ECDC **CORPORATE**

Annual Report of the Director

2014

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Contents

Abbreviations

ABAC	Accrual-Based Accounting, the EC integrated budgetary and accounting system
AMR	Antimicrobial resistance
ARHAI	Antimicrobial resistance and healthcare-associated infections
CAF	Common Assessment Framework
CCB	Coordinating Competent Body
CDC	Centers for Disease Control and Prevention, USA
CPCG	Committee on procurement, contracts and grants
CRM	Customer Relationship Management
DPO	Data protection officer
EAAD	European Antibiotic Awareness Day
EARS-Net	European Antimicrobial Resistance Surveillance System network
EEA/EFTA	European Economic Area/European Free Trade Association
ELiTE	European *Listeria* Typing Exercise
EFSA	European Food Safety Authority
EMA	European Medicines Agency
ENIVD	European Network for Diagnostics of Imported Viral Diseases
ENP	European Neighbourhood Policy
ENPI	European Neighbourhood and Partnerships Instrument (or ENI – European Neighbourhood Instrument)
EOC	Emergency Operations Centre
EPIET	European Programme for Intervention Epidemiology Training
EPIS	Epidemic Intelligence Information System
EpiNorth	Co-operation Project for Communicable Disease Control in Northern Europe
EQA	External quality assessment
ERLI-Net	European Reference Laboratory Network for Human Influenza
ESAC-Net	European Surveillance of Antimicrobial Consumption network
ESCAIDE	European Scientific Conference on Applied Infectious Disease Epidemiology
EU	European Union
EUCAST	European Committee on Antimicrobial Susceptibility Testing
EUPHEM	The European Programme for Public Health Microbiology Training
EuroCJD	European and allied countries collaborative study group of Creutzfeldt-Jakob disease
EuSCAPE	European survey on carbapenemase-producing *Enterobacteriaceae*
EVD	Emerging and vector-borne diseases
EWRS	Early Warning and Response System
FWD	Food- and waterborne diseases and zoonoses
HAI	Healthcare Associated Infections
HAI-Net	Healthcare Associated Infections surveillance network
HIV	Human immunodeficiency virus
HSH	HIV, sexually transmitted infections and viral hepatitis
ICT	Information and Communication Technology
IRV	influenza and other respiratory viruses
MediPIET	Mediterranean Programme for Intervention Epidemiology Training
MERS-CoV	Middle East respiratory syndrome coronavirus
MMR	Measles, mumps and rubella
MRSA	Meticillin-resistant *Staphylococcus aureus*
NFP	National Focal Point
NMFPs	National Microbiology Focal Points
OCS	Office of the Chief Scientist
PHC	Public Health Capacity and Communication unit
RMC	Resource Management and Coordination unit
SAS	Scientific Assessment Section
SLA	Service level agreement
SMAP	Strategic multiannual work programme
SMT	Senior management team
SRS	Surveillance and Response Support unit

STEC	Shiga toxin-producing *Escherichia coli*
STI	Sexually transmitted infections
TB	Tuberculosis
TESSy	The European Surveillance System
VBORNET	European Network for Arthropod Vector Surveillance for Human Public Health.
VectorNet	European Network for Arthropod Vector Surveillance for Human Public Health and Animal Health
VENICE	Vaccine European New Integrated Collaboration Effort
VPD	Vaccine-preventable diseases
VTEC	Verotoxin-producing *Escherichia coli*
WHO	World Health Organization
WHO/EURO	World Health Organization, Regional Office for Europe

Foreword by the Chair of the Management Board

As you will see in this report, 2014 was a challenging but ultimately rewarding year for ECDC. The major disease control emergency of 2014 is well known: the unprecedented Ebola epidemic that emerged in West Africa, which subsequently evolved into a global concern. As Chair of the ECDC Management Board, I am proud that our Centre has played, and is continuing to play, an important role in supporting the EU-level and international response to Ebola. ECDC activated its public health emergency plan in August 2014 in order to mobilise maximum resources, and over the months that followed delivered 117 reports, risk assessments and pieces of technical advice requested by the European Commission and the Health Security Committee. As I write, five ECDC-led teams are in Guinea working to end the epidemic at its source. The epidemic has inspired an unprecedented response from ECDC, with the full support of its Management Board.

2014 was the first year of implementation of Decision 1082/2013 on serious cross-border threats to health. Supporting the Commission and Member States in implementing this Decision was a top priority for ECDC, and I believe the Centre's technical input was instrumental in helping these partners achieve the progress they made with this. Decision 1082/2013 received its first major test with the Ebola epidemic. The Decision more than lived up to expectations, enabling an unprecedented level of cooperation and coordination in the EU-level response to the epidemic. Again, technical support from ECDC was an important element in this success.

ECDC and its Board also successfully faced up to, and managed, a major administrative challenge with substantial extra costs related to EUR and SEK exchange rates. ECDC, however, successfully managed to maintain most of its work programme: it delivered nearly 85% of the outputs promised. Even more remarkable is that it seems to have maintained a high level of quality for these outputs. I say this on the evidence of the stakeholder survey ECDC conducted in relation to its work in 2014: 82% of respondents recorded their overall satisfaction with ECDC as being high; 91% highly rated the quality and reliability of the content provided on ECDC's website; 88% highly rated the usefulness of ECDC's rapid risk assessments; and ECDC's disease programmes all achieved satisfaction levels of well over 80%.

However, the most important and authoritative confirmation the Board received regarding ECDC's added value and usefulness was the final report of the Second Independent External Evaluation of ECDC. The report found that ECDC has a good capacity of quickly reacting to health threats and performing in crisis conditions; that the Centre produces products of good professional quality in all areas; that the Centre has scientific credibility; and that ECDC is generally a source of EU-level added value. These conclusions reinforce my own personal conviction that ECDC has established itself as the hub of a strong network linking the key infectious disease experts and public health laboratories across Europe. The Centre has proved its value time and again, most recently and visibly as a major asset for Europe in responding to Ebola. The Management Board formally accepted the final report of the Second Independent External Evaluation of ECDC at its 32nd meeting in November 2014, during which time a Drafting Group was established under the chairmanship of our Belgian member, Dr Daniel Reynders, to draft recommendations based on the report. Agreeing to these recommendations will be an important task for the Board in 2015.

The successes achieved in 2014 lead me to reflect upon the Centre's priorities for 2015. Continuing to support the implementation of Decision 1082/2013 will clearly be a priority for the coming years. So, too, will implementing the recommendations that the Management Board adopts based on the Second External Evaluation. Beyond this, ECDC will continue to assess and advise on the major scourges Europe faces – from HIV and TB to the rising tide of antimicrobial resistance – as well as being ever vigilant against new emerging threats.

Dr Françoise Weber

Chair of ECDC Management Board

15 February 2015

Introduction by the Director

2014 was the first year of implementation for ECDC's Strategic Multi-annual Programme 2014–2020 (SMAP) as well as for Decision 1082/2013/EU on serious cross-border threats to health. Supporting the Commission and Member States in implementing Decision 1082/2013 is, of course, a cross-cutting priority in ECDC's SMAP, with a number of important deliverables promised in SMAP being about the Decision. So, for example, the adaptations ECDC successfully implemented to the EU's Early Warning and Response System on public health threats (EWRS) early in 2014 delivered on both SMAP and implementation of Decision 1082/2013: these changes widened the scope of the type of health threats that can be reported on EWRS, in line with the Decision. Similarly, the reinforcement of the Preparedness Support function at ECDC in 2014 is something promised in SMAP, as well as being a necessary support to our partners in implementing Decision 1082/2013. Both of these new operating frameworks proved their value during the 2014 Ebola epidemic. Decision 1082/2013 proved to be a robust and efficient legal framework for coordinating the Ebola response between the Commission and Member States via the Health Security Committee (HSC). In parallel to this, SMAP and ECDC's public health emergency plan ensured that ECDC had the resources and strategies we needed to support the EU-level Ebola response. We were able to mobilise the Ebola experts the EU response needed via ECDC's Programme on Emerging and Vector-Borne Diseases, our in-house infection control experts provide the expertise needed on hygiene measures against Ebola, our preparedness team conducted surveys on Member States' preparedness to manage Ebola cases and our public health training team rapidly developed tutorials for European health professionals on the safe use of Personal Protective Equipment against Ebola. Meanwhile, our public health emergency plan gave me the tools to bring together these experts from across the Centre and have them work as one ECDC team to address an emergency situation. During the autumn and early winter of 2014 we had between 40 and 60 ECDC experts working full time on Ebola each week. We estimate that, over the course of the emergency, well over 100 ECDC staff worked on supporting the EU-level response to Ebola. To put this in perspective, ECDC has just under 280 staff[1]. So Ebola really was a team effort and showed ECDC at its best: one ECDC team that is flexible, service oriented and committed to scientific excellence.

ECDC also had to overcome a major administrative challenge during 2014. As an EU Agency, ECDC has a budget denominated in euros (EUR). However, because it is based in a non-Eurozone country it has many expenses in another currency: Swedish Krona (SEK). For various reasons outside ECDC's control, the EUR to SEK exchange rate used for the official budgets and accounts of EU Agencies was not adjusted in 2011, 2012 and most of 2013. In early 2014, ECDC had to implement a revised EUR to SEK exchange rate and adjust upwards the cost in euros of expenses in SEK going back to 2011. This unavoidable problem caused considerable uncertainty about how much money would be available for ECDC's activities in 2014, leading to several revisions of its work programme. Despite this, by the end of the year ECDC had delivered nearly 85% of the deliverables promised in its work programme for 2014 – as well as delivering emergency 117 outputs on Ebola.

Looking to 2015, SMAP gives us a roadmap of priorities to address. It also commits ECDC to deliver various outputs and, as already mentioned, some of these are linked to Decision 1082/2013. For example, assisting the Commission in analysing the information Member States provide on their preparedness arrangements (as required by Article 4 of Decision 1082/2013) will be an important task. Though ECDC's Ebola public health emergency has ended, the epidemic in West Africa is not yet fully under control. ECDC has five teams deployed in Guinea and a commitment to stay there until at least the middle of 2015. Other priorities for 2015 are less easy to plan for at this stage. The Management Board is developing recommendations based on the Second Independent External Evaluation of ECDC, which reported in autumn 2014. ECDC will give priority to implementing these once they are agreed by the Board.

Dr Marc Sprenger

ECDC Director

2 March 2015

[1] As of 31 December 2014, ECDC had a total of 277 staff composed of 182 temporary agents, 92 contract agents and three seconded national experts.

Executive summary

Overview: 2014 at a glance

2014 was the first year of implementation for ECDC's Strategic Multi-annual Programme 2014 – 2020 (SMAP) and also the first year of implementation for Decision 1082/2013/EU on serious cross-border threats to health. Significant progress was achieved in both areas. ECDC delivered more than 85% of the outputs promised in its work programme for 2014. Many of these outputs link to implementation of Decision 1082/2013, and all of them link to SMAP.

Ebola epidemic: The Ebola epidemic that emerged in West Africa in 2014 March – and which was declared a Public Health Event of International Concern by WHO in August – was the first emergency event addressed by ECDC and its partners under Decision 1082/2013 and the new SMAP. Both lived up to expectations. ECDC played an important role in supporting the EU-level and international response to Ebola. ECDC activated its public health emergency plan in August 2014 in order to mobilise maximum resources, and over the months that followed delivered 117 reports, risk assessments and pieces of technical advice requested by the Commission and the Health Security Committee. In December, ECDC deployed a team to Guinea to work on controlling the epidemic there. The deployment in Guinea continues in 2015, with the number of ECDC teams deployed rising to five.

Final report from the Second Independent External Evaluation of ECDC: received in autumn 2014 and accepted by the Management Board at its November meeting (MB32). It found that ECDC has a good capacity of quickly reacting to health threats and performing in crisis conditions; that the Centre produces products of good professional quality in all areas; that the Centre has scientific credibility; and that ECDC is generally a source of EU-level added value. The MB has established a Drafting Group to develop recommendations for actions based on the evaluation.

Highlights from ECDC's core functions

Surveillance: ECDC developed and launched on its web portal what is intended to become its flagship output over the coming years: the Surveillance Atlas of Infectious Diseases. This is a user-friendly web-based tool that makes EU-level surveillance data available in an interactive format. By the end of 2014, ECDC was publishing EU-level data, and some international data, for four diseases via the Atlas: Ebola (including cases in West Africa); invasive *Haemophilus influenzae* disease; invasive meningococcal disease; and tuberculosis.

Epidemic intelligence and response: The team produced and published a total of 39 rapid risk assessments, more than it ever produced in a single year.

Preparedness: ECDC provided technical support to the Commission on a number of tasks linked to implementation of Article 4 of the Decision, most notably the development of a questionnaire for Member States on their preparedness arrangements. ECDC was also asked to support the Commission in developing a questionnaire on Member States' preparedness to manage Ebola cases.

Scientific advice: ECDC also made significant progress on a package of tools that enable a more rigorous and consistent approach to the grading of public health evidence: an essential step in the production of evidence-based advice. The 2014 edition of ESCAIDE, ECDC's flagship scientific conference, was the most successful ever, with over 600 participants.

Public health training: The EPIET and EUPHEM programmes continued to thrive, with a high level of demand for fellows from Member State training sites and high demand for places from aspiring fellows from across Europe. During 2014 a new cohort of 38 fellows was recruited, and 31 fellows graduated.

Microbiology: Good progress was made in implementing the *Roadmap for integration of molecular typing into EU surveillance*. The pilot phase of EU-level molecular surveillance, which covered three foodborne pathogens (*Salmonella*, *Listeria* and VTEC) plus MDR-TB, was evaluated. Based on this evaluation, the pilot programme received a positive appraisal in May at a joint meeting of ECDC's Advisory Forum (AF) and the National Focal Points (NFPs) for Microbiology.

Health communication: Two hundred and nine reports were edited and published by ECDC. All reports were made available free of charge as PDF documents and can be downloaded from the Centre's web portal at www.ecdc.europa.eu. As well as providing data and analysis in reports, ECDC is increasingly publishing data, graphs, maps and infographics as downloadable assets on its web portal. This facilitates the re-use of ECDC content by partners and stakeholders

Highlights from ECDC's Disease Programmes

Antimicrobial Resistance and Healthcare Associated Infections: On its web portal, ECDC published a *Directory of online resources for prevention and control of antimicrobial resistance and healthcare-associated infections*. This free resource brings together – in an easy-to-search format – guidance from EU/international agencies (ECDC, US CDC, WHO), professional societies, and EU Member States.

Emerging and Vector-borne Diseases: From the summer 2014 onward the Ebola epidemic became a major part of the EVD Programme's work. However, 2014 also saw several other significant EVD outbreaks and epidemics: chikungunya fever arrived in the Americas for the first time, causing epidemics in several countries; there was an outbreak of Zika fever in the Pacific; and the now expected seasonal outbreaks of West Nile Fever in several European countries.

Food- and Waterborne Diseases and Zoonoses: molecular surveillance pilot project covering three major FWD pathogens – *Listeria*, *Salmonella* and VTEC – were judged by ECDC's Advisory Forum to be a success. Sharing of molecular typing data has now become part of the regular EU-level surveillance for these pathogens. ECDC and EFSA established a joint steering committee to oversee the implementation of a joint molecular typing database covering data for *Listeria*, *Salmonella* and VTEC from food, feed, animals and humans.

HIV, sexually transmitted infections and viral hepatitis: ECDC conducted and published an assessment of what has been achieved in the ten years since the Dublin Declaration on fighting HIV/AIDS in Europe and Central Asia. The results were presented by ECDC Director Marc Sprenger at the Italian EU Presidency Ministerial Conference *Leaving no one behind – Ending AIDS in Europe*, which was held in Rome in November.

Vaccine-Preventable Diseases: In February 2014 ECDC published a Technical Report presenting guidance and risk mitigation options on the *Detection and control of poliovirus transmission in the EU and EEA*. This followed the detection of wild-type poliovirus circulating in Israel and cases of polio in Syria in 2013.

Tuberculosis: Following up on the success of a similar country visit to the Netherlands in 2013, ECDC and The WHO Regional Office for Europe conducted two further joint country visits in spring 2014: one to Romania and one to Bulgaria. Experts from the two organisations reviewed the countries' national TB programmes. The results of the visit then fed directly in to the development of the countries' national TB strategies, which in turn formed the basis for applications to the Global Fund to Fight AIDS, TB and Malaria.

The ECDC vision

ECDC strives for excellence in the prevention and control of communicable diseases in order to help achieve better health and improved quality of life for all European Union citizens. In the pursuit of this aim, we need to ensure that our scientific excellence, organisational performance and partnerships are aligned with the Centre's core values.

ECDC will consolidate its organisational achievements and focus on increasing its impact on public health, as well as improving its performance in order to strengthen Europe's capacity to tackle communicable diseases and their determinants.

ECDC works according to a set of values adopted in 2010: be quality-driven, service-oriented, and collaborate as one unified ECDC team.

The ECDC mission and mandate

The Centre's mission is laid down in Article 3 of the Founding Regulation[2] which states that

> the mission of the Centre shall be to identify, assess and communicate current and emerging threats to human health from communicable diseases. In the case of other outbreaks of illness of unknown origin which may spread within or to the Community, the Centre shall act on its own initiative until the source of the outbreak is known. In the case of an outbreak which clearly is not caused by a communicable disease, the Centre shall act only in cooperation with the competent authority, upon request from that authority.

The Centre's mandate can be derived from Article 168 of the *Treaty on the Functioning of the European Union* (EU), with an overarching principle of ensuring a high level of human health protection in the definition and implementation of all Union policies and activities. ECDC's role is to provide necessary scientific support for EU actions defined in Article 168: encourage collaboration between Member States and coordination of their actions;

[2] Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 establishing a European centre for disease prevention and control. Official Journal of the European Union. 2004;L 142:1–11.

support the European Commission in its initiatives aiming at the establishment of guidelines and indicators; exchange of best practices; and prepare the necessary elements for periodic monitoring and evaluation.

Key tasks

Key tasks of ECDC include:

- operating dedicated surveillance networks
- providing scientific opinions and promoting and initiating studies
- operating the Early Warning and Response System (EWRS)
- providing scientific and technical assistance and training
- identifying emerging health threats
- collecting and analysing data
- communicating on its activities to key audiences.

The specific tasks of the Centre are described in Article 3(2) and subsequent articles of the Founding Regulation. The tasks of the Centre are transposed into annual work programmes.

Structure of the Work Programme

In accordance with ECDC's Founding Regulation, an Annual Work Programme based on a strategic multiannual programme 2014–2020 (SMAP), adopted by the Management Board at the beginning of 2014, guide the Centre's work. The headings in the Annual Report of the Director therefore relate to the strategies defined in the SMAP.

Part I. Policy achievements

1 Surveillance

Context

Surveillance is one of the basic tools for preventing and controlling infectious diseases. Consistent and comparable surveillance data of good quality enable public health professionals to monitor the spread of diseases and assess the effectiveness of interventions to prevent them. Supporting EU-level surveillance is one of the core tasks given to ECDC in its Founding Regulation, and this is reiterated in Decision 1082/2013/EU on serious cross-border threats to health.

ECDC's overarching priorities in relation to surveillance under its SMAP 2014–2020 are to add more value to the data it gathers by making them available in new, user-friendly formats; to decrease administrative burdens on data providers in the Member States; and to take advantage of the possibilities opened by emerging technologies: in particular, molecular surveillance. In 2014, ECDC made progress in all of these areas.

Results achieved in 2014

In 2014, ECDC developed and launched what is intended to become its flagship output over the coming years: the web-based *Surveillance Atlas of Infectious Diseases*. This is a user-friendly web-based tool that makes EU-level surveillance data available in an interactive format. The Atlas enables users to generate customised maps, time series plots, distribution charts and tables. By the end of 2014, ECDC was publishing EU-level data, and some international data, for four diseases via the Atlas: Ebola (including cases in West Africa); invasive *Haemophilus influenzae* disease; invasive meningococcal disease; and tuberculosis. The success achieved in 2014 opens the way for the majority of EU-level surveillance data to be available in interactive format via the Atlas by the end of 2015, and for all of them to be available via the Atlas by the end of 2016.

As well as being interactive, the Atlas enables EU-level data to be made available much more rapidly than via periodic reports: in principle, it enables near real-time sharing of data received by ECDC. In the meantime, speeding up the publication of periodic reports continues to be a priority. In 2014, ECDC's Annual Epidemiological Report was published as a series of chapters on the Centre's web portal: this meant data was available more rapidly.

ECDC focused on reducing the administrative burden in Member States by developing practical guidance and tools to facilitate data gathering and analysis. Most notably, ECDC published a manual for strengthening surveillance quality and made available a free mapping tool for their data (the ECDC Mapping and Multilayer Analysis (EMMA) tool). Preparatory work was done for a study to examine the feasibility of machine-to-machine communication of data, and a meeting on this subject is scheduled to take place in April 2015. Finally, the successful development of the Surveillance Atlas of Infectious Diseases opens the way for more timely publication of surveillance data and may lessen the requirement for enhanced surveillance reports that represented the main surveillance output so far.

During 2014, the ECDC-led molecular surveillance pilot projects covering *Listeria*, *Salmonella*, VTEC and MDR-TB were judged by the Centre's Advisory Forum to have been a success. Reporting of molecular data was then continued for these diseases as part of regular EU-level surveillance. During and after the pilot phase, some outbreaks were detected by EU-level molecular surveillance that were not detected at the national level or by any other EU outbreak detection system. By the end of the year, more than 20 Member States were sharing molecular data on these pathogens. ECDC plans to extend EU-level molecular surveillance further in 2015. The collection of comparable molecular data on pathogens adds value to, and improves the quality of, surveillance. Another way to addresses surveillance quality and added value is by working with ECDC's Competent Bodies to agree on surveillance standards. In 2014, standards were discussed for the following diseases: tuberculosis and invasive meningococcal disease, salmonellosis, listeriosis, VTEC/STEC, and hepatitis B and C. Users of ECDC's Surveillance Atlas of Infectious Diseases can see information on the quality of the national data in the Atlas for some of the featured diseases.

2 Epidemic intelligence and response

Context

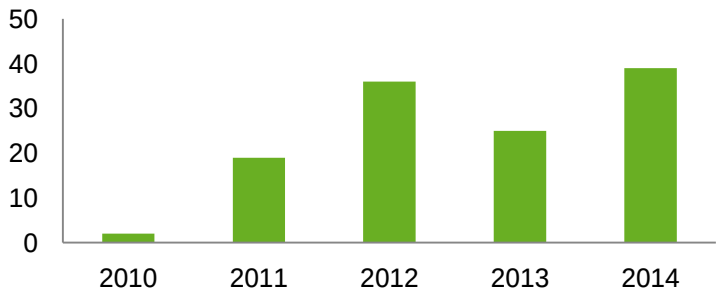
Monitoring and assessing threats to health in Europe from infectious diseases are core tasks for ECDC, as is providing technical support to the EU-level response to such threats. The Commission and Member States have come to rely on the Centre's rapid risk assessments and technical support when faced with serious multi-country infectious disease threats. Decision 1082/2013/EU serious cross-border threats to health is strengthening and intensifying coordination between the Commission and Member States on response in this area. ECDC's experts and the EU Early Warning and Response System on Public Health Threats (EWRS), which ECDC operates on behalf of the Commission, are key resources for the Commission and Member States in facilitating the EU-level response to cross border threats.

Results achieved in 2014

2014 was a particularly busy and demanding year for ECDC in the area of epidemic intelligence and response. The Centre produced and published a total of 38 rapid risk assessments: the highest number it has ever produced in a single year. Threats monitored and assessed included: human infections with novel avian influenza viruses in China and, later in the year, Egypt; a measles outbreak on a cruise ship in the Mediterranean; an upsurge of cases of Middle East respiratory syndrome coronavirus (MERS-CoV) in the Arabian peninsula; the declaration by WHO of a Public Health Emergency of International Concern in relation to the spread of wild-type poliovirus; infectious disease risks for Europeans attending the FIFA World Cup in Brazil; the continuing multi-country hepatitis A virus outbreak in Europe linked to frozen berries; several *Salmonella* outbreaks; cases of acute flaccid paralysis in the US and Europe linked to infection with Enterovirus 68; a large community outbreak of Legionnaires' disease in the Lisbon area; and the Ebola outbreak in West Africa. ECDC provided technical support in relation to many of the threats it assessed. For example, ECDC experts were deployed to Portugal to provide support on the Legionnaire's disease outbreak near Lisbon, and to Spain to support the investigation into an Ebola infection that occurred in Madrid. ECDC experts took part in international missions to countries in the Arabian Peninsula to assist with the investigation of MERS-CoV. However, the threat on which ECDC provided most technical assistance was the unprecedented Ebola epidemic in West Africa. This is examined in more detail in the Section on the Ebola public health emergency. Finally, ECDC and its partners further strengthened their cooperation on foodborne outbreaks with agreement of Standard Operating Procedures between ECDC, EFSA and the Commission.

2014 was the first year of operation of Decision 1082/2013/EU. Early in the year ECDC successfully implemented changes to the EWRS to enable Member States to report chemical, biological and environmental health threats. This brings EWRS into line with the all hazards approach to cooperation between Member States and the Commission set out in Decision 1082/2013. ECDC worked closely with the Commission and Member States throughout the year to support the implementation of the Decision. This has been most notable in the EU-level response to Ebola, with ECDC supporting intense cooperation between the Commission and Member States from the summer onwards: this is examined in more detail later in this report. Another notable new development in 2014 was the piloting of molecular surveillance for three foodborne pathogens. This is also examined in more detail later, but it is worth noting that several foodborne outbreaks were detected by molecular surveillance in 2014.

Figure. Number of risk assessments published by ECDC



3 Preparedness support

Context

Preparedness planning is essential if the EU and its Member States are to respond effectively to major epidemics, and other serious cross-border threats to health. Public health professionals in Europe know this from experience, which is why all Member States are engaged in preparedness planning. What is new is that the Commission and Member States, via the Health Security Committee, have committed to work together to further improve their preparedness – and to ensure that preparedness plans in Europe are interoperable between countries and between sectors. Article 4 of Decision 1082/2013/EU on serious cross-border threats to health establishes an ambitious agenda for this cooperation between Member States and the Commission. Providing technical support in this context is one of ECDC's top priorities. In addition to this, ECDC operates an Emergency Operations Centre (EOC) and the EU Early Warning and Response System on Public Health Threats (EWRS). Preparedness planning to ensure that the EOC, EWRS and ECDC experts are constantly ready to support the Commission and Member States in emergencies has always been a top priority for ECDC. ECDC has a public health emergency plan that enables the Director to rapidly mobilise resources to support the EU-level response to a serious cross-border health threat. This plan is constantly updated and reviewed to implement lessons learned from crisis simulation exercises and real-life emergencies. The importance of the public health emergency plan and the preparedness activities aligned with it have been further reinforced by Decision 1082/2013.

Results achieved in 2014

2014 was the first year of implementation for Decision 1082/2013/EU on serious cross-border threats to health. ECDC provided technical support to the Commission on a number of tasks linked to implementation of Article 4 of the Decision, most notably the development of a questionnaire for Member States on their preparedness arrangements and some initial work on methodologies, indicators and tools for assessing preparedness.

EU Member States' preparedness to manage Ebola cases became a top priority issue for the Commission and the EU Health Security Committee from August onward. ECDC was called on to support the Commission in developing a questionnaire on this topic and to provide technical support on some of the preparedness issues arising from it. The initial focus of this work was making arrangements for medically evacuating EU citizens exposed to Ebola in affected countries. In autumn, the focus moved to availability of isolation beds for Ebola cases and tutorials on the safe use of personal protective equipment.

Early in the year, a revised and updated public health emergency plan was approved by the Director. During the first half of the year, managers and key experts at ECDC underwent training about the plan and their anticipated roles should it be activated. ECDC held a crisis simulation exercise in March to test its ability to react to a crisis that emerges during a weekend. ECDC published a handbook on how to organise crisis simulation exercises in EU public health settings in June. In September, experts from the Centre participated in an exercise led by the Commission to test EU-level cooperation against a simulated chemical threat. Finally, at the end of the year ECDC renewed some of the key equipment in its Emergency Operation Centre including screens and audio-conferencing equipment.

In October, a first meeting of ECDC's network of National Focal Points for Preparedness took place and a Coordination Group was elected to assist the Centre in its work. ECDC commissioned a number of case studies and literature reviews to reinforce the knowledge base on preparedness against health threats. Work was started on the development of preparedness assessment tools, preparedness indicators and on a risk ranking tool.

4 Scientific advice

Context

ECDC's output of scientific advice is highly valued by most of our stakeholders. It provides a European dimension and saves resources by producing high-quality evidence-based advice at the EU level instead of at the Member State level. ECDC's cross-cutting Scientific Advice function ensures that all advice is produced in a consistent, rigorous and transparent way. This includes providing tools, methods and support to the Disease Programmes and core functions to ensure the consistency and excellence of the scientific advice they produce. It also means ensuring that ECDC's methods and tools are in line with best practice among the Centre's peers, and promoting ECDC's concepts of best practice to the Centre's collaborators. In this regard, ECDC attaches high importance to developing evidence-based methods, suited to public health issues, for the production of its scientific advice. Having a common evidence base and an EU-level analysis of technical issues can facilitate cooperation between Member States and the EU in public health challenges. Using evidence-based methods also ensures the transparency of the advice process at ECDC, making it open to scrutiny from peers, stakeholders and the public.

ECDC's scientific output is produced in collaboration with ECDC's counterpart organisations in the Member States. The ECDC Advisory Forum brings together senior scientists from the Competent Bodies network to advise the Director on the quality of the Centre's scientific work. The Forum plays a key role in prioritising topics for ECDC scientific advice, and in avoiding duplication of scientific work at the national level.

ECDC's ESCAIDE conference provides an opportunity for networking and is attended by hundreds of epidemiologists every year.

In 2013, ECDC helped establish the EU Agencies' Network on Scientific Advice (EU ANSA). ECDC works within this network with its fellow agencies – EFSA, EMA, ECHA and EMCDDA – to ensure a consistent approach and best practice in the production and distribution of scientific advice across the EU system.

Results achieved in 2014

Defining precisely which technical outputs constitute 'scientific advice', and exactly what format ECDC's scientific advice should take is not easy: different experts and different organisations have divergent approaches. ECDC's decision in 2014 to streamline and standardise the outputs it categorises as 'scientific advice' was therefore important. From 2015 onwards, ECDC scientific advice will be produced as one of three standard products, each of which has a standard format: ECDC Expert Opinion, ECDC Systematic Review, and ECDC Public Health Guidance. ECDC also made significant progress on a package of tools that enable a more rigorous and consistent approach to the grading of public health evidence – which, of course, is essential for the production of evidence-based advice. The methodology was developed during 2013 and 2014. A tool package consisting of a handbook and an online tool, both supported by an e-learning course on how to use them, will be made available free of charge to ECDC's partners across the EU and the Centre's in-house experts. Another important tool to support the development of an evidence base for scientific advice is the methodology developed by ECDC for estimating the burden of communicable disease in Europe (BCoDE). In 2014, ECDC presented the results of BCoDE at ESCAIDE and will soon publish them in a peer-reviewed journal. Moreover, in 2015 the BCoDE methodology will be available for free use by the Member States through an online software tool.

