States will critically depend on the scientific quality of its work. In 2009 ECDC will strengthen its own tools and resources for scientific work, by mapping the research potential in the region and strengthen its professional links to the scientific community. Work will be organised according to five overarching strategies:

- *Public health research catalyst:* ECDC's should become a catalyst for stimulating a stronger and better-focused scientific support to Communicable Diseases prevention and control programmes in the EU region with events such as ESCAIDE and the Public health workshop series.
- *Promote, initiate and coordinate scientific studies:* to support decision-making in communicable disease prevention and control in the EU. Studies in 2009 will cover environment and epidemiology, the burden of communicable disease as well as migrant health.
 - *Produce guidelines, risk assessments and scientific advice:* at the request of the European Parliament, European Commission and EU Member States.
 - *Prime source of scientific advice:* ECDC will further develop tools of scientific advice in 2009.
 - *Microbiological lab support:* ECDC does not have its own microbiological laboratories and relies in its work on the collaboration with the EU laboratories that will be further developed.

Enhancing emergency preparedness and response

Integration of preparedness and response functions of the existing networks will continue to have high priority in 2009. The basic infrastructure for preparedness and response is in place throughout the EU/EEA/EFTA Member States, as shown during the simulation exercises conducted in the past. However, the infrastructure, tools and experience vary across the region. A major emphasis in 2009 will therefore be to support MS in further strengthening their preparedness and intervention capacity. In that context an important challenge is to help Member States strengthen the capacities required to comply with the new International Health Regulations.

The assessment of preparedness regarding pandemic influenza in the EU and the helping of member states to complete work on this will be maintained in 2009 and 2010. Specifically the work identified for ECDC by the French Presidency Workshop (September 2008) on developing epidemiological surveillance in a pandemic, interoperability and public health measures will be undertaken with WHO and the Commission.

Strengthening capacity through training

In 2009 ECDC will concentrate its efforts on analysing better the overall training needs and seeking a more concerted action among the major training networks already operating in the field. In particular EPIET will undergo an external evaluation and will increase the

number of fellows to enter the next cohort. However, it will also strive to test out elements that may be suitable for its own contribution to carefully selected training programmes (e.g. distance learning, epidemiology for laboratory training).

Communicating information on CD prevention and control

The priorities for 2009 will be to further streamline the different products already developed for communication to professionals, the media and the general public, and to extend advisory services for health communication in two directions. One client group will be those Member States that want cooperation in strengthening their own health communication skills; a role for which ECDC first needs to sharpen its own tools and procedures. The second target group is the staff of ECDC itself, for whom good communication skills will be a critical asset in the years ahead.

II. Further develop the Disease-specific work

Operations will give highest priority seven groups of diseases, as highlighted by the SMP. For all, particular attention is given to a science watch function, as well as emphasis on the economic and social impact, determinants, evidence base and good models of practice for methods of prevention and control at EU level and in member states. In view of the preparation of the 2010 Work Programme, a specific exercise will be conducted in early 2009 to further specify the strategic role and objectives of each Disease Specific Programmes.

Influenza

In 2009 ECDC will continue to focus on reducing the burden of *seasonal influenza* in Europe, through increasing the use of vaccines, and improving European pandemic preparedness. Work on avian influenza is considered completed; ECDC will just respond to events. ECDC will ensure the safe transition of the European Influenza Surveillance Scheme into ECDC. ECDC will work to increase influenza vaccine use, (VENICE turned into a routine annual survey, provision of in-season estimates of vaccine effectiveness, support to Commission's Recommendation on increasing vaccination use in the EU).

On *pandemic preparedness*, ECDC will review the situation in EU/EEA Member States using a revised indicator tool. It will support the Commission's work implementing WHO's revised pandemic preparedness guidance especially on Surveillance. ECDC will also strengthen its own deliverables in a pandemic, incl. communication policy. This will draw on the experience gained from responding to the emergence of oseltamivir resistance in 2008 and the need to reappraise the position on national antiviral stockpiles and human avian influenza ('*pre-pandemic*') vaccines. It will contribute to the Commission's planned pandemic exercise in 2009.

Tuberculosis

In 2009 ECDC's will focus primarily on the follow up of the Framework Action Plan for TB Control in the EU and on the continuation of the TB surveillance work inherited from EURO TB. Detailed data analysis will be undertaken and used to provide strategic and operational guidance at EU level. Priority will be also given to corollary activities underpinned to the Framework Action Plan, such as catalysing research activities around new tools and developments for TB diagnostics and treatment. In depth work to assess the

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management of TB drug resistant cases in the EU will also be considered a priority. Close collaboration with Member States, Commission and WHO-EURO will remain important to maximise efforts in TB control in the Region.

HIV/AIDS, STI, Hepatitis B&C

ECDC's work on HIV, STI and hepatitis will focus on the coordination of enhanced surveillance of HIV/AIDS, hepatitis B and C and the integration of the European network on STI Surveillance into ECDC. Furthermore the work on behavioural surveillance related to HIV/STI and the guidance on key prevention strategies (like HIV testing and partner notification) will be continued. The work will target main risk groups and vulnerable populations in the different strategies. ECDC also aims to support the Member States in reviewing and monitoring their prevention programmes and in strengthening surveillance systems for HIV/STI. ECDC aims to support the Member States to monitor of the implementation of the Dublin Declaration for HIV/AIDS, and to support the European Commission in the renewal of the EU Action Plan and in the preparation of a strategy for Sexual Health for young people. ECDC aims to produce user-friendly models for national HIV estimates in EU Member States in collaboration with UNAIDS.

Food- and water-borne diseases and zoonoses

As much of the prevention and control work for Food and Water-borne Diseases (FWDZ) is already implemented by EFSA, the Commission and the Member States, a strategy for FWDZ programme will be initiated in 2009 to serve as a basis for the ECDC work on all FWDZ diseases. It will take existing structures into account and will enable the identification of areas where ECDC can have significant contribution and where and how the collaboration between different sectors can be further strengthened. In 2009, activities will concentrate on priority diseases including salmonellosis, campylobacteriosis, VTEC/STEC infections, listeriosis, yersiniosis and shigellosis. Special attention will continue to be given to listeriosis. An ECDC strategy on molecular typing for priority diseases will be developed and its implementation for FWD can be initiated.

Emerging and vector-borne diseases

The main priority for 2009 will be to continue the work on vector-borne diseases (building on the risk assessment finalised in 2008) and the activities with the European Network for outbreak response laboratories. This includes a plan of action on vector borne disease in Europe and European overseas territories and the development of a surveillance strategy for priority vector-borne diseases. Furthermore, the travel associated Legionnaires' Disease (TALD) cluster detection and response will be moved to ECDC. Links to international networks will be established and/or further developed.

Vaccine-preventable diseases

In 2009 ECDC's work will especially focus on: running surveillance activities on invasive bacterial infections (EU-IBIS), preparing the transition of DIPNET; establishing the European Vaccination Scientific Consultation Group (EVAG) in order to improve the ECDC capacity in strengthening the immunisation programmes and providing advice on a larger spectrum of vaccination to Member States and to the Commission. In addition, a broader range of surveillance and laboratory activities will be implemented, including outsourcing of EUVAC.NET (all network activities in 2009) and DIPNET (laboratory activities as of January 2010) activities, and starting surveillance of "new" vaccine

preventable diseases; the VENICE project will be integrated into ECDC; a European Vaccine Conference shall be organised as part of ESCAIDE; support to Member States for measles and rubella elimination will be reinforced; activities related to AEFI will be supported.

Antimicrobial resistance & healthcare-associated infections (AMR/HCAI)

In 2009, ECDC's work on antimicrobial resistance (AMR) will focus on preparing the integration of surveillance activities on AMR (EARSS) and on antimicrobial consumption (ESAC), as well as strengthening activities on the standardisation of antimicrobial susceptibility testing (EUCAST), on providing guidance on specific resistant micro-organisms such as MRSA, on organising a short course on AMR control on healthcare facilities, and on the coordination of Member States activities in the field of AMR, including country visits and 2nd Annual European Antibiotic Awareness Day.

For healthcare-associated infections (HCAI), ECDC's work in 2009 will focus on strengthening surveillance of HCAI including reporting on surgical site infections, HCAI in intensive care, infection control structures and processes in the EU and establishing surveillance of HCAI in nursing homes, on developing a protocol and procedures for an EU-wide point prevalence survey on HCAI.

III. Building partnerships

Country Relations and Coordination

Effective internal coordination within ECDC towards the countries will be further continued. Country Agreements will be developed with 8 individual Member States. Databases on country inventory/ Communicable Diseases country profiles will be updated and published. Country-based support for ECDC inventory and activities launched in 2008 will be evaluated. An inventory of institutions and contact database, including reference laboratories will be carried on.

External relations and partnerships

ECDC will continue its close collaboration with the EU institutions and decentralised EU agencies to further develop collaboration and partnership in areas not yet covered. It will also ensure that effective information flow between those EU structures and ECDC on all policy and programme issues of mutual interest, and keep them informed of new developments and provide support to their work within ECDC field of competence. Effective information exchange and cooperation with WHO (HQ and the Regional Office for Europe in particular) as well as other relevant IGOs, major CDCs, NGOs and Foundations will be maintained. ECDC will also develop links with the candidate countries and the neighbouring policy and the Euromed process.

IV. Governance, strategic management and administration

Governance

ECDC will ensure high quality support to its Management Board and Advisory Forum through timely preparations and efficient conduct of meetings as well as maintain good communication with the Member States. The address list of Competent Bodies in the Member States will be up to date and communication lines established.

