ECDC **CORPORATE**

Annual Report of the Director

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Contents

Abbreviations iv
Foreword by the Chair of the Management Board 1
Introduction by the Director 2
Executive summary 3

Part I. Policy achievements

1 Surveillance 6
2 Epidemic intelligence and response, including EU preparedness 7
3 Country preparedness support 8
4 Scientific advice 9
5 Public health training 10
6 Microbiology 11
7 Health communication 13
8 Public health emergency: Ebola 14
9 Antimicrobial resistance and healthcare-associated infections 15
10 Emerging and vector-borne diseases 16
11 Food- and waterborne diseases and Legionnaires' disease 17
12 HIV, sexually transmitted infections and viral hepatitis 18
13 Influenza and other respiratory viruses 19
14 Vaccine-preventable diseases 20
15 Tuberculosis 21
16 Eurosurveillance 22
17 General management 23
18 Collaboration and cooperation with EU institutions and Member States 24
19 International relations 25
20 Resource management and organisational development 26
21 Information and communication technologies 27

Part II. Management

1 Management Board 28
2 Major events 28
3 Budgetary and financial management 29
4 Human resources management 30
5 Assessment by management 30
6 Budget implementation tasks entrusted to other services and entities 31
7 Assessment of audit results during the reporting year 31
8 Follow-up of recommendations and action plans for audits 32
9 Follow-up of observations from the discharge authority 32

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

1 Risk management 35
2 Compliance and effectiveness of internal control standards 37

Part IV. Management assurance

1 Review of the elements supporting assurance 38
2 Reservations 38
3 Overall conclusions on assurance 38

Annex I-a. Results 2015 of the SMAP/annual programme indicators 41
Annex I-b. Implementation of the Work Programme 2015 48
Annex II. Statistics on financial management 60
Annex III. Organisational chart 60
Annex IV. Establishment plan 61
Annex V. Human and financial resources by activity 63
Annex VI. Final financial accounts 65
Annex VII. MB/AF/CCB Members and Alternates; Coordinating Competent Bodies 75
Annex VIII. List of publications 2015 80
Annex IX. Negotiated procedures launched in 2015 with a value above EUR 60 000 85

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

Although only recently elected as Chair of the Management Board, I have been involved in the development of ECDC over many years as one of its members. Therefore, when the Centre celebrated its 10th anniversary, I was in an excellent position to measure the accomplishments and progress of the Centre.

The 10 year anniversary was not only an occasion to celebrate ECDC's past achievements, but also to think ahead and bring together the Centre's stakeholders during the Second Joint Strategy Meeting in order to discuss further expectations.

2015 was not only for ECDC a year for celebrations, but also a time of continuous commitment:

- First with the direct support of the Centre to contribute to the ending of the unprecedented Ebola pandemic in Africa at its source, in collaboration with WHO and international partners, with dedicated ECDC-led field missions in Guinea, which mobilised a significant amount of ECDC staff and many EU national experts;
- With the further implementation of decision 1082/2013/EU on serious cross-border health threats and concrete technical input to the Commission, that remained one of ECDC top priorities;
- With the delivery of 42 timely high-quality rapid risk assessments (the highest number so far) to support Member States and the Commission addressing new threats for Europe in the most efficient way;
- And also with the implementation of many actions to prevent and address communicable diseases throughout Europe and the development of practical tools that will give direct access to information and data to health professionals and policy makers in Europe (such as the Atlas of Communicable Diseases, situation maps for vectors, modelling tools, directories of resources, evidence briefs for policy makers).
- In June 2015, the Management Board endorsed a set of recommendations to react to the Second Independent External Evaluation of ECDC in 2014. Based on the recommendations, ECDC developed in November 2015 an ambitious action plan to bring improvements that will further strengthen the Centre's work in the coming years.

Finally, I would like to take the opportunity to express my sincere thanks, on my behalf, but also on behalf of the Management Board, to Françoise Weber, who from 2012 to spring 2015 served as an efficient, appreciated and respected Chair of the Management Board. I would also like to thank Marc Sprenger, who managed the Centre during the past five years, further consolidated ECDC, and developed its long term strategy 2014–2020 (SMAP).

Finally, I would like to thank Andrea Ammon, who accepted to step in as Acting Director in May 2015 and managed to ensure that the Centre continues to move ahead and deliver according to expectations. The outstanding results presented in this report demonstrate her successful leadership.

Daniel Reynders
Chair of the ECDC Management Board

15 February 2016

Introduction by the Director

ECDC's 10th anniversary event on 22 September 2015 was a milestone as well as an opportunity to reminisce, celebrate, and look ahead at the challenges we face in the future. It was thus no coincidence that immediately after the anniversary celebration, ECDC met with its stakeholders for a Joint Strategy Meeting, where the ECDC Management Board, the Advisory Forum and National Focal Points for Surveillance and Microbiology met to discuss the focus and priorities for our Centre in the coming years. The recommendations received from the working groups, as well as from the Management Board on the second external evaluation of ECDC, have been translated into a joint action plan led by our Chief Scientist and a team working across the different units. 2015 also marked the preparation of the first Single Programming Document 2017–2019, a new European Commission requirement for all EU Agencies.

During the past year, I met several times with Ms Kateřina Konečná, ECDC's contact Member of the European Parliament who also serves on the Committee on the Environment, Public Health and Food Safety. I informed the MEP about our disease-specific work, upcoming projects and our efforts to find new premises.

European agencies have teamed up to work together on the One Health approach. The Centre and its partners also continued their fight against antimicrobial resistance, a problem that needs to receive more global attention.

In 2015, ECDC closely monitored migrant flows into Europe to rapidly identify potential risks of communicable disease outbreaks for refugee populations in the EU/EEA.

ECDC mobilised a total of 89 experts to assist in the Ebola outbreak in West Africa. The Centre highly appreciated the commitment from the Member States, which may prove to mark a new era of collaboration, supported by the legal framework of Decision 1082/2013/EU[1].

Since the first quarter of 2015, ECDC has been monitoring the spread of the Zika virus disease, continuously updating the assessment of the risks for Europe. In December, the Centre published a Rapid Risk Assessment on Zika virus and its potential association with microcephaly and Guillain–Barré syndrome.

It is now almost ten months since I took up office as Acting Director at ECDC. I would like to thank Marc Sprenger for his dedication to ECDC during the past five years. I would also like to express my gratitude to the ECDC Management Board for their confidence and trust in me and for their support to the Centre. As Acting Director, my focus has been on ensuring the seamless operation of the Centre, and I will continue to do so until a new Director takes up post.

Andrea Ammon
Acting Director ECDC

2 March 2016

[1] Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC

Executive summary

Overview: 2015 at a glance

2015 was the second year of implementation for ECDC's **Strategic Multi-annual Programme 2014–2020 (SMAP)** and of the implementation of **Decision 1082/2013/EU on serious cross-border health threats**. Significant progress was achieved on both priorities. ECDC delivered more than 86% of the outputs promised in its Work Programme for 2015. 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 March 2014 – and declared a Public Health Event of International Concern by WHO in August 2014 – was the first emergency event addressed by ECDC and its partners under Decision 1082/2013 and SMAP. 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. In November 2014, while Guinea was still experiencing a significant number of local Ebola outbreaks, the US Centers for Disease Control and the World Health Organization requested ECDC to support surveillance control activities in Guinea through the deployment of French-speaking experts. In December 2014, ECDC sent the first experts to Guinea. All ECDC expert deployments were coordinated through WHO's Global Outbreak and Response Network (GOARN) and coordinated with the European Commission. The mission officially ended in October 2015. All in all, ECDC mobilised 89 experts for deployment in West Africa since August 2014.

Follow-up of the Second Independent External Evaluation of ECDC: In June 2015, the Management Board adopted a set of recommendations for action based on the external evaluation. As a response, ECDC developed a Joint Action Plan that was approved by the Management Board in November 2015 and will be implemented from 2016 onwards to bring about further concrete improvements to the work of the Centre.

Highlights from ECDC's core functions

Surveillance: The Surveillance Atlas of Infectious Diseases, available on the ECDC web portal, is now in full operation. To date, 25 notifiable diseases are included in the Atlas. The Atlas presents EU-level surveillance data in an interactive online format. ECDC launched a Surveillance System Reengineering project to improve user experience of ECDC surveillance tools and reduce the burden for Member States. Data comparability was further improved. New case definitions were agreed upon for dengue and chikungunya, and revised case definitions were released for syphilis. Discussions on a case definition for Lyme disease started. ECDC made further progress in gradually introducing molecular typing for surveillance for a limited number of diseases.

Epidemic intelligence and response: ECDC produced a total of 50 rapid risk assessments, of which 42 were published: the highest number it has ever produced in a single year. Twenty epidemiological updates were also published on the website.

Preparedness: ECDC continued to provide technical support to the European Commission on a number of tasks linked to implementation of Article 4 of Decision 1082/2013/EU on serious cross-border threats to health, e.g. an analysis and report on a template for Member States on preparedness arrangements and work on methodologies, indicators and tools for assessing preparedness. ECDC also provided technical support on some of the issues arising from a report on Member States preparedness for Ebola cases. ECDC also launched a series of projects to strengthen preparedness in Member States in response to the migrant/refugee crisis.

Scientific advice: ECDC standardised its scientific outputs and streamlined the development of its output. The Burden of Communicable Disease Control tool was made available on the ECDC website. The 2015 edition of ESCAIDE, ECDC's flagship scientific conference, was the most successful ever, with over 600 participants from 55 countries.

Public health training: The EPIET and EUPHEM programmes continued to thrive, with strong demand from Member State training sites and high demand from aspiring fellows from across Europe. In 2015, a cohort of 38 fellows was recruited and 38 fellows graduated. The ECDC Virtual Academy, a platform for online training, was launched, and 30 participants successfully pilot-tested the first course offering.

Microbiology: Good progress was made in implementing the Roadmap for integration of molecular typing into EU surveillance. ECDC completed the first complete round of monitoring the capabilities of microbiology laboratories in Europe (2013). The agreed set of indicators (EULabCap) showed a strong capability level, with an index of 6.8/10.

Health communication: 170 reports were edited and published by ECDC. All reports were made available free of charge as PDF documents downloadable from the Centre's web portal at www.ecdc.europa.eu. 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. The website receives over 1.1 million visits per year.

Highlights from ECDC's Disease Programmes

Antimicrobial resistance and healthcare associated infections: ECDC published the results of the 2nd assessment on the spread of carbapenemase-producing *Enterobacteriaceae* in Europe, showing an increased spread throughout Europe compared to 2013. A brief review of evidence was published to provide information for policymakers to combat its spread. ECDC extended its *Directory of online resources for prevention and control of antimicrobial resistance and healthcare-associated infections*. The annual Antibiotic Awareness Day was organised together with the first WHO World Antibiotic Awareness Week in November 2015.

Emerging and vector-borne diseases: The Ebola epidemic continued to be a major part of the EVD Programme's work. However, 2015 also saw several other significant EVD outbreaks and epidemics: Zika virus, louse-borne relapsing fever, bornavirus, chikungunya, Q fever and schistosomiasis. Distribution maps on disease vectors like mosquitos, ticks and sandflies were further consolidated, and real-time data and maps on West Nile fever cases in Europe were made available. A literature review on Lyme disease was completed and the development of a case definition was initiated.

Food- and waterborne diseases and zoonoses: ECDC, EFSA and the European reference laboratories developed the technical and operational infrastructure for a joint molecular typing database, hosted by ECDC, covering three major FWD pathogens – *Listeria*, *Salmonella* and VTEC – from food, feed, animals and humans. Sharing of molecular typing data has now become part of the regular EU-level surveillance for these pathogens because it picks up signals that would otherwise go undetected. The FWD-NEXT expert group published an opinion on introducing next-generation typing methods for food- and waterborne diseases in the EU. A new ELITE genome sequencing project was initiated together with the Member States.

HIV, sexually transmitted infections and viral hepatitis: ECDC explored the possibility of developing targeted HIV prevention campaigns among men who have sex with men through smartphone applications. A successful campaign to promote HIV testing was carried out in November 2015. ECDC continued to monitor the Dublin Declaration on fighting HIV/AIDS in Europe and Central Asia: a comprehensive monitoring report was published, supplemented by six evidence briefs/thematic reports for policymakers. The first HIV modelling tool to assist Member States in estimating HIV incidence was made available on the ECDC website. Also new was the *European HIV Test Finder*, a search tool for citizens to locate the nearest HIV testing site.

Influenza and other respiratory viruses: Joint surveillance of influenza with the WHO Regional Office for Europe continued, as well as the weekly publication of a seasonal influenza bulletin for Europe. ECDC produced 14 risk assessments in the area of influenza and other respiratory diseases. ECDC continued to ensure the delivery of estimates of vaccine effectiveness (through the I-MOVE network).

Vaccine-preventable diseases: ECDC further implemented sentinel surveillance systems for pertussis and invasive pneumococcal disease. Eight vaccine-preventable diseases were added to the ECDC online disease atlas. Two reports were published and a conference organised to address vaccine hesitancy in Europe. At the request of the European Commission, ECDC monitored the shortage of some vaccines in Europe and proposed options for mitigation.

Tuberculosis: ECDC supported the First Eastern Partnership Ministerial conference on TB and MDR resistance, organised by the Latvian EU Presidency in March. An evidence brief for policymakers was published on active elimination of TB. Several scientific guidance reports were produced and work was initiated to support five WHO high-priority countries.

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 align our scientific excellence, organisational performance and partnerships 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:

> 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; 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:

- identifying emerging health threats
- operating dedicated surveillance networks
- collecting and analysing data
- operating the Early Warning and Response System (EWRS)
- providing scientific opinions and promoting and initiating studies
- providing scientific and technical assistance and training
- 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, guides the Centre's work. The headings in the Annual Report of the Director therefore relate to the strategies defined in the SMAP.

[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.

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 typing for surveillance. In 2015, ECDC started a major project to improve ICT surveillance platforms in order to reduce the administrative burden for Member States. Business processes and ICT architecture were reworked and the stability of interfaces between applications was increased.

Results achieved in 2015

The surveillance system reengineering project (SSR) initiated in 2015, aims to ensure optimal surveillance processes and data models. These will result in fast and integrated IT surveillance infrastructures and tools from 2016 onwards. The SSR project will improve the users' experience when interacting with ECDC surveillance tools and simplify work for Member States and ECDC.

A group of National Focal Points for Surveillance (NFPS) met to discuss technical options to reduce the amount of work of Member States when reporting to ECDC. The conclusions, integrated into the SSR project, were that pure machine-to-machine reporting is not feasible in the short term (but should be considered in the long term for the rapid detection of multinational outbreaks). Semi-automatic reporting with improved TESSy interfaces for validation processes and stable metadata sets are key for reducing the burden and considered the highest degree of automated communication possible at this stage.

25 notifiable diseases are now included in the Surveillance Atlas of Infectious Diseases. In parallel, as a result of automation of data validation and data cleaning processes, the Annual Epidemiological Report was converted into web pages. Reports for all diseases will be published in March 2016, almost one year earlier than before. A pilot study was carried out to collect more detailed information on surveillance systems to improve data interpretation; this and the systematic scrutiny of data quality in 2015 for most food- and waterborne and vaccine-preventable diseases will ensure better data comparability at the EU level. A new policy on data submission, access, and use of TESSy data was published in 2015, further clarifying the conditions for third parties who want to access EU surveillance data.

New case definitions for dengue and chikungunya as well as revised case definitions for syphilis and congenital syphilis were reviewed and have entered the formal process for updating the legal text. Extensive discussions with Member States experts took place on Lyme disease surveillance to develop a case definition for Lyme borreliosis. Signal detection methods were applied to *Salmonella* serotypes data, which improved the analytical capacity for outbreak detections. A business intelligence tool was acquired and is being piloted to support more efficient and effective validation and exploration of data and quality monitoring. The ECDC Map Maker application (EMMA) was upgraded with new functionalities and can now produce high-resolution maps.

During 2015, molecular typing for surveillance led by ECDC for *Listeria*, *Salmonella*, VTEC and MDR-TB continued with a number of clusters being detected and evaluated. An evaluation of the system confirmed the good performance of the technical platforms (e.g. TESSy), but pointed out inadequate data timeliness and completeness. Initiatives were started to tackle these issues and support the Member States' transition to whole-genome sequencing. ECDC is able to rapidly outsource whole-genome sequencing typing during multinational outbreaks. Sequencing services for the Member States was successfully provided for 50 isolates from five countries during the *S.* Oranienburg outbreak.

2 Epidemic intelligence and response, including EU preparedness

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 European 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 European 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 European Commission, are key resources for the European Commission and Member States in facilitating the EU-level response to cross border threats. Preparedness planning to ensure that the EOC, EWRS and ECDC experts are constantly ready to support the European 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/EU.

Results achieved in 2015

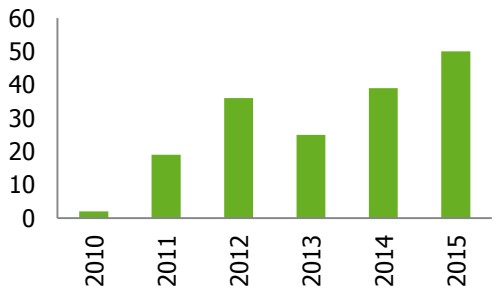
2015 was again a particularly busy and demanding year for ECDC in the area of epidemic intelligence and response. The Centre produced and prepared 50 rapid risk assessments (RRA), of which 42 were published. This is the highest number it has ever been produced in a single year. Threats monitored and assessed included: human infection with influenza virus A(H7N9) and other types of avian influenza, the severe respiratory disease associated with Middle East respiratory syndrome coronavirus, the Ebola virus disease epidemic in West Africa, the communicable disease risks associated with the movement of refugees in Europe, the outbreak of circulating vaccine-derived poliovirus type 1 in Ukraine, and the Zika virus epidemic with the potential association with neurological syndromes. ECDC also examined a new bornavirus strain detected in the EU, an invasive cardiovascular infection by *Mycobacterium chimaera* potentially associated with heater/cooler units used during cardiac surgery, wound botulism in people who inject heroin, and the local transmission of *Schistosoma haematobium* in Corsica, France. In addition, ECDC published more than 20 Epidemiological Updates on its website.

Tools and toolboxes on the investigation and control of Legionnaires' disease outbreaks were developed, revised and updated. Moreover, a priority list to prevent bacterial infections transmitted through substances of human origin has was developed.

In a number of emergencies ECDC provided technical support. For example, ECDC experts were deployed to West Africa to assist WHO, through the GOARN mechanism, in the Ebola epidemic. Experts were deployed mostly in Guinea. Long-term missions were carried out both by ECDC and Member State experts. Experts were also deployed to assess the situation in Ukraine after the outbreak of vaccine-derived poliovirus, in Riga (Latvia) to coordinate the multi-country outbreak of Salmonella *Enteritidis* infections linked to the 2015 Riga Cup ice hockey tournament.

In 2015, ECDC worked closely with the European Commission and the Member States to support the implementation of Decision 1082/2013/EU. ECDC successfully implemented changes to the EWRS to enable the use of the ECAS log-in procedure. Another notable advance was the strengthening of molecular typing for surveillance and the piloting of the use of whole-genome sequencing in the detection of clusters of foodborne pathogens.

Figure. Number of ECDC risk assessments



3 Country 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. The European 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 European 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 European Commission and the 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 an EU-level response to serious cross-border health threats. 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/EU.

Results achieved in 2015

2015 was the second year of implementation of Decision 1082/2013/EU on serious cross-border threats to health. ECDC provided technical support to the European Commission on a number of tasks linked to implementation of Article 4 of the Decision. Most notably, ECDC delivered an analysis and report on a template for Member States on their preparedness arrangements. ECDC also worked on methodologies, indicators and tools for assessing preparedness in the Member States.

Preparedness to manage Ebola cases in EU Member States was still a priority issue for the European Commission and the EU Health Security Committee in 2015. ECDC was asked by the European Commission to provide technical support, including the review of Member States readiness (e.g. Belgium, Portugal, Romania), with a focus on how countries respond to the management and treatment of Ebola cases. The reports identified best practices in countries through a standardised peer-review approach and addressed further areas in which ECDC support was needed. In addition, ECDC developed training modules for simulation exercises, together with a revised simulation exercise handbook for public health emergencies.

A number of technical products were planned, developed and distributed to support country capabilities for preparedness planning. Key deliverables included the development of case studies on specific threats (MERS-CoV, polio), a project on risk ranking, the launch of two projects on preparedness for the sudden influx of migrants, and the organisation of a meeting of national focal points for preparedness and response. All the above activities were also reported in a number of peer-reviewed articles written by the ECDC preparedness team.

The tools and methodologies, as well as training modules developed during the last two years will be further developed in 2016 in order to improve public health emergency preparedness in Member States.

4 Scientific advice

Context

ECDC's output of scientific advice is highly valued by our stakeholders. It provides a European dimension which complements national initiatives and saves resources by producing high-quality, evidence-based advice for 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 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. 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, which provides a platform for sharing and discussing developments in infectious disease epidemiology and is also seen as an opportunity for networking, 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 2015

In 2014, ECDC decided to standardise the outputs it categorises as 'scientific advice' in order to streamline the scientific advice development process and enhance consistency of the final products. Three distinct document types were created under the scientific advice category: ECDC Expert Opinion, ECDC Systematic Review and ECDC Public Health Guidance. 2015 and 2016 can be considered transition years, since work and projects that were initiated before the introduction of the new scientific advice categories will be finalised as originally planned. New projects however are expected to follow the new standard, and three ECDC Expert Opinions were already published in 2015. The first ECDC Systematic Reviews and Public Health Guidance documents using the new format are currently being prepared and will be published in 2016.

ECDC's Advisory Forum continued to play a vital role in providing feedback and peer-review on the Centre's scientific work, including setting priorities for topics and areas that would benefit from scientific advice and guidance developed by the Centre. The ECDC prioritisation framework IRIS, developed in close consultation with the Advisory Forum, aims to ensure stakeholder involvement and transparency when setting priorities for scientific advice. The results of the 2015 IRIS exercise will be used to develop the Centre's work plan 2017.

The BCoDE online tool[3] for estimating the burden of communicable diseases was made available on the ECDC website. The feedback obtained shows demand from national and regional public health institutes as well as from academia.

The 2015 ESCAIDE conference attracted once again over 600 delegates from 55 countries. With more than 400 abstracts, including 89 late breakers, the 2015 conference reached a record high. The number of reviewers should grow in line with the number of submissions, and measures were implemented in 2015 to further ensure consistent and fair abstract selection and quality. Plenary and parallel sessions were well received, and the overall satisfaction level of participants with the conference was high.

[3] BCoDE: Burden of Communicable Disease in Europe

5 Public health training

Context

The defence against communicable diseases in the EU depends on a competent workforce at all relevant 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. ECDC's three strategic objectives for public health training are:

- Coordinate training activities in Europe, e.g. EPIET and EUPHEM, two programmes which send fellows to work at public health institutes so they can later apply their new skills to surveillance, outbreak response, population-based public health research, teaching and scientific communication. The Centre also organises a programme of short courses (2–5 days) and workshops aimed at senior and mid-career public health professionals.
- Strengthen and maintain a network of European and global training partners through partnerships with national institutes for public health, national reference laboratories, schools for public health, national focal points for public health training and global partners, such as TEPHINET and WHO. ECDC also established MediPIET, with the European Commission a field epidemiology training programme for EU-neighbouring countries in the Mediterranean region, for which it has taken on scientific leadership.
- Support training in the Member States by providing e-learning (the ECDC Virtual Academy, EVA), improving access to training activities, and sharing training materials through an online collaborative platform (FEM Wiki).

Results achieved in 2015

The ECDC Fellowship Programme (EPIET and EUPHEM) continued to thrive, with strong demand from Member State training sites and high demand from aspiring fellows from across Europe. In 2015, a cohort of 38 fellows was recruited (19 EPIET, 9 EUPHEM and 10 from national EPIET-associated programmes) and 38 fellows graduated. At year's end, 77 fellows were enrolled, including the first fellow from Croatia. The programme conducted 20 training site visits and organised nine training modules and courses. Senior-level exchanges were successfully continued in 2015, with one professional hosted in another Member State and a further 12 enrolling for the exchange in 2016. A total of 105 mid-career and senior experts from EU Member States participated in four short courses: multidrug-resistant organisms, rapid assessment in complex emergencies, introduction to epidemiology and surveillance, and time series analysis. The ECDC Summer School hosted 30 participants from 20 EU/EEA Member States, 15 from MediPIET countries, and 18 experts from ECDC.

MediPIET, the Mediterranean regional FETP, developed by ECDC in 2012/2013, is now coordinated by a Spanish Consortium, under ECDC's scientific leadership and with funding from the European Commission. A MediPIET Scientific Coordinator, based in Stockholm, ensures knowledge exchange with the ECDC Fellowship Programme. ECDC also chairs the Scientific Advisory Board of MediPIET and participated in two training site appraisals, the annual scientific conference, network meetings. ECDC also advised on five training modules and courses.

ECDC organised an expert meeting with the Association of Schools of Public Health in the European Region (ASPHER) on collaboration and e-learning, which lead to a draft partnership agreement. Further network collaboration on public health training took place with the Canadian Program for Field Epidemiology, the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), EFSA, the European Public Health Association (EUPHA), the ECDC National Focal Points for Preparedness, and global experts in digital health. ECDC performed a training needs assessment survey among all Member States in October and November 2015. Four newsletters on public health training were sent out to the network partners.

In 2015, the ECDC Virtual Academy (EVA), a platform for online and combined learning became operational. A first e-learning course on scientific abstract writing was developed, and 30 participants successfully pilot-tested the first course offering. ECDC published a working paper on core competencies for experts in vaccine-preventable diseases and immunisation and formulated a public health training strategy, which was endorsed by the Management Board in June 2015.

EPIET and EUPHEM fellows continued to play a notable role in supporting the international response to the Ebola pandemic in West Africa: 3 EPIET coordinators and 25 EPIET/EUPHEM fellows were deployed in the field.

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 requires maintaining and constantly adapting laboratory testing capabilities at clinical, national and supranational reference levels. Rapid microbial and drug resistance screening tools are now getting incorporated in routine point of care practices. Whole-genome analysis is transforming microbiological diagnostic and typing approaches, revealing 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 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 as well as monitor their collective capacity. ECDC and several laboratory networks linked to the Centre's Disease Programmes organise EQA schemes to support the proficiency of laboratories to test for key pathogens and drug resistance traits. In the area of microbiology, ECDC and its networks have agreed on a roadmap for a gradual, coordinated and cost-efficient introduction of data generated by molecular typing technologies into EU-level surveillance and outbreak investigations.