ECDC's Advisory Forum continued to play a vital role in providing feedback and peer-review on the Centre's scientific output. ECDC continued to encourage external experts who wish to contribute to the Centre's work to sign up to its online Expert Directory, and track the production process of the Centre's scientific advice. In 2014, the Centre conducted its first public consultation on a draft of an ECDC guidance document. This generated relevant technical input that was used by the Centre's expert to strengthen the final document (guidance on varicella vaccination in the EU, published February 2015). Over 600 delegates attended the 2014 ESCAIDE conference: the highest number ever achieved. The satisfaction level of participants with the conference also surpassed previous conferences with the plenary sessions. The keynote address by Dr Ilaria Capua was particularly well received. Due to a reprioritisation of resources in 2014, ECDC discontinued cross-cutting work on 'horizon scanning' and social determinants of communicable diseases.

5 Public health training

Context

The defence against communicable diseases in the EU depends on a continuously available competent workforce at all levels. This is recognised in Article 9 (6) of ECDC's Founding Regulation, which mandates the Centre to support and coordinate training programmes. It is reiterated in Article 4 of Decision 1082/2013/EU, where training and capacity development is identified as a key element of EU- and Member State-level preparedness against serious cross-border threats to health. ECDC has, since its foundation, organised and supported training programmes for junior, mid-career and senior professionals in the area of disease prevention and control. The Centre organises and funds the European Programme for Intervention Epidemiology Training (EPIET) and the European Programme for Public Health Microbiology Training (EUPHEM). Both programmes are two-year programmes which send fellows to work at public health institutes so they can later apply the skills they have mastered to real-life outbreak investigations. The Centre also organises a programme of short courses (usually two to five days) aimed at senior and mid-career public health professionals. As well as continuing these core activities, ECDC is committed to developing a set of e-learning courses over the coming years in order to improve access to its training activities. The Centre has also been working with the European Commission to establish a field epidemiology training programme for the EU's neighbours in the Mediterranean region. This new programme is called MediPIET.

Results achieved in 2014

The EPIET and EUPHEM programmes continued to thrive, with a high level of demand for fellows from Member State training sites and high demand for places from aspiring fellows from across Europe. During 2014, a new cohort of 38 fellows was recruited, and 31 fellows graduated from the programmes; the cohort consists of EPIET (n=18), EUPHEM (n=11) and national EPIET-associated programmes (n=9). The total number of fellows in the EPIET and EUPHEM programmes at the end of 2014 was 77. The concept of senior-level exchanges was successfully piloted in 2014, with two senior professionals each spending a week in a public health institute in a different Member State. Unfortunately, however, it was not possible to conduct the evaluation of 'sharing best practice workshops' within ECDC's disease networks, which had been planned for 2014. This was de-prioritised in order to reallocate resources for the Ebola public health emergency. In 2014, we completed the procurement and installation of a Learning Management System (LMS), an IT platform for the delivery of e-learning courses. This opens the way for ECDC to deliver e-learning courses – made available via its LMS – during 2015. In the autumn of 2014, ECDC completed the first stage of MediPIET and then successfully handed over the programme to a consortium led by the Spanish development cooperation institute, FIIAP. This consortium will organise MediPIET's activities over the coming years on the basis of a grant agreement with the European Commission's Directorate-General for International Cooperation and Development. ECDC will continue to provide scientific leadership to MediPIET via the programme's Scientific Advisory Board.

2014 saw an unprecedented Ebola epidemic in West Africa. From early summer onward, EPIET and EUPHEM fellows played a notable role in supporting the international response in West Africa. A total of nine fellows were deployed as part of WHO-led international teams (GOARN), while a further three fellows were assigned to international NGOs. From August onward, ECDC operated in emergency mode in order to support the Commission and Member States in their response to Ebola. This support included the rapid development and deployment of training tutorials, most notably on the use of personal protective equipment.

During 2014, two EU Member States and one EEA/EFTA country shut down their national field epidemiology training programmes. One of these was an EPIET-associated programme. This development puts pressure on the ability of ECDC to deliver the key medium-term outputs set in SMAP for the period 2014–2016 of achieving 'a sustainable level of EPIET and EUPHEM fellows … [by] further expansion of the fellowship programme … through an increased number of national EPIET-associated programmes.'

6 Microbiology

Context

Under the EU Health Strategy, every Member State should have access to routine and emergency diagnostic and reference laboratory services to detect, identify, characterise and subtype human pathogens of public health significance. This is dependent on maintaining the laboratory capability at clinical, national and supranational reference levels. Rapid microbial and drug resistance screening tools are now reaching the point-of-care diagnostic market. Whole genome analysis is transforming microbiological diagnostic and typing approaches and uncovering novel markers of virulence and drug resistance. Yet, there is a largely unmet need to critically assess their accuracy and public health usefulness. In addition, national reference laboratories need access to training and external quality assessment (EQA) schemes for novel microbiological technologies to ensure comparability of surveillance data. ECDC's Microbiology Support function assists the Centre's network of partners in the Member States to maintain and further develop their public health microbiology capacity. ECDC and several laboratory networks linked to the Centre's Disease Programmes organise EQA schemes to support the capacity of laboratories in these networks to test for key pathogens and drug resistance traits. Adapting in a cost efficient manner to the possibilities offered by new technologies is theme of ECDC's SMAP 2014–2020. In the area of microbiology, ECDC and its network have agreed on a roadmap for a gradual, coordinated and cost efficient introduction of molecular surveillance technologies.

Results achieved in 2014

The Centre's chief microbiologist and his team provided expertise and support to the Disease Programmes to ensure a consistent and high-quality approach across all EQA schemes organised by ECDC. The results from the Second Independent External Evaluation of ECDC ranked EQAs as among the activities perceived by the Centre's partners as adding the most EU-level value. Notwithstanding this, ECDC began a process reviewing how to improve still further the effectiveness and value for money achieved by EQAs. Good progress was made in implementing the roadmap for integration of molecular typing into EU surveillance. The pilot phase of EU-level molecular surveillance, which covered three foodborne pathogens (*Salmonella*, *Listeria* and VTEC) plus MDR-TB, was evaluated. Based on this evaluation, the pilot received a positive appraisal in May at a joint meeting of ECDC's Advisory Forum (AF) and the National Focal Points (NFPs) for Microbiology. The sharing of molecular data became part of routine EU-level surveillance for these pathogens and preparations began for extending molecular surveillance to other pathogens where this could provide added value. Following discussions in the relevant Disease Networks and expert consultations, molecular surveillance strategies were developed for Invasive Meningococcal Disease and three multi-drug resistant pathogens (MDR gonorrhoea, MRSA and carbapenemase-producing *Enterobacteriaceae* or CPE). This opens the way for the development in 2015 of operational plans in relation to molecular surveillance of these pathogens. A positive discussion at the joint meeting of the AF and the NFPs for microbiology on molecular surveillance for seasonal influenza viruses led to piloting testing, with some virus samples collected during the 2014/15 influenza season in Europe. As well as coordinating with partners in the public health sector, ECDC is also working jointly with EFSA to provide scientific opinion and technical guidance on the appropriate public health and food safety use of molecular typing and whole-genome sequencing technologies for the surveillance of foodborne diseases. It is cooperating with EFSA on molecular surveillance, with a view to facilitating comparability of pathogen samples taken from food, animals and humans. Among other initiatives, ECDC and EFSA are creating a joint database of pathogen samples.

Microbiology played an important role in the EU-level response to the Ebola epidemic in West Africa. In particular, it was a key objective of the EU-level response that health authorities in all Member States should have access to laboratories which are able to accurately, and safely, test for Ebola. ECDC's microbiologists worked with the European Commission-funded QUANDHIP network to achieve that objective and to share good practice in testing methods. The new ECDC's EULabCap monitoring system was successfully launched with nearly all National Microbiology Focal Points, completing the first annual survey of information on essential public health microbiology capabilities relevant to communicable disease surveillance, prevention and control.

Table. Summary of 2014 outsourced ECDC microbiology activities by programme, network and area of work

Disease Programme or Section	Network or Project	Pathogens covered	Areas covered by outsourced microbiology activities, 2014									
			Network coordination activities	External quality assessment	Training	Strain collection	Supranational reference services	Laboratory support to outbreak response	Molecular typing	Advice and technical guidance	Laboratory capacity/ capability assessment	Microbiology technology assessment
Antimicrobial Resistance and Healthcare-associated Infections	EARS-Net	*Streptococcus pneumoniae, Staphylococcus aureus, Enterococcus faecalis, E. faecium, Escherichia coli, Klebsiella pneumoniae, Pseudomonas aeruginosa*		X								
	EuSCAPE	*E. coli K. pneumoniae*	X			X				X		
	ECDIS-net	*Clostridium difficile*	X	X					X		X	
	EUCAST	Antimicrobial-resistant bacteria	X		X					X		X
Emerging and Vector-borne Diseases	ENIVD	Emerging/vector-borne viral diseases	X	X	X		X	X		X		
	Lyme disease	*Borrelia burgdorferi*								X		
Food- and Waterborne Diseases and Zoonoses	FWD-Net	*Salmonella*, Shiga toxin-producing *E. coli*, *Listeria monocytogenes, Campylobacter, HAV*	X	X					X			
	EuroCJD	vCJD	X		X		X					
	ELDS-Net	*Legionella spp.*		X	X							X
Influenza	ERLI-Net	Influenza virus	X		X	X	X	X		X		
Sexually Transmitted Infections	Euro-GASP	*Neisseria gonorrhoeae*		X	X		X		X	X	X	
Vaccine-preventable diseases	IBD-LabNet	*Haemophilus influenzae, Neisseria meningitidis, Streptococcus pneumoniae*	X	X		X		X	X			
	Eupert-labnet	*Bordetella pertussis*	X									
Tuberculosis Programme	ERLTB-Net	*Mycobacterium tuberculosis* complex	X	X	X	X				X	X	

7 Health communication

Context

ECDC's partners and the wider public health community expect the Centre to communicate its scientific output in a timely manner. The obligation to communicate results and make them available via the Centre's website is set out in Article 12 of ECDC's Founding Regulation. But the importance of health communication goes beyond this. The EU and its Member States have come to regard coordination of risk and crisis communication, based on robust and independent evaluation of public health risks, as a vital area of cooperation when responding to serious cross-border threats to health. Being able to rapidly agree a set of coherent, technically sound core messages about a threat can be a huge support to response efforts.

Results achieved in 2014

A total of 209 reports were edited and published by ECDC, which is broadly similar to the number published in 2013 (220 reports). The reports published in 2014 included: 38 rapid risk assessments (eight on the Ebola epidemic); and 11 technical documents related to the Ebola response. All reports were made available free of charge as PDF documents, downloadable from the Centre's web portal www.ecdc.europa.eu. As well as providing data and analysis in reports, ECDC is increasingly publishing data, graphs, maps and infographics as downloadable assets on its web portal. This facilitates the re-use of ECDC content by partners and stakeholders. ECDC's SMAP 2014–2020 emphasises the need to make the Centre's data available in value-added, interactive online formats. In 2014, a new section for *Data and Tools* was added to ECDC's web portal, providing a centralised entry point to these kind of services: interactive data, maps and other such resources. The most important feature is the Surveillance Atlas of Infectious Diseases, which was released on the web portal in mid-2014 and offers interactive access to case-based EU-level surveillance data (from TESSy) on three diseases: Invasive *Haemophilus influenzae* disease, invasive meningococcal disease, and tuberculosis. From November onwards, surveillance data on the Ebola epidemic were also provided in an interactive format via the Atlas. This increasing emphasis on interactive online publication led ECDC to review its printing and distribution policy, resulting in a reduction in the number of reports being printed. The number of visits to ECDC's web-portal grew significantly, largely driven by interest in Ebola-related content in the second half of the year. Overall, 1 200 000 website sessions are recorded for 2014, compared to 945 000 reported in 2013. The number of followers on ECDC's Twitter account also grew, rising from 5 500 to 9 000, a 60% increase. In autumn 2014, ECDC opened a new twitter account @ECDC_outbreaks, which attracted around 700 followers within a few months. For some of ECDC's smaller niche Twitter accounts, the growth has been very significant as well, e.g. from 300 to 900 for the ECDC_Flu account and from 230 to 500 for the ECDC_TB account. Throughout the year, but especially in response to the first local transmission of Ebola in Europe in October 2014, ECDC provided a professional press office service for health journalists. In close cooperation with the Commission and the Health Security Committee, including its Communicators network, ECDC provided support to shape the EU-wide communication response.

Over 40 countries across Europe participated in European Antibiotic Awareness Day (EAAD) 2014, which was marked by national events and campaigns on prudent antibiotic use during the week around 18 November. ECDC also cooperated on campaigns on prudent antibiotic use in the United States, Canada, Australia and New Zealand during this week. A global Twitter conversation, in connection with the European Twitter chat on 18 November, connected Europe, the United States, Canada, Australia and New Zealand.

ECDC continued with the development of health communication tools and guides, as well as reviews of evidence, in order to support countries in their public health campaigns and in effective risk communication. Updates were completed on two toolkits (tick-borne diseases and seasonal influenza). An update of the toolkit for prevention of gastrointestinal diseases in school settings was initiated following pilot testing in three EU/EEA countries. In addition, a comprehensive pilot test at country level was finalised on the cultural adaptation and evaluation of *Let's talk about protection*, a communication guide that supports healthcare practitioners in their conversations with parents on vaccination. Development of an e-learning course on communicating about influenza vaccination to healthcare workers was initiated.

8 Public health emergency: Ebola

Context

The Ebola epidemic in West Africa, mainly affecting Guinea, Liberia and Sierra Leone, was an unprecedented event. ECDC began monitoring the epidemic in West Africa in December 2013, when an illness of unknown origin was reported in a rural area of Guinea. In March of 2014 the outbreak in Guinea was identified as Ebola virus disease. In April, cases of Ebola were confirmed in the neighbouring countries of Liberia and Sierra Leone. Despite the efforts of local health authorities, a WHO mission to the affected countries in the spring of 2014, and the efforts of international humanitarian NGOs, the outbreak continued to spread. By the summer of 2014 the situation was becoming critical, and at the beginning of August WHO declared the Ebola epidemic in West Africa to be a Public Health Emergency of International Concern (PHEIC). Beginning in the summer of 2014, sporadic cases of Ebola were medically evacuated from the West African epidemic and treated in the EU. There was also one case of Ebola infection in an EU Member State in October.

In April 2014, ECDC activated its public health emergency plan for one week, based on the initial signal that this was a multi-country Ebola outbreak that had reached major urban centres. The public health emergency plan was then activated again in August, and ECDC remained in emergency mode until the end of the year. By late autumn, ECDC and its partners reached the conclusion that the best way to protect the EU against Ebola was for ECDC experts to directly work on disease control in the affected countries. An ECDC-led team was deployed to Guinea under WHO's Global Outbreak and Response Network (GOARN) in December, with more teams following in early 2015.

Results achieved in 2014

From August onwards a public health emergency team worked every day in ECDC's Emergency Operations Centre focusing on Ebola. Between 40 and 60 ECDC experts were working on Ebola full time each week. Every day, the team coordinated activities with the Commission. ECDC also coordinated at the technical level with Member States, WHO and other international partners such as the US CDC. During this period, the EU's Health Security Committee (HSC) met through audio-conference most weeks. ECDC participated in the HSC meetings to provide technical support to the Commission and Member States. The HSC requested analysis, guidance and technical support from ECDC on issues ranging from advice to EU travellers and residents in the affected countries of West Africa to development of tutorials on the safe use of personal protective equipment for healthcare workers who have contact with Ebola cases. ECDC outputs on Ebola included:

- Eight rapid risk assessments
- Regular epidemiological updates from March 2014 onwards
- Regular survey on Member States' preparedness to manage Ebola cases
- Creating and supporting an extranet for clinicians who may be involved in treating Ebola cases
- Development of an Ebolavirus disease (EVD) case definition for use by EU and Member States
- Laboratory diagnosis of EVD algorithm
- Initial assessment and management of patient algorithm and contact management algorithm
- Risk assessment on transmission of Ebola virus via donated blood
- Technical reports on: entry and exit screening measure; assessing and planning for medical evacuation by air; public health management of persons having had contact with Ebola cases in the EU and; public health management of healthcare workers returning from Ebola-affected areas; and options for preparing for gatherings in the EU.

During 2014 a total of nine fellows were deployed as part of WHO led international teams (GOARN), while a further three fellows undertook assignments with international NGOs. On 2 October, ECDC experts went to Madrid to support Spain in investigating a case of local transmission, while three ECDC experts participated in a Commission-led mission to audit exit screening of air passengers in Ebola in Guinea, Liberia and Sierra Leone. In December, a first ECDC-led team was deployed under the umbrella of GOARN to lead disease control in an area of southern Guinea. This was on the assumption that the best way to protect Europeans against Ebola is to end the epidemic in West Africa.

9 Antimicrobial resistance and healthcare-associated infections

Context

The issues of antimicrobial resistance (AMR) and healthcare-associated infections (HAIs) are getting higher on the EU agenda, as the various threats keep increasing. Prudent use of antimicrobials, infection prevention and control, and the need for new antibiotics will continue to be the focus of European initiatives. The alarming trend of increasing resistance to last-line antimicrobial agents in gram-negative bacteria will require close surveillance and concerted efforts at the EU and international level. Despite recent successes at all levels there still is, in many Member States, poor awareness of the prudent use of antibiotics in conjunction with infection prevention and control measures among the general public and healthcare professionals. Up until recently, examples of best practice and success stories in preventing and controlling AMR and HAIs have often not been shared between Member States. ECDC and its partners are working to change this.

Results achieved in 2014

In 2014 our stakeholders asked for intensified efforts on the surveillance, prevention and control of AMR and HAIs. Three systematic reviews were produced: one on effectiveness of infection control measures to prevent the transmission of carbapenemase-producing Enterobacteriaceae through cross-border transfer of patients; one on the effectiveness of infection control measures to prevent the transmission of extended-spectrum beta-lactamase-producing Enterobacteriaceae through cross-border transfer of patients; and one on hospital organisation, management, and structures for the prevention of HAIs. To further support the dissemination of these reviews and the sharing of best practice and effective strategies, ECDC made them available on its web portal in a new directory of online resources for the prevention and control of antimicrobial resistance and healthcare-associated infections. This free resource brings together, in an easy-to-search format, guidance from EU and international agencies (ECDC, US CDC, WHO), professional societies, and EU Member States.

ECDC continued to organise and support European networks on AMR surveillance (EARS-Net), HAI surveillance (HAI-Net), surveillance of antimicrobial consumption (ESAC-Net), and standardisation of antimicrobial susceptibility testing. A joint meeting of these networks took place in Stockholm in February 2015.

ECDC released its yearly update of EU data on antimicrobial resistance and on antimicrobial consumption by making data available in a report and also as a dedicated interactive database. In addition, ECDC published the results of two point prevalence surveys of healthcare-associated infections and antimicrobial use in European long-term care facilities. Finally, ECDC completed technical work on the first ECDC/EFSA/EMA joint report on the integrated analysis of the consumption of antimicrobial agents and occurrence of antimicrobial resistance in bacteria from humans and food-producing animals, which was published on 30 January 2015.

Over 40 countries across Europe participated in European Antibiotic Awareness Day 2014, which was marked by national events and campaigns on prudent antibiotic use during the week around 18 November. ECDC also cooperated on campaigns on prudent antibiotic use in the United States, Canada, Australia and New Zealand during this week. A global Twitter conversation, related to the European Twitter chat on 18 November, connected Europe, the United States, Canada, Australia and New Zealand using the common hashtag #AntibioticDay.

10 Emerging and vector-borne diseases

Context

Emerging and vector-borne diseases pose a special challenge to ECDC and national public health authorities because of the complexity of their transmission patterns and their potential to cause large and sudden outbreaks. In recent years, several vector-borne disease outbreaks have occurred in Europe, along with an increased establishment and spread of invasive mosquitoes. The spread of ticks into new areas has also been observed. It is anticipated that novel and unusual outbreaks of emerging and vector-borne diseases will occur, with the added risk of these diseases becoming endemic in some areas in Europe. Most vector-borne diseases have their own complex epidemiological features, like seasonality and periods of pathogen persistence in reservoirs or vectors without occurrence of human disease. They can quickly (re-)emerge or be (re-)introduced under the right conditions. ECDC's day-to-day contribution is to share real-time mapping of cases during transmission seasons for the whole of Europe, giving national health authorities (e.g. blood transfusion authorities) timely information for decision-making and working with our partners to better understand the factors that can trigger sudden outbreaks. This means understanding, mapping and modelling data on the environment, vectors and diseases. ECDC has a tool to do this: the European Environment and Epidemiology Network (E3) Geoportal.

Results achieved in 2014

2014 saw a number of epidemics of emerging and vector-borne diseases (EVDs). The highest profile of these was the Ebola epidemic in West Africa. ECDC's EVD Programme was very much involved in monitoring and assessing this event from March onwards. In the summer of 2014, the Ebola epidemic became a major part of the EVD Programme's work. However, 2014 also saw several other significant EVD outbreaks and epidemics: chikungunya fever arrived in the Americas for the first time, causing epidemics in several countries; there was an outbreak of Zika fever in the Pacific; and several European countries were affected by seasonal outbreaks of West Nile Fever. Throughout the mosquito season in these countries (June to November) ECDC published weekly maps showing which areas had confirmed cases of West Nile fever. The timeliness and completeness of reporting continued to improve, and the maps were well appreciated by ECDC's partners: they are now used by Competent Authorities responsible for applying EU blood legislation for deciding if potential donors have visited West Nile affected areas (and so need to defer donation). ECDC's EVD team also worked closely with WHO on World Health Day in April, which had the threats from vector-borne diseases as its theme.

ECDC and EFSA launched the Vector-Net project to collect and consolidate data on arthropod vectors for both human and animal diseases. This collaborative project has a wider scope than ECDC's earlier vector mapping project, VBORNET. Data on biting midges – which spread animal diseases such as Bluetongue and Schmallenberg – are included for the first time, as well as data on mosquitoes, ticks and sand flies (the three vector groups previously covered by VBORNET). The geographical coverage includes data from all countries of the Mediterranean basin. This wide scope increases the chances of being 'ahead of the curve' as and when new vector-borne health threats emerge. In 2014, the laboratory network ENIVD organised an EQA scheme on chikungunya testing capability in relevant laboratories around the EU. Following up on this, ECDC organised a meeting with vector-borne disease experts from its Competent Bodies to discuss EU preparedness against future outbreaks of chikungunya fever and Dengue fever: this took place in January 2015. On Lyme borreliosis, ECDC completed a literature review on serological diagnostics for this disease. This is a step towards better understanding the Lyme borreliosis situation in Europe, as well as the strengths and limitations of the current diagnostics. Following the spread of chikungunya fever across the Americas in 2014, an E3 Geoportal analysis of vector presence and climate conditions showed the presence of risk factors for the introduction of chikungunya fever in Europe. Strengthening the E3 Geoportal, particularly by including data on travel-related issues, will improve our understanding of outbreak risk factors and predictors.

11 Food- and waterborne diseases and zoonoses

Context

Food- and waterborne diseases and Legionnaires' disease often cause outbreaks and clusters of cases due to contaminated food, water, environment, or infected animals and humans. This epidemiological characteristic, along with their potentially large economic impact on trade and the tourist industry, makes the early detection and investigation of outbreaks important. In order to identify public health risks, and implement timely control and prevention measures, multidisciplinary collaboration and regular communication between the food safety, veterinary, environmental and community healthcare sectors. Linking human disease surveillance with the monitoring of prevalence in food and animals is essential. ECDC therefore also collaborates with EFSA. A key medium-term objective of ECDC's Food- and Waterborne Diseases and Legionnaire's disease (FWD) Programme is to add more value to EU-level surveillance of this group of diseases. New technologies such as molecular typing and whole-genome sequencing of pathogens are seen as having the potential to do this. Strengthening the public health microbiology capacity of the Member States through external quality assurance schemes also continues to be important.

Results achieved in 2014

A major molecular surveillance pilot project covering three FWD pathogens – *Listeria*, *Salmonella* and VTEC – was rated a success by ECDC's Advisory Forum. Sharing of molecular typing data for these diseases has now become part of the regular EU-level surveillance for these pathogens. This has been shown to add significant value to our surveillance: during and after the pilot phase, several signals of potential multi-country outbreaks were detected through EU-level surveillance based on molecular typing data. These signals were not detected by any of the other outbreak detection systems. By the end of the year, more than 20 Member States were sharing molecular typing data through the European Surveillance System (TESSy). ECDC wants to extend molecular surveillance over the next years to cover additional pathogens and gradually integrate whole-genome sequencing into surveillance. In parallel to extending molecular surveillance in the public health sector, ECDC is working with colleagues at EFSA and EU reference laboratories in the food and veterinary sector to facilitate the comparability of molecular typing data of isolates along all parts of the food chain. In 2014, ECDC and EFSA established a steering committee to oversee the implementation of a joint molecular typing database which would cover data on *Listeria*, *Salmonella* and VTEC from food, feed, animals and humans. Since 2010, ECDC has been working with EFSA and ANSES, the French agency for food, environment and occupational health safety, applying pulsed field gel electrophoresis to *Listeria* strains from food and humans. In 2014, technical work was completed for a combined dataset originating from the *Listeria* baseline survey of selected ready-to-eat food types and from human cases of *Listeria* collected during 2010–2011. An epidemiological analysis of the results of this joint project will be presented to ECDC's Advisory Forum in 2015.

In 2014, ECDC continued to support capacity building in public health microbiology for *Salmonella*, VTEC and *Listeria* across the EU/EEA through external quality assurance (EQA) schemes. The Centre also initiated the antimicrobial sensitivity testing EQA schemes for *Salmonella* and Campylobacter. As in previous years, ECDC jointly published the annual Zoonoses Report with EFSA; and, with EMA and EFSA, the annual integrated analysis of the consumption of antibiotics and the occurrence of AMR in bacteria from humans and food-producing animals. In the area of *Legionella*, development work continued to further improve the EPIS platform for exchanging information on travel-related Legionnaires' disease cases. The hepatitis A virus (HAV) multi-country outbreak linked to frozen berries, identified by ECDC and its partners in 2013, continued in 2014. ECDC supported its partners in EFSA and the Member States to perform comprehensive trace-back and forward investigations with the aim to identify potential hot spots for contamination of berries. ECDC organised an expert consultation meeting with Member States where the use of a common sequencing protocol was agreed upon. This protocol has the potential to enable rapid and comparable identification of the outbreak strain across countries and across sectors (public health/food). ECDC published a number of scientific outputs on the HAV outbreak during 2014. Continuing work in 2015 will produce Member States country profiles on HAV endemicity to support technical discussions on possible benefits of routine HAV vaccination.

12 HIV, sexually transmitted infections and viral hepatitis

Context

The context for the different diseases in this programme differs significantly, but they are also connected by several threads. The obvious links to sexual behaviour and some similarities in the determinants of transmission of infection are clear. In addition, these diseases share characteristics of silent epidemics, with all the inherent problems with regard to prevention and control. Therefore dedicated programmes for each of these diseases need specific evidence and data, which are hard to obtain – and even harder to validate. However, EU policymakers need to be well informed, and they need to know which measures are effective to stop and/or reduce harm. Because of their specific nature, dedicated HIV/STI/viral hepatitis programmes are often less embedded in routine public health structures and often need significant advocacy, as there are conflicting interests as well as issues of political visibility and financial sustainability. Many Member States suffer from the fragmentation of the prevention and care services for HIV, STIs and viral hepatitis – which jeopardises effective prevention and control.

Results achieved in 2014

Throughout the year ECDC continued to manage the EU-level surveillance of these diseases. In addition, it managed networks of experts on these diseases nominated by Competent Bodies in the Member States. In 2014, ECDC, working in collaboration with The WHO Regional Office for Europe, organised the first joint meeting between its disease network on HIV/AIDS and its network on sexually transmitted infections (STIs). One significant outcome of this meeting was an agreement to merge the databases on HIV and AIDS. In 2004, the EU and its Member States signed the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia. ECDC conducted and published an assessment of what had been achieved in the ten years since then. The results were presented by ECDC Director Marc Sprenger at the Italian EU Presidency Ministerial Conference *Leaving no one behind – Ending AIDS in Europe*, which was held in Rome in November. Another important development regarding HIV was that, at the invitation of the Latvian Minister of Health, ECDC and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) conducted a joint study visit to Latvia. The analysis and conclusions of the ECDC/EMCDDA report from this visit were used by Latvia as an input to their medium-term national plan on HIV. A similar request was received by the government of Cyprus to verify a perceived threat of growing numbers of men who have sex with men getting infected by HIV. The ECDC report from this visit confirmed the new epidemic and stressed the need for an immediate response by the government aided by their civil society.

In the area of STIs, ECDC conducted an evaluation of the impact of the guidance on chlamydia control published by ECDC in 2009. This showed that the ECDC guidance was well received in general and indeed had an impact on national guidance in Member States. Finally, ECDC completed the development of maps showing areas of high prevalence of the HTLV-1 virus around the world. These maps will be published in 2015 and will be used by the Commission and Member States to identify donors of blood, tissues and cells who need to be screened for HTLV-1 infection.

After conducting enhanced hepatitis B and C surveillance for four years, ECDC has come to the conclusion that the current routine data on these mainly chronic infections are not robust enough to offer good information. A newly established Hepatitis Network Coordination Committee of appointed country experts and advisors met in November and approved plans to seek alternative sources of data that may be used to provide evidence to better guide policy advisors on how to deal with these infections.

13 Influenza and other respiratory viruses

Context

Seasonal influenza continues to be a preventable communicable disease with one of the highest morbidity and mortality impacts on the EU population. In addition, zoonotic influenza and other emerging respiratory viruses threaten public health in unsuspected and unexpected ways. Strong virological and epidemiological surveillance is needed to guide the seasonal vaccination programmes. In addition, strong (pandemic) preparedness at the level of surveillance, laboratory activities and comprehensive actions in line with Decision 1082/2013/EU on serious cross-border threats to health is needed.

Examples of zoonotic influenza viruses of concern include avian influenza A H5N1 (since the 1990s), avian influenza H5N8, H7N9, H7N7 and H10N8, and swine influenza A H1N1. An example of a non-influenza emerging respiratory virus of concern is the Middle East respiratory syndrome coronavirus (MERS-CoV). Common themes across this group of diseases include: the need for strong surveillance systems for seasonal influenza/(re-emerging respiratory viruses, including estimates of disease severity and serological profiles; monitoring the overall impact of seasonal, zoonotic and pandemic influenza; the need for a strong national reference laboratory network in the EU; sustainable structures to promote vaccination and assess vaccine effectiveness/safety in multi-country studies; and active participation in global surveillance, laboratory, vaccine and research networks. Given the nature of the diseases, international collaboration is vital, in particular with the WHO Regional Office for Europe, WHO Headquarters and other key international partners such as the US CDC and China CDC.