Strategic management

A dedicated user-friendly information system for the Work Programme will be developed, pilot tested and in routine operation for the 2010 Work Programme. It will allow better planning and monitoring of activities, and enhance ECDC performance. Indicators related to the SMP will be pilot tested. Specific sets of annual indicators will be developed and integrated in the new information system.

The specific strategies of all Disease Specific Programmes will be clarified. Secretariat support will be further improved.

Internal audit

An Annual Internal Audit report for 2008 will be prepared. The risk-based Audit Programme will be implemented for 2009, and developed for 2010. Proper management response and follow-up of audit findings will be ensured. Coordination with the Internal Audit Service and cooperation with the Audit Committee will be made.

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

In 2009, ECDC will be 4 years of existence and has now established solid foundations for its future orientation, major organisational structures and operational principles. The *Strategic Multi-annual Programme 2007-2013* ECDC has provided a clear, long-term direction for its future programme development. The positive external evaluation conducted in 2008 also reinforces this direction.

The major challenge for 2009 is to further turn this into systematic, practical work activities, fully taking into account the outcomes from the external evaluation and 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.

Introduction

Structure of the 2009 Annual Work Programme

According to Article 14(5)(d), ECDC's Founding Regulation states that "The Management Board shall adopt, before 31 January each year, the Centre's programme of work for the coming year. It shall also adopt a revisable multi-annual programme."

According to Article 16(3)(b), "Each year the director shall submit to the Management Board for approval [...] draft work programmes"

Adopted in June 2007, the Strategic Multi-annual Programme 2007-2013 (SMP), 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.*

Since 2007, annual plans have been developed, based on the Strategic Multi-annual Programme. The 2009 Annual Work Programme follows the same structure as in 2008, *following the structure of SMP 2007-2013.*

Consultation with the major stakeholders

At its 13th session in June 2008, the Management Board reviewed document MB13/8 "ECDC 2009 Work Programme priorities".

During summer an updated version has been sent to all competent bodies for comments. 13 comments have been received and addressed when relevant in the final document.

On 24 September and 21 October ECDC and SANCO C met and a joint review of main programme areas and issues for cooperation was undertaken, resulting in agreements on issues of mutual interest and support. An exchange of letters between ECDC and the Commission is planned to formalise areas of complementarities and cooperation.

The 15th Advisory Forum meeting on 9-10 October reviewed document AF15/5 ECDC 2009 Work Programme priorities.

Major priorities in 2009

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

As regards the 2007 – 2009 period the ECDC Strategic Framework Programme 2007 - 2013 document states that the highest priority should be given to develop ECDC *Public Health Functions* (Targets 2 – 6), as these are the essential preconditions for a more systematic, coordinated and effective fight against communicable diseases throughout the European Union.

¹ Surveillance, Scientific Advice, Preparedness and Response, Training, Communication.

² Cooperation with EU structures, Member States, IGOs and NGOs.

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For all of the *Public Health Functions* areas, ECDC will give emphasis to the strengthening of its own infrastructure and modes of operation, as well as their interfaces with the Commission and Member States. Supporting capacity building (on demand) in Member States and ensuring smooth operations in the different Target areas will also be one of the main concerns. Thus, the partnerships with MS, EU institutions and WHO will be further strengthened through streamlining of cooperation principles, structures and practices.

ECDC will put a lot of effort into building its basic tools for the scientific work, its databases, its scientific networks and its methodologies. The objective is that ECDC *Public Health Functions* are fully in place at the end of 2009.

However, since 2008 a growing priority has been given to *Disease-specific areas of work* and to the cooperation with the Competent Bodies in the Member States. As regards Disease specific work during 2008-2010, ECDC's work experiences in the earlier years (see the ECDC Director's Annual Reports) have been important inputs in developing the proposals for 2009 priorities, as has the wealth of information contained in Annual Epidemiological Report on Communicable Diseases in Europe. Valuable guidance received from the discussions at earlier meetings of the Management Board has been taken into account. In more general terms the *European added value* has been in the forefront of priority discussions and decisions as outlined in the Executive Summary. Operations will give highest priority to Influenza, HIV/AIDS, Tuberculosis, Vaccine preventable diseases and Antimicrobial resistance and healthcare-associated infections, Food and waterborne diseases as well as Vector-borne diseases.

For all the *Disease-specific work* particular attention is 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.

The Strategic Multi-annual Programme 2007-2013 provides some global guidance for the work of the Disease Specific Programmes. However, based on these directions, it will be useful to develop a more specific approach of the strategic objectives to achieve for each of the Disease Specific Programme. Therefore an exercise will be conducted at the beginning of 2009 in order to prepare the work programme for the following years.

Target 2: Communicable disease surveillance

Overall aims / multi-annual strategy focus

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

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

ECDC main objectives for surveillance are:

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

Expected results in 2009

Surveillance will be a high programme priority for ECDC also in 2009. The major focus of the work will be to continue to improve the technical components of the Communicable Diseases surveillance system that now serves all the MS and the EU region as a whole. By the end of 2009, The European Surveillance System, TESSy, will be established as the central tool for data collection, analysis and reporting for most of the diseases as most of the former Disease Specific Networks will be transferred to the integrated surveillance system coordinated by the ECDC (two more, ESAC and EUVACNET will follow in 2010, and the for the last two, EUCAST and EuroCJD a decision will be made in 2010 whether to continue outsourcing them or to build the expertise in ECDC). By the end of 2009, all countries will contribute to the core surveillance, for which basic analysis and regular output of the data should be in place. This includes improved standardised analysis for the Annual Epidemiological Report, the zoonoses report and for some disease-specific reports and improved output quality.

In addition to the stabilisation of the routine data collection and reporting, surveillance at the EU level will be further developed in close collaboration with the Competent Bodies for surveillance (CB) within the MS. In order to better analyse surveillance data, new methodological approaches for analysis as well as algorithms to detect multi-national outbreaks will be selected or newly developed. To take the long-term surveillance strategy further, disease-specific strategies for future surveillance will be in place by end of 2009 that take the results of evaluations and assessments of networks into account. For a number of diseases or conditions including hepatitis B and C, C. difficile, listeriosis, chlamydia, sexual behaviour and priority VBDs (to be decided) discussions with the Competent Bodies will be held how to prepare enhanced surveillance for these diseases. Simultaneously work

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is planned to improve data comparability between the Member States and strengthen Member States surveillance systems (needs assessment, stronger validation rules, assess under-reporting, evaluation tools for MS surveillance systems).

The partnerships with institutions acting in the field of data collection, which have been established over the past 3 years, will be further developed. This includes WHO and other EU agencies such as EFSA and EMCDDA.

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
- Agreed disease-specific strategies and objectives for future surveillance taking the results of evaluations and assessments of networks into account as well as the opinion of the disease specific network members
- Continue to develop TESSy modules incorporating more enhanced surveillance and integrating DSN databases
- Development of on-line query tool and basic maps (N)
- Collection of agreed common dataset for all diseases (R; MS)*
- Develop support of TESSy users in MS (R;MS)
- Further development of facilitating TESSy use by surveillance and IT coordinators (R; MS)
- TESSy training (R; MS)
- Completion of the priority list of diseases for surveillance (C; MS)
- Finalisation of an agreed procedure for data exchange (C; MS)
- Proposal on the integration of molecular subtyping for discussion with MS (C; N; MS)

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

- Continue to develop standard analysis for the Annual Epidemiological Report (AER), for zoonoses report, and for certain disease-specific reports (R) (see under Target 1)
- Development of new methodological approaches for analysis (N)
- Selection of algorithms to detect multi-national outbreaks (N)

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

- Further improvement of the content of the *Annual Epidemiological Report* (R; MS)

* List of abbreviations for planning purpose: (C= activity continued), (MS=Member States involvement necessary), (N= new activity), (R= annually recurring activity).

- Further development of the ECDC surveillance web information in the portal (R)
- Produce more regular updates and feedback of surveillance data (R)
- Preparation of interactive on-line interface with TESSy (N; MS)

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

- Assessment of the needs of the surveillance systems in MS (C; MS)
- Improvement of validation rules within TESSy for automatic quality checks (R; MS)
- Mapping on quality assurance in MS surveillance systems (C; MS)
- Assessment of under-ascertainment/under-reporting, including a focus on timeliness and completeness of reporting (C; MS)

Target 3: Scientific excellence and information

Overall aims / multi-annual strategy focus

By 2013 ECDC's reputation for scientific excellence and leadership will be firmly established among its partners in public health, and ECDC is a major resource for scientific information and advice on CD for the Commission, the European Parliament, the Member States and their citizens.

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

As stated in the Strategic Multi-annual Programme, public health functions of ECDC are planned to be fully developed at the end of 2009. An important part of this overarching goal is the strengthening of scientific advice as a key public health function of ECDC as in the longer run ECDC's value for the EU and its MS will critically depend on the scientific quality of its work. This applies to the professional rigor with which ECDC plans, implements and evaluates its own work products. The medium-term aim of ECDC 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 the urgent issues are for the EU and its Member States
- provide the basis for preventive actions

Expected results in 2009

In 2009 ECDC will continue to give the highest priority to strengthen its own tools and resources for scientific work. Building such a role is a complex endeavour which will take time, but in 2009 ECDC will give priority laying a firm ground for such a development by mapping the research potential in the region and strengthen its professional links to the scientific community. Work of the Scientific Advice Unit (SAU) in 2009 will be organised according to five overarching strategies:

- *Public health research catalyst*: An important aspect of ECDC's ultimate scientific value will be the extent to which it becomes a catalyst for stimulating a stronger and better-focused scientific support to Communicable Diseases prevention and control programmes in the EU region.
- *Promote, initiate and coordinate scientific studies*: As part of maturing scientific advice function, in 2009 SAU will pursue several scientific studies to produce key data to support decision-making in communicable disease prevention and control in the EU.
- *Produce guidelines, risk assessments and scientific advice*: SAU will continue to play a key role in providing scientific advice at the request from the European Parliament, European Commission and EU Member States.
- *Prime source of scientific advice*: In order to develop its scientific advice function in 2009 SAU will further develop tools of scientific advice.
- *Microbiological lab support*: ECDC does not have its own microbiological laboratories and relies in its work on the collaboration with the EU laboratories.