Results achieved in 2015

In 2015, ECDC carried out 55 technical support activities that contributed to the consolidation and more efficient use of existing capacities of the EU public health microbiology system for EU-wide surveillance of communicable diseases and epidemic preparedness (see table below). The report on annual microbiology activities was disseminated to serve as background information for the Joint Strategy Meeting discussions on the ECDC laboratory strategy.

Due to budget constraints, ECDC outsourced fewer external quality assessment (EQA) services for the EU networks of laboratories in 2015 than in previous years. The quality and efficiency of the EQA schemes was improved by harmonising their design, procurement, management and reporting across networks. ECDC developed an *EQA strategic action plan*, with proposals on standard criteria for topic prioritisation, the frequency of surveys and procurement details.

ECDC provided expert guidance on the EU-added value of Whole-genome sequencing (WGS) to ensure enhanced surveillance. The ECDC *WGS strategy* was developed in collaboration with the task force for molecular typing for surveillance (MSTF) and academic experts, building upon a survey of WGS national capacity in the Member States and an evaluation of ECDC-coordinated molecular typing for surveillance in the EU. The Roadmap for the integration of molecular and genomic typing into European surveillance and epidemic preparedness was revised, in consultation with the MSTF and other scientific and public health partners; it will guide ECDC in operationalising the WGS-based surveillance projects in 2016–19.

In 2015, ECDC completed the first pan-EU/EEA monitoring of microbiology laboratory capabilities for the EU-wide surveillance of communicable diseases and epidemic preparedness. The first report on the set of agreed indicators (EULabCap) on Member States and EU capabilities in 2013 was validated by the Member States and approved for publication. With all Members State participating and a mean EULabCap index of 6.8/10, the Member States demonstrated a high level of microbiology capacity in the area of public health.

The further integration of EU clinical laboratories and other public health laboratories into the surveillance and alert systems for human and zoonotic pathogens progressed: ECDC advised the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) on the cost-efficiency of EU reference laboratory networks for human pathogens and coordinated ECDC laboratory activities during a Joint project entitled 'Efficient response to highly dangerous and emerging pathogens at the EU level' (EMERGE). Expert support was given to the 'one-health approach' regarding laboratory-based surveillance of zoonotic pathogens. This was done in collaboration with EFSA (joint molecular typing database; WGS technology for food safety and public health applications).

Technical guidance to support microbiologists in Member States was offered through an EU protocol for case detection, laboratory diagnosis and environmental testing of *Mycobacterium chimaera* infections potentially associated to heater/cooler units used in cardiac surgery.

Table. Summary of ECDC outsourced microbiology support activities 2015, by disease programme and technical area

Disease Programme or Section	Network or project	Pathogens covered	Areas covered by outsourced microbiology activities – 2015								
			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
ARHAI	EARS-Net	*Streptococcus pneumoniae, Staphylococcus aureus, Enterococcus faecalis, Escherichia coli, Klebsiella pneumoniae, Pseudomonas aeruginosa*	X								
	EUCAST	Antimicrobial-resistant bacteria and fungi		X					X	X	X
EVD	ENIVD	Emerging pathogens		X		X	X	X	X		
FWD	FWD-Net	*Salmonella enterica*, Shiga toxin-producing *E. coli*, *Listeria monocytogenes, Campylobacter jejuni/coli, E. coli,* hepatitis E virus	X	X	X	X	X	X	X	X	X
	EuroCJD	Variant Creutzfeldt–Jakob disease (vCJD)		X		X	X	X	X		
	ELDSNet	*Legionella* spp.	X	X					X		X
IRV	ERLI-Net	Influenza virus	X	X	X	X		X	X		
HSH	Euro-GASP	*Neisseria gonorrhoeae*	X	X	X	X		X	X	X	
VPD	EDSN	*Corynebacterium diphteriae*								X	
	Eupert-LabNet	*Bordetella pertussis*	X	X						X	
TB	ERLTB-Net	*Mycobacterium tuberculosis* complex	X	X	X	X		X	X	X	
MCS	MSTF	13 pathogens						X	X	X	
Total number of activities per area			**7**	**9**	**4**	**6**	**3**	**7**	**9**	**7**	**3**

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 on a set of coherent, technically sound core messages about a threat can be a huge support to response efforts.

Results achieved in 2015

ECDC published a total of 170 reports in 2015. The reports published in 2015 included 42 rapid risk assessments and 83 surveillance reports. ECDC's *Weekly Influenza Surveillance Overview* was discontinued in favour of the web-based *Flu News Europe* produced jointly with WHO. All reports were made available as PDF documents, downloadable from the Centre's web portal. The number of subscribers to the monthly email on publications increased by 166, to 2312. As well as providing data and analysis in reports, ECDC is increasingly publishing data, graphs, maps and infographics as downloadable, copyright-free assets on its web portal, which makes it easy for partners and stakeholders to re-use ECDC content.

The ECDC Strategic Multiannual Programme 2014–2020 emphasises the need to make the Centre's data available in value-added, interactive online formats. The section for *Data and Tools* on the ECDC's web portal was further developed, providing a centralised entry point to interactive data, maps, and infographics. New tools such as the interactive ECDC Surveillance Atlas of Infectious Diseases are also accessible on the ECDC website.

Despite the decreasing interest in Ebola-related content, the number of visits to ECDC's web-portal remained nearly constant. Overall, 1 160 000 website sessions are recorded for 2015, compared to 1 200 000 in 2014. The number of followers on ECDC's Twitter account also grew, rising from 9 000 to 12 600. ECDC's dedicated Twitter account on outbreaks grew to around 1 100 followers from 700 in 2014, a trend that is observed among all ECDC Twitter accounts.

Throughout the year, ECDC provided a professional press office service for health journalists. In close cooperation with the European Commission and the Health Security Committee, including its Communicators network, ECDC provided support to shape the EU-wide communication response, notably by contributing to the *Ebola Lessons Learned* conference held by the European Commission in October 2015.

Over 40 countries across Europe participated in the European Antibiotic Awareness Day 2015, which was marked by national events and campaigns on prudent antibiotic use during the week around 18 November. ECDC also partnered with WHO for the first World Antibiotic Awareness Week and organised a global Twitter chat on 18 November.

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, for example on vaccine-preventable diseases.

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. 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.

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 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.

WHO declared the end of Ebola transmission in Liberia on 14 January 2016, and in Guinea on 29 December 2015. Although the epidemic has now ended, small outbreaks or sporadic cases continue to pose a risk.

Results achieved in 2015

In November 2014, while Guinea was still experiencing a significant number of local Ebola outbreaks, the US Centers for Disease Control and the World Health Organization requested ECDC to support surveillance control activities in Guinea through the deployment of French-speaking experts. As a result of this request, and in accordance with its Founding Regulation, ECDC initiated its first major international field deployment of experts. In December 2014, sent a first batch of experts to Guinea, as part of the international response under WHO's Global Outbreak and Response Network (GOARN) coordination and in close cooperation with the European Commission.

All in all, ECDC mobilised 89 experts for deployment in West Africa between August 2014 and October 2015: 29 ECDC staff members, 28 fellows from ECDC or ECDC-associated training programmes, and 32 Member State experts; of these, 62 were eventually deployed in Guinea as part of the US CDC/WHO request for assistance.

9 Antimicrobial resistance and healthcare-associated infections

Context

With antimicrobial resistance (AMR) and healthcare-associated infections (HAIs) moving ever higher on the EU and global agenda (EU action plan[4] and Global action plan[5]), European initiatives have focused on improved surveillance, prudent use of antimicrobials, infection prevention and control, and the need for new antibiotics. The alarming trend of increasing resistance to last-line antimicrobial agents in gram-negative bacteria will require close surveillance and concerted efforts at EU and international levels. Despite recent successes, awareness of the prudent use of antibiotics is poor in many Member States, particularly in conjunction with infection prevention and control measures among the general public and healthcare professionals. Up until recently, Member States did not share best practices or success stories in preventing and controlling AMR and HAIs. ECDC and its partners are working to change this.

Results achieved in 2015

In November, ECDC published the results of its *2nd assessment by national experts of the spread of carbapenemase-producing Enterobacteriaceae (CPE) in Europe*, showing that in 2015 13 (34%) countries reported interregional spread of, or an endemic situation for, CPE, compared with six (15%) countries in 2013. The ongoing spread of CPE represents an increasing threat to patient safety in European hospitals, and a majority of countries reacted by establishing national CPE surveillance systems and issuing guidance on control measures for health professionals. However by mid-2015, 14 countries still lacked specific national guidelines for the prevention and control of CPE. ECDC also published an evidence brief for policymakers to identify urgent priorities for action to combat the spread of CPE in Europe.

ECDC continued organising and supporting European networks on surveillance of AMR (EARS-Net), surveillance of antimicrobial consumption (ESAC-Net), surveillance of HAIs (HAI-Net), and standardisation of antimicrobial susceptibility testing. The 3rd joint meeting of these networks took place in Stockholm in February 2015. In November, ECDC released its yearly update of EU data on AMR and on antimicrobial consumption. The update included all data available from the dedicated EARS-Net and ESAC-Net databases.

To support the dissemination and sharing of best practice and effective strategies, ECDC increased the content offered by its Directory of online resources for the prevention and control of AMR and HAIs. The directory includes all national strategies, action plans and projects funded by the European Commission. It also includes, in a searchable format, guidance from EU and international agencies (ECDC, US CDC, WHO), professional societies, and EU Member States.

In January 2015, ECDC published, together with EMA and EFSA, the first 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.

In partnership with WHO's first World Antibiotic Awareness Week (16–22 November), over 40 countries across Europe participated in European Antibiotic Awareness Day 2015 (18 November), which was marked by national events and campaigns on prudent antibiotic use. ECDC also cooperated with campaigns on prudent antibiotic use in the United States, Canada, Australia and New Zealand during the same week. A global Twitter chat, related to the European Twitter chat on 18 November, connected Europe, the United States, Canada, Australia and New Zealand using the hashtag #AntibioticResistance.

ECDC also continued to act as a key contributor to the collaboration between Europe and the United States in the field of AMR (Transatlantic Taskforce on Antimicrobial Resistance – TATFAR).

[4] Action plan against the rising threats from antimicrobial resistance, Communication from the Commission, the European Parliament and the Council – COM (2011) 748, November 2011

[5] Global action plan on antimicrobial resistance, WHO World-Health Assembly, May 2015

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, such as 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 suitable 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. ECDC also collects data so that public health experts can better understand the factors that can trigger sudden outbreaks. These data are then used in mapping and modelling applications such as the European Environment and Epidemiology Network (E3) Geoportal.

Results achieved in 2015

2015 saw a number of epidemics of emerging and vector-borne diseases. ECDC prepared 15 rapid risk assessments on significant EVD outbreaks including the epidemics of: Ebola (5), Zika virus (3), louse-borne relapsing fever (2), bornavirus (2), chikungunya (1), Q fever (1), and schistosomiasis (1). The centre continued to be particularly involved in the Ebola epidemic in West Africa, where ECDC experts monitored and assessed the situation in Guinea under the auspices of WHO.

ECDC and EFSA continued to collect and consolidate data on arthropod vectors for both human and animal diseases (VectorNet project). ECDC's online distribution maps for mosquitos, ticks and sand-flies include countries around the Mediterranean basin, which increases the chances of detecting new vector-borne health threats as soon as they emerge.

For blood safety purpose, the surveillance of West Nile disease has been strengthened in 2015, with the availability of real time data and maps on the ECDC Atlas for West Nile fever cases in Europe.

In 2015, the contract with the laboratory network ENIVD that supports the early detection and confirmation of emerging vector diseases was temporarily interrupted because of contract issues; service will be resumed in 2016.

There is currently no surveillance at the EU level for Lyme borreliosis, which is the main vector-borne disease in Europe. ECDC provided information and advice to facilitate the gradual harmonisation of Lyme borreliosis surveillance in the coming years. In 2015, ECDC completed a literature review on the serological diagnostics for this disease. An expert meeting was held on epidemiologic investigations in 2015 and another expert meeting took place on Lyme borreliosis surveillance. In addition, experts began working on a case definition for Lyme borreliosis.

The E3 Geoportal remains an important tool for the analysis of vector presence and the presence of risk factors for the introduction of new vectors and diseases in Europe. The analysis is based on climate and other data and improves our understanding of outbreak risk factors and predictors.

11 Food- and waterborne diseases and Legionnaires' disease

Context

Food- and waterborne diseases and Legionnaires' disease often cause clusters and outbreaks due to contaminated food, water, environment, or infected animals and humans. This epidemiological characteristics, 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, the European public health community relies on multidisciplinary collaboration and regular communication between the food-safety, veterinary, environmental and community healthcare sectors. This is one of the reasons why ECDC collaborates with EFSA.

A key objective of ECDC's Food- and Waterborne Diseases and Legionnaires' disease (FWD) Programme is to improve the EU-level surveillance of this group of diseases. New technologies such as automated molecular typing and whole-genome sequencing (WGS) 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 (EQAs) also continues to be important.

Results achieved in 2015

ECDC, EFSA and the European Union reference laboratories developed a technical and operational infrastructure for a joint molecular typing database and its objectives. The database will be hosted by ECDC and cover molecular typing data on *Listeria monocytogenes, Salmonella* and *verocytotoxin–producing Escherichia coli* (VTEC) from food, feed, animals and humans to facilitate the detection and investigation of multi-country outbreaks. The joint database will enable direct comparisons of molecular typing data of isolates along all parts of the food chain. Sharing of molecular typing data has now become part of the regular EU-level surveillance for these pathogens because it allows the detection of signals of potential multi-country outbreaks, which would not be detected by other outbreak detection systems. It will also facilitate the generation of hypotheses on sources and transmission pathways. The database will be operational in spring 2016. Data are collected from EFSA (food), ECDC (humans) and checked for quality by EU reference laboratories (food) and ECDC contractor SSI (human), thus facilitating the detection of matches between isolates and clusters of mixed origins (food/animal/human) for the three pathogens. A joint steering committee has been established to oversee the implementation of the joint database. ECDC aims to extend molecular typing for surveillance over the next years to cover additional pathogens and integrate whole-genome sequencing into surveillance.

In October 2015, the FWD-NEXT-expert group published an expert opinion on the introduction of next-generation typing methods for food- and waterborne diseases in the EU. Written from the perspective of a Member State, it covers the entire process from sample provision and sequencing to data analysis, and finally data sharing and collaboration between different organisations. As such it serves to inform and support countries which want to implement WGS for routine surveillance and outbreak investigation of FWD. It is expected that automated WGS methods will eventually become the sole standard method for genotyping of FWD pathogens for public health purposes, with decreasing cost and time. The report contributes to the ECDC strategy and roadmap for integration of molecular typing into European-level surveillance, response and epidemic preparedness.

ECDC finalised the analysis of data for the ELITE project on applying pulsed-field gel electrophoresis to *Listeria* strains from food and humans. The epidemiological analysis of the results of this joint project with EFSA and the French Agency for Food, Environmental and Occupational Health & Safety (ANSES) will be presented in 2016. In 2015, the new ELITE genome sequencing project was initiated. It will provide learning opportunities on the use of WGS in outbreak investigation through a workshop planned for 2016. ECDC began funding the sequencing of isolates, particularly in the case of detected multi-country outbreaks of *Salmonella*, VTEC and Listeria.

As in previous years, ECDC published the annual Zoonoses Report with EFSA for 2013 and 2014 (two reports) and a joint ECDC–EFSA summary report on antimicrobial resistance in zoonotic indicator bacteria from humans, animals and food. ECDC continued to offer the antimicrobial sensitivity testing EQA schemes for *Salmonella* and *Campylobacter* and the typing EQA schemes for *Salmonella*, VTEC and *Listeria monocytogenes*. In the area of *Legionella*, a second external quality assessment (EQA) was performed.

In 2015, 57 urgent inquiries were reported through the EPIS platform (the highest number so far). Following the hepatitis A virus (HAV) multi-country outbreak in 2013 and 2014, ECDC established an expert group to assess the susceptibility of the EU population due to the re-emergence of hepatitis A as a foodborne pathogen. The expert group finalised the report and included specific profiles for all EU/EEA countries.

12 HIV, sexually transmitted infections and viral hepatitis

Context

As disparate as sexually transmitted infections, viral hepatitis and HIV seem, there are obvious connecting points, for example the determinants of transmission of infection or the fact that they share the characteristics of silent epidemics, with all the inherent problems with regard to surveillance, 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 – but are essential to inform EU policymakers on the true burden of these diseases and the measures to stop and/or reduce harm.

Dedicated national programmes on HIV, sexually transmitted infections (STI) and viral hepatitis often need significant advocacy to be maintained. Many Member States suffer from a fragmentation of prevention and care services for these diseases – which jeopardises visibility, financial sustainability and, ultimately, effective prevention and control.

Results achieved in 2015

In the area of HIV/AIDS, ECDC explored the possibility of using smartphone apps to promote HIV testing and prevention among men who have sex with men (MSM). During the European HIV-hepatitis testing week 20–27 November 2015, ECDC launched a successful campaign built around the *HIV Test Finder*, an online search tool that makes it easier for citizens to locate the nearest HIV testing site by simply entering a post code or city name.

ECDC continued to monitor the implementation of the 2004 Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia. A comprehensive monitoring report was published, complete with six evidence briefs (HIV testing, treatment, prevention, data, leadership and MSM) and six technical thematic reports (HIV continuum of care, migrants, sex workers, prisoners, MSM, and people who inject drugs).

ECDC also produced the first HIV modelling tool to assist Member States in estimating the HIV incidence and prevalence in their population, including the undiagnosed fraction. The tool makes use of surveillance data to estimate the number of people living with HIV, the annual number of new infections, the average time between infection and diagnosis, and the number of people in need for treatment. The tool is freely available and can be downloaded from the ECDC website.

Throughout the year ECDC continued to coordinate the EU-level surveillance of HIV infection. The annual HIV/AIDS surveillance in Europe report, prepared jointly with the WHO Regional Office for Europe, was published for World AIDS Day on 1 December.

In the area of STIs, ECDC published a surveillance report showing the recent trends in gonococcal antimicrobial resistance, which continues to be an issue of global concern. The work on evaluating the impact of the ECDC chlamydia guidance was completed, and a revised guidance document for policy advisors will soon be ready. Guidance on antenatal screening for various sexually transmitted infections, hepatitis and HIV was developed in 2015 and published in the spring of 2016.

The annual network meeting for hepatitis surveillance experts was organised in March 2015. During 2015, most of the work in this area was devoted to a project to improve the quality of hepatitis B and C surveillance data. The project also wants to provide more accurate estimates of the disease burden by investigating the validity of alternative data sources, such as comparable serosurveys, clinical records, mortality data, transplant registers, and cancer records.

13 Influenza and other respiratory viruses

Context

Seasonal influenza continues to have 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 vaccination programmes for seasonal influenza. In 2009, the EU Council adopted a Recommendation[6] which sets a target of 75% of vaccination coverage among the elderly and the risk groups for severe influenza. 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 are 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 needs across this group of diseases include: the need for strong surveillance systems for seasonal influenza/re-emerging respiratory viruses (disease severity, serological profiles); monitoring the overall impact of seasonal, zoonotic and pandemic influenza; the need for a strong reference laboratory network in the EU; sustainable structures to promote vaccination and assess vaccine effectiveness/safety; and active participation in global surveillance and disease networks (laboratories, vaccination, research).

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 2015

ECDC and the WHO Regional Office for Europe continued their joint influenza surveillance and the publication of a weekly influenza bulletin for Europe (www.flunewseurope.org) during the influenza season. ECDC's other areas of support for WHO included technical work on surveillance for respiratory syncytial viruses, an estimation of the burden of disease for influenza, a severity assessment of pandemic influenza, and the strain selection process for influenza vaccines.

Zoonotic influenza viruses and other emerging respiratory viruses were monitored in real time through ECDC's epidemic intelligence function. ECDC regularly assesses the risk posed by these viruses, especially when unusual or unexpected human cases are reported. In 2015, ECDC produced 14 risk assessments, e.g. on MERS-CoV in Korea, avian influenza A(H5N1) in Egypt, avian influenza A(H7), seasonal influenza 2014–2015 in the EU/EEA, and highly pathogenic avian influenza virus A of H5 type in poultry in France. In total, 14 out of the 42 rapid risk assessments published by ECDC in 2015 (33%) were related to influenza and other respiratory viruses.

ECDC continued funding for the external I-MOVE network which provides estimates of vaccine effectiveness. I-MOVE also provides data that are needed to identify influenza vaccine viruses, due to continuous changes of the virus.

ECDC continued to support the European Influenza Surveillance Network (EISN) and the European Reference Laboratory Network for Human Influenza (ERLI-Net). ECDC conducted external quality assessments and provided technical support on laboratory testing for influenza viruses. In 2015, ECDC organised several multi-country studies on the effectiveness of seasonal influenza vaccines used in Europe for the influenza season. 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). To support the monitoring of the Council recommendation on seasonal influenza vaccination, the VENICE consortium produced the final results of a study on seasonal influenza vaccine coverage in the EU during the 2013–14 and 2014–15 influenza seasons.

Engagement with international partners is of key importance: ECDC participated in a WHO visit to Jordan that investigated the epidemiology of MERS-CoV. The European Respiratory Society and ECDC drafted a collaboration agreement in order to clarify areas of exchange and collaboration.

[6] Council Recommendation 2009/1019/EU of 22 December 2009 on seasonal influenza vaccination

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 external quality assessments 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 proactive role as knowledge agent 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 neighbouring countries; sizeable populations across the EU (clustered or scattered) that are either not vaccinated or under-vaccinated; continued outbreaks of diseases such as measles and rubella; evidence that waning, or changes to the pathogen, 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, coordinated at the European level.

Results achieved in 2015

In 2015, ECDC improved the sentinel surveillance systems for pertussis and invasive pneumococcal disease (IPD). Surveillance is conducted through hospital-based networks in which laboratory experts, epidemiologists and clinicians work together to detect and diagnose pertussis and IPD cases early. Cases are then reported to the coordination hub and to ECDC, in order to monitor the impact and effectiveness of vaccination as well as antimicrobial resistance and serotype replacement. At the moment, six Member States are part of Pertinent (pertussis) and 13 are part of Spidnet (IPD). Results can be extrapolated for all of Europe.

During 2015, eight vaccine-preventable diseases were incorporated in the ECDC Surveillance Atlas platform (pertussis, mumps, tetanus, invasive pneumococcal disease, invasive *H. influenzae* disease, invasive meningococcal disease, measles and rubella). Surveillance data up to 2014 are now available online to the public, including historical data back to 1996. Data are updated once a year, every month for measles and rubella.

In order to help public health professionals in Europe to develop targeted effective public health measures to prevent and respond to vaccine hesitancy, two reports were published: a *Literature review on motivating hesitant population groups in Europe to vaccinate*, and a report on *Vaccine hesitancy among healthcare workers and their patients in Europe.* In October 2015, ECDC organised a conference on vaccine hesitancy for public health professionals in Europe with the European Public Health Association (EUPHA).

At the request of the European Commission in April, ECDC monitored shortages of some vaccines in Europe (mainly the vaccines containing a pertussis component) in 2015 and provided guidance to Member States for adapting their vaccine schedules to best cope with the situation. ECDC also provided technical support to the European Commission's initiative of procuring antitoxin to treat diphtheria cases in Europe to respond to the lack of availability of the antitoxin. ECDC also assisted the European Commission in developing the patient's immunisation record part of a personal health record document for migrants arriving in Europe that was introduced in all EU countries in November 2015.

The WHO declaration of the international spread of wild-type poliovirus as a Public Health Event of International Concern from May 2014 was extended in 2015. In September 2015 ECDC prepared a rapid risk assessment, following cases of vaccine-derived polio virus type 1 in Ukraine.

In March, ECDC – together with the WHO Regional Office for Europe – held the first inter-country meeting on measles and rubella to address issues encountered by the Members States towards the elimination of the two diseases in Europe. ECDC also provided communication toolkits for healthcare workers supporting vaccination activities for rubella, measles and other vaccine-preventable diseases.

The EU Vaccine Scheduler tool continued to be among the most visited features on ECDC's web portal, with around 400 000 visits in 2015.

There were several cases of diphtheria in EU/EEA for which ECDC prepared Rapid Risk Assessments: cases of cutaneous diphtheria among refugees and one toxigenic case of diphtheria in an unimmunised child in Spain.

15 Tuberculosis

Context

The EU Member States, EU enlargement countries and countries covered by the European Neighbourhood policy, 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 while the western European countries are mostly low burden countries, with the possibility of progressing towards TB elimination.

In low-burden settings, people at risk for TB are often found in vulnerable, hard-to-reach populations. 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, provides a strategic framework for the fight against 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 2015

The 1st Eastern Partnership Ministerial Conference on Tuberculosis and its Multidrug Resistance, held in Riga on 30–31 March 2015 under the Latvian Presidency of the European Union received support from ECDC, the Latvian Ministry of Health, the WHO Regional Office for Europe; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the Stop Tuberculosis Partnership; the TB Europe Coalition; and the European Commission.

In 2015, ECDC published an evidence brief for policymakers on *Tuberculosis in Europe: from passive control to active elimination – high- and low-incidence countries*. Other major publications included a guidance document on the introduction of new drugs for tuberculosis control in the EU/EEA and the annual joint ECDC–WHO-Europe report on *Tuberculosis surveillance and monitoring in Europe* (2015).

To support the implementation of country strategies for tuberculosis prevention and control, ECDC continued gathering evidence for two guidance documents, one on TB prevention and control in hard-to-reach populations and one on programmatic management of latent TB infections. An expert panel was convened in 2015 and publication of the guidance on TB prevention and control in hard to reach populations is expected in early 2016. Work was initiated on supporting five WHO high-priority countries: Bulgaria, Estonia, Latvia, Lithuania, and Romania. ECDC will offer consultancy, exchange visits and training to assist these countries with the prevention and control of TB and multidrug-resistant TB.

ECDC continued to organise and support a TB surveillance network and a network of TB reference laboratories. Both networks held annual meetings in 2015. As in previous years, external quality assessments were organised on TB diagnostics and molecular typing. Laboratory training sessions were held covering different topics.

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 2015

In 2015, *Eurosurveillance* continued to attract submissions of good quality; the total number of submissions was 770 (64 on average per month), and 263 items were published: 65 rapid communications, 132 regular articles, and 66 in other categories (editorials, letters, news, miscellaneous). The rejection rate was around 73%.

The geographical focus of submitted as well as published articles remained Europe. However, authors from over 60 countries submitted their papers. As in previous years, the journal published some articles from countries outside of Europe that were of relevance for public health overall and Europe in particular.

