## ANNEX 4
# Key performance indicators

The **2017 work programme** establishes 50 key performance indicators (KPIs), for which 68 annual targets were set up in order to support the measurement of the specific objectives that were defined within the eight main areas of work.

The data collected at the end of the year show that the EMCDDA had a good performance overall, with 90 % of the targets achieved. More specifically, of the 68 annual targets:

- 61 (90 %) targets were achieved

- 6 (9 %) targets were partially achieved/underachieved

- 1 (1.5 %) target could not be fully assessed, due to methodological constraints.

More information is provided in the tables below.

For acronyms and abbreviations used, please refer to the **full report**.

## Key area 1: Communicating evidence and knowledge exchange

**Strategic objective:** Serve as European central reference point for drug-related information and analysis, and through doing so provide policy and practice with better evidence for decision-making and action.

| Key performance indicators | Target 2017 | Status | Data source |
|---|---|---|---|
| **Specific objective 1.1: Inform policy and practice by providing timely and high-quality data, strategic and situational analyses and threat assessments** | | | |
| **KPI 1.1.1. Timely production of major EMCDDA outputs** | Launched as planned: | | |
| | 2017 EDR package | Achieved | EMCDDA website; press conference event; internal records |
| | First edition of European responses guide | Achieved | EMCDDA website; press conference event; internal records |
| **KPI 1.1.2. Efficiency in delivering key outputs** | Key milestones defined and used for monitoring and follow-up actions (as appropriate) | Achieved: Key milestones were defined in the Management Plan and in the Products Database, which is the main tool for planning and monitoring the preparation and production of EMCDDA products  Follow-up actions were mainly defined during the Editorial Board Meetings (EBM) and the Follow-up Meetings on Products (FMP), and on an ongoing basis, as appropriate | Products database; EBM minutes; FMP minutes; other internal records |
| **KPI 1.1.3. Publishing of scientific articles in peer-reviewed journals** | Impact score 20 or higher (impact score = journal impact factor × number of scientific articles published in 2017) | Achieved: 20 articles/book chapters published — total impact factor adds up to 104.4 | Internal records |
| **KPI 1.1.4. Use of the EMCDDA's key online resources** | Targets for accessing key resources set up based on 2016 baseline data, and met | The KPI could not be fully assessed due to methodological constraints.  An assessment based on the 2016 baseline has proved to be not relevant or methodologically sound, for the following reasons:  ▪ In 2017, there were new key online resources (e.g. the CDRs, the European Responses Guide, Drugs and the darknet, topic pages); a comparison with 2016 data is therefore not possible  ▪ Some of the key resources defined for 2016 are produced on a triennial basis (e.g. the 2016 EU Drug Markets Report, the ESPAD Report); therefore, a comparison with 2017 does not apply  As a result, a sound analysis can be performed only at the level of the overall EMCDDA online resources, the use of which can be assessed by measuring the total number of visits to the EMCDDA website. Based on this metric, we can conclude that the use of the overall online resources has remained constant in 2017 compared with 2016 (i.e. 1 080 362 visits registered in 2017, and 1 086 708 visits registered in 2016) | Web monitoring; internal records |

| Key performance indicators | Target 2017 | Status | Data source |
|---|---|---|---|
| **Specific objective 1.2: Provide support for relevant European and national-level policy and technical activities and meetings (knowledge exchange, institutional support, technical backstopping) (request and resource dependent)** | | | |
| **KPI 1.2.1. Responsiveness of the EMCDDA to the needs of key institutional stakeholders (EU institutions and Member States)** | a) List of institutional meetings established and minimum 90 % of events attended | Achieved: 53 meetings in total, i.e. 100 % | Internal records |
| | b) 100 % of the requests for input/ advice from key institutional stakeholders assessed and responded to within three weeks | Achieved | Internal records; correspondence with stakeholders |
| | c) 100 % of the requests to visit the EMCDDA received from EU institutions and national authorities from EU Member States fulfilled | Achieved | Internal records, relevant correspondence |
| **Specific objective 1.3: Identify, promote and monitor evidence-based responses and best practice** | | | |
| **KPI 1.3.1. Increase in the coverage of evidence provided by the BPP** | BPP regularly updated in all the required areas, and new modules introduced as appropriate | Achieved | Best practice portal |
| **Specific objective 1.4: Provide training and support capacity-building activities in the Member States and priority third countries (needs based and resource dependent)** | | | |
| **KPI 1.4.1. Level of satisfaction with the training provided by the EMCDDA via Reitox Academies (average score calculated based on all the training evaluation reports)** | Minimum 80 % satisfaction rate | Achieved: 96 % average satisfaction rate based on the scores obtained for the applicable Reitox Academies — four out of the five organised | Training evaluation forms |
| **Specific objective 1.5: Promote better understanding of and response to the European drugs problem through engagement with policymakers and practitioners, scientists and civil society** | | | |
| **KPI 1.5.1. Contribution to major scientific and practice drug events** | EMCDDA presentations delivered at minimum 70 % of the relevant events | Achieved: Presentations delivered at 75 % of major scientific events | Internal records; events database |
| **KPI 1.5.2. Responsiveness to public requests** | 100 % of the public enquiries received are answered in line with the European Ombudsman guidelines | Achieved: 149 public enquiries were responded to, in line with the European Ombudsman guidelines | Internal records; relevant correspondence |