Results achieved in 2014

ECDC and the WHO Regional Office for Europe completed the agreements and technical arrangements needed to publish a joint seasonal influenza bulletin for Europe. Since autumn 2014, this bulletin has been published weekly on a dedicated website: http://flunewseurope.org/. This further strengthens the Europe-wide surveillance of seasonal influenza and provides health professionals and policymakers with even better surveillance outputs. Monitoring of zoonotic influenza viruses and other emerging respiratory viruses took place in real time via ECDC's epidemic intelligence function. The risks posed by these viruses are regularly assessed by ECDC, particularly when unusual or unexpected human cases are reported. In 2014, ECDC produced five risk assessments on zoonotic influenza viruses, two in relation to seasonal influenza, three in relation to MERS-CoV, and three in relation to cases of respiratory illness and neurological diseases associated with Enterovirus D68 infection. This group of diseases therefore accounted for over 30% of the risk assessments produced by ECDC in 2014: 12 out of 38 (31.6%). ECDC continued to support EU-wide expert networks on these diseases: the European Influenza Surveillance Network (EISN), the European Reference Laboratory Network for Human Influenza (ERLI-Net) and the European Network for Diagnostics of Imported Viral Diseases (ENIVD). Through these last two networks ECDC conducted EQAs and provided technical support on laboratory testing for influenza viruses and MERS-CoV. In 2014, ECDC organised multi-country studies on the effectiveness of seasonal influenza vaccines used in Europe for the 2013/14 and 2014/15 seasons. Evidence of the low effectiveness of the vaccines during the 2014/15 season provided an important signal to health authorities in Member States, enabling them to consider additional options for the protection of vulnerable groups (e.g. antiviral drugs). ECDC commissioned the VENICE consortium to produce a study on seasonal influenza vaccine coverage in the EU during the 2013/14 influenza season. The data will be published in 2015 in the context of a monitoring report on implementation of the Council Recommendation on seasonal influenza vaccination.

Engagement with international partners is of key importance in relation to IRV diseases. ECDC has therefore supported WHO country visits investigating the epidemiology of MERS-CoV. During 2014, ECDC experts participated in WHO MERS-CoV country visits to Saudi Arabia, Iran, Qatar and the United Arab Emirates. The Centre also engaged with the wider scientific community, for example when ECDC's Director spoke at the annual conference of the European Scientific Working Group on Influenza in Riga.

14 Vaccine-preventable diseases

Context

The implementation of effective national vaccination programmes across Europe has been one of the major public health successes of recent decades. Infectious diseases that used to kill thousands of children each year have now become very rare. To continue this trend and to safeguard the health of people in the EU/EEA it is essential that these efforts are maintained. ECDC's Vaccine-preventable Diseases (VPDs) Programme supports and organises EU-wide surveillance on VPDs and organises EQAs to support the capacity of laboratories across the EU to test for VPD pathogens. However, addressing the challenges that national vaccination programmes face in Europe means that the VPD Programme has to play a pro-active role as knowledge broker and developer of technical guidance. Examples of these challenges include: the threat of polio (eliminated in Europe in 2002) being imported to Europe due to an outbreak in Syria in 2013; sizeable populations across the EU (clustered or scattered) that are either not vaccinated or undervaccinated; continued outbreaks of diseases such as measles and rubella; evidence that waning, or changes to the virus, may be undermining some vaccination programmes, e.g. pertussis; the availability of new vaccines for different age groups (e.g. adolescents or the elderly) opens a perspective on life-long vaccination schedules. A multi-disciplinary approach is needed to address these challenges. Also needed are more multi-country studies on vaccine effectiveness, vaccine safety and vaccination coverage.

Results achieved in 2014

In February 2014 ECDC published a technical report presenting guidance and risk mitigation options on the *Detection and control of poliovirus transmission in the EU and EEA*. This followed the detection of wild-type poliovirus circulating in Israel and cases of polio in Syria in 2013. Among the risk mitigation measures analysed were emergency vaccination programmes as a response measure to polio cases in Member States. The report also gave advice on strengthening surveillance. In May, WHO declared the international spread of wild-type poliovirus to be a Public Health Event of International Concern (PHEIC). An ECDC rapid risk assessment published shortly afterwards supported WHO's declaration and analysed implications for Europe, e.g. the need to assess the vaccination status of refugees and migrants from polio-affected countries. In April, ECDC published a report on *Implementing the ECDC Action Plan for Measles and Rubella*, which summarised results from a set of ECDC initiatives during 2012 and 2013. This generated new ideas, new data and new analyses why the EU so far has not managed to eliminate these diseases. The report stated that the EU Member States now have all the elements needed to eliminate measles and rubella but need to apply concerted and sustained action. ECDC will present a paper to its Advisory Forum in 2015 on how the Centre can provide further support to the Commission and Member States on measles and rubella elimination. One much appreciated tool ECDC which has already been produced in this regard is the communication guide *Let's talk about protection,* which supports healthcare practitioners in their conversations with parents on vaccination. In 2014, a comprehensive pilot test at country level was finalised on the cultural adaptation and evaluation of this guide. In the second half of 2014, the Italian EU Presidency focused on vaccination as one of its key public health themes. ECDC provided technical support to the Presidency via the Commission and participated in a Presidency conference entitled *The state of health of vaccination in the EU* in November. The year ended with the EU Health Council (EPSCO) adopting *Conclusions on vaccination as public health tool*. Supporting the Commission in the follow-up to these conclusions will be an important task for ECDC in 2015.

In 2014, three surveillance networks on VPDs (EUVac.Net; the European Invasive Bacterial Diseases Surveillance Network and the European Diphtheria Surveillance Network) were consolidated into one VPD surveillance network. The EU Vaccination Gateway and the Vaccine Scheduler tool continued to be among the most visited features on ECDC's web portal. There were also two significant multi-county outbreaks of VPDs where ECDC supported the investigation: in March, a measles outbreak on a cruise ship in the Mediterranean; and later in the year, a measles outbreak linked to a dog show in Slovenia. ECDC provided technical support to its Member State partners during both events, including sending an expert to assist with the investigation of the cruise ship outbreak.

15 Tuberculosis

Context

The EU Member States, Pre-Accession and European Neighbourhood Policy countries have different epidemiological profiles with regard to tuberculosis (TB): five eastern and south-eastern European countries have medium and high burdens of (drug-resistant) TB; the west European countries are mostly low burden, with the possibility of progressing towards TB elimination. Thus different approaches are called for. In low-burden settings, people at risk for TB are often found in vulnerable populations which may be difficult to reach. Also, TB in migrants contributes to the epidemiology. In medium- and high-burden countries, TB is more often found in the general population.

Diagnosing and treating patients is the main public health strategy. This requires sufficient human and financial resources and innovative strategies that allow for early case finding and optimal treatment. ECDC's *Framework action plan to fight tuberculosis in the European Union,* developed in 2008 at the request of the Commission, provides a strategic framework for the Centre's efforts to fight TB in EU Member States. ECDC implements its strategy by jointly organising TB surveillance with The WHO Regional Office for Europe, by coordinating a laboratory network to strengthen TB laboratory diagnosis, and by developing scientific advice. The *Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015* contains a framework developed by the WHO Regional Office for Europe to support prevention and control efforts in the 53 countries of the European Region.

Since its foundation, ECDC has cooperated very closely with the WHO Regional Office for Europe. Together the two organisations have produced joint annual surveillance reports on TB, covering all 53 countries of the WHO European Region. Since 2012 these have become joint annual surveillance and monitoring reports which measure progress against the objectives of ECDC's *Framework action plan* and WHO Regional Office's *Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015.*

Results achieved in 2014

Following up on the success of a similar country visit to the Netherlands in 2013, ECDC and the WHO Regional Office for Europe conducted two further joint country visits in the spring of 2014: one to Romania and one to Bulgaria. Experts from the two organisations reviewed the countries' national TB programmes. The results of the visit were later used for the development of the countries' national TB strategies, which in turn formed the basis for applications to the Global Fund to Fight AIDS, TB and Malaria.

The country visit to Romania was followed up by the ECDC Director in autumn when he visited there together with senior colleagues from WHO Regional Office for Europe and the Global Fund. Romania and Bulgaria are classified in WHO's Consolidated Action Plan as high priority countries: they are among the countries in the European Region with the highest burden of TB. ECDC also contributed to the development of a document developed by WHO and the European Respiratory Society (ERS): *Framework Towards TB elimination in low-incidence countries*. This was launched at the ERS annual conference, which was held in Barcelona in September. Other important work undertaken by the TB Programme included the gathering of evidence for two new pieces of ECDC guidance: public health guidance on the introduction of new TB drugs; and guidance on TB prevention and control in hard to reach populations. The evidence gathering for the first of these included the convening of an expert panel. The guidance document will be published early 2015. For the second guidance document on TB prevention and control in hard-to-reach populations an expert panel will be convened in 2015 and publication is planned for 2016.

ECDC continued to organise and support a TB surveillance network and a network of TB reference laboratories. Both networks held annual meetings in 2014. EQAs were organised on TB diagnostics and molecular typing and laboratory training sessions were held covering different topics. A pilot molecular surveillance project for MDR-TB was reviewed at a joint meeting of ECDC's Advisory Forum and National Focal Points for Microbiology. It was approved for continuation, so sharing of MDR-TB molecular typing data will become a routine part of surveillance among those network members able to produce this data.

16 Eurosurveillance

Context

Eurosurveillance is ECDC's scientific journal. It is internationally recognised as one of the leading platforms for peer-reviewed publications on the epidemiology, surveillance, prevention and control of communicable diseases, in particular those with a focus on Europe. The journal is published weekly at www.eurosurveillance.org. All articles are published on an open access basis, and there are no author fees.

Results achieved in 2014

Throughout 2014, *Eurosurveillance* continued to attract high-quality papers. In 2014, the journal received on average 72 submissions per month and published 288 items: 68 rapid communications, 137 regular articles, and 83 in other categories (editorials, letters and news). The geographical focus of submitted as well as published articles was Europe. However, authors from well over 60 countries worldwide submitted their papers. The journal published a number of papers from countries outside of Europe that were of relevance for public health overall and Europe in particular.

Besides providing timely information about the Ebola outbreak in West Africa, *Eurosurveillance* published several dedicated issues on tuberculosis, HIV, polio, the serious and increasing threat of vector-borne diseases, the potential transmissibility and evolution of avian influenza A viruses, and chikungunya fever in the Caribbean and its impact on Europe.

The impact factor in 2014 was 4.65, and with that *Eurosurveillance* remained among the top 10 journals in the category of infectious diseases. In the SCImago journal rank it was listed in the first quarter of journals in four categories (medicine general, virology, public health, environmental and occupational health). The Google Scholar metrics were equally favourable, with the journal listed at ranks 4 and 10 among journals in the categories epidemiology and communicable diseases. On the social media channel Twitter, the number of followers kept increasing steadily; followers frequently referred to *Eurosurveillance* content in their tweets and comments.

17 General management

Context

The main activities of the Centre focus on cross-organisational issues like quality, project management, and the implementation of the Strategic Multi-annual Programme 2014–2020 (SMAP). Providing the Centre with strategic direction, leadership and good governance are three areas directly linked to this goal. The Director, who is responsible for general management, leads this area of activity, and is supported by a small number of staff in the Office of the Director. ECDC's Founding Regulation provides for two governing bodies, the Management Board and the Advisory Forum. The Corporate Governance Section in the Office of the Director is mainly responsible for ensuring the delivery of substantive, logistical and programmatic support for high-level meetings of the Management Board, Advisory Forum, Audit Committee, and Coordinating Competent Bodies. Through its work, the Section has an impact on the Centre's ability to take key management and programme decisions forward. It is important that ECDC's products and communications are scientifically correct and impartial. As ECDC relies on many internal and external experts who together shape the scientific position of ECDC, it is necessary to have an independence policy in place that effectively and proportionally ensures transparency and identifies potential and existing conflicts of interest. Implementation of this policy is overseen by a compliance officer based in the Office of the Director.

Results achieved in 2014

ECDC faced up to, and managed, a major administrative challenge with substantial extra costs related to EUR and SEK exchange rates. The subsequent restoration of a part of the 'cut' budget in the autumn was welcome, but required further adjustment to the work programme. Combined with the emerging crisis around Ebola, general management in the second half of 2014 was dominated by business continuity issues, e.g. the need to make balanced choices, re-aligning planning to address high-priority threats while at the same time ensuring continuity of key services and projects. Tough choices were made, but by and large the quality of ECDC's outputs remained at a high level. Another challenge for ECDC's general management was the need to produce work programmes for 2015 and 2016 more or less at the same time. This was due to changes in the EU's programming cycle that require the annual work programmes of agencies to be established earlier than before. Special attention was given to the implementation of the SMAP 2014–2020 in these two work programmes (2015 and 2016). 2014 also marks the first year of the implementation of the new SMAP. ECDC's independence policy was expanded by including network and expert meetings where appropriate.

In November 2014, ECDC's Management Board (MB) accepted the final report of the Second Independent External Evaluation of ECDC. The results of this external evaluation confirm the independence and scientific quality of the products and communications delivered by ECDC, as well as the overall added value of the Centre. The Board has established a drafting group to develop recommendations for action based on the finding of the evaluation, which will report back to the MB at its June 2015 meeting.

18 Collaboration and cooperation within the EU family and with Member States

Context

ECDC's mandate is to operate as a network organisation, being the hub of an EU 'network of networks'. Most of the disease prevention and control resources ECDC draws on – including all public health laboratories and many experts on specific diseases – are located at the Member States' national public health institutes and associated academic bodies. The Centre's key partners in the 'network of networks' are the Competent Bodies, ECDC's official national counterpart organisations, each of which was formally appointed by its Member State. The Director also undertakes country visits with the aim of better understanding the public health systems and policies of individual Member States and nurtures the relationship with our host country, Sweden. ECDC is part of the EU family of institutions and organisations. The Centre collaborates closely with other members of this family in order to ensure its actions are coherent with EU policy objectives and properly coordinated with those of other EU bodies. First and foremost among its partners within the EU family is the European Commission's Directorate-General for Health and Food Safety (DG SANTE). The Centre also has contacts with other Commission DGs, e.g. the Directorate-General for Research and Innovation, the Directorate-General for Enlargement, and during the 2014 Ebola epidemic, the Directorate-General for Humanitarian Aid and Civil Protection. ECDC is active in the Heads of EU Agencies network, which shares best practice and regularly works with other EU Agencies in the field of health, most notably the European Food Safety Authority (EFSA) and the European Medicines Agency (EMA). Finally, ECDC has a strong partnership with the European Parliament. ECDC's Director has an annual exchange of views with the European Parliament's Committee for the Environment, Public Health and Food Safety (ENVI) and submits annual written reports to the Committee for Budgetary Control (CONT).

Results achieved in 2014

Maintaining and further reinforcing coordination with Member States and the Commission is a top priority. 2014 marks the first year of implementation of Decision 1082/2013/EU on serious cross-border threats to health. The Decision provides a stronger legal framework for cooperation between the Commission and Member States via the Health Security Committee (HSC). ECDC has prioritised supporting the Commission and HSC as they implement Decision 1082/2013. The HSC held regular audio-conferences throughout the year. As concern about the Ebola epidemic increased during the second half of 2014, audio-conferences often took place on a weekly basis. ECDC provided the HSC and the Commission with regular updates and technical support on questions linked to the EU-level response to Ebola. ECDC also cooperated with its partner DG, DG SANTE. Regular meetings and video-conferences took place both at the operational and strategic levels. The partnership with SANTE was strengthened still further in December when the newly appointed Commissioner for Health and Food Safety, Dr Vytenis Andriukaitis, visited ECDC.

ECDC invested in its partnership with individual Member States: the Director conducted eight country visits in 2014. ECDC invested in its infrastructure for cooperation with the Competent Bodies. New functionalities were added to the CRM system which allow for the appointment of contact points and experts to ECDC's 'network of networks' (for example, national coordinators can now see and share the names of all focal points in other Member States). European elections took place in June 2014. In November ECDC, EFSA, EMA, the European Environment Agency and the European Chemicals Agency attended a meeting of the newly elected ENVI Committee to brief the committee's members on the work of the Agencies in ENVI's policy area. ENVI nominated contact members to coordinate with each of the Agencies, with Kateřina Konečná MEP (GUE/NGL, Czech Republic) being nominated as ECDC's contact member.

ECDC continued to be active in the Network of EU Agencies. Cooperation with its sister Agencies within the SANTE family – EFSA and EMA – was intensive and systematic. ECDC and EFSA routinely produce joint rapid outbreak assessments on foodborne outbreaks. In 2014, ECDC, EFSA and the Commission agreed a standard operating procedure for the risk assessment process. Cooperation between ECDC and EMA is now well established, particularly on issues relating to antimicrobial resistance and vaccines. ECDC and EMA are both partners in the EU-funded ADVANCE project on developing EU-level monitoring for vaccine safety and vaccine effectiveness.

19 International relations

Context

Threats from infectious diseases do not stop at the border of the EU. Emerging pathogens and epidemics originating in other continents can threaten the EU. ECDC therefore needs to maintain lines of communication with key technical counterparts around the world. First and foremost among these is the World Health Organization, and in particular it's Regional Office for Europe. Further developing technical cooperation and exchange of information with countries bordering the EU is another key area of ECDC's work in international relations. Within this group, priority is given to Pre-Accession Countries. ECDC works with the European Commission and the health authorities in these countries to start integrating them into the EU infectious disease surveillance and rapid alert systems, and to assist them in aligning with the *EU aquis* in the area of disease prevention and control.

Results achieved in 2014

ECDC continued to support the Commission in assessing the public health systems of the Pre-Accession countries and their capacity to implement the EU *aquis* on infectious diseases. Technical Assessment Reports were delivered to Montenegro and Serbia, based on visits in 2013. ECDC supported the Commission in negotiations with these countries on how to address the recommendations made in these reports. The President of the Public Health Institute of Turkey visited ECDC in preparation for the assessment mission to his country. This mission had been planned for the second half of 2014, but was moved to 2015 because key experts at ECDC and the Commission were involved in the response to the Ebola epidemic. Using a grant from the EU's Instrument for Pre-Accession Assistance, ECDC was able to support the participation of nearly 90 experts from these countries in technical meetings organised by the Centre in 2014. Additionally, ECDC conducted country visits to Albania and Bosnia and Herzegovina to enhance collaboration. In December, ECDC and the Commission organised a workshop in Brussels for Pre-Accession Countries on how to implement mosquito vector surveillance. This familiarised experts from these countries with ECDC's guidance on this subject and highlighted practical and legal issues related to mosquito-borne diseases.

In 2014, ECDC set the basis for sustainable technical cooperation with European Neighbourhood Policy (ENP) partner countries by establishing appropriate communication channels. This was done successfully with all ENP partner countries (excluding Syria). The Centre later launched a project to prepare selected experts from these countries for participation in ECDC activities. Under this project, some 36 experts were invited to attend regular ECDC meetings and regional workshops on topics of common interest. This included a meeting in Stockholm in May of all National ECDC Correspondents from ENP countries and a regional workshop in October for Eastern Partnership countries on the subject of vaccine-preventable diseases. In addition to these multi-country activities, ECDC led a country assessment visit to Moldova in March to review Moldova's surveillance and response systems and their compatibility with EU requirements. This visit was preceded by a study visit of the Deputy Director of Moldova's National Centre for Public Health to ECDC.

Other international activities in 2014 included a study visit of the Deputy Director of the Communicable Disease Division of the Ministry of Health of Singapore to ECDC and continuing technical support to the Mediterranean Programme for Intervention Epidemiology Training (MediPIET).

20 Resource management and organisational development

Context

The resources available for disease prevention and control in the EU including the operational budget of the Centre are under pressure. Budget restrictions demand increased cost-efficiency while maintaining the quality of the Centre's work. Good practises with respect to reliability, accuracy and transparency are essential in this area. The legal, administrative and operational processes which regulate the Centre's core activities should be optimised further and thus reduce the workload related to the administration of the Centre as staff reductions are inevitable. This challenge is addressed in a structured way. The reorganisation of Procurement, Finance, and Mission and Meetings has set a successful precedent. The reorganisation also showed that processes rely on people, which is why ECDC emphasises the importance of clarifying roles and responsibilities (e.g. roles, relevant skills, mutual expectations) in order to deliver sustainable results. In addition, the Resource Management and Coordination Unit (RMC) is trying to go paperless as much as possible.

Most of activities in this area do not change from year to year, and cost-conscious, efficient operations in all areas of RMC is a recurring theme.

Results achieved in 2014

In 2014, ECDC recruited 16 staff members, while 10 left. As of 31 December 2014, ECDC had a total of 277 staff members: 182 Temporary Agents, 92 Contract Agents and three Seconded National Experts. All EU Member States, with the exception of Luxembourg and Croatia, are represented among the Centre's staff. ECDC implemented the new EU financial framework and the new staff regulations. The human resources software, Allegro, was further refined with modules for training and appraisals.

The 2014 settlement with regard to the weighting factor for Sweden between 2010 and 2013 had a total budgetary impact of EUR 5 million on the 2014 budget. Part of this amount came from the EUR 2 million which were returned in 2013. Despite the need to review and adapt the expected work during the year, ECDC was able to commit 98.77% of its budget by year end.

Internal reorganisations in the area of Finance and Procurement helped to provide more efficient support to the Centre. The financial and procurement processes were reviewed and streamlined, which made it possible to manage 170 procurement processes during the year. The management of assets through ABAC Asset progressed in 2014 and will be finalised in 2015. The workflows for missions and meetings have been reviewed, with the decision to partly outsource the organisation of meetings. In 2014, ECDC organised 166 meetings and supported 833 missions of its staff.

As the Centre is committed to regularly assess its own performance, a second self-assessment was conducted in 2014 following the Common Assessment Framework (CAF) methodology, ECDC's quality management model. Twenty staff members contributed to the self-assessment and proposed improvements. In April 2014, the Senior Management Team approved five main actions and 15 quick wins; implementation has started and progress will be monitored throughout 2015.

In addition, ECDC adopted a new procedure for the internal evaluation of its work. The new process will be piloted in 2015, and every year a number of ECDC's projects or products will be assessed. In addition, the main elements of a project management methodology for both non-IT and IT have been agreed. The methodology will be implemented in 2015 for projects that require the most resources; for less resource-intensive projects this project management methodology will be applied in a simplified form.

The Centre continued to map its internal business processes to ensure more seamless operations. In 2014, the support processes from the RMC Unit and the Director's Office have been mapped. All business processes are now available through a central search repository easily available to all staff on the intranet.

Internal communication was further improved in 2014: there are new versions of the intranet and the document management system, improvements in the library process (remote access to documents), and a set of internal channels to inform the staff (news items, emails, staff meetings, newsletters, information screens, etc.).

21 Information and communication technologies

Context

Information and Communication Technologies (ICT) is mission-critical for ECDC. It is critical to fulfilling its core functions (such as surveillance, epidemic intelligence and response), which depend on intensive daily interaction between ECDC and its partners across the EU, and internationally. Some of ECDC's most important services, such as TESSy, EPIS and the ECDC web portal, are built on ICT platforms. Indeed, the Centre has a legal duty, under its Founding Regulation and under Decision 1082/2013/EU, to operate the EU's Early Warning and Response System (EWRS) on public health threats on behalf of the Commission. Operating EWRS requires a secure and highly resilient ICT platform. In addition, ECDC, like all modern organisations, depends on ICT systems to support its internal business operations: from tracking requests for scientific advice to booking meeting rooms. Maintaining and further developing ECDC's ICT systems is therefore a vital area of activity, requiring significant investments of both staff time and financial resources. In pursuing its ICT strategy under SMAP 2014–2020, the Centre allocates ICT resources with two key objectives in mind:

- Enable ECDC's mission, by efficiently and effectively supporting the Centre's ICT needs for internal, Commission and Members States users.
- Enable ECDC to continue to improve its ICT quality and cost efficiency.

Results achieved in 2014

ECDC's ICT services fulfilled, and in some cases exceeded, the performance standards set in the Service Level Agreements with internal users and the Commissions. The availability level of all key ICT systems monitored exceeded 99.9%, with EWRS and TESSy achieving 99.99% availability. Planned upgrades and installations of new functionalities were successfully completed for major systems including TESSy, EPIS and ECDC's CRM system. ICT played a role in supporting the Ebola public health emergency at ECDC, with around a dozen urgent projects, including the deployment of a questionnaire on Member States' preparedness to manage Ebola cases on EWRS. The ECDC public health emergency teams required ICT hardware and software support, which was provided via the ICT Helpdesk. The Helpdesk responded to well over a hundred calls from members of these teams. Across all of ECDC's systems, the ICT unit provided maintenance, user support, and ICT security services. Nearly seven thousand intrusion attacks on the Centre's ICT systems were detected and prevented.

In 2014, the Centre made significant progress in implementing the ICT strategy set out in the SMAP 2014–2020: ICT governance bodies and their related processes are in place; opportunity and value studies are performed for each proposed ICT development to ensure the investment needed represents best value for money; progress has been made in developing an in-house ECDC vision of its ICT enterprise architecture. This means having a vision of the core ICT systems ECDC needs to support its activities, so that they can be provided in a streamlined and efficient manner. For example, ICT wants to avoid having to support various systems whose functionalities overlap. Managers and experts in the ICT unit have now all been trained in the principles of the Capability Maturity Model Integration (CMMI) standard. This ensures they have a common language and common reference points in describing ECDC's processes with regard to the Centre's different operational needs. ECDC completed an assessment of the maturity of its ICT systems using the CMMI methodology and developed plans to improve the maturity and quality of its ICT systems in 2015 and beyond.

Part II (a). Management

1 Management Board

In November 2014, the Management Board unanimously re-elected Françoise Weber, Member, France, as Chair, and Tiiu Aro, Member, Estonia, as Deputy Chair.

In 2014, the Board approved the Annual Report of the Director 2013, adopted the ECDC Annual Work Programme 2015 and discussed priorities for the AWP 2016, partly in writing. In addition, the Board endorsed the Final Annual Accounts of 2013, approved the Supplementary and Amending Budgets for 2014 (including a revision of the budget due to the increased weighting coefficient for Sweden), the Draft Budget for 2015, and the Centre's Budget and Establishment Table for 2015.

The Board adopted ECDC's Financial Regulation and its Implementing Rules, set up a working group to analyse the conclusions of the Second Independent External Evaluation of the Centre, and drafted a list of recommendations to be approved by the Management Board in June 2015.

The Management Board also initiated preparatory work for the election of the Director of ECDC in 2015, by approving the vacancy notice and appointing observers in the work of the pre-selection panel.

2 Major events

15–16 January	ECDC Director's country visit to Norway
27 January	Visit to ECDC from HE Emil Druc, Ambassador of the Republic of Moldova, and Dr Stela Gheorghita, Deputy Director, National Centre of Public Health Ministry of Health, Republic of Moldova
30 January	ECDC Director speaks at 110th anniversary celebrations for Scientific Institute of Public Health (WIV-ISP), Brussels
6–7 February	ECDC Director's country visit to Latvia
19 February	ECDC Director speaks at European Parliament Seminar on 'Health & Consumer Protection' with the Members of the Pre-Accession countries' parliaments
26–27 February	Advisory Forum holds 37th meeting, ECDC
10 March	Visit to ECDC by delegation from European Scientific Working Group on Influenza
19–20 March	ECDC Director participates in Greek EU Presidency seminar on migrant health issues, Athens
24 March	ECDC Director participates in World TB Day event at WHO Regional Office for Europe in Copenhagen and has bilateral with Regional Director, Zsuzsanna Jakab
27–28 March	Management Board holds 30th meeting, ECDC
31 March	Visit to ECDC by Prof Dr Seçil Özkan, President of the Public Health Institute of Turkey
8–14 April	ECDC activates level 1 of its public health emergency plan to mobilise resources to assess and advise on emergence of multi-country outbreak of Ebola in West Africa
10–11 April	ECDC Director opens and speaks at EUPHA's 5th European Conference on Migrant and Ethnic Minority Health, Granada, Spain
15–16 April	ECDC Director's country visit to Finland
23–24 April	ECDC Director's country visit to Portugal
5–6 May	ECDC Director and Chief Scientist participate in, and moderate sessions at, US CDC Global Health Security Conference hosted by Finland, Helsinki
13–14 May	Advisory Forum holds 38th meeting, ECDC
20 May	ECDC Director visit European Medicines Agency, London
16 June	Audit Committee holds 26th meeting, ECDC
17–18 June	Management Board holds 31st meeting, ECDC
25 June	ECDC Director attends WHO Ministerial Conference on Antibiotic Resistance, The Hague
26 June	Health Security Committee plenary meeting, Luxembourg
3–4 July	ECDC Director's country visit to France

15 August	ECDC activate level one of its public health emergency plan in relation to Ebola epidemic
3–6 September	ECDC Director's country visit to Iceland
11–12 September	ECDC Director's country visit to Slovakia
14 September	ECDC Director gives keynote plenary address at European Scientific Working group on Influenza (ESWI) conference with Commissioner Tonio Borg, Riga
15–18 September	WHO Regional Committee for Europe, Copenhagen
22–23 September	ECDC Director attend Informal Health Council, Milan
24–25 September	Advisory Forum holds 39th meeting, ECDC
2 October	ECDC participates in session on the outbreak of Ebola in West Africa at European Health Forum Gastein, Bad Hofgastein, Austria
13 October	ECDC moves to level 2 of its public health emergency plan in order to mobilise even more resources for support to EU-level response to Ebola
13–14 October	High level ECDC and WHO European Region TB country visit to Romania holds discuss with Minister of Health and State Secretary regarding national TB strategy and also Ebola
27–28 October	Director attends Italian EU Presidency Conference on Health in the Mediterranean, Rome
4 November	ECDC Director participates in panel discussion on Ebola at International Association of National Public Health Institutes Annual Meeting, Marrakesh, Morocco
5 November	ECDC Director participates in exchange of views with European Parliament's ENVI committee on the Ebola crisis, along with Executive Director of European Medicines Agency, Guido Rasi, and WHO Regional Director for Europe, Zsuzsanna Jakab
5–7 November	8th European Scientific Conference on Applied Infectious Disease Epidemiology held in Stockholm. Keynote speakers include Dr Ilaria Capua, Istituto Zooprofilattico Sperimentale delle Venezie, Italy, and Martin Seychell of the European Commission
10 November	ECDC Director participates in briefing session on EU Agencies for the European Parliament's Committee on Environment, Public Health and Food Safety (ENVI)
12–13 November	ECDC Director's country visit to Luxembourg
16–21 November	ECDC expert deployed to Senegal to support WHO Ebola preparedness mission
17 November	Audit Committee holds 27th meeting, ECDC
17 November	EU-level event to mark 7th European Antibiotic Awareness Day organised by ECDC in collaboration with the European Commission and our host country, Sweden (Folkhälsomyndigheten)
18–19 November	Management Board holds 32nd meeting, ECDC: accepts final report of Second Independent External Evaluation of ECDC and establishes Recommendations Drafting Group
18–22 November	ECDC experts participate in European Commission/WHO assessment mission to evaluate Ebola exit screening in Guinea, Liberia and Sierra Leone
20–21 November	ECDC Director gives keynote address at plenary session of European Public Health Conference, Glasgow
21 November	Head of ECDC's Surveillance and Response Support Unit deployed with WHO to Guinea and Mali to assess need for senior francophone experts for Ebola epidemic
27–28 November	ECDC Director gives presentation on 'From Dublin to Rome –10 years of the HIV epidemic and response in the EU: Progress, gaps and challenges'; *Leaving no one behind – Ending AIDS in Europe* conference, Rome
2 December	ECDC Director participates in high level technical meeting Surveillance of Antimicrobial Resistance for Local and Global Actions organised by the Sweden's Ministry for Health, the Swedish National Public Health Institute and co-sponsored by WHO, Stockholm
5 December	First ECDC-led epidemic control support team deployed to Guinea in partnership with WHO/GOARN
10 December	Advisory Forum 40th meeting, held via audio-conference
11 December	European Commissioner for Health & Food Safety, Dr Vytenis Andriukaitis visits ECDC

3 Budgetary and financial management

Fund source C1 (current year appropriations)

The budget execution in terms of commitment appropriations at year end reached 98.77%, equivalent to EUR 59.7 million.