The wide range of topics covered in 2015 included matters that were high on the public health agenda: communicable diseases in connection with the refugee crisis, the Ebola outbreak in West Africa, the MERS coronavirus epidemic and the largest MERS outbreak outside the Arabian Peninsula shaking the Korean health system, influenza vaccine effectiveness in a season with antigenic mismatch between circulating and vaccine A(H3N2) viruses, and antimicrobial resistance. In March, Eurosurveillance dedicated a special issue to HIV and sexually transmitted infections, with a focus on epidemiology, prevention and control among men who have sex with men in Europe.

The impact factor in 2015 was at 5.7, the second highest figure for the journal, which puts *Eurosurveillance* sixth in the category of infectious disease journals. *Eurosurveillance* continued to be well positioned in other metrics such as those provided by SCImago and Google scholar. In the SCImago journal rank, *Eurosurveillance* featured in the top 25 per cent in four categories (medicine general, virology, public health, environmental and occupational health). On the social media channel Twitter, the number of followers continued to increase and followers frequently referred to *Eurosurveillance* content in their tweets.

The scientific seminar 'The right tools for the job: choosing appropriate new laboratory methods to support outbreak detection and response', held during the ESCAIDE conference, attracted around 100 participants who evaluated the seminar very positively.

During 2015 close, fruitful collaboration with the editorial board continued, in particular with the associate editors. Technical upgrades improved functionality and modernised publishing workflows. In August, *Eurosurveillance* published its first XML issue.

17 General management

Context

Providing the Centre with strategic direction, leadership and good governance is essential. 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, the Advisory Forum, the Audit Committee, and the 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 ensures transparency and identifies conflicts of interest. Implementation of this policy is overseen by a compliance officer based in the Office of the Director.

Since May 2015, ECDC has an Acting Director responsible for ensuring a smooth transition of operations until a new ECDC Director is elected.

Results achieved in 2015

2015 marked the 10-year anniversary of the Centre. During an anniversary event in September 2015, members of the Management Board, the Advisory Forum, Competent Bodies and National Focal Points for Microbiology and Surveillance, including key international public health organisations, looked back together with ECDC staff members at the achievements of the Centre since its establishment.

The Second Joint Strategy Meeting, which convened immediately following the anniversary event, allowed for a rich exchange of views regarding the focus and priorities for ECDC in the coming years. The recommendations given on this occasion, together with the recommendations from the second External Evaluation of ECDC, were translated into a set of actions and presented to the Management Board and Advisory Forum.

The first annual stakeholder survey was conducted in 2015 and provided useful feedback on how to set priorities and improve ECDC's interaction with external stakeholders. This input was also used to prepare the first 'Single programming document 2017–2019', which the European Commission requires from all EU agencies. It encompasses both the multiannual strategic objectives and the multiannual staff policy plan of the Centre for the coming three years and the annual work plan and draft budget for 2017. This first draft was sent to the Presidents of the European Parliament, Council and European Commission in early 2016, in accordance with the Framework Financial Regulation.

An electronic system for the submission of declarations of interest was developed in order to minimise the amount of potential errors in the submitted documents. Further IT investments will not only facilitate the implementation of the independence policy, but also increase the compliance rate.

During its thirty-fifth meeting (November 2015), the Member representing Belgium, Dr Daniel Reynders, was unanimously elected as Chair of the ECDC Management Board. Dr Reynders replaced Dr Françoise Weber, who served as Chair of the Board since 2012. Mr Reynders will continue in his role as chair until the remainder of Dr Weber's original mandate (November 2016). Dr Weber left her post at the French Ministry of Health in order to take up her new post as Deputy Director General for Regulated Products at the French Agency for Food, Environmental and Occupational Health and Safety (ANSES). Dr Weber will be greatly missed by many friends and colleagues. She was lauded for her professionalism, camaraderie and her excellence in chairing the MB meetings.

During the same meeting, a working group of the ECDC Management Board was set up in order to act as a consultation group and support ECDC in the process of seeking out new premises for the Centre for 2018 and thereafter. The terms of reference were unanimously agreed upon, including the composition of the working group.

18 Collaboration and cooperation with EU institutions and Member States

Context

ECDC's mandate is to operate as a network organisation. 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 are the Competent Bodies and ECDC's official national counterpart organisations, which were formally appointed by the Member States. The ECDC Director undertakes country visits to better understand the public health systems and policies of individual Member States and nurtures the relationship with ECDC's host country, Sweden.

The Centre is part of the EU family of institutions and organisations and collaborates closely with other members of this family to ensure its actions are coherent with EU policy objectives and properly coordinated with those of other EU bodies. First and foremost is the European Commission's Directorate-General for Health and Food Safety (DG SANTE). The Centre also has contacts with other European Commission DGs, e.g. the Directorate-General for Research and Innovation, the Directorate-General for Enlargement, and during the 2014–2015 Ebola epidemic, the Directorate-General for Humanitarian Aid and Civil Protection. ECDC is active in the 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). In addition, the ECDC Director is often called to the European Parliament for an exchange of views or to provide information on a specific disease and/or outbreak.

Results achieved in 2015

Maintaining and further reinforcing coordination with Member States and the European Commission is a top priority. 2015 was the second year of implementation of Decision 1082/2013/EU on serious cross-border threats to health, which provides a stronger legal framework for cooperation between the European Commission and Member States via the Health Security Committee (HSC). ECDC has prioritised supporting the European Commission and HSC to implement Decision 1082/2013. The HSC held regular audio-conferences throughout the year. ECDC provided the HSC and the European Commission with regular updates and technical support on questions related to communicable disease threats, notably questions linked to the EU-level response to Ebola. ECDC also had frequent contacts 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 further in September 2015, when the New Director General for DG SANTE, Mr Xavier Prats-Monné visited ECDC in connection with the Centre's 10-year anniversary event.

ECDC continued to invest in its partnership with individual Member States; the Director conducted three country visits in the first months of 2015. Collaboration with host country Sweden resulted in a meeting on antimicrobial resistance organised jointly with the Swedish National Public Health Agency and a meeting on EU countries' preparedness to health emergencies, organised with the European Commission Representation in Sweden. In 2015, the Customer Relationship Management (CRM) tool became able to manage the access to ECDC applications (EPIS, TESSy, extranets), which vastly simplified the process for granting access to applications. National Coordinators can now also access CRM and manage the appointments of their national representatives. One new function provides an overview of who has access to which application and who has been granted permission to the various applications. Reports can be run and lists of contacts can be extracted into Excel format.

Several exchanges of views between ECDC and the ENVI Committee of the European Parliament took place in 2015, for example on the Ebola outbreak in West Africa, vaccination and antimicrobial resistance issues, and campylobacter. The ECDC Acting Director continued to nurture the Centre's relations with ECDC's contact member Kateřina Konečná MEP (GUE/NGL, Czech Republic).

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, in particular regarding the Ebola outbreak in West Africa. 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 vaccines.

19 International relations

Context

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, most importantly with the World Health Organization and its Regional Office for Europe. ECDC also works closely with other centres for disease control, such as the US CDC. Another area of ECDC's work in international relations is marked by developing technical cooperation and exchange of information with the EU enlargement countries and the European Neighbourhood Policy partner countries. ECDC works with the health authorities in these countries in order to integrate them into the EU's infectious disease surveillance and rapid alert systems and to help them align with the *EU acquis* in the area of communicable disease prevention and control.

Results achieved in 2015

In 2015, ECDC organised a total of 13 technical cooperation events for EU enlargement countries; 122 experts participated. ECDC and the Directorate-General for Neighbourhood and Enlargement Negotiations signed a grant with a 24-month implementation period in June 2015. Within the framework of this fourth grant from the EU's Instrument for Pre-Accession Assistance (IPA), seven meetings with 68 experts were organised. Another milestone was the appointment of experts from EU enlargement countries as contact points who then started participating in ECDC's National Focal Point networks for microbiology, threat detection, and preparedness and response.

ECDC granted access to the epidemic intelligence information systems for Legionnaires' disease and Food- and Waterborne Diseases and Zoonoses (EPIS ELSDNET and EPIS FWD) to all enlargement countries. This enabled the appointed experts in epidemiology and public health microbiology to exchange technical epidemic intelligence information with ECDC and the EU Member States. In addition, users from beneficiary countries could report national surveillance data on selected diseases to The European Surveillance System (TESSy).

In June 2015, ECDC reviewed Turkey's national health system: key elements of the communicable disease prevention and control system, microbiology infrastructure, and human resource capacity development. The assessment was conducted by a team of ECDC experts, EU Member State experts and European Commission officials. The team interviewed local experts in 91 institutions from 20 different districts. Preliminary findings from this assessment were communicated to the national public health authorities in Turkey.

In 2015, ECDC continued its technical cooperation with the European Neighbourhood Policy (ENP) partner countries. With the financial support of the European Neighbourhood Partnership Instrument, 10 meetings and joint activities were organised, bringing together a total of 71 experts. The objective of the meetings was to support the integration of these countries into ECDC activities; familiarise the experts with the necessary tools, standards and practises; and to strengthen capacities in the field of preparedness and epidemic intelligence.

As part of the implementation of the EU/Ukraine Association agreement and upon request from the European Commission, ECDC performed an assessment of Ukraine's national systems for the prevention and control of communicable diseases. With the financial support from TAIEX[7], the assessment was conducted by ECDC and an assessment team composed of 14 public health experts from ECDC, the Member States, the EU-funded MediPIET project, the WHO Regional Office for Europe in Ukraine, and the US Centers for Disease Prevention and Control. The assessment consisted of preparatory work, workshops, and field visits in Kiev and other regions between 5 and 9 October 2015.

Several international delegations visited ECDC in 2015, including a delegation from the Chinese Center for Disease Control and Prevention. In addition, ECDC hosted high-level visits from North Korea to exchange information about sexually transmitted infections and hepatitis, from Japan to discuss antimicrobial resistance, and from the South Korea to reflect on the MERS-CoV outbreak.

[7] Technical Assistance and Information Exchange instrument of the European Commission

20 Resource management and organisational development

Context

ECDC has to ensure that its resources are used in the most efficient way. By further increasing the efficiency of the administrative and operational processes that regulate the Centre's core activities, it also reduces the burden associated with the administration of the Centre, as staff restrictions are inevitable. Following the reorganisation and further integration of Procurement, Finance, and Mission and Meetings, the introduction of e-Administration is a major step towards making ECDC more efficient. It will further clarify roles and responsibilities and increase reliability.

Most of the activities in this area do not change from year to year, and cost-conscious, efficient operations in all areas of the Resource Management and Coordination Unit are a recurring theme.

Results achieved in 2015

In 2015, ECDC recruited 15 staff members. Recruitment for an additional 10 staff members with a start date in 2016 was concluded in 2015. As of 31 December 2015, ECDC had a total of 260 staff members: 168 temporary agents and 92 contract agents. All EU Member States, with the exception of Luxembourg and Croatia, are represented among the Centre's staff. The Centre continued to adopt the *Implementing rules to the staff regulations*, following the revised *Staff regulations* (in areas such as staff entitlements, appraisal and working conditions). In addition, the Centre introduced a competency framework for performance management.

The total implementation of commitment appropriations for ECDC reached 94.05% in 2015, meaning EUR 3 476 758 of its 2015 budget was cancelled. The budget execution in terms of payment appropriations at year end reached 76.27%, equivalent to EUR 44.5 million.

The deployment of electronic workflows based on the DIGIT applications e-PRIOR and improvements in monitoring allowed to manage 217 procurement procedures during the year.

In 2015, ECDC launched a procurement procedure for ECDC's new premises.

ABAC Asset has been implemented, and electronic invoicing implementation started. A tool facilitating forecasting of commitments and payments was implemented in 2015 and will strengthen the budget implementation in 2016 and thereafter.

The internal procedure on public access to documents was revised, ECDC's independence policy was further developed, and the TESSy Data Access Policy was reviewed.

ECDC organised 126 meetings and supported 781 staff missions. The requirements for the automation of the approval workflow of missions have been defined and the implementation of the new software is planned for 2016. All in all, ECDC continued to improve and strengthen its internal processes, in particular around contract management and project management.

ECDC continued to implement the instructions from the European Commission for common templates (Single Programming Document and annual report). The Centre further developed its Activity-Based Budget which was fully operational in January 2016.

The first Annual Stakeholder Survey showed a high level of appreciation of ECDC and its activities. The ECDC Joint Action Plan was prepared in response to Management Board recommendations after the Second External Evaluation of ECDC. The new internal procedure on internal evaluation was piloted on ICT general governance.

The ECDC Anti-Fraud Strategy was approved as one of the new requirement of the Internal Control Standards as well as the internal control parts of the Annual Activity Report.

Following the events in Paris on 13 November, ECDC security was reinforced by increasing the number of security personnel.

Internal communication and knowledge services continued to evolve in 2015. The document and knowledge management systems were further integrated. A feasibility study on different approaches teleworking was conducted, and its recommendations will be gradually implemented in 2016.

ECDC organised several activities around the 10-year anniversary of the Centre, including an exhibition and a special knowledge management seminar.

21 Information and communication technologies

Context

Information and Communication Technologies (ICT) plays an important role in enabling ECDC's core missions such as surveillance, epidemic intelligence and response. Some key information systems operated by ECDC are The European Surveillance System (TESSy), the Epidemic Intelligence Information System (EPIS), the ECDC web portal, and the EU's Early Warning and Response System (EWRS) on public health threats, which the Centre operates on behalf of the European Commission. Operating and developing these systems at all times requires highly secure, interoperable and robust infrastructures. In addition, ECDC depends on ICT systems to support its own staff.

Maintaining and further developing ECDC's ICT systems requires significant investments of both staff time and financial resources. In pursuing its ICT strategy under the 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, European Commission and Members State users.
- Enable ECDC to continue to improve its ICT systems and processes in terms of quality and cost efficiency.

Results achieved in 2015

ECDC's ICT services fulfilled the performance standards set in the Service Level Agreements (SLA) with internal users and the European Commission: 93.7% of the 8 000 requests and incidents were fulfilled in time; 20 of the 25 business applications under the SLA had an uptime of 100% (lowest uptime: 99.94%); 23 of the 28 infrastructure back-end system had an uptime of 100% (lowest uptime: 99.96%). A total of 263 change requests were handled, and 147 application releases or new applications were tested and deployed. To save mission and travel costs, 948 audio- and videoconferences were handled. An internal TV display network was installed for visitor information and internal communication. The security of the IT networks was improved, and 21 519 intrusion attempts were prevented.

ECDC managed the delivery and further maintenance of more than 20 information systems. Strong efforts were made to replace some of the legacy systems:

- The Surveillance Systems Reengineering initiative started in 2015 is a major joint effort within ECDC to enhance quality.
- Significant efforts were invested to replace the existing ECDC Web Portal. In 2015 an open call for tender was launched to select a modern web content management system, but was unsuccessful and will be re-launched in 2016.
- A new version of the Eurosurveillance system was deployed in 2015 to allow the modernisation of the web publishing platform in 2016.

Progress were made towards enhancing ICT maturity during 2015:

- Internal technical decision-making bodies are in place and an Enterprise Architecture Board is under preparation.
- Internal ICT skills, practices and processes were further improved and strengthened.
- Progress was made on an ICT strategy framework, an enterprise architecture initiative and the establishment of a technical watch function; alignment with all ICT stakeholders across the organisation was reinforced.
- A Capability Maturity Model Integration[8] baseline appraisal was performed in 2015 and showed improvements compared with 2013.

[8] CMMI is a structured and systematic collection of best practices for process improvement. A CMMI appraisal by an external assessor aims at evaluating the compliance and measures the effectiveness as specified in the CMMI Process Model Framework. Ratings are given as maturity levels (1 to 5).

Part II (a). Management

1 Management Board

In November 2015, the Management Board unanimously re-elected Dr Daniel Reynders, Member, Belgium, as Chair. Dr Reynders replaced Dr Françoise Weber, who served as Chair of the Board since 2012. Mr Reynders will continue in his role as chair until the remainder of Dr Weber's original mandate (November 2016).

In 2015, the Management Board approved the conclusions and recommendations of the ECDC Management Board External Evaluation Drafting Group on the Second Independent External Evaluation of the Centre. The Management Board also approved the Annual Report of the Director 2014 and adopted the ECDC Annual Work Programme 2016, and discussed the priorities of the Single Programming Document 2017. In addition, the Board endorsed the Final Annual Accounts of 2014, including the Report on Budgetary and Financial Management, took note of the Supplementary and Amending Budgets for 2015, approved the Draft Budget for 2016, and adopted the Centre's Budget and Establishment Table for 2016. The Board also approved the Multi-annual Staff Policy Plan 2016–2018, including the revised Policy on data submission, access and use of data within TESSy. The Management Board also adopted the Anti-Fraud Strategy, endorsed the ECDC Public Health Training Strategy, and approved the collaboration agreement between ECDC, EFSA and EU reference laboratories on the joint molecular-typing database.

The Management Board also initiated preparatory work for the election of the Director of ECDC for the period 2016–2021, by approving the vacancy notice and appointing an observer in the work of the pre-selection panel.

A working group of the ECDC Management Board was set up in order to act as a consultation group and support ECDC in the process of seeking out new premises for the Centre for 2018 and thereafter. The terms of reference were unanimously agreed upon, including the composition of the working group.

2 Major events

16 January	ECDC Director participates in video conference with African Union Director of Social Affairs regarding EU lessons learned that are relevant to the establishment of an African CDC
29 January	ECDC Director participates in annual hearing with European Parliament's ENVI and participation in ENVI committee debate on long-term lessons learned from Ebola epidemic in West Africa
5–6 February	ECDC Director's country visit to Cyprus
11–13 February	ECDC Director gives welcome address at annual meeting of ECDC's ARHAI networks
16 February	ECDC Director's country visit to the Netherlands
18–19 February	Advisory Forum holds its 41st meeting, ECDC
19 February	Network of Heads of Agencies' meeting, Brussels
27 February	Health Security Committee meeting, Luxembourg
3 March	ECDC Director attends high-level conference on Ebola, Brussels
5–6 March	ECDC Director meets with Director of the National Public Health Institute, Lisbon
18 March	ECDC Director participates in EMA's 20-year anniversary
19–20 March	ECDC Director's country visit to Croatia
23 March	ECDC Director attends emergency preparedness meeting with Bill Gates, Berlin
24–26 March	Management Board holds its 33rd meeting, ECDC
30–31 March	ECDC Director attends Eastern Partnership Ministerial Conference on Tuberculosis and its Multidrug Resistance, Riga
24–25 April	ECDC Director attends European National Public Health Institutes Director's Meeting, Prague
1 May	ECDC Acting Director Andrea Ammon takes office
8 May	ECDC Acting Director participates in Sweden's Europe Day celebrations, Stockholm
12–13 May	Advisory Forum holds its 42nd meeting, ECDC
18 May	Visit by European Court of Auditors regarding audit of grant management, ECDC
20 May	ECDC 10-year anniversary

27–28 May	Network of Heads of Agencies' meeting, Brussels
27 May	ECDC Acting Director meets with Ms Kateřina Konečná, ECDC contact MEP on ENVI, European Parliament, Brussels
3 June	Visit from European Respiratory Society, ECDC
16–17 June	Management Board holds its 34th meeting, ECDC
13 July	Chinese CDC delegation visit, ECDC
6–8 September	ECDC Acting Director presents at Global Conference TEPHINET, Mexico City
14 September	Advisory Forum ad hoc telephone conference
15 September	ECDC Acting Director meets with Ms Kateřina Konečná, ECDC contact MEP on ENVI, European Parliament, Brussels
15 September	Exchange of views on Campylobacter, ENVI committee, European Parliament, Brussels
22 September	ECDC 10-year anniversary event with visits by HRH Crown Princess Victoria and Mr Xavier Prats Monné, Director-General for Health and Food Safety, European Commission
23–24 September	Joint Strategy Meeting, ECDC
27–28 September	ECDC Acting Director chairs a session at the 67th Annual Meeting of the German Society of Hygiene and Microbiology, Munich
30 Sep. – 1 Oct.	ECDC Acting Director participates in the German Centre of Infection Research Evaluation, Berlin
12–14 October	ECDC Acting Director attends Health Security Committee *Lessons learned from the Ebola epidemic*, Luxembourg
15 October	ECDC Acting Director presents at National Symposium on Zoonosis Research 2015, Berlin
16 October	ECDC Acting Director attends European Public Health Conference in Europe, Milan
19 October	Ambassador of Spain to Sweden visits ECDC
26–30 October	Performance audit of the EU framework for protecting citizens from serious cross-border threats to health by Court of Auditors, ECDC
4 November	Advisory Forum ad hoc telephone conference
11–14 November	ESCAIDE, Stockholm
16 November	ECDC Acting Director present at European Antibiotic Awareness Day event, Brussels
18–19 November	ECDC Acting Director attends Health Security Committee, Luxembourg
16–20 November	Court of Auditors ECDC/First audit regarding budget 2015
25–26 November	Management Board holds its 35th meeting, ECDC
30 November	Ambassador of India to the EU visits ECDC
1 December	ECDC Acting Director meets MEP Monika Hohlmeier, Budgets Committee, European Parliament
10 December	Advisory Forum holds its 43rd meeting, ECDC

3 Budgetary and financial management

Fund source C1 (current year appropriations)

The budget execution in terms of commitment appropriations at year end reached 94.05%, equivalent to EUR 54.9 million.

The budget execution in terms of payment appropriations at year end reached 76.27%, equivalent to EUR 44.5 million.

Information on transfers and amending budgets

The Director exercised his right to amend the budget within the limitations of Article 27.1 of ECDC's Financial Regulation and approved budget transfers for EUR 2.3 million between several budget lines of the same title. No budget transfers have been carried out between titles.

Level of appropriations carried forward to the following financial year

ECDC carried forward the amount of EUR 10.3 million to 2016.

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 88.74%, equivalent to EUR 9.8 million.

Procurement procedures

The Procurement section dealt with a significant number of procedures. 24 open calls for tenders were finalised along with 1 call for proposals, as well as 71 negotiated procedures. 26 reopening procedures within ICT framework contracts were completed and regular Committee on Procurement, Contracts and Grants (CPCG) meetings were held, resulting in the issuance of 49 CPCG Opinions.
Interest charged by suppliers through late payments (> 30 days): EUR 3 016.14

Summary information on budgetary operations for the year

The initial core budget of the Centre for 2015 (EUR 58.3 million) remained at the same level as the initial budget in the previous year. Due to an increased EFTA contribution for 2015, the budget increased to EUR 58.4 million.

For additional information see Annex VI (draft/final), annual accounts (see document MB 36/11): *Report on budget and financial management of the European Centre for Disease Prevention and Control.*

4 Human resources management

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

The majority of the Centre's jobs (75.2%) are related to the implementation of activities linked to the Centre's operational work. At total of 16.9% of the jobs belong to 'administrative support and coordination', while 7.9% 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 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 (Single Programming Document as of 2017) is adopted each year by the Management Board in order to implement the Multiannual 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. A monthly dashboard of operational key data on budget execution, recruitments and implementation of the Work Programme is communicated monthly to the SMT and managers.

In 2015, 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 2015, 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 2015, new procedures were put in place regarding, for example, Internal Evaluations and Reporting of Irregularities. A number of procedures were also revised, such as the internal procedures on the Recruitment and Selection of Temporary Agents, the Recruitment and Selection of Contract Agents and on the Handover and availability of key information in case of absences.

There were also a number of Director's decisions regarding policies/rules. For example, decisions were introduced on the Internal Steering Committees, Working Groups and Task Forces and the Annual Plan of Internal Evaluations.

ECDC has a number of centralised support and control functions in place. The most important ones 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, split into ex-ante verification of commitments by the budget officer and ex-ante verification of payments 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 2015, 28 such exceptions were recorded (a decrease of 14 from 2014).

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 2015, the two verifications selected in the GVP 2014 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 2015, it was decided to focus on operational expenditure (Title III of the budget). The final report was issued in February 2016, for the Director's Declaration of Assurance.

ECDC also developed an anti-fraud strategy in 2014, following the guidelines issued by OLAF. The strategy was approved by the Management Board in the June 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 2015, the IAS performed an audit on Data Management in ECDC. The audit was performed in June 2015, and the final report was received in November 2015. The report included four very important observations and two important observations. The action plan prepared by ECDC was accepted by the IAS in January 2016. The action plan will be implemented throughout 2016 and 2017.

7.2 European Court of Auditors

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[9] for 2014, indicating that the accounts are reliable and the transactions underlying the accounts are legal and regular.

The comment received in the final report from the ECA (which do not call the Court's opinion into question) regarded the overall budget execution rate being high at 99%, however, carry-overs of committed appropriations also being relatively high. ECDC welcomed the ECA's comment about the high budget execution rate and their recognition that the high carry-overs were justified for operational needs.

The ECA audit of the 2015 annual accounts is ongoing. The first part of the audit was performed in November 2015. The audit will be finalised during spring 2016 and the draft report will be available in June 2016.

8 Follow-up of recommendations and action plans for audits

At the end of 2015, apart from the six new observations received from the audit on data management in November, one very important observation and six important observations were officially open (all from the 2014 audit of Public Health Training in ECDC). However, three of those observations are implemented by ECDC and ready for review by the Internal Audit Service (IAS). The implementation of the remaining four observations is currently ongoing and all are scheduled to be implemented by June 2016.

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 29 April 2015 with respect to the implementation of the 2013 budget.

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

Reference	Observation of the Discharge Authority	Response and measures taken by ECDC
P8_TA-PROV (2015) 0139, paragraph 1	Notes that from the Court's report that regarding the three comments made in the 2012 discharge report, the Court marked two of them as 'Not applicable' and one as 'Ongoing'; notes that the ongoing issue concerns ex-ante verifications that have not been supported by a sufficient documentation on the eligibility and accuracy of costs claimed; notes with concern that the Centre has adopted ex post verification strategy with a delay of ten months; expects the Centre to inform the discharge authority as soon as the ongoing issue is completed.	The ex-post verification strategy is in place and the ex-post audits were performed in 2014 (covering the years of 2012 and 2013) using the inter-institutional framework contract for audits.
P8_TA-PROV (2015) 0139, paragraph 2	Acknowledges from the Centre that: a. the revised version of the Centre's comprehensive independence policy, which was to be adopted by the Centre's Management Board in 2014, has been split into a policy applying to external experts and a policy applying to members of staff; notes that these policies will be	The draft revised version has been discussed in the Management Board meeting in June 2015 and will hopefully be endorsed in the Management Board meeting in November 2015.

[9] 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.