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

- Organisation of the ESCAIDE conference and Public Health Research Workshop series
- Identification of the specific research gaps with DG Research and EAHC
- Strengthening of the mathematical modeling capacity in all MS through training and coordinating a EU-wide network of modelers

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

- E3 project (Environment and Epidemiology in Europe) linking environmental and epidemiological data for climate change projections and forecasts
- BCoDE (Present and Future Burden of Communicable Disease in Europe)
- Study of the migrant health in the aspect of communicable diseases

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

- Continue to support Commission initiatives as regards childhood vaccination programmes
- Development of a “horizon scanning” and a priority setting process to identify the most important issues which may require scientific advice in the future
- Answers to scientific questions, risk assessments and guidelines
- Testing of newly developed formal procedures for scientific advice

Products related to Strategy 3.4: Be a major repository for scientific advice on communicable diseases

- Upgrade and update of the roster of public health experts in the EU
- Further development of public health directories and maps, including microbiology laboratories and learned societies
- Provision of knowledge management services to the EU scientific community and to MS

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

- Fourth and Fifth Annual Meeting of the National Microbiological Focal Points
- Upgrade of the ECDC Public Health Microbiology Web Section
- Definition of core reference laboratory competencies and key roles
- Sharing of good practice for national reference laboratory selection, evaluation and assessment, identified in a 2008 survey

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

Overall aims / multi-annual strategy focus

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

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

The sources of epidemic intelligence (EI) for threat detection will 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*. Methods allowing for a better anticipation of health threats in relation with their determinants such as climate change, globalisation of food processing will be developed.

Tools for information and communication, ensuring optimal synergies between risk assessment and risk management functions, will lead to *smooth and timely communication between scientific advisors and decision makers*. An updated Early Warning and Response System (EWRS) adapted to the needs expressed by the Member States and the European Commission will secure a *solid EU platform for risk management of health threats*.

Intentional release of biological agents will be integrated into ECDC work, thus providing *Defined criteria for epidemiological assessment of intentional incidents* and clear procedures to assess and respond to the public health risk posed by 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*.

The ECDC EOC will coordinate risk assessment in the EU – supported by enhanced IT/videoconferencing facilities – and ensure optimal communication and coordination mechanism with all MS as well as all EU and international stakeholders, 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 through the development of models of best practice, guidelines and tools.

All of the above will mean a clear *European added value* in creating a robust system and specialised resources for rapid detection, analysis and reaction to emerging health threats, ensuring a wide geographical coverage and being able to quickly mobilise resources from throughout the region that will use the same methods and know intimately the procedures required. ECDC will 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.

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 2009

This Target will continue to have high priority in 2009, especially regarding the integration of preparedness and response functions of the existing networks. The basic infrastructure for preparedness and response is in place throughout the EU/EEA/EFTA Member States, as shown during the simulation exercises conducted in the past. However, the infrastructure, tools and experience varies across the region. A major emphasis in 2009 will therefore be to support MS in further strengthening their own preparedness and intervention capacity. In that context, an important challenge is to help Member States strengthen the capacities required to comply with the new International Health Regulations.

The assessment of preparedness regarding pandemic influenza in the EU and the helping of member states to complete work on this will be maintained in 2009 and 2010. Specifically the work identified for ECDC by the French Presidency Workshop (September 2008) on developing epidemiological surveillance in a pandemic, interoperability and public health measures will be undertaken with WHO and the Commission.

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

- Continuation of the comprehensive screening of European / international news (R)
- Continuous EWRS operations, according to the service level agreement (R)
- Enhancement of the EWRS (platform for access from mobile devices) (N)
- Implementation of the platform for risk assessment (EPIS) in the EU/EEA/EFTA, and extension to all disease specific needs (C)
- Availability of the ECDC Threat Tracking Tool to all Member States Competent Bodies for threat detection (C)
- Timely production of daily, weekly and annual threat reports (R)
- Implementation of travel medicine activities according to the plan of action resulting from the consultation in 2008 (N)

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

- Coordination and support to response to threats by EU/EEA/EFTA MS (R)
- Production of threat assessments, as needed (R)
- Mobilisation of outbreak assistance teams upon request of Member States and international stakeholders (R)
- Maintenance of the outbreak assistance laboratories network (R)
- Development of standard operating procedures (SOP) for the European dimension of outbreak of unknown origin and SOPs related to outbreaks of rabies (N)

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

- Continuation of the assessment of preparedness regarding pandemic influenza in the EU and provision of technical assistance to MS
- Development of strategies for epidemiological surveillance in a pandemic, interoperability and public health measures with WHO and the Commission, according to discussions at the French Presidency Workshop (September 2008).

ECDC Management Board

MB14/5 Rev.1

Update of the status report using the revised Indicators approved by MS in the Health Security Committee and taking into consideration the new guidance from WHO and the UNSIC (C; MS)

- Development of generic preparedness activities, including support to implementation of IHR-2005 upon request (C; MS), also addressing specific needs of EU overseas territories (N)
- Support to MS for preparedness for mass gathering (R; MS) and development of a preparedness package (N)
- Preparedness activities for vector-borne disease, as identified in 2008 (N)
- Preparedness for intentional release/bio-terrorism, as identified in the strategic paper currently developed (C)

Products related to Strategy 4.4: Strengthening the Emergency operation centre

- A 24H/7D duty system will remain in place (R)
- ECDC Emergency Operation Centre fully functional for routine epidemic intelligence activities and crisis coordination (R)
- Organisation of two simulation exercises, one internal / one tabletop involving Member States to review EU procedures for outbreak investigation & response (C)
- Crisis Monitoring Tool initiated in 2008 fully functional
- Implementation of mapping capacity in the EOC (N)
- Support to MS in establishing EOC functions (N; MS)

Target 5: Training for the prevention and control of CDs

Overall aims / multi-annual strategy focus

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

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

At the end of the medium-term period, ECDC will have conducted a thorough need assessment in training among all 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 2009

Prevention and control of communicable diseases require a multitude of skills in many categories of staff, and the availability of trained personnel varies much across the EU region. While ECDC has a clear mandate to help overcome these challenges, it is obvious that it must choose its focus and amount of effort wisely – seeking above all a catalytic role so as to provide a maximum effect from the limited resources it can provide to this large training needs throughout the region..

Therefore, in 2009, ECDC will concentrate its efforts on analysing better the overall training needs and seeking a more concerted action among the major training networks already operating in the field. In particular EPIET will undergo an external evaluation and will increase the number of fellows to enter the next cohort. However, it will also strive to test out elements that may be suitable for its own contribution to carefully selected training programmes (e.g. distance learning, epidemiology for laboratory training).

ECDC Management Board

MB14/5 Rev.1

Products related to Strategy 5: To develop EU capacity on prevention and control of CDs through training

- Recruitment of a cohort of 20 EPIET fellows under ECDC salary, including microbiologists (C)
- Conduct of an external evaluation of EPIET programme (N)
- Development of a field epidemiology training manual (N)
- Delivery of 20 weeks of short courses for Member States through ECDC funding (C)
- Continuation of ad-hoc needs assessment for training in Member States (C)
- Development of pedagogical support for ECDC and Member States (N)
- Support to development of National Field Epidemiology Training programmes (N)

Target 6: Health communication

Overall aims / multi-annual strategy focus

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

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. Emphasis will be put on ensuring a wide dissemination of ECDC scientific outputs to the target audiences in the Member States.

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 and the new crisis communication network under the Health Security Committee. More focus will also be on reaching out to key policy makers across Europe.

Support to Member States: 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 and reviewing the evidence base for various health communication activities.

Expected results in 2009

ECDC's role as an effective communicator to professionals, the media and the general public took a significant step forward in 2007, with the establishment of a new unit charged with this particular responsibility. A period of intense activity followed during 2008, and a structured programme is now in place, and a number of different products are up and standing.

The priorities for 2009 will clearly be to further streamline these different products, and to extend advisory services for health communication in 2 directions. One client group will be those Member States that want cooperation in strengthening their own health communication skills; a role for which ECDC first needs to sharpen its own tools and procedures. The second target group is the staff of ECDC itself, for whom good communication skills will be a critical asset in the years ahead.