| Key performance indicators | Target 2017 | Status | Data source |
|---|---|---|---|
| **KPI 1.5.3. Audience reached through social and multimedia channels and products** | a) Increased reach of multimedia products (e.g. videos) (compared with 2016) | Achieved: Total views in 2017 of all videos: 190 381 (i.e. twice as many as in 2016: 93 407 views) | Web monitoring |
| | b) Increased social media reach (compared with 2016) | Achieved: Facebook followers: 7 998 in 2017, compared with 6 119 in 2016 Twitter followers: 11 200 in 2017, compared with 8 770 in 2016 | Social media monitoring |
| **Specific objective 1.5: Promote better understanding of and response to the European drugs problem through engagement with policymakers and practitioners, scientists and civil society** | | | |
| **KPI 1.6.1. Responsiveness to media requests** | 100 % of media enquiries received responded to within 2 working days | Achieved, with the following amendments: the measurement of this KPI took into account the 'initial response to the press office', not the complete/final response; furthermore, there were four justified cases in which this initial response was not provided within 2 days, which were not taken into account when assessing the level of achievement. Overall, 300 enquiries were received and responded to, of which 296 (98.7 %) received an initial response within 2 working days, and in 4 duly justified cases this response was sent after 2 working days | Internal records; relevant correspondence |

## Key area 2: Early warning and threat assessment

**Strategic objective:** Support a rapid EU response to new threats by providing EU institutions and Member States with prompt and scientifically sound information for action on NPS and emerging drug trends.

| Key performance indicators | Target 2017 | Status | Data source |
|---|---|---|---|
| **Responding to NPS — EU Early Warning System and risk assessment** | | | |
| **Specific objective 2.1: Implement the provisions of the legislative framework on EWS and risk assessment in place in 2017** | | | |
| **KPI 2.1.1. Timely and high-quality implementation of the EWS and risk assessment mechanism on NPS, in line with the deadlines and quality criteria defined by Council Decision 2005/387/ JHA (or applicable legal framework) and the applicable Standard Operating Procedures** | a) Formal notifications on NPS and public health-related warnings issued to the EWS network | Achieved | EWS records; EDND; EMCDDA-Europol annual report on the implementation of the Council Decision |
| | b) Annual implementation reports submitted to the EP, the Council and the EC, and published | Achieved | |
| | c) Formal reports (EMCDDA-Europol Joint Reports on NPS, and Risk Assessment Reports) submitted to stakeholders (as appropriate) | Achieved | |
| **KPI 2.1.2. Contribution of the EMCDDA to policy decisions with impact on the public health of EU citizens** | Decisions concerning the control of NPS made by the Council of the EU in 2017 informed by the evidence provided by the EMCDDA | Achieved: <br><br> In 2017, the Council adopted Implementing Decisions on subjecting acryloylfentanyl (published in the Official Journal of the European Union L 251/21 on 29.09.2017) and furanylfentanyl (published in the Official Journal of the European Union L 306/19 on 22.11.2017) to control measures | Council's decisions (published in the Official Journal of the EU) |
| **Specific objective 2.2: Implement the provisions of Article 28c of the EU PhV legislation** | | | |
| **KPI 2.2.1. Timely and quality implementation of the provisions of Article 28c of the EU PhV legislation** | Timely issuing of formal notifications and public health-related risk communications on NPS which are medicines | Achieved | Internal records |