Reference	Observation of the Discharge Authority	Response and measures taken by ECDC
	ready for adoption by the Centre's Management Board in 2015; calls on the Centre to inform the discharge authority about the adoption of the abovementioned policies;	
P8_TA-PROV (2015) 0139, paragraph 3	Notes with concern from the Court's report that although the Centre has improved its management of procurement procedures, for one procedure launched in 2013, there was conflicting information between the contract notice and the tender specifications which may have affected the competitive process and the outcome of the procedure; acknowledges that following the Court's audit, the Centre took immediate corrective action and the framework contract was cancelled;	ECDC has continued to improve the management of its procurement activities. The Centre has put specific focus on ensuring consistency between all tender documents. The revised ECDC Committee on Procurement, Contracts and Grants is providing an additional quality control mechanism.
P8_TA-PROV (2015) 0139, paragraph 8	Regrets that the Court identified weaknesses in respect of the budgetary planning and execution for operational meetings, mainly due to overestimated attendance levels and hotel and flight costs; is concerned that for the respective budget line, 29 % of 2013 appropriations and 59% of carry-overs from 2012 were cancelled, in addition to 38 % of committed 2013 appropriations for operational meetings being carried over to 2014; calls on the Centre to respect the budgetary principle of annuality and improve its financial management in this regard;	Regarding overestimated costs, actual average flight prices are now used instead of ceiling to budget for events. Moreover a process is being implemented to prompt early post meeting de-commitments. Aiming to respect the budgetary principle of annuality, the Centre will more closely monitor the operational meeting expenses to avoid unnecessary carryovers or cancellations. To do so, quarterly reviews of the ECDC meeting plan have been installed and are carried out by the Senior Management Team, and an approval process has been implemented to manage changes and additions to the meeting plan.
P8_TA-PROV (2015) 0139, paragraph 13	Takes note from the Centre that the ex post grant verification plan for 2012 experienced delays and was merged with the grant verification plan for 2013; acknowledges that the grant verification plan for 2013 is being implemented with the help of an external audit firm, contracted under the European Commission's framework contract for the supply of technical assistance services in the field of audits and controls; calls on the Centre to inform the discharge authority about the results of the selected audits which are being performed under the 2013 plan;	Two audits were selected for the Grant Verification Plan for 2013. Both audits have been completed, and for one audit a recovery of EUR5788.79 (2.9% of the paid expenses) is raised and for the other audit no recovery is necessary.

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 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, which adopted a set of recommendations for action in response to the evaluation in its meeting in June 2015. Based on the external evaluation and the recommendations of the Board, ECDC developed an action plan, which was approved by the Management Board in November 2015. It will be implemented from 2016 onwards.

The external evaluation is available on the 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 delivered advice 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 that includes a review of declared interests to avoid any potential 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 standard case reporting for EU Member States. 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. Risks 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 assisted 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 response measures in the Member States. ECDC also supports 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 interruptions in the EWRS service to

the European Commission and Member States. To address these issues, ECDC developed a thorough methodology to monitor and assess threats, and implemented clearance process which ensures that threat assessments are cleared by the Head of Unit and the ECDC Chief Scientist. Standard operating procedures were developed and corresponding tools implemented. Finally, a high level of redundancy ensures that EWRS operations have no downtimes.

1.1.5 Public health training

The main objective of ECDC training activities is to train a sufficient number of specialists who can effectively detect and respond to cross-border communicable disease threats. The main identified risks relate to not striking the right balance between support to national and EU-level capacities. There is also the danger that Member States see ECDC training activities as a replacement of their own efforts, which could lead to the downsizing of national training programmes). Another risk is that training efforts do not meet actual needs. To address these risks, ECDC is in constant dialogue with the National Focal Points for Training, the EPIET/EUPHEM Training Site Forum, the Advisory Forum, and the European Commission. In 2015, ECDC has conducted a training needs assessment and updated 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 scientific content to public health professionals, policymakers, the general public, and various 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 ECDC's 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 which regulate the clearance of publication items. These procedures ensure that the relayed information is factual and correct. ECDC also works with the Risk Communicators' Network under the European Commission's Health Security Committee and has a system in place which provides advance information to the European Commission and the Member States on major communication outputs. Based on the Health Communication Strategy adopted by the Management Board in November 2009, a communication framework was developed, further mitigating 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) and other EU agencies. ECDC's International Relations Policy 2014–2020 was endorsed by the ECDC Management Board in 2014. It sets the priorities and objectives for ECDC actions in this field. This policy is fully aligned with existing EU policies and the ECDC Strategic Multiannual Plan 2014–2020 (SMAP). 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 disease surveillance to training.

ECDC works closely with the WHO Regional Office for Europe, coordinating activities and avoiding duplication of work. This was achieved by regular contacts between technical counterparts and meetings of the joint coordination committee. 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 fails to properly balance activities related to Member States. Choosing inappropriate partners for collaboration 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 and European Neighbourhood Policy (ENP) partner countries through the National Correspondent. At ECDC the coordination of activities is carried out by the International Relations section in the Director's Office. The Customer Relation Management System (CRM) for contact maintenance and appointments was made available to the Member States in November 2013.

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 operation of the Centre in order to facilitate the successful achievement of the Centre's objectives and mission. The main risks lie in failing to deliver correct and/or timely support for 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. service-level agreements for the IT service delivery, a real-time dashboard, a detailed yearly recruitment plan, procedures and monthly reporting for commitments and payments, and a Committee for Procurement, Contracts and Grants.

1.1.9 Risk assessment for Work Programme

As part of the preparation of the Annual Work Programme (WP), a risk self-assessment exercise is performed every year. 'High' unmitigated risks are included in a risk register and an action plan is prepared. The identified main risks are also summarised and included in the WP itself (see ECDC WP 2016).

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 2015. The results were validated by ECDC's management and discussed in the ECDC Audit Committee. ECDC has now implemented all ICS.

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 implementation of Internal Control Standards.
- The results of the risk self-assessment exercise for the WP 2016.
- 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

2015 Declaration of Assurance by the Director of ECDC

I, the undersigned, Andrea Ammon, Acting 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, 15 February 2016

Andrea Ammon

Acting Director

Management Board's analysis and assessment

The Management Board has assessed the Annual Report of the Director for the financial year 2015. The Management Board appreciates the results achieved by the Centre and notes in particular the following:

On the content of the report:

- 2015 was the second year of the implementation of ECDC's Strategic multi-annual programme (SMAP 2014–2020). In 2015, ECDC further increased its output, consolidated its structures and developed its partnerships.
- The Centre continued to support the Member States, and the EU institutions, in the scope of its missions: surveillance, scientific advice, preparedness and response, health communication, and the seven disease programmes. ECDC continued to strengthen its relations with the Member States through the Coordinating Competent Bodies and with its EU and international partners for a strengthened response to the threat of communicable diseases in Europe.
- 2015 was also the second year of implementation of Decision 1082/2013 on serious cross-border health threats. ECDC continued to provide technical support to the European Commission on a number of tasks to implement Article 4 of the Decision, most notably, analysis and report on a template for Member States on their preparedness arrangements and work on methodologies, indicators and tools for assessing preparedness.
- In total, ECDC mobilised 89 experts for deployment in West Africa since August 2014, of which 62 were deployed under the first ECDC major international field deployment of experts under WHO's coordination and in close cooperation with the European Commission. This deployment mission was officially finalised in October 2015 with a total of 62 experts mobilised and deployed in Guinea.
- ECDC was able to ensure a high level of implementation of its initial Work Programme for 2015: 86% of the activities were implemented. As an example, ECDC prepared 50 rapid risk assessments of which 42 were published: the highest number it has ever produced in a single year.
- In 2015, ECDC implemented many actions to prevent and address communicable diseases across Europe and produced many scientific outputs to provide guidance and practical tools to give access to information and data to health professionals and policy makers in Europe (such as the Atlas of Communicable Diseases, situation maps for vectors, modelling tools, directories of resources, evidence briefs for policy makers, E-learning).
- The Management Board adopted in June 2015 a set of recommendations for action based on the Second External Evaluation of ECDC. ECDC developed a Joint Action Plan, agreed upon by the Management Board in November 2015, to bring further concrete improvements to the work of the Centre.

On the structure of the report:

- The Annual Report for 2015 follows the common template to all EU agencies to ensure better comparability with other EU agencies by the discharge authority.
- Annex 1-a of the report presents the results of the indicators included in the Work Programme 2015. The indicators include results of the Annual Stakeholder Survey that provide external feedback on the perception of the Centre; the results reflect an overall positive appreciation and support on the work achieved and on the relationship with ECDC stakeholders.
- Annex 1-b of the Report presents a systematic review of the implementation of the Centre expected outputs for 2015, as set in the Work Programme adopted by the Management Board in November 2014.
- The Management Board also appreciates that, as in previous years, a separate short version of the report, adapted for a larger audience will be produced, which highlights the achievements, challenges and major outputs for 2015.

Annexes

Annex I-a. Results 2015 of the SMAP/annual programme indicators

Collaboration and cooperation

No.	Objective	Indicator	Target 2015	Verification	Result 2015
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 2015, in the area of cooperation and collaboration: 80 % activities successfully implemented	Review of the list of activities with enlargement/ENP countries and international partners	100%
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	85% of all stakeholders satisfied *(+5%)* 94% of the National Coordinators of the Coordinating Competent Body satisfied *(+23%)* *(source: external stakeholders survey)*

Surveillance

No.	Objective	Indicator	Target 2015	Verification	Result 2015
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 2015	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	• 4/6: new case definitions for dengue, chikungunya, and syphilis were developed, preliminary standards set for Lyme neuroborreliosis • Surveillance systems descriptors piloted in 2015 for five diseases. • Plan for evaluating all EU disease surveillance systems finalised.
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	• Meeting with NFP for Surveillance concluded that machine to machine reporting is not feasible. SSR project was started to deliver feasible approaches for reducing Member State burden. • n/a
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	11 notifiable diseases were included in the Atlas of Infectious Diseases at the end 2015 (25 diseases at the time of updating this table) 80% of stakeholders satisfied with interactive outputs available for diseases under surveillance *(source: annual stakeholder survey) (+0%)*

No.	Objective	Indicator	Target 2015	Verification	Result 2015
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 typing for surveillance modules in TESSy	n/a in 2015 n/a in 2015	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*	All current molecular typing for surveillance systems have been re-evaluated and action plan prepared. The three business cases for N. *meningitidis*, N. *gonorrhoeae* and carbapenem-resistant *Enterobacteriaceae* (CPE) are under internal approval

Epidemic intelligence and response

No.	Objective	Indicator	Target 2015	Verification	Result 2015
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 10 working days • 80 % yearly satisfaction of respondents	Timeliness: RRA statistics Quality: annual stakeholder survey	RRA within agreed deadline: 82.5% including at ECDC own initiative (from external requests only: 86%) RRA produced within 10 days: 85% including at ECDC own initiative (from external requests only: 93%) *(65% of the RRAs originated from ECDC own initiative; 35% were produced following an external request (mostly from DG SANTE)* Satisfaction with rapid risk assessment *(source: annual stakeholder survey):* • Timeliness: 81% *(-2%)* • Independence of judgment: 86% *(-2%)* • Completeness: 85% *(-4%)* • Usefulness: 84% *(-4%)*

Preparedness

No.	Objective	Indicator	Target 2015	Verification	Result 2015
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 2015 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 2015	• ECDC assessment reports of preparedness at national level for communicable diseases upon request of the HSC • Verified by HSC meeting minutes	• 100%. All activities planned in the Work Programme implemented. In fact the 100% target was even exceeded as within the context of Ebola, ECDC delivered a set of additional outputs: e.g. report on analysis of 1082/2013 (art.4) at the request of the European Commission, Ebola country visits, liaison officer, deployment in West Africa, and various requests as part of the Public Health Event (Ebola) • Reports sent to Commission by ECDC and submitted by Commission to HSC. In most cases reports are discussed without formal endorsement. This is an indicator for which ECDC has currently little control. Proposed to be replaced by: *'Proportion of response in time by ECDC to requests from the Commission in the area of preparedness'*

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: 5.73 *(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: 19.75 *This indicator is applied to the whole history of ECDC (2005-2015) and not only in 2015. In citation analysis the general dynamic is the longer a document has been published, the higher the number of citations are received. Therefore for 2015 the total amount of citations received until now is still provisional and more time is needed to observe the real dynamic of the number of citations received.*
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 2015: (source IRIS prioritisation: the 3 highest scores should be integrated) – Average: 60% ARHAI: 3/3 EVD: 2/3 FWD: 0/1 HSH: 2/3 IRV: 2/3 TB: 1/3 VPD: 1/3 Cross-cutting issues: 2/3 External requests for scientific outputs (other than RRA) delivered within agreed deadline: 83% (large majority originated from DG SANTE) 100% out of a selection of 34 publications, published in 2015 for scientific advice and surveillance reports. For all the publications, at least several respondents indicated they were aware and used the publication. The most known publications were: • Communicable disease threats report (CDTR) (weekly) • HIV prevention in Europe: evidence brief • Thematic report: HIV continuum of care • HIV/AIDS surveillance in Europe 2014 • Sexually transmitted infections in Europe 2013 • Seasonal influenza vaccination in Europe – Vaccination recommendations and coverage rates, 2012–13 • Annual epidemiological report 2014 - Antimicrobial resistance and healthcare-associated infections • Seasonal influenza vaccination in Europe – Vaccination recommendations and coverage rates, 2012–13

Public health training

No.	Objective	Indicator	Target 2015	Verification	Result 2015
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: 87.3% (4 courses on: Control of multidrug resistant organisms in health care settings 73%; Rapid Assessment in Complex Public Health Emergencies 89%; Introduction to intervention epidemiology 93%; Principles of Public Health Surveillance and Time Series Analysis 94%; and summer school 83%) • e-learning: n/a • Senior exchanges (1): n/a Learning achievements: • EPIET: One EU-track EPIET fellow withdrew from the programme in the first year. Of 19 remaining EPIET fellows (EU- and MS track), 18 (95%) graduated (100% objectives) and 1 did not graduate (yet achieved 80% objectives). • EUPHEM: One EU-track EUPHEM fellow withdrew from the programme during the first year. All remaining 8 EUPHEM fellows (3 EU-track, 5 Member State-track) graduated with 100% achievement of learning objectives Behaviour: Increase/decrease of publications: + 80% • Average number of annual publications per fellow before fellowship: 0.9; • Average number of annual publications per fellow in the 2 years after fellowship: 1.6; (Source: PubMed, Scopus, out of 28 fellows)

Microbiology support

No.	Objective	Indicator	Target 2015	Verification	Result 2015
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 first report on the agreed indicators in ECDC's 'EU Laboratory Capability Monitoring System' (EULabCap) of capabilities at Member States and EU levels in 2013 was validated by the Competent Bodies and approved for publication. • With 100% Members States participation, the indicators showed that the public health microbiology system had strong capability level in 2013 with a mean EULabCap Index of 6.8/10.

No.	Objective	Indicator	Target 2015	Verification	Result 2015
			• Assess the agreed laboratory EQA performance levels as required for reliable EU surveillance of communic-able disease and antimicrobial resistance. • Molecular typing for surveillance strategy defined for 6 pathogens and implemented for 4 pathogens		• The quality and efficiency of laboratory EQA progressed by harmonising the design, procurement, management and reporting of EQA schemes across networks. • The ECDC Whole-genome Sequencing Strategy was developed with the Molecular typing for Surveillance Task Force (MSTF) and the Roadmap for integration of molecular and genomic typing into European surveillance was revised (Version 2.1) for 13 pathogens and fully implemented for 4 pathogens (Listeria, Salmonella, STEC, MDR-TB) and piloted for 2.

Health communication

No.	Objective	Indicator	Target 2015	Verification	Result 2015
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	No increase of web visitors compared to 2014, due to unprecedented increase in 2014 during Ebola crisis + 40% increase of number of followers of the corporate Twitter account Quality of the web portal *(source: Annual stakeholder survey)* • Clarity of language 86.5% • Ease in finding 59.6% • Frequency of updates 73.8% • Quality and reliability 89.8% • Added value 83.6% Response to the needs and expectations from social media: 53% HON certification not done in 2015 as the new web portal is planned in 2017
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	100%: European Antibiotic Awareness Day (EAAD) media toolkit delivered as planned on the 19th October (one month ahead of EAAD)
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% of LTTs and press releases shared with the Commission according to plan

Disease programmes

No.	Objective	Indicator	Target 2015	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	76% (Total: 29/38) Detail: ARHAI: 6/7 EVD: 3/3 FWD: 9/14 HSH: 2/3 IRV: 4/4 VPD: 3/4 TB: 2/3
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	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 Q1 2016. First two disease programmes to be evaluated in 2016

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%	81%	82%	86%	85%	86%	83%	84%
Quality/reliability of the surveillance data collected	76%	73%	83%	57%	83%	89%	81%	77%
Efficiency of coordination of the programme (incl. networks)	77%	74%	83%	86%	73%	93%	72%	80%
Added value for Member States	86%	71%	83%	75%	85%	82%	80%	80%
Usefulness of scientific advice provided	84%	90%	86%	83%	90%	85%	81%	86%
Usefulness of laboratory support by ECDC	64%	72%	75%	79%	82%	89%	63%	75%
Average per Disease Programme	79%	77%	82%	78%	83%	87%	77%	
Average number of respondents	*66*	*46*	*60*	*39*	*43*	*31*	*52*	

Source: Annual stakeholders' survey

Ensuring independence

No.	Objective	Indicator	Target 2015	Verification	Result 2015
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: 87.9% • Advisory Forum members: 89.2% • External experts for Rapid Risk Assessment: 81% • External experts for meetings: 70% • External experts for ad hoc scientific panels: 100%

Resource management and organisational development

No.	Objective	Indicator	Target 2015	Verification	Result 2015
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	• 100% committed • 80% paid	Verified by Internal Audit Services	• 94.05% of budget committed • 76.27% of payments executed
		Percentage of invoices paid within the time limits of the ECDC Financial Regulation	• 80%		• 78.07%
21	Implementation of the *annual* work programmes, aligned	Proportion of activities implementation of	85%	Verified by Internal Audit Services	• 86% of activities implemented (79% completed, 7% partly) • 7% delayed (mostly implemented in Q1 2016)

No.	Objective	Indicator	Target 2015	Verification	Result 2015
	with the SMAP in order to ensure the full implementation of the SMAP by 2020	the Annual Work programme			• 6% postponed to WP2016 or WP2017 • 5% cancelled *(mostly due to public health emergency Ebola)*

Information and communications technologies

No.	Objective	Indicator	Target 2015	Verification	Result 2015
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%		• 23/28 infrastructure services and backend systems had an uptime of 100%; lowest uptime = 99.96% • 20/25 applications had an uptime of 100%; lowest uptime = 99.94% • 93.7% (out of 8,319 requests)

Annex I-b. Implementation of the Work Programme 2015

Most of the activities of the Work Programme for 2015 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 2015	Implemented	Comments
Strategy 1. Surveillance		
1. Be providing better service to Member States, i.e. easier uploads, improved data access, better linkage between notified cases and laboratory data (when information is available) and more friendly output consultation. a. Further improvement to TESSy to make uploading and extracting data easier b. Provision of tools for geographical representation of data and advanced analysis of surveillance data by Member States.	a. Yes b. Yes	a. Review and definition of the process in 2015 – will be implemented in 2016
2. Have reduced the burden on Member States by facilitating automated machine-to-machine transfer of surveillance data to TESSy for Member States wishing to do so, and resources permitting. • During 2015 ECDC will consult Member States about opportunities and constraints, and define the specifications and requirements for automated machine-to-machine transfer of surveillance data to TESSy. For Member States where this is not feasible ECDC will provide technical advice to reduce the data reporting burden. This work will include development of a standard protocol for use in helping Member States to assess opportunity and technical needs.	Yes	
3. Have developed and implemented an agreed set of routinely generated indicators for data quality and comparability, and timeliness. • Surveillance Atlas of Infectious Diseases will include data quality indicators for each disease data-set included. Information on data quality will be displayed prominently along with incidence/trend data etc.	Yes	
4. Have reviewed the list of health conditions to be reported routinely through indicator-based (TESSy) or event-based (EPIS/EWRS) integrated surveillance systems, as well as the reporting processes (data to be collected, frequency, etc.) on the basis of standards for surveillance developed in close cooperation with the Member States. a. ECDC will provide technical support to the Commission in reviewing and updating the EU-level case definitions. b. ECDC will develop surveillance standards for Legionnaires' disease and priority pathogens in the following disease groups: emerging and vector-borne diseases (EVD) and healthcare associated infections.	a. Yes b. Postponed 2017	b. This will be dependant of an evaluation of surveillance systems in 2017
5. Have enabled more user-friendly access to surveillance outputs, providing enhanced insight through the use of advanced statistics, spatial analysis, dynamic mapping and intelligent data mining. a. Expand ECDC Surveillance Atlas of Infectious Diseases, so that partners and stakeholders can access value-added EU-level information on influenza/respiratory diseases, HIV/AIDS, Hepatitis B, Hepatitis C, sexually transmitted infections, food and water borne diseases, emerging and vector borne diseases and vaccine-preventable diseases. b. Explore the usefulness of Business Intelligence tools for addressing requirements for surveillance data by different stakeholders. c. Provide services to Member States in the following areas: advanced bio statistical and spatio-temporal (GIS) analyses, including generation of automatic alerts from surveillance data.	a. Yes b. Yes c. Yes	
6. Have cautiously expanded surveillance to include molecular and other laboratory-based components, where relevant, taking into account available resources, through a continuous dialogue with Member States and reasoned decision-making. • During 2015, ECDC will develop molecular typing for surveillance strategies for HIV, invasive meningococcal disease (IMD), Legionnaires' disease, a range of Multidrug resistant pathogens and influenza (depending on outcome of upcoming discussions on EU added value). This will lay the foundation for the development of molecular typing for surveillance for these pathogens in 2016.	Yes	
7. ECDC has started an action plan based on the commissioned external audit of: a) the TESSy platform, its architecture and functionality to guide future system upgrades; and b) the wider set-up carrying out and public health usefulness of EU surveillance. • Results from this audit are expected in autumn 2014. Implementation of recommendations agreed as a result of the audit start in 2015 in close coordination with SANCO.	Yes Yes	

Expected outputs 2015	Implemented	Comments
Strategy 2. Epidemic intelligence and response, including preparedness		
1. ECDC has become the main source of information on global communicable disease threats for public health and healthcare professionals in the EU; a. Development of information leaflets on diseases that could be provided by ECDC to a Member States for use when a group of citizens (e.g. passengers on an aircraft) have been exposed to an infected person. Priority topics to be discussed with AF. b. Development of a tool to rank bacterial infections in relation to the risk of transmission via substances of human origin, in order to prioritise the development of risk assessment. c. Study to assess the prevalence of HBV, HCV and HIV among blood donors in the EU. d. ECDC will host an Epidemic Intelligence and Public Health Emergencies Workshop involving international partners.	a. Postponed 2016 b. Yes c. Yes d. Postponed 2016	a. Postponed because of Ebola support b. Done through meeting and recommendation d. **[CANCELLED BY MB – 20 JAN 2015]** because of Ebola support
2. Is providing evidence-based rapid assessments of emerging threats leading to rapid, appropriate and coordinated measures across the EU; a. ECDC will continue to publish and distribute weekly threats reports, epidemiological updates on key outbreaks, rapid risk assessments and technical guidance. b. If requested ECDC will provide advice on options for mitigating risks. c. When needed ECDC provides technical support in areas such as laboratory testing capacity for new/emerging pathogens.	a. Yes b. Yes c. Yes	
3. Is providing support to Member States through outbreak response teams; • If an outbreak of EU-level significance takes place, ECDC will free resources upon request to provide support to the affected Member State(s).	Yes	
4. ECDC has made available to Member States epidemic intelligence and rapid assessment methodologies, toolkits for investigating and responding to emerging threats as well as lessons learned during investigation of emerging threats and response support to Member States. a. Integration of a Geographic Information System (GIS) tool showing the location of cooling towers across the EU into the EPIS platform for Legionnaires' disease. The location of cases can be compared with the location of cooling towers, which will facilitate investigation of outbreaks. Most Member States currently do not have such a tool. b. Development of a tool for contact tracing of potentially exposed persons in different setting: aircraft, ships, meetings etc. c. Development of a line listing tool for outbreaks into which Member States can directly input information on new cases, in respect of the legislation on data protection. d. Development of an on-line questionnaire tool. The tool will gather a pool of questions that are pre-translated into several EU-languages allowing for simultaneous creation of questionnaire in several languages. e. Revised and updated the toolbox on investigation and control of Legionnaires' disease outbreaks. f. Crisis simulation exercise to test ECDC's public health emergency plan will be open for the European Commission and Member States that wish to participate.	a. Yes b. Yes c. Postponed 2016 d. Yes e. Yes f. Yes	c. Postponed because of Ebola support f. Done as internal simulation exercise
Strategy 3. Country Preparedness Support		
1. Within its mandate, ECDC has provided guidance and tools to facilitate the development and self-assessment of preparedness plans and preparedness in the Member States; a. Development of a framework tool for reporting, assessing and "using" data on "core capacities" b. Development of a tool for ranking infectious disease risks c. Literature review on the concept of cross-border interoperability in public health emergency preparedness and response planning d. Preparation of guidance on screening and prevention of communicable disease, and health system preparedness strengthening, in relation to newly arrived migrants, in collaboration with the EU Health Security Committee (HSC). e. Management of cruise ship travel associated Legionnaire disease	a. Yes b. Yes c. Yes d. Yes e. Yes	e. **[ADDED BY MB – NOV 2015]**
2. Within its mandate ECDC has provided 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; a. Supporting the network of National Focal Points on preparedness b. Supporting online exchange of best practice and information on preparedness activities	a. Yes b. Yes	
3. Within its mandate ECDC has, on request and within available resources, provided specific support to countries. • Through existing ECDC framework contracts the Centre will provide support to the Commission and Member States on capacity building for preparedness to public health emergencies, literature reviews and case studies. All activities will have a focus on emerging threats (i.e. Ebola, Polio, respiratory viruses) undertaken in consultation with the Commission and/or Member States.	Yes	