The budget execution in terms of payment appropriations at year end reached 80.37%, equivalent to EUR 48.6 million.

Information on transfers and amending budgets

In accordance with Article 27.2 of ECDC's Financial Regulation, the Management Board approved budget transfers for EUR 4.7 million regarding the Rappel 2011, 2012 and 2013 from several budget lines in Title I, II and III, into Title I. The Director also exercised his right to amend the budget within the limitations of Article 27.1 of ECDC's Financial Regulation.

The Management Board approved the inscription of EUR 2 million additional budget from ECDC's positive outturn of 2013.

Level of appropriations carried forward to the following financial year

ECDC carried forward the amount of EUR 11.1 million to 2015, which is equivalent to 18% of the total budget.

Implementation of appropriations carried forward from the previous financial year

The budget execution in terms of payment appropriations for the fund source C8 at year end reached 89.88%, equivalent to EUR 9.4 million.

Procurement procedures

More than 33 open calls for tenders were finalised along with three calls for proposals, as well as 50 negotiated procedures; 24 procedures had a value above EUR 25 000. A total of 51 reopened procedures within ICT framework contracts were completed.

Interest charged by suppliers through late payments (> 30 days): EUR 4 967.56

Summary information on budgetary operations for the year

The initial core budget of the Centre for 2014 (EUR 58.3 million) remained at the same level as in the previous year. Due to an increased EFTA contribution for 2014, the budget increased to EUR 58.4 million.

An additional EUR 2 million from ECDC's positive outturn of 2013 was exceptionally provided to ECDC in 2014 already. Consequently, the Centre's budget for 2014 increased by EUR 2 million to EUR 60.4 million.

For additional information see Annex VI (draft/final), annual accounts (see document MB 33/8): *Report on budget and financial management of the European Centre for Disease Prevention and Control*

4 Human resources management

The Centre implemented most of the *Implementing rules to the staff regulations*, following the revised *Staff regulations* (in areas such as staff entitlements and working conditions).

The majority of the Centre's jobs, 75.5%, are related to the implementation of activities linked to the Centre's operational work. At total of 16.8% of the jobs belong to 'administrative support and coordination', while 7.7% of the jobs are defined as neutral (i.e. primarily in the area of finance/accounting and internal control) (see Annex IV).

5 Assessment by management

ECDC has put a system of management supervision and internal control in place to assure ECDC is managed effectively and efficiently. The main elements of the system are described below:

5.1 Management supervision

ECDC has five Units and a Director's Office. The Heads of Units are responsible for the activities in their Unit. There is also a level of middle management, where a number of Heads of Sections are responsible for the activities. ECDC has a Senior Management Team (SMT), consisting of the Director and all the Heads of Units, which plays a key role in the management of ECDC.

Quality management and planning activities are a crucial part of the ECDC management and control system. ECDC has a Multi-annual Strategic Work Programme for the period 2014–2020 (SMAP). An Annual Work Programme is adopted each year by the Management Board in order to implement the Multi-annual Programme objectives. A set of indicators approved in January 2014 as part of the SMAP is reported each year to the Management Board to assess the implementation of the multiannual Programme. The Annual Work Programme is monitored internally on a quarterly basis and its implementation reported to the Management Board at each meeting and in the Annual Report of the Director. During the year, discrepancies are discussed with the Units and Programmes, and corrective actions are taken as necessary.

The Management Information System provides support to the organisation in the day-to-day implementation of the Work Programme. A comprehensive set of reports provides overviews and summaries for the monitoring of activities. This also includes an automated real-time dashboard of operational key data, such as budget execution, recruitments and implementation of the Work Programme. The dashboard is available to all staff and reviewed monthly by the SMT.

In 2014, the Director of ECDC, as Authorising Officer (AO), delegated financial responsibility to the five Heads of Unit (Authorising Officers by Delegation (AOD)). The Heads of Units in turn delegate responsibility – but only in their absence – to the Deputy Heads of Unit. Should the Deputy Head of Unit be unavailable, the authority returns to the Director. Thereby, a very limited number of persons act as AO/AODs in ECDC. The AODs can enter into budgetary and legal commitments and authorise payments. However, all commitments above EUR 250 000 require the signature of the Director.

For the expenditures of 2014, the AODs signed a Declaration of Assurance to the AO, similar to the one signed by the AO himself, for the area for which they have been delegated responsibility. No reservations were raised by the AODs.

5.2 Internal control system in place

The internal control system can of course not be described in its entirety but some key components, regarding the controls in place, are mentioned below.

ECDC has a set of Internal Control Standards (ICS) in place which specify the necessary requirements, actions and expectations in order to build an effective system of internal control that can provide reasonable assurance on the achievement of ECDC's objectives (see further description in Section 3.2 below).

The internal control system also includes a number of internal procedures. The internal procedures are approved by the Director of the Centre and include, for example, financial workflows and checklists for commitments and payments, guidance on conflicts of interests, a code of good administrative behaviour, and the procurement procedures to follow. New internal procedures are introduced when necessary and existing procedures are revised in regular intervals. In 2014, new procedures were put in place regarding, for example, the *ECDC Round Table*, *ECDC staff travelling on missions outside the EU*, and *Management of ECDC publications*. A number of procedures were also revised, such as the internal procedures on *Financial Workflows* (both commitments and payments), *Procurement and contract management*, and *Learning and development*.

There were also a number of Director's decisions regarding policies/rules. For example, decisions were introduced on the *Collection and publication of CVs of MB and AF members on the ECDC website* and *Rules governing the EPIET/EUPHEM EU track fellowships*.

ECDC has a number of centralised support and control functions in place. The most important one being the centralised procurement function, the *Committee on procurement, contracts and grants* (CPCG), and the centralised financial ex-ante verification function.

The centralised procurement function is responsible for coordinating all procurement procedures, as well as the ECDC procurement plans. The purpose of the CPCG is to ensure that ECDC's procurements, grants, contracts and agreements are carried out in accordance with ECDC's financial rules.

Centralised financial ex-ante verifications are performed for all commitments and payments, spilt into ex-ante verification of commitments by the budget officer; ex-ante verification of payments is done by the financial verification officer for payments.

In accordance with ICS 8, ECDC has a procedure in place to ensure that overrides of controls or deviations from established processes and procedures are documented in exception reports, justified, duly approved before action is taken, and logged centrally.

In 2014, 42 such exceptions were recorded (a decrease of two from 2013).

A grant verification policy is also in place. The policy attempts to find an effective and efficient mix of control activities, such as audit certificates, external audits, and own verification missions. A specific grant verification plan (GVP) is developed every year, which determines the verifications to be performed for that specific year. In 2014, the four verifications selected in the GVP 2012 and GVP 2013 were contracted out to an external audit firm.

A policy on ex-post verifications of financial transactions has been in place since 2012. An ex-post plan for financial transactions is developed every year. For 2014, it was decided to focus on staff-related expenditures (Title I), and more specifically, on the non-salary related expenditures in Title I. The final report was issued in February 2015, in time for the Director's Declaration of Assurance.

ECDC has also developed an anti-fraud strategy in 2014, following the guidelines issued by OLAF. The strategy was approved by the Management Board in the March 2015 meeting.

6 Budget implementation tasks entrusted to other services and entities

None.

7 Assessment of audit results during the reporting year

7.1 Internal Audit Service (IAS)

ECDC is audited by its Internal Auditor, the Internal Audit Service of the European Commission (IAS). The audit work to be performed is defined in the risk-based IAS strategic internal audit plan. The latest plan was approved in November 2013 and covers the period 2014–2016. All observations and recommendations are taken into account and appropriate action plans are developed. The implementation of these actions is being followed up regularly.

In 2014, the IAS performed an audit on Public Health Training in ECDC. The audit was performed in February 2014, and the final report was received in May 2014. The report included one very important observation and six important observations. The action plan prepared by ECDC was accepted by the IAS in July 2014. The action plan is currently being implemented.

7.2 European Court of Auditors (ECA)

ECDC is audited every year by the European Court of Auditors (ECA). The audit provides a Statement of Assurance as to the reliability of the accounts of the Centre and the legality and regularity of the transactions underlying them.

ECDC received an unqualified opinion[3] for 2013, indicating that the accounts are reliable and the transactions underlying the accounts are legal and regular.

The comments received in the final report from the ECA (which do not call the Court's opinion into question) regarded: a procurement procedure, where conflicting information between the contact notice and the tender

[3] Unqualified audit opinion = the auditor's report contains a clear written expression of opinion on the financial statements or the legality and regularity of underlying transactions as a whole. An unqualified opinion is expressed when the auditor concludes that, on the whole, the underlying transactions are legal and regular and the supervisory and control systems are adequate to manage the risk.

specifications may have affected the competitive process and the outcome of the procedure; the relatively low overall budget execution; and weaknesses noted in respect to the budgetary planning and execution for operational meetings, mainly due to over-estimated attendance levels and hotel and flight costs.

All these comments were addressed by ECDC. A number of actions have already been taken, e.g. the contract related to the procurement procedure mentioned above was immediately cancelled; internal procedures for procurement have since been revised and staff was trained in the new procedures (March and April 2014). Regarding the relatively low overall budget execution of 2013, this was mainly due to reserving money for the salary adjustments for 2011, 2012 and 2013, which could not get implemented in 2013, due to the late ruling of the European Court of Justice. Finally, regarding the planning and execution of the operational meetings, ECDC will more closely monitor the operational meeting expenses to avoid unnecessary carry-overs or cancellations in the future.

The ECA audit of the 2014 annual accounts is ongoing. The draft report will be available in June 2015. The first part of the audit was performed in November 2014, and the second part will be performed in March 2015.

8 Follow-up of recommendations and action plans for audits

At the end of 2014, one very important observation and six important observations were officially open (all from the 2014 audit of Public Health Training in ECDC). However, only two of those observations have passed the date of planned implementation (Q4 2014). The implementation is currently ongoing and all seven observations are scheduled to be implemented by the end of 2015.

9 Follow-up of observations from the discharge authority

Article 110 (2) of the ECDC Financial Regulation states: 'At the request of the European Parliament or the Council, the director shall report on the measures taken in the light of these observations and comments'.

This report provides an overview of the measures taken by the European Centre for Disease Prevention and Control (ECDC) in the light of observations and comments made by the Discharge Authority on 3 April 2014 with respect to the implementation of the 2012 budget.

Table. European Parliament's observations and measures taken by ECDC

Reference	Observation of the Discharge Authority	Response and measures taken by ECDC
P7_TA(2014)0308 at paragraph 5	Acknowledges from the Court of Auditors that in 2012, the Centre awarded grants to research institutions and individuals and that the total grant expenditures amounted to EUR 752 000, representing 1.4 % of the 2012 operating expenditures; is concerned that the Centre does not usually obtain any documents to substantiate the eligibility and accuracy of the costs claimed by beneficiaries; notes that while the Centre has adopted an ex post verification strategy and has planned for its implementation in 2012, no ex post verifications of 2012 grant expenditures have yet taken place; acknowledges that for the transactions audited by the Court of Auditors, supporting documentation was obtained by the Centre on the Court's behalf, which provided reasonable assurance as to the legality and regularity of those transactions.	The Grant Verification Plan for 2012, which experienced some delays due to a lack of resources was merged with the Grant Verification Plan for 2013 and is currently being implemented with the help of an external audit firm (under the European Commission's Framework Contract for the Supply of Technical Assistance Services in the Field of Audits and Controls). All the selected audits are to be performed by the end of 2014. New audits will then be selected for the Grant Verification Plan for 2014, to be performed in 2015.
P7_TA(2014)0308 at paragraph 6	Recalls that the Centre receives its funding via the Commission's budget; asks, however, that the Centre make clear in its internal and external communication that it receives funds made available by the Union budget (Union subsidy) instead of funds made available by the Commission subsidy.	ECDC will make sure that the correct vocabulary is used in its internal and external communications.
P7_TA(2014)0308 at paragraph 12	Acknowledges that a revised version of the Centre's comprehensive independence policy is to be adopted by the Centre's Management Board in 2014.	On the advice of the European Commission's DG for Human Resources ECDC has decided to split its independence policy into a policy applying to external experts and a policy applying to members of staff. It is hoped that these policies will be ready for adoption by ECDC's Management Board in 2015.
P7_TA(2014)0308 at paragraph 13	Observes that the CVs of the members of the Management Board and the Advisory Forum are not publicly available; calls on the Centre to remedy the situation as a matter of urgency;	On 12 May 2014 the Director of ECDC wrote to all members of the Centre's Management Board (MB) and Advisory Forum (AF) to inform them of Parliament's discharge resolution and to request that they submit CVs for publication on ECDC's website. Members have been reminded of this request at subsequent meetings of the MB and AF. The CVs received so far will be published in November on ECDC's web portal on the pages relating to

Reference	Observation of the Discharge Authority	Response and measures taken by ECDC
		the Centre's MB and AF members.
P7_TA(2014)0308 at paragraph 15	Requests that the Centre communicate the results and impact its work has on European citizens in an accessible way, mainly through its website;	ECDC's website is updated on a daily basis with the results of its scientific work. This includes, for example, publication of a weekly report on key infectious disease threats monitored and analysed by ECDC, plus specific weekly reports on the Ebola outbreak and the annual seasonal influenza epidemic in Europe. ECDC also uses its website as a platform to communicate its risk assessments, technical reports, surveillance reports, scientific guidance, toolkits, training materials, and news items. In November 2014 ECDC's Management Board will review the final report from the Centre's Second Independent External Evaluation. This report looks in particular at the added value and impact of the Centre's activities. It will be published on ECDC's website once it has been accepted by the Management Board.

Part II (b). External evaluations

ECDC's Founding Regulation requires the Centre to organise external evaluations every five years to assess how well it is performing its mission. The Second Independent External Evaluations of ECDC, conducted by a consortium led by the Rome-based consultancy Economisti Associati, was concluded during 2014. The Management Board's External Evaluation Steering committee (MEES), chaired Daniel Reynders, MB member for Belgium, drafted the terms of reference for the evaluation and supervised the contractor's work during the evaluation. During the evidence gathering phase of the evaluation the contractor conducted in-depth interviews with over a hundred individuals in ECDC's partner organisations. Data was also gathered by an online survey of a wider group of several hundred stakeholders. The period looked at in the evaluation was 2008–2012, therefore progress made in 2013–2014 was not taken into account.

The report was discussed in the Management Board on 18–19 November 2014. The Board appointed a MB Recommendations Drafting Group that should develop a set of recommendations for action in response to the evaluation. The Management Board should adopt these recommendations in its meetings of June 2015. ECDC will implement these recommendations in 2015 and 2016.

The external evaluation is available on ECDC website:
http://www.ecdc.europa.eu/en/aboutus/Key%20Documents/ECDC-external-evaluation-2014.pdf

Part III. Assessment of the effectiveness of the internal control systems

1 Risk management

1.1 Inherent nature and characteristics of ECDC's risk and control environment

ECDC deals with only direct expenditures. There are no Member States or implementing bodies involved in the execution of the budget. Most of the expenditures, apart from salaries and salary-related expenditures are therefore implemented through procurement procedures performed directly by ECDC.

The sections below describe the inherent nature and characteristics of ECDC's risk and control environment by area.

1.1.1 Scientific advice

One of the main objectives of ECDC is to deliver scientific advice to the Member States, the European Commission, and the European Parliament. The main risks here lie in that the advice delivered is seen by stakeholders as irrelevant, or that the scientific independence is being questioned. ECDC has therefore put in place an internal procedure for the delivery of scientific advice. Scientific independence is guaranteed by a strict system of selection of external experts to avoid any conflicts of interest. The relevance of the scientific advice is assessed by frequent consultations with the Advisory Forum and other stakeholders, as well as through a formal procedure to assess impact. These consultations also make sure that ECDC's work is not overlapping with the work in the Member States, and that the advice delivered by ECDC does not conflict with nationally produced advice on the same issue.

1.1.2 Disease surveillance

The main objective of EU surveillance is to integrate data collection systems and to establish European standard case reporting. The surveillance data are analysed to monitor trends and provide decision-makers with timely and reliable data as basis for public health decisions. These activities face risks such as receiving data too late for any action potentially required, receiving inaccurate data or making mistakes in data analysis or interpretation. These risks are addressed by carefully planning the data calls long in advance, with clear deadlines, and by closely following up the data submissions and ensuring that reminders are sent; by accepting data only from authorised persons (nominated by a Competent Body); by at least two iterations of data validation prior to data analysis and another one prior to publication; and by a rigorous internal clearance involving multiple senior reviewers.

1.1.3 Preparedness

The main objective for ECDC's preparedness efforts is to support the capacities and capabilities of the European Commission and the Member States in having a high level of preparedness for dealing with cross-border health threats due to communicable diseases. Risk associated with these functions mainly relate to a mismatch between actual needs and support efforts. In order to mitigate these risks, ECDC works closely with the National Focal Points for Preparedness and Response to understand the gaps and needs at national and EU level. In 2015, ECDC will also assist the European Commission in analysing the country reports on national preparedness under Article 4 of Decision 1082/2013.

1.1.4 Response

The main objectives for response are to detect emerging threats, assess them, and support the Member States when responding to these threats. ECDC is also supporting the European Commission by operating the EWRS. Risks associated with these functions include the following: the risk of not detecting a threat; the risk of not assessing a threat correctly; the risk of not providing Member States with the support required; the risk of interruption of EWRS service to the European Commission and Member States. Therefore, the Unit has developed

a thorough methodology to monitor and assess threats, and implemented a clearance process for assessments through the Head of Unit and the ECDC Chief Scientist. Standard operating procedures were developed and corresponding tools implemented. Finally, a high level of redundancy was implemented in the EWRS operations to assure the continuity of service.

1.1.5 Public health training

The overriding objective of ECDC training activities is to support the Member States and the Commission to have a sufficient number of trained specialists able to effectively respond to cross-border communicable disease threats to Europe. The main identified risks relate to not striking the right balances between support to national and EU-level capacities and to the danger that ECDC training activities are seen by countries as a replacement of their own efforts (potentially leading to downsizing of national training activities/programmes) and that training efforts meet actual needs. To address these risks, ECDC is in constant dialogue with the countries through the National Focal Points for Training, the EPIET/EUPHEM Training Site Forum, the Advisory Forum, and the European Commission. In 2015, ECDC will conduct a thorough training needs assessment and update its training strategy in a broad consultative process to further mitigate these risks.

1.1.6 Health communication

Another important ECDC objective is to communicate the scientific content to public health professionals, policymakers, the general public and other stakeholders across Europe; these efforts include risk communication. In this area there are three main risks, namely that ECDC communicates incorrect or misleading information; that risk communication activities are not properly coordinated with those of the European Commission, or in the Member States; and that ECDC communication activities are seen not to be in line with the mandate of ECDC. In order to address these risks, ECDC has clear internal procedures for clearance of items to be communicated, which ensure that the relayed information is factual and correct. ECDC also works within, and supports, the Risk Communicators' Network under the European Commission's Health Security Committee and has a system in place to provide advance information to the European Commission and the Member States on major communication outputs. Finally, ECDC has developed a Health Communication Strategy that outlines in detail ECDC's communication work, which was adopted by the Management Board in November 2009. A communication framework, operationalising the strategy, has been developed. It will further mitigate the reputational risks. In 2015, work has started to update the communication strategy.

1.1.7 External relations

An important task for ECDC is to ensure good cooperation and coordination with the EU Institutions, the Member States, third countries, international partners, and other relevant stakeholders. ECDC is part of the wider EU family, and works closely with the European Commission, in particular with the Directorate-General for Health and Food Safety (DG SANTE). With regard to its relations with non-EU countries, ECDC works in accordance with the existing EU policies and in close collaboration with DG SANTE. ECDC's relationships with the EU Member States are the basis of its work; consequently, relationships to Member States are very close in all areas, from surveillance to training. ECDC works closely with the WHO Regional Office for Europe, and over the last year the focus was on better coordination and avoidance of duplication. This has been achieved by regular contacts between technical counterparts and meetings of the joint coordination committee twice a year. Our relations with other stakeholders, e.g. learned societies, have grown through mutual interests and usually take the form of ECDC support to annual meetings.

In external relations, there is a reputational risk connected to how ECDC and its collaboration with external partners is perceived. There is also a risk that cooperation with ECDC creates more burden than it adds value, and that ECDC acts in an imbalanced way between countries. Choosing inappropriate collaborating partners regarding ECDC's mandate, outputs, and resources can also hurt the Centre's reputation. In order to mitigate possible risks and to ensure effective coordination, ECDC and DG SANTE have appointed liaison officers and established regular meetings at all levels (technical and management). In 2012, ECDC introduced a new way of official relations with the EU Member States and EEA/EFTA countries (through one national Coordinating Competent Body), with the National Coordinator, and with the EU enlargement countries through the National Correspondent. The Customer Relation Management System (CRM) for contact maintenance and appointments was made available to the Member States in November 2013.

Since November 2010, ECDC has a policy for collaboration with third countries, which is in line with existing EU policies and endorsed by the ECDC Management Board. To ensure coordination in relations with EU enlargement countries, each enlargement country has nominated a national correspondent for ECDC activities. At ECDC, the coordination of activities remains within the International Relations Section.

1.1.8 Resource management, including ICT

The main objective of Resource Management is to provide ECDC with the necessary expertise and support for the efficient functioning of the Centre in order to facilitate the successful achievement of the objectives of its operational units and the implementation of the Centre's mandate in an efficient way. The main risks lie in failing to deliver correct and/or timely support in the Centre's fields of expertise, which include human and financial resources, ICT infrastructure and services, mission and meetings, buildings and logistics, legal advice, and internal control coordination. ECDC has therefore introduced a number of procedures and reporting requirements to make sure the support provided is correct and timely, e.g. a real-time dashboard, which is reviewed regularly by the SMT; a detailed yearly recruitment plan monitored by monthly reporting to the SMT; procedures and monthly reporting for commitments and payments; and a Committee for Procurement, Contracts and Grants (see also description of Internal Control System, Section 2.5.2).

1.1.9 Risk assessment for work programme

As part of the preparation of the Annual Work Programme (WP), a specific risk self-assessment exercise is performed every year by strategy. 'High' unmitigated risks were included in a risk register, and an action plan was prepared. The identified main risks are also summarised and included in the WP itself (see ECDC WP 2015).

2 Compliance and effectiveness of internal control standards

Since 2006, ECDC has internal control standards (ICS) in place. These standards specify the necessary requirements, actions and expectations needed to build an effective system of internal control which allows to gauge the achievement of ECDC's objectives. These control standards were developed along the lines of the European Commission's Internal Control Standards, which are based on the international Committee of Sponsoring Organizations of the Treadway Commission (COSO) standards.

The ICS cover the areas of mission and values, human resources, planning and risk management processes, operations and control activities, information and financial reporting, and evaluation and audit.

Each ICS is made up of a number of requirements to be met. For each such requirement, ECDC has identified what is in place already, actions to be taken, the person responsible, and the deadline for entry into force.

A review of the implementation of the ICS was performed as part of the work for the annual report 2014. The results were discussed and validated by ECDC's management, as well as discussed in the ECDC Audit Committee. Three of the control standards are almost completely implemented, while the rest are fully implemented. The remaining work includes having the internal procedure on reporting of irregularities signed, having the internal procedure on internal evaluations signed, and having the standards on sensitive posts finalised and approved. Work will continue in 2015 on these issues.

Part IV. Management assurance

1 Review of the elements supporting assurance

The main building blocks of the Director's Declaration of Assurance are:

- The Director's own knowledge of the management and control system in place
- The declarations of assurance made by each authorising officer by delegation to the Director.
- The results of the assessment of the Internal Control Standards.
- The results of the risk self-assessment exercise for the WP 2015.
- The list of recorded exceptions.
- The status on the internal control and quality weaknesses reported.
- The results of the grant verifications known at the time of the declaration.
- The results of the ex-post verifications of financial transactions.
- The summary of OLAF activities.
- The observations of the Internal Audit Service known at the time of the declaration.
- The observations of the European Court of Auditors known at the time of the declaration.

2 Reservations

None

3 Overall conclusions on assurance

Given the control system in place, the information attained from the building blocks above and the lack of critical findings from the Court of Auditors and the Internal Audit Service at the time of the declaration, there is no reason to question the efficiency or effectiveness of the control system in place.

Part V. Declaration of assurance

2014 Declaration of Assurance by the Director of ECDC

I, the undersigned, Marc Sprenger, Director of ECDC,

In my capacity as authorising officer,

Declare that the information contained in this report gives a true and fair view.

State that I have reasonable assurance that the resources assigned to the activities described in this report have been used for their intended purpose and in accordance with the principles of sound financial management, and that the control procedures put in place give the necessary guarantees concerning the legality and regularity of the underlying transactions.

This reasonable assurance is based on my own judgement and on the information at my disposal, such as the results of the self-assessment, ex-post controls, the work of the Internal Audit Service and the lessons learnt from the reports of the Court of Auditors for years prior to the year of this declaration.

Confirm that I am not aware of anything not reported here which could harm the interests of the agency.

Stockholm, 26 February 2015

Marc Sprenger

Director

Management Board's analysis and assessment

See separate document from the Management Board.

Annexes

Annex I-a. Results 2014 of the SMAP/annual programme indicators

Strategy group 8 – Collaboration and cooperation

No.	Objective	Indicator	Target 2014	Verification	Result 2014
1	Achievement of timely and sustainable support to the Commission and relevant countries in the implementation of EU enlargement and ENP policies. Established and functioning working relations with relevant international partners.	Completion of an agreed list of joint activities established between ECDC and its international partners	Degree of completion of the Work Programme 2014, in the area of cooperation and collaboration: 80 % activities successfully implemented	Review of the list of activities with enlargement/ENP countries and international partners	64.3% (4.5 of 7 SMAP milestones for 2014) • Mission to Turkey postponed to 2015 on request of the Commission • No Joint Committee Meeting with WHO held in 2014. The MB was updated on the state-of-play in its MB31-4 meeting (agenda item 17b): The Commission has proposed that in the future, the meeting between WHO/Europe and ECDC (Joint Coordination Group) should take place on the margins of the senior officials meeting of WHO/Europe and Commission. This meeting will take place for the first time in 2015, due to the changes in the Commission.
2	Achievement of a high level of effective communication and coordination between ECDC and its Competent Bodies	Satisfaction of the Coordinating Competent Bodies on the communication with ECDC	70 % satisfied with communication and coordination	Measure integrated into the annual stakeholder survey	80% of all stakeholders satisfied 71% of the National Coordinators of the Coordinating Competent Body satisfied (source: external stakeholders survey Feb 2015)

Strategy 9.1 – Surveillance

No.	Objective	Indicator	Target 2014	Verification	Result 2014
3	Support to the Commission and the Member States in the implementation of the epidemiological surveillance of communicable diseases and special health issues according to Article 6.5 of Decision 1082/2013/EU	Proportion of diseases and special health issues for which surveillance standards have been developed and agreed with the National Surveillance partners	Diseases and special health issues under surveillance reviewed according to the SMAP; standards developed for 6 diseases in 2014	Steps to verify 100% achievement are: • Yearly list of diseases for which the standards have been agreed • Yearly report from TESSy on the number of diseases following these standards	In 2014, standards were discussed for the six following diseases: • tuberculosis, • invasive meningococcal disease, • salmonellosis, • listeriosis, • VTEC/STEC, • hepatitis B/C. In 2014 surveillance systems descriptors were developed and will be piloted in 2015.
3	High level of user friendliness and quality of uploading surveillance data.	Level of positive feedback from the Member States using machine to machine to upload TESSy data	100 % response to all requests 80% users satisfied	Measure integrated into the annual stakeholder survey	Initial requirement and challenges for machine to machine reporting were collected from volunteering countries. A workshop will take place in April 2015 to start developing some standards. n/a

No.	Objective	Indicator	Target 2014	Verification	Result 2014
5	Interactive outputs available for all diseases under surveillance	Proportion of diseases under surveillance for which online interactive outputs are available	Satisfaction with functionality: 80%	Outputs used measured by web statistics As measured in annual stakeholder survey	Web statistics are not available yet. Online interactive outputs were made available in September 2014 for Ebola (including cases in West Africa), invasive Haemophilus influenzae disease, invasive meningococcal disease, tuberculosis and influenza. 76% of all stakeholders satisfied with interactive outputs already available for the diseases under surveillance (Source: external stakeholders survey Feb 2015 NB: In the future the survey could include an additional question: 'Are you using the online interactive outputs' to limit the analysis to users only)
6	Substantially increased power of surveillance by implementing molecular characterisation for selected diseases	Proportion of evaluated business cases for selected pathogens. Proportion of pathogens with molecular surveillance modules in TESSy	n/a in 2014 n/a in 2014	Results of the pilot phase are verified by the Advisory Forum opinion *Note: The decision process might lead to a review of targets in 2017*	The results of the FWD and MDR-TB pilot phase were successfully evaluated by the Advisory Forum in May 2014. The work to assess the impact of molecular surveillance implementation is proceeding according to the roadmap which has been agreed with the Member States. n/a in 2014

Strategy 9.2 – Epidemic intelligence and response

No.	Objective	Indicator	Target 2014	Verification	Result 2014
7	Provision of relevant, timely and quality rapid risk assessment to support the risk management carried out by the Member States and the Commission	• Number of timely rapid risk assessments • Proportion of rapid risk assessment assessed positively by Member States through the annual stakeholder survey	• 80% of rapid risk assessments produced within 48 hours of initial decision • 100% within 4 weeks • 80 % yearly satisfaction of respondents	Timeliness: RRA statistics Quality: annual stakeholder survey	RRA delivered within 48 hours: 9% RRA delivered within 4 weeks: 84% The target of 48 hours doesn't make much sense as a number of factors are taken into consideration when setting a deadline, including: urgency, availability of data and information, availability of staff. The request usually includes a deadline but this deadline is not by default 48 hrs. Therefore it would be more appropriate to revise the target for the future: 80% of RRA produced within the set deadline Satisfaction with rapid risk assessment (source: annual stakeholder survey): • Timeliness: 83% • Independence of judgment: 88% • Completeness: 89% • Usefulness: 88%

Strategy 9.3 – Preparedness

No.	Objective	Indicator	Target 2014	Verification	Result 2014
8	Support to the Commission and the Member States in the implementation of the preparedness Article 4 of Decision 1082/2013/EU as endorsed by the Health Security Committee, in particular in improving the interoperability and consistency of national preparedness planning, inter-sectorial coordination and business continuity planning.	• Proportion of planned ECDC activities (guidelines, seminars, workshops, exercises) undertaken to reach the objective • Proportion of ECDC products endorsed by the Health Security Committee	90% in 2014 including: • ECDC internal public health emergency plan tested and updated • Extranet for National Focal Points for Preparedness and Response in place • Consultation of Member States on guidance and metrics for operational planning 50% in 2014	• ECDC assessment reports of preparedness at national level for communicable diseases upon request of the HSC • Verified by HSC meeting minutes	• 80% (4/5) Done in 2014: • self-assessment tool developed, to be piloted in 2015 • extranet for national focal points for preparedness and response • Specific support to countries on request: – Country visits (case study in preparedness by using MERS-CoV virus) – Meeting of ECDC national Focal points for preparedness and response – public health emergency plan tested (Ebola), assessed and update ongoing based on lessons learnt Not yet initiated: • Support to Commission-initiated simulation exercises related to preparedness planning • Products submitted by ECDC to Commission (DG SANTE) and by COM to HSC: – Best practices in ranking emerging infectious disease threats: A literature review – Preparedness planning for respiratory viruses in EU Member States – Report: Analysis of preparedness capacity in EU/EEA countries (EWRS survey initiated by DG SANTE, ECDC provided the analysis) – Training on capacity building with some EU Member States

No.	Objective	Indicator	Target 2014	Verification	Result 2014
					The preparedness sub-group of HSC is not yet established and procedures are still to be adopted. Thus we cannot yet have an indicator for reports 'endorsed' by the HSC as there is no procedure in place.