Strategy 6.1: Communication to professional audiences

- Further developed integrated and targeted communication approach to all ECDC scientific/technical work (R; MS)
- Continued work towards positioning *Eurosurveillance* as the leading journal on infectious disease surveillance, prevention and control in Europe (R; MS)
- High quality and wide dissemination of ECDC's scientific outputs (R; MS)
- Launch of comprehensive ECDC portal with dynamic multimedia content providing easy access to all ECDC information services for various audiences (Strategy 6.1 and 6.2) (N; MS)
- Fully functioning Intranet that offers easy access to ECDC knowledge services and is linked an ECDC document management system and office tools used in ECDC (N)

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

- Highly professional services to the media, in concert with other key public health actors in Europe (R; MS)
- ECDC's capacity and systems in the area of outbreak/emergency risk communication further strengthened (R; MS)
- ECDC's corporate information services (newsletters, visitors services, etc.) further developed and promoted to CBs (R; MS)
- Further developed multilingual information offerings (R; MS)

Strategy 6.3: To support the MS health communication capacities

- Coordination, support and further developed activities for the European Antibiotic Awareness Day 2009 (R; MS)
- Country support in the area of outbreak/emergency risk communication further developed, in particular by development of training modules (R; MS)
- Priority areas for development of knowledge base on health communication identified (N; MS)
- Extended set of core terminology made available in all EU languages, Icelandic and Norwegian (N; MS)
- Communication activities in the MS mapped (N; MS)
- Executive summaries for key publications provided in all 23 EU languages (plus Icelandic and Norwegian) (N; MS)

Target 1: Disease-specific work

Overall aims / multi-annual strategy focus

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

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

Grouping of disease-specific work

More than 55 diseases and conditions fall within ECDC's mandate. To deal with this large number, there was clearly a need for ECDC to divide them into groups, making it easier to manage priority setting and programme development. After considering many alternative groupings, ECDC has chosen to aggregate them into 6 disease groups and conditions based mostly on determinants, since this usually provides a pointer to similar categories of intervention: Respiratory infections (Influenza, Tuberculosis), HIV/AIDS, Vaccine Preventable Diseases, Antimicrobial resistance and healthcare-associated infections, Food and Waterborne Diseases and Zoonoses as well as Emerging and Vector-borne Diseases.

For each of the disease groups, priorities have been identified in accordance with the 4 generic Strategies outlined above. In some case, individual diseases are highlighted, where in others the group is more generic – a pragmatic choice guided by the size, nature and priority of the specific ECDC programme component.

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 Member States and the EU with much practical guidance over the previous two and a half years; its expansion will continue in 2009.

The ECDC Epidemiological Reports 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 2009. More attention will also be given to work dealing with the effect of *Climate change* and *Migration*.

Prioritisation in the work of the Disease Specific Programmes fully takes into account the priorities that the European Commission plans to emphasise in its own work programme in 2009-2010. Therefore specific attention has been given to these subjects (such as vaccination policy, especially for children, antimicrobial resistance in view of the Commission initiative on hospital acquired infections, health threats).

Priority elements for all disease-specific work in 2009

At present, ECDC activities around each of the disease groups are organised into 7 Horizontal Programmes. Each Horizontal programme will conduct the following activities:

1. A continuing review of the need for ECDC to develop scientific advice, risk assessments and guidelines that would have a European added value:
 - What is in place?
 - What is missing?
 - Where are the gaps?
 - Which are the existing strategies for prevention and control programmes?

This should be done in close cooperation with the Competent Bodies for scientific advice and the aim should be to serve MS as a basis for their national work.

2. One annual update meeting around a concrete current topic, with a timely summary report. The meeting should bring together a handful of key experts, and be open to participants from all MS. The meeting will cover:
 - Present state of the art
 - Ongoing developments
 - Public health relevance
 - Possibly current reasoning around the issue from one or two MS

Update meetings could well be coordinated with the annual meeting of a network for a disease under the Horizontal programme remit.

3. Each Horizontal programme will regularly produce web updates relevant to its area of responsibility, including:
 - Important recent scientific findings, with a short commentary about their public health relevance
 - Summaries of EU developments: Commission initiatives, reports from other agencies, etc.
 - International reports or initiatives – WHO, CDC, etc.
 - Short reports from meetings attended
 - List of upcoming meetings

4. The Horizontal programmes have a '*Science Watch*' function, in which they monitor upcoming issues in their areas, and continually bring these to the attention of their Head of Unit and the Chief Scientist. This may cover emerging diseases, new technologies, new prevention methods, or even issues that might raise public interest.

5. Each Horizontal programme will continuously follow and analyse the epidemiologic data (TESSy), observe trends, notice anomalies, etc. They will feed into the report on threats presented to each Advisory Forum. Both these analyses will feed into the Annual Epidemiological Report.

6. They will annually produce 2-3 scientific publications to appear in peer reviewed journals, primarily Eurosurveillance.

Influenza

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

The work will support Member States, the European Commission 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 between MS and on strengthening the Centre's capacity to work with Member States and WHO to deliver essential surveillance information, epidemiological data and independent scientific advice during a pandemic. A robust scientific base for influenza control in Europe will be promoted, informing/influencing the European influenza research agenda towards public health needs and producing information on influenza vaccination coverage and effectiveness in the EU.

Expected results in 2009

In 2009 ECDC's influenza work will continue to focus on reducing the burden of seasonal influenza in Europe, especially through increasing the use of vaccines, and improving European pandemic preparedness. Development work on avian influenza is considered completed though for that ECDC will continue to respond to events.

For Seasonal Influenza ECDC has to ensure the safe transition of the functions of the European Influenza Surveillance Scheme, including its laboratory aspects, into ECDC or under its close supervision. To support and increase appropriate influenza vaccine use, ECDC will work with the VENICE project to turn the first EU-wide publication (in 2008) on influenza vaccine policies and performance into a routine annual survey. With Epiconcept and self-selected Member States ECDC will expand work towards producing in-season estimates of vaccine effectiveness. ECDC's outputs will also support the Commission's delayed draft Recommendation to the Health Council on increasing vaccination use in the EU.

To increase European Pandemic Preparedness and following the successful *Eurogrippe* workshop of France ECDC will review the status of pandemic preparedness in EU/EEA Member States using a revised indicator tool. It will support the Commission's work in implementing WHO's revised pandemic preparedness guidance especially on Surveillance in a Pandemic following the importance given to that by MS at *Eurogrippe*. Innovations in member states will be especially drawn to the attention of others through the ECDC website. Within ECDC itself there will be a strengthening of the Centre's functions deliverables in a pandemic, particularly focusing on supporting the Commission and other Agencies (notably EMEA) working with Member States surveillance and epidemiological outputs with a linked communication policy. This will draw on the experience gained from responding to the unexpected emergence of oseltamivir resistance in 2008 and the need to reappraise the position on national antiviral stockpiles and human avian influenza ('*pre-pandemic*') vaccines. All of this will lead up to the pandemic exercise that the Commission is planning for 2009.

Tuberculosis

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

Under the platform of the 'Framework Action Plan for TB Control in the EU' the project will aim at coordinating progress towards TB elimination in the EU by developing an implementation and follow-up framework for the plan in collaboration and as requested by the European Commission. The implementation plan will aim at further accelerating and catalysing EU wide activities towards control and elimination. ECDC strategic technical activities will support the implementation plan particularly aiming at the following mid-term outcomes: (1) Strengthened and enhanced EU-wide surveillance system, (2) Guidance on TB control among vulnerable populations, (2) Networking of laboratory capacity at EU level, (3) Guidance on introduction of new tools for TB control as well as (4) strengthened partnership with Commission, WHO-EURO and partners in the field.

Expected results in 2009

In 2009 ECDC's work in Tuberculosis will focus primarily on the follow up of the Framework Action Plan for TB Control in the EU and on the continuation of the TB surveillance work inherited from EURO TB. Detailed analysis of the data will be undertaken and used to provide strategic and operational guidance at EU level.

Priority will be also given to a number of corollary activities mainly underpinned to the Framework Action Plan. Particularly, work will be expanded in the field of catalysing research activities around new tools and developments for TB diagnostics and treatment. In depth work to assess the management of TB drug resistant cases in the EU will also be considered a priority. Close collaboration with Member States, Commission and WHO-EURO will remain an important element of the Programme's work to maximise efforts in TB control in the Region.

HIV/AIDS, STI, Hepatitis B&C

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

Knowledge about the epidemiology of HIV/AIDS, STI and viral hepatitis in the EU needs to be improved. Prevention and intervention strategies need to be further developed and adapted. The Programme aims to improve the understanding of the epidemiology of HIV/AIDS, STI and viral hepatitis to better target key prevention and intervention strategies in the EU and to contribute to the development of a robust scientific base for key prevention strategies. Key public health messages and information in the field of HIV/AIDS, STI and viral hepatitis have to be disseminated.

Based on review/evaluation of HIV/STI Surveillance and Prevention Programmes, a fully integrated surveillance system for HIV/AIDS jointly with WHO EURO will be developed. New surveillance systems for three bacterial STIs and viral Hepatitis will be established. Scientific guidance documents on key prevention strategies including Chlamydia control, HIV testing, screening of migrants, partner notification will be provided. “Second generation” surveillance across Europe will be promoted by standardised behavioural surveillance. Better country estimates of the burden of HIV disease, including the economic and social impact, will be available. An 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, will be available. HIV/STI Surveillance and Prevention Programmes will have been reviewed and evaluated through country visits. An informative/updated website for the general public, professionals and epidemiologists will be established.

The aims of the Programme will be achieved through close collaboration with key partners, mainly Member States, Commission, WHO, EMCDDA, UNAIDS and civil society.

Expected results in 2009

ECDC’s work on HIV, STI and hepatitis will focus on the coordination of enhanced surveillance of HIV/AIDS, hepatitis B and C and the integration of the European network on STI Surveillance (ESSTI) into ECDC. Furthermore the work on behavioural surveillance related to HIV/STI and guidance on key prevention strategies (like HIV testing and partner notification) will be continued. The work will target main risk groups and vulnerable populations (MSM, young people, migrants and others) in the different strategies.