Expected outputs 2015	Implemented	Comments
Strategy 4. Scientific advice		
1. Continued to deliver targeted, high quality scientific advice that impacts policy decisions by: a. Further improvement and wider application of the Scientific Advice Repository and Management System (SARMS) to manage scientific advice requests directed to ECDC and the Expert Database to facilitate the identification of external experts by Member States. b. Improved the priority setting tool (IRIS) tool to support the prioritisation of scientific advice and work planning at ECDC and made it accessible for external expert communities; c. Apply public consultation and enhance scientific advice transparency, i.e. open the platform to a wider user group in ECDC.	a. Partly b. Partly c. Yes	a. **[CANCELLED BY MB – 20 JAN 2015]** The preparatory work was done in 2015 but because of technical issues, the new version of SARMS will be delivered in 2016 b. Ongoing; discussion in the AF have started but are not finalised c. The process ain place but no public consultation was needed in 2015; public consultation in preparation for 2016
2. Aligned with SMAP deliverable 9.4.2 on becoming a trusted source of scientific advice: • Following up on the traineeship project 'Pathways of transmission', to design a comprehensive project on 'Building a knowledge base on infectious disease transmission'	Cancelled	
3. Achieved a harmonised, integrated, transparent process of scientific advice that is a significant contribution to the EU's communicable disease control, in collaboration with the Member States, the other EU agencies, and other stakeholders. a. Organisation and maintenance of the EU-ANSA network of 'Chief Scientists' of EU agencies; ECDC's particular output is a paper on handling uncertainties. b. Organisation of the ESCAIDE Scientific Conference; c. ECDC Research strategy and coordination, starting with mapping of research activities in the EU regarding communicable diseases (domains, potential needs and resources involved).	a. Yes b. Yes c. Partly	c. EU ANSA initiated first a mapping of research activities for all EU agencies in 2015; based on this the specific mapping for ECDC will be conducted in 2016
4. Offered training to Member States and stakeholders in new methods for evidence-based public health. a. Developed methods and tools to facilitate the use of evidence-based principles in daily work; b. Deploy the PRECEPT tool to our stakeholders, depending upon resources.	a. Yes b. Partly	b. Handbook and e-learning material were piloted in 2015 only, due to late start at the end of 2014; full implementation in 2016
Strategy 5. Public Health Training		
1. A sustainable level of EPIET and EUPHEM fellows has been established, and any further expansion of the fellowship programme is seen through an increased number of national EPIET Associated Programmes; a. Recruiting the 2015 cohorts of fellows for EPIET and EUPHEM: b. EU track: 12 EPIET, 4 EUPHEM c. Member State track: 12 EPIET/EUPHEM fellows d. Continuing to provide salaries and training support to the 2013 and 2014 cohorts of EPIET and EUPHEM fellows and their coordinators. The total number of fellows in these two cohorts are: e. EU track: 24 EPIET, 8 EUPHEM f. Member State track: xx EPIET, XX EUPHEM g. More than 200 supervisors in 50 training sites across the EU h. Provision of support, expertise and training to EPIET Associated Programmes	a. Yes b. Yes c. Yes d. Yes e. Yes f. Yes g. Yes h. Yes	
2. With sufficient Commission funding, MediPIET has been firmly established. While the responsibility has been fully handed over to the participating countries, the network retains its strong links to the ECDC-led training networks in the EU; • Provision of scientific leadership and support to MediPIET. ECDC chairs the MediPIET Scientific Advisory Board and provides leadership on key technical aspects of the Programme.	Yes	
3. The ECDC virtual training centre makes available online training resources, including e-learning and tools for knowledge transfer, allowing the countries to cascade training to regional and local levels; a. Develop 4 e-Learning courses and makes them available via a Learning Management System. b. ECDC gathers feedback from partners, most notably the NFPs for training, with a view to further improving its e-Learning offer in 2016 c. An e-learning tool is developed to raise awareness about the proper use of personal protective equipment in the context of Ebola and other emerging infectious diseases, complementary to the skills-based training (before field assignments).	a. Partly b. Yes c. Yes	a. Due to delays in platform availability and procurement, only 1 of the 4 planned courses was developed.
4. Further core competencies have been defined and are guiding the curricula of ECDC training initiatives; a. Finalise and publish EU consensus core competencies for public health professionals who work in prevention and control of vaccine-preventable diseases b. Start work on Tuberculosis for public health professionals	a. Yes b. Cancelled	b. Work on TB competencies not started because of diminished staff capacity

Expected outputs 2015	Implemented	Comments
5. ECDC has delivered short training modules and 'sharing good practice' workshops targeting national experts at midcareer and senior level in ECDC networks, with focus on the EU and international dimensions of disease prevention and control, to increase interoperability for preparedness and response, in the context of the Decision 1082/2013. a. Key output will be the ECDC summer school 2015. This is aimed at senior level experts, most notably coordinators of EPIET/EUPHEM training sites, and also mid-career experts. There will be 30 places available to professionals from Member States and 15 places for professionals from MediPIET countries. b. 2 senior professionals participate in exchange programmes c. 1 short course held at ECDC for senior/midcareer professionals	a. Yes b. Yes c. Yes	
Strategy 6. Microbiology support		
1. Consolidation of the capacity of the EU public health microbiology system for EU-wide surveillance of communicable diseases and epidemic preparedness will result in a more efficient use of existing microbiology capacities. Specific 2015 outputs: a. The Microbiology Activities Report analysing and summarising the ECDC managed projects that cover a range of laboratory testing aspects for over 30 diseases. b. Improved EU laboratory capacity by providing external quality assurance (EQA) services for the networks of laboratories working on: AMR in E.coli, Klebsiella, P.aeruginosa, enterococci, S.aureus, N.gonorrhoeae , Salmonella and Campylobacter; Legionella; Listeriosis; VTEC; Influenza; TB, including MDR-TB, invasive bacterial diseases and pertussis. c. Provide support to pilot studies and microbiology guidance on EU added value of whole-genome sequencing for molecular typing for surveillance, in particular for Listeria, *M. tuberculosis, N. gonorrhoeae* and *N. meningitidis* and guidance on emerging microbiology issues. d. Provide diagnostic guidance and, if needed test kits or reagent standards, in case of a public health emergency to support microbiologists in affected Member States	a. Yes b. Yes c. Yes d. Yes	
2. Development and implementation of a system that assists Member States in monitoring critical microbiology laboratory capabilities for EU-wide surveillance of communicable diseases and epidemic preparedness: a. Report on the pilot of a first EU survey of agreed indicators (EULabCap) that will provide a baseline to monitor the progress of essential public health microbiology capabilities at Member State and EU levels. b. Identify critical gaps and vulnerability in preparedness capacities in the EU.	a. Yes b. Yes	
3. Further develop strategic plans for the gradual integration of selected molecular typing data into EU-wide surveillance and epidemic investigations for priority diseases and transmissible drug resistance threats after agreement with Member States; specific outputs for 2015 are: a. EU-level molecular typing for surveillance strategies for Legionella and HIV. b. Guidance for integration of whole-genome sequencing based molecular typing in EU surveillance, for Listeria, Salmonella, VTEC, and MDR-TB.	a. Postponed b. Yes	a. Legionella cancelled by the network that considered it was a priority; HIV discussed at AF but delivery of the strategy postponed for further expert consultation b. Draft document completed in 2015 for AF consultation in Feb 2016
4. Further integration of EU clinical laboratories and other public health laboratories in the surveillance and alert systems for human and zoonotic pathogens. a. ECDC will provide technical support to the Commission in its initiative to assess the need for EU reference laboratory services for human pathogens. b. Provide expertise to the 'One-health approach' for FWD and EVD regarding laboratory-based surveillance of zoonotic pathogens in collaboration with EFSA.	a. Yes b. Yes	
Strategy 7. Health Communication		
1. ECDC has through its efficient external communications increased its reputation as the main reference point for European-level technical and scientific data and advice in the areas of its mandate; a. ECDC publications, articles published by ECDC experts in peer reviewed journals, press releases, events, website content, Tweets etc. communicating ECDC's scientific outputs b. Web 2.0 web portal with making ECDC data and analysis available to users in an even more interactive way	a. Yes b. Postponed 2017	b. Unsuccessful procurement obliged to postpone the launch of the new portal
2. ECDC is a trusted and valued partner with Member States and the Commission, in relation to risk and outbreak/crisis communication support and co-ordination; • ECDC provides technical support to the Commission in its coordinating role and the Member States in their risk communication role. This includes support in developing evidence based key messages, visual representations of epidemiological information, summarising evidence on effective risk and crisis communication and sharing of best practice.	Yes	

Expected outputs 2015	Implemented	Comments
4. ECDC has further strengthened is current position as the main European hub for scientific advice and guidance on behaviour and risk communication related to communicable diseases in order to support Member States in their communication activities. • ECDC will update the European Antibiotic Awareness Day toolkit and the existing toolkits to support disease prevention and control activities in the Member States on Chikungunya fever, tick-borne diseases and seasonal influenza.	Yes	
Strategy 8. Antimicrobial Resistance and Healthcare-Associated Infections (ARHAI)		
1. To act as a hub of harmonised and efficient European surveillance systems and to be a reference centre that Member States, EEA and neighbouring countries consult for surveillance data with the following specific outputs: a. Improved country participation in surveillance of surgical site infections (HAI-Net SSI, the next report on surveillance of surgical site infections in Europe will be published in 2016, as mentioned in the ECDC Strategic Multi-Annual Programme 2014-2020) and HAI in intensive care units (HAI-Net ICU); b. Revised estimates of the burden and cost of HAIs in the EU c. Initiation of the third point prevalence survey in long-term care facilities; d. Preparation of Surveillance Atlas of Infectious Diseases (incl. country sheets): AMR, antimicrobial consumption, HAIs, structure and process indicators on prevention and control of HAIs; e. EARS-Net 2014 report on surveillance of AMR; f. ESAC-Net 2013-2014 report on surveillance of antimicrobial consumption; g. Initiation of pilot reporting of antimicrobial consumption in hospitals as part of ESAC-Net; h. An EPIS platform for AMR and HAI; i. In accordance with the ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness (AF32/NMFP10), development of a strategy for pilot molecular typing for surveillance of carbapenem-resistant gram-negative bacteria and of methicillin-resistant Staphylococcus aureus (MRSA); j. Implementation of a new framework contract to support to the standardisation of antimicrobial susceptibility testing methods in Europe; k. External quality assessment exercise on performance and compliance with EUCAST standards of the laboratories participating in the EARS-Net; l. Training workshop on point prevalence survey of HAI and antimicrobial use in acute care hospitals, with focus on validation;	a. Delayed b. Yes partly c. Yes d. Yes e. Yes f. Yes partly g. Delayed h. Yes i. Yes partly j. Yes k. Yes l. Cancelled	b. Toolkit and estimates produced but will be published in 2016. f. Interactive ESAC-Net database updated as planned. The report will be published in 2016. i. **[POSTPONED BY MB – 20 JAN 2015]** because of Ebola – Done partly for carbapenem-resistant gram-negative bacteria
2. To act as a reference centre that Member States, EEA and neighbouring countries consult for scientific advice to prevent and control AMR and HAI, with the following specific outputs: a. Repository (online directory) of existing guidance and other documents on AMR and HAI prevention and control produced by Member States, professional organisations, partners as well as Commission-funded projects; b. Guidance document on indicators for the organisation of hospital antimicrobial stewardship programmes; c. Guidance document on options to control transmission of multidrug-resistant Enterobacteriaceae when patients are transferred to healthcare settings; d. Initiation of the evaluation of existing HAI prevention and control guidelines to develop the toolbox of essential control options and interventions to prevent and control HAIs;	a. Yes b. Yes c. Delayed d. Delayed	d. Delayed because of Ebola crisis
3. To act as key contributor to the European 'One Health' approach to AMR prevention and control by providing technical support to increase synergies between the human and veterinary sectors (see 10.3: Food- and Waterborne Diseases).	Yes	
4. To act as a key partner in international cooperation initiatives to prevent and control AMR and HAI, with the following specific outputs are: a. Support to the Commission on the implementation of its Action Plan on AMR, including evaluation; b. Country visits in response to requests from Member States; c. Cooperation with WHO/Europe to implement the regional strategy on AMR; d. Contribution to the Transatlantic Task Force on AMR (TATFAR);	a. Yes b. Yes partly c. Yes d. Yes	b. Country visit to Cyprus; visit to Spain postponed to 2016
5. To be a leading institution in the EU to support Member States in the promotion of prevention and control measures, with the following specific outputs: a. 8th European Antibiotic Awareness Day (EAAD), 18 November 2015, including a toolkit addressing self-medication with antibiotics; b. Contribution to a global Day to raise awareness about prudent use of antibiotics, in collaboration with WHO; c. Support to the WHO 'SAVE LIVES: Clean Your Hands' hand hygiene campaign by publication of ECDC-related outputs on 5 May 2015; d. Inventory of evaluated infection control training courses/programmes in Europe, and meeting of Member States' experts on infection control/hospital hygiene.	a. Yes b. Yes c. Yes d. Yes partly	d. The meeting took place. The inventory will be completed and published in 2016.

Expected outputs 2015	Implemented	Comments
Strategy 9. Emerging and Vector-borne Diseases (EVD)		
1. Aligned with SMAP deliverable 10.2.1 to provide relevant and timely surveillance information on vectors, reservoirs, animal and human disease with the following specific outputs for 2015: a. In depth analysis of TESSy data and dissemination of specific reports/publications on tick borne encephalitis, chikungunya, and dengue. b. Timely surveillance of West Nile fever and development of an early warning system with integration of animal data based on the One Health approach together with EFSA20. c. Prepare the revision of the case definition for Hantavirus as prioritised by the Advisory Forum. d. Laboratory capacity building for early detection and response to outbreaks according to on-going viral threats through an outsourced network and in coordination with the Microbiology Coordination Section. e. Perform risk analyses of emergence of vector-borne diseases (West Nile fever, tick-borne diseases) and updated vector distribution maps (mosquitoes, ticks and sand-flies). f. Progressive strengthening of harmonised surveillance of mosquito vectors in advocating the use of ECDC guidelines for the surveillance of invasive and native mosquitoes, in collaboration with WHO; and ad hoc entomological support (with EFSA via an outsourced network).	a. Partly b. Yes c. Postponed to 2016 d. Partly e. Yes f. Yes	a. Reports prepared but not yet finalized and published c. Postponed because of Ebola. d. Yes for the 5 first months but the lab contract was terminated in May because of contractual issues. Has been re-launched for 2016.
2. Aligned with SMAP deliverable 10.2.2 to produce scenarios for Member States based on risk maps and models, and provide guidance: a. Integration of developed assessment tools and risk mapping/ forecasting/ models (specific focus on mosquito-borne and tick-borne diseases), aiming for effective EVD surveillance and Member State awareness. b. Assessment of pathogen importation through global traffic and trade and disease situation monitoring (dengue, chikungunya, zika etc.). c. Development of guidelines on Lyme borreliosis (follow-up of previous work on epidemiology and diagnosis of Lyme disease in EU; piloting approaches on surveillance to assess trends and burden of disease, and development of communication strategies). d. Technical advice for supporting preparedness and training programmes at ECDC regarding viral haemorrhagic fevers.	a. Yes b. Yes c. Partly d. Yes	c. Report of Lyme laboratory diagnosis finalized (to be distributed in 2016); Follow-up on epidemiology/diagnosis updated; Piloting approaches on surveillance to assess trends and burden of disease, and development of communication strategies not implemented.
Strategy 10. Food and Waterborne Diseases and zoonoses (FWD)		
1. Aligned with SMAP deliverable 10.3.1 to facilitate collaboration at all levels between the public health and veterinary sectors as well as between epidemiologists and microbiologists: - Organisation of multi-sectorial meetings to promote collaboration at all levels between the public health, food safety and veterinary sectors: 1) one post multi-country FWD outbreak briefing 2) ELiTE project meetings 3) Workshop on human and animal TSEs	Yes	Post country outbreak **[CANCELLED BY MB – 20 JAN 2015]** because of Ebola
2. Aligned with SMAP deliverable 10.3.3 to produce and publish scientific overviews and systematic outbreak investigation reports: a. The annual, epidemiological report on Legionnaires' disease. b. A joint EFSA-ECDC report on Zoonoses. c. A joint EFSA-ECDC report on AMR. d. Contribution to Annual Epidemiological Report and Surveillance Atlas of Infectious Diseases. e. Finalisation of guidance23 on hepatitis A (HAV) prevention and control based on the findings of a systematic review of HAV endemicity profile in the EU/EEA in consultation with the HSC.	a. Yes b. Yes c. Yes d. Yes e. Partly	e. The project continues in 2016. The endemicity profile report has not been published yet; expected publication in spring 2016
3. Aligned with SMAP deliverable 10.3.4 of development of a protocol for multi-country outbreak investigations and 10.1.3 as a key contributor to the European 'One Health' approach to AMR prevention and control by providing technical support to increase synergies between the human and veterinary sectors: a. Developed SOP's for cross-sectorial collaboration in early detection, investigation, and/or coordination of cross-border foodborne outbreaks. b. Stepwise development of a new, quantitative harmonised surveillance of AMR in human Salmonella and Campylobacter infections allowing comparable analyses with food and animal AMR data.	a. Yes b. Yes	
4. Aligned with SMAP deliverable 10.3.5 of development of routine surveillance based on up-to-date real time molecular typing information from laboratories: a. Report on the European Listeria Typing Exercise (ELiTE). b. Continue ELiTE-project with an extension for 2015-16 and broaden the scope of methods to cover whole-genome sequencing, ensuring comparison between human and food sector. c. Finalise the FWD molecular typing for surveillance strategy and its integration in outbreak investigation and control. d. Finalise the establishment of the joint molecular typing database with EFSA for the integration of PFGE/MLVA data from food, feed, animals, and environment for Salmonella, Listeria and VTEC/STEC. e. Finalising the molecular typing for surveillance strategy for Legionnaires' disease.	a. Partly b. Yes c. Partly d. Yes e. Cancelled	a. Analyses finalised early 2016, the report expected in spring 2016 c. An evaluation has been done and further strategies will be developed in 2016 e. **[CANCELLED BY MB – 20 JAN 2015]** Network support and national services are considered sufficient to support Legionella outbreak investigations. This has been dropped from the roadmap for integration of WGS into EU level surveillance.

Expected outputs 2015	Implemented	Comments
Strategy 11. STIs, including HIV/AIDS and blood-borne viruses (HSH)		
1. Aligned with SMAP deliverable 10.4.2 to continue to work closely with, guide and inspire national programmes through ECDC's evidence-based reports and guidance and the other outputs from the disease network collaboration and data collection. Specifically the HSH programme will: a. Improve the quality and utility of surveillance outputs, online accessibility of data and better integration of epidemiological and response data, starting with the STI data and then proceeding with the HIV/AIDS data. b. In accordance with the ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness (AF32/NMFP10), introduce the systematic collection of data on the HIV genotypes (HIV molecular typing for surveillance) in EU to form an early warning system for developing resistance to HAART and to improve the epidemiological understanding of the trends of HIV genotypes in EU and how they are being affected with long term HAART. c. Develop evidence-based guidance to support Member States in their efforts to prevent and control of HIV/STI/Hepatitis among sex-workers and youth (in consultation with the HSC depending on content of the final document). d. Plan guidance on a comprehensive approach to the prevention, early detection and management of HIV, and control of STI and hepatitis among migrants to the EU. e. Deliver improved estimates of country- and EU-level at-risk population size and incidence estimates using modelling for HIV, hepatitis B and C and chlamydia. f. Initiate a review on alternative surveillance methods of hepatitis B/C and chlamydia. g. Implement combined HIV and AIDS surveillance and provide technical support to countries to help with the new data submission in the revised combined HIV/AIDS record-type and for statistical support to analyse changes in historical trends resulting from this major revision. h. Ensure that DP activities are well co-ordinated from a communication perspective and delivering clear and understandable communications to Member States contact points, policymakers, EU professionals and citizens. i. Provide technical support and to review aspects of national programmes during country missions when requested to do so. j. Produce evidenced based guidance on antenatal screening for hepatitis B and C virus and syphilis (in consultation with the HSC depending on content of the final document).	a. Yes b. Yes c. Yes d. Postponed e. Yes f. Yes g. Yes h. Yes i. Yes j. Yes	c. Work progressing as planned d. After discussing this activity in greater detail, it was considered to be too premature to launch now and should be implemented in future.
2. Aligned with SMAP deliverable 10.4.4, in order for the European Commission (but also other key stakeholders) to receive adequate and timely scientific advice to guide them in their decision-making on strategies related to HIV, STI and hepatitis B and C prevention and control the following additional technical activities will be carried out: a. Support the EU Commission in monitoring the Member State response to HIV in Europe (Dublin Declaration and HIV Action Plan); b. Implement the European Gonoccocal Antimicrobial Surveillance Program (Euro-GASP) to provide an overview of the trends with this pathogen, including supporting Member States in their AMR testing and implementing the response plan for Multidrug resistant (MDR) gonorrhoea; c. Deliver improved estimates of country- and EU-level HIV, chlamydia and hepatitis B/C prevalence. d. Support the European Commission to develop the Framework for hepatitis B and C prevention and control in the EU.	a. Yes b. Yes c. Yes d. Postponed	c. Work is proceeding as planned d. Waiting for Commission's decision on the way forward. **[CANCELLED BY MB – 20 JAN 2015]**
3. Aligned with SMAP deliverable 10.4.3 to ensure that the 'EU-plus' countries are informed about relevant developments for HIV, STI and hepatitis B/C control by participation in the European disease networks ECDC's output for 2015 including: a. Exposing their disease experts to the discussion on priorities and evidence based decision making; b. Provide direct technical support to high priority and high burden countries;	a. Yes b. Yes	
4. To achieve the greatest impact in this delicate area of work, the ECDC cannot work in isolation. It is vital that HSH continues to ensure a solid level of international collaboration with key partners working in the same field, such as WHO, CDC, and many others, to strive for complementarity rather than overlap or competition. a. Continue to reach out and foster international collaboration with the identified key stakeholders in this field. b. To regularly consult with stakeholders, in particular Member States nominated contact points and DG-SANCO on ECDC's work on HIV, STI and viral hepatitis. c. Consolidate communication activities with key stakeholders and explore how to better integrate social media in general awareness raising and communication related to HIV, STI and viral hepatitis prevention and control.	a. Yes b. Yes c. Yes	
Strategy 12. Influenza and other respiratory viruses (IRV)		

Expected outputs 2015	Implemented	Comments
The majority of our resources go to conduct epidemiology, laboratory and molecular typing for surveillance for seasonal influenza; this is done in close cooperation with WHO-Europe and will lead to the publication of joint influenza bulletins in 2015, a significant output. Similarly the monitoring of new viruses, guidance on scientific issues and the production of relevant, timely assessments belongs to these core daily tasks. On top of this and in line with the multi-annual deliverables, the following specific outputs are planned which complete the ongoing activities in the IRV disease programme: a. Aligned with SMAP deliverable 10.5.1 to establish standardised agreed protocols and serological approaches for determining susceptibility, investigation of outbreaks of acute respiratory infections: b. Expand sero-epidemiological approaches (protocols and studies) via the CONSISE and other network meetings. c. Progressive increase in quality and capacity by training and coordination of EU reference laboratory networks.	a. Yes b. Yes c. Yes	
1. Aligned with SMAP deliverable 10.5.2 to add to existing surveillance (through primary care and virologists) routine sentinel systems for detecting risk factors for severe influenza disease and deaths the specific output for 2015 will be: a. The first routine mortality estimates for influenza will become available. b. Established a linkage between sequence data in GISAID and TESSy influenza surveillance information.	a. Yes b. Partly	b. Delayed pending the implementation of the ECDC molecular typing for surveillance roadmap
2. Aligned with SMAP deliverable 10.5.3 to contribute to an increase of vaccination coverage and a reduction of the annual burden of influenza: a. Supported work on the Council conclusions and recommendation by yearly monitoring seasonal influenza vaccination. b. Support Member States in collection of vaccine coverage data, development of vaccine policies and regularly publish the results. c. Health communication: promote increased vaccine coverage and communication activities targeting health care workers, policymakers, media, and health communicators; in particular an e-learning tool for healthcare workers and a revision of the communication toolkit are specific outputs.	a. Yes b. Yes c. Yes	
3. Aligned with SMAP deliverable 10.5.4 on routinely estimate vaccine effectiveness and highlight and investigate plausible safety signals: a. Conduct vaccine impact studies including effectiveness and (if needed) safety; in particular improve the methodology and standard protocols and expanding the number of participants. b. Continue efforts on the IMI ADVANCE project to create a sustainable framework of vaccine impact monitoring in the EU: c. Assess the ability to implement the deliverables in the Advance project d. Continue technical discussions with SANCO, EMA and Vaccines Europe (industry body for manufacturers).	a. Yes b. Yes c. Yes d. Yes	
Strategy 13. Vaccine-preventable diseases (VPD)		
1. Aligned with the SMAP deliverable 10.6.1: Monitored vaccination programmes, with reference to vaccine coverage, effectiveness and impact at the EU level: a. Further establish and implement sentinel surveillance systems for pertussis as well as for invasive pneumococcal disease. b. Further establish and strengthen the strategy for sustainable surveillance of Invasive Pneumococcal Diseases (IPD), while maximising the output of the current network. c. Further develop methodologies and guidance for strengthening of immunisation systems in the EU/EEA Member States under the umbrella of the VENICE project. d. Continue providing technical support to Member States and the European Commission for the implementation of the 2011 Council Conclusions on Childhood Immunisation.	a. Yes b. Yes c. Yes d. Yes	
2. Aligned with the SMAP deliverable 10.6.2: Contributed to the 2015 measles and rubella elimination targets providing technical support to increase vaccine coverage, to identify underserved groups, also using new technologies for monitoring vaccine coverage and outbreaks: • Provide communication toolkits for healthcare workers supporting measles and rubella (and other VPD) vaccination activities with a special focus on reaching vaccination-hesitant groups. • Monthly data reports and quarterly analytical reports on the latest measles and rubella surveillance data, performed jointly with the WHO Regional Office for Europe	a. Yes b. Yes	
3. Aligned with the SMAP deliverable 10.6.3: Provided scientific advice regarding new vaccines and developed generic models to estimate health economic consequences, in order to overcome inequality issues a. Developed guidance on meningococcal B vaccination and pertussis vaccination (AF priority) b. Develop guidance on hepatitis A vaccination in collaboration with the FWD programme c. Continue efforts of the IMI ADVANCE project; in particular a draft on guidance of best practices, an analysis of key issues and gaps in the perception and knowledge of benefits and risks of vaccines and Preparatory documents for 2016 consultation processes.	a. Partly b. Yes c. Yes	a. Guidance on pertussis **[CANCELLED BY MB – 20 JAN 2015]** because of efforts redirected to polio preparedness; expert meeting on meningococcal B organised and work on technical guidance done.