| Key performance indicators | Target 2017 | Status | Data source |
|---|---|---|---|
| **Specific objective 2.3: Support the use of EU data and analysis on NPS in activities at international level (in line with reporting obligations and existing Memoranda of understanding), and support third countries in building national EWS (contingent upon resources)** | | | |
| **2.3.1. Timely and quality contribution to the WHO and UNODC expert meetings and fora** | a) WHO Geneva: data on serious adverse events and seizures made available to the WHO's Expert Committee on Drug Dependence annual risk assessment meeting | Achieved | Correspondence with partners; internal records |
| | b) UNODC Global Synthetics Monitoring: Analyses, Reporting and Trends Programme:<br><br>▪ List of newly notified NPS transmitted twice a year<br><br>▪ Aggregated data on NPS seizures transmitted once a year | Achieved | Correspondence with partners; internal records |
| **Emerging trends and threats** | | | |
| **Specific objective 2.4: Timely identification of emerging threats through the use of rapid information assessment methods and systems** | | | |
| **KPI 2.4.1. Timely identification and reporting of emerging trends and threats** | Rapid assessment and communication of new threats (when triggered) | Achieved | Internal records; list of publications |
| **Specific objective 2.5: Develop and further systematise new methods and tools for timely and sensitive identification and reporting of new threats** | | | |
| **KPI 2.5.1. Availability of new methods and tools for rapid monitoring** | Roadmap for improving sensitivity of reporting tools for new threats and developments implemented | Achieved | Internal records |

## Key area 3: Situation, responses and trend analysis

**Strategic objective:** Provide a holistic picture of the drugs phenomenon, through an integrated and coherent core monitoring system.

| Key performance indicators | Target 2017 | Status | Data source |
|---|---|---|---|
| **Specific objective 3.1: Perform state-of-the-art monitoring necessary for European-level assessment of the drugs situation (core trends and developments in use, consequences and responses)** | | | |
| **KPI 3.1.1. Relevance and consistency of reporting tools and instruments** | Efficient follow-up of the review of the key epidemiological indicators (KIs) with the EMCDDA reporting countries (28 Member States, Norway and Turkey) | Achieved: Examples include the Reitox Academy 'Implementation of the Problem Drug Use indicator: Estimating the number of people who inject drugs (PWID)' (Lisbon, 5-7 December), whose objective was to increase the specific competence and practical skills of experts from 11 countries | Internal records |
| **KPI 3.1.2. Level of progress in the implementation of supply indicators** | Indicators on drug seizures and drug law offences fully implemented; indicators on drug purity, potency and tablet content, and drug prices ready for full implementation from 2018 | Achieved | Internal records; HFP meeting records |
| **Specific objective 3.2: Develop new tools and processes for drug demand and supply: situation and responses/interventions to ensure that monitoring capacity remains fit for purpose (developmental areas)** | | | |
| **KPI 3.2.1. Availability of new methods and tools to monitor drug areas where information is currently insufficient (e.g. health-related responses to NPS, internet)** | New frameworks for drug monitoring implemented as required in the areas of responses to NPS, internet-based interventions and misuse of medicines (in the context of polydrug use) | Partially achieved: Framework for monitoring misuse of medicines delayed | Internal records |

## Cross-cutting area A: Information collection and management

**Strategic objective:** Maintain the EMCDDA data collection and reporting system and ensure its validity, consistency, reliability and timeliness, including through the efficient management of, and support to, the Reitox network of NFPs.

| Key performance indicators | Target 2017 | Status | Data source |
|---|---|---|---|
| **The annual information collection exercise** | | | |
| **Specific objective A.1: Maintain and develop the computing tools to support the collection of data and information** | | | |
| **KPI A.1.1. Efficiency of the data flow processes** | a) Collection of data provided by the NFPs into Fonte completed using current templates | Achieved | NFPs reporting; internal records |
| | b) Transfer of data from Fonte to the data warehouse completed | Achieved | Internal records |
| | c) Extraction of data to populate the Statistical Bulletin on the EMCDDA web page complete | Achieved | Internal records |
| **Specific objective A.2: Maintain and develop the collection of data and information** | | | |
| **KPI A.2.1. Effective revision of the data collection instruments** | a) Consultations between EMCDDA and NFPs on the revision of the data collection instruments concluded | Achieved | Internal records; meetings minutes; correspondence with Reitox NFPs |
| | b) Agreed changes implemented within the Fonte templates by April 2017, and within the Workbook templates by December 2017 | Achieved | Internal records |