Strategy 9.4 – Scientific advice

No.	Objective	Indicator	Target 2014	Verification	Result 2014
9	High level of support of the Commission and Member States by producing quality scientific publications in the area of the priorities and mandate of the Centre	Quality of ECDC scientific publications in peer-reviewed journals remains high i.e. • Average journal Impact Factor • Average number of citations of each article	IF > 3.8 > 10	Quality and citations base on the following databases: Scopus, PubMed and Embase	Average impact factor: 5.09 (Source: PubMed and Scopus) NB: The impact factor is calculated for peer-reviewed publications. The term 'journal' is irrelevant and should be removed in the formulation of the indicator. The calculation of the impact factor is based on 5 years which provides a broader range of citation activity for a more informative and picture over time. Average number of publications for each article: 15
10	High level of timely and adequate response to requests for scientific opinions by providing authoritative and reliable evidence-based scientific opinions and guidance to Member States, Commission and Parliament	• Proportion of prioritised scientific topics executed. • Proportion of requested items for scientific advice (ad hoc and planned) timely delivered • Use of evidence-based opinions and guidance produced by ECDC	• 80 % of prioritised actions integrated in annual work programme • 80 % • >70% of opinions and guidance	• Comparison between IRIS (tool for scoring scientific priorities by the Advisory Forum) and the approved Work Programme • Source SARMS (internal database on external scientific advice requests) • Annual stakeholder survey	Number of actions with the highest score as prioritised by the Advisory Forum integrated in the Annual Work Programme 2014: (source IRIS prioritisation: the 3 highest scores should be integrated) – Average: 41% ARHAI: 2/3 EVD: 2/3 FWD: 0/1 HSH: 2/3 IRV: 1/3 TB: 0/3 (done in WP2015) VPD: 1/3 (rest done in WP2015) Cross-cutting issues: 1/3 In 2014 ECDC produced: • 38 rapid risk assessments • 25 answers to requests from the Commission for assistance with parliamentary questions • 12 expert opinions • 10 guidance • 3 reviews All scientific advices were timely delivered; however there is still a need to further refine the tools ECDC is using to capture more precisely information about timeliness. 100% out of a selection of 28 publications, published in 2014 for scientific advice and EQAs. For all the publications, at least several respondents indicated they were aware and used the publication. Respondents made use of the publications they were aware of in 86% of the cases: • Publication shared/posted it locally: 33% • Recommendation based on the advice: 24% • Decision based on the advice: 13% • Advice translated: 11% • Other 6% • Not used: 14% 17 of the 28 publications were known by at least 20% of the respondents. The most known publications were: • Ebola: Entry and exit screening measures: 59% • Management of persons in contact with Ebola cases in EU: 55% • Implementation of Council Recommendation on seasonal influenza vaccination: 48% • Detection and control of poliovirus transmission: 43% • Implementing the Action Plan for Measles and Rubella: 36%

Strategy 9.5 – Public health training

No.	Objective	Indicator	Target 2014	Verification	Result 2014
11	With special emphasis on the core capacities referred to in Article 4 of Decision 1082/2013/EU, a strengthened workforce in the Member States through adequate and relevant training.	Reaction: Participant satisfaction with ECDC training activities. Learning: Achievement of agreed learning objectives in relation to core capacities in ECDC fellowship programmes (EPIET/EUPHEM). Behaviour: Number of scientific articles of public health relevance by EPIET/EUPHEM fellowship during and 2 years after graduation	• > 80 % satisfaction • > on average 80 % achievement by all fellows • > 50% increase compared to the 2-year period before entering the programme	• Course evaluations • Incremental progress reports (IPR), Competencies Development Monitoring Tool (CDMT), mid-term and final reviews with fellows and supervisors. • Bibliometrics (PubMED, Scopus)	Reaction: • EPIET: 87.5% for EU-track; 100% for Member State-track • EUPHEM: 100% • Short courses: 87.7% (3 courses on foodborne parasites 85%; on outbreak investigation: 92%; and summer school: 86%) • e-learning: n/a • Senior exchanges (2): 90% Learning: 100% for the Cohort 2012 EPIET (22 fellows: 8 EU-track and 14 Member State-track fellows) • 2 of the fellows took maternity leave and plan to graduate with the next cohort. • Out of 20 EPIET fellows, 95% (19) graduated and achieved 100% of the training objectives, of whom 5 after receiving a 3-month extension of their fellowship. • One fellow (5%) did not graduate, yet achieved 80% of all learning objectives. 100% for the Cohort 2012 EUPHEM (4 EUPHEM EU-track fellows): All graduated and achieved 100% of the training objective Behaviour: Increase/decrease: + 56% • Average 2 year period before fellowship: 0.9 publication/fellow • Average during fellowship: 0.9 publication/fellow • Average during 2 years post fellowship: 1.4 publication/fellow (Source: PubMed, Scopus, out of 20 fellows)

Strategy 9.6 – Microbiology support

No.	Objective	Indicator	Target 2014	Verification	Result 2014
2	Implementation of the ECDC microbiology strategy to ensure sufficient microbiology capacity within the EU, to detect and manage infectious threats.	Proportion of Member States having microbiological core capabilities and capacity, as defined by the ECDC Microbiology Strategy	• Launch of annual monitoring of three components i.e. primary diagnostics; national microbiology reference laboratory services and laboratory-based surveillance and epidemic response support. • EU Laboratory Capabilities monitoring tool finalised and first round of data collection and analysis started to assess EU dashboard of capabilities in 2013.	Verification by technical audits of Member States and other components. [NB. The midterm evaluation may result in the formulation of specific targets and options for action.]	The EULabCap monitoring system was launched with the first annual survey data call in September 2014. One country visit was conducted in March 2014 by invitation to Latvia to assess the national reference microbiology system. • EULabCap participation rate: 97% (29/31 EU/EEA countries). It provided national data sets on the 60 capability indicators for 2013, covering all three components, by December 2014. • Mission Report on the Assessment of Latvia's reference microbiology laboratory system was published in August 2014. EU Laboratory Capabilities monitoring tool finalised and first round of data collection and analysis started on time. Data collected and analysis started; EU 2013 laboratory capability report to be developed and assessed together with Member States in 2015 10 external quality assessment exercises conducted in 2014 within ECDC-supported laboratory networks. Data collected and analysis started; EU 2013 laboratory capability report to be developed and assessed together with Member States in 2015 • Molecular surveillance strategies defined for 9 pathogens • 5 new molecular surveillance strategies developed in consultation with the Advisory Forum and National Microbiology Focal Points, on human influenza, multidrug-resistant S. aureus and N. gonorrhoeae, carbapenemase-producing Enterobacteriaceae and invasive meningococcal disease in September and December 2014. • Molecular strategy deprioritised for MDR-*Acinetobacter baumannii* based on Member States expert consultation. • Pilot project on molecular surveillance implemented for 4 pathogens (foodborne bacteria and MDR-tuberculosis). It was positively evaluated by the Advisory Forum and National Microbiology Focal Points in May 2014.

No.	Objective	Indicator	Target 2014	Verification	Result 2014
			• Assess the agreed laboratory EQA performance levels as required for reliable EU surveillance of communic-able disease and antimicrobial resistance. • Molecular surveillance strategy defined for 6 pathogens and implemented for 4 pathogens		

Strategy 9.7 – Health communication

No.	Objective	Indicator		Target 2014	Verification	Result 2014
13	Publication of topical online information within ECDC's remit through the web portal and social media channels	Usage of the ECDC web portal and social media channels	+ 10% web visitors and social media followers Certification by an external party (HON)	Web and social metrics used for verification Measure on quality will be in the annual stakeholder survey Health on the Net (HON) http://www.hon.ch for reference	+ 27% increase in website visits compared with 2013 + 60% increase of number of followers of the corporate Twitter account Not done in 2014; this will be done as part of the new web portal to be launched in 2015	
14	Support to Member States and Commission in regard to public health campaigns and provide training and tools for risk communication.	Activities and actions delivered according to approved planning	100% delivery within agreed timelines	Records on file of activities and actions	80% of SMAP milestones delivered in the area of public health campaign and risk communication.	
15	Provision of scientific input to crisis communication in case of Communicable diseases events/emergencies coordinated by the Health Security Committee in liaison with the Commission according to articles 11 and 17 of Decision 1082/2013/EU	Proportion of lines to take (LTTs), press material shared	100% input to all critical events	Quality and timeliness verified by feedback from Commission on HSC actions and decisions	100% input to all critical events 10 LTTs (of which 4 on Ebola) and 5 press releases which were all shared with the Commission	

Strategy group 10 – Disease programmes

No.	Objective	Indicator	Target 2014	Verification	Result
16	Strengthened Europe's defences against infectious diseases by dedicated programmes aiming at the best possible knowledge and implementation for prevention and control.	Number and type of tools, products and activities aimed at realising the SMAP deliverables.	90%	Measured and verified by Management Information System	• ARHAI: 71% (5/7) – the interactive database on surveillance of antimicrobial consumption in Europe is updated each year, but the report is only produced every two years + involvement in in the public health event (PH Ebola) for the report on surgical site infections • EVD: 100% (3/3) • FWD: 92% (11/12) • HSH: 100% (3/3) • IRV: 100% (4/4) • TB: 50% (1.5/3) – due to external factors: prevention care network not established due to budget cuts; review of TB framework awaiting further guidance from the Commission • VPD: 100% (1/1)

No.	Objective	Indicator	Target 2014	Verification	Result
17		Satisfaction by the member states on the value of the Disease Programmes	>80% satisfaction by two-third of the respondents	As measured by the annual stakeholder survey	All DPs over 80% satisfaction. See table below.
18		Added value of the disease programmes is periodically evaluated	Each programme is evaluated every 5 years and a follow-up plan is made and executed.		A plan for the evaluation of the disease programmes will be prepared in Q2 2015. All Disease programmes will be evaluated by 2020.

Satisfaction of Member States with the value of the Disease Programmes

	ARHAI	EVD	FWD	HSH	IRV	TB	VPD	*Average*
Relevance of priorities selected for the programme	88%	86%	90%	87%	91%	83%	84%	*87%*
Quality/reliability of the surveillance data collected	76%	78%	82%	75%	83%	81%	83%	*79.7%*
Efficiency of coordination of the programme (incl. networks)	76%	81%	89%	84%	78%	86%	73%	*81%*
Added value for Member States	80%	82%	85%	84%	92%	82%	81%	*83.7%*
Usefulness of scientific advice provided	85%	86%	86%	88%	91%	86%	83%	*86.4%*
Average per Disease Programme	*81%*	*82.6%*	*86.4%*	*83.6%*	*87%*	*83.6%*	*80.8%*	
Average number of respondents	*93*	*78*	*88*	*66*	*90*	*66*	*88*	

Source: Annual stakeholders' survey

Strategy 11.1 – Ensuring independence

No.	Objective	Indicator	Target 2014	Verification	Result 2014
19	Implementation of the independence policy of the agency	Proportion of approved annual and specific declarations of interest for delegates to Governing Bodies, ad hoc scientific panels, invited experts and ECDC staff members before participation to the specified activities as defined in the policy.	100 %	Data from the compliance officer	• Management Board members: 92.5% • Advisory Forum members: 86.4% • External experts for rapid risk assessment: 54% • External experts for meetings: 72.6% • External experts for ad hoc scientific panels: 100%

Strategy group 12 – Resource management and organisational development

No.	Objective	Indicator	Target 2014	Verification	Result 2014
20	Ensured best use of financial resources, timely correlated to the implementation of activities of the work programme.	Percentage of budget committed (C1) and percentage of payments executed (C1) in the same year as the commitment Percentage of invoices paid within the time limits of the ECDC Financial Regulation	• 100% committed • 80% paid • 80%	Verified by Internal Audit Services	• 98.77% committed • 80.37% paid • 72.44%
21	Implementation of the *annual* work programmes, aligned with the SMAP in order to ensure the full implementation of the SMAP by 2020	Proportion of activities implementation of the Annual Work programme	85%	Verified by Internal Audit Services	• 84% of activities implemented (76% completed, 8% partly) • 4% delayed (mostly implemented in Q1 2015) • 8% postponed to WP2015 • 4% cancelled (mostly due to public health emergency Ebola and budget rappel)

Strategy group 13 – Information and communications technologies

No.	Objective	Indicator	Target 2014	Verification	Result 2014
22	Ensured agencies operations by maintaining constant availability of IT services elements to ensure a smooth running of the Centre's activities (dedicated applications, databases, web portal)	Performance of ICT services in regards to: • availability of enterprise infrastructure services and backend systems • availability of hosted applications under SLA • proportion of ICT Front-Office incidents resolved as per SLA.	• 99% each • 100% each • 90%		• Between 99.92% and 100%; 100% for 29 out of 35 measured services. • Between 99.94 and 99.99%; 99.99% for 16 out of 21 measured applications. • 94.1%

Annex I-b. Implementation of the Work Programme 2014

Most of the activities of the Work Programme for 2014 have been implemented. The following tables provide more detail on the implementation by activity, of the Work Programme as adopted by the Management Board in December 2013.

Expected outputs 2014	Implemented	Comments
8. COLLABORATION AND COOPERATION		
Strategy 8.1 – ECDC in the 'family' of European Institutions and Bodies		
Yearly updates of joint projects and reports, periodically presented to ECDC's governing bodies	Yes	
Strategy 8.2 – Working with the European Union Member States		
Nominations of experts in CRM by coordinating Competent Bodies will be fully functional.	Yes	
Yearly thematic or joint strategic meetings will be organised to align ECDC and Public Health expertise efforts at the strategic level.	Postponed to 2015	Lack of resources
Interim reports from the 'ECDC economic austerity task force'	Cancelled	This group was stopped in 2014
Establish a Pilot Survey and Questionnaires Committee to seek ways to reduce the burden on Member States.	Yes	
Member States will be informed about the planned activities organised by ECDC well in advance in the form of a yearly calendar.	Yes	
Organise a specific collaboration event with relevant Swedish partners	Yes	
Strategy 8.3 – Cooperation with the World Health Organisation (WHO)		
Annual plan of joint activities between ECDC and WHO/Europe includes from both parties the estimates for allocated resources, both human and financial.	Yes	
The coordination between ECDC and WHO/Europe has been streamlined (meetings of the Joint Coordination Committee)	Postponed to 2015	No JCG meetings held in 2014. The MB was updated on the state-of-play in its MB31-4 meeting (agenda item 17b): *The Commission has proposed that in the future, the meeting between the WHO/Europe and ECDC (Joint Coordination Group) should take place on the margins of the senior officials meeting of WHO/Europe and Commission*. This meeting will take place for the first time in 2015, due to the changes in the Commission.
The evaluation of the results and added value of joint work conducted with WHO/Europe	Yes	This was part of ECDC external evaluation conducted in 2014
Strategy 8.4 – Working with non-EU countries		
Updated ECDC policy for international relations/working with non-EU countries	Yes	
The revised assessment process of EU Enlargement countries including the revised Toolbox (in collaboration with the Commission)	Yes	
Technical assessment of Turkey	Postponed to 2015	Following EU Commission request
Finalised Technical Assessment Report of Serbia	Yes	
• ECDC-IPA3 project work plan for 2014 implemented and draft activity report submitted to the European Commission (DG Enlargement): • Attendance of designated experts to attend selected ECDC disease groups meetings • Meeting of National ECDC Correspondents in pre-accession countries • Two international relations missions	Yes	
• European Neighbourhood Policy Countries • Upon request of the European Commission ECDC will maintain the EPIS system for EpiSouth • ENP countries have nominated National ECDC Correspondents and ECDC has established contacts with them • New ECDC-ENPI project initiated and activities started • Implementation of bilateral agreement between ECDC/ICDC	Yes	
Streamlined implementation and follow-up of bilateral agreements with other non-EU countries	Postponed to 2015	Due to involvement in the public health emergency (Ebola)

Expected outputs 2014	Implemented	Comments
9: CORE AND SUPPORT FUNCTIONS		
Strategy 9.1 – Surveillance		
Surveillance standards developed for 6 diseases and special health issues. The list will be published by year-end in the annual report of the centre.	Partially	Development of standards started for the following diseases: tuberculosis, invasive meningococcal disease, salmonellosis, listeriosis, VTEC/STEC, and hepatitis B and C. This is still work in progress.
Surveillance dashboard functioning for 6 diseases. The number of consultations for 2014 will be measured though web's statistics, and the level of satisfaction of the Member States and the Commission through the annual stakeholder survey	Yes	Online interactive outputs were made available in 2014 for Ebola (including cases in West Africa), invasive Haemophilus influenzae disease, invasive meningococcal disease, tuberculosis and influenza.
Systematic and standardised monitoring of surveillance data quality for six pilot diseases under European enhanced surveillance started. The number of countries following these standards for the six diseases will be extracted from TESSy	Partially	Enhanced data quality monitoring through predefined indicators started for tuberculosis, invasive meningococcal disease, salmonellosis, VTEC/STEC.
Feasibility study results available for implementation of machine to machine communication and approach tested with two countries.	Yes	Initial requirement and challenges for machine to machine reporting were collected from volunteering countries. A workshop will take place in April 2015 to start developing some standards.
More emphasis on the development of case definitions in areas where needed, such as Lyme disease, Dengue, Crimean Congo Haemorrhagic Fever, hepatitis A, B, C	Yes	New case definitions for Dengue and Chikungunya were approved by National Focal Points for Surveillance and will now undergo the formal process of inclusion in EU legislation.
An updated procedure for reporting notifiable diseases to ECDC is shared with Member States	Cancelled	We discussed with Member States the possibility to perform event based surveillance instead of indicator based surveillance for some of the EU notifiable diseases. Decision on the more effective surveillance methods will be made as part of the development of surveillance standards.
Bio-statistical and geospatial methods are used to test hypothesis generated by routine analysis of surveillance data	Yes	
A manual for strengthening surveillance quality in Member States is available on the ECDC web portal	Yes	
The annual meeting of national focal points for surveillance is organised, disease metadata sets are reviewed, data calls are performed, data are cleaned, validated, and analysed, and surveillance reports are generated including the annual epidemiological report	Yes	
Strategy 9.2 – Epidemic intelligence and response		
RT report shared with all Member States	Yes	
Response duty and production of rapid risk assessments within 48 hours. The satisfaction of the Member States and the Commission will be measured in the annual stakeholder survey	Yes	
SOPs for Rapid Risks Assessments and related outputs finished and agreed with the Senior Management Team (SMT)	Yes	SOP finalised and pending SMT approval
Development of processes and criteria to link to alert systems blood, tissues & cells and organs in case of communicable disease outbreaks of risk to transfusion and transplantation medicine	Yes	Model developed; to be discussed with the Commission.
Development of risk assessment on one disease prioritised with experts and authorities in the field of transplantation and transfusion medicine	Yes	
Development of high-prevalence risk maps for HTLV-1 aiming at informing services in charge of safety of substance of human origin in the EU/EEA	Yes	
Development of the CALLISTO FP7 Project	Yes	
Reviewing the criteria and SOPs to deploy missions in the EU Member States	Yes	
Missions deployed according to requests	Yes	
Version 3 of the Threat Tracking Tool (TTT)	Yes	
Participate in multidisciplinary scientific seminars/meetings	Yes	
Further development of EWRS	Yes	
Strategy 9.3 – Preparedness		
ECDC internal preparedness and crisis management will be at a constant high level based on well-tested (exercises and real events) infrastructure, processes and procedures	Yes	
Provision of guidance and tools to facilitate the development, self-assessment and strengthening of preparedness plans and preparedness in the Member States, as well as the identification and dissemination of good practices between countries	Yes	

Expected outputs 2014	Implemented	Comments
ECDC will provide updated communication platforms and support to networks of public health and other relevant professionals in order to support the collaboration on matters related to public health emergency preparedness between Member States and other stakeholders	Yes	
ECDC will on request and within available resources provide specific support to countries, including on mass-gatherings.	Yes	
Strategy 9.4 – Scientific advice		
Establish a grading system and e-tool to grade the quality of evidence and strength of recommendations in Public Health/infectious diseases prevention and control.	Yes	
Establish clear processes to manage ECDC's scientific advice and internal tools that facilitate the application of ECDC´s scientific advice procedures; prioritisation (IRIS), handling and archiving requests (SARMS), expert directory and selection of experts, public consultation. The timeliness of response to scientific requests from the commission and the Member States will be monitored using SARMS	Yes	
Provide a platform for information exchange and create opportunities for collaboration by organising the ESCAIDE Scientific Conference, coordinating ECDC's input to the network of 'Chief Scientists' of the EU Agencies mandated to provide scientific advice	Yes	
Implement the Burden of Communicable Disease in Europe (BCoDE) toolkit in all Member States	Yes	
Horizon scanning: assess the strategic feasibility and operability of three pragmatic activities with complementary types of tools: predictive, operational and qualitative.	Cancelled	Due to a reprioritisation of resources in 2014.
Draft a framework on monitoring of infectious diseases in migrant populations as well as migration flows to the EU/EEA with potential infectious diseases transmission	Cancelled	Due to a reprioritisation of resources in 2014. Migrant work continues under some Disease Programmes (e.g. in a project on guidance on screening of migrants)
Develop tool to estimate the impact of changing economic conditions on specific infectious diseases	Cancelled	Due to a reprioritisation of resources in 2014.
Measure disease burden for specific infectious diseases under changing economic conditions	Cancelled	Due to a reprioritisation of resources in 2014.
Liaise closely with DG Research and Innovation regarding projects on public health and communicable diseases	Yes	
Strategy 9.5 – Public Health Training		
One fellowship cohort graduating from EPIET and EUPHEM, one new cohort selected and in place and fellowship training curriculum implemented as planned. The satisfaction of EPIET and EUPHEM fellows as well as short trainings participants will be systematically assessed. In addition, the achievement of the agreed learning objectives will be assessed. And finally the number of articles published by EUPHEM/EPIET fellows will be monitored during and 2 years after graduation	Yes	
Framework partnership agreements with all fellowship host sites in place	Yes	
First E-learning course performed and LMS established	Partly	The Learning Management System (LMS) is established and the first course will take place in 2015.
Infection Control Competencies integrated into the ECDC framework of core competencies for disease prevention and control	Yes	
First pilot 'senior exchange' performed	Yes	
Project 'establishment of MediPIET' successfully completed and all deliverables achieved	Yes	
'MediPIET 2' launched pending successful contract negotiations with the Commission	Yes	
Evaluation report of added value of 'Good Practice Workshops' to professional workforce development and lifelong learning in Disease Prevention and Control	Postponed to 2015	Insufficient budget in 2014 due to the rappel. To be aligned with planned capacity building efforts of the Country preparedness Support Section in 2015.
Strategy 9.6 – Microbiology support		
Annual ECDC microbiology activity report on capacity building activities. The report will monitor ECDC activities delivered in 2013 to strengthen disease networks capacities to enhance EU wide laboratory-based surveillance and epidemic response support	Delayed	Delayed to 2015 due to the involvement of team members in the public health event (PH Ebola)

Expected outputs 2014	Implemented	Comments
EU Laboratory Capabilities monitoring tool finalised and data collection started to assess EU capabilities in 2013. The data provided by Member States will be analysed for the first dashboard report to be used in 2015 to ensure that the EU microbiology capabilities in public health are maintained/improved	Yes	
Molecular surveillance implemented for four pathogens as agreed with Member States. Disease specific molecular surveillance strategies developed for two additional pathogens	Yes	
Strategy 9.7 – Health Communication		
Clear categories of information to facilitate access to information implemented	Yes	
Extranet launched for national focal points for communication, HSC communicators and external experts	Postponed to 2015	Pending the formal appointment of HSC communicators working group discussed in Feb 2015.
Regional tailored capacity building workshops/courses/table top trainings on risk and outbreak/crisis communication	Cancelled	Cancelled due to lack of clarifications on ECDC role in risk communication under Decision 1082/2013. Capacity building activities including risk communication is part of the proposed 2016 budget.
Regional capacity building workshops supporting measles/rubella elimination	Yes	
Innovative partnership (Free Thinkers sustained)	Yes	
Partnership established with other actors (WONCA, medical journals)	Yes	
Provision of scientific input to crisis communication n case of Communicable diseases events/emergencies, coordinated by the Health Security Committee in liaison with the Commission, according to the decision on serious cross border threats to health (1082/2013/EU). In case such event occurs, the quality and timeliness of ECDC input will be monitored	Yes	
All actions foreseen as part of the ECDC communication strategy will be monitored to ensure their timely implementation	Yes	
Strategy 9.8 – Eurosurveillance		
Issues regularly online across the year (50 issues unless editorial policy changes)	Yes	
Impact Factor ranging between 1.5 and 5	Yes	
New instructions for rapid communications and outbreak reports implemented	Partly	Systematic editing according to envisaged structure implemented, wording for website still needs to be agreed.
Operate a submission system that allows contributors to track the status of their papers	Yes	
Operate 'Plagiarism' detection system	Yes	
Conduct annual scientific seminar	Cancelled	Deprioritised by SMT
Contribute to evidence-base broadening through capacity –building (incl. the CME or similar activities, scientific writing activities)	Partly	Preparations started and ideas for development of educational series endorsed by board in annual meeting in October
10. DISEASE PROGRAMMES		
Strategy 10.1 – Antimicrobial Resistance and Healthcare-Associated Infections (ARHAI)		
Support implementation of Commission Decision 2012/506/EU (amending Decision 2002/253/EC with case definitions of HAI)	Yes	
Increased participation of Member States in ARHAI surveillance networks (EARS-Net, ESAC-Net, HAI-Net) and in particular in surveillance modules for surgical site infections (HAI-Net SSI) and for HAI in intensive care units (HAI-Net ICU)	Partly	Work is ongoing
Increased data representativeness in participating countries	Partly	Work is ongoing
Publish four European surveillance reports: surveillance of surgical site infections, surveillance of HAI in intensive care units, AMR surveillance and surveillance of antimicrobial consumption	Partly	Publication of two of these reports had to be delayed to 2015 due to the involvement of ARHAI team members in the public health event (PH Ebola)
Produce country summary sheets/dashboards on HAI and AMR indicators, including on in-hospital mortality, publicly available on ECDC website	Delayed	Delayed to 2015 due to the involvement of ARHAI team members in the public health event (PH Ebola)
Complete European survey on carbapenemase-producing bacteria (EuSCAPE) that will collect AMR data on carbapenemase-producing Enterobacteriaceae from 38 European countries	Yes	
Initiate implementation of molecular surveillance of antimicrobial-resistant bacteria, e.g., carbapenem-resistant or extensively drug-resistant (XDR) Enterobacteriaceae and Acinetobacter spp., MRSA.	Yes	
Contribute to first Joint Interagency Antimicrobial Consumption and Resistance Analysis Report (JIACRA), with EMA and EFSA	Yes	

Expected outputs 2014	Implemented	Comments
Provide revised estimates on the burden of HAI and AMR (number of cases, number of deaths) in the EU	Delayed	Delayed to 2015 due to the involvement of ARHAI team members in the public health event (PH Ebola)
Structure and process indicators for prevention and control of HAI, and integrate the indicators in the HAI-Net surveillance protocols	Delayed	Delayed to 2015 due to the involvement of ARHAI team members in the public health event (PH Ebola)
Develop a monitoring and evaluation system with a set of indicators to assess the implementation of national strategies/action plan and their success in improving prevention and control of HAI *(Council Recommendation 2009/C 151/01)*	Delayed	Delayed to 2015 due to the involvement of ARHAI team members in the public health event (PH Ebola)
Publish ECDC guidance on effectiveness of infection control measures to prevent the transmission of multidrug-resistant organisms through cross-border transfer of patients and contribute to the promotion and exchange of best practices between Member States by providing a repository of existing guidance and other documents on HAI and AMR prevention and control.	Yes	
3rd annual meeting of the ARHAI networks	Postponed to 2015	Executed on 11-13 February 2015
Country visits	Partly	Country visit to Spain cancelled due to Ebola
Coordination of the 7th Annual European Antibiotic Awareness Day	Yes	
Finalise TATFAR progress report, in collaboration with US-CDC	Yes	
Strategy 10.2: Emerging and Vector-borne Diseases (EVD)		
Disease network of national focal points for EVDs further developed and annual meeting held; EVD extranet further developed for interactive exchanges between network members and EVD experts	Postponed to 2015	EVD disease network meeting budget was cancelled due to the rappel exercise. The extranet was functional.
Collection of more precise geographic case data in TESSy (possibly geo-referenced) for the main EVDs, and production of additional enhanced surveillance reports.	Partly	Reporting of place of infection (at NUTS 3 level) was added and made mandatory for CCHF, CHIK, DENGUE, HANTA, MALA and QFEV. The production of enhanced surveillance reports has started but will continue in 2015.
Interactive tool for mapping West Nile fever cases notified in real-time by Member States and surrounding countries to provide timely information to the blood-safety and public health authorities for decision-making	Delayed	The initial project was cancelled due to the rappel exercise. The project was launched later in the year on the complementary budget.
Model for scientific evaluation of vector control measures for West Nile developed to provide advice to Member States for optimal vector control strategies	Yes	
Support to laboratory network for outbreak assistance and support on diagnosis of emerging and vector-borne viral diseases	Yes	
Support to entomologists' and public health experts' network providing support and distribution maps on vectors of arthropod-borne diseases	Yes	
Develop geo-reference database on presence of vectors and their pathogens (with EFSA), compatible with the ECDC geoportal E3 for environmental parameters	Yes	
Guidelines for the surveillance of the main native mosquito vectors published and piloted	Yes	
First results of systematic review on spatial and temporal trends of Lyme borreliosis and surveillance perspectives in the EU available	Yes	
Enhanced collaboration with EFSA on non-foodborne zoonoses	Yes	
Collaboration with other international organisations (e.g. WHO, OIE, FAO)	Yes	
Strategy 10.3: Food and Waterborne Diseases and zoonoses (FWD)		
Coordination of three FWD networks (ELDSNet, FWD-Net and EuroCJD network) and network meetings organised	Yes	Only Network meeting for ELDSNet and FWD-Net were foreseen for 2014. EuroCJD will be held in 2015.
Epidemiological reports on Legionnaires' disease, EFSA-ECDC Zoonoses and AMR (farm-to-fork), EFSA-ECDC- EMA joint AMR report, and surveillance of six priority FWD 2010-2012	Yes	
European *Listeria* Typing Exercise (ELiTE project): data analysis performed and final report comparing molecular typing data from human and food samples (jointly by ECDC, EFSA, the European Commission and European Union Reference Laboratories)	Delayed	Cross curation was performed in 2014 and preliminary analysis reviewed early 2015. Reason for delay: we were dependant on external stakeholders' availability.