Expected outputs 2015	Implemented	Comments
4. Aligned with the SMAP deliverable 10.6.4: Helped Member States to increase vaccination coverage up to recommended levels by providing technical support. a. Maintain high quality epidemiological, laboratory and molecular typing for surveillance for VPDs to allow informed decisions on priority-setting, provision of scientific and communication guidance and support to evidence-based policy-making. b. Maintain and strengthen the Invasive Bacterial Diseases (IBD) and pertussis laboratory networks by strengthening the quality of reported surveillance data, lead in ensuring quality-assured diagnostic methods and integrate these better with disease surveillance data. c. Provide timely annual epidemiology report and dedicated surveillance reports for measles and rubella, mumps and pertussis. d. Further optimise the provision of VPD surveillance data using dashboards (H. influenzae, N. meningitis, pertussis, IPD) and improved surveillance standards for VPDs. e. Start the implementation of meningococcal molecular typing for surveillance f. Organise and further develop the EuroVaccine conference. EuroVaccine is delivered in webinar format, and is an independent scientific conference (the theme will be decided end of 2014). g. Provided guidance in the area of poliomyelitis prevention and control in response to the recent resurgence of polio. h. Continue to provide technical support to Member States and the European Commission in implementing the Council Conclusions on childhood immunisation established in 2011. i. Support to coordination of ECDC polio work. Supporting polio elimination in the EU/EEA j. Good practice guide on emergency preparedness: preparedness for VPD outbreaks k. Exploring needs for communication and advocacy on polio vaccination	a. Yes b. Yes c. Yes d. Yes e. Yes f. Cancelled g. Delayed h. Yes i. Yes j. Yes k. Yes	c. guidance on pertussis **[CANCELLED BY MB – 20 JAN 2015]** because of efforts redirected to polio preparedness f. **[CANCELLED BY MB – 20 JAN 2015]** because of efforts redirected to polio preparedness g. **[CANCELLED BY MB – 20 JAN 2015]** because of efforts redirected to polio preparedness and since polio plan is in preparation 2016. i. **[ADDED BY MB – 20 JAN 2015]** j. **[ADDED BY MB – 20 JAN 2015]** k. **[ADDED BY MB – 20 JAN 2015]**
5. Aligned with the SMAP deliverable 10.6.5: Facilitated the proposal of a life-long vaccination calendar agreed at EU level by providing evidence for comparative cost-effectiveness and elements for national decision making - Provided technical support to Member States and the European Commission to potential new Council Conclusions on the establishment life-long vaccination programmes.	Postponed	Postponed because of Ebola support.
Strategy 14. Tuberculosis (TB)		
1. Aligned with the SMAP deliverable 10.7.1 to provide guidance documents and support to manage TB according to the latest available evidence the specific outputs in 2015 are: a. Interim results for the report on the assessment of latent TB control as programmatic intervention; b. The evidence base for guidance on interventions for TB prevention and control in hard to reach and vulnerable populations; c. Data collection for guidance document on improvement of treatment outcomes for TB (incl. Multidrug resistant - MDR TB); d. Finalise the 2014 activity: Guidance document on introduction of new drugs;	a. Yes b. Yes c. Yes d. Yes	c. Result of case studies collected instead of data collection as initially planned
2. Aligned with the SMAP deliverable 10.7.2 to continue to facilitate an integrated strong proactive tuberculosis network; the outputs for 2015 are: a. Coordination of Surveillance and Monitoring of TB in Europe, with an annual network meeting (themes to be determined in collaboration with WHO Regional Office for Europe); b. In accordance with the ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness (AF32/NMFP10), enhancing TB molecular typing for surveillance in the EU/EEA: Improve present 20% coverage and timeliness; c. Coordination of laboratory network, (EU Reference Lab Network - TB ERLTB-net), with an annual network meeting (topics to be defined by network and ECDC); d. Coordination of prevention and care network, with an annual network meeting (themes to be defined with partners); e. Support to high priority countries with implementation of country strategies.	a. Yes b. Yes c. Yes d. Cancelled e. Delayed	b. 23.5% coverage reached d. Cancelled due to lack of human resources e. FW service contract signed in December; implementation in 2016-2017-2018
3. Aligned with the SMAP deliverable 10.7.3 to support the Commission with development of strategy documents: - Technical support to the Commission with the development of an EU TB Action Plan or strategy document.	Postponed	Delayed; decision pending from European Commission
Strategy 15. Eurosurveillance		
1. The website will be optimised for the benefit of readers and authors alike to offer modern functionalities commonly provided by other scientific journals.	Yes	
2. The visibility of the journal will be further enhanced by a scientifically attractive seminar embedded in a large conference and presence of staff at scientific conferences.	Yes	
3. Various actions will be tested to increase the presence of the journal in social media.	Partly	

Expected outputs 2015	Implemented	Comments
4. Follow up actions of the editorial board meeting end 2014 will be implemented.	Yes	
MANAGEMENT		
Strategy 16: General Management		
1. Approved project plan to implement the MB recommendations emanating from the second external evaluation (this will include actions to be started/finalised in 2015).	Yes	
2. To be determined, regarding a Joint strategic Meeting/10 years anniversary (ongoing).	Yes	
3. A revised Independence Policy is implemented with a clear distinction between ECDC staff and external experts.	Yes	
4. Update the revolving door policy (entry and exit) and ensure implementation.	Yes	
5. Relevant ECDC staff has submitted the Declarations of interest within 2 months after the new rules became effective.	Yes	
6. The Expert Database is made suitable for a broader submission of declarations of interest.	Yes	
Strategy 17. Collaboration and cooperation within the EU family and with Member States		
1. Aligned with the activities planned for 2015 address deliverables three of the deliverables for 2020 in the area of collaboration and cooperation (strategy 8.1) defined in ECDC's SMAP 2014-2020 the 2015 outputs are: a. Yearly updates of joint projects and reports, periodically presented to ECDC's governing bodies. b. ECDC will invite the EP ENVI Committee to send a delegation to visit the Centre during 2015.	a. Yes b. Postponed	c. Postponed to 2016 once a new Director is appointed
2. The deliverables under strategy 8.2 of SMAP are addressed as follows: a. The Customer Relation Management system (CRM) will be maintained and stepwise improvements will be realised. b. Meeting with Directors/National Coordinators of coordinating Competent Bodies to align cooperation priorities and receive systematic feedback on collaboration. c. Regular country visits to Member States d. Co-organising events with our host country Sweden (e.g. 3d joint ARHAI network meeting	a. Yes b. Yes c. Yes d. Yes	d. AMR meeting in February with National Public Health Institute Sweden; Seminar during 10 Year anniversary on country preparedness with EC representation in Sweden
Strategy 18. International Relations		
1. Aligned with the deliverables for 2020 defined in ECDC's SMAP 2014-202034 in the area of Cooperation with the World Health Organization (strategy 8.3) key outputs are as follows: a. Joint annual work plans and follow-ups on their implementation to achieve better synergies, including the use of resources. b. Continue to clarify roles and responsibilities regarding surveillance of communicable diseases, particularly in EU enlargement countries and start implementation depending on progress. c. Progress report on joint annual work will be presented to the Management Board regularly	a. Postponed 2016 b. Yes c. Postponed 2016	a. No meeting because of Ebola response c. No meeting because of Ebola response
2. Aligned with the activities planned for 2015 address the following deliverables for 2020 defined in ECDC's SMAP 2014-2020 in the area of Working with non-EU countries (strategy 8.4): a. Establishment of a follow up process to the country assessments. b. Adjusting the assessment tool to take into account the Decision 1082/2013/EU. c. Coordinated internal inputs to country assessments ensured through the internal 'Working group on the European Union enlargement countries' and general support to SANCO timely provided for sub-committee meetings and progress reporting. d. ECDC-IPA3 technical assistance project completed and reported to the European Commission; implementation of the next IPA grant (ECDC-IPA4) initiated. e. Policy and action plan on engaging the EU enlargement countries in the EU surveillance activities developed. f. Participation of EU pre-accession countries and ENP partners in disease networks supported. g. Participation of EU pre-accession countries and ENP partners in EPIS platforms facilitated. h. Procedures in place for staff secondments to/from other CDC's in accordance with the priority setting identified in the International Relations Policy 2014 - 2020. i. A strategy and related sustainable implementation modalities for ECDC response support to international outbreaks and requests for assistance to outbreak in non-EU countries developed.	a. Yes b. Partly c. Yes d. Yes e. Yes f. Yes g. Yes h. Yes i. Yes	b. Joint work with European Commission Pending Commission's input
Strategy 19. RESOURCES MANAGEMENT AND ORGANISATIONAL DEVELOPMENT		
Human Resources		
1. Implementation of ECDC objectives framework in the performance management process.	Yes	
2. Implementation of an IT system for performance management process.	Yes	
3. FWC for Counselling Services in place – frame for max. 4 years provided (2015-2019).	Yes	Current contract extended. New FWC to be in place 2017
4. Accommodation Support Services tender requirements defined including incorporation of 'lessons learnt' after the trial period and the open call for tender launched.	Yes	Current contract extended. New FWC to be in place 2017

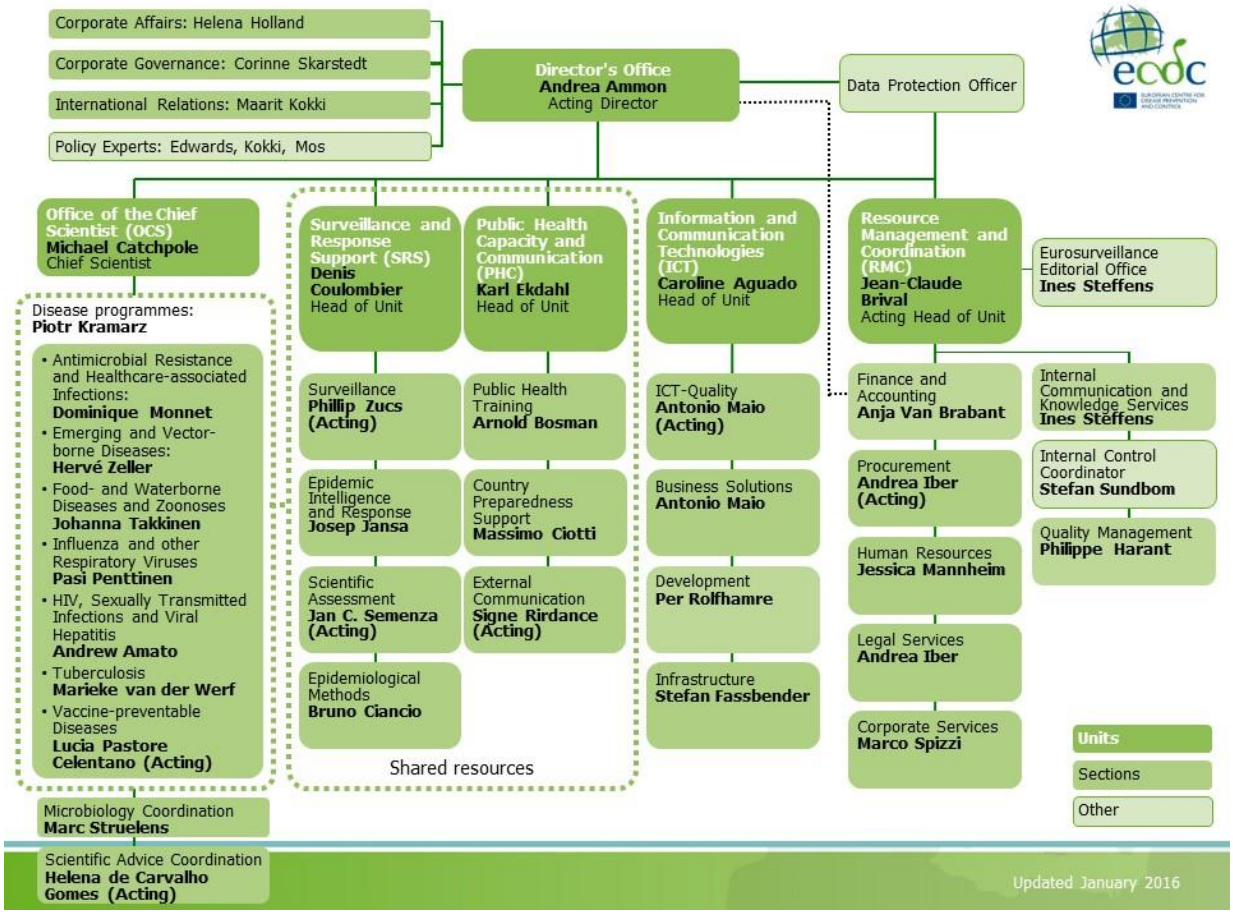
Expected outputs 2015	Implemented	Comments
Finances and Accounting		
1. Finalise the full implementation of the new Financial Regulation. The first phase of implementation is fully accomplished in 2014 and for 2015 activities will focus on fine-tuning where appropriate.	Yes	
2. The Centre has migrated to a new European Commission Asset Management System, called ABAC Assets and specific training has taken place in 2014. In 2015 ABAC Assets will be further implemented throughout the Centre and its procedures refined.	Yes	
3. Draft framework for full electronic workflows based on further exploration internally and with relevant external stakeholders.	Yes	
4. Continuous improvements regarding the ex-ante verification of transactions will be made following the annual report on performance of the Internal Control Coordinator.	Yes	
Procurement		
1. Enhance monitoring of ECDC procurement plan – improve planning and preparation, day to day management. Additional monitoring and reporting features will be provided to increase visibility on ECDC procurement activities;	Yes	
2. Strengthen ECDC's contract management activities – finalise the contract management procedure and the implementation of ABAC contract in order to better manage ECDC contracts and reinforce the link with Finance and Accounting;	Yes	
3. Identify rationalisation opportunities at EU level whenever possible (inter-institutional tenders) in order to reduce the number of procedures; develop eProcurement (ePRIOR) and green procurement at ECDC;	Partly	ePRIOR partly integrated
4. Further clarify roles and responsibilities – focus on further reducing the workload and the administrative burden (increased efficiency), offer pragmatic solutions and share procurement best practices across the Centre.	Yes	
Legal services		
1. Provide regular ethics training for newcomers and others working at the Centre, and prepare for upcoming needs.	Yes	
2. Legal guidance to staff members that need to engage in agreements and/or activities with ECDC third parties.	Yes	
3. Provide guidance on state of compliance with Regulation 1049/2001 on public access to documents and develop best practise guidelines.	Yes	
4. Ad hoc advice regarding legal matters as requested.	Yes	
Internal Control Coordination		
1. Report showing status on the implementation of and compliance with ECDC Internal Control Standards	Yes	
2. Compliance reports produced in line with Compliance Review Plan	Cancelled	Not considered as a priority
3. Internal Control Part of the Declaration of Assurance performed and included in AAR	Yes	
4. Ex-post verification reports issued in accordance with annual work plans	Yes	
5. Follow up reported to AC and in AAR	Yes	
Performance Management		
1. Implementation of the recommendations of the EU agencies network in the area of performance development	Yes	
2. Planning, monitoring and reporting activities: - Production of the Annual report of the director for 2014, showing the level of implementation of the work programme 2014 - Monitoring of the implementation of the Annual Work Programme for 2015 - Preparation of the Work Programme 2016	Yes	
3. Annual report of the results of the SMAP indicators for 2014	Yes	
4. Launch of the first annual stakeholder survey on selected 2014 activities (provides input for the annual report on the SMAP indicators)	Yes	
5. First pilot internal evaluation of ECDC activities, following the establishment of a new internal policy on internal evaluations, and agreement on a provisional multi-annual plan of internal evaluations 2016-2018	Yes	First pilot internal evaluation completed on IT governance
6. Implementation of the action plan of the second CAF exercise (2014)	Yes	
7. Project management methodology in routine operation	Yes	
Corporate Services		
1. Scenarios for future premises approved by MB and Budgetary Authority and procurement finalised	Ongoing – Delayed 2016	Delayed because of first unsuccessful procurement procedure - Final project to MB in Q1 2016 and Parliament Q2 2016
2. Mission order workflow system developed	Partly	Platform acquired – development ongoing
3. Mission and Meeting reform implemented according to the 2014 vision and strategy	Yes	
Internal communication and knowledge services		
1. Possible new distribution channels (social media, new web or mobiles technologies), including external access for Document Management System (DMS), Intranet and KM services will be investigated and implemented based on available financial, technical, human resources and legal conditions.	Yes	

Expected outputs 2015	Implemented	Comments
2. DMS will ensure transparency and collaboration across ECDC by providing easy storage and retrieval of documents, versioning, approval workflows, co-authoring, templates availability, safety, etc. -Active documents will be transformed into records based on the defined retention period. - DMS will continue the systematic integration with all relevant ECDC applications. - Chrono-module of DMS will ensure the registration of incoming and outgoing official correspondence.	Yes	
3. E-Lara application will ensure easy search and location in the Archives (for the paper files provided by the different Units from 2005 onwards) and the Library collection (for the access to e.g. the books, journals, databases)	Yes	
4. Continued support to management and staff in providing timely consistent and coherent messages internally, also during public health events. Internal communications activities will be evaluated and action plan be drafted.	Yes	
5. Through trainings and publications usability of KM services will be broadened and deepened.	Yes	
6. The library journal collection access will be broadened and work on evidence-based methods supported through trainings and search execution and/or advice of planned systematic reviews.	Yes	
Strategy 20. Information and Communication Technologies		
1. Agency-level ICT general governance implemented. a. Long-term ICT platforms and technology strategies (i.e. multiple IT systems and applications working together, interoperability of machine to machine surveillance data) have been defined. b. Implementation of the committee for decisions on ICT enterprise architecture. c. Implementation of continuous improvement bodies: the Permanent Improvement of ICT – Quality Committee.	a. Delayed b. Delayed c. Yes	Enterprise architect not yet recruited; only part time consultant in at the moment
2. All new ICT investment is estimated regarding ECDC best value for money. - ECDC will continue to analyse the opportunity and value of all significant ICT investments proposed by managers or experts in ECDC. The Centre will only invest in ICT developments that are of high value to ECDC and its partners, and represent good value for money.	Yes	
3. Architecture board implemented, aligned with The Open Group Architecture Framework (TOGAF) standards, or equivalent, and public-health-related applicable policies; Technology watch function ensured. a. Implementation of the committee for decisions on ICT enterprise architecture (also included in 1). b. A timely and efficient technical watch function will be implemented to ensure that ICT investment decisions are well informed: for example, avoid investing in technologies that risk becoming obsolete.	a. Delayed b. Delayed	Enterprise architect not yet recruited; only part time consultant in at the moment
4. Developments aligned with Capability Maturity Model Integration (CMMI) principles. a. CMMI level 2 will be attained. b. Preparations for attaining CMMI level 3 will be initiated.	a. Partly b. Cancelled	a. Based on proxy appraisal b. Objective revised after assessment of CMMI; initiative refocused to extend the quality to other aspects of quality improvements
5. ICT infrastructures and applications are hosted securely; ICT business continuity ensured on critical scope. a. Constant improvement process for hosting services is defined b. Standards and requirements for business continuity have been defined.	a. Yes b. Yes	

Annex II. Statistics on financial management

See Annex VI: Report on budget and financial management of the European Centre for Disease Prevention and Control (MB document MB36/11).

Annex III. Organisational chart



Annex IV. Establishment plan

ECDC establishment table 2016

Category and grade	Establishment plan in voted EU budget 2016	
	Officials	TA
AD 16		
AD 15		1
AD 14		7
AD 13		6
AD 12		10
AD 11		16
AD 10		23
AD 9		25
AD 8		19
AD 7		16
AD 6		6
AD 5		
Total AD		129
AST 11		2
AST 10		3
AST 9		3
AST 8		7
AST 7		11
AST 6		16
AST 5		14
AST 4		1
AST 3		
AST 2		
AST 1		
Total AST		57
AST/SC6		
AST/SC5		
AST/SC4		
AST/SC3		
AST/SC2		
AST/SC1		
Total AST/SC		
Total		**186**

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)

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)
Senior officer	TA	AD 5	Support
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 last year's results

Job type (sub) category	Year N-1 (%)	Year N (%)
Administrative support and coordination	**16.8%**	**16.9%**
Administrative support	16.3%	16.5%
Coordination	0.6%	0.4%
Operational	**75.5%**	**75.2%**
Top-level operational coordination	2.3%	2.3%
Programme management & implementation	62.3%	61.6%
Evaluation & impact assessment	0.0%	0.0%
General operational	10.9%	11.2%
Neutral	**7.7%**	**7.9%**
Finance/control	7.7%	7.9%
Linguistics	0.0%	0.0%

Annex V. Human and financial resources by activity

The activity-based budget (ABB) provides an overview of the use of human and financial resources by activity during the year. Since 1 January 2016 ECDC has an internal tool for recording the time of its staff per activity; as from the Annual Report 2016 this will enable a more accurate view of the cost per activity (including real FTE consumption).

Strategies	Total FTE	Budget Title 1	Budget Title 2	Budget Title 3	Consumed Title 3
Strategy 8: Collaboration and cooperation	8.9	958,606	203,534	151,000	109,905
8.1 ECDC in the 'family' of European Institutions and Bodies	0.8	157,768	14,628	-	-
8.2 Working with the European Union Member States	2.6	271,061	86,969	15,000	-
8.3 Cooperation with the World Health Organisation (WHO)	0.1	13,269	1,143	-	-
8.4. Working with non-EU Countries	5.5	516,509	100,795	136,000	109,905
Strategy 9: Core and Support Functions	98.8	11,147,495	1,806,419	7,045,000	6,315,450
9.1 Surveillance	18.7	2,138,824	341,468	795,000	680,765
Surveillance: Management and administrative support	6.6	876,517	119,994	-	-
Surveillance: Methods to support disease prevention and control	5.4	588,915	99,195	340,000	284,191
Surveillance: Molecular surveillance	1.1	131,402	20,570	-	54,970
Surveillance: Public health surveillance	5.6	541,990	101,709	455,000	341,604
9.2 Epidemic intelligence and response	14.6	1,713,163	267,643	367,000	329,087
Epidemic intelligence and response: Emergency operations	1.3	152,938	23,999	44,000	100,285
Epidemic intelligence and response: Epidemic intelligence	6.0	621,841	110,508	248,000	163,568
Epidemic intelligence and response: Management and administrative support	4.0	522,995	73,825	-	-
Epidemic intelligence and response: Rapid assessment of public health events	3.2	415,389	59,311	75,000	65,234
9.3 Preparedness	8.9	1,187,570	162,849	528,000	533,925
Preparedness: Country preparedness support	4.7	611,093	86,624	465,000	518,925
Preparedness: EU preparedness	1.7	226,583	31,084	63,000	15,000
Health Communication: Management and administrative support	2.5	349,894	45,140	-	-
9.4 Scientific advice	12.8	1,636,867	233,359	793,000	806,789
Scientific advice: Management and administrative support	5.9	910,940	108,223	38,000	24,957
Scientific advice: Research coordination and studies	4.8	509,602	88,567	410,000	309,745
Scientific advice: Scientific advice coordination	0.8	109,469	14,628	-	-
Scientific advice: Scientific liaison activities	1.2	106,856	21,942	345,000	472,088
9.5 Public Health Training	14.4	1,595,693	263,529	4,000,000	3,551,441
Public Health Training: E-learning	2.8	298,400	50,397	100,000	4,829
Public Health Training: EPIET/EUPHEM Fellowships	6.8	720,427	125,136	3,654,000	3,352,367
Public Health Training: MediPIET	1.1	131,421	19,656	-	-
Public Health Training: Other training activities	2.2	261,500	40,912	246,000	194,245
Health Communication: Management and administrative support	1.5	183,946	27,427	-	-
9.6 Microbiology support	5.5	578,617	99,652	140,000	66,771
Microbiology support: Microbiology support	5.5	578,617	99,652	140,000	66,771
9.7 (Health) communication	18.4	1,694,994	335,982	340,000	283,339
Health Communication: Editorial services	6.6	507,333	119,765	144,000	38,411
Health Communication: Press, media and information services	4.9	498,876	89,710	160,000	208,441
Health Communication: Translations	0.1	7,779	1,828	36,000	36,488
Health Communication: Web portal social media and extranets	4.6	405,275	83,196	-	-
Health Communication: Management and administrative support	2.3	275,730	41,484	-	-
9.8 Eurosurveillance	5.6	601,768	101,937	82,000	63,332
Eurosurveillance: Eurosurveillance	5.2	519,501	94,852	82,000	63,332
Eurosurveillance: Management and administrative support	0.4	82,267	7,085	-	-
Strategy 10: Disease Programmes	65.2	8,018,483	1,192,965	6,461,000	6,060,824
10.1 Antibiotic resistance and healthcare-associated infections	13.1	1,665,559	239,644	1,366,000	962,985
10.2 Emerging and vector borne diseases	7.1	897,634	128,907	653,000	488,308
10.3 Food and waterborne diseases	10.0	1,259,327	182,276	822,000	758,758
10.4 STIs, including HIV/AIDS and Blood-borne viruses	9.8	1,229,184	178,505	1,053,000	1,160,630
10.5 Influenza and other respiratory viruses	8.9	1,122,006	162,734	663,000	1,077,960
10.6 Vaccine-preventable diseases	10.4	1,196,255	189,704	1,271,000	1,147,636
10.7 Tuberculosis	6.1	648,519	111,194	633,000	464,548
Strategy 11: Leadership	11.3	1,180,792	466,389	-	135,998
11.0 Management and support	5.4	400,686	97,938	-	-
11.1 Ensuring independence	1.0	136,559	17,828	-	-
11.2 General management	1.8	334,941	32,227	-	-
11.3 Corporate Governance	3.2	308,606	318,397	-	135,998
Strategy 12: Resource Management and Organisational Development	74.5	7,499,779	2,441,871	470,000	499,069
12.0 Management and support	7.5	983,963	137,136	-	-
12.1 General	0.2	39,807	68,428	-	-
12.10 Internal Communication and Knowledge Services (ICKS)	8.8	827,010	528,334	470,000	499,069
12.2 Human Resources (HR)	15.0	1,370,604	273,586	-	-
12.3 Finance and Accounting	16.0	1,389,445	304,556	-	-
12.4 Legal Services	3.0	287,394	174,854	-	-
12.5 Procurement	8.3	851,788	151,992	-	-
12.6 Internal Control Coordination	1.0	212,303	48,285	-	-
12.7 Performance management	4.5	646,614	242,281	-	-
12.8 Security and Facility Management	2.3	231,783	366,141	-	-
12.9 Missions and meetings	8.0	659,068	146,278	-	-
Strategy 13: Information and Communication Technologies (ICT)	33.6	3,519,090	1,084,367	4,360,000	4,579,829
13.0 Management and support	3.8	517,178	249,482	-	40,505
13.1 Information and Communication Technologies (ICT)	29.8	3,001,912	834,885	4,360,000	4,539,324
zFTEs not allocated	2.7	332,879	48,455	-	-
Grand Total	**295.0**	**32,657,125**	**7,244,000**	**18,487,000**	**17,701,076**

Externally assigned revenues	FTEs	Budget Title1	Budget Title2	Revenue*
3012-Grant: DG Enlargement (ENPI)				242,026
3011-Grant: DG Devco (MediPIET)				40,000
3013-Grant: IMI (ADVANCE)				
Total Externally assigned revenues				**282,026**
GRAND TOTAL	**295****			**18,769,026**

Annex VI. Final financial accounts

See (draft/final) annual accounts: Report on budget and financial management of the European Centre for Disease Prevention and Control (MB document MB36/11).

Developments in the Organisation during the year

Since it was founded in 2005, ECDC had initially grown to around 300 staff, with 200 Temporary Agents and another 100 Contract Agents foreseen to be employed. Due to the requested 5% staff cut (on head count) over five years and the additional request for 5% staff reduction for the agency re-deployment pool, the final number of Temporary Agents will be reduced to 180.