At EU level, ECDC aims to support the Member States in reviewing and monitoring their prevention programmes and in strengthening surveillance systems for HIV/STI. Also ECDC aims to support the MS in monitoring of the implementation of the Dublin Declaration for HIV/AIDS, and to support the European Commission in the renewal of the EU Action Plan. ECDC aims to produce user-friendly models for national HIV estimates in EU Member States in collaboration with UNAIDS.

Food- and water-borne diseases and zoonoses

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

ECDC strategy for food- and waterborne diseases and zoonoses (FWD) will be developed taking into account existing prevention and control programmes and structures in food and animal sectors in the EU and globally. Enhanced surveillance has been consolidated for six priority food- and water-borne diseases (salmonellosis, campylobacteriosis, VTEC, listeriosis, shigellosis and yersiniosis). Timeliness of outbreak detection for the six priority diseases has been improved by strengthening the FWD surveillance network. Multidisciplinary collaboration has improved and has led to better control of FWD outbreaks and clusters. Comparability of incidence data will be assessed for 4–6 pathogens. The burden of some priority diseases will be assessed. Multinational epidemiological studies on risk factors for FWD will be planned. Regular and up-to-date health communication in the field of FWD targeted at professionals and the general public has been established.

Expected results in 2009

In 2009, this group of diseases will be addressed according to the Multi-annual Programme except for tularaemia, which will be covered by the Programme for Emerging and Vector-borne diseases (EVD). As much of the prevention and control work for FWDZ is already implemented by EFSA, the Commission and the Member States, a strategy for the FWDZ Programme will be initiated in 2009 to serve as a basis for the ECDC work on all FWDZ diseases. It will take existing EU level structures and programmes into account and will enable the identification of areas where ECDC can have significant contribution to prevention and control efforts. It will also help to understand how collaboration between different multidisciplinary sectors can be further strengthened. Improved collaboration between different stake holders and sectors is essential to combat food- and waterborne diseases and zoonoses.

The work started in 2008 will be continued in 2009 and activities will concentrate on six priority diseases including salmonellosis, campylobacteriosis, VTEC infection, listeriosis, yersiniosis and shigellosis. Disease specific surveillance objectives and variables to be collected will be agreed with the Member States. Disease specific working groups will be formed to address microbiological needs and appropriate typing methods to support surveillance. This work will be done together with the nominated epidemiology and laboratory experts (through CB for surveillance), and appropriate scientist groups in the Member States and EEA/EFTA countries.

Special attention will continue to be given to listeriosis, which has shown increasing incidence among elderly in several countries. In addition to detailed analysis of human listeriosis data by countries, a multisource study will be performed combining human data with listeriosis data on food and data on food consumption. The multisource study will be performed in close collaboration with ESFA and the Commission to support hypothesis building of the reasons behind the increase in human cases.

An ECDC strategy on molecular typing for priority diseases will be developed, and its implementation for FWDZ can be initiated. As a first step, plans will be made to establish appropriate reference database for *Salmonella* and/or VTEC typing data to support the early detection of international dispersed clusters and outbreaks.

Emerging and vector-borne disease

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

ECDC will work toward developing and coordinating a well-connected European network of experts in the field of emerging and vector-borne diseases. 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 EVD prevention and control strategy.

Expected results in 2009

The main priority for 2009 will be to continue the work on vector-borne diseases (building on the risk assessment finalised in 2008) and the activities with the European Network for outbreak response laboratories. This includes a plan of action on vector borne disease in Europe and European overseas territories and the development of a surveillance strategy for priority vector-borne diseases. Furthermore, the surveillance of Legionnaires' disease (EWGLINET network), including detection and response to travel associated Legionnaires' disease (TALD) clusters, will be moved to ECDC. Links to international networks will be established and/or further developed.

In addition, EVD will continue to deliver on:

- Producing ad hoc threat assessments
- Supporting relevant outbreak responses
- Communicating and monitoring key scientific developments in liaison with Member States and WHO

Vaccine-preventable diseases

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

Vaccination programmes in the EU are safe and effective, but there is still room for improvement: there is the need for supporting targeted elimination plans, for improving current immunisation programmes, and for supporting the decision making process for introduction of new vaccinations. ECDC' VPD work – assisted by the establishment of the *European Vaccination Consultation Group* and the continuation of the VENICE network – will support Member States 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 and other cross-border issues related to vaccination.

Expected results in 2009

In 2009 ECDC's work will especially focus on: running surveillance activities on invasive bacterial infections (EU-IBIS), preparing the transition of DIPNET; establishing the European Vaccination Scientific Consultation Group (EVAG) in order to improve the ECDC capacity in strengthening the immunisation programmes and providing advice on a larger spectrum of vaccination to MS and to the Commission. In addition to this, the usual liaison work with EMEA and WHO will be assured.

In addition to the above, a broader range of surveillance and laboratory activities will be implemented, including outsourcing of EUVAC.NET (all network activities in 2009) and DIPNET (laboratory activities as of January 2010) activities, and starting surveillance of "new" vaccine preventable diseases; the VENICE project will be integrated into the ECDC; a European Vaccine Conference shall be organised as part of ESCAIDE; support to MS for measles and rubella elimination will be reinforced; activities related to AEFI will be supported.

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 4 million patients acquire a HCAI each year in the 27 Member States and that approximately 37,000 deaths directly result from these infections. About one half of these deaths is due to the most common multi-drug resistant bacteria.

The programme will contribute to: improving coordination and methods for surveillance of AMR & HCAI in Europe, increasing awareness among the European public and physicians about AMR and the prudent use of antibiotics, and improving coordination of activities and effective exchange of experiences among Member States. It will provide guidance for the prevention and control of AMR in hospitals and in the community (systematic reviews), in particular for MRSA, and report on the gap between increasing multi-drug resistance in the EU (horizon scanning) and the lack of novel antibacterial drugs.

Expected results in 2009

In 2009, ECDC's work on antimicrobial resistance (AMR) will focus on preparing the integration of surveillance activities on AMR (EARSS) and on antimicrobial consumption (ESAC), as well as strengthening activities on the standardisation of antimicrobial susceptibility testing (EUCAST), on providing guidance on specific resistant micro-organisms such as MRSA, on organising a short course on AMR control on healthcare facilities, and on the coordination of MS activities in the field of AMR, including meetings of AMR National Focal Points (2 per year), country visits and 2nd Annual European Antibiotic Awareness Day.

For healthcare-associated infections (HCAI), ECDC's work in 2009 will focus on strengthening surveillance of HCAI including reporting on surgical site infections, HCAI in intensive care, infection control structures and processes in the EU and studying the feasibility of establishing surveillance of HCAI in nursing homes, on developing a protocol and procedures for an EU-wide point prevalence survey on HCAI.

Target 7: Partnerships

Overall aims / multi-annual strategy focus

By 2013, ECDC will have a structured CD cooperation programme with all MS, the Commission and other relevant EU agencies, and it enjoys a close partnership with WHO and other selected partners at regional and global levels.

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

Through 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. ECDC will pursue its efficient collaboration with many external partners, on a wide range of issues.

Country Relations and Coordination

Expected results in 2009

Effective internal coordination within ECDC towards the countries will be further continued. *Country Agreements* will be developed with 8 individual Member States. Databases on country inventory/Communicable Diseases country profiles will be updated and published. Country-based support for ECDC inventory and activities launched in 2008 will be evaluated. An inventory of institutions and contact databases, including reference laboratories, will be carried out.

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

- Country agreements on cooperation with ECDC for 8 countries (C)
- Inventory, presented as a database of institutions and contacts (C), including reference laboratories
- Country profiles on Communicable diseases (C) updated and published
- First evaluation of the country-based support for ECDC inventory and activities launched in 2008 (C)
- EpiNorth website operational (C)

External relations and partnerships programme

Expected results in 2009

To fulfil its role as a major technical agency supporting the MS and the EU institutions in strengthening programmes of CD prevention and control, ECDC depends critically on efficient collaboration with many partners, on a wide range of issues. During the last 2 years a number of formal agreements have been established, and this work will continue. As communicable disease policy becomes more diverse and complex, ECDC needs to have more interaction with other stakeholders at global, regional, European and national levels and across these levels

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

- Continue close collaboration with all the EU institutions and decentralised EU agencies as part of the EU family and further develop collaboration and partnership to areas not yet covered
- Keep the Commission, Council and Parliament well informed of new developments that would be of importance to them, and on demand provide support to their work within ECDC's field of competence
- ECDC will develop links with the candidate countries, with the European Neighbourhood Policy and the Euromed process. ECDC will consolidate collaboration with the EpiNorth and EpiSouth networks

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

- Maintain fruitful co-operation and collaboration with WHO and establish such with selected IGOs, scientific institutions, NGOs and Foundations
- Build, maintain and sustain partnerships with global, regional, European, and national partners operating in the communicable disease field

Target 8: Leadership³

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. The designation of the Competent Bodies will improve the possibilities for the coordination of work.

Expected results in 2009

The Governance Programme will further develop in 2009 to ensure high quality support to the Management Board (MB) and the Advisory Forum 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.

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

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.⁴

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

³ 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.

⁴ Each AWP will outline the organisational structure of ECDC, and internally clear managerial responsibility will be assigned for each programme element.

adjusted to increase efficiency in operations and staff motivation. Monitoring and evaluation will be systematic, emphasise programme outcomes and efficiency, include feedback 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 2009

A dedicated user-friendly information system for routine collection of the necessary data regarding the Work Programme will be developed, pilot tested and in routine operation.