Expected outputs 2014	Implemented	Comments
Agreement on surveillance for AMR and STEC at EU level through finalisation of protocols and initiation of their implementation	Yes	STEC delayed due to Ebola involvement.
Guidance document on hepatitis A prevention and control in the EU	Yes	
Pilot testing of the communication toolkit for gastrointestinal disease prevention in schools: report developed	Yes	
Ad hoc access to EPIS FWD platform to veterinary, public health and food sectors; meetings involving stakeholders from food, veterinary and public health sectors organised	Yes	
SOPs for molecular surveillance and related issues, promoting the integration of (molecular typing) data from food, feed, animals and environment	Yes	
Provision for Member States of external quality assessment (EQA) schemes and reference service support for molecular typing of *Salmonella*, *Listeria*, STEC/VTEC, Legionella and diagnostics of variant Creutzfeldt–Jacob disease (vCJD), as well as for antimicrobial susceptibility testing for both *Salmonella* and Campylobacter	Yes	Carried out but slightly delayed in 2014: EQA contracts for Legionella and AMR were signed late 2014 due to rappel.
Provision to Member States of quality services for molecular typing data for *Salmonella*, *Listeria*, STEC/VTEC	Yes	
Standard MLVA protocol for *Salmonella Enteritidis* agreed with Member States	Delayed	Reason for delay: unforeseen need for inter-laboratory validation study.
Initiation of implementation of agreed AMR protocol for *Salmonella* and Campylobacter	Yes	
Laboratory twinning training introduced, allowing laboratories to develop their competences based on their learning needs	Delayed	Reason for delay: due to the rappel the budget for this activity was cancelled and the implementation of this activity was delayed until 2015. The planning is completed as is all the relevant documentation (ToR, application etc.)
Campylobacter seasonality study	Yes	
Inventory of national surveillance systems for parasitic FW diseases in EU/EEA	Delayed	Delay due to Ebola, preparatory work started in 2014, implementation in 2015.
Strategy 10.4: STIs, including HIV/AIDS and blood-borne viruses (HSH)		
Coordination of enhanced surveillance and epidemiological reports on HIV, STI and hepatitis B and C	Yes	
Monitoring of susceptibility in a sample of gonococci across EU Member States, ECDC Response Plan implemented, threat of multi-drug resistant gonorrhoea managed and controlled by the European Gonococcal Antimicrobial Surveillance Programme (Euro-GASP) Programme	Yes	
Guidance on key prevention strategies targeted on key populations and vulnerable populations (e.g. men who have sex with men, people who inject drugs) and knowledge of health inequalities in migrant populations improved	Yes	
Technical support to Member States and national programmes reviewed on request	Yes	
Guidance on chlamydia control revised ; guidance to strengthen antenatal screening programmes for HIV, syphilis, hepatitis B and rubella produced	Partly	Most of the work is completed, but additional time in 2015 is needed to finalise the guidance.
Framework for the prevention and control for hepatitis B and C developed in collaboration with key stakeholders in line with the Commission's proposals.	Cancelled	The Commission wants ECDC to hold back until a decision has been made regarding whether or not an EU legal framework is put in place.
Screening strategies for HIV and hepatitis B and C assessed; toolkit for policy for policy guidance at national level launched	Postponed	Postponed to 2015
HIV evidence-based screening and testing guidance updated	Postponed	Activity postponed to 2015 and 2016. An evaluation of the previous guidance is planned before embarking on an update
Support of Member States and European Commission in the monitoring of the Dublin Declaration and the EU Action Plan on HIV/AIDS: user-friendly models for national HIV prevalence estimates in EU Member States produced (with UNAIDS)	Yes	
Evidence-based guidance published to guide and inspire national programmes, with focus on vulnerable populations to support the implementation of comprehensive approaches to HIV, hepatitis B/C and STI prevention and control in Member States	Yes	
EU enlargement countries invited to network meetings; sharing of best practices and experiences in surveillance, prevention and control from other countries	Yes	

Expected outputs 2014	Implemented	Comments
Epidemiologic situation assessed and relevant tools published to provide EU Commission adequate and timely scientific advice for decision-making on strategies related to HIV, STI and hepatitis B and C prevention and control	Yes	
Technical support mainly aimed at vulnerable groups, including methods and tools for prioritisation based on cost-effectiveness of screening and include support for decision-making on resource allocation in the context of economic austerity	Yes	
Scientific advice on the development of maps of areas with high prevalence of Human T-lymphotropic virus 1 (HTLV-1)	Yes	
Strategy 10.5: Influenza and other respiratory viruses (IRV)		
Strengthen collaboration on influenza and other respiratory viruses with the WHO Regional Office for Europe in areas such as pandemic preparedness, global surveillance and influenza vaccines	Yes	
Improved pandemic plans, preparedness and practice at EU, Member State and local level under the decision on serious cross border threats to health (1082/2013/EU) , based on WHO guidance and lessons learnt from the 2009 pandemic	Yes	
Technical support to the Health Security Committee and the joint procurement initiative	Yes	
Improve monitoring of new respiratory viruses – threats like MERS-CoV	Yes	
Improve work on the human-animal interface – especially swine and avian influenza and the pandemic viruses	Yes	
Technical support to Commission, Member States and liaison with pharmaceutical industry to support the development of better laboratory tests of protection correlates (serology)	Postponed to 2015	IRV is currently in discussions on if ECDC could be involved in an IMI call on this matter.
Support observational studies (virus identification and typing) through the surveillance system	Yes	
Support the Commission and EMA in the work on for seasonal influenza vaccines, including coordination of public health work on post-marketing effectiveness and safety	Yes	
Support Member States to improve diagnostics of influenza disease, antiviral treatment and antiviral susceptibility and improving communication on vaccination uptake	Yes	
Monitor and report progress related to the 2009 EU Council recommendation on influenza vaccination (support to Commission)	Yes	
Strategy 10.6: Vaccine-preventable diseases (VPD)		
Guidance and country support to Member States on measles and rubella elimination through guidance on communication strategies and training support	Yes	
Coordination of the VPD EU network(s) for pertussis, invasive bacterial diseases, diphtheria, measles, mumps, rubella and polio, including network meetings encouraging knowledge exchange, training, external quality assurance activities (for laboratory networks), and coordination of the collection of data for ECDC routine disease surveillance	Yes	
Business case for molecular surveillance of N. meningitidis	Partly	The strategy was finalised in 2014. Due to partial delays in this area, the next step of developing the actual business case has been moved forward to 2015.
Monitoring and evaluation tools developed (EU frameworks with sentinel sites for assessing the impact of specific VPD strategies)	Yes	
Evidence-based guidance on key vaccination strategies, incl. on effective pertussis vaccination strategies in EU	Postponed to 2015	Due to budgetary and human resources constraints the activity was postponed. The assessment of effective pertussis vaccination strategies will now be included in the framework for setting up sentinel surveillance for assessing the impact of different immunisation strategies for pertussis; the framework will be launched in 2015.
Risk assessments for the resurgence of diseases or appearance of new diseases on request from Member States and the European Commission, or as identified by ECDC through routine screening	Yes	
Strengthening rubella and congenital rubella (CR) surveillance in all EU Member States	Yes	

Expected outputs 2014	Implemented	Comments
Protocols for priority VPD outbreak control developed to support Member States in the development/update of national plans and ensure rapid response	Cancelled	Due to unforeseen changes in staffing, this activity was cancelled.
Scientific advice guidance on one priority vaccine (Meningococcal B vaccine): experts working group to define indicators for surveillance and assess the effectiveness of the new vaccine in the field and in the targeted age groups	Postponed to 2015	Following budgetary and human resources constraints, the development of Guidance on Meningococcal B vaccination was postponed to 2015.
Strategy 10.7: Tuberculosis (TB)		
Annual meetings of the European Tuberculosis Surveillance Network and the European Reference Laboratory Network for Tuberculosis (ERLTB-Net)	Yes	
New network on TB prevention and care established and first meeting held	Postponed to 2015	The budget was cut due to the rappel
Publication of the Annual TB Surveillance report (with WHO-Euro)	Yes	
MDR TB molecular typing data collected as part of the routine surveillance	Yes	
ERLTB-Net to coordinate the TB reference laboratories in the EU countries and improve the quality of diagnosis and molecular typing and continue building capacity for TB diagnosis	Yes	
Collect the evidence for assessment of introducing programmatic latent TB infection (LTBI) control in the EU	Yes	
Contribute to high quality TB control by supporting countries with the development and implementation of country strategies for TB prevention and control, e.g. by conducting country visits	Yes	
Initiate a review of the 'Framework Action Plan to Fight Tuberculosis in the EU'	Yes	
Development of guidance on the introduction of new tuberculosis drugs in tuberculosis control in the EU/EEA	Yes	
Development of scientific guidance document on interventions for TB prevention and control in hard to reach and vulnerable populations, e.g. migrants	Partly	According to plan the evidence collection started in 2014 and will continue in 2015. Development of the scientific guidance document is planned for 2015 and 2016.
11: MANAGEMENT		
Strategy 11.1: Insuring independence		
Successful completion of annual and specific declaration of interest for delegates to Governing Bodies, ad hoc scientific panels, invited experts and ECDC staff members as defined in the policy	Yes	
Electronic filing system for all declarations of interest in ECDC's document management system	Postponed to 2015	Lack of resources
Further development and clarification of criteria for reviewing the DOIs and deciding on proportionate action where an actual or potential conflict of interests is identified	Yes	
Further improvement of the systems for applying independence policy	Yes	
Further dialogue with the Competent Bodies and Networks to help identifying how the policy can be applied to them in a proportionate and workable way	Postponed to 2015	
Interim annual report of the Compliance Officer for 2014 delivered in time for the November Management Board meeting	Yes	
Strategy 11.2: General Management		
Cohesion in the deliverables mentioned in SMAP	Yes	
Setting priorities during the year to match the planning and upcoming issues to deliver the most important value to the Member States and the Commission, and at the same time, keep realistic time limits and efforts for staff	Yes	
Strategy 11.3: Corporate Governance		
Increased efficiency in servicing the needs of the Member States	Yes	
Enhancing high-level meetings (MB, AC, AF, CCB) through excellence of documentation and presentations, including increased transparency (video streaming) and efficiency (extranets; webinars)	Yes	
Organising the second Joint Strategy Meeting (JSM), to be convened in 2015	Postponed to 2015	The meeting will take place in 2015.

Expected outputs 2014	Implemented	Comments
12: RESOURCES MANAGEMENT AND ORGANISATIONAL DEVELOPMENT		
Strategy 12.2: Human Resources		
healthy workplace with well-developed staff performance processes in which the organisational and the individual staff member's objectives are aligned	Yes	
Continuation of HR services, such as recruitment and staffing, pay and staff entitlements, working conditions, staff statistics and reporting	Yes	
Learning and development services (L&D): management training, expert development and e-learning	Yes	
Implementation of the Allegro (HR IT software) module for training processes	Yes	
Review of the L&D strategy in the light of SMAP and in order to support staff performance according to ECDC's long-term strategy	Yes	
Integration and wellbeing of staff: support for settling into Sweden, medical services, prevention of harassment and equal opportunities, further developed; stress Prevention and Management programme, including stress monitoring measures, relocation/integration in Sweden support to staff and newcomers re-launched in a consolidated form	Yes	
Revised Staff Regulations fully implemented and new/updated Implementing Rules adopted, including new/revised performance development processes	Yes	
Strategy 12.3: Finances and Accounting		
Implementation of the Centre's New Financial Regulation and rules of application	Yes	
Ensure implementation of the budget through correct commitment implementation and timely execution of payments, monitored internally during the year and reported at year-end	Yes	
Improve the asset management of the Centre by implementing ABAC Assets fully	Yes	Implementation started in 2014 and will be finalised in 2015 due to its complexity.
Deliver reliable annual accounts and regular and legal underlying transactions of the accounts	Yes	
Secure sufficient cash-flows for the Centre throughout the financial year	Yes	
Assure full implementation of tasks and staff reallocation to the Finance Section	Yes	
Strategy 12.4: Legal services		
Continued provision of high quality expert advice throughout the Centre	Yes	
Enhanced transparency and appropriate information and (personal) data exchange practices	Yes	
Strategy 12.5: Internal control coordination		
Director's Declaration of Assurance, and the underlying building blocks prepared and approved	Yes	
Assessments planned for 2014 (Internal Control Standards, selected Internal Procedures/Policies and the selected ex-post verifications of financial transactions, including ex-post verifications of grants) performed	Yes	
Assessments show (lack of critical/very important failures) that the internal control system works effectively	Yes	
Audit observations are followed-up regularly and implemented appropriately	Yes	
Strategy 12.6: Performance management		
Preparation, monitoring and reporting of the Annual Work Programme, based on the SMAP, taking into account the requirements of the new EU Financial Regulation, and recommendations of the EU agencies network to streamline their methodologies	Yes	
Second self-assessment of the quality management system (Common Assessment Framework) conducted	Yes	2nd CAF self-assessment conducted in Q1-Q2; list of action prioritised by the SMT
Internal processes reviewed where necessary in order to improve their efficiency and adherence	Yes	
Project management methodology finalised and fully implemented across the centre for both IT and non IT projects	Yes	Main components of project management methodology approved; implementation started in 2014 and full implementation as from Q1 2015
Management Information System (MIS) further developed, with the finalisation of a Project management module	Yes	Project management module designed; development ongoing, expected April 2015

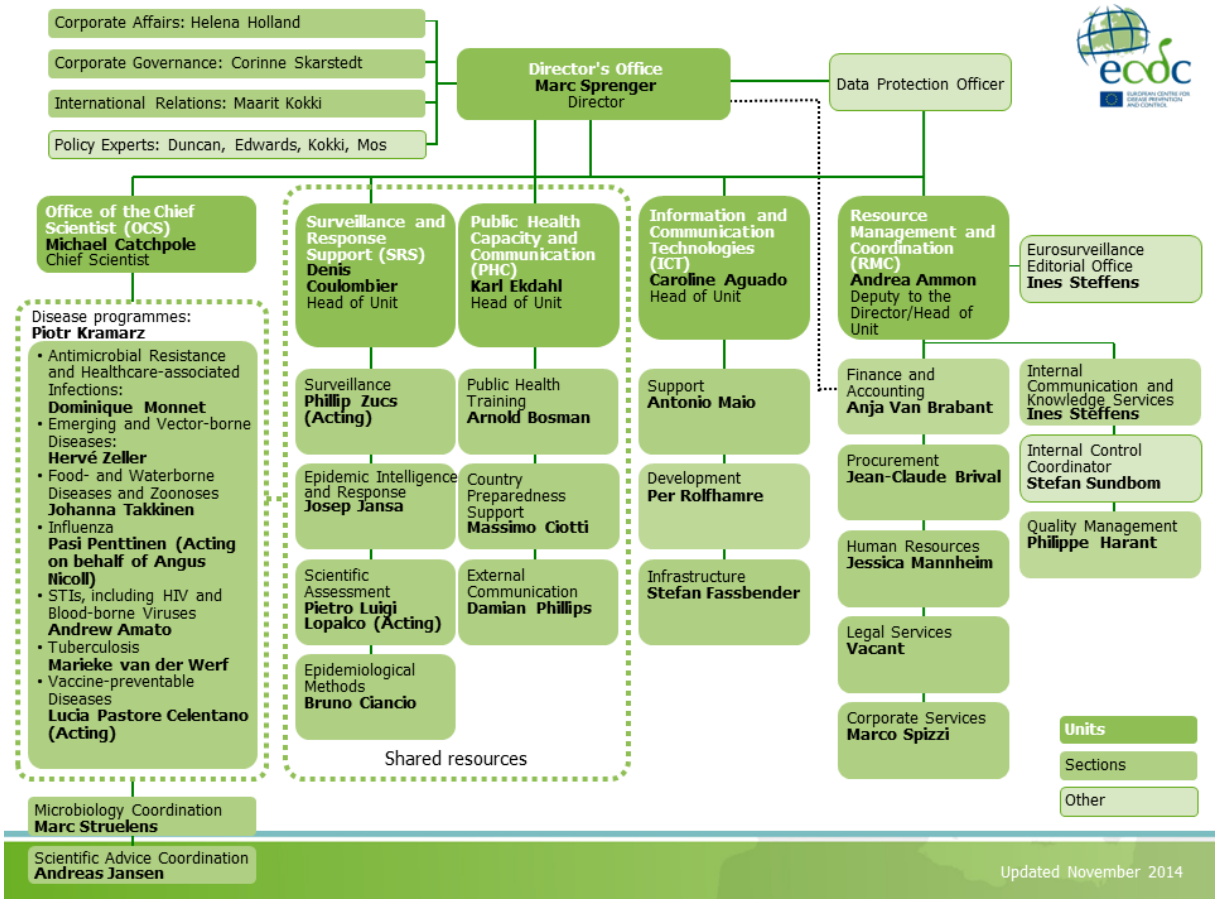
Expected outputs 2014	Implemented	Comments
Pilot process for the evaluation of ECDC activities and outputs will be launched and tested	Partly	Internal procedure approved; pilot launched in 2015, as per decision of the Quality Management Steering Committee and SMT
Measurement of stakeholders' expectations conducted yearly to provide feedback for the continuous improvement of ECDC's work and service delivery	Yes	First annual stakeholders survey 2014 prepared and conducted in January/February 2015
Strategy 7/8/9/10: Corporate Services		
Physical Security Policy on access to, and working in, ECDC's premises approved and implemented	Yes	
'Final premises Programme' prepared and approved by SMT. Feasibility study on potential alternatives fitting the 'Programme' prepared and approved by the Management Board and sent to Budgetary Authorities	Yes	
Partially automated workflow to streamline Mission Order and Travel Claim processes	Partly	Preparatory work has been done and implementation will be in 2015.
Contract for Travel Agency services signed and integrated in the Missions & Meetings procedures for travel and accommodation booking	Yes	
Strategy 11: Internal communication and knowledge services		
Increase visibility and dissemination of internal communications through a network of plasma screens within ECDC premises	Yes	
Intranet 1.1: New version of Intranet fully integrated with Document Management System (DMS), internal workspaces; Who's Who section connected with Talent map (customisation of Mysites) – customisation of the intranet public health emergency management toolset, new functionalities	Yes	
Document Management System: new version in production, including scientific output workflow implemented	Yes	
Up-to-date retention list, templates coordination, up-to-date filing plan, monthly reports on Document Management System (DMS)	Yes	
DMS content validated, documents properly tagged, templates updated in DMS, document types values updated in DMS, DMS views created based on users' requests	Yes	
Mail Room: regular shipping of correspondence, continued and complete register of mails, updated archives database.	Yes	
Enterprise Search: new version in production, integrated with DMS and Intranet, scope covers two more ECDC systems	Yes	
Terminology Service and Terminology Add In: in production, content updated	Yes	
Talent Map – ECDC Professional Profile system uploaded with 75% of ECDC experts, new version in production	Partly	End of contract for Internal Electronic Content Administrator and non-renewal of position slowed down operations.
Knowledge Management support for internal and external partners delivered, Knowledge Management WG meeting organised.	Yes	
Enhance the Library electronic collection and the accessibility via the Library Intranet	Yes	
E-LARA Library catalogue: implementation of the cataloguing, loan, and serial modules	Yes	
Evidence-based practice: follow-up work in providing support in the in-house training in EBM and give assistance to the in-house risk assessments, guidance, and systematic reviews	Yes	
Increase training offer of the services and information resources	Yes	
Produce and deliver Library Report collecting all activities and statistics from the Library activities	Yes	
Strategy 12.12: Procurement		
Finalised reorganisation of ECDC procurement services	Yes	
Reviewed and documented end to end procurement process	Yes	
Establishment of a Procurement Management and Control System to improve efficient organisational performance, including contractual management and monitoring	Partly	Regular reviews of the procurement plan have been implemented; set-up of a contract database has started in 2014 and will be fully implemented in 2015.
13: Information and Communication Technologies		
Essential IT governance and related processes will be in place	Yes	
Architecture approach defined		
CMMI appraisal performed	Yes	
ICT catalogue of services reviewed and completed	Yes	

Expected outputs 2014	Implemented	Comments
ICT maturity related activities: Stabilisation of recent ICT reorganisation steps 1 and 2 in its new governance and working processes, and implementation of lasting and mature ICT processes in ECDC.	Yes	

Annex II. Statistics on financial management

See Annex VI (draft/final) annual accounts: Report on budget and financial management of the European Centre for Disease Prevention and Control (see MB document MB33/8).

Annex III. Organisational chart



Annex IV. Establishment plan

ECDC establishment table 2015

Category and grade	Establishment plan in voted EU budget 2015	
	Officials	TA
AD 16		
AD 15		1
AD 14		6
AD 13		5
AD 12		8
AD 11		14
AD 10		22
AD 9		25
AD 8		19
AD 7		18
AD 6		13
AD 5		
Total AD		131
AST 11		2
AST 10		2
AST 9		2
AST 8		6
AST 7		10
AST 6		15
AST 5		17
AST 4		5
AST 3		
AST 2		
AST 1		
Total AST		59
AST/SC6		
AST/SC5		
AST/SC4		
AST/SC3		
AST/SC2		
AST/SC1		
Total AST/SC		
Total		190

Information on the entry level for each type of post

Key functions (examples)	Type of contract (official, TA or CA)	Function group, grade of recruitment (or bottom of the brackets if published in brackets)	Indication whether the function is dedicated to administration support or policy (operational)
CORE FUNCTIONS			
Head of Department (please identify which level in the structure it corresponds to taking the Director as level 1)	Not applicable		
Head of Unit (please identify which level in the structure it corresponds to taking the Director as level 1)	TA (level 2)	AD 11, AD 12	Operational: Head of Unit
Head of Sector (please identify which level in the structure it corresponds to taking the Director as level 1)	TA (level 3)	AD 8	Operational or Support: Head of Section
Senior Officer	TA	AD 8	Operational: Senior Expert
Officer	TA	AD 5	Operational: Expert
Junior Officer	CA	FG IV	Operational: Scientific Officer
Senior Assistant	Not applicable		
Junior Assistant	Not applicable		
SUPPORT FUNCTIONS			
Head of Administration	TA	AD 12	Support
Head of Human Resources	TA	AD 8	Support
Head of Finance	TA	AD 8	Support (Head of Finance and Accounting)
Head of Communication	TA	AD 8	Operational (Health communication is part of the mandate of ECDC)
Head of IT	TA	AD 11	Operational: Head of Unit (ICT is key function to fulfil the mandate of ECDC, e.g. operating EWRS, TESSy)
Senior Officer	TA	AD 5	Support

Key functions (examples)	Type of contract (official, TA or CA)	Function group, grade of recruitment (or bottom of the brackets if published in brackets)	Indication whether the function is dedicated to administration support or policy (operational)
Officer	TA CA	AST 4 FG IV	Support
Junior Officer	CA	FG III	Support
Webmaster – Editor	CA	FG IV	Operational (health communication is part of the mandate of ECDC)
Secretary	TA CA	AST/SC 1 FG II	Support
Mail clerk	Not applicable		
SPECIAL FUNCTIONS			
Data Protection Officer	TA	AD 8	Support (this is the same post as the Head of the Legal Section)
Accounting Officer	TA	AD 8	Support (this is the same post as the Head of Finance)
Internal Auditor	TA	AD 8	Support (Internal Control Coordinator)
Secretary to the Director	TA	AST 4	(Support)

Benchmarking against previous year results

This is the first year of the benchmarking, thus no Year N-1 exists.

Job type (sub) category	Year N-1 (%)	Year N (%)
Administrative support and coordination		16.8%
Administrative support		16.3%
Coordination		0.6%
Operational		75.5%
Top-level operational coordination		2.3%
Programme management & implementation		62.3%
Evaluation & impact assessment		0.0%
General operational		10.9%
Neutral		7.7%
Finance/control		7.7%
Linguistics		0.0%

Annex V. Human and financial resources by activity

The activity-based budget provides an overview of the use of human and financial resources by activity during the year. ECDC is currently developing an internal tool for recording the time of its staff to provide a more accurate view of the cost per activity. This new tool will be piloted during 2015. At the moment, the table below provides the actual consumption by year-end only for Title 3; data for Titles 1 and 2 are dependant of the number of full-time equivalents (FTEs) – as Title 2 expenses are mostly considered as overhead costs – and show the initial plan. At current, the table below is a mix of activity-based budgeting (ABB) for Titles 1 and 2 and activity-based costing for Title 3. Once the new tool is in place, ECDC will provide the real cost estimation at year's end for all titles.

	Values			Consumed
Strategies	FTEs	Budget Title1	Budget Title2	Budget Title3
Strategy 8: Collaboration and cooperation	11.0	1,158,463	322,678	79,699
8.1 ECDC in the 'family' of European Institutions and Bodies	3.5	370,770	187,348	1,280
Cooperation and collaboration: ECDC in the 'family' of European	2.6	307,715	171,229	-
Scientific advice: Scientific liaison activities	0.9	63,055	16,119	1,280
8.2 Working with the European Union Member States	2.6	287,540	46,565	19,766
Cooperation and collaboration: Working with the European Uni	2.5	269,369	43,879	4,786
Management: Management and Administrative support	0.2	18,171	2,686	14,980
8.3 Cooperation with the World Health Organisation (WHO)	0.1	12,330	1,119	
Cooperation and collaboration: Cooperation with the World Hea	0.1	12,330	1,119	
8.4. Working with non-EU Countries	4.9	487,824	87,646	58,653
Cooperation and collaboration: Working with non-EU Countries	4.9	487,824	87,646	58,653
Strategy 9: Core and Support Functions	101.9	11,028,963	1,824,663	5,801,559
9.1 Surveillance	21.4	2,336,465	382,932	606,442
Surveillance: Management and administrative support	8.1	920,549	144,285	
Surveillance: Methods to support disease prevention and contro	5.6	630,673	99,847	291,959
Surveillance: Molecular surveillance	0.9	106,000	15,671	
Surveillance: Public health surveillance	6.9	679,244	123,129	314,483
9.2 Epidemic intelligence and response	12.4	1,320,676	221,856	239,974
Epidemic intelligence and response: Emergency operations	2.3	250,206	41,976	162,244
Epidemic intelligence and response: Epidemic intelligence	7.4	712,998	132,308	77,730
Epidemic intelligence and response: Management and administr	0.6	75,714	11,194	
Epidemic intelligence and response: Rapid assessment of public	2.0	281,758	36,379	
9.3 Preparedness	5.3	656,135	95,033	436,681
Preparedness: Country preparedness support	3.5	436,565	62,572	435,951
Preparedness: EU preparedness	1.3	158,999	23,506	730
Preparedness: Management and administrative support	0.5	60,571	8,955	
9.4 Scientific advice	13.1	1,665,351	235,289	725,452
Scientific advice: Management and administrative support	5.0	666,630	89,548	22,821
Scientific advice: Research coordination and studies	6.6	788,888	117,532	360,815
Scientific advice: Scientific advice coordination	1.3	179,547	23,730	8,376
Scientific advice: Scientific liaison activities	0.3	30,286	4,477	333,440
9.5 Public Health Training	12.9	1,514,272	230,699	3,373,434
Public Health Training: E-learning	1.4	148,163	24,178	72,500
Public Health Training: EPIET/EUPHEM Fellowships	6.6	645,049	118,092	2,906,436
Public Health Training: MediPIET	2.5	380,269	45,222	
Public Health Training: Other training activities	2.4	340,791	43,207	394,498
9.6 Microbiology support	4.9	587,785	87,758	60,356
Microbiology support: Microbiology support	4.9	587,785	87,758	60,356

Strategies	Values FTEs	Budget Title1	Budget Title2	Consumed Budget Title3
9.7 (Health) communication	26.4	2,444,789	472,368	313,699
Health Communication: Press, media and information services	5.1	453,299	90,444	172,965
Health Communication: Web portal social media and extranets	5.2	414,132	92,683	
Health Communication: Country support on risk and behaviour-	2.7	273,624	48,356	69,216
Health Communication: Editorial services	6.6	513,485	118,204	71,518
Health Communication: Management and administrative suppor	6.8	783,243	120,890	
Health Communication: Translations	0.1	7,006	1,791	
9.8 Eurosurveillance	5.5	503,490	98,727	45,521
Eurosurveillance: Eurosurveillance	5.1	427,046	91,787	45,521
Eurosurveillance: Management and administrative support	0.4	76,444	6,940	
Strategy 10: Disease Programmes	61.5	7,154,110	1,101,223	6,051,572
10.0 Management and support	0.1	19,728	1,791	
10.1 Antibiotic resistance and healthcare-associated infections	10.7	1,397,995	191,522	1,077,862
10.2 Emerging and vector borne diseases	7.9	917,461	142,046	874,014
10.3 Food and waterborne diseases	9.6	1,179,345	172,269	789,691
10.4 STIs, including HIV/AIDS and Blood-borne viruses	8.8	984,796	158,277	1,360,013
10.5 Influenza and other respiratory viruses	8.4	962,048	149,994	927,451
10.6 Vaccine-preventable diseases	9.9	1,094,991	176,970	619,503
10.7 Tuberculosis	6.1	597,746	108,354	403,038
Strategy 11: Leadership	10.4	1,141,260	350,477	7,000
11.0 Management and support	4.0	376,262	71,639	7,000
11.1 Ensuring independence	1.2	182,872	22,163	
11.2 General management	1.5	247,418	27,088	
11.3 Corporate Governance	3.6	334,707	229,587	
Strategy 12: Resource Management and Organisational Development	76.5	7,125,729	1,894,868	365,394
12.0 Management and support	8.0	985,522	143,278	
12.1 General	0.0	-	-	
12.10 Missions & Meetings	6.0	437,727	107,458	
12.11 Internal Communication and Knowledge Services (ICKS)	9.8	862,939	575,963	364,466
12.12 Procurement	8.0	714,732	143,278	
12.2 Human Resources (HR)	15.0	1,320,140	267,974	
12.3 Finance and Accounting	16.0	1,257,862	286,555	
12.4 Legal Services	3.0	337,398	53,729	928
12.5 Internal Control Coordination	1.0	197,276	47,910	
12.6 Performance management	4.5	595,733	175,594	
12.7 Corporate Services	1.0	87,421	17,910	
12.8 Security	1.2	101,434	21,492	
12.9 Facility Management	3.0	227,544	53,729	
Strategy 13: Information and Communication Technologies (ICT)	35.0	3,612,669	1,516,839	4,447,561
13.0 Management and support	9.0	1,141,385	361,187	
13.1 Information and Communication Technologies (ICT)	26.0	2,471,284	1,155,652	4,447,561
zFTEs not allocated	2.8	313,806	49,252	
2 additional SNEs	2.0	165,849	35,819	
Long term sick leave	0.8	147,957	13,432	
Adjustments and transfers during 2014		5,192,913	- 424,713	- 2,599,200
MB Amendments		4,916,700	- 278,500	- 2,599,200
Director Adjustments		145,213	- 145,213	-
EFTA Adjustments		131,000	- 1,000	-
Amounts not committed Title 3				368,015
Total core budget	**299.0**	**36,727,913**	**6,635,287**	**17,120,800**

Externally assigned revenues	ECDC FTEs	ECDC contribution Title 1	ECDC contribution Title 2	ECDC contribution		External contribution	
				Total amount	%	Received amount	Executed amount
Preparatory measures for EU candidate and potential candidate countries	1.25	87,577	22,387	109,964	35%	207,525	186,905
Establishment of a Mediterranean Programme for Intervention Epidemiology	2.53	380,269	45,222	425,491	100%		
WP7 on implementability analysis of Accelerated Development of Vaccine benefit-risk Collaboration in Europe	0.83	110,818	14,887	125,706	56%	100,286	69,281
Grand total*	4.89	578,663	82,497	661,160		307,811	256,186

* 'ECDC FTEs' and 'ECDC contributions and amounts' in this table have to be deducted from the general Activity Base Budget table above.