2015 was the second year of the implementation of the Centre's new Strategic Multi Annual Work Programme (SMAP) for the period 2014–2020. The SMAP contains details of agreed deliverables and milestones towards those deliverables during 2014–2020, as well as indicators for assessing progress.

In 2015, ECDC further increased its output, consolidated its structures, and developed its partnerships to address the need for a strengthened response to the threat of communicable diseases in Europe.

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

The Annual Work Programme 2015, prepared along the lines of the Strategic Multi-Annual Work Programme 2014–2020, was approved by the Management Board in June 2014. The Programme includes specific objectives. The implementation was followed up on a regular basis through the Management Information System (MIS), which was implemented in 2009 as a central point of reference for the management and monitoring of all activities in the work programme. The monthly reporting of key data to the SMT, for example commitments, payments and budget transfers, was continued in 2015 and intensified towards the end of the year with the goal of weekly overviews in order to show the budget implementation and facilitate the decision-making.

In 2015, the Director of ECDC, and as of 1 May 2015, the Acting Director, as Authorising Officer (AO), delegated financial responsibility to the five Heads of Unit (Authorising Officers by Delegation (AOD)). The Heads of Unit in turn delegated responsibility, but only in their absence, to the Deputy Heads of Unit, if applicable. Should the Deputy Head of Unit be unavailable, the authority returns to the Director/Acting Director. Thereby, a very limited number of persons act as AO/AOD in ECDC. The AODs can enter into budgetary and legal commitments and authorise payments. However, all budgetary and legal commitments over 250 000 EUR need to be signed by the Director/Acting Director.

For the expenditure of 2015, 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.

Budgetary principles

The establishment and implementation of the budget of the European Centre for Disease Prevention and Control is governed by the following basic principles:

- Unity and budget accuracy: all expenditure and revenue must be incorporated in a single budget document, must be booked on a budget line and expenditure must not exceed authorised appropriations.
- Universality: this principle comprises two rules:
  - the rule of non-assignment, meaning that budget revenue must not be earmarked for specific items of expenditure (total revenue must cover total expenditure);
  - the gross budget rule, meaning that revenue and expenditure are entered in full in the budget without any adjustment against each other.
- Annuality: the appropriations entered are authorised for a single year and must therefore be used during that year.
- Equilibrium: the revenue and expenditure shown in the budget must be in balance (estimated revenue must equal payment appropriations).
- Specification: each appropriation is assigned to a specific purpose and a specific objective.
- Unit of account: the budget is drawn up and implemented in Euro and the accounts are presented in Euro.
- Sound financial management: budget appropriations are used in accordance with the principle of sound financial management, namely in accordance with the principles of economy, efficiency and effectiveness.

- Transparency: the budget is established and implemented and the accounts presented in compliance with the principle of transparency; the budget and amending budgets are published in the Official Journal of the European Union.

Budget implementation

ABAC WF (the EC integrated budgetary and accounting system) has reinforced compliance with the accrual accounting rules and ensured that ECDC financial systems are updated with all changes in the financial regulation.

The initial core budget of the Centre in the beginning of 2015 was 58.3 million EUR, the same level as in the previous year. Due to a slightly increased EFTA contribution for 2015, the budget increased to 58.4 million EUR.

	Budget line	Initial available budget	Adjustments	Final available budget
2000 IC1	EU budget – current year appropriations	56 766 000.00	0.00	56 766 000.00
2001 IC4	EU budget – earmarked funds (reuse previous years)	0.00	0.00	0.00
200	**EU budget contribution**	**56 766 000.00**	**0.00**	**56 766 000.00**
3000 IC1	Subsidy from EEA/EFTA Member States (% of EU contribution)	1 622 125.00	63 825.00	1 685 950.00
300	**Subsidy from EEA/EFTA**	**1 622 125.00**	**63 825.00**	**1 685 950.00**
	Total revenue 2015	**58 388 125.00**	**63 825.00**	**58 451 950.00**
R0 – External assigned revenue	EU budget – earmarked funds	1 071 086.23	(0.00)	1 071 086.23

At year-end, the budget execution in terms of commitment appropriations reached 94.05%, equivalent to 54.9 million EUR. This is a decrease of 4% compared to 2014, mainly due to cancelations which occurred in the Staff Expenditure in Title 1 of the Centre's budget.

A total of 2 080 000 EUR related to salaries and allowances, could not be used due to unforeseen events. Of this amount, a total of 1 080 000 EUR was not spent due the decrease in the weighting factor applied to remunerations of staff. Furthermore, the pending appointment, and subsequent vacancy, of the Director influenced a delay in a number of senior post recruitments. There was also a delay in the development of the agencies model implementing rules for reclassification of staff (which was only sent to agencies just before year end 2015) which meant that no budget was spent for reclassification of staff in 2015. These two aspects represented 1 000 000 EUR which accordingly was not used.

The impact of the correction coefficient to remunerations, will remain to be an unpredictable macro-economic part of the ECDC's budget planning and its execution. This is due to the fact that the correction coefficient applied to the salaries in Sweden is driven, to a large extent, by the fluctuations of the Swedish krona. Between 2010 and 2013 the Centre, due to its location in Stockholm, Sweden, had one of the biggest increases in the correction coefficient in comparison to other EU countries and cities – from 118.6 in 2010 to 132.9 in 2013. As from 2014, the correction coefficient has decreased, and the current correction coefficient is 127.9. This shows the unpredictability of the correction coefficient which can have a big effect, either by leaving the Centre with too much budget or too little budget in Title 1. Since the Centre is required to put forward its draft budget two years before the correction coefficient is known and with the new programming requirements for an additional three years, it is difficult to have an accurate estimate for budgetary purposes.

Due to the above cancellations of commitment appropriations in Title 1, the total implementation of commitment appropriations for 2015 fell slightly below 95%.

A total of 5.9% of the 2015 budget or EUR 3.4 million remained unused in 2015, of which EUR 2.3 in Title I, EUR 0.4 in Title II and EUR 0.7 million in Title III.

The budget execution in terms of payments reached 76.27% of the total budget and therefore decreased by 4.1% compared to 2014. The payment execution for administrative expenses reached 72% and therefore decreased by 1.2% compared to 2014. The payment execution for operational expenses in Title III reached 55% and therefore increased by 5.6% compared to 2014.

An overview comparing 2015 vs. 2014 – Current Year C1 credits – % committed and % paid:

Title description	Commitments %			Payments %		
	2015	**2014**	**difference**	**2015**	**2014**	**difference**
Title 1 *Staff expenses*	93.00%	99.81%	-6.81%	89.16%	96.06%	-6.90%
Title 2 *Administrative expenses*	94.45%	97.67%	-3.22%	72.38%	73.60%	-1.22%
Title 3 *Operational expenses*	95.75%	96.94%	-1.19%	55.03%	49.35%	+5.68%
Total titles 1 + 2 + 3	**94.05%**	**98.77%**	**-4.72%**	**76.27%**	**80.37%**	**-4.10%**

The total number of commitments and payments processed in 2015 decreased; 1059 commitments and 5126 payment orders were initiated, verified and subsequently authorised by the Director and the Authorising Officers by delegation in 2015, compared to 1 111 commitments and 5 884 payments in 2014.

In 2015, the MediPIET service agreement and the third IPA grant agreement were closed and the balances paid back to the European Commission.

For a fourth IPA grant agreement on gradual integration of the Candidate and Potential candidate Countries for EU accession to ECDC programmes, the Centre received a pre-financing in 2015 of EUR 350 000 from the European Commission and started its implementation mid-2015.

Regarding the ENPI grant agreement, which started it implementation in 2013, the Centre received a further pre-financing of 193 134.52 EUR in 2015. The further implementation of the grant was carried out throughout the year.

The 2015 implementation of the above-mentioned contracts is also shown in the table below.

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

Funding source	Commitment/ payment Appropriations 2015	Executed Commitment 2015	% Commit-ted	Executed Payment in 2015	% Paid	Carried over to 2016	Cancelled
C1 – Current year appropriations	58 451 950.00	54 975 191.22	94.05%	44 580 320.47	76.27%	10 394 870.75	3 476 758.78
C4 – Assigned revenue appropriations	73 194.00	0.00	0%	0.00	0%	73 194.00	0.00
C8 – Carryover of 2014 appropriations	11 138 018.24			9 883 852.59	88.74%	0.00	1 254 165.65
R0 – Assigned Revenue DG ELARG IPA Grant 3	107 284.49	107 284.49	100%	107 284.49 (*)	100%	0.00	0.00
R0 – Assigned Revenue DG NEAR IPA Grant 4	350 000.00	190 234.51	54 35%	26 019.97	7 43%	323 980.03	0.00
R0 – Carried over of 2014 Assigned MediPIET	188 895.81	188 895.81	100%	188 895.81(**)	100%	0.00	0.00
R0 – Assigned Revenue Advance Project - IMI Grant	92 268.60	30 418.06	32.96%	17 196.35	18.63%	75 072.25	0.00
R0 – Assigned Revenue DG NEAR - ENPI GRANT	332 637.33	228 604.82	68 72%	82 995.24	24.95%	249 642.09	0.00

(*) 54 307.64 EUR of this amount was paid back to the European Commission
(**) 75 712.08 EUR of this amount was paid back to the European Commission

During the year, in order to improve the efficiency of the funds allocated to ECDC, the Acting Director exercised her right to amend the budget within the limitations of Article 27.1 of ECDC's Financial Regulation. Budget transfers between different BLs of the same Titles were executed in ABAC WF for a total amount of 1 806 858.47 EUR: 866 582 EUR within Title I (staff-related expenditures), 598 628.47 EUR within title II (administrative expenditures) and 341 648 EUR within Title III (operational expenditures).

No budget transfers were carried out between Titles.

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

Budget 2015 Fund Source C1 Current Year Appropriations	Initial budget	MB amendments	Director adjustments	EFTA adjust-ments	Final budget
Title 1 – Staff related expenditures	32 657 125.00	0.00	0.00	0.00	32 657 125.00
Title 2 – Administrative expenditures	7 244 000.00	0.00	0.00	63 825.00	7 307 825.00
Title 3 – Operations	18 487 000.00	0.00	0.00	0.00	18 487 000.00
Total budget	58 388 125.00	0.00	0.00	63 825.00	58 451 950.00

At year-end, ECDC carried EUR 10.3 million forward to 2016, which is equivalent to 17% of the total budget, which is a decrease by 1% compared to the previous year.

The Procurement section dealt with a significant number of procedures: 24 open calls for tender were finalised along with one call for proposals and 71 negotiated procedures; 26 reopening procedures within ICT framework contracts were completed and regular Committee on Procurement, Contracts and Grants (CPCG) meetings were held, resulting in the issuance of 49 CPCG Opinions.

Audit issues and internal control

Internal Control Standards

Since 2006, the ECDC has had Internal Control Standards (ICS) in place. They specify the necessary requirements, actions and expectations in order to build an effective system of internal control that can provide a reasonable assurance on the achievement of the ECDC 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, the actions to be taken, the responsible person, and the deadline for when it should be in place.

A review of the implementation of the ICS was performed as part of the work for the annual report 2015. The results were discussed and validated by ECDC's management, as well as discussed in the ECDC Audit Committee.

The complete set of ICS has now been implemented by ECDC.

European Court of Auditors

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[1] for 2014, indicating that the accounts are reliable and the transactions underlying the accounts are legal and regular.

The comment received in the final report from the ECA (which do not call the Court's opinion into question) regarded the overall budget execution rate being high at 99%, however, carryovers of committed appropriations were also relatively high. ECDC welcomed the ECA's comment about the high budget execution rate and a further comment that the high carryovers were justified by operational needs.

The ECA audit of the 2015 annual accounts is ongoing. The first part of the audit was performed in November 2015. The audit will be finalised in spring 2016, and a draft report will be available in June 2016.

Internal Audit Service

The 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 followed up regularly.

In 2015, the IAS performed an audit on data management in ECDC. The audit was performed in June 2015 and the final report was received in November 2015. The report included four very important observations and two important observations. The action plan prepared by ECDC was accepted by the IAS in January 2016. The action plan will be implemented throughout 2016 and 2017.

Table 1. Budget execution/fund source C1 – Current year appropriations

Budget line position	Budget line description	Commit-ment appropria-tion transaction amount	Executed commit-ment amount	% Committed	Payment appropria-tion transaction amount	Executed payment amount	% Paid	RAL	Cancelled
A-1100	Basic salaries	12 250 000.00	11 846 791.94	96.71%	12 250 000.00	11 846 791.94	96.71%	0.00	403 208.06
A-1101	Family allowances	1 800 000.00	1 767 147.14	98.17%	1 800 000.00	1 767 147.14	98.17%	0.00	32 852.86
A-1102	Expatriation allowances	1 780 000.00	1 740 947.17	97.81%	1 780 000.00	1 740 947.17	97.81%	0.00	39 052.83
	Total article 110	**15 830 000.00**	**15 354 886.25**	**97.00%**	**15 830 000.00**	**15 354 886.25**	**97.00%**	**0.00**	**475 113.75**
A-1111	Contract Agents - Basic Salaries	3 730 000.00	3 383 815.37	90.72%	3 730 000.00	3 383 815.37	90.72%	0.00	346 184.63

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-1112	Contract Agents - Allowances	1 150 000.00	1 119 230.52	97.32%	1 150 000.00	1 119 230.52	97.32%	0.00	30 769.48
	Total Article 111	**4 880 000.00**	**4 503 045.89**	**92.28%**	**4 880 000.00**	**4 503 045.89**	**92.28%**	**0.00**	**376 954.11**
A-1140	Birth & Death grants	5 000.00	3 371.27	67.43%	5 000.00	3 371.27	67.43%	0.00	1 628.73
A-1141	Travel expenses from place of employment to place of origin	560 000.00	545 122.53	97.34%	560 000.00	545 122.53	97.34%	0.00	14 877.47
A-1142	Overtime	105 000.00	87 767.71	83.59%	105 000.00	87 767.71	83.59%	0.00	17 232.29
A-1149	Learning & Development	400 000.00	385 108.78	96.28%	400 000.00	185 650.67	46.41%	199 458.11	14 891.22
	Total Article 114	**1 070 000.00**	**1 021 370.29**	**95.46%**	**1 070 000.00**	**821 912.18**	**76.81%**	**199 458.11**	**48 629.71**
A-1170	Freelance and joint interpreting and conference service interpreters	70 182.00	67 346.00	95.96%	70 182.00	51 736.00	73.72%	15 610.00	2 836.00
A-1173	Translations	53 000.00	41 000.00	77.36%	53 000.00	30 625.54	57.78%	10 374.46	12 000.00
A-1174	Payment for administrative assistance from the Community institutions	185 000.00	185 000.00	100.00%	185 000.00	181 683.01	98.21%	3 316.99	0.00
A-1175	Interim services	2 050 000.00	1 956 725.55	95.45%	2 050 000.00	1 225 092.05	59.76%	731 633.50	93 274.45
A-1176	Relocation Services	25 000.00	6 613.99	0.00%	25 000.00	6 613.99	0.00%	0.00	18 386.01
	Total Article 117	**2 383 182.00**	**2 256 685.54**	**94.69%**	**2 383 182.00**	**1 495 750.59**	**62.76%**	**760 934.95**	**126 496.46**
A-1180	Miscellaneous expenditure on recruitment	165 000.00	152 722.60	92.56%	165 000.00	69 058.87	41.85%	83 663.73	12 277.40
A-1181	Travel expenses	15 000.00	10 754.89	71.70%	15 000.00	10 754.89	71.70%	0.00	4 245.18
A-1182	Installation resettlement & transfer allowances	160 000.00	98 685.46	61.68%	160 000.00	98 685.46	61.68%	0.00	61 314.54
A-1183	Removal Expenses	150 000.00	123 609.93	82.41%	150 000.00	90 226.92	60.15%	33 383.01	26 390.07
A-1184	Temporary daily subsistence allowance	100 000.00	66 212.76	66.21%	100 000.00	66 212.76	66.21%	0.00	33 787.24
	Total Article 118	**590 000.00**	**451 985.64**	**76.61%**	**590 000.00**	**334 938.90**	**56.77%**	**117 046.74**	**138 014.36**
A-1190	Weightings applied to remunerations	5 557 725.00	4 904 737.45	88.25%	5 557 725.00	4 904 737.45	88.25%	0.00	652 987.55
A-1191	Provisional Appropriation (rappel)	200 000.00	0.00	0.00%	200 000.00	0.00	0.00%	0.00	200 000.00
	Total Article 119	**5 757 725.00**	**4 904 737.45**	**85.19%**	**5 757 725.00**	**4 904 737.45**	**85.19%**	**0.00**	**852 987.55**
	Total Chapter 11	**30 510 907.00**	**28 492 711.06**	**93.39%**	**30 510 907.00**	**27 415 271.26**	**89.85%**	**1 077 439.80**	**2 018 195.94**
A-1300	Mission expenses travel expenses and incidental expenditure	700 000.00	656 140.13	93.73%	700 000.00	505 112.11	72.16%	151 028.02	43 859.87
	Total Article 130	**700 000.00**	**656 140.13**	**93.73%**	**700 000.00**	**505 112.11**	**72.16%**	**151 028.02**	**43 859.87**
	Total Chapter 13	**700 000.00**	**656 140.13**	**93.73%**	**700 000.00**	**505 112.11**	**72.16%**	**151 028.02**	**43 859.87**
A-1410	Medical Service	130 000.00	99 276.58	76.37%	130 000.00	81 412.65	62.63%	17 863.93	30 723.42
	Total Article 141	**130 000.00**	**99 276.58**	**76.37%**	**130 000.00**	**81 412.65**	**62.63%**	**17 863.93**	**30 723.42**
	Total Chapter 14	**130 000.00**	**99 276.58**	**76.37%**	**130 000.00**	**81 412.65**	**62.63%**	**17 863.93**	**30 723.42**
A-1520	Staff Exchanges	400 000.00	248 398.19	62.10%	400 000.00	246 030.00	61.51%	2 368.19	151 601.81
	Total Article 152	**400 000.00**	**248 398.19**	**62.10%**	**400 000.00**	**246 030.00**	**61.51%**	**2 368.19**	**151 601.81**
	Total Chapter 15	**400 000.00**	**248 398.19**	**62.10%**	**400 000.00**	**246 030.00**	**61.51%**	**2 368.19**	**151 601.81**
A-1700	Entertainment & Representation Expenses	12 818.00	2 333.22	18.20%	12 818.00	1 699.33	13.26%	633.89	10 484.78
	Total Article 170	**12 818.00**	**2 333.22**	**18.20%**	**12 818.00**	**1 699.33**	**13.26%**	**633.89**	**10 484.78**
	Total Chapter 17	**12 818.00**	**2 333.22**	**18.20%**	**12 818.00**	**1 699.33**	**13.26%**	**633.89**	**10 484.78**
A-1801	Social Contact Between Staff	53 400.00	52 435.60	98.19%	53 400.00	46 500.60	87.08%	5 935.00	964.40
A-1802	Sickness Insurance	560 000.00	542 643.58	96.90%	560 000.00	542 643.58	96.90%	0.00	17 356.42
A-1803	Accident and Occupational Diseases	85 000.00	79 710.21	93.78%	85 000.00	79 710.21	93.78%	0.00	5 289.79

Budget line position	Budget line description	Commit-ment appropria-tion transaction amount	Executed commit-ment amount	% Committed	Payment appropria-tion transaction amount	Executed payment amount	% Paid	RAL	Cancelled
A-1804	Unemployment for temporary staff	205 000.00	198 536.60	96.85%	205 000.00	198 536.60	96.85%	0.00	6 463.40
	Total Article 180	**903 400.00**	**873 325.99**	**96.67%**	**903 400.00**	**867 390.99**	**96.01%**	**5 935.00**	**30 074.01**
	Total Chapter 18	**903 400.00**	**873 325.99**	**96.67%**	**903 400.00**	**867 390.99**	**96.01%**	**5 935.00**	**30 074.01**
	Total Title 1	**32 657 125.00**	**30 372 185.17**	**93.00%**	**32 657 125.00**	**29 116 916.34**	**89.16%**	**1 255 268.83**	**2 284 939.83**
A-2000	Rent & Related expenditure	1 776 061.00	1 772 521.73	99.80%	1 776 061.00	1 772 521.73	99.80%	0.00	3 539.27
A-2001	Insurance	9 000.00	8 344.76	92.72%	9 000.00	8 344.76	92.72%	0.00	655.24
A-2002	Water Gas Electricity etc.	174 500.00	174 500.00	100.00%	174 500.00	132 150.10	75.73%	42 349.90	0.00
A-2003	Maintenance cleaning	187 896.00	186 136.10	99.06%	187 896.00	169 024.01	89.96%	17 112.09	1 759.90
A-2004	Fitting-out	50 000.00	26 106.39	52.21%	50 000.00	16 723.35	33.45%	9 383.04	23 893.61
A-2005	Security of Building	358 304.00	351 197.68	98.02%	358 304.00	261 761.28	73.06%	89 436.40	7 106.32
A-2006	Restauration & Canteen costs	89 000.00	87 295.47	98.08%	89 000.00	79 595.47	89.43%	7 700.00	1 704.53
A-2009	Other expenditure on buildings	617 500.00	584 881.24	94.72%	617 500.00	309 045.15	50.05%	275 836.09	32 618.76
	Total Article 200	**3 262 261.00**	**3 190 983.37**	**97.82%**	**3 262 261.00**	**2 749 165.85**	**84.27%**	**441 817.52**	**71 277.63**
	Total Chapter 20	**3 262 261.00**	**3 190 983.37**	**97.82%**	**3 262 261.00**	**2 749 165.85**	**84.27%**	**441 817.52**	**71 277.63**
A-2110	Purchases of new hardware for operation the centre	986 400.00	979 618.29	99.31%	986 400.00	783 580.95	79.44%	196 037.34	6 781.71
A-2111	Purchase of new software for the operation at the centre	898 618.00	896 501.27	99.76%	898 618.00	730 472.90	81.29%	166 028.37	2 116.73
A-2112	Purchase and Maintenance of printing and reproduction equipment	150 715.00	147 714.84	98.01%	150 715.00	94 749.26	62.87%	52 965.58	3 000.16
A-2114	Developments to support administrative and management applications	993 206.00	989 490.69	99.63%	993 206.00	566 123.10	57.00%	423 367.59	3 715.31
	Total Article 211	**3 028 939.00**	**3 013 325.09**	**99.48%**	**3 028 939.00**	**2 174 926.21**	**71.80%**	**838 398.88**	**15 613.91**
	Total Chapter 21	**3 028 939.00**	**3 013 325.09**	**99.48%**	**3 028 939.00**	**2 174 926.21**	**71.80%**	**838 398.88**	**15 613.91**
A-2200	Technical equipment and AV installations	37 000.00	32 240.00	87.14%	37 000.00	6 240.00	16.86%	26 000.00	4 760.00
A-2201	Furniture	30 000.00	12 905.70	43.02%	30 000.00	12 905.70	43.02%	0.00	17 094.30
A-2202	Purchase and maintenance of vehicles	12 000.00	5 942.07	49.52%	12 000.00	5 637.07	46.98%	305.00	6 057.93
	Total Article 220	**79 000.00**	**51 087.77**	**64.67%**	**79 000.00**	**24 782.77**	**31.37%**	**26 305.00**	**27 912.23**
	Total Chapter 22	**79 000.00**	**51 087.77**	**64.67%**	**79 000.00**	**24 782.77**	**31.37%**	**26 305.00**	**27 912.23**
A-2300	Stationery and office supplies	76 500.00	75 029.16	98.08%	76 500.00	29 796.51	38.95%	45 232.65	1 470.84
A-2301	Financial and other charges, exchange losses	13 000.00	13 000.00	100.00%	13 000.00	12 181.16	93.70%	818.84	0.00
A-2302	Library expenses, purchase of books and info subscriptions	15 000.00	14 493.07	96.62%	15 000.00	7 339.04	48.93%	7 154.03	506.93
A-2306	Miscellaneous insurance	5 300.00	5 156.73	97.30%	5 300.00	4 733.73	89.32%	423.00	143.27
A-2307	Legal Expenses	120 000.00	55 853.86	46.54%	120 000.00	19 353.86	16.13%	36 500.00	64 146.14
A-2308	Business Continuity	20 000.00	0.00	0.00%	20 000.00	0.00	0.00%	0.00	20 000.00
A-2309	Other operating expenditure	9 000.00	8 523.56	94.71%	9 000.00	7 764.56	86.27%	759.00	476.44
	Total Article 230	**258 800.00**	**172 056.38**	**66.48%**	**258 800.00**	**81 168.86**	**31.36%**	**90 887.52**	**86 743.62**
	Total Chapter 23	**258 800.00**	**172 056.38**	**66.48%**	**258 800.00**	**81 168.86**	**31.36%**	**90 887.52**	**86 743.62**
A-2400	Postal and delivery charges	25 000.00	25 000.00	100.00%	25 000.00	21 710.16	86.84%	3 289.84	0.00
	Total Article 240	**25 000.00**	**25 000.00**	**100.00%**	**25 000.00**	**21 710.16**	**86.84%**	**3 289.84**	**0.00**