The indicators related to the SMP, that have been adopted by the management Board in 2008 will be pilot tested and adjusted if necessary. Specific sets of annual indicators will be developed. Indicators will be part of the new management information system. This system will allow to better plan and monitor activities, as well as enhance the performance of the organisation and individuals.

Improved secretariat support will have been achieved, including improved computerised tools.

The strategies of the Disease Specific Programmes will be clarified, in line with the Strategic Multi-annual Programme.

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
- 2010 ECDC Work Programme
- Establishment of a Programme Management System, performance, secretariat
- Clarification of the strategies by Disease specific programmes

Internal audit

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

A high quality internal audit and consulting service will be provided. The work performed will contribute to improved risk management, control and governance systems.

Expected results in 2009

The results of the 2008 audits will be summarised in an Annual Internal Audit report. The risk-based Audit Programme for 2009 will be implemented. Appropriate consulting engagements will be performed. Advice and opinions will be given as requested and appropriate. Audit findings and recommendations will be followed up, in order to assure a proper management response and follow-up. Coordination with the Internal Audit Service and cooperation with the Audit Committee will be successful. Finally, a risk-based Audit Programme for 2010 will be developed.

ECDC Management Board

MB14/5 Rev.1

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

- Annual Internal Audit Report, summarising the results of the individual audits performed in 2008
- Individual audit reports, for the audits performed in 2009
- Consulting reports, advice and opinions, for engagements performed in 2009
- Document summarising all ECDC's audit findings and their follow-up
- Replies to the Internal Audit Service's reports and requests
- Audit Programme for 2010

Target 9: Administration

Since 2008, as for *Leadership* a specific Target has been added in the Annual Work Plan 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)

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

- Ensure that the financial resources of the Centre are properly and well managed, and reported in a clear and comprehensive manner;
- Coordinate meetings and support the travel requirements of experts invited by the Centre and ECDC staff and interviewees in accordance with ECDC rules and regulations in an efficient and cost-effective manner;
- Develop, maintain and manage the premises of ECDC and provide the logistics service to enable the operational functioning of 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;
- Operate the ICT platforms and services at a high level of availability and assure integrated business applications;
- Provide legal advice and counselling and assure the implementation of the internal control standards.

Expected results in 2009

Particular challenges in the area of administration in 2009 include the following:

- Replace the finance and accounting system SI2 with ABAC
- Improve and consolidate the activity-based budgeting
- Continue the recruitment in accordance with staff policy and recruitment plan
- Expand individual performance management (IPM)
- Expand the implementation of SAP with new modules in HR (e-recruitment and IPM) and a module for missions
- Continue the development and application of implementing rules regarding staff regulations
- Further improve efficiency of procedures and workflows in accordance with the recommendation of the external evaluators
- Further develop, upgrade and maintain the ICT infrastructure and services to secure a reliable and efficient service for the Centre's activities
- Reinforce building/security function

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

- Implementation of the recruitment plan 2009 according to schedule
- Further development of learning and development of staffs
- New staff integrated, development path set out for all staff.
- Well-functioning personnel information system
- Launch of a general staff survey

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 2009; accounts and assets well managed and reported in a clear and comprehensive manner
- 2010 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
- Supervision of the 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, expertise in procurement, quality management, organisational development and internal control
- Formalisation of business continuity plan initiated
- ECDC data protection function further developed

Resources⁵

Financial resources

The total budget of ECDC for 2009 is 50 700 K€ and in 2007 it was 40 100 K€. Thus, there is an increase in the budget of 10 600 K€, or 26%. *Table 1* below shows the distribution of the 2009 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	22,750	44.9%
Title 2 – Administrative Expenses (Infrastructure)	6,700	13.2%
Title 3 – Operating Expenditure	21,250	41.9%
<i>Total</i>	50,700	100.0%

Annex III shows a further breakdown of the budget in order to link the Work Programme 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 2008 was, according to the Establishment Plan, 195 (not including 20 EPIET fellows and Seconded National Experts). The number of staff envisaged by the end of 2008, in different categories, will be 255 (not including EPIET fellows and Seconded National Experts).

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.

Most staff related expenditure (Title 1) cover costs for staff directly assigned to operational activities (thus considered as operational expenditure according to activity-based budgeting). It is estimated that the proportion of operational expenditure versus administrative expenditure is 64%/36% when taking into account the operational costs included in Title 1.

⁵ A more extensive analysis is given in document *MB11/7- Budget and establishment plan 2008 and outlook 2009*.

Conclusion

In 2009, ECDC will be in existence for four years. The Centre has now established solid foundations for its future orientation, major organisational structures and operational principles. ECDC's *Strategic Multi-annual Programme 2007-2013* has provided a clear, long-term direction for its future programme development. The positive external evaluation conducted in 2008 also reinforces this direction.

The major challenge for 2009 is to further turn this into systematic, practical work programmes, fully taking into account the outcomes from the external evaluation and 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

The ECDC disease specific activities are organised within seven horizontal programmes with team members from all technical units:

Programme on influenza

The programme covers all aspects of influenza; seasonal influenza, pandemic influenza, and avian influenza.

Programme on tuberculosis

This programme covers all aspects of tuberculosis (TB), a disease that remains a major threat to human health. TB is re-emerging in Europe and the world-wide increasing appearance of multi-drug resistant (MDR), extensively-drug resistant TB (XDR) and the clear link between TB and HIV/AIDS make it a disease of European importance.

Programme on food and water-borne diseases and zoonoses

The programme covers the following diseases: botulism, brucellosis, campylobacteriosis, Creutzfeldt-Jakobs disease and other TSE, cryptosporidiosis, echinococcosis, giardiasis, hepatitis A, hepatitis E, infection with EHEC, listeriosis, norovirus infection, salmonellosis, shigellosis, toxoplasmosis, trichinosis and yersiniosis.

Programme on emerging and vector-borne diseases

This programme focuses on the group of diseases that pose a risk for human infections from reservoirs in the environment and European animal populations. Changes in global climate and occurrence of newly emerging diseases such as SARS provide the challenge to be prepared on the level of surveillance, preparedness, response and scientific knowledge as a basis for an adequate control strategy for Europe.

Programme on vaccine preventable diseases and invasive bacterial infections

The Programme covers general issues concerning vaccination and the following diseases: diphtheria, infections with *Haemophilus influenzae* type B, measles, meningococcal disease, mumps, pertussis, pneumococcal infections, poliomyelitis, rabies, rotavirus infection, rubella, tetanus, tick-borne encephalitis.

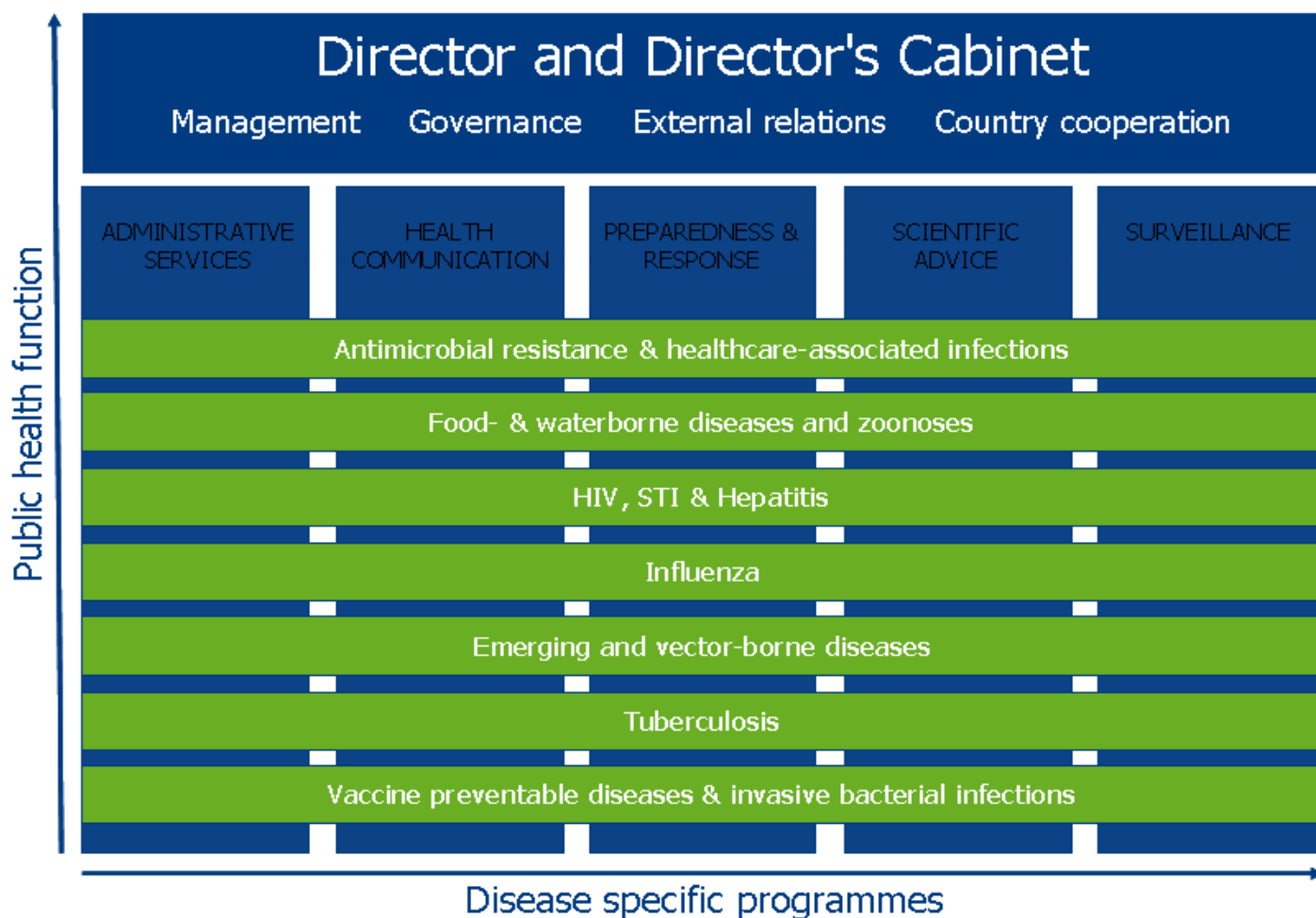
Programme on HIV, STI and blood-borne viruses

The programme covers the following diseases: chlamydia infections, gonococcal infections, hepatitis B, hepatitis C, HIV-infection and syphilis.