| Key performance indicators | Target 2017 | Status | Data source |
|---|---|---|---|
| **Specific objective A.3: Further develop and operationalise the EDND as the core monitoring tool of the EWS** | | | |
| **KPI A.3.1. Functionality level of the EDND in line with the phased implementation of the project** | a) Secure electronic submission and validation of the data through the system piloted, including:<br><br>▪ event-based data<br><br>▪ biannual national reports<br><br>▪ Joint Report questionnaires | Overall, partially achieved:<br><br>Internal testing nearing completion<br><br>The following reports were excluded from the scope of Stage I development:<br><br>▪ biannual national reports<br><br>▪ Joint Report questionnaires | EDND; internal records |
| | b) Access to core data through the information system of the database given to relevant stakeholders (in line with the applicable policy for access levels) | Partially achieved:<br><br>Access to core data through the information system of the database will be achieved in the first half of 2018 | EDND; internal records |
| **Management of the Reitox network of national focal points** | | | |
| **Specific objective A.4: Support the NFPs in the implementation of the new reporting package and enhance knowledge exchange among the Reitox community and between Reitox and other partners** | | | |
| **KPI A.4.1. Implementation of the national reporting packages in the countries** | a) Reminders to ensure the deliveries of the national reporting packages sent to the NFPs by the end of November 2017 | Achieved | Correspondence with Reitox NFPs |
| | b) Annotated summary of the NFPs deliveries prepared for internal use | Achieved | Internal records |
| **KPI A.4.2. Good-quality organisation of the HFP meetings** | Biannual meetings of the HFPs organised in line with the established quality standards (i.e. all meeting documents made available to the NFPs 2 weeks prior to the meetings, and conclusions disseminated within 4 weeks after the closing of the meetings) | Achieved | Internal records; correspondence with the NFPs |
| **Specific objective A.5: Strengthen the operational and budgetary capacity of the NFPs to implement the grant agreements** | | | |
| **KPI A.5.1. Execution rate (commitments) of the grant agreements budget** | 95 % of the available funding is committed for NFP grants | Achieved:<br><br>100 % of the available funding for the 2017 NFP grants has been committed | Internal records |
| **KPI A.5.2. Timeliness of processing of the payment requests** | 85 % of the balance payment requests, submitted complete and on | Achieved:<br><br>100 % of the balance payment requests for 2016 have been checked and paid | Internal records |

## Cross-cutting area B: Quality assurance

**Strategic objective:** Ensure that the EMCDDA's tools, processes and outputs remain of high quality and fit for purpose through a process of continuous improvement and evaluation of efforts.

| Key performance indicators | Target 2017 | Status | Data source |
|---|---|---|---|
| **Specific objective B.1: Implement quality assurance mechanisms for EMCDDA core processes and outputs** | | | |
| **KPI B.1.1. Implementation of quality mechanisms to support the scientific activities** | Quality standards and guidelines in place for key scientific processes and outputs | Achieved | Internal records |
| **Specific objective B.2: Coordinate, prepare and organise the meetings of the Scientific Committee, follow up on the conclusions and recommendations and provide support to its work** | | | |
| **KPI B.2.1. Responsiveness of the Scientific Committee to the Director's and Management Board's requests** | Minimum 70 % of the requests met, out of the total number of requests received by the Scientific Committee members from the Director and the Management Board | Achieved | Internal records; relevant correspondence |
| **KPI B.2.2. Effectiveness of the Director in providing support to the Scientific Committee in performing its tasks** | Meetings of the Scientific Committee organised in line with the established quality standards (i.e. 100 % of the supporting documents uploaded on the Scientific Committee extranet at least 2 weeks before the meetings (except for documents related to events occurring within this timeframe), and draft minutes of the meetings sent to the Chair within maximum 2 weeks of the close of the meetings) | Achieved: Supporting documents uploaded ahead of the deadline for both meetings Minutes sent to the Chair ahead of the deadline for the spring meeting and in line with the deadline for the autumn meeting | Scientific Committee extranet; relevant correspondence |
| **Specific objective B.3: Implement and review data/information quality assurance mechanisms for input, processing and output** | | | |
| **KPI B.3.1. Provision of quality assurance feedback for the reporting system** | Quality feedback reports provided to Reitox NFPs on their contributions under the reporting system | Achieved | Internal records; relevant correspondence |
| **KPI B.3.2. Level of progress in the implementation of the quality assurance framework** | Measures to address recommendations from the 2017 audit's follow-up action plan implemented (as applicable) | Achieved | Follow-up Action Plan; internal records; Statistics Code of Practice |