Annex VI. Final financial accounts

The following tables and comments are extracted from ECDC Annual Accounts 2014, including the report on *Budgetary and financial management*, which was adopted by the Management Board on 16–17 June 2015.

Budget implementation

ABAC WF (the EU integrated budgetary and accounting system) has reinforced compliance with the accrual accounting rules and ensured that ECDC financial systems are constantly updated and adhere to all financial regulations.

The Centre's initial core budget of EUR 58.3 million for 2014 remained at the same level as in the previous year. Due to an increased EFTA contribution for 2014, the budget increased to EUR 58.4 million.

Because the raised weighting factor for Sweden between 2010 and 2013 had a total budgetary impact of EUR 5 million on ECDC's 2014 budget, ECDC requested an additional EUR 2 million from the EU budget in order to be able to cover the increased costs. The request was granted, and the additional EUR 2 million, which came from ECDC's positive 2013 outturn, were exceptionally provided to ECDC in 2014 already.

Therefore, the Centre's budget for 2014 increased by EUR 2 million to EUR 60.4 million.

	Budget line	Initial available budget	Adjustments	Final available budget
2000 IC1	EU budget – current year appropriations	56,727,000.00	39,000.00	56,766,000.00
2001 IC4	EU budget – earmarked funds (re-use previous years)	0.00	2,000,000.00	2,000,000.00
200	**EU budget contribution**	**56,727,000.00**	**2,039,000.00**	**58,766,000.00**
3000 IC1	Subsidy from EEA/EFTA member states (% of EU contribution)	1,588,000.00	132,000.00	1,720,000.00
300	**Subsidy from EEA/EFTA**	**1,588,000.00**	**132,000.00**	**1,720,000.00**
	Total revenue 2013	**58,315,000.00**	**2,171,000.00**	**60,486,000.00**
R0 – External assigned revenue	EU budget – earmarked funds	810,309.25	(0.00)	810,309.25

The budget execution, in terms of commitment appropriations, at year end, reached nearly 99% (98.77%), equivalent to EUR 59.7 million. This was an increase of 7% compared with 2013 when due to the negative ruling of the Court of Justice regarding salary and weighting factor adjustments, 4% of the commitment appropriations had to be cancelled at year-end.

ECDC made a special effort to enhance its budget execution to 98.7% in terms of commitment appropriations. This achievement was accomplished despite the overstrained resources caused by the public health emergency (PHE), which was activated because of the Ebola epidemic in Western Africa, and the decision to inscribe an additional EUR 2 million at the beginning of October 2014.

Notwithstanding the above, only a total of 1.2% of the 2014 budget or EUR 0.7 million remained unused in 2014, of which EUR 0.5 million were in Title III.

Budget execution in terms of payments reached 80% of the total budget, which is an increase of 6.2% compared with 2013. The payment execution for administrative expenses reached 73%, an increase of 4.8% compared with 2013. The payment execution for operational expenses in Title III reached 49% (-1.8% compared with 2013). The main reason for this decrease is that human resources were absorbed by the PHE.

Below is an overview comparing 2014 and 2013 – Current Year C1 credits:

Title description	Commitments %			Payments %		
	2014	**2013**	**Difference**	**2014**	**2013**	**Difference**
Title 1 Staff expenses	99.81%	92.67%	+7.14%	96.06%	89.69%	+6.37%
Title 2 Administrative expenses	97.67%	92.99%	+4.86%	73.60%	68.79%	+4.81%
Title 3 Operational expenses	96.94%	91.33%	+5.61%	49.35%	51.18%	-1.83%
Total Title 1 + 2 + 3	**98.77%**	**92.26%**	**+6.51%**	**80.37%**	**74.14%**	**+6.23%**

The total number of commitments processed in 2014 increased, while the number of payments decreased compared with 2013. A total of 1 111 commitments and 5 884 payment orders were initiated, verified and

subsequently authorised by the Director and the Authorising Officers by delegation during 2014, compared with 1 052 commitments and 6 132 payments in 2013.

In 2014, ECDC received an interim payment of EUR 136 000 related to the MediPIET project. The purpose of the project is to establish a Mediterranean Programme for Intervention Epidemiology Training, in cooperation with the Directorate-General for International Cooperation and Development (DG DEVCO) – EuropeAid, Instrument for Stability.

Regarding the IPA grant agreement received from the European Commission on the gradual integration of the Candidate and Potential Candidate Countries for EU accession to ECDC programmes, the Centre received a further pre-financing of EUR 63 732.

The implementation of the above-mentioned contracts in 2014 is summarised in the table below.

Overview of the budget implementation (execution on commitments and payments) by fund source:

Fund source	Commitment / payment appropriations 2014	Executed Commitment 2014	% commit-ted	Executed payment in 2014	% paid	Carried over to 2015	Cancelled
C1 – Current year appropriations	60,486,000.00	59,739,117.19	98.77%	48,612,986.77	80.37%	11,126,130.42	746.882,81
C4 – Assigned revenue appropriations	2,766.66	2,766.66	100%	2.346,20	84.80%	420.46	0.00
C5 – Assigned revenue appropriations	164,406.91	164,406.91	100%	152,939.55	93.03%	11,467.36	0.00
C8 – Carry Over of 2013 appropriations	10,562,815.92			9,493,761.28	89.88%	0.00	1,069,054.64
R0 – Carried over of 2013 Assigned Revenue DG ELARG Grant 3	211,153.63	211,153.63	100%	103,869.14	49.19%	107,284.49	0.00
R0 – Carried over of 2013 Assigned MediPIET	291,334.46	281,499.56	96.62%	102,438.65	35.16%	188,895.81	0.00
R0 – Assigned Revenue Advance Project – IMI Grant	100,286.05	69,281.49	69.08%	40,046.75	39.93%	60,239.03	0.00
R0 – Assigned Revenue DG DEVCO – ENPI GRANT	207,535.11	186,904.88	90.06%	68,032.30	32.78%	139,502.81	0.00

In accordance with Article 27.2 of ECDC's Financial Regulation, the Management Board approved budget transfers over EUR 4.7 million regarding the salary and weighting coefficient adjustments related to 2011, 2012 and 2013 from several budget lines in Title I, II and III, into budget lines 1100 'Basic salaries' and 1190, 'Weightings applied to remunerations' in Title I.

As a result, budget transfers were made between titles for the net amount of EUR 4 761 913.

The Management Board also approved the inscription and allocation of the EUR 2 million additional budget from ECDC's positive outturn of 2013.

During the year, in order to improve the efficiency of the funds allocated to ECDC, the Director exercised his right to amend the budget within the limitations of Article 27.1 of ECDC's Financial Regulation.

An overview of the impact of the budget transfers in fund source 'C1 – Current Year Appropriations' is given below:

Budget 2014 Fund Source C1 Current Year Appropriations	Initial Budget	MB Amendments	Director Adjustments	EFTA Adjustments	FINAL BUDGET
Title 1 – Staff-related Expenditures	31,535,000.00	4,916,700.00	145,213.00	131,000.00	36,727,913.00
Title 2 – Administrative Expenditures	7,060,000.00	-278,500.00	-145,213.00	1,000.00	6,637,287.00
Title 3 – Operations	19,720,000.00	-2,599,200.00	0.00	0.00	17,120,800.00
Total Budget	58,315,000.00	2,039,000.00	0.00	132,000.00	60,486,000.00

At year-end, ECDC carried EUR 11.1 million forward to 2015, which is equivalent to 18% of the total budget, which is the same percentage as the previous year.

The newly established Procurement Section dealt with a significant number of procedures. More than 33 open calls for tenders were finalised along with three calls for proposals, as well as 50 negotiated procedures, 24 of which carried a value above EUR 25 000. A total of 51 reopened procedures within ICT framework contracts were completed. Regular Committee on Procurement, Contracts and Grants (CPCG) meetings were held, resulting in the issuance of 36 CPCG opinions. Additionally, new procurement and CPCG procedures were published, providing guidance for ECDC staff involved in procurement.

Budget execution per budget line

Budget execution / fund source C1 – current year appropriations

Budget line position	Budget line description	Commitment appropriation transaction amount	Executed commitment amount	% committed	Payment appropriation transaction amount	Executed payment amount	% paid	RAL	Cancelled
A-1100	Basic salaries	12,586,150.00	12,582,558.89	99.97%	12,586,150.00	12,582,558.89	99.97%	0.00	3,591.11
A-1101	Family Allowances	1,860,000.00	1,852,879.61	99.62%	1,860,000.00	1,852,879.61	99.62%	0.00	7,120.39
A-1102	Expatriation Allowances	1,848,143.46	1,845,147.42	99.84%	1,848,143.46	1,845,147.42	99.84%	0.00	2,996.04
	Total Article 110	16,294,293.46	16,280,585.92	99.92%	16,294,293.46	16,280,585.92	99.92%	0.00	13,707.54
A-1111	Contract Agents – Basic Salaries	3,458,500.00	3,449,121.39	99.73%	3,458,500.00	3,449,121.39	99.73%	0.00	9,378.61
A-1112	Contract Agents – Allowances	1,080,500.00	1,078,297.07	99.80%	1,080,500.00	1,078,297.07	99.80%	0.00	2,202.93
	Total Article 111	4,539,000.00	4,527,418.46	99.74%	4,539,000.00	4,527,418.46	99.74%	0.00	11,581.54
A-1140	Birth & Death grants	3,000.00	2,776.34	92.54%	3,000.00	2,776.34	92.54%	0.00	223.66
A-1141	Travel expenses from place of employment to place of origin	567,356.54	567,356.54	100.00%	567,356.54	567,356.54	100.00%	0.00	0.00
A-1142	Overtime	85,000.00	82,679.55	97.27%	85,000.00	82,679.55	97.27%	0.00	2,320.45
A-1149	Learning & Development	400,000.00	394,229.39	98.56%	400,000.00	174,939.29	43.73%	219,290.10	5,770.61
	Total Article 114	1,055,356.54	1,047,041.82	99.21%	1,055,356.54	827,751.72	78.43%	219,290.10	8,314.72
A-1170	Freelance and joint interpreting and conference service interpreters	50,936.00	47,064.00	92.40%	50,936.00	30,192.00	59.27%	16,872.00	3,872.00
A-1173	Translations	25,000.00	21,594.28	86.38%	25,000.00	10,737.78	42.95%	10,856.50	3,405.72
A-1174	Payment for administrative assistance from the Community institutions	175,000.00	175,000.00	100.00%	175,000.00	163,487.14	93.42%	11,512.86	0.00
A-1175	Interim services	1,952,345.35	1,952,345.35	100.00%	1,952,345.35	1,192,653.86	61.09%	759,691.49	0.00
A-1176	Relocation Services	7,000.00	4,725.00	0.00%	7,000.00	3,780.00	0.00%	945.00	2,275.00
	Total Article 117	2,210,281.35	2,200,728.63	99.57%	2,210,281.35	1,400,850.78	63.38%	799,877.85	9,552.72
A-1180	Miscellaneous expenditures on recruitment	85,700.00	85,700.00	100.00%	85,700.00	46,867.22	54.69%	38,832.78	0.00
A-1181	Travel expenses	22,000.00	20,208.61	91.86%	22,000.00	20,208.61	91.86%	0.00	1,791.46
A-1182	Installation, resettlement & transfer allowances	104,000.00	97,692.43	93.94%	104,000.00	97,692.43	93.94%	0.00	6,307.57
A-1183	Removal Expenses	78,600.00	78,600.00	100.00%	78,600.00	63,899.26	81.30%	14,700.74	0.00
A-1184	Temporary daily subsistence allowance	64,000.00	61,670.79	96.36%	64,000.00	61,670.79	96.36%	0.00	2,329.21
	Total Article 118	354,300.00	343,871.83	97.06%	354,300.00	290,338.31	81.95%	53,533.52	10,428.17
A-1190	Weightings applied to remunerations	10,202,904.65	10,202,904.65	100.00%	10,202,904.65	10,202,904.65	100.00%	0.00	0.00
A-1191	Provisional Appropriation (rappel)	0.00	0.00	0.00%	0.00	0.00	0.00%	0.00	0.00
	Total Article 119	10,202,904.65	10,202,904.65	100.00%	10,202,904.65	10,202,904.65	100.00%	0.00	0.00
	Total Chapter 11	34,656,136.00	34,602,551.31	99.85%	34,656,136.00	33,529,849.84	96.75%	1,072,701.47	53,584.69

Budget line position	Budget line description	Commitment appropriation transaction amount	Executed commitment amount	% committed	Payment appropriation transaction amount	Executed payment amount	% paid	RAL	Cancelled
A-1300	Mission expenses, travel expenses and incidental expenditures	705,277.10	702,368.63	99.59%	705,277.10	474,194.93	67.24%	228,173.70	2,908.47
	Total Article 130	705,277.10	702,368.63	99.59%	705,277.10	474,194.93	67.24%	228,173.70	2,908.47
	Total Chapter 13	705,277.10	702,368.63	99.59%	705,277.10	474,194.93	67.24%	228,173.70	2,908.47
A-1410	Medical Service	115,000.00	115,000.00	100.00%	115,000.00	76,689.93	66.69%	38,310.07	0.00
	Total Article 141	115,000.00	115,000.00	100.00%	115,000.00	76,689.93	66.69%	38,310.07	0.00
	Total Chapter 14	115,000.00	115,000.00	100.00%	115,000.00	76,689.93	66.69%	38,310.07	0.00
A-1520	Staff Exchanges	332,500.00	330,111.24	99.28%	332,500.00	329,140.96	98.99%	970.28	2,388.76
	Total Article 152	332,500.00	330,111.24	99.28%	332,500.00	329,140.96	98.99%	970.28	2,388.76
	Total Chapter 15	332,500.00	330,111.24	99.28%	332,500.00	329,140.96	98.99%	970.28	2,388.76
A-1700	Entertainment & Representation Expenses	8,000.00	4,000.00	50.00%	8,000.00	2,511.53	31.39%	1,488.47	4,000.00
	Total Article 170	8,000.00	4,000.00	50.00%	8,000.00	2,511.53	31.39%	1,488.47	4,000.00
	Total Chapter 17	8,000.00	4,000.00	50.00%	8,000.00	2,511.53	31.39%	1,488.47	4,000.00
A-1801	Social Contact Between Staff	60,000.00	56,300.00	93.83%	60,000.00	17,740.05	29.57%	38,559.95	3,700.00
A-1802	Sickness Insurance	565,042.99	565,042.99	100.00%	565,042.99	565,042.99	100.00%	0.00	0.00
A-1803	Accident and Occupational Diseases	84,000.00	83,000.59	98.81%	84,000.00	83,000.59	98.81%	0.00	999.41
A-1804	Unemployment for temporary staff	201,957.01	200,983.63	99.52%	201,957.01	200,983.63	99.52%	0.00	973.38
	Total Article 180	911,000.00	905,327.21	99.38%	911,000.00	866,767.26	95.14%	38,559.95	5,672.79
	Total Chapter 18	911,000.00	905,327.21	99.38%	911,000.00	866,767.26	95.14%	38,559.95	5,672.79
	Total Title 1	36,727,913.10	36,659,358.39	99.81%	36,727,913.10	35,279,154.45	96.06%	1,380,203.94	68,554.71
A-2000	Rent & Related expenditures	1,827,291.15	1,827,291.15	100.00%	1,827,291.15	1,827,291.15	100.00%	0.00	0.00
A-2001	Insurance	9,945.88	9,945.88	100.00%	9,945.88	9,945.88	100.00%	0.00	0.00
A-2002	Water, Gas, Electricity, etc.	192,247.00	188,047.00	97.82%	192,247.00	169,536.86	88.19%	18,510.14	4,200.00
A-2003	Maintenance, cleaning	165,820.00	165,820.00	100.00%	165,820.00	150,539.06	90.78%	15,280.94	0.00
A-2004	Fitting-out	57,850.48	45,264.46	78.24%	57,850.48	31,686.32	54.77%	13,578.14	12,586.02
A-2005	Security of Building	242,382.00	241,182.00	99.50%	242,382.00	214,989.37	88.70%	26,192.63	1,200.00
A-2006	Restauration & Canteen costs	89,000.00	86,661.75	97.37%	89,000.00	79,661.75	89.51%	7,000.00	2,338.25
A-2009	Other expenditures on buildings	383,878.52	375,210.77	97.74%	383,878.52	225,500.09	58.74%	149,710.68	8,667.75
	Total Article 200	2,968,415.03	2,939,423.01	99.02%	2,968,415.03	2,709,150.48	91.27%	230,272.53	28,992.02
	Total Chapter 20	2,968,415.03	2,939,423.01	99.02%	2,968,415.03	2,709,150.48	91.27%	230,272.53	28,992.02
A-2110	Purchases of new hardware for operation the centre	876,701.39	868,344.05	99.05%	876,701.39	483,406.59	55.14%	384,937.46	8,357.34
A-2111	Purchase of new software for the operation at the centre	790,126.61	790,126.61	100.00%	790,126.61	626,903.97	79.34%	163,222.64	0.00
A-2112	Purchase and Maintenance of printing and reproduction equipment	26,000.00	25,999.56	100.00%	26,000.00	7,418.96	28.53%	18,580.60	0.44
A-2114	Developments to support administrative and management applications	1,162,634.00	1,161,979.57	99.94%	1,162,634.00	705,016.31	60.64%	456,963.26	654.43
	Total Article 211	2,855,462.00	2,846,449.79	99.68%	2,855,462.00	1,822,745.83	63.83%	1,023,703.96	9,012.21
	Total Chapter 21	2,855,462.00	2,846,449.79	99.68%	2,855,462.00	1,822,745.83	63.83%	1,023,703.96	9,012.21
A-2200	Technical equipment and AV installations	28,600.00	28,600.00	100.00%	28,600.00	0.00	0.00%	28,600.00	0.00
A-2201	Furniture	7,084.87	7,084.87	100.00%	7,084.87	0.00	0.00%	7,084.87	0.00

Budget line position	Budget line description	Commitment appropriation transaction amount	Executed commitment amount	% committed	Payment appropriation transaction amount	Executed payment amount	% paid	RAL	Cancelled
A-2202	Purchase and maintenance of vehicles	12,000.00	6,783.25	56.53%	12,000.00	6,683.25	55.69%	100.00	5,216.75
	Total Article 220	47,684.87	42,468.12	89.06%	47,684.87	6,683.25	14.02%	35,784.87	5,216.75
	Total Chapter 22	47,684.87	42,468.12	89.06%	47,684.87	6,683.25	14.02%	35,784.87	5,216.75
A-2300	Stationery and office supplies	46,000.00	44,349.01	96.41%	46,000.00	22,875.36	49.73%	21,473.65	1,650.99
A-2301	Financial and other charges, exchange losses	9,775.00	9,775.00	100.00%	9,775.00	2,409.94	24.65%	7,365.06	0.00
A-2302	Library expenses, purchase of books and info subscriptions	13,950.00	13,566.69	97.25%	13,950.00	10,745.10	77.03%	2,821.59	383.31
A-2306	Miscellaneous insurance	8,000.00	7,500.00	93.75%	8,000.00	1,695.90	21.20%	5,804.10	500.00
A-2307	Legal Expenses	95,000.00	43,629.97	45.93%	95,000.00	34,629.97	36.45%	9,000.00	51,370.03
A-2308	Business Continuity	20,000.00	19,000.00	95.00%	20,000.00	0.00	0.00%	19,000.00	1,000.00
A-2309	Other operating expenditures	36,500.00	6,322.86	17.32%	36,500.00	3,339.87	9.15%	2,982.99	30,177.14
	Total Article 230	229,225.00	144,143.53	62.88%	229,225.00	75,696.14	33.02%	68,447.39	85,081.47
	Total Chapter 23	229,225.00	144,143.53	62.88%	229,225.00	75,696.14	33.02%	68,447.39	85,081.47
A-2400	Postal and delivery charges	32,500.00	25,703.61	79.09%	32,500.00	24,106.26	74.17%	1,597.35	6,796.39
	Total Article 240	32,500.00	25,703.61	79.09%	32,500.00	24,106.26	74.17%	1,597.35	6,796.39
A-2410	Telecommunication and internet charges	209,000.00	209,000.00	100.00%	209,000.00	143,999.26	68.90%	65,000.74	0.00
	Total Article 241	209,000.00	209,000.00	100.00%	209,000.00	143,999.26	68.90%	65,000.74	0.00
	Total Chapter 24	241,500.00	234,703.61	97.19%	241,500.00	168,105.52	69.61%	66,598.09	6,796.39
A-2500	Governance and administrative meetings	237,100.00	235,397.90	99.28%	237,100.00	93,589.61	39.47%	141,808.29	1,702.10
A-2501	Evaluation and Strategic Management Consulting	57,900.00	39,795.10	68.73%	57,900.00	9,395.10	16.23%	30,400.00	18,104.90
	Total Article 250	295,000.00	275,193.00	93.29%	295,000.00	102,984.71	34.91%	172,208.29	19,807.00
	Total Chapter 25	295,000.00	275,193.00	93.29%	295,000.00	102,984.71	34.91%	172,208.29	19,807.00
	Total Title 2	6,637,286.90	6,482,381.06	97.67%	6,637,286.90	4,885,365.93	73.60%	1,597,015.13	154,905.84
B3-000	Surveillance	1,538,886.00	1,538,759.14	99.99%	1,538,886.00	660,905.07	42.95%	877,854.07	126.86
B3-001	Epidemic intelligence and response	216,415.00	215,644.97	99.64%	216,415.00	27,644.32	12.77%	188,000.65	770.03
B3-002	Scientific advice (including microbiology support)	3,745,497.60	3,611,776.48	96.43%	3,745,497.60	1,701,534.52	45.43%	1,910,241.96	133,721.12
B3-003	Public Health Training	3,578,447.00	3,406,818.39	95.20%	3,578,447.00	1,502,892.99	42.00%	1,903,925.40	171,628.61
B3-004	Health Communication	438,484.00	433,677.87	98.90%	438,484.00	224,982.15	51.31%	208,695.72	4,806.13
B3-005	Public Health Informatics	5,049,749.70	5,048,871.46	99.98%	5,049,749.70	3,436,550.11	68.05%	1,612,321.35	878.24
B3-006	Preparedness	371,983.00	371,974.03	100.00%	371,983.00	261,208.03	70.22%	110,766.00	8.97
B3-007	Eurosurveillance	279.30	277.98	99.53%	279.30	277.98	99.53%	0.00	1.32
B3-008	Expert Consultations	2,059,327.00	1,892,653.92	91.91%	2,059,327.00	626,606.66	30.43%	1,266,047.26	166,673.08
B3-009	Collaboration and (country) cooperation	121,731.40	76,923.50	63.19%	121,731.40	5,864.56	4.82%	71,058.94	44,807.90
	Total Chapter 30	17,120,800.00	16,597,377.74	96.94%	17,120,800.00	8,448,466.39	49.35%	8,148,911.35	523,422.26
	Total Title 3	17,120,800.00	16,597,377.74	96.94%	17,120,800.00	8,448,466.39	49.35%	8,148,911.35	523,422.26
	Grand Total	60,486,000.00	59,739,117.19	98.77%	60,486,000.00	48,612,986.77	80.37%	11,126,130.42	746,882.81

Budget execution / fund source C4 – current year appropriations

Budget line position	Budget line description	Commitment appropriation transaction amount	Executed commitment amount	% committed	Payment appropriation transaction amount	Executed payment amount	% paid	RAL
A-2202	Purchase and maintenance of vehicles	2,766.66	2,766.66	100.00%	2,766.66	2,346.20	84.80%	420.46
	Total Chapter 22	2,766.66	2,766.66	100.00%	2,766.66	2,346.20	84.80%	420.46
	Total Title 2	2,766.66	2,766.66	100.00%	2,766.66	2,346.20	84.80%	420.46
	Grand Total	2,766.66	2,766.66	100.00%	2,766.66	2,346.20	84.80%	420.46

Budget execution / fund source C5 – current year appropriations

Budget line position	Budget line description	Commitment appropriation transaction amount	Executed commitment amount	% committed	Payment appropriation transaction amount	Executed payment amount	% paid	RAL
A-2111	Purchase of new software for the operation at the centre	9,000.00	9,000.00	100.00%	9,000.00	9,000.00	100.00%	0.00
	Total Chapter 21	9,000.00	9,000.00	100.00%	9,000.00	9,000.00	100.00%	0.00
	Total Title 2	9,000.00	9,000.00	100.00%	9,000.00	9,000.00	100.00%	0.00
B3-000	Networking, surveillance and data collection on Communicable diseases	133,870.16	133,870.16	100.00%	133,870.16	122,402.80	91.43%	11,467.36
B3-002	Scientific opinions and studies	21,536.75	21,536.75	100.00%	21,536.75	21,536.75	100.00%	0.00
	Total Chapter 30	155,406.91	155,406.91	100.00%	155,406.91	143,939.55	92.62%	11,467.36
	Total Title 3	155,406.91	155,406.91	100.00%	155,406.91	143,939.55	92.62%	11,467.36
	Grand Total	164,406.91	164,406.91	100.00%	164,406.91	152,939.55	93.03%	11,467.36

Budget execution / fund source C8 – appropriations carried over

Budget line position	Budget line description	Commitment appropriation transaction amount	Executed commitment amount	% committed	Payment appropriation transaction amount	Executed payment amount	% paid	Cancelled
A-1149	Learning & Development	167,799.57	135,549.50	80.78%	167,799.57	135,549.50	80.78%	32,250.07
	Total Article 114	167,799.57	135,549.50	80.78%	167,799.57	135,549.50	80.78%	32,250.07
A-1170	Freelance and joint interpreting and conference service interpreters	17,600.00	15,400.00	87.50%	17,600.00	15,400.00	87.50%	2,200.00
A-1173	Translations	19,551.20	15,501.00	79.28%	19,551.20	15,501.00	79.28%	4,050.20
A-1174	Payment for Administrative Assistance	12,678.19	5,023.24	39.62%	12,678.19	5,023.24	39.62%	7,654.95
A-1175	Interim services	352,305.09	294,117.36	83.48%	352,305.09	294,117.36	83.48%	58,187.73
	Total Article 117	402,134.48	330,041.60	82.07%	402,134.48	330,041.60	82.07%	72,092.88
A-1180	Miscellaneous expenditures on recruitment	5,576.47	3,990.06	71.55%	5,576.47	3,990.06	71.55%	1,586.41
A-1183	Removal Expenses	46,258.23	42,496.23	91.87%	46,258.23	42,496.23	91.87%	3,762.00
	Total Article 118	51,834.70	46,486.29	89.68%	51,834.70	46,486.29	89.68%	5,348.41
	Total Chapter 11	621,768.75	512,077.39	82.36%	621,768.75	512,077.39	82.36%	109,691.36
A-1300	Mission expenses, travel expenses and incidental expenditures	252,418.96	148,677.89	58.90%	252,418.96	148,677.89	58.90%	103,741.07
	Total Article 130	252,418.96	148,677.89	58.90%	252,418.96	148,677.89	58.90%	103,741.07
	Total Chapter 13	252,418.96	148,677.89	58.90%	252,418.96	148,677.89	58.90%	103,741.07
A-1410	Medical Service	28,607.40	21,826.20	76.30%	28,607.40	21,826.20	76.30%	6,781.20
	Total Article 141	28,607.40	21,826.20	76.30%	28,607.40	21,826.20	76.30%	6,781.20

Budget line position	Budget line description	Commitment appropriation transaction amount	Executed commitment amount	% committed	Payment appropriation transaction amount	Executed payment amount	% paid	Cancelled
	Total Chapter 14	28,607.40	21,826.20	76.30%	28,607.40	21,826.20	76.30%	6,781.20
A-1520	Staff Exchanges	1,936.90	243.85	12.59%	1,936.90	243.85	12.59%	1,693.05
	Total Article 152	1,936.90	243.85	12.59%	1,936.90	243.85	12.59%	1,693.05
	Total Chapter 15	1,936.90	243.85	12.59%	1,936.90	243.85	12.59%	1,693.05
A-1700	Entertainment & Representation Expenses	1,708.31	1,115.82	65.32%	1,708.31	1,115.82	65.32%	592.49
	Total Article 170	1,708.31	1,115.82	65.32%	1,708.31	1,115.82	65.32%	592.49
	Total Chapter 17	1,708.31	1,115.82	65.32%	1,708.31	1,115.82	65.32%	592.49
A-1801	Social Contact Between Staff	34,752.23	32,138.25	92.48%	34,752.23	32,138.25	92.48%	2,613.98
	Total Article 180	34,752.23	32,138.25	92.48%	34,752.23	32,138.25	92.48%	2,613.98
	Total Chapter 18	34,752.23	32,138.25	92.48%	34,752.23	32,138.25	92.48%	2,613.98
	Total Title 1	941,192.55	716,079.40	76.08%	941,192.55	716,079.40	76.08%	225,113.15
A-2001	Insurance	1,958.01	1,918.01	97.96%	1,958.01	1,918.01		40.00
A-2002	Water, Gas, Electricity Expenses	23,669.44	19,997.26	84.49%	23,669.44	19,997.26	84.49%	3,672.18
A-2003	Maintenance, cleaning	27,281.79	27,187.87	99.66%	27,281.79	27,187.87	99.66%	93.92
A-2004	Fitting-out	21,286.09	18,933.65	88.95%	21,286.09	18,933.65	88.95%	2,352.44
A-2005	Security of Building	31,306.59	27,266.77	87.10%	31,306.59	27,266.77	87.10%	4,039.82
A-2006	Restauration & Canteen costs	7,000.00	7,000.00	100.00%	7,000.00	7,000.00	100.00%	0.00
A-2009	Other expenditures on buildings	6,563.55	6,260.46	95.38%	6,563.55	6,260.46	95.38%	303.09
	Total Article 200	119,065.47	108,564.02	91.18%	119,065.47	108,564.02	91.18%	10,501.45
	Total Chapter 20	119,065.47	108,564.02	91.18%	119,065.47	108,564.02	91.18%	10,501.45
A-2110	Purchases of new hardware for operation the centre	322,881.95	322,846.51	99.99%	322,881.95	322,846.51	99.99%	35.44
A-2111	Purchase of new software for the operation at the centre	204,894.81	165,034.41	80.55%	204,894.81	165,034.41	80.55%	39,860.40
A-2112	Purchase and Maintenance of printing and reproduction equipment	36,870.06	28,259.99	76.65%	36,870.06	28,259.99	76.65%	8,610.07
A-2114	Developments to support administrative and management applications	521,556.60	516,256.60	98.98%	521,556.60	516,256.60	98.98%	5,300.00
	Total Article 211	1,086,203.42	1,032,397.51	95.05%	1,086,203.42	1,032,397.51	95.05%	53,805.91
	Total Chapter 21	1,086,203.42	1,032,397.51	95.05%	1,086,203.42	1,032,397.51	95.05%	53,805.91
A-2200	Technical equipment and AV installations	33,616.44	28,796.38	85.66%	33,616.44	28,796.38	85.66%	4,820.06
A-2201	Furniture	28,530.16	27,053.33	94.82%	28,530.16	27,053.33	94.82%	1,476.83
A-2202	Purchase and maintenance of vehicles	577.35	312.27	54.09%	577.35	312.27	54.09%	265.08
	Total Article 220	62,723.95	56,161.98	89.54%	62,723.95	56,161.98	89.54%	6,561.97
	Total Chapter 22	62,723.95	56,161.98	89.54%	62,723.95	56,161.98	89.54%	6,561.97
A-2300	Stationery and office supplies	55,981.56	51,132.79	91.34%	55,981.56	51,132.79	91.34%	4,848.77
A-2301	Financial and other charges, exchange losses	414.31	186.43	45.00%	414.31	186.43	45.00%	227.88
A-2302	Library expenses, purchase of books and info subscriptions	6,182.99	5,766.75	93.27%	6,182.99	5,766.75	93.27%	416.24
A-2307	Legal Expenses	31,750.00	24,000.00	75.59%	31,750.00	24,000.00	75.59%	7,750.00
A-2309	Other operating expenditures	16,260.00	16,147.44	99.31%	16,260.00	16,147.44	99.31%	112.56