Programme on antimicrobial resistance and healthcare-associated infections

The programme covers antimicrobial resistance issues in the community and in hospitals, as well as all infections associated with healthcare. It includes activities such as surveillance of antimicrobial-resistant bacteria, surveillance of antimicrobial consumption, surveillance of various types of healthcare-associated infections, provision of scientific advice on the prevention and control of antimicrobial resistance and healthcare-associated infections, communication

Annex II: ECDC organisation chart



Annex III: 2009 budget by target and by main areas of work/activities

Table 1: 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>	855		4.0%
<i>Tuberculosis</i>	640		3.0%
<i>HIV, STI and blood-borne viruses</i>	970		4.6%
<i>Food- and water-borne diseases</i>	655		3.1%
<i>Emerging and vector-borne diseases</i>	1,475		6.9%
<i>Vaccine preventable diseases and invasive bacterial infections</i>	1,060		5.0%
<i>Antimicrobial resistance and healthcare-associated infections</i>	2,615		12.3%
<i>Subtotal DISEASES - Target 1</i>		8,270	38.9%
<i>Surveillance (core) - Target 2</i>	2,185		10.3%
<i>Scientific Advice (core) - Target 3</i>	1,920		9.0%
<i>Preparedness & response (core) - Target 4</i>	980		4.6%
<i>Training (core) - Target 5</i>	1,720		8.1%
<i>Health Communication (core) - Target 6</i>	2,575		12.1%
<i>Country relation / External Relations (core) - Target 7</i>	485		2.3%
<i>Subtotal PROGRAMS</i>		9,865	46.4%
<i>Subtotal meetings for all units and programs</i>	1700		8.0%
<i>Subtotal ICT not assigned to programs</i>		1,415	6.7%
<i>TOTAL OPERATIONAL UNITS</i>		21,250	100.0%
<i>Governance</i>	330		
<i>Strategic Management</i>	140		
<i>Subtotal LEADERSHIP - Target 8 - [2]</i>		470	
<i>OVERALL</i>		21,720	
[1] % of Title 3 budget			
[2] Target Leadership is not part of the SMP 2007-2013 7 Targets; it is for internal purposes.			

Table 2: Budget allocation by areas of work

Areas of work	Core	Influenza	Tuberculosis	Food- and water-borne diseases	Emerging and vector-borne diseases	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>	2,185	300	210	655	300	600	575	1,465	6,290
<i>Scientific Advice</i>	1,920	430	430	-	115	400	395	500	4,190
<i>Preparedness & response</i>	980	100	-	-	1,000	-	-	15	2,095
<i>Training</i>	1,720	-	-	-	-	-	-	270	1,990
<i>Health Communication</i>	2,575	25	-	-	60	60	-	350	3,070
<i>Country relation/External relations</i>	485	-	-	-	-	-	-	-	485
<i>Missions for all units and programmes</i>	1,800								1,700
<i>ICT not allocated to units</i>	1,415							15	1,430
TOTAL	13,080	855	640	655	1,475	1,060	970	2,615	21,250

Table 3: Budget allocation by strategy

DISEASE SPECIFIC PROGRAMMES		
1.1	Health , economic and social impact	3,700
1.2	Determinants	685
1.3	Evidence base for methods and technologies for CD prevention & control	1,920
1.4	Programmes for prevention and control at EU level and in Member States	1,865
	<i>Subtotal</i>	<i>8,170</i>
SURVEILLANCE		
2.1	EU wide reporting standards & integrated data collection network	1,440
2.2	Analyse trends of public health importance	305
2.3	Report on trends of public health importance and foster transfer to public health action	180
2.4	System for quality assurance / control of data / comparability of data between all MS	260
	<i>Subtotal</i>	<i>2,185</i>
SCIENTIFIC ADVICE		
3.1	Catalyst and forum for improving public health science	600
3.2	Promote, initiate and coordinate research for evidence base / identify future threats	750
3.3	Produce guidelines, risk assessments and public answers / work with MS	10
3.4	Prime source of scientific advice	485
3.5	Promote and support strengthening of microbiological lab support for CD prevention/control	75
	<i>Subtotal</i>	<i>1,920</i>
PREPAREDNESS AND RESPONSE		
4.1	Develop integrated early system about emerging threats in Europe	680
4.2	Mechanism for support & coordination of health threats	0
4.3	Strengthen MS and EU preparedness for CD threats (guidance, tools, trainings, simulation exercises)	300
	<i>Subtotal</i>	<i>980</i>
TRAINING		
5.1	Develop EU capacity on CD prevention and control through training	1,470
5.2	Develop network of training programmes	100
5.3	Training centre function within ECDC	150
	<i>Subtotal</i>	<i>1,720</i>
HEALTH COMMUNICATION		
6.1	Communicate ECDC scientific / technical output to professional audience	1,215
6.2	Efficient & coordinated communication of key messages and information to the media and public	530
6.3	Support MS health communication capacities	830
	<i>Subtotal</i>	<i>2,575</i>
PARTNERSHIP		
7.1	ECDC cooperation and support to MS	485
7.2	Cooperation with all EU structures	0
7.3	Effective relationship with WHO, other IGOs, NGOs, scientific institutions and foundations	0
	<i>Subtotal</i>	<i>485</i>
LEADERSHIP		
8	Governance	330
8	Strategic management	140
ADMINISTRATIVE SERVICES		
9	Administrative services	1,415
MEETINGS		
	Meetings all units and programmes	1,800
TOTAL		
		21,720

Annex IV: Detailed priorities for disease specific groups and conditions

1. Influenza

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

Seasonal Influenza

- EISS (the European Influenza Surveillance Scheme) including its laboratory aspects, firmly settled into ECDC (C, MS)
- Production of weekly surveillance output during the surveillance season (R; MS)
- Production of a report on the estimating of the burden of disease due to influenza as part of a larger BoD work (N)
- Production of a report on antiviral resistance in the last two seasons (C; MS)
- Development of a module for pilot surveillance for severe disease and death attributable to influenza (N)
- Pilot the use of First Few 100s surveillance module in three European countries in winter 2009/10 (N; MS)

Pandemic preparedness

- Continued work in Surveillance in a Pandemic (workshop, report and guide with WHO on Surveillance in a Pandemic) – (C; MS)
- Development of a protocol for outbreak investigation in a pandemic (N)
- Application of the ‘now-casting’ and short-term forecasting approach in three European countries - winter 2009/10 (C; MS)

Products related to Strategy 1.2 re CD determinants

Seasonal Influenza

- Production of a report on the impact of the influenza transmission workshop (C)

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

Seasonal Influenza:

- Establishment of the real-time monitoring of vaccine effectiveness (C)
- Publication of guides for MS to monitoring influenza prevention and control programmes (C)
- Establishment of routine seasonal influenza coverage monitoring (R; MS)
- Expert panel meeting on updating advice on seasonal influenza vaccination in children (N)

Pandemic Preparedness:

- Preparation of an internal plan for what ECDC will deliver in a pandemic (N,MS)
- Development of a communication plan for ECDC in a pandemic (N)
- R & D workshop with DG Research and the Public Health Executive Agency – e.g. on antivirals (N; MS)
- Expert meeting reviewing new data from use of human avian influenza vaccines (N; MS)

- Meeting of the Outbreak Communicators re behavioural studies on public action in a pandemic & compliance with mitigation strategies; report with recommendations (N; MS)

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

Seasonal Influenza

- Organisation of the annual 'EISS' meeting – (SUN) (R; MS)
- Production of action guides in support of the Commission / Council Recommendation on increasing seasonal influenza immunisation coverage in the EU. (C)
- Establishment of a routine annual survey of vaccine coverage in the EU, based on 2008 VENICE survey (R; MS)
- Pilot a training programme for those responsible for seasonal influenza prevention programmes and write a report with recommendations (N; MS)

Pandemic Preparedness

- Review of European Pandemic Preparedness Status in 2009 with updated indicators (R)
- Work with WHO to develop its guidance on interventions and surveillance in a pandemic (C)
- With the Commission, three regional workshops on policies and interoperability; report (N)

2. Tuberculosis

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

- Report on TB epidemiology and trends in the EU (R)

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

- Launching of New Tools consultation group (N)
- Launching and coordination of MDR/XDR-TB EU scientific consultation group (N; MS)