## Cross-cutting area C: Cooperation with partners

**Strategic objective:** Enhance the EMCDDA's strategic understanding of the drugs phenomenon, by maintaining and further developing our strong partnership with key players at European and global levels, as well as by continuing our successful knowledge exchange with EU priority third countries and regional programmes. Ultimately, this will result in high-quality services (information and analysis) provided to EU and Member States stakeholders.

| Key performance indicators | Target 2017 | Status | Data source |
|---|---|---|---|
| **Specific objective C.1: Maintain and strengthen information and knowledge exchange with partners at European and global levels and support international monitoring and reporting systems and standards** | | | |
| **KPI C.1. Efficient implementation of Memoranda of understanding and other working arrangements with key partners** | Priority interventions for joint annual work implemented and objectives achieved | Achieved | Internal records; correspondence with partners |
| **Specific objective C.2: Assist EU priority countries (CCs, PCCs, ENP countries) in developing their drug-monitoring systems, especially for the establishment and development of national drug observatories and core data collection processes** | | | |
| **KPI C.2. Efficient implementation of the IPA 5 project** | a) Minimum 80 % of the project's expected results achieved (in line with the commitments expressed by the partner countries) | Achieved | IPA 5 project records |
| | b) Minimum 85 % of the total budget committed | Achieved: 95.21 % of the overall budget was committed | |

## Corporate area: Governance

**Strategic objective:** The EMCDDA functions as a modern, efficient and forward-looking EU administration, which is committed to providing high-quality services to its stakeholders and to the EU citizens in general; in achieving this, the agency will be guided by good governance, steered by sound management and leadership and operated by a highly motivated and well-performing workforce.

| Key performance indicators | Target 2017 | Status | Data source |
|---|---|---|---|
| **Specific objective GOV.1: Support the EMCDDA's Management Board in fulfilling its governance role** | | | |
| **KPI GOV.1. Effectiveness of the Director in providing support to the Management Board for performing its tasks** | Management Board meetings organised in line with the established quality standards (i.e. 100 % of the supporting documents uploaded on the Management Board extranet at least 2 weeks before the meetings (except for documents related to events occurring within this timeframe), and draft minutes sent to the Chair within a maximum of 20 working days from the close of the meetings | Achieved | Management Board extranet; correspondence with the Management Board members |
| **Specific objective GOV.2: Implement efficient management and leadership of the EMCDDA** | | | |
| **KPI GOV.2.1. Degree of implementation of the 2017 work programme** | 100 % of the expected outputs/results listed as L1 are achieved | Partially achieved: 97 % (i.e. only one L1 result not fully achieved out of the 33 L1 results) | Internal corporate monitoring system (see also Annex 3) |
| | 80 % of the expected outputs/results listed as L2 are achieved | Achieved: 92 % (86 L2 results fully achieved out of the 93 applicable L2 results) | |
| | 50 % of the expected outputs/results listed as L3 are achieved | Achieved: 77 % (24 L3 results fully achieved out of the 31 applicable L3 results) | |
| **KPI GOV.2.2. Degree of implementation of internal audit recommendations** | 100 % of the internal audit recommendations ('critical' and 'very important') implemented within the deadline set out in the follow-up action plan endorsed by the Management Board | Achieved | Internal records; correspondence with IAS |