Budget line position	Budget line description	Commitment appropriation transaction amount	Executed commitment amount	% committed	Payment appropriation transaction amount	Executed payment amount	% paid	Cancelled
	Total Article 230	110,588.86	97,233.41	87.92%	110,588.86	97,233.41	87.92%	13,355.45
	Total Chapter 23	110,588.86	97,233.41	87.92%	110,588.86	97,233.41	87.92%	13,355.45
A-2400	Postal and delivery charges	3,126.34	1,754.95	56.13%	3,126.34	1,754.95	56.13%	1,371.39
	Total Article 240	3,126.34	1,754.95	56.13%	3,126.34	1,754.95	56.13%	1,371.39
A-2410	Telecommunication and internet charges	9,555.91	8,527.59	89.24%	9,555.91	8,527.59	89.24%	1,028.32
	Total Article 241	9,555.91	8,527.59	89.24%	9,555.91	8,527.59	89.24%	1,028.32
	Total Chapter 24	12,682.25	10,282.54	81.08%	12,682.25	10,282.54	81.08%	2,399.71
A-2500	Governance and administrative meetings	78,280.49	31,474.72	40.21%	78,280.49	31,474.72	40.21%	46,805.77
A-2501	Evaluation and Strategic Management Consulting	244,940.00	244,880.00	99.98%	244,940.00	244,880.00	99.98%	60.00
	Total Article 250	323,220.49	276,354.72	85.50%	323,220.49	276,354.72	85.50%	46,865.77
	Total Chapter 25	323,220.49	276,354.72	85.50%	323,220.49	276,354.72	85.50%	46,865.77
	Total Title 2	1,714,484.44	1,580,994.18	92.21%	1,714,484.44	1,580,994.18	92.21%	133,490.26
B3-000	Surveillance	1,038,240.10	1,034,828.08	99.67%	1,038,240.10	1,034,828.08	99.67%	3,412.02
B3-001	Epidemic intelligence and response	95,785.64	95,522.57	99.73%	95,785.64	95,522.57	99.73%	263.07
B3-002	Scientific advice (including microbiology support)	1,632,115.97	1,579,455.04	96.77%	1,632,115.97	1,579,455.04	96.77%	52,660.93
B3-003	Public Health Training	1,978,918.80	1,742,073.48	88.03%	1,978,918.80	1,742,073.48	88.03%	236,845.32
B3-004	Health Communication	456,690.22	381,893.11	83.62%	456,690.22	381,893.11	83.62%	74,797.11
B3-005	Public Health Informatics	1,962,443.08	1,852,799.76	94.41%	1,962,443.08	1,852,799.76	94.41%	109,643.32
B3-006	Preparedness	50,116.00	50,116.00	100.00%	50,116.00	50,116.00	100.00%	0.00
B3-008	Expert Consultations	594,758.17	394,820.35	66.38%	594,758.17	394,820.35	66.38%	199,937.82
B3-009	Collaboration and (country) cooperation	98,070.95	65,179.31	66.46%	98,070.95	65,179.31	66.46%	32,891.64
	Total Chapter 30	7,907,138.93	7,196,687.70	91.02%	7,907,138.93	7,196,687.70	91.02%	710,451.23
	Total Title 3	7,907,138.93	7,196,687.70	91.02%	7,907,138.93	7,196,687.70	91.02%	710,451.23
	Grand Total	10,562,815.92	9,493,761.28	89.88%	10,562,815.92	9,493,761.28	89.88%	1,069,054.64

Budget execution / fund source R0 – external assigned revenue

Budget line position	Budget line description	Commitment appropriation transaction amount	Executed commitment amount	% committed	Payment appropriation transaction amount	Executed payment amount	% paid	RAL
B3-011	MediPIET	291,334.46	281,499.56	96.62%	291,334.46	102,438.65	35.16%	188,895.81
B3-012	DG ELARG GRANT 3 – ACTIONS WITH CANDIDATE AND POTENTIAL CANDIDATE COUNTRIES	211,153.63	211,153.63	100.00%	211,153.63	103,869.14	49.19%	107,284.49
B3-013	ADVANCE PROJECT – IMI	100,286.05	69,281.49	69.08%	100,286.05	40,046.75	39.93%	60,239.30
B3-014	DG DEVCO – ENPI GRANT	207,535.11	186,904.88	90.06%	207,535.11	68,032.30	32.78%	139,502.81
	Total Article 301	810,309.25	748,839.56	92.41%	810,309.25	314,386.84	38.80%	495,922.41
	Total Chapter 30	810,309.25	748,839.56	92.41%	810,309.25	314,386.84	38.80%	495,922.41

Annex VII. MB/AF/CCB Members and Alternates; Coordinating Competent Bodies

Members and Alternates of the ECDC Management Board

Austria	Dr Pamela Rendi-Wagner	Member
	Dr Peter Kreidl[4]	Alternate
Belgium	Dr Daniel Reynders	Member
	New nomination pending	Alternate
Bulgaria	Dr Angel Kunchev	Member
	New nomination pending	Alternate
Croatia	Dr Marijan Erceg	Member
	Dr Tamara Poljičanin	Alternate
Cyprus	Mr Costas Stiggas	Member
	Dr Irene Cotter	Alternate
Czech Republic	Professor Dr Roman Prymula	Member
	Dr Jozef Dlhý	Alternate
Denmark	Dr Else Smith	Member
	Dr Dorte Hansen Thrige	Alternate
Estonia	Dr Tiiu Aro *(Deputy Chair)*	Member
	Mr Martin Kadai	Alternate
Finland	Dr Anni-Riitta Virolainen-Julkunen	Member
	Dr Taneli Puumalainen	Alternate
France	Dr Françoise Weber *(Chair)*	Member
	Ms Anne-Catherine Viso	Alternate
Germany	Ms Susanne Wald[5]	Member
	Dr Gesa Lücking	Alternate
Greece	Dr Antonis P Vasilogiannakopoulos	Member
	Ms Maria Pirounaki[6]	Alternate
Hungary	Dr Hanna Páva	Member
	Dr Beatrix Oroszi	Alternate
Ireland	Dr Colette Bonner	Member
	Ms Nuala O'Reilly	Alternate
Italy	Dr Giuseppe Ruocco	Member
	Dr Maria Grazia Pompa	Alternate
Latvia	Dr Inga Šmate	Member
	Dr Dzintars Mozgis	Alternate
Lithuania	Dr Audrius Ščeponavičius	Member
	Dr Saulius Čaplinskas	Alternate
Luxembourg	Dr Robert Goerens	Member
	Dr Pierre Weicherding	Alternate
Malta	Dr Anthony Gatt[7]	Member
	Dr Mariella Borg Buontempo	Alternate
Netherlands	Professor Marianne Donker	Member
	Mr Herbert Barnard[8]	Alternate
Poland	Dr Pawel Gorynski	Member
	Mr Michał Ilnicki	Alternate
Portugal	Dr Maria da Graça Gregorio de Freitas	Member
	Dr Paula Vasconcelos	Alternate
Romania	*New nomination pending*	Member
	Dr Adriana Pistol	Alternate
Slovak Republic	Dr Ján Mikas	Member
	Professor Ivan Rovný	Alternate

[4] Appointed Alternate, succeeding Dr Reinhild Strauss as of May 2014
[5] Appointed Member, succeeding Mr Franz J Bindert as of March 2014
[6] Appointed Alternate as of May 2014
[7] Appointed Member, succeeding Mr Mario Camilleri as of November 2014
[8] Appointed Alternate, succeeding Dr Philip van Dalen as of November 2014

Slovenia	Dr Mojca Gobec	Member
	Dr Ivan Eržen[9]	Alternate
Spain	Dr Karoline Fernández de la Hoz Zeitler	Member
	Dr Inmaculada Navarro Pérez	Alternate
Sweden	Dr Johan Carlson	Member
	Ms Anita Janelm	Alternate
United Kingdom	Ms Helen Shirley-Quirk	Member
	Dr Ailsa Wight	Alternate
European Parliament	Professor Minerva-Melpomeni Malliori	Member
	Professor Dr Jacques Scheres	Member
	New nomination pending	Alternate
European Commission	Mr Martin Seychell	Member
	Mr John F Ryan	Member
	Ms Isabel de la Mata	Alternate
	Ms Herta Adam	Alternate
	Ms Line Matthiessen-Guyader	Member
	Mr Cornelius Schmaltz	Alternate
Iceland (EEA/EFTA)	**Dr Sveinn Magnússon**	**Member**
	Ms Áslaug Einarsdóttir	Alternate
Liechtenstein (EEA/EFTA)	Dr Sabine Erne	Member
Norway (EEA/EFTA)	Mr Sverre Berg Lutnæs[10]	Member
	Mr Karl-Olaf Wathne	Alternate

[9] Appointed Alternate, succeeding Dr Marija Magajne as of March 2014
[10] Appointed Member, succeeding Mr Jon-Olav Aspås as of September 2014

Members and Alternates of the ECDC Advisory Forum

Austria	Professor Dr Petra Apfalter	Member
	Professor Dr Franz Allerberger	Alternate
Belgium	Professor Dr Herman Van Oyen	Member
	Dr Sophie Quoilin	Alternate
Bulgaria	Professor Mira Kojouharova	Member
	Dr Radosveta Filipova	Alternate
Croatia	Dr Sanja Kurečić Filipović	Member
	Dr Aleksandar Šimunović	Alternate
Cyprus	Dr Niki Paphitou	Member
	Dr Ioanna Gregoriou	Alternate
Czech Republic	Dr Jan Kynčl	Member
	Dr Kateřina Fabiánová	Alternate
Denmark	Dr Kåre Mølbak	Member
	Dr Tyra Grove Krause	Alternate
Estonia	Dr Kuulo Kutsar	Member
	Dr Natalia Kerbo	Alternate
Finland	Dr Mika Salminen	Member
	Dr Outi Lyytikäinen	Alternate
France	Dr Jean-Claude Desenclos	Member
	Pending nomination	Alternate
Germany	Dr Osamah Hamouda	Member
	Dr Andreas Gilsdorf	Alternate
Greece	Professor Jenny Kremastinou	Member
	Dr Sotirios Tsiodras	Alternate
Hungary	Dr Ágnes Csohán	Member
	Ms Emese Szilágyi	Alternate
Ireland	Dr Darina O'Flanagan	Member
	Dr Derval Igoe	Alternate
Italy	Dr Silvia Declich	Member
	Dr Giuseppe Ippolito	Alternate
Latvia	Dr Jurijs Perevoščikovs	Member
	Dr Irina Lucenko	Alternate
Lithuania	Dr Loreta Ašoklienė	Member
	Ms Nerija Kuprevičienė	Alternate
Luxembourg	Dr Robert Hemmer	Member
	Pending nomination	Alternate
Malta	Dr Charmaine Gauci	Member
	Dr Tanya Melillo Fenech	Alternate
Netherlands	Prof Dr Jaap van Dissel[11]	Member
	Dr Marianne van der Sande[12]	Alternate
Poland	Dr Malgorzata Sadkowska-Todys	Member
	Dr Magdalena Rosińska	Alternate
Portugal	*Pending nomination*	Member
	Dr Ana Maria Correia	Alternate
Romania	Dr Florin Popovici	Member
	Dr Amalia Serban	Alternate
Slovak Republic	Dr Mária Avdičová	Member
	Professor Henrieta Hudečková	Alternate
Slovenia	Dr Irena Klavs	Member
	Dr Marta Grgič-Vitek	Alternate
Spain	Dr Fernando Simón	Member
	Dr Isabel Noguer[13]	Alternate
Sweden	Dr Anders Tegnell	Member
	Dr Birgitta Lesko	Alternate

[11] Appointed Member, succeeding Dr Marianne van der Sande as of January 2014
[12] Appointed Alternate, succeeding Professor Dr Roel Coutinho as of January 2014
[13] Appointed Alternate, succeeding Dr Rosa Cano-Portero as of April 2014

United Kingdom	Dr Paul Cosford[14]	Member
	Pending nomination	Alternate
Observers		
Albania (Candidate Country)	Pending nomination	
Iceland (EEA/EFTA)	Dr Haraldur Briem	Member
	Dr Gudrun Sigmundsdottir	Alternate
Liechtenstein (EEA/EFTA)	Dr Sabine Erne	Member
Montenegro (Candidate Country)	Dr Zoran Vratnica	
Norway (EEA/EFTA)	Dr Hanne Nøkleby	Member
	Dr Karin Nygård	Alternate
Serbia (Candidate Country)	Pending nomination	
The Former Yugoslav Republic of Macedonia (Candidate Country)	Pending nomination	
Turkey (Candidate Country)	Dr Elif Bor Ekmekçi	
Non-governmental organisations		
Standing Committee of European Doctors	Professor Dr Reinhard Marre	Member
Pharmaceutical Group of European Union	Professor José Antonio Aranda da Silva	Alternate
European Public Health Association	Dr Aura Timen	Member
European Society of Clinical Microbiology and Infectious Diseases	*Pending nomination*	Alternate
European Patients' Forum	Ms Jana Petrenko	Member
European Federation of Allergy and Airways Diseases Patients' Associations	Professor Anna Doboszyńska	Alternate

[14] Appointed Member, succeeding Professor Mike Catchpole as of October 2014

Coordinating Competent Bodies

In 2010, ECDC decided to strengthen and simplify its way of working with the Member States. A new process has been introduced in 2011 with the nomination of one national Coordinating Competent Body (CCB) in each of the Member States.

Austria	**Federal Ministry of Health** Radetzkystrasse 2 1031 Wien http://www.bmg.gv.at/ +43171100 4637
Belgium	**Scientific Institute of Public Health** Rue Juliette Wytsman 14 1050 Brussels http://www.wiv-isp.be/ +322642 5111
Bulgaria	**National Center of Infectious and Parasitic Diseases** Yanko Sakazov Blvd. 26 1504 Sofia http://www.ncipd.org +359294428759
Croatia	**Croatian National Institute of Public Health** Rockefellerova 7 10000 Zagreb http://hzjz.hr/ +38514683010
Cyprus	**Ministry of Health** Directorate Medical and Public Health Services 1 Prodromou 1449 Nicosia http://www.moh.gov.cy/moh/moh.nsf/index_en/index_en +35722605650
Czech Republic	**National Institute of Public Health** Šrobárova 48 10042 Prague 10 http://www.szu.cz +420267082295
Denmark	**Danish Health and Medicines Authority** Axel Heides Gade 1 2300 Copenhagen http://sundhedsstyrelsen.dk +4572227400
Estonia	**Health Board** Paldiski Road 81 10617 Tallinn http://www.terviseamet.ee/ +3726943500
Finland	**National Institute for Health and Welfare** Mannerheimintie 166 00271 Helsinki http://www.thl.fi +358295246000
France	**Institute for Public Health Surveillance** 12 rue du Val d'Osne 94415 Saint-Maurice cedex http://www.invs.sante.fr/ +33141796700
Germany	**Robert Koch Institute** Nordufer 20 13353 Berlin http://www.rki.de +4930187540
Greece	**Hellenic Center for Disease Control and Prevention** Agrafon Street 3-5 15123 Marousi http://www.keelpno.gr/en/ +302105212870
Hungary	**National Centre for Epidemiology** Albert Flórián út 2-6 1097 Budapest http://www.oek.hu +3614761194
Iceland	**Centre of Health Security and Communicable Disease Prevention** Austurströnd 5 170 Seltjarnarnes http://www.landlaeknir.is +3545101900

Ireland	**Health Protection Surveillance Centre** 25-27 Middle Gardiner Street 1 Dublin http://www.hpsc.ie +35318765300
Italy	**Ministry of Health** Via Giorgio Ribotta 5 00144 Rome http://www.salute.gov.it/index.jsp +390659946115
Latvia	**Centre for Disease Prevention and Control** Duntes 22 1005 Riga http://spkc.gov.lv +37167501590
Liechtenstein	**Principality of Liechtenstein** Aeulestrasse 51 9490 Vaduz http://www.ag.llv.li +4232367334
Lithuania	**Ministry of Health** Vilniaus 33 01506 Vilnius http://www.sam.lt +37052661466
Luxembourg	**Health Directorate** Ministry of Health 5A, Rue De Prague 2348 Luxembourg http://www.ms.public.lu +35224785550
Malta	**Superintendence of Public Health** Ministry for Energy and Health The Emporium 5B C. Debrockdorff Street MSD1421 Msida https://ehealth.gov.mt +35623266109
Netherlands	**National Institute for Public Health and the Environment** Antonie van Leeuwenhoeklaan 9 3720 BA Bilthoven http://www.rivm.nl +31302742767
Norway	**Norwegian Institute of Public Health** PO BOX 4404 Nydalen 0403 Oslo http://www.fhi.no +4721077000
Poland	**National Institute of Public Health – National Institute of Hygiene** 24 Chocimska Street 00791 Warsaw http://www.pzh.gov.pl +48 228497612
Portugal	**Directorate General of Health** Ministry of Health Alameda D. Afonso Henriques 45 1049-005 Lisbon www.dgs.pt +351218430500
Romania	**National Institute of Public Health** Dr Leonte Anastasievici 1-3, sector 5 050463 Bucuresti http://www.cpcbt.ispb.ro +40213183612
Slovak Republic	**Public Health Authority of the Slovak Republic** Trnavská cesta 52 82645 Bratislava http://www.uvzsr.sk +421244372906
Slovenia	**National Institute of Public Health** Trubarjeva cesta 2 1000 Ljubljana http://www.ivz.si +3861244410
Spain	**Ministry of Health, Social Services and Equality** Paseo del Prado 18-20, 7 planta 28071 Madrid http://www.mspsi.es +34915962062

Sweden	**Public Health Agency of Sweden** Nobels väg 18 17182 Solna http://folkhalsomyndigheten.se/ +46102052000
United Kingdom	**Public Health England** Colindale Avenue 61 NW95EQ London http://www.hpa.org.uk +442082004400

Annex VIII. List of publications 2014

Risk assessments

January

Human infection with a novel avian influenza A(H7N9) virus, China (update)

February

Human infections with avian influenza A viruses, China (update)

Zika virus infection outbreak, French Polynesia

Mars

Outbreak of Ebola haemorrhagic fever in Guinea

Measles on a cruise ship, Mediterranean Sea

Seasonal influenza 2013–2014 in the EU/EEA countries

April

Severe respiratory disease associated with Middle East respiratory syndrome coronavirus (MERS-CoV) (update)

Ebola travel advice

Outbreak of Ebola virus disease in West Africa

Outbreak of hepatitis A in EU/EEA countries

May

Local transmission of *Schistosoma haematobium* in Corsica, France

Multi-country outbreak of *Salmonella* Stanley infections (update)

June

Severe respiratory disease associated with Middle East respiratory syndrome coronavirus (MERS-CoV) (update)

International spread of wild-type poliovirus in 2014 declared a Public Health Emergency of International Concern under the International Health Regulations (IHR)

Brazil 2014 FIFA World Cup, 12 June–13 July 2014

Outbreak of Ebola virus disease in West Africa (update)

Floods in Bosnia and Herzegovina, Croatia, and Serbia: communicable disease risks

Chikungunya outbreak in Caribbean region

August

Outbreak of Ebola virus disease in West Africa (update)

ECDC–EFSA joint Rapid Outbreak Assessment: Multi-country outbreak of *Salmonella* Enteritidis infections associated with consumption of eggs from Germany

Severe respiratory disease associated with Middle East respiratory syndrome coronavirus (MERS-CoV) (update)

September

ECDC and EFSA joint rapid outbreak assessment: Cluster of monophasic *Salmonella* Typhimurium with previously unseen MLVA pattern in the EU/EEA

Outbreak of Ebola virus disease in West Africa (two updates)

Outbreak of Ebola virus disease in Equateur province, Democratic Republic of the Congo

Enterovirus 68 detections in the USA and Canada

October

Outbreak of Ebola virus disease in West Africa (two updates)

Enterovirus 68 detections in the USA and Canada (update)

Severe respiratory disease associated with Middle East respiratory syndrome coronavirus (update)

November

Enterovirus 68 detected in the USA, Canada and Europe (update)

Outbreaks of highly pathogenic avian influenza A(H5N8) in Europe (two updates)

Outbreak of Ebola virus disease in West Africa (update)

Outbreak of Legionnaires' disease in the Lisbon area, Portugal

December

Plague outbreak, Madagascar

Outbreak of measles linked to a dog show in Slovenia

Circulation of drifted influenza A(H3N2) viruses in the EU/EEA

Human infection with avian influenza A(H5N1) virus, Egypt

Technical reports

January

External quality assurance scheme for *Listeria monocytogenes* typing

A rapid evidence review of health advocacy for communicable diseases

Implementation of the Council Recommendation on seasonal influenza vaccination

February

Detection and control of poliovirus transmission in the European Union and European Economic Area

Health communication and its role in the prevention and control of communicable diseases in Europe: Current evidence, practice and future developments

Chlamydia control in Europe: literature review

External quality assurance scheme for *Bordetella* identification and *B. pertussis* typing 2013

External quality assurance scheme for *Bordetella* pertussis serology 2013

Mars

Prevention measures and communication strategies for hantavirus infection in Europe

Healthcare system factors influencing treatment results of patients with multidrug-resistant tuberculosis

Fourth external quality assessment scheme for typing of verocytotoxin-producing *E.coli* (VTEC)

Third external quality assessment scheme for typing of verocytotoxin-producing *E.coli* (VTEC)

April

Risk assessment guidelines for infectious diseases transmitted on aircraft (RAGIDA): Influenza

May

Assessing the burden of key infectious diseases affecting migrant populations in the EU/EEA

Risk assessment guidelines for infectious diseases transmitted on aircraft (RAGIDA) – tuberculosis

Point prevalence survey of healthcare-associated infections and antimicrobial use in European long-term care facilities

June

Handbook on simulation exercises in EU public health settings

External quality assessment for influenza antiviral susceptibility for the European Reference Laboratory Network for Human Influenza

External quality assessment scheme for influenza virus detection, isolation and culture for the European Reference Laboratory Network for Human Influenza, 2013

Chlamydia control in Europe – a survey of Member States, 2012

August

Measles and rubella elimination: communicating the importance of vaccination

September

Evaluation and assessment of serological immunity methods and EQA scheme of Diphtheria

External quality assessment scheme for diphtheria diagnostics

Curricular process guide for EPIET and EPIET-associated fellowships

Assessment and planning for medical evacuation by air to the EU of patients with Ebola virus disease and people exposed to Ebola virus

October

Risk of transmission of Ebola virus via donated blood and other substances of human origin in the EU

Infection prevention and control measures for Ebola virus disease: Entry and exit screening measures

Assessing and planning medical evacuation flights to Europe for patients with Ebola virus disease and people exposed to Ebola virus

Public health management of persons having had contact with Ebola virus disease cases in the EU

Options for preparing for gatherings in the EU in the context of the current outbreak of EVD in West Africa

November

Public health management of persons having had contact with Ebola virus disease cases in the EU (update)

Public health management of healthcare workers returning from Ebola-affected areas

Second external quality assessment scheme for *Listeria monocytogenes* typing

Fifth external quality assessment scheme for typing of verocytotoxin-producing *Escherichia coli* (VTEC)

Fifth external quality assessment scheme for *Salmonella* typing

Guidelines for the surveillance of native mosquitoes in Europe

Social marketing guide for public health programme managers and practitioners

Transferability of health promotion and health education approaches between non-communicable and communicable diseases

December

Safe use of personal protective equipment in the treatment of infectious diseases of high consequence

Systematic review of the effectiveness of infection control measures to prevent the transmission of carbapenemase-producing Enterobacteriaceae through cross-border transfer of patients

Systematic review of the effectiveness of infection control measures to prevent the transmission of extended-spectrum beta-lactamase-producing Enterobacteriaceae through cross-border transfer of patients

A literature review on health communication campaign evaluation with regard to the prevention and control of communicable diseases in Europe

Use of personal protective equipment for safe first assessment of PUI of EVD in EU-EEA

Technical documents

March

EU protocol for harmonised monitoring of antimicrobial resistance in human *Salmonella* and *Campylobacter* isolates

May

Protocol for point prevalence surveys of healthcare-associated infections and antimicrobial use in European long-term care facilities

September

Data quality monitoring and surveillance system evaluation – A handbook of methods and applications

Point prevalence survey validation protocol (Version 2.1), point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals

October

Critical aspects of the safe use of personal protective equipment

Surveillance reports

February

The European Union summary report on trends and sources of zoonoses, zoonotic agents and foodborne outbreaks in 2012

Surveillance of antimicrobial consumption in Europe 2011

March

Legionnaires' disease in Europe, 2012

The European Union Summary Report on antimicrobial resistance in zoonotic and indicator bacteria from humans, animals and food in 2012 (joint EFSA–ECDC report)

Tuberculosis surveillance and monitoring in Europe 2014

July

Sexually transmitted infections in Europe 2012

Influenza in Europe, season 2013–2014

Hepatitis B and C surveillance in Europe 2012

Gonococcal antimicrobial susceptibility surveillance in Europe, 2012

September

Surveillance of antimicrobial consumption in Europe 2012

November

Annual epidemiological report 2014 – Emerging and vector-borne diseases

Annual epidemiological report 2014 – Respiratory tract infections

Annual epidemiological report 2014 – Food- and waterborne diseases and zoonoses

Antimicrobial resistance surveillance in Europe 2013

HIV/AIDS surveillance in Europe 2013

December

Annual epidemiological report 2014 – Vaccine-preventable diseases

Guidance reports

April

Preliminary guidance on varicella vaccination in the European Union

Meeting reports

January

ECDC technical consultation on harnessing genomics for epidemiological surveillance

February

Fourth European Legionnaires' disease surveillance network (ELDSNet) annual meeting

April

Joint ECDC/WHO Regional Office for Europe meeting report on the consultation on pandemic and all-hazard preparedness

5th Food- and Waterborne Diseases and Zoonoses Programme Network Meeting

May

EVD Network and Coordination Group annual meeting

Expert consultation on pertussis

Expert consultation on guidelines for the surveillance of native mosquitoes

June

Ad hoc advisory meeting on preparedness – Stockholm, 15–16 May 2014

August

ECDC public health training: Aligning training strategies between Member States and the EU level, 2014–2020

Mission reports

March

Dengue outbreak in Madeira, Portugal, March 2013

August

Assessment of Latvia's reference microbiology laboratory system

November

Report of the joint ECDC and WHO review of the national tuberculosis programme in Bulgaria

Corporate publications

February

ECDC strategic multi-annual programme 2014–2020

May

Annual Report of the Director 2013

Highlights from the Annual Report of the Director – Achievements, challenges and major outputs 2013

ECDC international relations policy (2014–2020)

Special reports

April

Implementing the ECDC Action Plan for Measles and Rubella

November

From Dublin to Rome: ten years of responding to HIV in Europe and Central Asia

Joint scientific opinion

December

Scientific report of EFSA–ECDC: Risk related to household pets in contact with Ebola cases in humans

Regular publications

Weekly/Bi-weekly influenza surveillance overview (23 issues in 2014)

Influenza virus characterisation, summary Europe (8 issues in 2014: published in January, April, May, June, July, October, December)

Measles and rubella monitoring (5 issues in 2014: January, February, May, August, December)

Communicable disease threats report (52 issues in 2014)

Annex IX. Negotiated procedures launched in 2014 with a value above EUR 60 000

According to its Financial Regulation, ECDC must publish a list of negotiated, exceptional procedures for contracts of a value above EUR 60 000.

Contract authorities may use the negotiated procedure without prior publication of a contract notice, whatever the estimated value of the contract, in the cases mentioned in Article 126(1) (a) to (g) of Commission Implementing Rules of the Financial Regulation.

The negotiated procedures based on this article were the following in 2014:

Number	Title of contract	Contractor	Amount (EUR)	Motivation
ECDC/2014/034	Rent for back-up power generator	Coromatic AB	EUR 126 000	A change of supplier may have obliged ECDC to acquire equipment having different technical characteristics, a transition period for the change of equipment (disconnection and dismantling of the current generator and the assembly and commissioning of the new one). These activities would have represented "disproportionate technical difficulties" that would have introduced risks in business continuity for the Centre.
ECD.5107	Scientific support to the VPD programme at ECDC in order to carry out work related to the estimate of the burden if Invasive Pneumococcal Disease IPD in EU/EEA.	EpiConcept SARL	EUR 200 000	Additional services were not initially planned and could not have been foreseen without the results obtained during the execution of framework contract ECDC/2012/038 itself. Additional services have become necessary for the confirmation of the findings of the project carried out under the framework contract.
ECD.5197	Course on control of multidrug-resistant micro-organisms in healthcare settings	Karolinska Institutet	EUR 80 000	Negotiated procedure following an unsuccessful open call for tender. Overall purpose of this assignment is to organise and deliver the course 'Control of multidrug-resistant microorganisms in healthcare settings' in order to complete the portfolio of courses for professional development in intervention epidemiology and infection control.

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