Budget line position	Budget line description	Commit-ment appropria-tion transaction amount	Executed commit-ment amount	% Committed	Payment appropria-tion transaction amount	Executed payment amount	% Paid	RAL	Cancelled
A-2410	Telecommunication and internet charges	200 000.00	190 603.80	95.30%	200 000.00	141 588.04	70.79%	49 015.76	9 396.20
	Total Article 241	**200 000.00**	**190 603.80**	**95.30%**	**200 000.00**	**141 588.04**	**70.79%**	**49 015.76**	**9 396.20**
	Total Chapter 24	**225 000.00**	**215 603.80**	**95.82%**	**225 000.00**	**163 298.20**	**72.58%**	**52 305.60**	**9 396.20**
A-2500	Governance and administrative meetings	300 000.00	194 904.57	64.97%	300 000.00	96 203.14	32.07%	98 701.43	105 095.43
A-2501	Evaluation and Strategic Management Consulting	153 825.00	63 968.85	41.59%	153 825.00	0.00	0.00%	63 968.85	89 856.15
	Total Article 250	**453 825.00**	**258 873.42**	**57.04%**	**453 825.00**	**96 203.14**	**21.20%**	**162 670.28**	**194 951.58**
	Total Chapter 25	**453 825.00**	**258 873.42**	**57.04%**	**453 825.00**	**96 203.14**	**21.20%**	**162 670.28**	**194 951.58**
	Total Title 2	**7 307 825.00**	**6 901 929.83**	**94.45%**	**7 307 825.00**	**5 289 545.03**	**72.38%**	**1 612 384.80**	**405 895.17**
B3-000	Surveillance	2 798 048.00	2 735 916.77	97.78%	2 798 048.00	1 544 273.32	55.19%	1 191 643.45	62 131.23
B3-001	Epidemic intelligence and response	377 000.00	356 783.20	94.64%	377 000.00	143 810.99	38.15%	212 972.21	20 216.80
B3-002	Scientific advice (including microbiology support)	5 212 152.00	5 020 219.05	96.32%	5 212 152.00	2 748 857.17	52.74%	2 271 361.88	191 932.95
B3-003	Public Health Training	4 066 000.00	3 679 749.27	90.50%	4 066 000.00	2 152 456.25	52.94%	1 527 293.02	386 250.73
B3-004	Health Communication	480 000.00	446 759.19	93.07%	480 000.00	298 912.89	62.27%	147 846.30	33 240.81
B3-005	Public Health Informatics	4 740 600.00	4 709 486.66	99.34%	4 740 600.00	2 973 571.27	62.73%	1 735 915.39	31 113.34
B3-006	Preparedness/ Capacity support	610 000.00	578 924.60	94.91%	610 000.00	184 509.16	30.25%	394 415.44	31 075.40
B3-007	Eurosurveillance	82 000.00	63 332.26	77.23%	82 000.00	38 654.51	47.14%	24 677.75	18 667.74
B3-009	Collaboration and (country) cooperation	121 200.00	109 905.22	90.68%	121 200.00	88 813.54	73.28%	21 091.68	11 294.78
	Total Chapter 30	**18 487 000.00**	**17 701 076.22**	**95.75%**	**18 487 000.00**	**10 173 859.10**	**55.03%**	**7 527 217.12**	**785 923.78**
	Total Title 3	**18 487 000.00**	**17 701 076.22**	**95.75%**	**18 487 000.00**	**10 173 859.10**	**55.03%**	**7 527 217.12**	**785 923.78**
	GRAND TOTAL	**58 451 950.00**	**54 975 191.22**	**94.05%**	**58 451 950.00**	**44 580 320.47**	**76.27%**	**10 394 870.75**	**3 476 758.78**

Table 2. 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
B3-002	Scientific advice (including microbiology support)	73 194.00	0.00	0.00%	73 194.00	0.00	0.00%	73 194.00
	Total Chapter 30	**73 194.00**	**0.00**	**0.00%**	**73 194.00**	**0.00**	**0.00%**	**73 194.00**
	Total Title 3	**73 194.00**	**0.00**	**0.00%**	**73 194.00**	**0.00**	**0.00%**	**73 194.00**
	GRAND TOTAL	**73 194.00**	**0.00**	**0.00%**	**73 194.00**	**0.00**	**0.00%**	**73,194.00**

Table 3. 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	219 290.10	198 920.92	90.71%	219 290.10	198 920.92	90.71%	20 369.18
	Total Article 114	**219 290.10**	**198 920.92**	**90.71%**	**219 290.10**	**198 920.92**	**90.71%**	**20 369.18**
A-1170	Freelance and joint interpreting and conference service interpreters	16 872.00	16 872.00	100.00%	16 872.00	16 872.00	100.00%	0.00
A-1173	Translations	10 856.50	10 166.00	93.64%	10 856.50	10 166.00	93.64%	690.50

Budget line position	Budget line description	Commitment appropriation transaction amount	Executed commitment amount	% committed	Payment appropriation transaction amount	Executed payment amount	% Paid	Cancelled
A-1174	Payment for Administrative Assistance	11 512.86	1 304.36	11.33%	11 512.86	1 304.36	11.33%	10 208.50
A-1175	Interim services	759 691.49	628 272.33	82.70%	759 691.49	628 272.33	82.70%	131 419.16
A-1176	Relocation services	945.00	945.00	100.00%	945.00	945.00	100.00%	0.00
	Total Article 117	**799 877.85**	**657 559.69**	**82.21%**	**799 877.85**	**657 559.69**	**82.21%**	**142 318.16**
A-1180	Miscellaneous expenditure on recruitment	38 832.78	25 911.74	66.73%	38 832.78	25 911.74	66.73%	12 921.04
A-1183	Removal Expenses	14 700.74	14 608.01	99.37%	14 700.74	14 608.01	99.37%	92.73
	Total Article 118	**53 533.52**	**40 519.75**	**75.69%**	**53 533.52**	**40 519.75**	**75.69%**	**13 013.77**
	Total Chapter 11	**1 072 701.47**	**897 000.36**	**83.62%**	**1 072 701.47**	**897 000.36**	**83.62%**	**175 701.11**
A-1300	Mission expenses, travel expenses and incidental expenditure	228 173.70	141 202.26	61.88%	228 173.70	141 202.26	61.88%	86 971.44
	Total Article 130	**228 173.70**	**141 202.26**	**61.88%**	**228 173.70**	**141 202.26**	**61.88%**	**86 971.44**
	Total Chapter 13	**228 173.70**	**141 202.26**	**61.88%**	**228 173.70**	**141 202.26**	**61.88%**	**86 971.44**
A-1410	Medical Service	38 310.07	18 975.50	49.53%	38 310.07	18 975.50	49.53%	19 334.57
	Total Article 141	**38 310.07**	**18 975.50**	**49.53%**	**38 310.07**	**18 975.50**	**49.53%**	**19 334.57**
	Total Chapter 14	**38 310.07**	**18 975.50**	**49.53%**	**38 310.07**	**18 975.50**	**49.53%**	**19 334.57**
A-1520	Staff Exchanges	970.28	0.00	0.00%	970.28	0.00	0.00%	970.28
	Total Article 152	**970.28**	**0.00**	**0.00%**	**970.28**	**0.00**	**0.00%**	**970.28**
	Total Chapter 15	**970.28**	**0.00**	**0.00%**	**970.28**	**0.00**	**0.00%**	**970.28**
A-1700	Entertainment & Representation Expenses	1 488.47	936.84	62.94%	1 488.47	936.84	62.94%	551.63
	Total Article 170	**1 488.47**	**936.84**	**62.94%**	**1 488.47**	**936.84**	**62.94%**	**551.63**
	Total Chapter 17	**1 488.47**	**936.84**	**62.94%**	**1 488.47**	**936.84**	**62.94%**	**551.63**
A-1801	Social Contact Between Staff	38 559.95	37 680.29	97.72%	38 559.95	37 680.29	97.72%	879.66
	Total Article 180	**38 559.95**	**37 680.29**	**97.72%**	**38 559.95**	**37 680.29**	**97.72%**	**879.66**
	Total Chapter 18	**38 559.95**	**37 680.29**	**97.72%**	**38 559.95**	**37 680.29**	**97.72%**	**879.66**
	Total Title 1	**1 380 203.94**	**1 095 795.25**	**79.39%**	**1 380 203.94**	**1 095 795.25**	**79.39%**	**284 408.69**
A-2002	Water, Gas, Electricity Expenses	18 510.14	15 806.67	85.39%	18 510.14	15 806.67	85.39%	2 703.47
A-2003	Maintenance, cleaning	15 280.94	14 102.18	92.29%	15 280.94	14 102.18	92.29%	1 178.76
A-2004	Fitting-out	13 578.14	13 297.87	97.94%	13 578.14	13 297.87	97.94%	280.27
A-2005	Security of Building	26 192.63	25 925.38	98.98%	26 192.63	25 925.38	98.98%	267.25
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 expenditure on buildings	149 710.68	142 103.66	94.92%	149 710.68	142 103.66	94.92%	7 607.02
	Total Article 200	**230 272.53**	**218 235.76**	**94.77%**	**230 272.53**	**218 235.76**	**94.77%**	**12 036.77**
	Total Chapter 20	**230 272.53**	**218 235.76**	**94.77%**	**230 272.53**	**218 235.76**	**94.77%**	**12 036.77**
A-2110	Purchases of new hardware for operation the centre	384 937.46	379 534.85	98.60%	384 937.46	379 534.85	98.60%	5 402.61
A-2111	Purchase of new software for the operation at the centre	163 222.64	146 341.97	89.66%	163 222.64	146 341.97	89.66%	16 880.67
A-2112	Purchase and Maintenance of printing and reproduction equipment	18 580.60	13 582.68	73.10%	18 580.60	13 582.68	73.10%	4 997.92
A-2114	Developments to support administrative and management applications	456 963.26	435 181.24	95.23%	456 963.26	435 181.24	95.23%	21 782.02
	Total Article 211	**1 023 703.96**	**974 640.74**	**95.21%**	**1 023 703.96**	**974 640.74**	**95.21%**	**49 063.22**
	Total Chapter 21	**1 023 703.96**	**974 640.74**	**95.21%**	**1 023 703.96**	**974 640.74**	**95.21%**	**49 063.22**

Budget line position	Budget line description	Commitment appropriation transaction amount	Executed commitment amount	% committed	Payment appropriation transaction amount	Executed payment amount	% Paid	Cancelled
A-2200	Technical equipment and AV installations	28 600.00	28 600.00	100.00%	28 600.00	28 600.00	100.00%	0.00
A-2201	Furniture	7 084.87	6 658.30	93.98%	7 084.87	6 658.30	93.98%	426.57
A-2202	Purchase and maintenance of vehicles	520.46	158.56	30.47%	520.46	158.56	30.47%	361.90
	Total Article 220	**36 205.33**	**35 416.86**	**97.82%**	**36 205.33**	**35 416.86**	**97.82%**	**788.47**
	Total Chapter 22	**36 205.33**	**35 416.86**	**97.82%**	**36 205.33**	**35 416.86**	**97.82%**	**788.47**
A-2300	Stationery and office supplies	21 473.65	21 305.90	99.22%	21 473.65	21 305.90	99.22%	167.75
A-2301	Financial and other charges, exchange losses	7 365.06	5 072.70	68.88%	7 365.06	5 072.70	68.88%	2 292.36
A-2302	Library expenses, purchase of books and info subscriptions	2 821.59	1 185.82	42.03%	2 821.59	1 185.82	42.03%	1 635.77
A-2306	Miscellaneous Insurance	5 804.10	2 968.69	51.15%	5 804.10	2 968.69	51.15%	2 835.41
A-2307	Legal Expenses	9 000.00	9 000.00	100.00%	9 000.00	9 000.00	100.00%	0.00
A-2308	Business Continuity	19 000.00	19 000.00	100.00%	19 000.00	19 000.00	100.00%	0.00
A-2309	Other operating expenditure	2 982.99	0.00	0.00%	2 982.99	0.00	0.00%	2 982.99
	Total Article 230	**68 447.39**	**58 533.11**	**85.52%**	**68 447.39**	**58 533.11**	**85.52%**	**9 914.28**
	Total Chapter 23	**68 447.39**	**58 533.11**	**85.52%**	**68 447.39**	**58 533.11**	**85.52%**	**9 914.28**
A-2400	Postal and delivery charges	1 597.35	1 340.39	83.91%	1 597.35	1 340.39	83.91%	256.96
	Total Article 240	**1 597.35**	**1 340.39**	**83.91%**	**1 597.35**	**1 340.39**	**83.91%**	**256.96**
A-2410	Telecommuni-cation and internet charges	65 000.74	65 000.61	100.00%	65 000.74	65 000.61	100.00%	0.13
	Total Article 241	**65 000.74**	**65 000.61**	**100.00%**	**65 000.74**	**65 000.61**	**100.00%**	**0.13**
	Total Chapter 24	**66 598.09**	**66 341.00**	**99.61%**	**66 598.09**	**66 341.00**	**99.61%**	**257.09**
A-2500	Governance and administrative meetings	141 808.29	63 988.43	45.12%	141 808.29	63 988.43	45.12%	77 819.86
A-2501	Evaluation and Strategic Management Consulting	30 400.00	30 400.00	100.00%	30 400.00	30 400.00	100.00%	0.00
	Total Article 250	**172 208.29**	**94 388.43**	**54.81%**	**172 208.29**	**94 388.43**	**54.81%**	**77 819.86**
	Total Chapter 25	**172 208.29**	**94 388.43**	**54.81%**	**172 208.29**	**94 388.43**	**54.81%**	**77 819.86**
	Total Title 2	**1 597 435.59**	**1 447 555.90**	**90.62%**	**1 597 435.59**	**1 447 555.90**	**90.62%**	**149 879.69**
B3-000	Surveillance	889 321.43	867 788.22	97.58%	889 321.43	867 788.22	97.58%	21 533.21
B3-001	Epidemic intelligence and response	188 000.65	186 543.60	99.22%	188 000.65	186 543.60	99.22%	1 457.05
B3-002	Scientific advice (including microbiology support)	1 910 241.96	1 883 786.68	98.62%	1 910 241.96	1 883 786.68	98.62%	26 455.28
B3-003	Public Health Training	1 903 925.40	1 586 385.87	83.32%	1 903 925.40	1 586 385.87	83.32%	317 539.53
B3-004	Health Communication	208 695.72	200 232.86	95.94%	208 695.72	200 232.86	95.94%	8 462.86
B3-005	Public Health Informatics	1 612 321.35	1 498 043.29	92.91%	1 612 321.35	1 498 043.29	92.91%	114 278.06
B3-006	Preparedness/ Capacity support	110 766.00	110 766.00	100.00%	110 766.00	110 766.00	100.00%	0.00
B3-008	Expert consultations	1 266 047.26	946 586.83	74.77%	1 266 047.26	946 586.83	74.77%	319 460.43
B3-009	Collaboration and (country) cooperation	71 058.94	60 368.09	84.95%	71 058.94	60 368.09	84.95%	10 690.85
	Total Chapter 30	**8 160 378.71**	**7 340 501.44**	**89.95%**	**8 160 378.71**	**7 340 501.44**	**89.95%**	**819 877.27**
	Total Title 3	**8 160 378.71**	**7 340 501.44**	**89.95%**	**8 160 378.71**	**7 340 501.44**	**89.95%**	**819 877.27**
	GRAND TOTAL	**11 138 018.24**	**9 883 852.59**	**88.74%**	**11 138 018.24**	**9 883 852.59**	**88.74%**	**1 254 165.65**

Table 4. 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 (Reste à Liquider
B3-011	MediPIET	188 895.81	188 895.81	100.00%	188 895.81	188 895.81 (*)	100.00%	0.00
B3-012	DG ELARG GRANT 3 - ACTIONS WITH CANDIDATE AND POTENTIAL CANDIDATE COUNTRIES	107 284.49	107 284.49	100.00%	107 284.49	107 284.49(**)	100.00%	0.00
B3-012	DG NEAR GRANT 4 - ACTIONS WITH CANDIDATE AND POTENTIAL CANDIDATE COUNTRIES	350 000.00	190 234.51	54.35%	350 000.00	26 019.97	7.43%	323 980.03
B3-013	ADVANCE PROJECT - IMI	92 268.60	30 418.06	32.97%	92 268.60	17 196.35	18.64%	75 072.25
B3-014	DG NEAR - ENPI GRANT	332 637.33	228 604.82	68.72%	332 637.33	82 995.24	24.95%	249 642.09
	Total Article 301	**1 071 086.23**	**745 437.69**	**69.60%**	**1 071 086.23**	**422 391.86**	**39.44%**	**648 694.37**
	Total Chapter 30	**1 071 086.23**	**745 437.69**	**69.60%**	**1 071 086.23**	**422 391.86**	**39.44%**	**648 694.37**

** Amount includes 113 183.73 EUR of funding implemented and 75 712.08 EUR returned to the European Commission in August 2015, following the closure of MediPIET.*
*** Amount includes 52 976.85 EUR implemented and 54 307.64 EUR returned to the European Commission in December 2015, following the closure of the IPA 3 grant.*

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 Martina Brix	Alternate
Belgium	Dr Daniel Reynders *(Chair)*	Member
	Mr Loïc Ledent	Alternate
Bulgaria	Dr Angel Kunchev	Member
	New nomination pending	Alternate
Croatia	Dr Marijan Erceg	Member
	Dr Ranko Stevanović	Alternate
Cyprus	Mr Costas Stiggas	Member
	Dr Irene Cotter	Alternate
Czech Republic	Professor Dr Roman Prymula	Member
	Dr Jozef Dlhý	Alternate
Denmark	Ms Lisbeth Høeg-Jensen	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 François Bourdillon	Member
	Ms Anne-Catherine Viso	Alternate
Germany	Ms Susanne Wald	Member
	Dr Gesa Lücking	Alternate
Greece	Dr Antonis P Vasilogiannakopoulos	Member
	Ms Maria Pirounaki	Alternate
Hungary	Dr Hanna Páva	Member
	Dr Beatrix Oroszi	Alternate
Ireland	Dr Colette Bonner	Member
	Mr Michael Smith	Alternate
Italy	*New nomination pending*	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	Member
	Dr Mariella Borg Buontempo	Alternate
Netherlands	Professor Marianne Donker	Member
	Mr Herbert Barnard	Alternate
Poland	Dr Pawel Gorynski	Member
	Mr Michał Ilnicki	Alternate
Portugal	Dr Maria da Graça Gregorio de Freitas	Member
	Dr Paula Vasconcelos	Alternate
Romania	Dr Amalia Serban	Member
	Dr Adriana Pistol	Alternate
Slovak Republic	Dr Ján Mikas	Member
	Professor Ivan Rovný	Alternate
Slovenia	Dr Mojca Gobec	Member
	Dr Ivan Eržen	Alternate
Spain	Mr José Javier Castrodeza Sanz	Member
	Dr Elena Andradas	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
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	Member
	Mr Torstein Lindstad	Alternate

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	Dr Sotirios Tsiodras	Member
	Dr Agoritsa Baka	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	Member
	Dr Marianne van der Sande	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 Cristian Gheorghe Cristian Gheorghe	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	Alternate
Sweden	Dr Anders Tegnell	Member
	Dr Birgitta Lesko	Alternate
United Kingdom	Dr Paul Cosford	Member
	Pending nomination	Alternate

Observers		
Albania (Candidate Country)	Pending nomination	
Iceland (EEA/EFTA)	Dr Thorolfur Gudnason	Member
	Dr Gudrun Sigmundsdottir	Alternate
Liechtenstein (EEA/EFTA)	Dr Sabine Erne	Member
Montenegro (candidate country)	Dr Zoran Vratnica	Observer
Norway (EEA/EFTA)	Dr Hanne Nøkleby	Member
	Mr John-Arne Røttingen	Alternate
Serbia (candidate country)	Pending nomination	
The former Yugoslav Republic of Macedonia (candidate country)	Pending nomination	
Turkey (candidate country)	Dr Elif Bor Ekmekçi	Observer
European Commission	Dr Frank Van Loock	Observer
World Health Organization (Regional Office for Europe)	Dr Guénaël Rodier	Observer
	Mr Thomas Hofmann	Alternate
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 Patients' Forum	Ms Jana Petrenko	Member
European Federation of Allergy and Airways Diseases Patients' Associations	Professor Anna Doboszyńska	Alternate

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/ +431711004637
Belgium	**Scientific Institute of Public Health** Rue Juliette Wytsman 14 1050 Brussels http://www.wiv-isp.be/ +3226425111
Bulgaria	**National Center of Infectious and Parasitic Diseases** Yanko Sakazov Blvd. 26 1504 Sofia http://www.ncipd.org + 35929442875
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** Tartu road 85 10115 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 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/ +0
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** Äulestrasse 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 +48228497612

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.insp.gov.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.msssi.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 2015

Risk assessments

January

Seasonal influenza 2014-2015 in the EU/EEA countries

Severe respiratory disease associated with Middle East respiratory syndrome coronavirus – Update

February

New bornavirus strain detected in the EU

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

Wound botulism in people who inject heroin: Norway and the United Kingdom

Human infection by low pathogenic avian influenza A(H7) viruses

Outbreak of Ebola virus disease in West Africa – Update

Human infection with influenza virus A(H7N9) virus - Update

March

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

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

April

Invasive cardiovascular infection by Mycobacterium chimaera potentially associated with heater-cooler units used during cardiac surgery

Multinational outbreak of Salmonella Enteritidis infections among junior ice hockey players attending the Riga Cup 2015

Outbreak of Ebola virus disease in West Africa – Update

May

Zika virus infection outbreak, Brazil and the Pacific region

Outbreak of Ebola virus disease in West Africa – Update

Outbreak of measles in Haut-Rhin, Alsace, France, April 2015

Novel zoonotic Borna disease virus associated with severe disease in breeders of variegated squirrels in Germany

June

Severe respiratory disease associated with Middle East respiratory syndrome coronavirus (MERS-CoV) – Three updates

A case of diphtheria in Spain

July

Cutaneous diphtheria among recently arrived refugees and asylum-seekers in the EU

Louse-borne relapsing fever in the Netherlands

Local transmission of Schistosoma haematobium in Corsica, France

Outbreak of Ebola Virus disease in West Africa - Update

August

Severe respiratory disease associated with Middle East respiratory syndrome coronavirus (MERS-CoV) – Two updates [one, two]

Chikungunya case in Spain without travel history to endemic areas

Outbreak of invasive meningococcal disease in the EU associated with a mass gathering event, the 23rd World Scout Jamboree, in Japan

Fatal human case of Bacillus anthracis infection and bovine meat contamination in Bulgaria

September

Outbreak of circulating vaccine-derived poliovirus type 1 in Ukraine

October

Risk of importation and spread of malaria and other vector-borne diseases associated with the arrival of migrants to the EU

Severe respiratory disease associated with Middle East respiratory syndrome coronavirus – Update

Outbreak of Ebola virus disease in West Africa – Update

Human cases of Q fever and 'fresh cell therapy' in Germany

Shortage of acellular pertussis-containing vaccines and impact on immunisation programmes in the EU/EEA

November

Shigellosis among refugees in the EU

Microcephaly in Brazil potentially linked to the Zika virus epidemic

Louse-borne relapsing fever in the EU

Communicable disease risks associated with the movement of refugees in Europe during the winter season

December

Zika virus epidemic in the Americas: potential association with microcephaly and Guillain-Barré syndrome

Situation overview: highly pathogenic avian influenza virus A of H5 type

Technical reports

January

Seasonal influenza vaccination in Europe - Vaccination recommendations and coverage rates, 2012-13

Infection prevention and control measures for Ebola virus disease. Management of healthcare workers returning from Ebola-affected areas

February

Preparedness planning for respiratory viruses in EU Member States

Best practices in ranking emerging infectious disease threats: A literature review

March

Chlamydia control in Europe: Qualitative evaluation of the impact of the 2009 ECDC guidance

Current practices in immunisation policymaking in European countries

Geographical distribution of areas with a high prevalence of HTLV-1 infection

June

Ebola emergency preparedness in EU Member States: Conclusions from peer-review visits to Belgium, Portugal and Romania

September

Understanding the impact of smartphone applications on STI/HIV prevention among men who have sex with men in the EU/EEA

October

Vaccine hesitancy among healthcare workers and their patients in Europe

External quality assessment scheme for Haemophilus influenzae 2014

Rapid literature review on motivating hesitant population groups in Europe to vaccinate

November

Sixth external quality assessment scheme for Salmonella typing

Third external quality assessment scheme for Listeria monocytogenes typing

December

Sixth EQA scheme for typing of verocytotoxin-producing E.coli

Technical documents

March

European surveillance of healthcare-associated infections in intensive care units: HAI-Net ICU protocol, version 1.02

May

European Surveillance of Clostridium difficile infections. Surveillance protocol version 2.1

August

EU protocol for case detection, laboratory diagnosis and environmental testing of Mycobacterium chimaera infections potentially associated with heater-cooler units

November

Infectious diseases of specific relevance to newly-arrived migrants in the EU/EEA

European Surveillance of Clostridium difficile infections. Surveillance protocol version 2.2

Surveillance reports

January

ECDC/EFSA/EMA first 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

European Union Summary Report on Trends and Sources of Zoonoses, Zoonotic Agents and Food-borne Outbreaks in 2013

Annual epidemiological report 2014 - Respiratory tract infections - Tuberculosis

February

EFSA/ECDC European Union summary report on antimicrobial resistance in zoonotic indicator bacteria from humans, animals and food in 2013

Surveillance of invasive bacterial diseases in Europe, 2012

Annual epidemiological report 2014 – Sexually transmitted infections, including HIV and blood-borne viruses

Annual epidemiological report 2014 – Vaccine-preventable diseases - Invasive bacterial diseases

March

Tuberculosis surveillance and monitoring in Europe 2015

April

Annual epidemiological report 2014 - Antimicrobial resistance and healthcare-associated infections

Legionnaires' disease in Europe 2013

Surveillance of seven priority food- and waterborne diseases in the EU/EEA 2010-2012

July

Hepatitis B surveillance in Europe 2013

Hepatitis C surveillance in Europe 2013

Gonococcal antimicrobial susceptibility surveillance in Europe 2013

September

Sexually transmitted infections in Europe 2013

November

HIV/AIDS surveillance in Europe 2014

Antimicrobial resistance surveillance in Europe 2014

December

The European Union summary report on trends and sources of zoonoses, zoonotic agents and food-borne outbreaks in 2014

Guidance reports

February

Guidance on varicella vaccination in the European Union

June

HIV and STI prevention among men who have sex with men

Expert opinion

March

Expert Opinion on the introduction of new drugs for tuberculosis control in the EU/EEA

October

Expert Opinion on the introduction of next-generation typing methods for food- and waterborne diseases in the EU and EEA

Expert Opinion on the public health needs of irregular migrants, refugees or asylum seekers across the EU's southern and south-eastern borders

Evidence briefs

March

Tuberculosis in Europe: from passive control to active elimination – high- and low-incidence countries

September

Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2014 progress report – six evidence briefs:

- HIV testing in Europe
- HIV and treatment
- HIV prevention in Europe
- HIV data
- HIV and leadership
- HIV and men who have sex with men

Thematic reports

September

Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2014 progress report – Six thematic reports:

- HIV continuum of care
- Migrants
- Sex workers
- Prisoners
- Men who have sex with men
- People who inject drugs

Mission reports

April

HIV and hepatitis B and C in Latvia

June

Technical mission: HIV in Cyprus, 15–17 October

Public health emergency preparedness for cases of viral haemorrhagic fever (Ebola) in Portugal: a peer review 30 March – 1 April 2015

October

Ebola preparedness peer review mission, Romania

Public health emergency preparedness for cases of viral haemorrhagic fever (Ebola) in Belgium: a peer review

Corporate publications

June

Annual report of the Director 2014

August

Achievements, challenges and major outputs 2014: Highlights from the Annual Report of the Director

Regular publications

Influenza virus characterisation, summary Europe (9 issues in 2015)

Measles and rubella monitoring (4 issues in 2015)

Communicable disease threats report (52 issues in 2015)

Annex IX. Negotiated procedures launched in 2015 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 European Commission Implementing Rules of the Financial Regulation.

There were no negotiated procedures based on this article in 2015.

European Centre for Disease Prevention and Control (ECDC)

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