| Key performance indicators | Target 2017 | Status | Data source |
|---|---|---|---|
| **KPI GOV.2.3. Internal communication between Director and staff as an effective means to enhance transparency and address staff concerns (3-year work programme, annual work programme, General Report of Activities) (as required by the EMCDDA Founding Regulation recast)** | a) Three meetings held yearly between the Director and the staff committee | Achieved: <br><br> Four meetings held between the Director and the Staff Committee | Internal records |
| | b) Two general assemblies of staff convoked by the Director to inform staff of developments of general interest | Achieved: <br><br> Three general assemblies were convoked during 2017 | |
| **Specific objective GOV.3: Support sound organisational performance management through state-of-the-art corporate planning, performance measurement and reporting** | | | |
| **KPI GOV.3.1. Timely delivery of the documents supporting the strategic planning and programming cycle (SPDs and General Report of Activities) (as required by the recast EMCDDA founding regulation)** | All documents delivered within deadline | Achieved | Correspondence with stakeholders; EMCDDA website; internal records |
| **KPI GOV.3.2. Degree of implementation of the performance measurement system** | a) Annual monitoring and evaluation plan developed and implemented | Achieved | Internal records |
| | b) MIS project implemented in line with the agreed project plan | Partially achieved, delayed: <br><br> The project plan was revised during the course of the year, when a new component (the PM2 methodology) was added and the broader Project Management Programme Initiative was set up. Furthermore, there was a lack of human resources on the business side (multiple competing priorities in the planning area). Implementation is on track, however, in 2018 | |

## Corporate area: Administration and ICT

**Strategic objective:** Ensure sound allocation and management of financial and human resources and assets, and the management of the ICT infrastructure and services, through further rationalising and automating relevant processes, enhancing efficiency and synergies, and developing the quality of services and support.

| Key performance indicators | Target 2017 | Status | Data source |
|---|---|---|---|
| **Specific objective ADM.1: Maximise efficiency and effectiveness of HR management** | | | |
| **KPI ADM.1.1. Occupation rate (implementation of the establishment plan)** | 94 % of the establishment plan posts (officials, temporary agents) filled at the end of the year (in line with resources) | Achieved | Internal records; the EMCDDA establishment plan; internal HR database |
| **KPI ADM.1.2. Staff turnover** | Maximum 4 % of staff leaving EMCDDA during the year, out of the total number of staff (officials, temporary agents, contract agents) | Achieved | Internal records; HR database |
| **KPI ADM.1.3. Average number of training days per staff member** | Minimum of 3 days | Achieved: The average number of training days per staff member was 3.6 | Internal records |
| **KPI ADM.1.4. Average time of recruitment processes** | Maximum of 4 months from the expiry date of the vacancy notice to appointment decision | Achieved: The average recruitment time was 2.5 months | Internal records |
| **Specific objective ADM.2: Ensure efficiency in financial and budget management and accounting** | | | |
| **KPI ADM.2.1. Budget execution rate — commitment appropriations (without assigned appropriations)** | Minimum 95 % of the total commitment appropriations | Achieved: The budget execution rate was 100.0 % | Internal records; ABAC |
| **KPI ADM.2.2. Cancellation rate of payment appropriations** | Maximum 5 % cancelled payment appropriations (the basis for calculation is available payment appropriations for the year and payment appropriations, carried forward from Title 1 and Title 2 of the 2016 budget) | Achieved: 1.16 % of payment appropriations cancelled | Internal records; ABAC |

| Key performance indicators | Target 2017 | Status | Data source |
|---|---|---|---|
| **Specific objective ADM.3: Ensure a healthy working environment and further optimise the use of the available facilities, equipment and infrastructure** | | | |
| **KPI ADM.3.1. Number of accidents at workplace** | No accidents | Achieved | Internal records |
| **KPI ADM.3.2. Efficiency in using available facilities, equipment and infrastructure** | No increase in utility costs (compared with 2016) | Achieved: A reduction of 2.6 % in utility costs was achieved | Internal records |
| **Specific objective ICT.1: Implement and support core business and corporate projects and processes** | | | |
| **KPI ICT.1. Project management and implementation accountability (compliance with the EMCDDA's adopted ICT project management standard)** | 100 % compliance for the L1 and L2 priority projects | Achieved | Internal records |
| **Specific objective ICT.2: Provide a continuously stable environment which supports existing basic and advanced services** | | | |
| **KPI ICT.2. Availability of the ICT systems** | a) Office supporting infrastructure availability: system availability superior to 95 %, office hours (maximum of 103 hours of accumulated down time over the year) | Achieved | Internal records |
| | b) Corporate supporting infrastructure availability (websites, web applications, Fonte, databases, email, security): system runs on a 24/7 basis with an overall annual target of minimum 99 % availability (maximum of 88 hours of annual accumulated down time) | Partially achieved:<br><br>A new technical system was implemented. Some instabilities in the implementation of the new system, combined with a major increase in the number of attacks on our email system, led the EMCDDA to acquire a more powerful external firewall. KPI down to 97 % | Uptrends cloud monitoring application |