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

- Consultation for the follow-up of the action plan with member states and stakeholders (C; MS)
- Coordination of TB surveillance for EU+EEA countries (R; MS)
- World TB day activities 2009 (R)
- Enhanced coordination between TB and HIV surveillance activities (N; MS)
- Coordination of MDR-TB molecular surveillance project (C; MS)
- Full development of guidance for support of National TB control plans (N) (MS)
- Launching of the EU TB Laboratory Network (N; MS)

3. HIV/AIDS, STI, Hepatitis B&C

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

- Annual report on HIV/AIDS epidemiology.
- Development and implementation of a user-friendly model for HIV national estimates in MS including country support and training (2009-2010) (N; MS)
- Develop and coordinate a laboratory network on STI (include public health diagnosis, training, molecular typing and resistance testing) (2009-2010) (N, MS)
- Develop a methodology for a study on HIV incidence in EU in selected high risk populations (in 2009-2010) (N, MS)

Products related to Strategy 1.2 re CD determinants

- Migrant health report(s) including viral hepatitis and other HIV issues (C)
- Report on behavioural surveillance
- Dissemination of the results from the project on behavioural surveillance related to HIV and STI (C)
- Implementation of a toolkit for behavioural indicators as pilot studies (in 2010) (N, MS)

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

- Report on policies, strategies, and barriers for HIV testing (C)
- Guidance on HIV testing for the EU being developed in collaboration with key stakeholders (in 2009-2010) (N)
- Report on public health benefits of partner notification for HIV and STI (C)

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

- Annual report and meeting on HIV/STI (R; MS)
- Protocol and database for enhanced surveillance of STI in EU (C; MS)
- Coordination of enhanced surveillance of STI in EU (N; MS)
- Development of a draft protocol for enhanced surveillance of hepatitis B and C in EU (C; MS)
- Development of a methodology for prevalence database for Chlamydia in EU (N, MS)
- Report on the implementation of the commitments regarding the Dublin Declaration for HIV/AIDS (N, MS)
- Country visits in EU Member States (and neighbouring countries) and development of a framework for follow-up and monitoring (C, MS).

4. Food- and water-borne infections

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

- Enhanced surveillance for priority diseases (salmonellosis, campylobacteriosis, VTEC/STEC infections, listeriosis, yersiniosis and shigellosis)
 - Finalisation of disease specific surveillance objectives and variables (C, MS)
 - Contribution Disease specific content to standard reports/outputs (C, MS)

- Preparation of annual report (2008) and quarterly reports (2009) for salmonellosis, campylobacteriosis and VTEC (C, MS)
- Expert working group for typing and QA for priority diseases established (N, R)
- Annual meeting of FWD+Z network (C, MS)
- EQA activities for salmonella and VTEC (C, MS)
- Continuation of vCJD surveillance (C, MS)
- Zoonoses report 2008 (C, R, MS)
 - Human data collection (C, R, MS)
 - Contribution to AMR part (N, MS)
- Comparability of surveillance data: Literature review on factors affecting comparability of FWD data (N, MS)
- Strengthening of collaboration with WHO Foodborne Disease Burden Epidemiology Reference Group (FERG) on burden of disease (C)

Products related to Strategy 1.2 re CD determinants

- Support to climate change -project (C)
- Listeria analyses
 - Detailed analysis of enhanced listeriosis surveillance data (C, MS)
 - Multisource study on listeriosis to come up with a hypothesis on the factors behind the increase of listeriosis incidence (N, MS)

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

- Summary of existing guidelines & EU level guidance on CJD prevention (C, MS)
- Summary of existing guidelines and EU level guidance on prevention and control of norovirus in closed community settings (C, MS)
- Development of a plan of action regarding FWD in cruise ships and ferries (based on work in SHIPSAN) (C, MS)
- SOPs on Response for FWD periodically reviewed and updated (N, R)

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

- Strategy for the ECDC FWD Programme in agreement with the Commission (N, MS)
- Joint training workshop with WHO-GSS in food and waterborne diseases (C, MS)
- Identification of collaboration area(s) with Community Reference Laboratories for *Listeria*, *Salmonella*, *Campylobacter* and VTEC/STEC (N)
- Reinforced liaison / collaboration with EC and EFSA (C)

5. Emerging and vector-borne diseases

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

- Efficient dissemination of ECDC scientific disease outputs and associated media activities (R)
- Report on major public health developments
- Built up the emerging and vector-borne diseases part of the ECDC website

- Production of ad hoc threat assessments and threat reports for the AF (R)
- Transfer of legionella TALD cluster detection and response (Ewglinet) to ECDC (N)
- Development of enhanced surveillance for priority vector-borne diseases including case definition and reporting for agreed diseases not yet covered
- Implementation of the plan of action to address response needs for European overseas territories according to strategy developed in 2008 (N)

Products related to Strategy 1.2 re CD determinants

- Implementation of the plan of action on ten vector-borne diseases according to strategy developed in 2008 (N)
 - Development of risk maps for priority tick-borne diseases
 - Follow-up of priorities in vector surveillance identified through 2008 tender

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

- Continuation of activities with the European Network for outbreak assistance laboratories (C)
- Continuation of activities with the Network of travel medicine clinics (C)
- Development of a communication toolkit on tick-borne diseases
- Quantitative risk assessment for two priority vector-borne diseases
- Production of two further standard operating procedures for response (a generic module for response to unknown diseases and a disease specific module for Rabies) (N)
- Advice to DG Research and DG Sanco on priority public health/applied research (e.g. diagnostic test development, development of vaccines) (N)

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

- Assistance in professional training activities on the subject of vector-borne diseases (N)
- Further development of links with international networks on vector-borne diseases and initiatives (C)

6. Vaccine-preventable diseases

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

- Enhanced surveillance of invasive bacterial infections, including laboratory activities (*Annual Report on Meningococcal + Hib disease +EQA and training for lab on Meningococcal disease, Hib disease and pneumococcal disease*) (C)
- Development of a transition plan for DIPNET for transferring network coordination by Oct. 2009 (N)
- Transfer the DIPNET network coordination to ECDC in Jan. 2010 (N)
- Outsourcing surveillance activities on MMR, pertussis, varicella (*EUVAC.NET*) and lab activities on diphtheria (*priority when DIPNET will be transferred*); including Annual Meeting on VPD surveillance and detailed Annual Reports (N)
- Implementation of *S. pneumoniae* surveillance, including laboratory activities (N)
- Development /outsourcing of surveillance for rotavirus, varicella, HPV (N)

- Specific health economics studies on new vaccines introduction in the EU (N)
- Development of newly shaped communication channels on VPD, by the way of weekly updates on the web (R)

Products related to Strategy 1.2 re CD determinants

- Continuing studies on determinants of low vaccine coverage in the EU (C)
- Continuing activities on causality assessment of Adverse Events Following Immunisation (AEFI) (C)

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

- Running of the European Vaccination Scientific Consultation Group (C)
- New guidance documents in order to complete the spectrum of all vaccinations included into childhood immunisation schedule (C)
- Coordination of VENICE network and outsourcing of single work packages (N)

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

- Continuing liaison activities with the EMEA and scientific support to the Commission (C)
- Support to the European Immunisation Week (R)
- European Vaccine Conference, as part of ESCAIDE (N)
- Improving support to MS for measles and rubella elimination, including country visits (MS)
- Continuing activities on management of Adverse Events Following Immunisation (AEFI) including pilot studies on database linkage (C)

7. Antimicrobial resistance and healthcare-associated infections

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

- Coordinated European surveillance of HCAI (surgical site infections, HCAI in intensive care, HCAI in nursing homes, infection control structures and processes, TESSy training for HCAI surveillance, support for software tool HELICSwIn, country visits to support surveillance) (R; N; MS)
- Protocol and procedures for an EU-wide point prevalence survey on HCAI (N; MS)
- Coordinated European surveillance of AMR and antimicrobial consumption (outsourcing and preparation of transfer of the EARSS and ESAC networks) (N; MS)
- Surveillance definitions for MDR, XDR and PDR bacteria
- Standardisation of European antimicrobial susceptibility breakpoints (EUCAST) (C; MS) and development of a European disk test and guidance for antimicrobial susceptibility testing (N; MS)
- Survey on MRSA in hospitals and the community, incl. molecular typing (N, MS)
- Report on EU prevalence of *Clostridium difficile* infections in the EU (C; MS) and standardised protocol for surveillance (N; MS)
- Inter-agency collaboration on AMR issues related to food animals and foods (EFSA, EMEA/CVMP)
- Definition of business rules and adaptation of EPIS to AMR and HCAI (N)

Products related to Strategy 1.2 re CD determinants

- Support to the Commission for an EU-wide Eurobarometer survey: “Europeans and antibiotics” (N)
- Report on over-the-counter use of antibiotics in the EU (N)

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

- Guidance on the control and prevention of MRSA (C)
- ECDC-EMEA Joint Report on AMR in the EU and the need for novel antibiotics (C)

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

- 2nd Annual European Antibiotic Awareness Day (R; MS)
- Reports on country achievements on AMR (5 visits) (R; MS)
- Report on "The microbial threat to patient safety", April 2009, European conference under Czech Presidency of the EU) (N; MS)
- Report on "Pathways for the development of new antibacterial agents in the context of growing multi-drug resistance in the EU" (exact title to be defined, autumn 2009, European conference under Swedish Presidency of the EU) (N; MS)
- First European short course on the control of multidrug-resistant microorganisms in healthcare settings (N)
- Joint ECDC-WHO meeting on improving hand hygiene practices in European healthcare (WHO First Global Patient Safety Challenge) (WHO, N, MS)
- Framework plan for improving hand hygiene practices in European healthcare (N; MS)